

**CHILD WELFARE DECISION MAKING
IN INTRAFAMILIAL CHILD SEXUAL ABUSE:
THE EFFECT OF MATERNAL SUPPORT**

By

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**A Thesis submitted to the Faculty of Graduate Studies of
The University of Manitoba**

In partial fulfillment of the requirements of the degree of

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ABSTRACT

An understanding of the dynamic of maternal support in situations of intrafamilial child sexual abuse is crucial to child welfare social workers, who are mandated to intervene in these cases. Too often, child welfare practitioners may overlook the potential for support from the nonoffending mother in their efforts to secure the physical safety of the child victim. Striking the balance between removing the child to protect against further sexual abuse and providing sufficient supports to ensure safety in the home is a considerable challenge, especially when few guidelines exist to help practitioners assess the risks associated with home versus outside placement for any individual child in sexual abuse cases.

The intent of this research was to gain a better understanding of the decision making processes of child welfare workers when determining their interventions in investigations of intrafamilial child sexual abuse perpetuated by the mother's partner. Of particular interest was the impact that maternal support had on the decision making processes utilized by child welfare workers. The study set out to explore how different aspects of maternal support, specifically the mother's belief in the child's disclosure and action on the part of the mother to protect the child, were identified, assessed and prioritized as social workers were determining their case interventions.

A qualitative interview approach was employed to explore these decision making processes in depth, utilizing vignettes based on real-life cases, providing a consistent set of case variables for study participants to consider in discussing intervention decisions, allowing for comparisons of decision making across participants. Grounded theory

methodology, a suitable research approach for exploratory research of this nature, was used, resulting in the identification of several key themes and the proposition of a model of decision making in intrafamilial child sexual abuse investigations.

Decision making was most influenced by maternal support when the non-offending mother displayed both a strong belief in the child's disclosure and took protective action to prevent further maltreatment. In vignettes where maternal support was not characterized by full belief and/or protective action on the part of the mother, other variables were assessed in conjunction with maternal support, chiefly the age of the child and the importance of maintaining attachment relationships to the mother. Maternal ambivalence, particularly in terms of the mother's belief in the child's disclosure, created the most uncertainty for respondents and the widest variance in intervention decisions.

The results of this study point to the need for social policy changes, enhancements to child welfare practice and further research. Policies with regard to risk assessment, improved access to legal and financial assistance for mothers, and child welfare collaborations with other systems to shift focus to the role of the alleged offender in the risk of recurrence of abuse, could benefit mothers in many tangible ways, perhaps allowing them to respond more openly to the disclosure of child sexual abuse. Child welfare practitioners would benefit from increased knowledge about the experiences of non-offending mothers at the point of disclosure, particularly the expression of ambivalence, leading to more understanding interactions between investigating workers and non-offending mothers. Further, developing stronger skills in engaging non-offending mothers, especially those who present as non-compliant or struggle with ambivalence, could aid social workers in forming more collaborative working

relationships with these vulnerable family members. Finally, additional research with regard to maternal ambivalence, as well as the interaction between the key variables of the age of the child and the importance of attachment, are warranted.

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CHAPTER 1

INTRODUCTION

Intervening in cases of intrafamilial child sexual abuse where the child has been abused by the mother's partner is a challenging responsibility of child and family services social workers. Striking the balance between removing the child to protect against further sexual abuse and providing sufficient supports to ensure safety in the home is a considerable challenge. The literature on child welfare intervention in intrafamilial child sexual abuse has identified maternal support as a significant factor affecting social workers' decisions about apprehension. An understanding of the dynamic of maternal support in situations of intrafamilial child sexual abuse is therefore critical for child welfare social workers who are mandated to intervene in these cases.

This qualitative study was designed to explore how the assessment of maternal support by child protection workers affects the intervention decisions they make when investigating cases of intrafamilial child sexual abuse. Specific dimensions of maternal support that have been identified in the professional literature, the mother's belief in the child's disclosure and the actions the mother takes in response to the disclosure, were depicted in realistic case vignettes that were reviewed by child welfare social workers. In-depth interviews were conducted with the workers to explore how different expressions of maternal support along these dimensions were interpreted and how these interpretations impacted their decisions about case intervention. Grounded theory

methodology was utilized, leading to a better understanding of the effect of maternal support in child welfare decision making.

Rationale for Study

Child Sexual Abuse

Child sexual abuse is estimated to be a frequently occurring social problem. A variety of studies estimate the prevalence of child sexual abuse between 11% and 45% for women (for example, Baker & Duncan, 1985; Dunne, Purdie, Cook, Boyle, & Najman, 2003; Finkelhor, 1979; Gorey & Leslie, 1997; Oaksford & Frude, 2001; Russell, 1983) and between 3% and 9% for men (Baker & Duncan, 1985; Dunne, Purdie, Cook, Boyle, & Najman, 2003; Finkelhor, 1979; Gorey & Leslie, 1997). In Canada, similar levels of prevalence are documented, with sexual abuse affecting between 18% and 24% of women and 8% of men (Bagley, 1988). While the Canadian Incidence Study (Trocmé, et al., 2001; Trocmé, Tourigny, MacLaurin, & Fallon, 2003) found neglect to be the most frequently investigated type of maltreatment at 40%, sexual abuse was the primary allegation in 10% of all child welfare investigations. Comparatively, the Child Maltreatment 1999 Report (U. S. Department of Health and Human Services, 2000) noted that just over 11% of investigations by child welfare agencies in fifty American states involved allegations of sexual abuse.

While there appears to be no universally accepted definition (Carter, 1999; Fergusson & Mullen, 1999), child sexual abuse is generally considered to involve a sexual act that is imposed upon a child by a person who is in a position of trust or

authority over the child, a definition which acknowledges the power imbalance between victim and offender (Sgroi, Blick, & Porter, 1982). In Manitoba, the legal definition of child sexual abuse under *The Child and Family Services Act* (1985) refers to an act or omission by any person that results in sexual exploitation of the child with or without the child's consent. The Criminal Code of Canada specifies seventeen offences related to child sexual abuse, including sexual interference, sexual touching, and sexual assault, among others (Carter, 1999). These criteria are important to note, as they affect the context of the child welfare system's intervention in intrafamilial child sexual abuse.

Intrafamilial sexual abuse is distinguished from extrafamilial abuse by the degree of relationship between the child and the perpetrator. Typically, intrafamilial definitions include biological and legal relationships between members of a family, while extrafamilial classifications refer to relationships with friends, acquaintances, and others external to the family, and may include instances where no prior relationship exists between the child and the offender (otherwise considered to be third party sexual assaults as opposed to sexual abuse). However, it should be noted that some overlap frequently exists between intrafamilial and extrafamilial definitions of sexual abuse.

Impact of Intrafamilial Child Sexual Abuse

Intrafamilial child sexual abuse is recognized as a complex social problem with significant, often traumatic, effects for victims and other family members, such as non-offending mothers (Putnam, 2003). Although symptoms vary in occurrence and severity among individuals, including some who seem to experience no symptoms at all (Finkelhor, 1987; Friedrich, 2002; Mannarino, 2000), overall, studies indicate that most

victims of child sexual abuse experience some degree of psychological, behavioral, and interpersonal difficulties (Asher, 1988; Beitchman, Zucker, Hood, DaCosta, & Akman, 1991; Browne & Finkelhor, 1986; Carlson, Furby, Armstrong, & Shlaes, 1997; Cole & Putnam, 1992; Conte & Berliner, 1988; Tebbutt, Swanston, Oates, & O'Toole, 1997; Tong, Oates, & McDowell, 1987; Tyler, 2002; Wachtel & Scott, 1991).

The effects of sexual abuse on victims can include sexualized behavior (Friedrich, 1993; Kendall-Tackett, Williams, & Finkelhor, 1993), depression and anxiety (Brown, Cohen, & Johnson, 1999; Conte & Schuerman, 1987; Cornman, B. J., 1997; Spaccarelli & Fuchs, 1997), and symptoms of posttraumatic stress disorder, such as sleep disturbances, fears, and somatic complaints (Barnett, Miller-Perrin, & Perrin, 1997; King, et al., 2000; Paolucci, Genuis, & Violato, 2001; Tremblay, Hébert, Piché, 2000; Wells, McCann, Adams, Voris, & Ensign, 1995). Effects of child sexual abuse frequently extend into adulthood, affecting psychological and interpersonal functioning (Barker-Collo, 1999; Briere, 1992; Brown, Cohen, & Johnson, 1999; Cameron, 2000; Finkelhor & Browne, 1988; Gold, 1986; Higgins & McCabe, 2000; Kinzl & Biebl, 1992; Rowan, Foy, Rodriguez, & Ryan, 1993).

Child sexual abuse also has a significant impact on non-offending mothers, psychologically, socially, and economically (Carter, 1993; McCallum, 2001), including serious psychological distress (Newberger, Gremy, Waternaux, & Newberger, 1993) and symptoms of posttraumatic stress disorder (Green, Coupe, Fernandez & Stevens, 1995; Timmons-Mitchell, Chandler-Holtz, & Semple, 1996). Particularly in situations of intrafamilial sexual abuse, non-offending mothers experience "reporting costs" that are unlikely to be present when the offender does not have strong relational ties to the mother

and victim (Massat & Lundy, 1998). These costs may include disruption in the relationship with the offender, strained relationships with potential sources of support, financial stresses, employment difficulties, and a change in residence. Mothers may therefore need assistance with concrete matters, such as housing, food, and clothing, after the disclosure of intrafamilial sexual abuse (Massat & Lundy, 1999).

Social support is considered to be a mediating factor for many kinds of stressful situations, influencing psychological health and adjustment for children, adolescents and adults (Feiring & Lewis, 1991; Quamma & Greenberg, 1994) and reducing stress (Richman, Rosenfeld, & Hardy, 1993). Supportive relationships have been identified as a protective factor associated with resilience to the effects of child maltreatment in general (Heller, Larrieu, D'Imperio & Boris, 1999) and child physical abuse specifically (Ezzell, Swenson & Brondino, 2000). With regard to child sexual abuse, social support has been documented as an important component of recovery and healing for child and adolescent victims (Conte & Schuerman, 1987; Cyr, Wright, Toupin, Oxman-Martinez, McDuff, & Thériault, 2003; Esparza, 1993; Feiring, Taska, & Lewis, 1998a; Gries, Goh, Andrews, Gilbert, Praver & Stelzer, 2000; Johnson & Kenkel, 1991; Morrison & Clavenna-Valleroy, 1998; Spaccarelli & Fuchs, 1997; Tremblay, Hébert, & Piché, 1999), for adult survivors (Gold 1986; Runtz & Schallow, 1997; Testa, Miller, Downs, & Panek, 1992), and for non-offending mothers (Kinard, 1996; Trute, Adkins, & MacDonald, 1994).

Role of Mothers

Traditionally, mothers have been held responsible by society (and the child welfare system) for ensuring the safety of their children (D'Cruz, 2004; Hooper, 1992),

including the expectation that mothers should have been aware of intrafamilial sexual abuse occurring in the home (Cammaert, 1988; Cohen, 1983; Johnson, 1992; Sgroi, Blick, & Porter, 1982), and should minimally respond in a supportive and protective manner once the abuse is disclosed (Davies & Krane, 1996; Faller, 1988b; Hunter, Coulter, Runyan, & Everson, 1990; Pellegrin & Wagner, 1990). These perspectives have been challenged in recent years in the feminist social sciences literature, with the recognition that mothers have been unfairly burdened with ultimate responsibility for their children's safety, even in the face of circumstances over which they have little control (Callahan, 1993a; Jackson & Mannix, 2004; Krane & Davies, 2000; Scourfield & Welsh, 2003). There is also growing recognition that maternal support is a more complex, evolving process than initially conceptualized (Alaggia, 2002; Bolen, 2002; Bolen & Lamb, 2004; Elliott & Carnes, 2001).

The capacity of the non-offending mother to support her child who has been sexually abused is a factor generating considerable research attention. Maternal support has been identified as a strong predictor of the child's initial psychological functioning after the disclosure of sexual abuse (Everson, Hunter, Runyon, Edelson, & Coulter, 1989; Spaccarelli & Kim, 1995), while a lack of maternal support has been associated with the child's nondisclosure of child sexual abuse (Elliott & Briere, 1994). Roesler and Wind (1994) found that the child who discloses and receives a supportive reaction from her mother may be able to begin healing earlier.

However, one study found that only 49% of mothers provided adequate support responses to their daughters' disclosures of sexual abuse (Leifer, Shapiro, & Kassem, 1993), while other studies have estimated consistent maternal support at 44%, compared

to 24% of mothers who were unsupportive and 32% who were ambivalent (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). Still other research has suggested that non-offending mothers do not fall consistently into a supportive or unsupportive category, but fluctuate in their response to their children as they cope with the impact of disclosure on their lives (Hooper & Humphreys, 1998). Some studies have focused on identifying specific factors that influence the variation in responses of mothers. For example, Heriot (1996) found that the majority of mothers (74.6%) believed their children's disclosures of sexual abuse, but the ability to take protective action was significantly diminished if the mother held warm and accepting feelings toward the offender and if the offender was the mother's partner. Cyr, Wright, Toupin, Oxman-Martinez, McDuff, & Thériault (2003) identified four key variables as predictive of increased maternal support in intrafamilial child sexual abuse: the initial disclosure of the abuse made by the child to the mother, the alleged offender's acknowledgement of the abuse, the mother not living with the alleged offender, and the mother's financial independence of the alleged offender.

McCallum (2001) identified confusion as a common experience of mothers upon learning about their children's sexual abuse, and asserted that confusion should not be interpreted as failure to support and protect. Furthermore, non-offending mothers may require guidance and training in responding supportively to help their children process the experience of sexual abuse (Deblinger, Steer & Lippmann, 1999; Morrison & Clavenna-Valleroy, 1998; Summit, 1983). As noted by Howard (1993, p. 176): "If the mother's support is as important to the health and well-being of the child as research tends to indicate, it is incumbent on intervening professionals to do all in their power to preserve and nurture the possibility of maternal support." However, the reality for many

mothers is that if they do not react in the supportive manner that is expected of them by child welfare workers, they are often deemed to be unable to protect their children (Bolen, 2002; Bolen & Lamb, 2004; Farmer, 1993).

Child Welfare Response

Too often, child welfare practitioners may overlook the potential for support from the non-offending mother in their efforts to secure physical safety for the child victim (Elbow & Mayfield, 1991). Frequently, it is the behavioral expression of maternal support that receives considerable weight in child welfare practice (Corcoran, 1998; Heriot, 1996). Hunter, Coulter, Runyon, and Everson (1990) found that the non-offending mother's capacity to protect and support the child appeared to be a central factor in the decision of child protection workers to remove the child from the home for physical safety. Although maternal support was measured in this study as a composite of clinical ratings in three areas (emotional support, belief of the child, and action toward the perpetrator), workers tended to focus on mothers' behavior in ensuring safety of the child from the alleged offender. Other studies have also found that the lack of maternal support to sexually abused girls has been associated with placement in foster care (Leifer, Shapiro, & Kassem, 1993). However, Lovett (1995) found that the child may perceive her relationship with her mother to be more supportive than the assessment made by "objective" child welfare practitioners. If this is the case, then removal of the child from the home may present a significant disruption in the dynamic of maternal support for both mother and children, with negative implications.

Of added concern, the literature notes that children who are removed from their homes may be at risk for psychological, social, and even physical harm in alternative care settings (for examples, Benedict, Zuravin, Brandt, & Abbey, 1994; Hunter, Coulter, Runyon, and Everson, 1990; Rosenthal, Motz, Edmondson, & Groze, 1991; Wasserman & Rosenfeld, 1986). Older children have been found to have more difficulty in adapting to foster care (Fanshel & Shinn, 1978). Additionally, children who disclose sexual abuse may interpret removal from the home as punishment for their disclosure (Hunter, Coulter, Runyan, & Everson, 1990). Other studies have found that sexually abused children experience symptoms of maladjustment whether at home or in foster care (Leifer & Shapiro, 1995). In some studies, removal from the home was not related to increased trauma for children affected by sexual abuse, although the lack of perceived support from family members was strongly correlated with trauma effects (Henry, 1997; Runyan, Everson, Edelsohn, Hunter, & Coulter, 1988).

The decision to place children in care or maintain in their home environments is clearly a challenging one to make, as the outcome of that decision may have a range of ramifications for the child, the child's mother, and their relationship. The literature has demonstrated that one of the most central factors affecting the decision making of social workers is maternal support. Therefore, obtaining a more comprehensive understanding of the dynamic of maternal support for children who have been sexually abused and its effect on decision making by social workers may lead to improved interventions for children, their non-offending mothers, and families affected by intrafamilial sexual abuse (Feiring, Taska, & Lewis, 1998a).

Study Overview

Focus of Study

Given the potential for deleterious outcomes in foster care, it becomes imperative for child welfare workers to identify, examine, and assess conditions that reduce risk to the child in his/her own home. Striking the balance between removing the child to protect against further sexual abuse and providing sufficient supports to ensure safety in the home is a considerable challenge, especially when few guidelines exist to help child welfare practitioners assess the risks associated with home versus outside placement for any individual child in sexual abuse cases (Hunter, Coulter, Runyan, & Everson, 1990). Research over several decades has demonstrated that maternal support is a significant factor that affects the decisions of child welfare practitioners to apprehend a child or leave the child in the care of the non-offending mother.

The intent of this study was to gain a better understanding of the decision-making processes of child welfare practitioners in determining their interventions in investigations of intrafamilial child sexual abuse. It included an examination of the professional body of knowledge regarding the dynamic of maternal support, as experienced by both non-offending mothers and their children who have been affected by intrafamilial childhood sexual abuse, and as observed and assessed by child welfare practitioners. The components and attributes of maternal support from these varying perspectives, especially as they pertain to the construction of theoretical models of maternal support and impact child welfare decision-making, were explored. The dynamic of maternal support in the child welfare context required an examination with a

feminist lens of the ways that women/mothers are conceptualized by the child welfare system (for example, Featherstone, 1999; Scourfield, 2001; Swift, 1995), the variables that affect the assessment of sexual abuse (for example, Carstens, 2001; Krane & Davies, 2000) and the subsequent determination of intervention, such as placing children in care (for example, Bolen, 2002; Finkelhor, 1983; Hunter, Coulter, Runyan, & Everson, 1990).

Research Question

This study examined the decision making processes of social workers from a child and family services agency in Winnipeg, Manitoba when making intervention decisions in situations involving intrafamilial sexual abuse (defined as substantiated reports of sexual abuse of a child under the age of eighteen where the alleged offender was the mother's partner through marriage or convention). Particular focus was on the impact that differing dimensions of maternal support had on the decision making process. Presently, it is not clear in the literature if and how child and family services workers make distinctions in expressions of maternal support and how such distinctions might affect their decisions around initial case intervention. This study set out to explore how different aspects of maternal support, such as belief in the child's disclosure and action on the part of the mother to protect the child, were identified, assessed, and prioritized as social workers were determining their case interventions. The rationale supporting such intervention decisions was reviewed in depth to develop a more comprehensive understanding of how social workers formulate intervention decisions in cases of intrafamilial sexual abuse.

Methodology

A qualitative interview approach to the study was chosen due to its demonstrated strength in eliciting information about processes that underlie social work practice, such as decision making, that are not easily observed or objectively measured (Denzin, 2001; Sheppard, Newstead, Di Caccavo, & Ryan, 2000; Sheppard, Newstead, Di Caccavo, & Ryan, 2001; Sheppard & Ryan, 2003; Tsang, 2005; Webb, 2001; Zeira & Rosen, 2000). Due to the exploratory intent of the research question, to develop knowledge in an area that is not yet well understood in the professional literature, grounded theory methodology was utilized. Grounded theory is well suited to exploratory research, as it emphasizes the inductive development of detailed, descriptive processes that emerge from research data, as opposed to the deductive testing of hypotheses implied by theory (Palys, 2003). In general, grounded theory methodology involves the comprehensive gathering and organization of information about the experiences of research participants through interactive processes, such as interviews and observations, and the constant comparison of this information (i.e. data) to define relationships, sequences, and patterns among the data, leading to a comprehensive description or interpretive understanding of the studied phenomenon (Charmaz, 2006). More details with regard to the study methodology are provided in Chapter Three.

The first phase of the study involved the development of case studies of intrafamilial child sexual abuse where the mother's expression of support of her child after disclosure varied along key dimensions. Child welfare social workers were interviewed about cases they had investigated involving intrafamilial sexual abuse by the mother's partner. Building on a framework of dimensions of maternal support developed

by Alaggia (2002), cases were categorized according to varying expressions of maternal support and then adapted into realistic vignettes depicting four thematic variations of maternal support in response to the child's disclosure, focusing on the dimensions of maternal belief and maternal behavior, aspects of maternal support that have frequently been identified in the literature (Alaggia, 2002; Bolen & Lamb, 2002; Heriot, 1996; Hunter, Coulter, Runyon, and Everson, 1990). Vignettes based on real-life cases have been widely and effectively used in qualitative social sciences research to explore processes such as decision making (Hughes, 1998; Hughes & Huby, 2002; Rossi, Schuerman, & Budde, 1999; Sheppard, Newstead, Di Caccavo, & Ryan, 2000; Taylor, 2005; Wilks, 2004). The four vignettes provided a consistent set of case variables for participants to consider in discussing their intervention decisions, allowing for comparisons of decision making across study participants, as opposed to social workers discussing unique cases that they alone had managed.

In the second phase of the study, another set of child welfare social workers with experience in investigating intrafamilial child sexual abuse each reviewed three of the four vignettes (presented in random order). Social workers were initially invited to 'think aloud' in response to each case until they had nothing left to say without any instructions or prompts to focus or organize the responses of participants, an interviewing approach advocated by Sheppard, Newstead, Di Caccavo, and Ryan (2000) to elicit information about cognitive processes. This was followed by a series of open-ended and semi-structured questions about the workers' assessment of each case, their plan of intervention, and the rationale for their decisions. This allowed respondents to elaborate in areas they had already raised in the 'think aloud' portion of the interview and to

introduce new information prompted by theme of the questions. Through this interview process, the impact of the mother's expression of support on decision making in each case vignette was explored in depth, including how the maternal support response affected the participants' decisions to remove or leave the child. Distinctions between maternal belief and maternal behavior as components of maternal support were examined. Other factors that may also influence decision making, such as risk assessment tools and supervision, were discussed.

The computerized qualitative data analysis program Ethnograph (Qualis Research Associates, 1990) was used for coding the transcribed interviews, developing categories, detecting themes, and identifying relationships among themes. Following the constant comparative method of grounded theory, open, focused, and axial coding processes were employed to analyze the data. A series of matrices were developed as themes emerged, to investigate relationships and patterns among the themes, such as how themes might be sequenced or prioritized in the decision making process. In accordance with the assertion of Charmaz (2006) that grounded theory research can result in interpretive theories that "emphasize understanding rather than explanation" (p. 126), this study led to an enhanced understanding of how child welfare social workers make sense of maternal belief and maternal behavior, two key dimensions of maternal support, in their investigations of intrafamilial child sexual abuse and utilize their assessments in making decisions about intervention. Additionally, areas that merit further research were identified.

Chapter Two provides a review of the relevant literature. It includes a discussion of the context of child welfare and the multitude of factors that affect decision making.

The literature review also examines the theoretical underpinnings of child sexual abuse that affect the context within which decision making occurs, particularly on how such theories have influenced child welfare's perspective of mothers and their role in the occurrence, intervention, and prevention of intrafamilial sexual abuse. Finally, a thorough examination of the existing literature on maternal support from various theoretical perspectives is presented, leading to a discussion on the current conceptual view of maternal support.

CHAPTER 2

LITERATURE REVIEW

Although the classic approach to grounded theory advocated delaying one's review of the literature until after the analysis of one's research data, contemporary views of grounded theory accept that researchers bring their personal histories, professional knowledge, and practice experience to their research endeavours, which includes an awareness of existing literature. Further, grounded theorists such as Charmaz (2006) contend that critical reviews of the literature can be used to sensitize the researcher to theoretical codes that may emerge in the data, clarify one's analysis, make comparisons between one's current study and the findings reported in the existing literature, and extend the existing body of knowledge.

This chapter outlines the relevant literature with regard to child welfare decision making and maternal support in situations of intrafamilial child sexual abuse. It begins with an overview of the context of decision making in child welfare, examining a range of factors that contribute to the complex environment within which decisions about child safety must be made. This is followed by a discussion of the theoretical perspectives that have been developed to explain intrafamilial child sexual abuse. The fact that there is no universally accepted theory with regard to sexual abuse adds to the complexity and ambiguity within which child welfare social workers practice. Further, historical models of intrafamilial child sexual abuse have often held mothers responsible for the sexual abuse of their children, resulting in a mother-blaming stance that has only recently been

challenged. Finally, the evolving conceptualization of maternal support in situations of intrafamilial child sexual abuse is examined from the perspectives of several different theoretical orientations. Recent developments in the articulation of an integrative view of the construct of maternal support are presented. In particular, the framework of maternal support developed by Alaggia (2002) contributed to the design of this study to further understanding of how maternal support affects the decision making of child welfare practitioners.

Decision Making in Child Welfare

The problem of child maltreatment has dominated child welfare policy and practice, and generated public and political awareness, for the past four decades (Parton, 1998), with child sexual abuse becoming a more recognized concern since 1975 (Finkelhor, Gomes-Schwartz, & Horowitz, 1984). Policy, practice, and public opinion have been significantly influenced by various theoretical perspectives of child sexual abuse; however, it is acknowledged that no one theory provides a comprehensive explanation for its occurrence. Therefore, the knowledge base of child protection work is characterized by a set of both conflicting and complementary theories, with varying degrees of empirical support (Munro, 1998). As a result, social workers make child protection decisions without a clear theoretical foundation to guide practice. Furthermore, social workers tend to use theories in a piecemeal, unsystematic, and unconscious manner, and struggle to identify the theories they use in practice (Cooper,

2001; Drury-Hudson, 1999; Hardicker, 1981; Osmond & O'Connor, 2004; Secker, 1993; Waterhouse, 1987).

Decision making is a central activity in social work, with particular implications for child welfare service delivery (O'Sullivan, 1999). However, it is an activity fraught with competing forces. O'Sullivan writes:

Social work decisions are often problematic balancing acts, based on incomplete information, within time constraints, under pressure from difference sources, with uncertainty as to the likely outcome of the different options, and the constant fear that something will go wrong and the social worker will be blamed. (p. 3)

Munro (2002) further describes the complexity of decision making in child welfare that occurs under the watchful eyes of the larger community, creating competing expectations and pressures:

The image of a vulnerable child suffering pain and fear at the hand of their carers stirs up deep feelings of horror and outrage. Equally the idea of powerful officials invading the privacy of the family and interrogating us on the intensely personal issue of our competence as parents provokes anger and resistance. (p. 2)

Other contextual factors affect child welfare decision making, including risk of liability (Gustavsson & Kopels, 1992; Regehr, Bernstein, & Kanani, 2001), cooperation by the parents (Arad, 2001; Holland, 2000), parental income level (Lindsey, 1991), systemic philosophies to preserve families (Corby, Millar, & Young, 1996; Spencer & Nicholson, 1988), high caseloads (Kirk, 1999), financial constraints of child welfare agencies (Carter, 1999), age of the child making the sexual abuse disclosure (Jonson-Reid, 2002), and risk management protocols (Parton, 1998; Spratt, 2001). Collectively, these factors place child welfare practitioners in a complex and complicated environment, typified by ambiguity and uncertainty and the pressure to make defensible decisions

(Parton, 1998, 2000). It is in the midst of these opposing forces, underscored by the lack of a solid theoretical foundation, that child welfare workers make appraisals of maternal support in situations of intrafamilial child sexual abuse and plan appropriate interventions. The following section examines the variables that impact decision making in child welfare, particularly as it pertains to the view of non-offending mothers and the expression of maternal support to their sexually abused children and the impact of that view on child welfare intervention decisions.

Decision Making Processes

O'Sullivan (1999) distinguishes between process and outcome in decision making, but stresses that both components are important. He defines decision outcomes as "the consequences that follow decision implementation in relation to the decision goals" (p. 163), which should be subject to evaluation to determine if the decision was sound or effective. However, as many social service situations do not always have a clear-cut event that presents itself as an outcome, it can be difficult to assess the effectiveness of a decision. Decision making process is defined as "the process of making a choice where the emphasis is on making, that is constructing, a choice" (p. 10), which may occur in a deliberate, planned fashion or may be intuitive and made without conscious thought. Decisions vary in the degree of awareness utilized in making the choice and, O'Sullivan (1999) notes, not all decisions require intense or formal deliberation.

Munro (2002) identifies five different types of expertise that are commonly used in the decision making process: (a) formal knowledge, constructed in legislation, policies

and procedures; (b) practice wisdom, stemming from each social worker's personal and professional life experience; (c) emotional wisdom, referring to the capacity to manage the emotional impact of child protection work on both the worker and the family; (d) ethics and values, which guide practice; and (e) reasoning skills, that include both analytic and intuitive knowledge. She argues that both analytic and intuitive decision making skills are critical to effective child welfare work at different stages of a child protection investigation. "Decision making involves both thinking and feeling about the decision situation, but there is controversy about whether intuitive or analytical thought is more suited to social work decisions and whether emotions have a positive or negative impact on decision making" (O'Sullivan, 1999, p. 85).

Both O'Sullivan (1999) and Munro (2002) describe decision making frameworks or models that can guide the decision making process and are consistent with an analytic approach to decision making. However, Munro (2002) argues that deciding on the probability of each outcome for each possible course of action is "largely an intuitive guess, albeit informed by empirical research to some degree" (p. 119). Munro (2002) asserts that intuitive knowledge, based on one's practice wisdom and experience over time, should be incorporated into analytic decision making. O'Sullivan (1999) also advocates for a combination of analysis and intuition, but notes that intuition has often been criticized as the absence of analysis. Instead, he suggests that intuitive processes just mean that "the basis of the decision is not explicit at the time the decision is made" (p. 87).

For O'Sullivan (1999), the decision making process requires that social workers include the following components:

- (a) critical awareness of the decision making context;
- (b) involvement of the client to the highest feasible degree;
- (c) consultation with stakeholders;
- (d) clarity in their thinking and awareness of their emotions;
- (e) production of a well-reasoned frame of the decision situation that is consistent with the available information; and
- (f) determination of a course of action based on a systematic appraisal of the options. (p. 16)

Munro (2002) offers a framework for decision making that details the approach to assessing possible options or choices. There are a series of questions to be considered in this decision tree model:

- (a) What is the decision to be made?
- (b) What options are there?
- (c) What information is required to help make the choice?
- (d) What are the likely/possible consequences of each option?
- (e) How probable is each consequence?
- (f) What are the pros and cons of each consequence?
- (g) The final decision. (p. 118)

Both models share similarities in their comprehensive and holistic approach to decision making processes, which aids in the identification of options, the consideration of influencing factors and pressures, and the assessment of probable outcomes.

According to Munro (2002), such models encourage workers “to make their intuitive reasoning explicit and then think it through even more thoroughly” and “to provide a clear, defensible account of how they reached a decision” (p. 139).

Drury-Hudson (1999) offers a model of professional knowledge within which child welfare decisions are made. The components of professional knowledge are identified as (a) *theoretical knowledge*, based on a set of organized concepts that allow the professional to explain, describe, and predict aspects of the decision situation; (b) *empirical knowledge*, derived from research that assists in describing experience, explaining events, predicting future states, or evaluating outcomes; (c) *procedural*

knowledge, referring to the organizational, legislative, and policy context of the social service system; (d) *practice wisdom*, gained over time through the process of working with a number of cases; and (e) *personal knowledge*, including intuition, cultural knowledge, and common sense. These inter-related components of professional knowledge affect child welfare decision making in complex ways.

In her interviews with both novice (social work students taking a field placement in a child protection agency) and expert (social workers with a minimum of ten years experience, at least five of those in the area of child protection, and active engagement in professional skill and knowledge development) child welfare practitioners, Drury-Hudson (1999) found that novices tended to lack a clear understanding of the factors associated with child maltreatment. In particular, novices were unfamiliar with the empirical literature and did not appear to have a comprehensive understanding of theory and its application to practice. Many novices, however, identified risk assessment as an important factor in their decision making, although they demonstrated only a cursory understanding of risk factors. Additionally, novices appeared to have only rudimentary knowledge of the legislative and policy requirements they needed to meet in making practice decisions, relying upon supervisor guidance with regard to these expectations. Understandably, the novices' lack of social service experience affected their capacity to utilize practice wisdom, which contributes to more reflective and reflexive practice. Her findings suggest that novice workers may not have the necessary practice wisdom and experience to guide intuitive decision making,

Sheppard, Newstad, DiCaccavo and Ryan (2001) suggest that child protection workers engage in two forms of hypothesis testing in formulating a choice of action:

progressive hypothesis development and comparative hypothesis assessment.

Progressive hypothesis development refers to an examination of a single hypothesis, seeking information that would counter or challenge that hypothesis, and amending the hypothesis until it is consistent with the emerging information with regard to the decision situation. Comparative hypothesis assessment refers to the generation of two or more hypotheses, seeking information that tests the 'adequacy of fit' for the decision situation (p. 866). In testing these approaches, the authors found that workers varied greatly in their decision making practices, generating both partial case hypotheses on different facets of a case and whole case hypotheses to cover the general dimensions of the whole case. However, few workers demonstrated a clear strategy for testing their hypotheses and workers showed different capacities for depth in their analysis of the case, suggesting that analytical decision making was not utilized or consciously identified. The authors summarized their findings with the following:

It appears, therefore, that social workers may be using methods of understanding common to humans, but this research very seriously raises the question of whether there is sufficiently consistent rigour in the cognitive processes used. If it is the case that greater rigour is required, a strong case can be made for the need to develop more clearly, and incorporate into the curriculum, a process knowledge which would be core to our understanding of professional social work. (p. 881)

Risk Assessment in Decision Making

One of the trends in the past two decades to improve rigour in child welfare decision making is the utilization of structured risk assessment tools (Cradock, 2004; Doueck, English, DePanfilis, & Moote, 1993; English & Pecora 1994; Houston & Griffiths, 2000; Munro, 2002; Schwalbe, 2004; Warner, 2003). Risk assessment shifts the emphasis from the current situation to the future probability of the situation, making a

prediction about what might happen to a child (Doueck, English, DePanfilis, & Moote, 1993). For Munro (2002), “the topic of risk assessment is, therefore, one where the conflict between the analytic and intuitive approaches is in full cry, and is manifest in the dispute between actuarial and clinical risk assessments” (p. 63), a position echoed by Taylor and White (2001). She argues that the emphasis on risk assessment distracts attention from the central purpose of child and family services, which is not just to protect children from harm but to maximize the well-being of children. Further, despite the focus on risk assessment, the more challenging task facing child welfare workers is the identification of interventions that manage and reduce the risks effectively (Craddock, 2004; Munro, 2002).

Risk assessment tools tend to be based on statistical probabilities of outcomes, serving to make risk assessment more objective, consistent, and defensible (Baird, Wagner, Healy, & Johnson, 1999; Munro, 2002). Citing the inconsistency of workers in selecting and weighing case information leading to disparity in how cases are handled, Baird et al. (1999) found that the actuarial approach to risk assessment resulted in more consistent estimates of risk across workers. However, Craddock (2004) asserts that risk assessment tools actually translate qualitative principles into quantitative scales, which “obscures the continued dependence upon the qualitative judgments required to assign numeric values to risk categories” (p. 321). Munro (2002) notes that there is resistance to the actuarial method due to its mechanical, depersonalized style of managing risk information; as a result, many workers avoid using risk assessment tools or tend to use them after they have already reached a decision on the case, making them peripheral

rather than central to case decision making. Additionally, risk assessment tools may not be culturally sensitive, reducing their potential utility in decision making.

According to Kufeldt, Este, McKenzie, & Wharf (2003), decision making in child welfare is becoming increasingly depersonalized and bureaucratized, related to the current emphasis on risk management. Consequently, Parton (1998) argues, “the essential focus of policy and practice no longer takes the form of a direct face-to-face relationship between the professional and the client but resides in managing and monitoring a range of abstract factors deemed liable to produce risk for children” (p. 6). Additionally, decisions must be made in an environment of incomplete information, time restrictions, and public scrutiny (Munro, 1996). Further, errors in human judgment by child welfare practitioners may occur (Munro, 1999; Rossi, Schuerman, & Budde, 1999; Schuerman, Rossi, & Budde, 1999), contributing to the present trend to standardize decision making through risk assessment tools (Baird, Wagner, Healy, & Johnson, 1999).

Assessing risk is central to all case decisions, according to Kelly and Milner (1996). They argue that social workers tend to frame their decision making around a central belief or value that controls and minimizes the certain losses or risks more so than one that maximizes certain gains. They point to child welfare legislation as amplifying the tendency to emphasize losses, given legislation’s focus on defining significant harm without a definition of “what constitutes the welfare of the child in terms of gains...The possible gains for children in child protection work are therefore uncertain, confused and unclear” (p. 97). In their study of child maltreatment decision making, Rossi, Schuerman, and Budde (1999) found that practitioners who were more risk averse were more likely to decide on removing the child from the home.

Arad and Wozner (2001) conducted a study of child protection workers' decision making by examining their most recent cases where (a) they had decided to leave the child at home and (b) they had decided to remove the child from the home. Workers completed the Quality of Life questionnaire developed by Shye (1979) for each child twice, related to the child's predicted quality of life at home and the child's predicted quality of life in care. They found that for both children remaining at home and children brought into care, respondents predicted a higher quality of life if the child were to be removed from the home. However, there were some differences, with children who were actually removed from the home having a lower predicted quality of life at home and a higher predicted quality of life in care than the children who were not removed. "The disparity between the reported predicted quality of life at home and out of home was larger among the children whom it was decided to remove than those whom it was decided to keep at home" (p. 235). The authors asserted that the findings indicate that child protection workers consider both in-home and out-of-home alternatives in decision making and that they consider them in comparison to one another.

Risk assessment systems have been criticized for obscuring the impact of gender, race, and class in child abuse, perpetuating a preoccupation with the role of mothers in the protection of children from abuse perpetrated mainly by men (Krane & Davies, 2000). With regard to intrafamilial child sexual abuse specifically, decisions about the interventions of child welfare practitioners have tended to be based on the non-offending mother's capacity to support and ensure protection of the child, measured mainly by her response to her child's disclosure of the abuse (Faller, 1988b; Hunter, Coulter, Runyan,

& Everson, 1990; Pellegrin & Wagner, 1990), while often minimizing the responsibility of the alleged offender to ensure the ongoing safety of the child.

Further, Fincham, Beach, Moore, and Diener (1994) maintain that judgements about sexual abuse investigations tend to be more intuitive than analytical. According to Whitkin (1982), "to the extent that a worker's actions represent adherence to a set of theoretical beliefs, they may be particularly resistant to modification" (p. 391). He argues that workers who are willing to examine their own cognitive processes that underlie their decision making may uncover their biases and inconsistent thinking, but that generally, people have only limited access to their mental processes. However, Whitkin (1982) asserts that empathy, the skill of seeing the world from the client's perspective, is an important strategy in overcoming the effects of bias.

Munro (2002) maintains that practitioners intuitively formulate hypotheses and test them against their experience and the formal knowledge base with which they are familiar in their decision making processes. Formal risk assessment tools can be a support in the decision making process and can be an important component in an analytical approach to decision making. She contends that analytic and intuitive skills in decision making are better viewed on a continuum, integrated into child protection workers' decision making processes, based on sound empirical research that informs the professional knowledge base, in an environment that supports and encourages reflective practice by workers. While there is little disagreement with her argument for an integrative approach to decision making (for example, see Gough, 2002; Houston, 2001), it must be acknowledged that there are additional variables that contribute to the context within which child welfare decisions are made.

The Child Welfare Context

Individual case decisions occur within a broader, less visible context that shapes the decision making agenda (O'Sullivan, 1999). Legislative and policy requirements are a significant underpinning of decision making in child welfare, setting the parameters that identify the expectations and options that guide service delivery (O'Sullivan, 1999). Most child welfare legislation articulates an intent to balance the rights of families to be preserved and the rights of children to be safe within their families. However, both Ayre (1998) and Corby (2003) claim that, although the principles of supporting families and making intrusive interventions only when children's safety is compromised are well detailed in legislation and policy, there is little guidance in these documents that helps child protection workers actually make their decisions about how to intervene.

For O'Sullivan (1999), the dilemma is exemplified in determining who exactly is the client. Most child protection situations involve more than one family member, requiring a distinction between primary clients (whose welfare is the central focus) and secondary clients (whose welfare is an important but indirect focus). As a result, Scourfield and Welsh (2003) state that social workers are clear that their responsibilities are to children rather than adults when families cannot safely be preserved, even with the strong emphasis in recent years on strengthening and supporting families rather than removing children from their families. However, "the welfare of primary and secondary clients are usually inextricably bound up with each other" (O'Sullivan, 1999, p. 44). According to Hooper (1992), this is frequently expressed in the dominant child-centred

ideology of child welfare through the involvement of non-offending mothers “in terms of instructing them on how best to meet their children’s needs” (p. 134).

The multidisciplinary systemic response to intrafamilial sexual abuse also contributes to the context within which child protection decisions are made. The varying perspectives of intrafamilial sexual abuse are often connected to the professional background and theoretical orientation of the various disciplines that respond to this family problem (Finkelhor, Gomes-Schwartz, & Horowitz, 1984; Kelley, 1990; Wilshaw, 1999). Despite the broad acceptance that all family members (child victims, non-offending mothers, and offenders) require intervention to effectively address intrafamilial sexual abuse, interventions offered by different systems generally remain somewhat fragmented and uncoordinated (Wattam & Parton, 1999). For example, “work with perpetrators is not perceived as being central to the child protection response offered by children’s welfare departments, but something which is important for other agencies, such as probation, to deal with” (Wattam & Parton, 1999, p. 5).

In particular, the dual involvement of the criminal justice and child protection systems can complicate the response to intrafamilial sexual abuse (Larson, Terman, Gomby, Quinn, & Behrman, 1994; Garrett, 2004). The two systems have been increasingly linked since the passage of reporting laws in the 1960s, requiring professionals to report suspicions of abuse to child welfare agencies and mandating agencies to ensure notification of possible crimes to legal authorities (Pence & Wilson, 1994). The two systems have different purposes in intervention (for the criminal justice system, the punishment and rehabilitation of offenders, and for the child welfare system, the protection of children and, when possible, the preservation of families), and different

mandated powers (the power to incarcerate a convicted offender vs. the ability to determine whether a child will remain with the family where sexual abuse has occurred). Increasingly, coordinated investigations, joint interviewing of children, and multidisciplinary intervention are heralded as important strategies to improve the effectiveness of professional response and to minimize the trauma to children and families as a result of the systems' involvement (D'Cruz, 2004; Fargason, Barnes, Schneider, & Galloway, 1993; Finkelhor, Gomes-Schwartz & Horowitz, 1984; Pence & Wilson, 1994; Prior, Glaser, & Lynch, 1997; Rivera, 1988; Trute, Adkins, & MacDonald, 1994). Further, some research suggests that the decision not to prosecute an alleged offender in child sexual abuse cases was the strongest predictor of child placement by the child welfare agency (Cross, Martel, McDonald, & Ahl, 1999).

Although therapy for sexually abused children and their families is often recommended to ameliorate the symptoms of abuse and strengthen the family to ensure the protection and support of the child, philosophical positions and procedural processes of child welfare practitioners, criminal justice service providers, and therapists sets the stage for fragmentation of the family unit and delays in the provision of services (Davies, Seymour, & Read, 2000). First, child protection processes frequently are child-centred and oppose family approaches to intervention until it is clear that the non-offending mother believes and supports the child and the offender has received individual therapy and is considered at low risk to reoffend. Consequently, the initial professional response to a disclosure of intrafamilial sexual abuse sets a course of action that discourages, if not prohibits, family-oriented interventions. Second, offenders who are facing criminal charges are usually reluctant to participate in any therapeutic process that will increase

their culpability, and those who might be willing are often dissuaded by legal counsel until the criminal justice matter has been concluded. This creates lengthy delays before family intervention is even considered to be an option. Third, the feminist view of sexual abuse treatment asserts that offenders must be held accountable for their abusive behaviors, endorsing a treatment approach that ensures that perpetrators receive specialized abuse-specific therapy in either individual or group settings before family interventions can be considered. Frequently, therapy for offenders is only mandated as a result of the criminal justice process. Finally, child victims often require different treatment modalities at different stages of treatment, and family therapy is sequenced much later in a comprehensive treatment plan and holds many prerequisites before being implemented.

Evaluating the child's disclosure of sexual abuse often marks the first stage of decision making in child welfare intervention. Substantiation is the first component of determining whether a child will be removed from the home (Drake and Jonson-Reid, 2000; Murphy-Berman, 1994). Standardized processes to substantiate sexual abuse have received considerable focus in the literature (Faller, 1988a; Faller, 1996; Faller & Corwin, 1994; Kuehnle, 1996; Yuille, 1988). However, concern has been raised about whether child welfare social workers actually follow these guidelines in practice (Warren, Woodall, Hunt, & Perry, 1996). Although other studies have found more consistency in interviewing practices among professionals, this does not guarantee that the practice is grounded in theory (Conte, Sorenson, Fogarty, & Rosa, 1991; Haskett, Wayland, Hutcheson, & Tavana, 1995; Peters, 2001). Additionally, "though the judgments made at this time can have a significant impact on children and families, they are often based on

incomplete information, cultural and personal biases, and personal values on childrearing, parenting, and the like” (Krane, 2003, p. 46).

When sexual abuse has occurred within the family, children are more likely to be placed in foster care compared to children who have been physically abused or neglected, although the decision to remove from the home is clearly not indiscriminate, according to Finkelhor (1983). Factors such as the perpetrator’s access to the victim, the presence of other family problems, and the availability of agency foster homes, also affect whether children are removed from the home after disclosure of sexual abuse. In particular, maternal support, defined in studies as believing the child and taking action to remove the offender, is weighted most heavily in decision-making processes of child welfare workers assessing situations of intrafamilial sexual abuse (Buckley, 2000; Everson, Hunter, Runyon, Edlesohn, & Coulter, 1989; Faller, 1988b; Heriot, 1996; Hunter, Coulter, Runyan, & Everson, 1990; Kirk, 1999).

Conceptualization of Mothers

“Mothering is central to occupational constructions of women in child protection work” (Scourfield, 2001, p. 78). A feminist examination of the concept of mothering highlights society’s idealized view of mothers as naturally nurturing and selfless, with social, legal, and ideological responsibility for the care of children (Butler, 1978; Davies & Krane, 1996; MacKinnon, 1998; Swift, 1995). Under this social construction, the child’s psychosocial needs take precedence over those of the mother, who is expected to readily meet those needs as an expression of her innate love and caring (Krane & Davies, 2000). Foundational issues such as sexism, poverty, and racism are minimized or ignored

when examining mothers' care. Therefore, when problems concerning the well-being of children arise, the individual mother is often judged as failing to meet her responsibilities (Callahan, 1993a; Jackson & Mannix, 2004; Scourfield & Welsh, 2003).

Swift (1995) makes the case that child neglect has often been interpreted by the child welfare system as failed motherhood, noting that the responsibilities of child care usually fall to mothers, not 'fathers', 'parents' or 'families'. This perspective perpetuates the historical blame of women for the emotional and behavioral troubles of their children, absolving men of responsibility for both children's care as well as for abusive acts perpetrated by men on children. "The tasks of workers, then, are to determine whether and how this mother needs to be changed and to supervise those changes" (Swift, 1995, p. 107).

Callahan (1993b) extends this analysis of mothers to the physical and sexual abuse of children, stating that although women are assigned their care, they often do not have the power to protect their children as a result of engendered power differences between men and women. Frequently, abusive men are rendered invisible in the child welfare system, with safety assessments focusing on the mother's willingness and capacity to protect her children (Edleson, 1998; Munro, 1998; Scourfield & Coffery, 2002). Often child welfare practitioners are perplexed and angry that mothers were not able to recognize the signs that sexual abuse was occurring, a further reflection of the unrealistic social construction of what a mother should be (Bell, 2002). Additionally, Bell (2003) found that as a result of the social and cultural norms of their environments, many non-offending mothers apply this same unrealistic construction of motherhood to themselves.

Krane and Davies (2000) assert that the emergence of formalized risk assessment in child welfare tends to conceal the impact of gender, race, and class on policy development and service delivery. In the past decade, child protection agencies in North America, as well as in the United Kingdom and Australia, have increasingly relied upon bureaucratic and regulatory mechanisms, including formalized risk assessment tools, for detecting and managing child abuse and neglect. Risk assessment is based on the presumption that child abuse is identifiable, predictable, and preventable (Parton, Thorpe, & Wattam, 1997), and one of the intended benefits of risk assessment systems, according to Munro (2002), is to reduce worker professional and personal bias, thereby preventing mistakes of any kind (failing to detect abuse as well as avoiding false accusations).

The focus on risk management in child protective services is also affected by the system's conceptualization of mothers. Featherstone (1999) notes that a narrow risk assessment perspective endorses the view of mothers in terms of their parental role only, "how their actions/inactions impact on their children's development and protection" (p.44). As a result, the complexities of women's identities beyond that of mother, as well as their complex attitudes about the role of mother, are obscured. Further, she argues that even when women are not meeting societal expectations for mothering, they are seen by the child welfare system as having the potential to better meet these expectations and become more supportive of their children if they are provided with the right supports themselves. D'Cruz (2004) argues that the child protection system is "an expression of a dominant political ideology of 'the patriarchal family' in relation to 'the state'" (p. 103), contributing to an attitude of policing mothering through the strategies of surveillance and normalization, as opposed to support services to assist in the tasks of parenting.

Davies and Krane (1996) point to the historical blame of mothers in child sexual abuse as continuing to exert influence in current child welfare decision making. These assumptions about non-offending mothers are applied in the assessment of maternal support and protectiveness, underscored by the expectation that the mother is “expected to forego her own needs and ignore her own state of emotional distress in order to support her child. . . . Social workers, in their efforts to ensure the protection of children, collude by assuming mothers are, or should be, ready, willing and able to protect their children” (p. 12). Krane (2003) examined in depth this phenomenon in her study of non-offending mothers and their female social workers, documenting the perceptions and experiences of both sets of women. Her study confirmed the biased conceptualization of mothers on the part of workers, but also provided a more complete picture of mothers and the context of their lives, especially in relation to the child welfare system.

Although the construction of women as mothers in the child protection system is a complex one, the outcome of this construction almost always leaves the mother responsible for the protection of children, with child welfare services often geared toward strengthening the capacity of the mother to provide protection (Hooper, 1992, Scourfield, 2001; Womack, Miller, & Lassiter, 1999). As summarized by Scourfield (2001):

Women are seen as oppressed by the men they live with, the wider community they live in, and potentially by welfare services. This belief, however, is overridden by the powerful discourse of women as responsible for protecting children. It is women who have to be the protectors, even if very difficult family situations are seen to be caused by other individuals, by the woman’s oppressive history, or by socioeconomic conditions. This protection of children is seen as the natural course of action in response to the demands of the authorities to change. This change is regarded as within a woman’s grasp because she can choose to change. (p. 85)

This construction of mothers is a powerful lens through which child welfare workers assess maternal support in child sexual abuse investigations. Often, mothers are dichotomized into protecting or not protecting (Hooper & Humphreys, 1998), based on the perceptions of mothering held by society and reflected in child welfare services.

Influence of Attachment Theory

Although the primary mandate of child welfare is the protection of children, over the past thirty years its role has expanded to incorporate a broader social work helping role, particularly a stronger emphasis on services to preserve families. Attachment theory is one of the main contributors to this shift in supportive in-home services, according to Swift (1995). Citing the influential work of Bowlby, Swift asserts “workers are encouraged to avoid apprehension of children if at all possible and to plan carefully for the removal of children when it is considered unavoidable” (p. 156).

Certainly, it is not always possible to preserve families, necessitating that some children come into agency care. Literature supporting an attachment theory perspective with regard to the admission of children to temporary or permanent agency care abounds (for example, Gauthier, Fortin, & Jéliu, 2004; Grigsby, 1994; Haight, Kagle, & Black, 2003; Poehlmann, 2003; Ryan, 2002; Schofield, 2002; Singer, Brodzinsky, Ramsay, Steinhauer, 1991; Steir & Waters, 1985; Whelan, 2003).

Consequently, attachment theory has in many ways informed the development of legislation, policies, and services in child welfare agencies. The intent is to ensure that bonds with biological family are strengthened and maintained and that children’s needs for permanency are addressed in a timely fashion, perspectives that may be viewed on a

continuum of service but in reality may present conflicting priorities (Barth, 1999). Further, empirical research yields mixed findings regarding the outcomes of family preservation services and out-of-home care services, making it difficult for the child welfare system to set appropriate direction to ensure the well-being of children (Maluccio, 1998).

Attachment theory has also been extended to the relationship between the social worker and the child. Schofield and Brown (1999) state that child welfare social workers can provide sexually abused adolescents in crisis with a different kind of relationship from that which they have experienced previously, changing the adolescents' internal working models of attachment and leading to repaired self esteem and trust. Further, an attachment theory perspective is recommended in the provision of therapy to children involved with the child welfare system (Jernberg & Booth, 1999; Pearce and Pezzot-Pearce, 1994; Perry & Gerretsen, 2002; Vadas, 2002).

Given the body of empirical evidence that supports attachment as a valid construct applicable across cultures (van IJzendoorn, Goldberg, Kroonenberg, & Frenkel, 1992), Bacon and Richardson (2001) advocate for the application of attachment theory to the issue of child abuse, leading to a more comprehensive understanding of the origins, impact, mediators, and treatment of intergenerational physical abuse, neglect, and sexual abuse. Howe, Dooley, and Hinings (2000) suggest that attachment theory may give child welfare practitioners a powerful theoretical framework within which to interpret the information about children and their families that have been gathered through investigative and assessment processes. Further, criticizing risk assessment tools as focusing too narrowly on the risks of maltreatment, Gough (2002) instead recommends

the incorporation of an attachment framework into a more comprehensive assessment process, based on the *Looking After Children* system of considering outcomes for children involved with child welfare agencies in the United Kingdom. Walton (2001) asserts that this broader perspective can lead to an innovative combination of abuse investigations with family preservation services, although she acknowledges that further research demonstrating the efficacy of this approach is required.

However, the extent to which attachment theory informs the assessment of maternal support in response to children's disclosure of sexual abuse is unclear. As discussed previously, although attachment theory has been employed to better understand maternal support when children have been sexually abused (Leifer, Kilbane, & Grossman, 2001; Leifer, Kilbane & Skolnick, 2002; Shapiro & Levendosky, 1999), it does not appear that an intent to understand, maintain, or enhance the attachment between the sexually abused child and her mother is at the forefront of child welfare workers' decision making, given the propensity for children to be removed from the care of their mothers if they display ambivalent or unsupportive reactions (Bolen & Lamb, 2004). Hunter, Coulter, Runyan, and Everson (1990) pose an important question in this regard: "Might the unique nature of intrafamilial sexual abuse lead a [child protective services] worker to view the placement decision in a different light?" (p. 408).

Daniel's (2000) study of child welfare practitioners' beliefs about parenting and child welfare decision making involved an assessment of workers' reactions to a number of statements about child protection considerations, including statements with regard to intrafamilial sexual abuse. She found the strongest disagreement among practitioners with the factor statement "Sometimes it is better for the child to be left in a situation

where they are at risk of sexual abuse, rather than to be separated from someone they have a strong bond with” (p. 99). This finding may lend some support to the question raised above about the unique bearing intrafamilial sexual abuse may have on the application of attachment theory in child welfare decision making.

Social Support in Child Welfare

A family support orientation to child welfare services is often viewed as an important shift toward a philosophy of child well-being from the more narrow child protection role (Davies, Krane, McKinnon, Rains, & Mastronardi, 2002; McKenzie & Trocmé, 2003). However, such a shift requires, if not an increase, a reprioritization of interventions, services, and resources in order to promote family wellness, a requirement if children’s well-being is going to be enhanced (Kufeldt, 2003). Further, according to Krane, McKinnon, Rains, & Mastronardi (2002):

[T]he identification of supportive networks that actually provide, or might offer, concrete and emotional support in family responsibilities is an essential component of the helping process because women need such resources in their capacities as parents. Identifying mothers’ support networks challenges the implicit assumption that mothers should be expected to carry the weight of childcare alone. This broader view of assessment and investigation would seem to be helpful for the numerous single mothers who find themselves involved with child protection services. (p. 631)

This shift is important not only for the broad continuum of child welfare services but also for the system’s response to child sexual abuse (Colcough, Parton, & Anslow, 1999). Such an approach includes constructing a supportive partnership with the non-offending mother (an approach which is often considered to be contrary to a decision making process that is primarily concerned with assessing, managing, and ensuring

against risk, according to Colcough, Parton, & Anslow, 1999) and building and strengthening the relationship between the child and the non-offending parent.

Children's and non-offending mothers' experiences with child welfare interventions are beginning to generate research attention (Prior, Lynch, & Glaser, 1999; Westcott & Davies, 1996). While children's reactions vary, many children do not display increased distress as a direct result of intervention (Berliner & Conte, 1995). Davies, Seymour, and Read (2000) found that the majority of children and mothers reported being treated with respect and empathy by child welfare practitioners. However, many mothers do not receive support themselves during the stressful period following disclosure, which hampers their ability to provide support to their children (Trute, Adkins, & MacDonald, 1994). It appears that supportive interventions for non-offending parents are frequently lacking in child welfare agencies, possibly because agencies tend to be child-centred, not woman-centred (Dempster, 1993).

Hooper (1992) describes the dual role facing child protection workers when conducting interviews with non-offending mothers regarding allegations of intrafamilial sexual abuse, noting the social work task of providing as much support as possible to the mother while also monitoring her effectiveness in following agency expectations, particularly with regard to the alleged offender. Hooper (1992) reported that mothers who found their social workers to be supportive were more comfortable expressing their emotional reactions to the abuse, including their ambivalence to the child. However, "even where the social worker was regarded as supportive, women commonly kept some things back in recognition of the monitoring role" (Hooper, 1992, p. 149). Further, in circumstances where the mother feels blamed or judged by social workers, "she will

spend much of her personal energy defending herself and less energy supporting her child. This will reinforce the suspicions and negative judgments of professionals and further undermine the possibility of support for the child” (Howard, 1993, p. 176).

The provision of social support may be particularly salient when the mother is experiencing depression, a condition that has been identified as affecting many non-offending mothers involved with the child welfare system (Crocker & Sheppard, 1999; Newberger, Gremy, Waternaux, & Newberger, 1993; Sheppard, 2004; Wagner, 1991). However, Sheppard (2004) found that child protection workers were somewhat haphazard in their provision and focus of social support interventions with non-offending mothers. In a different study, Sheppard (2002) found that many mothers affected by depression were, because of depression’s debilitating effects of low self-esteem and self-blame, less able to work in partnership with child protection workers and make full use of the supportive measures that were offered. This interaction between depression and partnership was related to the degree of authority exerted by the child welfare worker in decision making. Further, Crocker and Sheppard (1999) asserted that child welfare workers tend to underestimate and minimize the extent of depression in non-offending mothers and the degree of emotional trauma they experience.

The following quotation is a fitting summary of the importance of support, for sexually abused children and for non-offending mothers.

Just as we seek to remedy inadequate maternal support to the children, we must also look at how support by social workers to clients is compromised by our own attitudes. . . Support appears to lie at the heart of both a significant mediating factor for a sexually abused child’s recovery, but as well as in the therapeutic alliance with their mother, and efforts to increase this support should be central to service provision (Alaggia, 2002, p. 54-55).

Although many factors influence the decisions of child welfare practitioners, at the heart of intervention is the aim of protecting children from the devastation of child sexual abuse (Kirk, 1999). Generally, the findings described above suggest that children and mothers are at least likely to receive a compassionate and sensitive response from the child welfare system. Some literature asserts that the establishment of an empathic relationship between helper and client is central to effective intervention, more so than adherence to a particular theoretical perspective (Christopherson, 1998). However, the concerns identified with regard to the fragmented connection of child welfare practice to theory should not be ignored, and warrant significant attention from child protection agencies and those academic bodies responsible for the education of social workers who work in child welfare. Without efforts to articulate a clearer theoretical base from which to inform child protection service with regard to child sexual abuse, children, mothers, and their families remain vulnerable to the inherent limitations of child and family services practice.

Child welfare practitioners face daunting challenges in the management of cases involving intrafamilial sexual abuse, not the least of which is the lack of a guiding theoretical foundation. Consequently, social workers may be influenced by a variety of theoretical fragments, such as those discussed previously that contribute to mother-blaming and minimize responsibility of the offender for the abuse. In particular, social workers may misunderstand the experience of non-offending mothers and miss opportunities to preserve, develop, and enhance the provision of maternal support to children who have been sexually abused.

These philosophies and procedures contribute to a structural bias within the child protection system towards maternal responsibility for the occurrence of intrafamilial sexual abuse, despite the fact that men are most frequently the perpetrators of child sexual assault, argues Oko (2000). Added to the systemic challenges of working in partnership with families involved with the child welfare system such as role conflict for child protection social workers and the heavy emphasis on risk management and accountability (Bell, 1999; Corby, Millar & Young, 1996; Munro, 2002; Parton, 1998; Waldfogel, 1998), it becomes clear that there is much work to be done, and much more to understand, before the child welfare system's response to intrafamilial sexual abuse will become more effective in protecting children, preventing further incidence, and resolving the deleterious effects of sexual abuse for all family members.

Intrafamilial Child Sexual Abuse and the Conceptualization of Mothers

Although child sexual abuse was identified as a social issue in the late 1800's, most notably by Freud, many decades since that time have been marked by pervasive denial and minimization of the occurrence of child sexual abuse and its detrimental effect on children (Fergusson & Mullen, 1999). This period of denial has had an indelible effect on public perceptions of the phenomenon of child sexual abuse (Myers, Diedrich, Lee, & Fincher, 1999; Smart, 1999). However, over the last twenty-five years, recognition, acknowledgment, and social interest in child sexual abuse has increased substantially, to a large extent due to the efforts of the feminist and child protection movements (Finkelhor, 1979). As a result, considerable research has been directed

toward better understanding the prevalence, impact, dynamics, interventions, and treatment of child sexual abuse.

Despite this increasing body of knowledge, many gaps remain, warranting ongoing research in many areas. In particular, there is no single accepted theoretical position explaining sexual abuse (Freeman & Morris, 2001; Maddock & Larson, 1995). Further, mother-blaming is rampant in much of the literature (Caplan & Hall-McCorquodale, 1985; Carter, 1999; Hooper, 1992), with mothers being held responsible for a variety of psychological problems in children, including schizophrenia, phobias, depression, anxiety, and incest. With regard to intrafamilial sexual abuse, it is only recently that the traditional and limited view of mothers has been challenged (Joyce, 1997). Theories about mothers in intrafamilial sexual abuse predominantly cast them in collusive, dependent, or victimized roles. The following discussion examines the relevant literature with regard to child sexual abuse, especially as it pertains to the dynamic of maternal support in intrafamilial child sexual abuse, exploring the main theoretical approaches and their impact on the professional knowledge base pertaining to child sexual abuse.

Psychodynamic Perspective

In Freud's psychoanalytic theory, women are viewed as having a biological instinct for mothering (Carter, 1999), although the notion of 'maternal instinct' predates Freud (Leupnitz, 1988). The mother's defective instincts were considered to be at the root of any problem in the child's development or in her relationship with the child. With regard to child sexual abuse, mothers who never resolved their own Oedipal issues

relinquish their responsibilities as wives and mothers. Seeking the love and support they lacked in childhood, mothers push their daughters into assuming adult roles, including responsibility for a sexual relationship with the mothers' husbands or partners (Haugaard & Reppucci, 1988; Johnson, 1992; Strand, 2000).

With the acceptance of psychoanalytic theory, the notion of attributing responsibility to mothers for their children's functioning gained popular and professional acceptance (Carter, 1999). Many childhood disorders were traced to mothering, and early literature on the mother's role in incest was heavily influenced by psychoanalytic theory (Strand, 2000). Mothers were increasingly described as collusive, neglectful, and nonprotective, as a result of their presumed psychological deficiencies (Olafson, Corwin, & Summit, 1993).

The psychoanalytic approach is frequently criticized for its blaming stance of mothers, and its neglect of the family and environmental factors that affect mothers (Carter, 1999). Initial research in intrafamilial sexual abuse, even when based on different philosophical models such as family systems theory, were built on the psychodynamic model, even when it purported to develop an alternative family system's orientation (Joyce, 1997).

Family Systems Perspective

Although presented as a less blaming approach to intrafamilial child sexual abuse than psychodynamic theory, family systems theory has frequently cast mothers in the role of the impaired parent (Joyce, 1997). Sexual abuse within the family is viewed by family systems theory as the product of a problematic family system, and all family

members share in its development and maintenance (Russell, 1986; Trepper & Barrett, 1986). Frequently, boundaries between the family and the external social environment are rigid, forcing family members to meet their emotional needs solely within the family system (Courtois, 1988; Larson & Maddock, 1986). Dependency and emotional enmeshment allow for the violation of interpersonal boundaries, including the sexual abuse of children. Shame, secrecy, and denial contribute to family members' rationalization of incestuous behaviors. Disclosure of the abuse usually results in crisis, and leads to further denial as the family attempts to resist change and restore homeostasis.

As a result of her impaired functioning, the mother is in some way viewed as responsible for the family's pathology, and in the case of intrafamilial sexual abuse specifically, contributes to the sexually abusive behavior of the father (Carter, 1999; Dietz & Craft, 1980; Green, 1996; Jacobs, 1990). While a variety of family characteristics have been associated with intrafamilial sexual abuse, many are focused on the shortfalls of the mother, such as the mother's emotional or physical absence from the home (Fleming, Mullen, & Bammer, 1997; Sgroi & Dana, 1982), role reversal with the daughter (Cammaert, 1988; Cohen, 1983), and a dependent and subordinate relationship with her partner (Sgroi, Blick, & Porter, 1982). Mothers are believed to be aware of the sexual abuse, either consciously or unconsciously, and fail to adequately protect (Cammaert, 1988; Cohen, 1983; Johnson, 1992; Sgroi, Blick, & Porter, 1982). Ultimately, mothers are deemed to share responsibility for the sexual abuse (Justice & Justice, 1979).

A family systems perspective was first applied to incest in the 1960s, with three instrumental case studies declaring that the cause of incest was situated in the family system, as noted below. While professional interest initially focused on the individual psychopathology of the offender and the victim (considered to be the active participants in incest), family systems theory gave practitioners other perspectives to consider within the family, such as the complex dysfunctional interactions between family members that were considered to be contributors to the occurrence of sexual abuse. Consequently, the role of other family members such as the non-offending mother (the non-active participant in incest) could be conceptualized in terms of her denial of and collusion in the sexual abuse. The goal of family therapy was described as helping “the family see each member’s involvement in the problem and motivate them toward finding healthier relationships and role assignments” (Machotka, Pittman, & Flomenhaft, 1967, p. 99).

In the 1970s, although still heavily influenced by psychodynamic theory, the family systems-oriented view of incest prevailed (Gutheil & Avery, 1977). However, it must be noted that the sexual abuse of children was still considered to be a relatively rare phenomenon during this decade (Myers, Diedrich, Lee, & Fincher, 1999). Incest was regarded as an indicator of other family conflicts and stresses that served a function, such as defense against the emotional pain of separation and individuation (Frances & Frances, 1976; Gutheil & Avery, 1977; Meiselman, 1978). Child victims were viewed as complicit in their abuse, seeking nurturing from their fathers to compensate for deficient mothering and sometimes to seek revenge on disengaged mothers (Gutheil & Avery, 1977).

The impact of the early clinical literature on social workers' attitudes and interventions with incest families was significant. Dietz and Craft (1980) surveyed 200 protective service workers to determine their beliefs about incestuous families and how they had arrived at their perspectives. Respondents described fathers as authoritarian, physically violent, with low self-esteem and a propensity for alcohol abuse. Non-offending mothers were viewed to be passive, submissive, and collusive, while victimized daughters were characterized as passive, socially inept, and emotionally troubled. Marital relationships were considered to be poor, and families were seen as having strained relationships with their communities. Interestingly, the researchers found that "the incest literature appears to be a stronger factor in the formation of these beliefs than the evidence presented by the workers' experiences with clients and their families" (p. 606). They warned that workers may tend to look for evidence to support their beliefs and discount data that does not fit their preconceived notions of how incest families are characterized.

This study is indicative of the impact of the clinical literature on the perceptions of intrafamilial sexual abuse, particularly at a time when recognition of child sexual abuse was increasing and empirical studies were rare. As the prevalence of sexual abuse became more recognized in the early 1980s, interest in applying a family systems approach to incest grew. However, most of the professional literature was based on clinical case studies that emphasized the characteristics of families and individual family members (Alexander, 1985; Cohen, 1983; Will, 1983). Incestuous families were often described as either chaotic, with confused roles and blurred intergenerational boundaries, or endogamous, with incest serving the function of reducing tension and preventing

family breakdown (Kempe & Kempe, 1984; Sgroi, Blick & Porter, 1982; Will, 1983). Fathers in the clinical literature were described as having a range of characteristics: moralistic, over-invested in their families, controlling, alcoholic, depressed, and prone to manipulation or intimidation (Cohen, 1983; Hoorwitz, 1983; Sgroi, Blick & Porter, 1982). Non-offending mothers were perceived as weak, submissive, dependent, and depressed, and clearly responsible for not protecting the child (Cohen, 1983; Sgroi, Blick & Porter, 1982).

As interest in empirical research into family characteristics associated with intrafamilial sexual abuse increased, risk factors such as substance abuse, lower socioeconomic status, family disorganization, the presence of a non-biologically related father, emotional and/or physical absence of the mother, lack of social support, physical abuse, marital conflict, and maternal history of sexual abuse have each been correlated with child sexual abuse (Benedict & Zautra, 1993; Finkelhor, 1979; Fleming, Mullen & Bammer, 1997; Herman & Hirschman, 1981; Howes, Cicchetti, Toth, & Rogosch, 2000; Kaplan, Becker, & Martinez, 1990; Leifer, Shapiro & Kassem, 1993; Long & Jackson, 1994; McCloskey & Bailey, 2000; Paredes, Leifer, & Kilbane, 2001; Shah, Dail, & Heinrichs, 1995). However, many of these variables have surfaced intermittently across studies and are often based on adult victims' retrospective reports, which may be negatively biased and subject to recall inaccuracy (Reinemann, Stark, & Swearer, 2003). Therefore, the extent to which these characteristics serve any predictive value is not clear (Bergner, Delgado, & Graybill 1994; Conte, 1986).

The family systems perspective of intrafamilial sexual abuse is at the root of the family therapy approach to intervention, which emphasizes modifying the interactions,

boundaries, and relational dynamics that have evolved and allowed the expression of incest (Friedman, 1988; Furniss, 1991; Hoorwitz, 1983; Larson & Maddock, 1986; Maddock & Larson, 1995; Mrazek & Bentovim, 1981; Sheinberg & Fraenkel, 2001). Larson and Maddock (1986) advocate for gearing family therapy toward understanding and addressing the meaning and function of the incest for each individual family, conceptualized as serving as a means to express affection, eroticism, aggression, or rage. Others, such as Friedman (1988) and Mrazek and Bentovim (1981), support a structural model of intervention to alter family boundaries and relationships. Sheinberg and Fraenkel (2001) recommend a relational therapy approach, intended to strengthen the supportive and protective relationships among family members, especially between the mother and the victimized child. Still other practitioners frame family therapy intervention within the context of the investigative process, where decisions around child protection and criminal prosecution are made (Furniss, 1983; Hoorwitz, 1983).

Family systems models have made a valuable contribution to the professional response to intrafamilial sexual abuse, such as by providing language to practitioners to conceptualize family dynamics that are associated with incest and by providing an alternative to psychodynamic explanations (Finkelhor, 1986). Despite these contributions, systems theory and family therapy interventions as applied to sexual abuse were subjected to considerable critique during the 1980s, and as a result, have not been pursued as the response to incest to the extent that might have if this were the predominant theory. In particular, the feminist approach criticized the failure of systems theory to view sexual abuse within the larger societal context that allows it to occur, and faulted systems theory for failing to hold the perpetrator responsible for his actions

(James & MacKinnon, 1990; Wattenberg, 1985). However, Friedman (1988) stressed that “in considering the problem of incest from a family systems perspective, the concept of responsibility belonging to the perpetrator is neither ignored or minimized” (p. 329), and argued that a systems approach broadens the therapist’s assessment and intervention methods. Maddock and Larson (1995) echo this family systems position, asserting that “concern for systems does not preclude concern for individuals” (p. 18).

Feminist Perspective

The child welfare movement and feminist movement of the 1960s and 1970s are largely responsible for the renewed professional interest in child sexual abuse (Bagley & Thomlison, 1991; Myers, Diedrich, Lee & Fincher, 1999; Finkelhor, 1984; Herman, 1992; Olafson, Corwin, & Summit, 1993). In particular, the feminist perspective was the first to view child sexual abuse within a political and social context. The unequal distribution of power in a patriarchal society, situating men in roles of power and domination and relegating women and children to a dependent and vulnerable position in society and within the family, sets the stage for violence and the abuse of women and children by men (Haugaard & Reppucci, 1988; Hooper & Humphreys, 1998; Wattenberg, 1985). Within the feminist perspective, child sexual abuse has been reconceptualized as victimization, an expression of power and control rather than sexual attraction, with the potential for significant trauma, especially when the offender is a trusted family member (Courtois, 1988). According to Russell (1986), any explanation of child sexual abuse that

does not attend to the factors of socialization and power in relation to gender is inadequate.

In addition to focusing on the impact of sexual abuse on children, the feminist perspective challenged the view of mothers as collusive (Hooper & Humphreys, 1998; Joyce, 1997; Wattenberg, 1985). In attempting to understand offender behavior, the feminist approach examined how male socialization discourages emotional expression and teaches men to meet their emotional needs through sexual relationships (Finkelhor, 1987). Consequently, the feminist approach emphasized placing responsibility for sexual abuse with the offender, while advocating for alternative frameworks for understanding non-offending mothers (Joyce, 1995).

Feminist practitioners challenged the main themes that arose in the family therapy literature: (a) that incest is attributed to pathological fathers and inadequate mothers; (b) that incest serves the function of addressing the family's fear of separation and loss; (c) that family isolation from the environment 'causes' incest; and (d) that the family system is responsible for incest (Carter, Papp, Silverstein, & Walters, 1986; James & MacKinnon, 1990). In contrast to the view of fathers as pathological, feminists asserted that "sexually abusive men represent only an extreme version of normal gender arrangements" (James & MacKinnon, 1990, p. 75). Men's dominant role in society also affects women's experience in marriage and serves to disempower women, adding to their stressors when confronted with the disclosure of incest.

The feminist perspective has been critical of the mother-blaming stance found in both the psychoanalytic and family systems approaches (Hooper, 1992; Hooper & Humphreys, 1998). Several feminist researchers have articulated the complexity of

mothers' lives, embedded in the familial and societal dynamics that impact their experience of child sexual abuse (Hooper & Humphreys, 1998; Johnson, 1992; Massat & Lundy, 1998; Wattenberg, 1985). Still other researchers have acknowledged the sociopolitical context of women's lives while also recognizing that mothers can be traumatized by the disclosure of intrafamilial child sexual abuse (Dempster, 1993; Green, Coupe, Fernandez, & Stevens, 1995; Newberger, Gremy, Waternaux, & Newberger, 1993). Early feminist literature on child sexual abuse suggested that non-offending mothers were co-victims, rather than collusive participants (Herman, 1981). While it may be limiting to view mothers solely as victims, a term that connotes helplessness and disempowerment, recognition of the significant impact of disclosure is essential in appreciating the experience of mothers. Consequently, the variability in mothers' response to disclosure can be attributed to the interaction of these individual, familial and societal factors.

Hooper and Humphreys (1998) argue that mothers' relationships with their children have little place, if any, in explaining the occurrence of intrafamilial sexual abuse. However, the role of mothers in mediating the impact of the abuse on their children, through the provision of support, is well documented (for example, Deblinger, Steer, & Lippmann 1999; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Spaccarelli & Fuchs, 1997; Spaccarelli & Kim 1995).

A feminist-oriented analysis of intrafamilial sexual abuse provides little support for the collusive mother described by other theoretical models. Instead, the feminist approach expands our understanding of the multitude of factors that affect non-offending mothers. Studies have failed to consistently identify distinctive characteristics in non-

offending mothers (Muram, Rosenthal, & Beck, 1994; Smith & Saunders, 1995), lending support to the assertion that mothers are not easily categorized as believing or disbelieving, protective or nonprotective (Hooper & Humphreys, 1998). Despite the danger of viewing women in the narrow role of victims, the feminist approach appears to offer a more comprehensive view of non-offending mothers, in terms of their individual experiences within the context of their family relationships and social environments.

Integrative Approaches

Integrative approaches draw from several theoretical perspectives to create more expansive conceptualizations of child sexual abuse. Russell (1986) suggests that rather than seeing different theories as competing with one another, there is value in combining their complementary strengths. The following models involve some degree of integration of components of different theories, borrowing most heavily from the feminist and family systems approaches, leading to new ways of considering the problem of child sexual abuse.

Finkelhor's (1984) four factor preconditions model for explaining both intra- and extrafamilial sexual abuse is an approach that has gained professional sanction from those who work with children, adult survivors, non-offending mothers, and offenders (Courtois, 1988; Hartley 1998; Hartman & Burgess, 1989; Hooper & Humphreys, 1998; Kirk, 1999; Russell, 1986; Ward, Fon, Hudson, & McCormack, 1998). As an expansion of the family systems approach to child sexual abuse with cognitive behavioral components, the model provides a general framework for understanding intrafamilial sexual abuse within its

social context. The model integrates a variety of factors associated with intrafamilial child sexual abuse with four preconditions which must be fulfilled before sexual abuse can occur. The offender must a) have some motivation to sexually abuse the child, b) overcome internal inhibitions, c) overcome external barriers, and d) overcome the child's resistance. Cognitive distortions and rationalizations are often used by the offender throughout this process. The model incorporates family characteristics, such as marital conflict, emotional distance, and substance abuse, into each stage, as factors which facilitate attainment of each precondition. The nature of the mother-child relationship may contribute to the risk of sexual abuse to the child, but is clearly not viewed as a causal factor (Hooper & Humphreys, 1998). It has the advantage over some other models of placing responsibility for the abuse with the offender, and it considers the sociopolitical context in which sexual abuse occurs. However, this model has also been criticized as a means to describe risk factors that might contribute to intrafamilial sexual abuse, rather than offering an explanation for its occurrence (Haugaard & Reppucci, 1988).

Trepper and Barrett (1989) assert that there is no one cause of intrafamilial sexual abuse. Instead, they propose a vulnerability approach, combining feminist perspectives with the structural model of family systems theory. Their Multiple Systems Model examines socioenvironmental, family, individual and family-of-origin factors that may lead to incest if a precipitating event occurs and the family lacks adequate coping skills. This model examines the presence of risk conditions within each factor to determine the family's vulnerability to incest. For example, a family that adheres to traditional sex roles, is socially isolated, enforces strict rules to control behavior, has a mother who is

somewhat passive, has a father with poor impulse control with sexual overtones, and lives in a community that supports male domination, would be seen as highly vulnerable. For an incident of sexual abuse to occur, the family must experience a precipitating event, a stressful situation that acts as a trigger. For the family who has inadequate coping skills, the risk of abuse occurring after a stressful event is extremely high. While a more complex model, Trepper and Barrett (1989) contend that its complexity is its strength, as it incorporates a wider range of variables at the individual, family, and societal level that impact on the occurrence of child sexual abuse. However, it is subject to the same criticism raised by Haugaard and Reppucci (1988) as a model that may be more descriptive of risk characteristics than explanatory.

Similarly, Maddock and Larson (1995) propose an ecological approach that recognizes the intrapsychic dynamics of individual family members, patterns of family interaction, sociocultural influences on gender and sexuality, and situational circumstances. The occurrence of sexual abuse is understood as serving one of four broad transactional patterns within the family: (a) affection-based, where incestuous behavior is a means of expressing affection between family members of different generations; (b) erotic-based, where sexual meaning is attached to regular family interactions; (c) aggression-based, where anger and hostility are sexualized in their expression against family members; and (d) rage-based, where deep-rooted shame and rage are explosively expressed against vulnerable family members. While still emphasizing family dynamics as contributing factors as well as areas for family therapy treatment, this ecological approach is intended to underscore the offender's responsibility

for the sexual abuse. However, this typology, like Finkelhor's preconditions model, has not been empirically validated (Strand, 2000).

While these integrative models offer some promising comprehensive perspectives to understanding intrafamilial child sexual abuse and reducing the blame of mothers, they have not yet gained sufficient prominence to be widely implemented. Unfortunately, it is not unusual for child protection practitioners and other professionals to still attribute some degree of blame to mothers for child sexual abuse (Kelley, 1990). Furthermore, even when sexual abuse is attributed to the actions of the offender, child protection is still considered to be a female responsibility (Kirk, 1999). The perspective that mothers are ultimately responsible for the sexual abuse and protection of their children is related to societal expectations placed on mothers to support their children, meriting an examination of conceptualizations of social support, specifically the dynamic of maternal support.

Maternal Social Support

Social support is viewed as a multidimensional construct in the literature, which may be defined differently across research studies, depending upon researchers' theoretical perspectives. Generally, however, social support is considered to involve information that leads the individual to believe that he or she is loved and valued, and belongs to a network of relationships (Tremblay, Hébert, & Piché, 1999). Much research on social support has focused on its health-enhancing and stress-reducing properties, and it is only recently that the distinct components of social support have been contemplated

(Finch, Okun, Pool, & Ruehlman, 1999). The following discussion reviews the literature with regard to the construct of social support, including its relation to the experience of intrafamilial child sexual abuse for non-offending mothers and their children.

Attachment Theory

Although Freud did not refer to the construct of social support specifically, psychoanalytic theory does view the mother-child bond as a central influence on personality development (Ainsworth, 1969; Wilson, 1981). Utilizing a psychoanalytic framework, Bowlby developed the theory of attachment, defined as a biologically-based bond with a significant caregiver, usually the child's biological mother (Alexander, 1992; Bacon & Richardson, 2001; Bowlby, 1969; Bowlby, 1973; George, 1996; Page, 1999). Similar to Bowlby's model is the conceptualization of attachment proposed by object relations theory (Hazell, 2000). While both models are developmental in nature, object relations theory originated from Freud's psychoanalytic instinct theory, postulating that "the 'object' of an instinct is the agent through which the instinctual aim is achieved, and the agent is usually conceived as being another person" (Ainsworth, 1969, p. 970). It concentrates on the link between the individual's mental representations of early childhood relationships and the individual's later interpersonal relationships, which become more complex cognitive constructions over time (Deason & Randolph, 1998; Levy, Blatt, & Shaver, 1998).

Bowlby, however, replaced Freudian instinct theory with an evolutionary framework, positing that attachment behavior has biological origins shared with other species, with its main function to protect the infant from danger and ensure survival

(Ainsworth, 1969; Bowlby, 1969; MacDonald, 2001). However, due to human capacity for more complex cognition compared to other species, behavior, perception, and emotion interact in appraising processes, resulting in the child's ability to "organize his attachment behavior on a goal-corrected basis" in order to be close to his/her object of attachment especially when the child feels threatened, endangered, or stressed (Ainsworth, 1969, p. 1003). Bowlby proposed that the child's attachment behavior is therefore based on a cognitive, internal representation of the child's relationship with his or her main caregiver (Bowlby, 1969; George, 1996; James, 1994). As a result, the child forms expectations about his or her worthiness in relationships and about the trustworthiness of others in relationships. These largely unconscious and internalized expectations, termed 'working models', continue through childhood, adolescence, and into adulthood, affecting the individual's relationships with others (Bolen, 2000; George, 1996).

A paradigm for understanding the attachment process was developed by Ainsworth, Blehar, Waters, and Wall (1978), where attachment is characterized as secure or one of three variations of insecure: avoidant, resistant/ambivalent, or disorganized (Bolen, 2000; Holmes, 2000; Whitten, 1994; Shapiro & Levendosky, 1999). Insecure attachment is associated with a variety of difficulties in functioning, such as social withdrawal and antisocial and disruptive behavior (Rosenstein & Horowitz, 1996; Pearce & Pezzot-Pearce, 1994). Conversely, secure attachment patterns have been associated with higher levels of perceived and enacted social support in adolescence (Herzberg, Hammen, Burge, Daley, Davila, & Lindberg, 1999). Ainsworth et al. (1978) postulated that compared to the child, the mother has a disproportionate influence on the

development of these attachment patterns through her attachment behaviors of sensitivity, acceptance, cooperation, and accessibility, a position supported by the meta-analyses of clinical studies on attachment conducted by van IJzendoorn, Goldberg, Kroonenberg, and Frenkel (1992) and De Wolff and van IJzendoorn (1997). Further, empirical research has suggested that the mother's own recollections of her childhood attachment experiences are an important precursor to the development of these attachment patterns (Huth-Bocks, Levendosky, Bogat, & von Eye, 2004). Consequently, problems in children's functioning are attributed to the quality of the relationship between mother and child.

Thus, mothers are considered in attachment theory to be predominantly responsible for the type of attachment developed by their children, related to the internal working models of attachment formed in mothers' own early childhood experiences. Despite the enduring influence of the mother's own early childhood experiences of attachment, the development of a secure attachment with the child has been found in several studies to be enhanced through the provision of social support to mothers (Crittenden, 1985; Crockenberg, 1981; Crockenberg, 1988; Jacobson & Frye, 1991; Jennings, Stagg, & Connors, 1991; Kivijärvi, Rähä, Virtanen, Lertola, & Piha, 2004). Therefore, attachment is considered to be a stable yet dynamic construct that can be influenced by intervening stressors or reparative experiences (Bolen, 2000).

Attachment theory has increasingly been applied to the issue of child sexual abuse as a means to understand the impact of this trauma on functioning for children, adolescents, and adult survivors (Alexander, 1992; Bacon, 2001; Bacon & Richardson, 2001; George, 1996; Lewin & Bergin, 2001; Liem & Boudewyn, 1999; Pearce & Pezzot-Pearce, 1994; Roche, Runtz, & Hunter, 1999; Shapiro & Levendosky, 1999). While

there has been little examination of offender characteristics with attachment theory (Burk & Burkhart, 2002; Marshall & Marshall, 2000), considerable literature speculates about the role of maternal attachment in the occurrence of child sexual abuse.

Alexander (1992) applied the paradigm proposed by Ainsworth et al. (1978) to intrafamilial sexual abuse, stating that the attachment type established between mother and child sets the stage for the occurrence of sexual abuse. Alexander speculated that an avoidant attachment style contributes to the unavailability of the non-offending mother, both emotionally (due to depression or illness, for example) and physically (due to excessive work demands, for example), who is then unable to be protective. A resistant attachment style might manifest itself in role reversals, with the child taking on parental responsibilities in the family and disrupting hierarchical family boundaries, especially the position of the non-offending mother, that serve to protect against sexual abuse. A disorganized attachment style would be characteristic of chaotic, multiproblem incest families, where the non-offending mother is disoriented and overwhelmed, unable to recognize or respond to evidence of the abuse.

Using an attachment framework, Leifer, Kilbane, and Grossman (2001) examined the intergenerational impact of attachment relationships among grandmothers, mothers, and their sexually abused children on the mothers' capacity to support their children. They found that mothers who were unsupportive of their children after disclosure of sexual abuse tended to report notable disruptions of their attachment relationships with their own mothers, congruent with the premise of attachment theory that early attachment patterns may be replicated in subsequent generations. Further, Bowlby's belief that the feelings associated with attachment type are activated at times of crisis was supported,

suggesting that “an intergenerational history of disrupted attachment relationships may be associated with the mother’s difficulty in providing support to her sexually abused child” (Leifer, Kilbane, & Grossman, 2001, p. 361).

In a further study on the relationship between maternal support and attachment style, Leifer, Kilbane, and Skolnick (2002) found that mothers with insecure attachment styles reported significantly higher rates of behavior problems with their sexually abused children than mothers with secure attachment styles. However, the sexually abused children’s perceptions of maternal support were not related to maternal attachment style. The authors concluded that enhancing the attachment relationship between mother and child is important in reducing the risk for behavior problems and other symptomology in sexually abused children.

It has been argued that the nature of attachment at the time of the sexual abuse determines the impact on the victim. While Alexander (1992) suggests that insecure attachment is a pre-existing risk factor for child sexual abuse, Cole and Putnam (1992) instead propose that the experience of child sexual abuse results in the development of insecure attachment. In a study of adolescent females who had been sexually abused, Shapiro and Levendosky (1999) found that child sexual abuse was negatively related to secure attachment, indicating that attachment can be disrupted by traumatic events, such as sexual abuse. In examining the relationship between the characteristics of non-offending mothers and their maternal attachment behaviors, Lewin and Bergin (2001) found that the presence of maternal depression and anxiety were associated with mothers’ impaired provision of attachment behaviors of sensitivity, acceptance, cooperation and accessibility, although it was not possible to determine whether these characteristics

preceded the sexual abuse or were the subsequent reaction to the abuse. Similar findings involving depressed non-offending mothers and their reports of behavior problems in their sexually abused children are recounted by Kelly, Faust, Runyon, and Kenny (2002).

Whether attachment type contributes to, or is affected by, the occurrence of child sexual abuse, the most damaging effect appears to be the impact on the view of oneself as undeserving of love and support from others (Roche, Runtz, & Hunter, 1999). This internal 'working model' of attachment creates expectancies concerning the availability and responsiveness of others, which can influence the individual's coping strategies. According to Bowlby (1973), coping strategies developed as a result of insecure attachment can lead to difficulties in managing stress, increasing the risk for later psychopathology. As a result, insecure attachment has negative implications for one's ability to experience social support (Parker, Barrett, & Hickie, 1992). Taking the position that one's established attachment type affects one's experience of sexual abuse, Liem and Boudewyn (1999) suggest that for individuals with secure attachment, the occurrence of sexual abuse may activate behaviors that promote the use of social support as a coping strategy. Conversely, for individuals without strong attachment experiences, the occurrence of abuse may activate self-blame and anxiety which inhibits the effective use of social support. Stutenbort, Greeno, Mannarino, and Cohen (2002) also found that the presence of a secure attachment suggested better coping strategies and mitigated the impact of trauma-induced symptoms for sexually abused adolescents.

Bolen (2000) asserts that there are limitations to the empirical strength of attachment theory. Of additional concern is the propensity for attachment theory to blame mothers for their children's functioning, as discussed previously. Since research

on attachment theory has mostly involved mothers, there may be a tendency to attribute blame to mothers' failure to provide an appropriate nurturing experience to children, contributing to insecure attachment (Bolen, 2000). However, the attachment literature may also lend support to the position that the welfare of the sexually abused child may best be served by keeping the child with the supportive non-offending parent whenever possible (Bolen, 2003). Finally, Bolen (2000) emphasizes that beyond maternal attachment behaviors, there are many societal factors that influence the development of attachment which must also be considered.

Family Systems Perspective

Family systems theory does not specifically address the construct of social support, tending to borrow from cognitive behavioral approaches to articulate the provision and experience of social support. However, much research has focused on the capacity of the family to provide social support to one of its members. For example, studies suggest that adolescents may be reluctant to seek help from others for their problems, but when they do seek help, they are inclined to turn to family members and friends (Boldero & Fallon, 1995; Richman, Rosenfeld, & Bowen, 1998). Girls are more likely to seek social support as a means of coping with distress, compared to boys (Frydenberg & Lewis, 1993), and female adolescents are more likely to reach out to their mothers for support, compared to male adolescents (Paterson, Field, & Pryor, 1994). Support from family has been found to influence adolescents' academic self-concept (Wenz-Gross & Siperstein, 1997), and is associated with adolescents' alcohol consumption, delinquent activity, and depression (Windle & Miller-Tutzauer, 1992). Adolescents who hold a negative perception of family support experience more

behavioral problems (Garnefski & Doets, 2000). Clearly, the family is a potential source of support for children and adolescents.

Family relationships may also affect the provision of social support when sexual abuse occurs within the family. Support-oriented family structures may serve a protective function in relation to childhood sexual abuse (Long & Jackson, 1994). Solin (1986) describes the family's tendency toward homeostasis as contributing to a displacement of negative emotion on the intervening child welfare system, instead of directing these strong feelings toward the offender, which impedes the provision of support to the victimized child. However, these findings are mostly descriptive of familial factors that are associated with support, rather than explanatory.

Empirical research has attempted to identify the factors and conditions that enhance non-offending mothers' capacity to offer support, such as the age of the mother at first birth, the status of her relationship with the offender, the mother's prior knowledge of the abuse at disclosure, and the degree that the child exhibits sexualized behaviors (Pintello & Zuravin, 2001), and mothers' own experiences of childhood sexual abuse and family-of-origin problems (Paredes, Leifer & Kilbane, 2001). Sirles and Franke (1989) found that mothers had more difficulty in supporting the child victim when the offender was the mother's partner. They speculated that the acknowledgment of sexual abuse by her partner would have significant emotional and financial consequences for the mother, her relationship with her partner, and her family. Lack of emotional involvement among family members, including the provision of emotional support, has also been associated with sexual abuse (Ray, Jackson, & Townsley, 1991).

Recently, family systems theory and attachment theory have been linked due to their shared emphasis on family relationships (Akister & Reibstein, 2004; Cowan, 1997; Hill, Fonagy, Safier, & Sargent, 2003; Kozłowska & Hanney, 2002; von Sydow, 2002). Citing the attachment paradigm work of Ainsworth et al. (1978) and the validation of this paradigm offered through the meta-analysis by De Wolff and van IJzendoorn (1997), Cowan (1997) asserts that the addition of the family systems perspective to attachment theory serves to counteract an over-emphasis on the responsibility of mothers for attachment and offers a more comprehensive context, by including fathers in the development of attachment and acknowledging the buffering mechanisms and vulnerability factors both within and outside of the family that amplify or reduce the security of children's attachment. Similarly, Mikulincer, Florian, Cowan and Cowan (2002) suggest that the relationship between parents plays a central role in the intergenerational transmission of models of attachment. Hill, Fonagy, Safier, and Sargent (2003) and Akister and Reibstein (2004) propose an integration of attachment and systems theories, viewing each model as involving similar processes of affect regulation, interpersonal understanding, information processing, and the provision of comfort within intimate relationships.

Schechter, Brunelli, Cunningham, Brown, and Baca (2002) incorporated this blending of family systems theory and attachment theory in their pilot study of the relationship between mothers and their sexually abused daughters. Similar to family systems research on the family attributes that present risk factors for incest discussed earlier, their aim was to identify the characteristics of these mother-daughter relationships that could be associated with risk for sexual abuse. The authors found that relational

disturbances were more common between mothers and sexually abused daughters than between the control group mother-daughter dyads where no abuse had been reported. In particular, features associated with maternal unavailability marked these relationships. Further, the study found that mothers of sexually abused children more often reported maternal abandonment and unavailability in their childhood relationships with their own mothers.

Nevertheless, there are important conceptual differences between attachment theory and systems theory. Specifically, Bowlby's internal working models were intended to refer to the neurobiological mental aspect of attachment strategies and are not analogous to family system theory's depiction of family patterns of relationships (Kozłowska & Hanney, 2002). However, while these authors caution against a simplistic integration of the two models due to these conceptual differences, they do offer some support for Alexander's (1992) application of attachment theory to intrafamilial sexual abuse as described above, identifying the work of Crittenden (1997) in defining more comprehensively the attachment styles of children endangered by abuse and neglect, including sexual abuse.

Cognitive Behavioral Approach

Social support is generally conceived to be a cognitive appraisal of one's connections to others (Heller, Swindle, & Dusenbury, 1986; Procidano & Heller, 1983; Streeter & Franklin, 1992). Interactions between two individuals are considered to involve social support if they are perceived by the recipient to be esteem-enhancing or stress-reducing (Heller, Swindle, & Dusenbury, 1986). However, the definition of social

support is often broadly and unclearly defined, making it difficult to determine exactly what social support is and how social support affects individuals (Barrera, 1986).

Three different but related components of social support have been described by Barrera (1986): social embeddedness (the actual connections to one's social network), perceived social support (a cognitive appraisal of one's connections to others), and enacted social support (the specific behaviors or actions performed by others as expressions of support). Social embeddedness is measured through an identification and analysis of one's social network. Measures of perceived social support focus on the individual's cognitive appraisal of his or her social environment in terms of availability and adequacy of supportive relationships, while measures of enacted social support are behavioral assessments of the types of activities that occur when support is provided. Barrera (1986) maintains that researchers must carefully define the social support aspect that best fits their research questions, as the three components of social support are distinct variables, despite their moderate relatedness.

Barrera (1986) asserts that perceived social support has been demonstrated most consistently in the literature to be influential in reducing stress and feelings of distress, and in contributing to psychological well-being (for example, Billings & Moos, 1981; Cohen & Hoberman, 1983; Holahan & Moos, 1981; McCaskill & Lakey, 2000). More importantly, behaviors of social support (i.e. enacted social support) are not likely to generate the experience of feeling supported unless support is perceived by the recipient to be available and adequate to meet the individual's needs (Procidano & Heller, 1983; Ross, Lutz, & Lakey, 1999). Additionally, individuals are more inclined to seek out support when they perceive that others are available and capable of providing the needed

assistance (Barrera, 1986). Furthermore, as long as one perceives an environment to be supportive, it is not necessarily important if others agree (McCaskill & Lakey, 2000).

Cognitive appraisals of others' potential responses to the disclosure of intrafamilial sexual abuse have also been found to influence children's decisions to disclose (Bussey & Grimbeck, 1995; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Paine & Hansen, 2002). Therefore, perceived support is an important factor mitigating children's disclosure processes.

Heller, Swindle, and Dusenbury (1986) propose that the cognitive appraisal process determines how supportive actions are perceived and interpreted, which affects whether the actions have a positive effect on the individual. According to this model, when a stressful event occurs, social support acts as a buffer by influencing the individual's cognitive evaluation of that event, thereby reducing or eliminating negative reaction to the event. However, perceptions of social support are idiosyncratic and cognitive distortions of the availability or adequacy of social support may occur (Barrera, 1986; McCaskill & Lakey, 2000), resulting in further psychological distress. It may not be as simple as providing social support if perception is the more cogent variable. However, cognitive behavioral interventions may be useful in restructuring these distorted perceptions (Barrera, 1986).

Research by Ross, Lutz, and Lakey (1999) suggests that perceived support is a relatively stable construct, based on their finding that individuals interpret support experiences in a way that is consistent with their prior beliefs. Therefore, those who expect that support is lacking will tend to interpret supportive actions as failing to meet the need for support. Conversely, individuals who perceive support to generally be

available and helpful are more likely to accept the occasional failures of individuals to provide adequate support. The authors suggest that perceptions of social support may be related to early childhood support experiences with caregivers, which influence expectations of support in relationships throughout life. While similar to attachment theory, this model more heavily emphasizes the conscious cognitive appraisal and behavioral reinforcement processes that influence the child's interactions with others, affecting the perception of support.

Social support is considered to moderate the effects of child sexual abuse. Several researchers have found correlations between children's perceptions of maternal support and the negative impact of sexual abuse (Cohen & Mannarino, 1998; Cohen & Mannarino, 2000; Esparza, 1993; Feiring Taska, & Lewis, 1998b; Johnson & Kenkel, 1991; Rosenthal, Feiring & Taska, 2003; Spaccarelli, 1994; Spaccarelli & Fuchs, 1997; Spaccarelli & Kim, 1995; Tremblay, Hébert, & Piché, 1999). However, there has been little research to determine exactly how this ameliorating effect occurs. Feiring, Taska and Lewis (1996) speculate that social support may impact the victim's cognitions in terms of self-blaming attributions or the experience of shame, which reduces the detrimental effects of sexual abuse. Spaccarelli and Kim (1995) advocate for further research with mother-daughter dyads to better understand the dynamic of effective maternal support after disclosure of intrafamilial sexual abuse.

Family Stress Theory

Family stress theory considers the interpretation family members place on events that provoke change, known as stressors (Boss, 2002). The family's external context,

which includes its culture, stage of development, heredity, historical context, and economic environment, affects how the family interprets and manages stressful events. These variables are often beyond the control of the family to change or moderate. However, the family's internal context (such as the family structure, psychological context, and values) consists of elements that are within the family's ability to control and change. The degree of stress experienced by the family is dependent upon the interaction of these external and internal contextual variables, which determines how the family perceives and responds to the stressor event. Crisis occurs when the family's capacity to cope with the stressor is overwhelmed or compromised.

Variations of this basic construction of family stress theory exist, adding complexity and depth to the model, such as the ABC-X Model (Hill, 1958) the Double ABC-X Model (McCubbin & Patterson, 1982), and the Contextual Model of Family Stress (Boss, 1988). Building on the Double ABC-X Model, Patterson and Garwick (1994) emphasized three levels of meaning that a family brings to a stressful situation, affecting how the family copes. When a stressor event occurs, family members begin an interactional process of constructing its meaning. At the same time, the family is influenced by its view of the family system and its worldview of its external environment, and the interpretation of the stressor event reciprocally affects these other two levels of meaning for the family. Ultimately, since meanings are social constructions, they can be changed, pointing to the focus of clinical intervention with families in crisis.

The disclosure of intrafamilial sexual abuse is characterized as an event creating significant crisis for the family (Sgroi, Blick, & Porter, 1982). Crisis has been defined as

“an emotional reaction on the part of an individual, family, or group to a threatening life event” (Parad, Selby & Quinlan, 1976, p. 306), involving a stressful event, the perception of the stressful event, and the response, characterized by a period of disequilibrium. Boss (2002) qualifies the difference between stress and crisis, stating “whereas family stress is a state of disturbed equilibrium, family crisis is a point of acute disequilibrium” (p. 67). Although degree may vary, the literature has indicated that mothers frequently experience significant distress after the child’s disclosure of sexual abuse (Deblinger, Hathaway, Lippmann, & Steer, 1993; Hiebert-Murphy, 1998; Manion, McIntyre, Firestone, Ligeszinska, Ensom & Wells, 1996). Further, “parents who are experiencing high levels of distress may have difficulty providing support to their children and difficulty following through with interventions designed to help the child” (Elliot & Carnes, 2001, p. 324).

Clinical literature describes the sexual abuse investigation process as very stressful, subjecting the family to intense scrutiny and a lack of control over the process (Farmer, 1993). Conflictual relationships between professionals and the family, especially with the non-offending mother who may feel blamed, only serve to exacerbate the experience of crisis. More recently, the clinical literature has turned to encouraging practitioners to employ strategies that assist the family to cope more effectively with child welfare interventions, including identifying the stressors related to child welfare involvement, assessing the family’s current coping skills, and helping the family to identify alternative coping strategies (McMillen, 1997).

Empirical studies have found that child victims and non-offending parents vary in their experience of distress as a result of disclosure and the subsequent response by the child protective and criminal justice systems (Berliner & Conte, 1995; Runyan, Hunter,

Everson, Whitcomb & De Vos, 1994; Tedesco, 1987). In turn, the child welfare intervention is influenced by the response of the family at the point of disclosure, most notably the demonstration of maternal support by the non-offending mother which determines whether children are removed from the home by the child welfare system (Hunter, Coulter, Runyan, & Everson, 1990).

The role of mothers in mediating the impact of the abuse on their children, through the provision of support, is well documented (for example, Deblinger, Steer, & Lippmann 1999; Everson, Hunter, Runyan, Edelsohn, & Coulter, 1989; Heriot, 1996; Morrison & Clavenna_Valleroy, 1998; Spaccarelli & Fuchs, 1997; Spaccarelli & Kim 1995). These studies have suggested that the degree of maternal support provided by the non-offending mother to the victimized child appears to be an important protective factor, affecting the child's perception and experience of the disclosure period. However, it is acknowledged that the crisis of disclosure may "compromise the availability of support by inducing distress and precipitating withdrawal among family members who have been sources of support for the child" (Beutler, Williams, & Zetzer, 1994, p 168).

Mothers' own responses to intrafamilial sexual abuse can also be considered in terms of a family stress framework. Hiebert-Murphy (2000) proposed a stress-coping model to understand non-offending mothers during the disclosure crisis. The stressful event of disclosure places demands on the mother, who copes with these demands in both cognitive and behavioral ways. A variety of individual, family, and societal factors may influence the strategies that mothers use to cope with the stress of child sexual abuse. In turn, coping styles have a significant impact on the mother's response to intrafamilial sexual abuse, affecting her capacity to support and protect the child, which has

implications for the interventions of the child welfare system. Her research suggested that mothers' perceived social support and their reliance on active rather than avoidant coping strategies contributed to increased parenting satisfaction. Other studies have also linked mothers' distress to the severity of symptoms for sexually abused children (Lipton, 1997; Newberger, Gremy, Waternaux, & Newberger, 1993).

Combining a family stress framework with attachment theory, Bolen and Lamb (2002) also suggest conceptualizing maternal support as "a complex reaction to the disclosure of abuse that is shaped by a number of factors, some of the most important of which are the stressors impinging on guardians and their previous patterns of relating within the family" (p. 265). In addition to considering the attachment relationship between the non-offending mother and the sexually abused child, these authors assert that stressors and buffers in the family have important implications for coping, with increased stressors prior to disclosure decreasing maternal support to the child. Although the study did find that a secure attachment between mother and child was associated with more maternal support, the stressor hypothesis received mixed support, leading the researchers to speculate that the presence of support for the mother was a mediating factor.

Family stress theory provides a useful model for integrating individual, family, and societal factors, but has only recently been employed in relation to intrafamilial sexual abuse. It is an approach that may account for the variability in the response to sexual abuse among non-offending mothers because it attempts to assess how different factors are experienced subjectively as stressors, rather than measuring the effect of factors as they exist objectively. Additionally, the model allows for the future research of other potential stressors that affect the experience of intrafamilial sexual abuse, such as

individual problem-solving ability, family conflict, and environmental conditions such as poverty (Hiebert-Murphy & Burnside, 2001).

Feminist Perspective

The feminist perspective does not have a specific theoretical or explanatory position with regard to social support, and often relies upon the cognitive behavioral approach in considering this construct. However, social support is an important component of feminist theory, especially in terms of feminist therapy. For example, the therapeutic relationship in feminist therapy is characterized by the provision of empathy, support, and encouragement for the client to make changes in her life (Day, 1992). Lundy (1993) also stresses the importance of the therapeutic relationship, in terms of the role of the feminist therapist in supporting the client to discover her own beliefs and perspectives. The maxim 'the personal is political' describes the feminist effort to enable individual women to view their experience in the collective realm, a strategy that can be viewed as supportive since it reduces one's sense of isolation and contributes to a feeling of empowerment (Deveaux, 1994). In general, social support is consistent with the values of feminist theory and practice.

Considerable research has been generated regarding the importance of social support for children who have been sexually abused. However, the professional literature and body of research has tended to focus mainly on the non-offending mother and her role in the provision of support, with very little attention directed toward the non-offending father (Bolen, 2002). As a result, non-offending mothers have been held primarily responsible for the protection and support of their children (Dempster, 1993).

However, the expectation that the non-offending mother will naturally provide her sexually abused child with support is rooted in the mythologized view of mothers as nurturing and self-sacrificing as part of her biological makeup (Baber & Allen, 1992). The biological origins of mothering are at the foundation of psychoanalytic theory and, by extension, attachment theory.

Dempster (1993) stresses that this unrealistic and limiting view of mothers originates in the structure of patriarchal society which places the interests, rights, and needs of women below those of men. The feminist framework maintains that gender, not biology, structures our experiences and identities, and as a result of the devaluing of the female gender, women are kept in relatively powerless positions (White & Klein, 2002). Further, the family is the main socialization agent for engendered roles and oppression.

Role conflict is a common experience of women in their efforts to meet societal expectations about their performance as mothers. This condition has also been applied to the experience of non-offending mothers, who may struggle with the expectations placed on them to be good wives that are in conflict with expectations to be good mothers (deYoung, 1994a).

Massat and Lundy (1999) emphasize that non-offending mothers also have high support needs. Especially when their own personal support networks are strained as a result of the disclosure of sexual abuse, non-offending mothers may require formal supports, such as those that may be provided through child welfare agencies or other therapeutic avenues. Often, being able to talk with other non-offending mothers who have had similar experiences is validating (Hill, 2001).

The feminist perspective has been widely accepted as an important theoretical base from which to understand the occurrence of intrafamilial child sexual abuse and the experience of non-offending mothers, and it has often been used to critique the psychoanalytic and family systems viewpoints of women and child sexual abuse. However, the approach to feminist theory articulated by Chodorow (1978) also incorporates many components of the psychodynamic object relations theory (White & Klein, 2002). Chodorow (1978) claims that engendered roles are the result of both socialization processes, early childhood attachment experiences, and psychodynamic sex-role identification processes, each of which lead to prescribed roles for women and oppression. That is, "there are individual psychological processes in addition to, and in a different register from, culture, language, and power relations that construct gender for the individual" (Chodorow, 1995, p. 517), creating personal meaning for each individual woman that needs to be honoured. Further, Chodorow advocates for a restructuring of division of labour in families, emphasizing the importance of men becoming involved in child care (Featherstone, 1999). Jacobs (1990) utilized this feminist perspective in her study of adolescents who were angry with their non-offending mothers, conceptualizing their mother-directed rage as a product of "a structural arrangement of family relations that locates the mother in a central position with regard to the affective realm of personality formation" (p. 508). However, Chodorow's model has also been criticized for its acceptance of psychoanalytic theory (White & Klein, 2002).

An Integrative Overview of Maternal Support

It is clear that evaluating non-offending mothers in dichotomous ways (knowing/not knowing, believing/not believing, and protecting/not protecting) limits our understanding of the complex experience and context in which mothers find themselves (Elliott & Carnes, 2001; Hooper & Humphreys, 1998). Further, “many mothers do not fall consistently into a supportive or unsupportive category but fluctuate in their responses to their children as they cope with their own emotional distress and the disruption to their lives brought by the discovery of abuse” (Hooper & Humphreys, p. 571). This section provides an overview of the current view of the dynamic of maternal support, incorporating an integrative perspective.

The Construct of Maternal Support

Bolen (2002) maintains that historically, the definition of maternal support has been based on the preconditions set by the child welfare system, making the construct more system-driven or policy-driven than theory-driven. As a result, maternal support is assessed in a manner that fits the biases of child welfare jurisdictions with measures that lack construct validity, usually based on factors that are used to assess the child’s safety in the home, such as the mother’s belief that the abuse occurred, her willingness to take action against the offender, and her compliance with the child welfare system. Accordingly, Bolen advocates for the development of a psychologically sound construct of maternal support.

Her recommendations for developing a more comprehensive construct of maternal support include ensuring its compatibility with “the theoretical literature that

considers (a) normative parental support of a nonabused child, (b) ambivalent and traumatic responses, and (c) coping and adaptation during a time of extraordinary stress and distress” (p. 55). These recommendations are consistent with many of the themes identified in the discussions throughout this literature review, drawing from several theoretical perspectives that demonstrate a compassionate and comprehensive perspective of non-offending mothers and the dynamic of support. Additionally, it will be critical to identify an appropriate number of test items within the measure to adequately capture the complexity of the construct. Finally, Bolen (2002) recommends that the construct of support be applied to all guardians of sexually abused children, not just mothers.

Assessment of Maternal Support

One of the most influential variables assessed by child welfare practitioners in the system’s response to intrafamilial sexual abuse is the presence of maternal support (Alaggia, 2002). Frequently, this variable has been assessed in behavioral terms: that is, does the mother take action to protect the child from further abuse, usually involving separating the offender from the child? In her review of the empirical literature that has identified the importance of maternal support for sexually abused children, Bolen (2002) found that measures of maternal support utilized in studies often assessed only maternal belief, only maternal behavior, or sometimes both belief and behavior, but in very rudimentary ways. These limited approaches to evaluating maternal support perpetuate misunderstandings about mothers’ reactions to intrafamilial sexual abuse.

One of the challenges in assessing maternal support is the range of operational definitions that exist, making interpretation of the empirical research difficult and

contributing to inconsistent appraisals of maternal support in child welfare practice (Alaggia, 2002). For example, De Jong (1988) describes three main categories of maternal support: (a) nonsupportive, defined as believing that the abuse complaint was a lie, a misunderstanding, or primarily the child's fault; (b) supportive without emotional changes, defined as believing that the child was telling the truth and that the offender was primarily responsible, with no overt emotional changes; and (c) supportive with emotional changes, defined as believing the child, holding the offender primarily responsible, and experiencing significant emotional and behavioral changes in their lives. Another operational definition is provided by deYoung (1994b) focusing on initial emotional reactions and protective behaviors. Non-offending mothers most frequently identified feeling shocked, angry, and overwhelmed. Protective behaviors were defined as "high protective" (the mother removes the offender from the home and/or calls the police or child welfare services), "medium protective" (the mother verbally confronts the offender, talks to the child about the abuse, and/or seeks advice from a professional), "low protective" (the mother seeks emotional support for herself, the child, and/or the offender from family or friends), and "nonprotective" (the mother does nothing, refuses to cooperate with child welfare workers or police, and/or punishes the child). Alternately, Heriot (1996) focuses on measuring maternal protectiveness more generally in terms of actions to separate herself and the child from the offender and feeling and acting in ways that were supportive of the child, although a number of items were employed in the measure of these two broad themes (Bolen, Lamb, & Gradante, 2002).

Alaggia (2002) used a grounded theory approach with mothers of sexually abused children to identify the dimensions of maternal support in three broad categories, as follows:

(a) Belief

- mother's unconditional belief of the child's report
- mother questions veracity of the child's report (overt or covert)
- mother questions identity of the perpetrator
- mother relies on physical evidence to believe the child's report fully
- mother questions some aspects of the child's report
- mother does not believe the child initially
- mother does not believe child over time (p. 46)

(b) Affective response

- mother acknowledges seriousness of abuse and psychological distress of the child
- mother seeks and supports post-disclosure treatment for child and family problems when indicated
- mother minimizes seriousness of abuse and dismisses the child's psychological distress
- mother assigns a measure of blame to the child for the abuse
- mother exhibits anger at the child for disclosing or delaying disclosure
- mother displays rejection of the child (p. 47)

(c) Behavioral response

- mother insists perpetrator leaves the family and supports charges
- mother takes action to protect the child from re-abuse by the alleged perpetrator
- mother insists perpetrator leave the family but mother maintains contact with her partner
- mother permits perpetrator to have access to the child, therefore child remains at risk (p. 48)

Alaggia (2002) also found that maternal support resembled a fluid process that changes over time, rather than a static entity. As a result, the initial and enduring maternal responses to intrafamilial child sexual abuse are important to discern.

“Professional judgments that are formulated precipitously on too little information may

circumvent avenues of intervention or may alienate clients if they are perceived to be unsupportive of the child victim based on initial response or on only one dimension of support” (p. 51). Of note, mothers in the study who were assessed as less supportive by child welfare practitioners felt misunderstood, judged, and isolated, and attributed this characterization by social workers to be the result of their decision to maintain some degree of contact with the offender.

There are some similarities between the dimensions of maternal support described by Alaggia (2002) and the conceptualization of maternal ambivalence articulated by Bolen and Lamb (2004). Both include the domains of behavior, cognition, and affect and acknowledge a range of responses within each domain as indicative of some component of maternal support. Additionally, both studies point toward the development of a more comprehensive theory and measurement of maternal support. While Alaggia (2002) asserts that maternal support is not a static construct, Elliott and Carnes (2001) note that this quality presents methodological challenges in research and practice, as the non-offending mother’s thoughts, emotions, and reactions may vary across time and situations. Research is required to determine if one of these models might emerge as a leading paradigm to better assess maternal support. Further, the possibility of integrating the two models should be explored.

Alternately, Bolen, Lamb, and Gradante (2002) report the development and testing of a measure of maternal support, termed the Needs-Based Assessment of Parental (Guardian) Support (NAPS). The model is multidimensional and hierarchical, paralleling Maslow’s (1987) model of needs within the humanistic philosophy of practice and moves away from the deficits approach to assessing support, nonsupport, and ambivalence. In

this way, maternal support is conceptualized in four hierarchical strata: (a) meeting the physiological needs of the child, (b) maintaining the physical safety of the child, (c) meeting the emotional needs of the child, and (d) meeting the needs of the child for maintaining a good sense of self. Consistent with Maslow's contention that lower order needs must be met to some adequate extent before higher order needs can be addressed, this model asserts that higher levels of maternal support are more difficult to attain than lower levels. Further, the model requires consideration of the supports and resources available to the non-offending mother, as this has important implications for her ability to attain higher level needs. Therefore, maternal support is defined as "the ability of non-offending guardians to provide resources to their children to which guardians have access" (Bolen, Lamb, & Gradante, 2002, p. 1083) a definition recognizing both the strengths and stressors of mothers whose children have been sexually abused and acknowledging that resources may be allocated differently as a result of culture and gender.

The study found strong support for the assumption that maternal support can be captured in hierarchical stages that are parallel to Maslow's hierarchy of needs and that maternal access to resources plays an important role in maternal support. In particular, the research suggests that as non-offending mothers expressed concern about their abilities to meet the physiological needs of their children, clinicians were more inclined to assess maternal support lower, implying that mothers may be penalized more for their economic status than their actual degree of supportiveness. This finding suggests that providing concrete and material resources to the non-offending parent may be a more effective intervention than removing the child.

However, Elliott and Carnes (2001) caution that maternal support must be assessed accurately and thoroughly, as “many times a parent’s perception of what constitutes supportive behavior is not adequate to meet the child’s needs” (p. 327). Child welfare practitioners have a responsibility to ensure children’s safety and well-being, but need valid tools and theoretical guidance to meet this responsibility appropriately. The NAPS tool, with further research to evaluate its applicability to a broader population of non-offending mothers, may offer child welfare practitioners some assistance in this regard.

Ambivalence of Non-offending Mothers

An important shift in the conceptualization of non-offending mothers is the growing recognition and understanding of their experience of ambivalence in response to the disclosure of intrafamilial child sexual abuse. While vacillation in maternal support has often been identified, it has usually been interpreted negatively, resulting in more intrusive measures on the part of the child welfare system. In their review of studies of maternal support, Bolen and Lamb (2004) note that ambivalence was equated with an inadequate level of support. For example, Leifer, Shapiro, and Kassem (1993) evaluated mothers as supportive only if they scored optimally on the three dimensions of protective action, belief, and blaming the child. Another example, in a study conducted by Everson, Hunter, Runyan, Edelsohn, and Coulter (1989), the majority of children whose mothers were assessed as ambivalent were removed from their homes.

Bolen and Lamb (2004) offer an alternative, more complex conceptualization of non-offending mothers’ ambivalent support responses, using an integrative theoretical

framework and focusing on the interactions of affective, cognitive, and behavioral domains. Much of the psychological literature on general ambivalence is cognitive-behavioral in orientation, and it is from this arena that the authors draw in developing their proposed definition of ambivalent maternal support:

An essential component of ambivalence is conflict in affect or cognition with a person, cohort, experience, or value, and this conflict is best captured as the confluence of two different dimensions. Thus, post-disclosure ambivalence is defined as the experience of tension, or dissonance, in the guardian's positive and negative valences between perpetrator and child. (p. 194)

Incorporating social exchange theory, stress-coping models, attachment theory, and trauma theory, Bolen and Lamb (2004) assert that "an ambivalent response to the child's disclosure of sexual abuse can be considered normative when (a) stressors and costs associated with disclosure are higher and resources are lower, (b) the guardian has a more ambivalent/preoccupied style of attachment, and (c) the guardian experiences the disclosure of the child's abuse as traumatic" (p. 195).

Their preliminary study testing this conceptualization found that attachment style was related to ambivalence, with mothers with an ambivalent/preoccupied attachment style (termed anxious/ambivalent in the attachment literature) experiencing more behavioral ambivalence and mothers with a secure attachment style experiencing less cognitive ambivalence. Affective ambivalence was noted when mothers felt strong emotional dependence with their partners, while cognitive ambivalence increased when mothers were preoccupied with the abuse or their partners' income. Cognitive ambivalence decreased when mothers' relationships with their children improved. Mothers who experienced anxiety, distress, and other symptoms stemming from the

disclosure of sexual abuse had moderate degrees of cognitive ambivalence and stronger degrees of behavioral ambivalence.

The results of this study suggest that ambivalence may need to be considered as a separate construct from the overall dynamic of maternal support. At the very least, a more detailed understanding of ambivalence as a component of maternal support is warranted, as different components of ambivalence may have different implications for the support and protection of children. The relationship among cognitive, affective, and behavioral ambivalence needs to be better understood in order for child welfare practitioners to make appropriate assessments about the best interests of the child. Additionally, the distinction between different components of ambivalence may lead to specific interventions that assist non-offending mothers in processing their reactions to intrafamilial child sexual abuse. Research in these areas will be important to enhance our understanding of maternal ambivalence.

Bolen and Lamb (2007) examine the question of whether maternal ambivalence and maternal support can co-exist, despite the body of literature that suggests that ambivalence is often viewed as a mid-range (and therefore less than ideal) expression of support, resulting in a higher likelihood of children coming into care. Testing this hypothesis in a study of 32 non-offending mothers whose partners were the alleged perpetrators of intrafamilial sexual abuse, the authors found that maternal support and ambivalence were unrelated constructs. They cautiously suggest, in a preliminary way due to the small sample size and the use of a new measure of ambivalence that is not yet tested for validity, that it is possible for mothers to be both ambivalent and supportive after the disclosure of the child's sexual abuse. Further, Bolen and Lamb (2007) identify

important research questions that require consideration, such as whether ambivalence is better captured in the maternal support dimension of belief, behavior, or affect, and whether cognitive and affective ambivalence should be conceptualized as precursors to behavioral ambivalence.

While this unique conceptualization of ambivalence in maternal support is promising, the authors note that further research with larger populations is required before the findings can be generalized to the population of non-offending mothers. In particular, they note that a psychometrically valid and reliable method of assessing maternal ambivalence must be developed. Still, this expanded view of ambivalence points to other important research questions, such as the extent to which cognitive, affective, and behavioral ambivalence are indicators of maternal support and protectiveness. The authors speculate that vacillation in some aspects of ambivalence may still ensure the support and protection of children. Further study of these aspects of ambivalence may provide child welfare practitioners with better guidelines for decision making when intervening in intrafamilial child sexual abuse.

Conclusion

The professional literature is beginning to develop a more comprehensive understanding of the dynamic of maternal support and its implications for decision making in child welfare services, but many gaps remain. A number of themes have been identified concerning the limitations of theoretical perspectives, child welfare service systems, and the research itself, leading to an incomplete understanding of non-offending

mothers and their efforts to support and protect their children. However, there is much to learn from the body of research literature that currently exists, and many components of the literature identify important considerations for the future development of knowledge in this area. This promising body of literature served as the foundation for this study into the impact of maternal support on child welfare decision making in situations of intrafamilial child sexual abuse.

The research literature contends that maternal support is a complex construct with discrete but related dimensions, yet it is not clear how these dimensions affect the intervention decisions of social workers. Alaggia (2002) offers a framework for conceptualizing maternal support responses along three dimensions: belief, affect, and behavior. These dimensions are consistent with those documented in other studies across the research, although all three aspects of maternal support are not necessarily considered or identified within individual studies. Within each dimension, Alaggia describes a range of maternal responses along a continuum, reflective of the ways that mothers who participated in her grounded theory study expressed their support of their children after the disclosure of intrafamilial sexual abuse. The diversity of responses from mothers were organized into a conceptual framework that provides a more comprehensive approach to assessing maternal support which could be used by child welfare workers when investigating allegations of child sexual abuse.

Presently, it is not clear from the literature if and how child and family services workers make distinctions in expressions of maternal support, either across dimensions or within dimensions, and how such distinctions might affect their decisions around initial case intervention. This study aimed to explore this question to advance our

understanding of the effect of maternal support on intervention decisions of child protection workers. The next chapter describes the methodology of the study in detail.

CHAPTER 3

METHODOLOGY

An understanding of the dynamic of maternal support in situations of intrafamilial child sexual abuse is crucial to child welfare social workers, who are mandated to intervene in these cases. Too often, child welfare practitioners may overlook the potential for support from the non-offending mother in their efforts to secure the physical safety of the child victim. Striking the balance between removing the child to protect against further sexual abuse and providing sufficient supports to ensure safety in the home is a considerable challenge, especially when few guidelines exist to help practitioners assess the risks associated with home versus outside placement for any individual child in sexual abuse cases.

This research examined the decision making processes of child welfare workers when making these decisions in case situations involving intrafamilial sexual abuse. Of particular interest was the impact of maternal support on the decision making process utilized by child welfare workers. Grounded theory, a general qualitative methodology for developing a theoretical understanding of human experience or human phenomenon that is grounded in systematically gathered and analyzed data (Charmaz, 2003; Charmaz, 2006; Pidgeon, 1996; Strauss & Corbin, 1994), is considered to be suitable for qualitative studies of child welfare decision making (Sheppard, Newstead, DiCaccavo & Ryan, 2000; Sheppard, Newstead, DiCaccavo, & Ryan, 2001; Sheppard & Ryan, 2003). A qualitative interview approach was utilized to explore these decision making processes in

depth, including how the mother's response to her child's sexual abuse affects the decision to remove or leave the child, by asking child welfare social workers to describe their assessments and decision making in response to vignettes depicting situations of intrafamilial child sexual abuse. Other factors that may influence child welfare worker decision making, such as risk assessment tools and supervision, were also considered.

This chapter describes the research design and methodology of the study. It begins with an overview of the features and considerations of qualitative research and grounded theory methodology and a rationale for the utilization of this approach in this study. The majority of the chapter reviews the specific components of the research design of this study. Detailed information regarding the analysis of the data and the development of the grounded theory are contained in subsequent chapters. Finally, limitations of the research design are identified.

Grounded Theory Methodology

Qualitative Research

Increasingly, qualitative research has been gaining acceptance and respectability in practice-based disciplines such as social work (Denzin, 2002; Franklin, 1996; Maione & Chenail, 1999; Padgett, 1998a; Patton, 1996). Interest in qualitative approaches is partly rooted in the recognition of the limitations of positivist research methodologies in the social sciences (Henwood & Pidgeon, 1992). These limitations include the inadequacy of positivism to understand the complexities of human experience (Peile & McCouat, 1997), an unrealistic emphasis on predictability and control (Peile, 1993), inflexibility (Fook, 2002; Tyson, 1992), and the dominance of positivist thinking and

quantitative methods in social science training (Shaw & Ruckdeschel, 2002; Walker, 1996). Although qualitative research is often offered as “an antidote to positivism” (Fielding, 2000, p. 526), there is a tendency to polarize quantitative and qualitative approaches and ignore the positivist elements that can influence qualitative research (Annells, 1996; Corbin & Strauss, 1990; Myers, 1997).

More importantly, some distinct advantages of qualitative research are identified in the literature. For example, Gilgun and Abrams (2002) assert that qualitative approaches permit more intimate and powerful interactions with people, leading to a deeper understanding of the human experience. Qualitative approaches also emphasize the natural environment in which people experience and interpret their lives, promoting a more holistic view of phenomena (Taylor & Bogdan, 1998). Padgett (1998a) cites the inductive stance of qualitative methods, focusing on the discovery of theory, not the testing of pre-existing theory, as an important advantage.

Social work practice and the qualitative research process share much in common. Theories in social work and qualitative research are rooted in the viewpoint that multiple perspectives and interpretations exist and need to be incorporated into our understanding of phenomena (Fook, 2002; Franklin, 1996). Interpretivist paradigms, which underlie most qualitative approaches, are consistent with clinical social work practice, and thus offer continuity from practice to research (Chenail, 1992; Gibbs, 2001; White, 1997). Bourdeau (2000) notes that both social work practitioners and qualitative researchers explore sensitive issues with people, requiring a high degree of skill and empathy. Like social work, qualitative approaches seek out and acknowledge diversity in terms of culture (Patton, 1996) and gender (Daly, 1992). Social work practice and qualitative

research both tend to approach contact with individuals and families through interviewing and observation, utilize similar record-keeping practices, and start “where the client is at” (Padgett, 1998b, p. 374).

With regard to social work decision making, Sheppard and Ryan (2003) suggest that a new paradigm of ‘process knowledge’, focusing on the processes by which judgements are made, has evolved in recent years. Process knowledge includes an examination of how assessments are made, how hypotheses are developed and critiqued, and how decisions are ultimately determined. Increasingly, there is recognition that practice wisdom (also conceptualized as tacit knowledge, implicit knowing, substantive knowledge, on-the-ground knowledge and knowledge-in-action) is an important component in social work decision making and is perhaps more salient than formal theory in the development of hypotheses and decisions about intervention (Ferguson, 2003; Floersch, 2004; Fook, 2002; Fook, Ryan, & Hawkins, 1997; Kondrat, 1992; Osmond, 2005; Parton, 2003; Sheppard, 1998; Taylor, 2005; Tsang, 2005; Webb, 2001; Zeira & Rosen, 2000). Sheppard and Ryan (2003) advocate for a qualitative approach in researching these cognitive processes, allowing the participants to reflect upon their decision making and identify the intellectual and practice processes utilized in assessment and intervention.

The Tradition of Grounded Theory

A variety of studies of reflexive practice and process knowledge in child welfare have been conducted using the qualitative approach of grounded theory (for example, Osmond & O’Connor, 2004; Sheppard, Newstead, Di Caccavo, & Ryan, 2000; Sheppard,

Newstead, Di Caccavo, & Ryan, 2001; Sheppard & Ryan, 2003; Wilks, 2004). Grounded theory is one of several traditions or strategies of qualitative inquiry that hold a set of characteristics that distinguish it from other approaches to qualitative research (Creswell, 1998). Grounded theory originated with the work of Glaser and Strauss (1967) and describes a process to generate theory from qualitative data (Robrecht, 1995). The approach emphasizes the experiences, social processes, and conscious constructions of meaning made by individuals involved in a specific social phenomenon (Wilson & Hutchinson, 1991). Analysis of the data collected in relation to individuals' experiences is organized into categories and themes that describe basic social-psychological processes and their phases, properties, and consequences, resulting in grounded theory.

Further, grounded theory has often been employed in a variety of qualitative studies related to the experiences of individuals affected by family sexual abuse (for example, Draucker & Petrovic, 1996; Gilgun, 1992; Gobey & Hutchinson, 1996; Middle & Kennerley, 2001; Morrow & Smith, 1995; Scheela, 1991; Webster & Beech, 2001). Additionally, grounded theory has been an effective epistemological approach in examining the responses of social workers to vignettes reflecting realistic practice situations with regard to their processes in decision making (Ferguson, 2003; Fook, Ryan, & Hawkins, 1997; Sheppard & Ryan, 2003; Sheppard, Newstead, DiCaccavo, & Ryan, 2000; Sheppard, Newstead, DiCaccavo, & Ryan, 2001; Wilks, 2004).

Interpretive qualitative methods emphasize developing a deep understanding of the participants' worlds (Charmaz, 2006). Grounded theory is an approach to interpretive qualitative research with distinct methodology that promotes the development of theories, hypotheses, and concepts about human experience, based on the systematic collection

and analysis of data (Taylor & Bogdan, 1998), although Charmaz (2006) asserts that grounded theories can be descriptive rather than explanatory. One of its central features is the constant comparative method of data analysis, a systematic process that facilitates the identification of codes, categories, contexts, and conditions, and generates substantive-level theory (Creswell, 1998). For many researchers, grounded theory is an appealing approach to research, as it recognizes the complexity of human experience and seeks to make that complexity meaningful (Wells, 1995).

According to Charmaz (2003), grounded theory offers a rigorous approach to building explanatory frameworks that specify relationships among concepts. With grounded theory methodology, “theory may be generated initially from the data, or, if existing (grounded) theories seem appropriate to the area of investigation, then these may be elaborated and modified as incoming data are meticulously played against them” (Strauss & Corbin, 1994, p. 273). The concept of theoretical sensitivity is an important component of grounded theory (Daly, 1992; Gilgun, 1992; Glaser, 1978; Padgett, 1998) and refers to “having insight into, and being able to give meaning to, the events and happenings in data” (Strauss & Corbin, 1998, p. 46). While early literature on grounded theory emphasized the inductive aspects of theory development from raw data, more recent writings acknowledge the importance of starting with sensitizing concepts that contextualize grounded theory, and ending with “inductive analyses that theorize connections” among the concepts (Charmaz, 2006, p. 133). To elaborate further:

Researchers carry into their research the sensitizing possibilities of their training, reading, and research experience, as well as explicit theories that might be useful if played against systematically gathered data, in conjunction with theories emerging from analysis of these data. (Strauss & Corbin, 1994, p. 277)

The hallmark of grounded theory methodology is the development of theory through theoretical coding: “how the substantive codes may relate to each other as hypotheses to be integrated into a theory” (Glaser, 1978, p. 72). In other words, theoretical codes specify possible relationships between concepts and categories, moving the analysis toward a theoretical direction (Charmaz, 2006). Theoretical sensitivity can enhance theoretical coding by assisting the researcher to be more sensitive to conceptual underpinnings and contextual issues (Strauss & Corbin, 1994). However, when using theoretical coding, Charmaz (2006) cautions to avoid imposing a forced framework on the data analysis.

Data Collection

As with other qualitative traditions, interviews play a central role in grounded theory research as a means of data collection, although other methods such as observation or review of documents may also be utilized (Backman & Kyngäs, 1999; Creswell, 1998; Denzin, 2001; Glaser & Strauss, 1967; Padgett, 1998a). Detailed description is critical for creating and supporting theories (Strauss, 1995), and the flexible, dynamic, and in-depth style of qualitative interviewing can be most conducive to collecting data about the phenomenon of interest (Glaser & Strauss, 1967; Taylor & Bogdan, 1998; Wimpenny & Gass, 2000). In particular, the ‘think aloud’ process of soliciting participant feedback about thought processes is a useful approach to collecting data that can lead to the generation of theory (Gilhooly & Green, 1996; Green & Gilhooly, 1996; Sheppard, Newstead, DiCaccavo & Ryan, 2000; Sheppard, Newstead, DiCaccavo, & Ryan, 2001).

Conducting skillful, in-depth interviews is an important component in qualitative research, given that it is a main method of data collection (Padgett, 1998b; Patton, 1987; Taylor & Bogdan, 1998). Without skilled interviewing, the researcher may have insufficient or superficial data from which to conduct an analysis or generate appropriate grounded theory. Qualitative interviews should be goal-directed yet conversational, structured yet flexible, and attentive to the development of rapport (Padgett, 1998b). The ultimate goal of the interview is to solicit data that adds to an understanding of the phenomenon being studied, and questions are the main means of seeking this information (Denzin, 1978). Questions should be open-ended and not leading, although probes can be asked to encourage elaboration and detail from the participant (Taylor & Bogdan, 1998).

Floersch (2004) contends that practice knowledge, or knowledge-in-action, is “invisible to the researcher unless one investigates the practitioner’s oral narratives” (p. 169), lending support to the interview approach for gathering data with regard to the topic of this study, child welfare decision making in intrafamilial child sexual abuse. His position is supported by other researchers who have utilized interviews to elicit information about how social workers access and utilize knowledge, in particular practice knowledge, in making social work decisions (Benbenishty, 1992; Fook, Ryan, & Hawkins, 1997). In particular, utilizing an open-ended, ‘think-aloud’ protocol to encourage as much spontaneous and non-directed response as possible is recommended, accompanied by reflective, deconstructive probes to elicit data not spontaneously provided (Fook 2002; Gilhooly & Green, 1996; Green & Gilhooly, 1996; Osmond & O’Connor, 2004; Sheppard & Ryan, 2003; Sheppard, Newstead, DiCaccavo, & Ryan, 2000; Sheppard, Newstead, DiCaccavo, & Ryan, 2001).

The use of vignettes (case situations based on real-life case histories) to elicit realistic practice situations in qualitative research is well documented (Benbenishty, 1992; Finch, 1987; Fook, Ryan, & Hawkins, 1997; Green & Gilhooly, 1996; Hughes, 1998; Hughes & Huby, 2002; Rossi, Schuerman, & Budde, 1999; Sheppard, Newstead, DiCaccavo, & Ryan, 2000; Sheppard, Newstead, DiCaccavo, & Ryan, 2001; Taylor, 2005; Wilks, 2004). Advantages of interviews based on participants' reviews of vignettes include the opportunities to focus on particular themes and lead to more uniform data related to the research question at hand and allowing for greater comparison within and across studies (Hughes & Huby, 2002; Wilks, 2004). Further, Wilks (2004) argues that vignettes may reduce the impact of 'social desirability factors' on participants to respond in ways that may be sanctioned by the researcher, allowing social workers to be "freer in their responses" (p. 82).

However, it is important to recognize that vignettes "can never mirror completely the reality and dynamism of people's lives" (Hughes & Huby, 2002, p. 382) and thus are somewhat limited in their capacity to match real life experiences. However, if vignettes "are used to provide an interpretation of the real world and present it in such a way that provides people with a situated context in which to respond then they can make a useful contribution to research methodology" (Hughes, 1998, p. 384). Realistic vignettes can be developed from actual case material and tested by practitioners who are familiar with the phenomenon in order to ascertain their consistency with the experience being studied (Fook, Ryan, & Hawkins, 1997; Rossi, Schuerman, & Budde, 1999; Sheppard, Newstead, DiCaccavo, & Ryan, 2000; Wilks, 2004). An additional criticism of data elicited from

vignettes is that participants' responses may not reflect actual behavior, which has often been a challenge in other forms of social science research (Fook, 2002; Hughes, 1998).

Data Analysis

Data analysis in grounded theory consists of three components, according to Huberman and Miles (1994): data reduction, data display, and conclusion drawing or verification. Data reduction refers to the coding of the themes and facets of the raw data, resulting in summaries and clusterings of data. These clusterings lead to data displays, an organized and compressed assembly of information that allows the researcher to consider its meanings and interconnections. Conclusion drawing or verification comes from a variety of activities, such as comparisons, contrasts, identification of patterns and themes, and the development of linkages and relationships, leading to interpretation of the data.

One of the distinguishing characteristics of grounded theory, as compared to other qualitative traditions, is the process of conceptualizing data through the strategy of constant comparative analysis (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Its purpose is to systematically review and code data that has been collected into conceptual categories and their conceptual properties, producing plausible hypotheses and descriptions of relationships, conditions, consequences, processes, and dimensions with regard to the phenomenon of study. The researcher reviews the data by examining interview transcripts, identifying themes and characteristics that begin to articulate categories (conceptual elements of the grounded theory) and properties (conceptual elements of a category) and by making note of them (on the transcript itself, on cards, in analytic memo writing, etc.). Both categories and properties are indicated by the data,

and should not be forced or reflect the preconceptions of the researcher (Glaser & Strauss, 1967).

At the beginning of grounded theory research, there is more collection of data than coding and analysis, but as categories and properties emerge, there is increased emphasis on seeking out data that adds to an understanding of the categories and properties, which leads to the development of grounded theory (Glaser & Strauss, 1967). The authors describe four stages of constant comparative analysis. First, the researcher codes each incident in the data into categories (open coding), comparing it with previous incidents in the same category, and analyzing it for “its dimensions, the conditions under which it is pronounced or minimized, its major consequences, its relation to other categories, and its other properties” (p. 106).

Secondly, as coding continues, the researcher moves from comparing incidents to one another (to distinguish their properties) to comparing incidents to the properties of the category that have been identified. Relationships between properties begin to emerge, resulting in an initial integration of the data, as well as identification of gaps that require attention in the ongoing collection of data. Strauss and Corbin (1994) describe this process as axial coding.

Thirdly, as the theory develops and solidifies and the categories become theoretically saturated, underlying uniformities and themes become clearer, non-relevant properties are removed, and the logic is clarified, resulting in a formulation of theory that involves “a smaller set of higher level concepts” (p. 110), known as selective coding.

Finally, the researcher is in a position to write about the findings, aiming to articulate a grounded theory that fits with the substantive area in which it will be used, is

understandable by those who work in the substantive area, is general enough to apply to a diverse range of situations within the substantive area, and allows those who work in the area to understand and partially control the nature of situations that occur.

Charmaz (2000) articulates this approach to data analysis in this way:

The constant comparative method of grounded theory means (a) comparing different people (such as their views, situations, actions, accounts, and experiences), (b) comparing data from the same individuals with themselves at different points in time, (c) comparing incident with incident, (d) comparing data with category, and (e) comparing a category with other categories. p. 515

The continuous process of data analysis at multiple levels allows for the integration of the categories into a thick description of their interrelationships and properties, forming the basis of grounded theory (Kendall, 1999).

Trustworthiness and Authenticity

Qualitative research does not lend itself well to the positivist principles of reliability and validity expected in quantitative studies (Creswell, 1998). In qualitative studies, credibility is the more appropriate criterion of reliability and validity, which are generally used to assess quantitative research (Palmer, 2003). Creswell (1998) recommends the terminology “trustworthiness and authenticity”, as proposed by Lincoln and Guba (1985), to conceptualize these principles in qualitative research to establish the credibility of a study. Processes such as prolonged engagement, persistent observation, peer debriefing, and member checks are identified by Lincoln and Guba (1985) as means to demonstrate credibility. For Kvale (1996), credibility is established throughout the interview through checking, questioning, and theorizing in an interactive manner using semi-structured interviewing with participants. Further, Gilhooly and Green (1996)

assert that the instruction to ‘think aloud’ in qualitative research “is intended to provide researchers with useful information to aid in their inferences about how target tasks are normally carried out when thinking aloud is not required” (p. 53), adding to credibility.

Glaser and Strauss (1967) maintain that grounded theory’s credibility is demonstrated in the detailed description of the codified procedure for data analysis that is undertaken, stating “...the constant comparative method’s requirement of keeping track of one’s ideas increases the probability that the theory will be well integrated and clear, since the analyst is forced to make theoretical sense of each comparison” (p. 230).

Consequently, for these authors, the strength of the grounded theory is in its origins: that is, its meaningful relationship to the data collected and analyzed during the course of the research.

Constructing Grounded Theory

As noted earlier by Charmaz (2006), the result of grounded theory research is increasingly considered to be a thick interpretive description of a studied phenomenon, rather than an explanatory or predictive statement of relationships, indicating a shift from the positivist inclinations of grounded theory found in the original writings of Glaser and Strauss (1967) and the later writings of Glaser (1978) and Strauss and Corbin (1998). Instead, Charmaz (2006) locates grounded theory in a social constructionist framework, viewing “both data and analysis as created from shared experiences and relationships with participant and other sources of data” (p. 130). She provides a valuable summary of the current debate about the nature of grounded theory from both constructivist and objectivist perspectives, noting that “theory generation continues to be the unfilled

promise and potential of grounded theory” (p. 135). However, this controversy does not diminish, in the view of many grounded theory researchers, the value of the logic, sequence, and subsequent theorizing that grounded theory methodology affords the researcher (Charmaz, 2006; Pidgeon, 1996).

Several interlaced processes are involved in the analysis of data that leads to the construction of grounded theory, according to Charmaz (2006). The first is *theoretical sampling*, which refers to gathering sufficient data to develop the properties of categories until no new properties are apparent. Through the constant comparative process, the researcher moves back and forth between the data collected and the emerging codes and thematic categories, resulting in elaborate descriptions of the characteristics, sequences, and relationships of factors within categories. In this way, theoretical sampling is achieved.

The second related concept is *theoretical saturation*, which Charmaz (2006) defines as “when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of the core theoretical categories” (p. 113). In this way, depth of insight into a studied phenomenon may be achieved with a relatively small-sized sample population, as a random representative sample for statistical generalizability is not the goal of grounded theory research. The key, as described by Charmaz, is to continually rework one’s data through comparative analysis to determine if new interpretations of the data arise.

Theoretical sorting is the process of organizing the data in such a way that conceptual integration occurs. Activities such as comparing categories, examining order and sequence, and diagramming relationships and patterns, can lead to more

comprehensive insights into the topic of research. Matrices can be useful visual aids that facilitate the identification of similarities, differences, and qualifier properties, both within categories and across categories.

The final construction of the grounded theory lies in the writing (and rewriting) of the study's outcomes: that is, the researcher's analysis and interpretation of the data, situated within the social and interactional contexts within which the study occurred. For Charmaz (2006), the writing is an extension of the analysis, as new insights may develop as the draft evolves. The final manuscript should provide a full description of the studied experience, integrated with the existing literature, with an identification of how the research contributes to existing knowledge and where future research is warranted.

Limitations of Grounded Theory as an Approach

Criticism has been levied against grounded theory for its lack of attention to the effect of the researcher on the phenomenon of study and its presentation (Wells, 1995). Proponents of grounded theory consider interview data to be a reproduction of the participant's reality, ignoring the impact of the relationship between researcher and participant within which the data are constructed (Hall & Callery, 2001). However, the current philosophy of qualitative research acknowledges that the researcher is not an objective, neutral observer, but is "historically and locally situated within the very processes being studied" (Denzin, 2002, p. 29).

According to Denzin, (2002), "all inquiry reflects the standpoint of the inquirer" (p. 29). The incorporation of the researcher's perspective into the study is unavoidable (Koch & Harrington, 1998), and therefore influences the research process from the start

(selection of the research question) to the finish (writing the final report). Consequently, reflexivity in research is required, wherein the practitioner is aware of the socially situated relationship he or she shares with the research participant, is capable of analyzing how his or her own participation affects the process of research, and is able to identify his or her underlying assumptions and values (Sheppard, Newstead, Di Caccavo, & Ryan, 2000). The issue of reflexivity and grounded theory will be addressed in more detail in the next section.

Attempts to discount and suspend the researcher's knowledge, values, and perspective have been attributed to an attempt to gain credibility for qualitative research in the quantitative science world (Cutcliffe, 2000). However, most current qualitative research is predicated on the belief that reality is constructed through social and individual interactions, and therefore knowledge and values cannot be separated from one's perception of reality, including that of the researcher.

Researcher effects may be a more salient issue when the researcher is also a practitioner in the subject area of study (Chenail & Maione, 1997). Clinicians must acknowledge their previously acquired knowledge and endeavour to set it aside (a practice called bracketing), then work towards reconstructing their understanding of the phenomenon in light of their research findings. It can be advantageous to have familiarity with the research topic, as it can facilitate access to the field and sensitize the researcher to the emotional experience of the phenomenon for the participants. As noted earlier, such awareness can also enhance theoretical sensitivity, which can be an asset in theoretical coding (Strauss & Corbin, 1994). Further, having some prior understanding of the phenomenon of family sexual abuse, for example, is vital in broaching this

sensitive topic with individuals (Gilgun, 1989). However, as cited by Glaser and Strauss (1967) and Glaser (1992), preconceived notions may lead to a narrow research focus or may contribute to researcher blind spots, undermining the quality of the grounded theory that is generated (Chenail & Maione, 1997).

Cutcliffe (2000) asserts that grounded theorists can acknowledge their prior knowledge and professional experience about the research topic and how it has influenced the development of theory, and “allow the interplay between the researcher’s knowledge, values and beliefs and the data to occur” (p. 1479). He suggests that the mechanism for determining the extent of researcher influence lies in the constant comparative method, which requires the researcher to compare all categories, hypotheses and conceptualizations with the data, thus illuminating and eliminating any hunches that belong solely to the researcher. Additionally, the ‘think aloud’ process promoted by Gilhooly and Green (1996) encourages participants to respond in a very broad, open-ended manner that minimizes influence of the researcher considerably.

Researcher effects do not just refer to the researcher’s prior knowledge and assumptions, but include the impact of the interview process on the researcher. Padgett (1998b) states that a research participant’s comments may stir an emotional response in the researcher, which needs to be identified in order that it does not interfere with the study. Especially in the subject area of family sexual abuse, researchers need to be aware of the emotional impact of the topic and access opportunities to process their feelings and integrate the interview experience (Patton, 1991).

Hall and Callery (2001) state that grounded theory cannot achieve rigor and validity because it assumes that a natural or real world is available for objective

examination and understanding. The constant comparative analysis process is used to generate theory based on the data itself, assuming that the data are representative of the participants' experiences. However, "because data are produced through the creation of meanings during processes of interaction, it follows that the quality of data will be influenced by the nature of the relationship between researcher and participant" (p. 260).

As noted earlier, this criticism is countered by writers such as Creswell (1998), who identifies a number of ways that credibility can be demonstrated in qualitative research, which is viewed as a more appropriate standard for this method of inquiry. Further, Charmaz (2006) embraces the constructivist view of grounded theory which acknowledges that "both data and analyses are social constructions that reflect what their production entailed" (p.131), including the interpretations of research participants, the interpretations of the researcher, and the interaction that occurs between them. "Thus, those who take a constructivist approach aim to show the complexities of particular worlds, views, and actions" (Charmaz, 2006, p. 132).

Study Methodology

The goal of grounded theory research is to understand, not to explain (Rennie, 2000). However, Glaser and Strauss allowed for the possibility of building upon the elements of a grounded theory developed in one area to other topics or populations (Alaggia, 2002; Backman & Kyngäs, 1999; Olshansky, 1996). In this respect, the grounded theory research conducted by Alaggia (2002) with regard to the continuum of

responses of maternal support expressed by non-offending mothers, described earlier, was utilized as a starting point for the current research.

The decision making processes of child protection workers when assessing the support response of non-offending mothers and determining interventions in cases of intrafamilial sexual abuse, the intended focus of this research, is neither well understood nor supported by well-documented theory (as discussed earlier). In particular, it is not clear if and how child welfare workers make distinctions in expressions of maternal support, such as the mother's belief in the child's disclosure and her actions to protect the child, and how such distinctions might affect their decisions around initial case intervention. The application of grounded theory to the qualitative study of these decision making processes is a suitable approach to developing a better understanding of the perspectives, assessments, and conclusions formulated by child welfare practitioners in the investigation of intrafamilial sexual abuse.

Overview of Research Design

The intent of the study was to examine the decision making processes of child and family services social workers with regard to cases of intrafamilial child sexual abuse, focusing on the influence of maternal support on decision making. Cases of intrafamilial child sexual abuse were defined for the purposes of this study as involving the substantiated sexual abuse of a child under the age of eighteen, a biological mother who was not directly involved in the offending behavior, and an alleged offender who was characterized as the mother's partner, whether husband, common-law partner, or boyfriend. The original design of the study toward this research goal involved inviting

social workers from a child and family services agency in Winnipeg, Manitoba to discuss the decisions they had made in two of their intrafamilial sexual abuse investigations: one case where they had apprehended the child as a result of the investigation, and one case where they had left the child in the home. Qualitative interview questions were developed to explore how social workers interpreted the expression of maternal support in their investigations, particularly the dimensions of maternal belief and maternal behavior that have been identified in the professional literature as key components of maternal support (Alaggia, 2002; Bolen & Lamb, 2002; Heriot, 1996; Hunter, Coulter, Runyon, & Everson, 1990). A grounded theory methodology was planned, given its suitability for exploratory research, as discussed previously.

In the fall of 2005, participants were sought through a written invitation that was distributed to social workers who had conducted intrafamilial child sexual abuse investigations while working for Winnipeg Child and Family Services, a mandated child and family services agency in Manitoba. However, due to the May 2005 restructuring of the child and family services system in Manitoba and the subsequent movement of staff to different positions and, in some cases, to different agencies, it was difficult for workers to access past caselists and file records related to intrafamilial sexual abuse investigations that they had conducted. As a result, only four social workers responded to the research invitation with cases meeting the study criteria that they could recall and had access to file records.

In consultation with the study's advisory committee, revisions were made to the design of the study, but maintaining its grounded theory orientation. Given the efficacy of vignettes in qualitative research to explore processes such as decision making in social

work practice (Hughes, 1998; Hughes & Huby, 2002; Rossi, Schuerman, & Budde, 1999; Sheppard, Newstead, Di Caccavo, & Ryan, 2000; Taylor, 2005; Wilks, 2004), the research design was reconstructed to involve the review of case studies of intrafamilial child sexual abuse. In order to develop realistic vignettes that were reflective of the complex issues faced in the field, the social workers who offered to participate in the original design of the study were interviewed about their investigations of intrafamilial child sexual abuse. Building on the framework of dimensions of maternal support developed by Alaggia (2002), these cases were categorized according to varying expressions of maternal support and then adapted into realistic vignettes depicting variations in the dimensions of maternal belief and maternal support, as described in detail below.

The second phase of the reconstructed research design involved interviews with child welfare workers with experience in investigating intrafamilial child sexual abuse to discuss their assessments and decision making with regard to their review of the vignettes. Participants were initially asked to 'think aloud' in response to each vignette (Sheppard, Newstead, Di Caccavo, & Ryan, 2000) to elicit information about their cognitive processes around decision making. This was followed by a series of open-ended and semi-structured questions about participants' assessment of each vignette, their plan of intervention, and the rationale for their decisions. An elaboration of this process is provided in a subsequent section of this chapter.

In keeping with grounded theory, the constant comparative process was utilized to code and analyze the data, employing the computerized qualitative data analysis program Ethnograph (Qualis Research Associates, 1990) for coding the transcribed interviews,

developing categories, detecting themes, and identifying relationships among themes. A series of matrices were created as themes emerged, to investigate patterns, sequences, and priorities in the decision making process. The study led to an enhanced understanding of how child protection workers make sense of maternal belief and maternal behavior, key components of maternal support, in their investigations of intrafamilial child sexual abuse. Details regarding the grounded theory methodology utilized in this study are presented below.

Ethical Considerations

Research involving human subjects requires adherence to high ethical standards to ensure the confidentiality of participants. This research project was required to meet the confidentiality requirements defined under *The Child and Family Services Act* (1985), under Section 76(18):

Access for research purposes

76(18) The director, or an agency with the director's written consent, may give a person access to all or part of a record for bona fide research or statistical purposes if the director or agency obtains from the person a written undertaking not to disclose the contents of the record or part thereof in any form which could reasonably be expected to identify any other person who is identified in the record, and (a) the other person consents to the giving of access; or (b) the director is satisfied that the research or statistical purpose cannot reasonably be achieved unless the record or part thereof is provided in a form which identifies the other person.

This section of legislation identifies that research endeavours require the approval of the Executive Director of the provincial Child Protection Branch, and, as a matter of protocol rather than legislation, the consent of the four child and family services Authorities that govern the child welfare service delivery system. Further, the directors

of participating child and family services agencies must also agree to the involvement of their staff. Finally, research involving human subjects also requires the permission of the Ethics Committee of the University of Manitoba. All required consents noted here were obtained prior to the initiation of this research.

Data collection with human subjects, especially when involving a complex social issue such as intrafamilial sexual abuse that elicits high emotions, must be conducted with a high degree of sensitivity and respect. Participants may have strong feelings about the issue of child sexual abuse, which must be respected and acknowledged to create an open atmosphere where candid reflection and sharing by respondents is possible. Further, in an environment of major organizational change and transformation, there may be anxieties about how information about social workers' casework and decision making may affect their employment or performance appraisal. These matters were addressed in writing through the Participant Consent forms and verbally at the start of each interview with participants.

In research projects, efforts must also be made to protect the confidentiality of the participants and the family members in the cases they describe, as recorded in interviews, transposed into transcripts, and stored in data collection systems such as Ethnograph (Qualis Research Associates, 2000). Coding systems were utilized to ensure that identifying information (for example, names and other personal identifiers) were not readily accessible, except to the researcher for accuracy and verification purposes. Strategies to ensure the confidentiality of family members whose cases were adapted into vignettes will be described below. Social workers who were involved in the study were assigned a random code number, which was known only to the researcher. Respondents

were identified only by their code number in recorded interviews, in the transcripts, and in the researcher's notes. In this report, workers are identified only as a number and any information that might breach their confidentiality has not been utilized.

Development of Vignettes

Interviews were conducted in early 2006 with four social workers regarding actual intrafamilial child sexual abuse investigations that they conducted. The interviews were conducted outside of normal business hours, for which participants received a financial honorarium. Interviews were digitally-recorded and transcribed, then analyzed for themes regarding the characteristics of maternal support according to the conceptualization developed by Alaggia (2002). Two of the participating workers were female and two were male. Ages ranged from 37 to 39 years of age, although one participant declined to provide an age. All four participants held a Bachelor of Social Work degree. The workers had between four and fourteen years of child welfare experience. Two participants had conducted a high number of abuse investigations in the course of their employment (more than one hundred investigations each), while one participant had completed approximately 15, and one had conducted 5.

In addition to demographic information regarding the characteristics of the social workers, information about the family members (non-offending mother, alleged offender, and child victim), the overall family system, and the circumstances of the case was gathered (see Appendix C). An interview guide is provided in Appendix D, outlining the general questions that were employed to explore in a semi-structured fashion the features of the case and the decision making processes utilized by the social worker. As well,

focused questions were used as prompts to concentrate the interview on the variables relevant to this study, to ensure a thorough understanding of the case dynamics was achieved: (a) the response of the non-offending mother, (b) the worker's assessment of the case, (c) the mother's belief in the child's disclosure (d) the mother's behavior in response to the child's disclosure, and (e) the worker's rationale for his/her assessment and intervention. Characteristics of the cases were then utilized to construct realistic but anonymized vignettes, reflective of real cases but maintaining the confidentiality of family members, social workers, and other individuals involved with the case.

The range of cases included those which resulted in the decision to remove the child(ren) from the care of the biological mother, and those which resulted in the decision to leave the child(ren) in the care of the biological mother. The actual case interventions implemented in these situations were not included in the vignettes that were developed, to allow for the participants in the second phase of the study to react to the case with a similar amount of information that would have been available at the time the investigating worker had to make an initial intervention decision. However, it is recognized that the particulars of the case that were shared by participants may not represent the exact circumstances they encountered at the start of the investigation. Workers were recalling the cases in retrospective, affording them a much more comprehensive picture of the case, including the outcome of their interventions and the events that transpired in the case over time, which could have affected their perspective of the case, their description of their assessment at the time of investigation, and their account of their decision making rationale and intervention. Additionally, workers had access to additional information to aid in their initial assessment and decision making,

such as the nonverbal responses of family members, the opportunity to ask questions of family members for clarification, and consultation with supervisors and collaterals such as the police.

Although Alaggia's framework contained a third dimension of maternal support, the mother's affective response, the dimensions of maternal belief and maternal behavior were considered to be more amenable to illustration in vignettes than maternal affect, which is often better assessed through the observation of nonverbal indicators such as facial expression, tone of voice, and other visual cues which cannot be adequately captured in paper descriptions of families.

Further, the polarities in the range of responses within each dimension were also emphasized. That is, within the dimension of maternal belief, the ends of the continuum of responses were 'mother's unconditional belief of the child's report' and 'mother does not believe the child initially' (Alaggia 2002). Within the dimension of maternal behavior, the ends of the continuum of responses were 'mother insists perpetrator leaves the family and supports charges' and 'mother permits perpetrator to have access to the child, therefore child remains at risk' (Alaggia, 2002). Polarities offered a better opportunity to compare and contrast factors that differ in significant ways, whereas degrees of responses within a dimension's continuum may not differ enough to reveal distinct influences on assessment and decision making.

The following summary depicts combinations of the key components of maternal support, in terms of the dimensions of belief in the child's disclosure and behavioral response, which were inherent in the cases and subsequently adapted into these four types of vignettes:

- a) one vignette that described the non-offending mother as having unconditional belief of the child's disclosure of intrafamilial sexual abuse and taking some kind of action to secure the safety of the child;
- b) one vignette that described the non-offending mother as having unconditional belief of the child's disclosure and not taking some kind of action to secure the safety of the child;
- c) one vignette that described the non-offending mother questioning the veracity of the child's disclosure and taking some kind of action to secure the safety of the child;
- d) one vignette that described the non-offending mother questioning the veracity of the child's disclosure and not taking some kind of action to secure the safety of the child.

In essence, the vignettes portrayed four case studies, based on real cases, that were representative of these key aspects of Alaggia's 2002 conceptualization of maternal support, as shown in Table 1:

Table 1

A Family	B Family
<ul style="list-style-type: none"> • Mom believes • Mom takes protective action 	<ul style="list-style-type: none"> • Mom does not believe • Mom does not take protective action
C Family	D Family
<ul style="list-style-type: none"> • Mom believes • Mom does not take protective action 	<ul style="list-style-type: none"> • Mom does not believe • Mom takes protective action

In order to protect the confidentiality of the families whose cases were adapted into vignettes and to facilitate recall for study participants of the family members who were characterized in the vignettes, all non-offending mothers were given a name that started with 'M' (for mother), all alleged offenders were given a name that started with 'D' (for dad, representing the various roles played as the mother's partner in the family) and all child victims were given a name that started with 'V' (for victim). Families were also assigned a random surname based on the first four letters of the alphabet. (Note: To continue to safeguard confidentiality and maintain consistency, these initials are utilized throughout this report, as the role of the family member is more central than the actual name, whether real or fabricated). Efforts were made to retain the original characteristics of the case, up to the point that the original investigating social worker made an initial decision with regard to intervention. Characteristics that were not the focus of this study, such as ethnicity, socioeconomic status, and urban/rural residence, were excluded from the vignettes in order to ensure that extraneous variables would not influence the responses of participants in the second phase of the study.

Vignettes were reviewed by two additional social workers (who did not participate in either the first or second stages of the study) who had child welfare practice and supervisory expertise in child sexual abuse investigations. Information with regard to the dimensions of maternal support developed by Alaggia (2002) was provided as background material to orient the reviewers to the focus of the study. Their role was to assess the vignettes for realism, the fit with the general thematic characteristics of maternal support as described above, and protection of confidentiality. Additionally, reviewers were asked to comment on whether the vignette provided sufficient case

information for an investigating worker to make an initial decision about intervention. Revisions to the vignettes were made based on feedback from these reviewers. This step is an example of peer debriefing, an external check of the research process by experts in the field, which enhances the credibility of the study.

The four detailed vignettes are provided in Appendix E, but are summarized briefly here:

A Family

M and her husband, D, separated 6 months ago after M learned that D had been having an affair with a co-worker. When M and D worked through the marital issue and were about to reconcile, M's 15-year-old daughter from her previous marriage disclosed that D had been sexually abusing her over a four-year period. The abuse involved exposure of genitals, sexualized talk, fondling and intercourse. M told V that the abuse was not her fault and contacted child welfare. She expressed shock and repulsion about the abuse and blamed herself for not knowing what was happening. She supported V through the interviews with police and the agency and sought out therapy for both of them.

B Family

V, a 16-year-old female, disclosed to her probation officer that her mom's common-law partner, D, had been making sexual advances toward her, by making suggestive comments, telling her about his sexual fantasies about her, and grabbing at her body. She told her mother and M acknowledged that D had also told her about his

fantasies. A year ago, there was a one-time incident of D fondling V, which V described with great detail. V did not tell her mother at the time. Since the incident, V has tried to avoid being alone with D. V has been involved in criminal activity over this past year, has been skipping school, uses alcohol, and runs away from home to be with friends periodically. M was involved with child welfare briefly over the years, pertaining to M's past alcohol use, neglect of the children, and parent/teen conflict. V is the only child still living at home; all her older siblings are adults living elsewhere. When child welfare contacted M, she stated that she did not believe V, expressed frustration over V's recent behavior, and stated that V was just rebelling. She did not want to meet with the agency to talk about V's disclosure. V was not surprised about M's reaction and recanted her allegation.

C Family

Eight-year-old V told his mother that while on a trip with his stepfather, D put his mouth on his penis. M advised that she believed him and would make sure that it never happened again. She later told V that the incident might have been a dream. M also found D touching their daughter's vagina. She removed V from the room, yelling at D "Leave my kid alone". However, M took no further action except to tell a family member about the incidents. M is illiterate, does not drive, and has never worked outside the home. D was sexually abused as an adolescent and received therapy at the time. When the allegations came to the attention of the agency, M stated no abuse had occurred and she was capable of keeping the children safe.

D Family

A 15-year-old disclosed to her adult-age brother that two weeks ago, M's common-law partner engaged her in a one-time incident of fondling. Her brother told their mother, who confronted D, but he denied the incident. The brother took V to their grandmother's. M followed shortly after and contacted police and child welfare. M presented as dazed, hurt, and saddened. She said that she didn't want to believe this, wondered if V had misinterpreted the incident, but acknowledged that it was possible something happened. She did not blame V, but often asked her questions about what really happened. M also advised that she planned to maintain some contact with D, as a friend, but not reconcile with him. She supported therapy for V.

Data Collection

In the second phase of the study in the spring of 2006, Winnipeg Child and Family Services social workers who had prior experience in intrafamilial child sexual abuse investigations were invited in writing to participate in an interview regarding their decision making processes in response to a random presentation of three of the four vignettes (Appendix F). Interviews were conducted outside of normal business hours, and respondents presented with a financial honorarium for their time and participation. Interviews with participants took place between June 2006 and September 2006. Each interview was between 90 and 120 minutes in duration and was digitally recorded and transcribed. Initially ten social workers responded to the invitation, which met the sample size of eight to ten participants proposed in the research design. According to Creswell (1998), this number can be sufficient to generate an understanding of a

phenomenon as it relates to a particular situation in qualitative research. However, in order to explore theoretical themes in more detail, additional participants were solicited as the study progressed, resulting in a total of fifteen social workers involved in the study. It should be noted, though, that due to the difficulties in recruiting participants during the period of transformation consuming the child welfare system at the time, all workers who volunteered for the study were accepted, making the sample one of convenience, rather than a true theoretical sampling. Each respondent reviewed three vignettes, for a total of 45 responses to the case vignettes reviewed in this phase of the study.

Care was taken to ensure that the vignettes were equally distributed across the set of study participants and that each vignette was the first case presented on an equal basis. This was accomplished by creating in advance 24 packages of three vignettes, with each package containing a unique ordering of three of the four case scenarios. Packages were randomly chosen at the time of each participant's interview, with only the first presenting case tracked at the time of selection. In total, each vignette was presented an equitable number of times (A Family = 11; B Family = 11; C Family = 12; D Family = 11), and was the first presenting case a relatively equal number of times (A Family = 4; B Family = 4; C Family = 4; D Family = 3).

In addition to basic demographic information about the social worker (Appendix H), participants were asked through a series of general, open-ended interview questions to 'think aloud' (Gilhooly & Green, 1996; Green & Gilhooly, 1996) and discuss their assessment of the case and their plan of intervention, facilitated by focused prompts to elicit information in areas that was not spontaneously provided (Appendix I). Each interview began with the most open-ended invitation "I'm going to ask you to begin by

talking about the case, your thoughts and impressions, until you have nothing left to say about it.” As described by Gilhooly and Green (1996):

The instructions are to think aloud during the task, verbalizing overtly all thoughts that (in adult participants at least) would normally be silent. Note that participants are not asked to explain or justify what they are doing and they are not asked to report their strategies. The inference of cognitive strategies is the task of the analyst, not of the participants. (p. 43)

Subsequent open-ended questions asked workers to comment on their assessment of the family, the child’s disclosure, the response of the non-offending mother, and their case intervention. More focused questions centred on the participants’ characterizations of the non-offending mother’s expression of belief in the child’s disclosure and the non-offending mother’s behavior in response to the child’s disclosure, to elicit further and more specific narrative about the key dimensions of maternal support that were central to this research. In addition, workers were asked to describe their assessment of risk for each vignette and whether or not they would use a formal risk assessment tool to assist in determining their case intervention. Workers were also asked to describe any case consultation with a supervisor they might wish to have and how it might affect case decision making.

Finally, after the discussion of the three vignettes, each worker was asked to describe how they developed their knowledge of child sexual abuse, the guidelines they followed when conducting child sexual abuse investigations, the role of the non-offending mother in such investigations, the variables they considered when assessing risk, and how the agency might help or hinder their investigations, particularly in terms of case intervention decisions. These more general questions were intended to confirm that the research participants had, in fact, a good understanding of how to conduct a child

abuse investigation and how to assess risk, key areas of skill and knowledge in child welfare practice and relevant to the quality of responses provided by respondents in this study.

All fifteen interviews were digitally recorded and transcribed verbatim, to ensure the capture and documentation of accurate, high quality, accessible data. Ethnograph (Qualis Research Associates, 1990), a computerized qualitative data analysis package that assists in the storage, organization, and analysis of data collected in interviews, transcripts, field notes, surveys, and other text-based documents, was used to store and organize the interview data into themes. Ethnograph assists in the formation of theory through hierarchically related codes (Huberman & Miles, 1994), resulting in a model with a series of connected components that describe the relationships among the components. Given its suitability to the management of data following a grounded theory approach to qualitative research, it was employed in this particular research study.

Managing Researcher Influence

In the study described here, the researcher came with an employment history in the field of child and family services, including the investigation of intrafamilial child sexual abuse, and therefore held some theoretical perspectives on the issue that could have influenced the research process. To counter this dilemma, qualitative researchers recommend incorporating reflexivity into grounded theory studies (Hall & Callery, 2001; Henwood & Pidgeon, 1992; Koch & Harrington, 1998). Reflexivity refers to the ability to examine one's biases, values, assumptions and beliefs, particularly as they impact the process of qualitative research (Padgett, 1998a). Reflexivity can be achieved by keeping

notes, journals, and memos about the researcher's experiences and decisions (Henwood & Pidgeon, 1992), by including a description of the researcher's experiences in the final research report (Padgett, 1998a), and by situating the research in the historical and social context in which the research occurred (Koch & Harrington, 1998). According to Powell (2002), reflexivity and critical reflection are necessary skills to "make sense of the particular social situation and to use that analysis and understanding to create new knowledge" (p. 29). A journal was utilized in this study to record perceptions, questions, ideas, hypotheses, and other thoughts of the researcher throughout the research.

Additionally, this researcher's employment history included work as a child abuse coordinator and supervisor of staff who conduct child abuse investigations, as well as a manager within a child and family services agency. It is possible that respondents of this study may have worked with the researcher in some capacity, or were aware of her work in this regard. Further, the researcher is currently working in a senior administrative position in the Manitoba Department of Family Services and Housing's Child Protection Branch, which holds ultimate responsibility for the child and family services system in the province. The respondents' perceptions of this position and its potential (real or perceived) to affect respondents in some way may have influenced the research process.

Care was taken in inviting child protection workers to participate in the study and at the start of each interview to clarify the role of the researcher as one that was separate from her professional employment. Further, efforts were made to alleviate any concerns respondents may have about their participation, such as by outlining how confidentiality of participants would be maintained and outlining any exceptions to confidentiality, such as the identification of a child in need of protection. This clarification was also

articulated in the written invitation forwarded to prospective participants (Appendix A and Appendix F) and in the Participant Consent form signed by each volunteer participant (Appendix B and Appendix G).

Trustworthiness and Authenticity

As described earlier, the principles of reliability and validity are better conceptualized in qualitative research as trustworthiness and authenticity (Creswell, 1998; Lincoln & Guba, 1985). Processes such as prolonged engagement, persistent observation, peer debriefing and member checks are identified by Lincoln and Guba (1985) to establish credibility.

In this study, prolonged engagement was demonstrated in several ways. First, the researcher had extensive experience in the research topic area, bringing a comprehensive knowledge of the issues to the interview process and the data analysis. Second, time was spent building trust with study participants at the start of each interview, to ensure that they were informed about the nature of the study and felt comfortable with the researcher, both in terms of her current role in relation to the study and in her professional capacity within the child welfare system.

Persistent observation occurred by conducting thorough interviews, including the interview technique of inviting participants to 'think aloud' and provide lengthy, uninterrupted responses to the case vignettes until they had nothing left to say. Additionally, the constant comparative process of data analysis allowed for a deep and systematic examination of the data.

An example of peer debriefing was provided earlier, in describing the process of external experts reviewing the case vignettes for realism, functionality, and protection of confidentiality. Additionally, the investigator met with two senior managers of a child welfare agency to discuss the themes that were emerging from the study, to seek their professional input.

Finally, as the preliminary findings of the study were developed, the researcher met with some of the study participants as a group to share the initial theorizing and to seek feedback. This consultation, an example of member checking, allowed for participants to make observations, raise questions, and provide confirmation of their responses and the interpretation that had been applied to them.

Research Limitations

A number of limitations in the research design exist that affect the outcome of this study. First, the small number of research participants restricts the extent to which the findings can be generalized to other populations, despite the fact the number of research subjects/ interview cases is considered sufficient for qualitative research purposes. It has been noted previously that representative samples and generalizability are not the goals of qualitative research.

Second, even with a 'think aloud' approach, participants were describing what they *would* do under certain case circumstances, as opposed to a research design that involved observing and recording what they *actually* do in a real life setting. It is not unusual for research subjects to want to present themselves in a favorable light, in this case in accordance with what they may have perceived to be best practices.

Third, vignettes provide an approximation of a case situation and do not allow for the opportunity to assess the non-verbal presentation of family members, ask questions of family members to seek clarification, or use one's social work skills to influence the situation favorably. Information gained from these activities would enhance the assessment made by social workers and allow for more informed decision making.

Further, vignettes are removed from the context of agency constraints that might affect real life decision making, such as time pressures, lack of suitable foster placements, staff turnover, high caseloads, and other variables external to the case itself. Decisions identified by respondents in the study may have been based on the assumption that ideal contextual conditions existed, allowing respondents to make decisions free from these limitations.

Finally, although the vignettes are based on the realistic complexities of original cases, the vignettes, like real non-offending mothers and their families, do not necessarily fit neatly into the categories of Alaggia's (2002) paradigm as described above. Each of these design factors must be considered when considering the findings of this research.

Conclusion

The design of this study was based on a thorough review of the existing literature regarding child welfare decision making and maternal support. The exploratory nature of the study aimed to further our understanding of decision making processes in intrafamilial child sexual abuse investigations, specifically how the dimensions of maternal belief in the child's disclosure and maternal behavior to protect the child (as

components of maternal support) affected these decisions. Grounded theory methodology was demonstrated to be a suitable orientation to this type of study. The next two chapters discuss the findings from the study.

CHAPTER 4

DATA ANALYSIS

The main focus of this research was to examine the impact of maternal support on the decision making processes of child welfare practitioners, as described in the previous chapter. Social workers who had experience in intrafamilial child sexual abuse investigations reviewed three of four vignettes depicting various dimensions of maternal support, expressed in terms of maternal belief in the child's disclosure and maternal behavioral response to the child's disclosure. Through in-depth qualitative interviews, participants were asked to describe their case interventions, risk assessment processes, and characterization of maternal support, among other themes, that contributed to their decision making for each of the provided vignettes.

This chapter describes the data analysis process and descriptive outcomes of the study. It begins with an overview of the demographic characteristics of the participants, then provides a review of the general data analysis process, following the constant comparative method of grounded theory. The key descriptive results for each of the four vignette families, based on the responses of the study participants, are presented. Then, secondary analysis of the data is discussed, focusing on the interplay between worker demographics and the decision making processes of the respondents and emerging themes and patterns. Finally, participants' responses to more general themes and questions with regard to maternal support in intrafamilial child sexual abuse are described.

As noted previously, abbreviations for family members are used to represent the role held within the family: 'M' for the non-offending mother; 'D' for the alleged offender in a father-type role within the family, and 'V' for the child victim. These abbreviations are utilized throughout the report to maintain client confidentiality and to facilitate the recollection for readers with regard to the roles of family members.

Data Analysis Process

Demographics

In total, fifteen social workers participated in the second phase of the research, with 11 female participants and 4 male participants. Their ages ranged from 30 to 50 years of age, with a mean of 37.5 years and median of 40 years. Eleven of the participants held a Bachelor of Social Work degree while four had attained Master degrees. Participants had a range of 5.5 to 18 years of child welfare experience, many in a variety of roles with a range of responsibilities. The average number of years of child welfare experience was 9.5 years, with a median of 11.75 years. Seven of the participants had conducted fewer than 10 intrafamilial sexual abuse interviews over the course of their careers, while 4 workers had done between 10 and 50 investigations, and 4 had conducted more than 100 investigations.

Coding Decisions

Initial line-by-line coding is, according to Charmaz (2006), the starting point in examining the data collected through qualitative interviews. Whether conducted on paper (as described by Pidgeon and Henwood, 1996) or through a computerized data

management program such as Ethnograph (Qualis Research Associates, 1990), coding decisions must be made to “construct a second version of these data that will allow sorting and re-representation of the material as the interpretation develops” (p. 91). During the initial coding process, codes may represent themes, ideas, activities, and occurrences of words that reflect the details of the experiences of the research participants (Charmaz, 2006).

Initial open coding of the transcript line-by-line resulted in 363 separately coded concepts or ideas that emerged from the data. These concepts were then organized through focused coding, a process which arranges the most significant recurring data to synthesize into conceptual themes (Charmaz, 2006). This led to the creation of 48 primary code categories, 12 for each of the four vignettes, which allowed for comparisons ‘incident to incident’ (Charmaz, 2006. p. 53) to identify similarities and differences in themes across vignettes. Code categories identified included “maternal response”, “maternal belief”, “maternal behavior”, “family assessment”, “disclosure credibility”, “intervention”, and “risk assessment”, to name a few.

Focused coding is more selective and conceptual, used to synthesize larger segments of data to explore similarities and differences (Charmaz, 2006; Pidgeon & Henwood, 1996). As stated by Pidgeon and Henwood (1996), “the exercise of coding to explore similarities and differences is basic to implementing the method of constant comparison on which grounded theorists rely” (p. 93). In this research, many of the coding similarities and differences reflected sub-categories of broader themes. For example, the initial codes of “unconditional belief”, “partial belief”, “ambivalence”, “external belief”, “disbelief”, and “she won’t let herself believe” were grouped under the

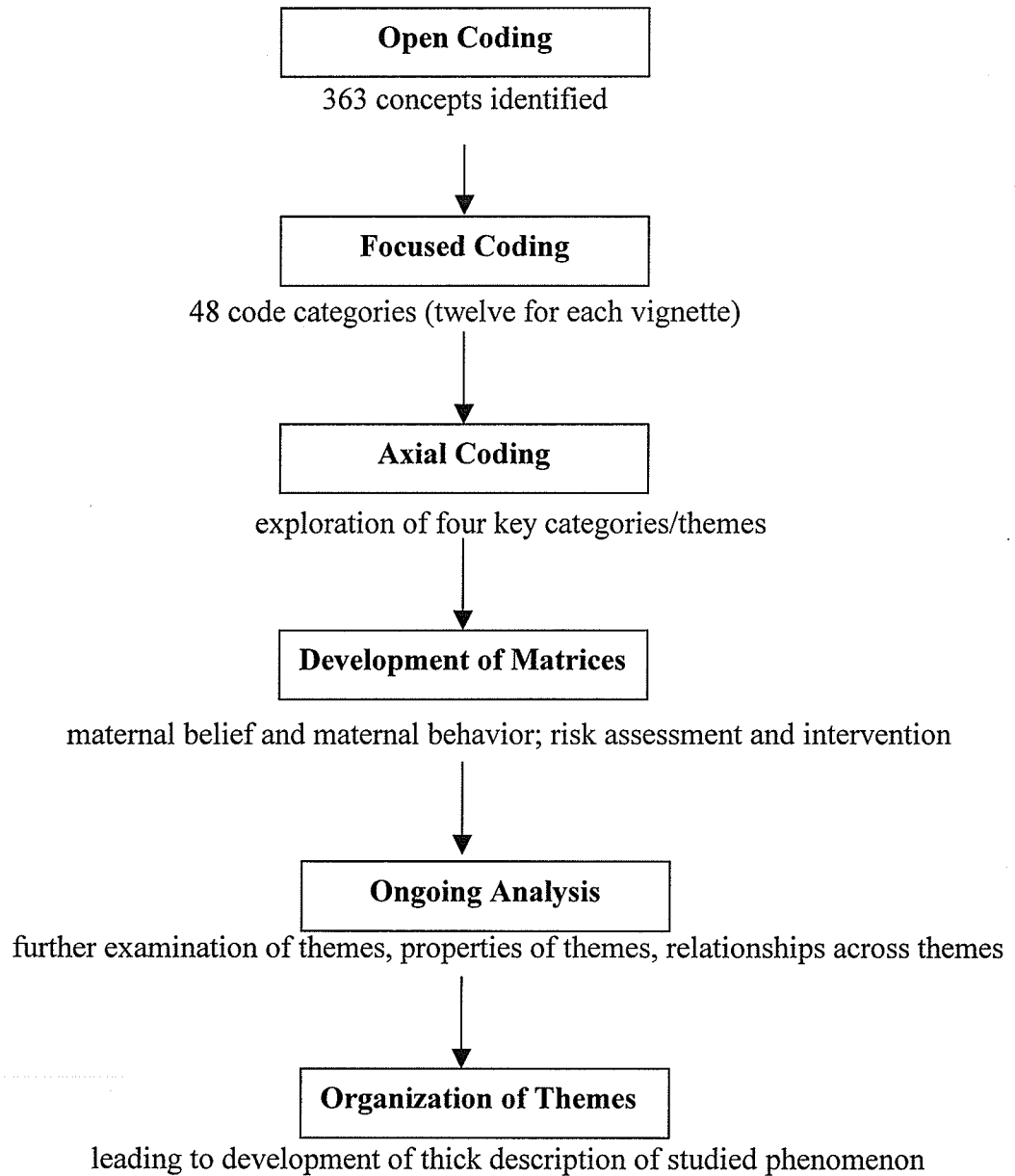
category “maternal belief”, which allowed for more precise comparisons of the range of responses across participants and across vignettes within that category. Other examples of categories that emerged from initial codes include “protective”, “non-protective”, “external barriers facing non-offending mothers” and “internal barriers facing non-offending mothers”.

A third stage of coding, axial coding, involved relating categories to sub-categories, in effect “bringing data back together again in a coherent whole” (Charmaz, 2006, p. 60). To illustrate axial coding in this study, discrete codes such as “apprehension”, “safety planning”, “engaging the non-offending mother”, “counselling”, and “voluntary placement” were ranked within the broader category “intervention” when considered in relation to other codes and categories, providing the opportunity to consider the conditions and context under which these sub-themes emerged. As another example, interview narrative coded as “rationale” (referring to comments made by research participants offering various explanations for their interpretations, assessments, and decisions) were linked to other code categories and sub-themes, such as “intervention” and “apprehension”, allowing for connections and patterns of decision making to be identified.

Additional analysis of the data was conducted using matrices and flow charts “to illustrate salient links between the concepts” (Pidgeon & Henwood, 1996, p. 99). A number of matrices were constructed during this study’s data analysis to determine inter-relationships, sequences, patterns, and contradictions. These include, for each vignette family, matrices linking maternal belief to maternal behavior, and risk assessment to intervention plan. Comparisons could then be made across matrices, resulting in the

identification of themes, new interpretations of the data, and theoretical interpretation. A summary of the data analysis process is provided in Figure 1:

Figure 1: Data Analysis Process



One of the research questions posed in this study was whether or not child protection workers made distinctions between dimensions of maternal support, such as maternal belief in the child's disclosure and maternal behavior in response to the child's disclosure. Both the interview questions and the constant comparative method of data analysis allowed for an examination of this issue. Among the open-ended questions asked during the interview after participants had reviewed each of the vignettes was the invitation "Discuss the response of the non-offending mother". This item of the interview guide did not ask workers to differentiate between maternal belief and maternal behavior, but responses were coded to reflect any distinctions workers may have articulated in their answer. Later in the interview, the more focused questions "How would you characterize the non-offending mother's belief in her child's disclosure" and "How would you characterize the non-offending mother's behavior in response to her child's disclosure" were posed, encouraging participants to speak about each distinct dimension of maternal support, with responses coded accordingly.

Through the data analysis process, it was possible to examine workers' perspectives on each dimension separately and collectively. Matrices were developed which allowed for detailed comparisons of responses for each dimension, both within one vignette, across vignettes, and for individual workers across vignettes. The interrelationship of these dimensions was also explored to determine if one dimension was prioritized over the other, if prioritization was more salient in one case type more than others, and how these dimensions were related to the assessment of risk and the intervention decision. Examples of these matrices are presented in the next section.

Similarly, given the emphasis on risk assessment in child welfare practice and the expectation that the level of assessed risk will inform the intervention decision, it was conceptually relevant to create matrices comparing the responses under the category “risk assessment” with responses under the category “intervention”. These comparisons permitted an analysis of the relationships between these two categories, the properties of their sub-themes, as well as relationships to other themes and categories. Examples of these matrices are also shown below.

This next section summarizes the key descriptive outcomes of the study, based on the data analysis process articulated earlier. Findings are organized according to each of the four vignette families. As noted previously, each vignette family was presented an equitable number of times (A Family = 11; B Family = 11; C Family = 12; D Family = 11), and was the first presenting case a relatively equal number of times (A Family = 4; B Family = 4; C Family = 4; D Family = 3). Direct quotations from respondents are provided to illustrate findings and to provide depth and resonance to the study.

Descriptive Responses to the Vignettes

As noted previously, each social worker reviewed three of the four vignettes contained within a randomly-selected package, with the order of the cases varying to address the possible impact of previous cases on respondents’ assessments and case decisions. The following discussion examines the key results for each of the vignettes.

A Family (Mom believes; Mom takes protective action)

To recapitulate, the vignette for the A Family describes a disclosure of several years of sexual abuse of a 15-year-old girl by her stepfather. Her mother immediately believes the disclosure and takes protective action to prevent reconciliation with the alleged offender, supporting her daughter in speaking with the police and child welfare and requesting assistance to arrange counselling.

All 11 workers who reviewed this case agreed that the non-offending mother believed the child's disclosure without hesitation. The rationale for this perspective expressed by participants included that M told V that the abuse was not her fault, that M expressed some self-blame for not knowing about the abuse, and that M took voluntary action to contact the appropriate authorities.

When describing their characterization of the non-offending mother's behavior in response to her daughter's disclosure, all 11 respondents found M to behave in an appropriate and protective manner, citing M's willingness to prevent the alleged offender from reconciling with the family, her steps to voluntarily contact the appropriate authorities, such as the police and the child welfare agency, and her request for counselling services as evidence of her protective behavior.

Comparisons of the dimensions of "maternal belief" and "maternal behavior" were made through the creation of a data matrix. A summarized version of this matrix is presented in Table 2 below. The rationale provided by study participants to explain their interpretation of these dimensions of maternal support is included.

Table 2:

A FAMILY: ASSESSMENT OF BELIEF AND BEHAVIOR

Worker	Belief	Rationale	Behavior	Rationale
1	yes	takes disclosure seriously, considers offender's past behavior	blames self for not realizing sooner	acknowledges effect of her own past victimization
2	yes	abuse not child's fault, contacted CFS and police, ensured no contact with offender	very strong, protective, appropriate	confronted offender, called authorities, supported child
3	yes	abuse not child's fault, blamed self for meeting own needs and being away	appropriate, protective	offender not in home
5	yes	mom expressed shock, blamed self, called authorities, had self doubt	"right on the money"	responded quickly, emotional support to child, cooperative
6	yes	no sign she questions validity of the disclosure	in line with what she believes, protective	says right things to child, kicks out offender, calls CFS
8	yes	believes, no doubt in her mind	appropriate, except blaming self is normal but not appropriate	immediately told child not her fault, repulsed by abuse
9	yes	put aside own victimization to be there for child	appropriate, shocked about abuse	reaction any parent would have, normal, distraught
10	yes	said right things to child, did right things, blamed herself, chose child over offender	"right on", done all right things	physically protective, emotionally supportive
11	yes	doesn't question, minimize, blame, or accuse	really appropriate	not interfering with investigation, normal grief
12	yes	abuse not child's fault, contacted authorities	appropriate	ended contact with offender, contacted police/CFS
14	yes	no contrary evidence	totally appropriate	contacted authorities

SUMMARY:

11 Workers

Belief:	Yes	11	Behavior:	Protective	3
	No	0		Appropriate	11
	Some	0		Non-Protective	0
			Inappropriate	0	

When considering the assessment of risk, 10 of the workers assessed the risk of recurrence of abuse to be low or moderately low, noting that M was protective, D was out of the home, and the age of the child (15 years old) as the key factors. One worker assessed the risk to be moderate, due to D's manipulative character that could persuade M to allow him to reconcile with the family in the future. In fact, 8 workers in total spoke about M's life history, such as her pattern in making poor decisions about men, about being dependent on D financially, on having low self esteem, and of having her own experiences of childhood victimization, as variables that may lend themselves to M reunifying with D or choosing a similar kind of partner in the future. Further, 4 workers felt strongly about the need to monitor M over time to ensure that she did not find herself with a partner who posed a threat to her children, whether it was D or some other potentially abusive male. For example, Worker 2 stated:

I certainly see the possibility that due to financial dependence and because he did have a positive influence in her life in many ways, that over time, she may be swayed back to that relationship with D, so I think that risk is low but there would have to be that follow up to make sure that they were able to stay on course.

Another worker placed responsibility for future risk and the need for monitoring on the ability of D to manipulate his way back into the family, as opposed to expressing concern about M's capacity to be protective:

I would want to remain involved in the support way but also remain involved in a way where on monitoring that this guy does not become re-involved with this family. He was able to manipulate his way back into the marriage, he was able to manipulate, you know, over the past four years, this whole situation with this young girl and I think that, we just need to be aware that he can be very manipulating and he can, you know, potentially have his way if we're not cautious. (Worker 9)

The remainder felt that M was capable of maintaining a protective stance, given her current response, especially if provided with supports and counselling to empower her. Worker 10 noted:

I think that the sexual abuse counselling for V might be important, as for M, but as well, family counselling. I'm not quite sure what order that would have to happen or what priority, but I would leave that up to mom to determine. Then I would not transfer this case, I would close it. Mom is able to, she doesn't need our intervention in order for her to be protective.

None of the 11 workers would apprehend the child in the A Family, identifying counselling and support services as the main child welfare interventions they would undertake. Three of the workers talked about closing the case at the conclusion of the investigation, feeling that M had done everything that she could to be protective and there was no further role for the agency. However, most participants felt that the case should remain open for voluntary supportive services, to strengthen M's protective stance and, for some, monitor her ongoing capacity to protect. As described by Worker 6 with regard to the A Family:

Mom responded very well. I mean, that's how you would hope that a parent would respond to their child's disclosure. She gave her child appropriate messages, was immediately protective, ended the relationship with D, and contacted the appropriate authorities. I think the areas of concern that would require some, a great deal of support and monitoring, are that M's self esteem sounds like it's fairly low and D seems to be the man who bolstered her up and encouraged her. So, you know, one kind of wonders how she's going to manage being apart from him and whether she's going to be tempted to reunite with him, particularly because he was fairly controlling and she sounded as though she was pretty dependent upon him.

A summarized version of the matrix for the categories 'risk assessment' and 'intervention' is provided in Table 3.

Table 3:

A FAMILY: RISK ASSESSMENT AND INTERVENTION

Worker	Risk	Rationale	Intervention	Rationale
1	low	child's age, offender out of home, mom's response	counselling, safety planning	children's ages, mom's appropriate response
2	low	mom needs support to maintain convictions	assessment, support/empower mom	mom took appropriate steps
3	low/med	mom protective, set boundaries re offender	not much more, therapy, help with bills	offender not in home, mom protective
5	low	mom responsive, appropriate, not allowing access by offender	mom has done it all,	mom contacted police/CFS, open to therapy, voluntary
6	low	mom's response, child's age, offender out of home, mom believing	support and monitor mom, therapy	mom kicked offender out
8	low	dependent on mom ensuring no contact with offender	counselling, monitor, explain consequences of contact with offender	mom protective
9	med	offender manipulative, mom willing to reconcile once before	support, counselling	mom taking all necessary precautions to ensure safety
10	low	mom protective, offender out of home, attending to emotional needs	not a lot, refer to counselling, close case	mom protective, doesn't need agency to be protective
11	low	mom not posing risks, taking strong stance, offender out of home	transfer for voluntary services, support mom	no grounds to require mandated services, kids' ages
12	low	mom cut off contact with offender	safety plan with victim, help mom with self esteem	
14	low	mom protective	medical exam of victim, therapy for offender	

SUMMARY:

11 Workers

Risk Assessment:	Low	8
	Low/Med	2
	Med	1
	Med/High	0
	High	0

Intervention Theme:	Apprehension	0
	Counselling	10
	Safety Planning	2
	Monitoring	2
	Support	5
	Other	3

Workers expressed the perspective that this case would be quite manageable and straightforward, as far as sexual abuse investigations go. Worker 10 stated that this case “would be an easy one” in comparison to the two the worker had reviewed prior to this one (B Family and C Family), and Worker 5 asserted “This is almost like the ideal – not the ideal sexual abuse incident, but in terms of what we expect of the non-offending parent to do and react and to follow through.” Worker 11 felt that this was “not the sort of family that I’d be too worried about”. No workers described this case as particularly difficult or troubling.

B Family (Mom does not believe; Mom does not take protective action)

To review briefly, the adolescent in the B Family discloses to her probation officer about a single incident of sexual fondling by her mother’s common-law partner that occurred a year ago, as well as his persistent sexual comments and attempts to grab at her body. She has taken her own steps to avoid contact with him to protect herself. Her mother says that she does not believe the disclosure, does not want to hear details about the incident, and refuses to work with the child welfare agency.

Of the 11 workers who reviewed this vignette, 8 assessed the scenario description to confirm the mother did not believe her daughter, citing her disengagement from her daughter and the agency as evidence. As described by Worker 13:

At this point in time, she is certainly unable to protect V and is emotionally distant from her child for not believing her. And so the message that she’s given to her daughter is that she is choosing D over her, which sends the message to the child that she’s really not important. The fact that she also didn’t meet with the agency and presented as angry and didn’t want agency involvement is a concern.

Further, one worker felt that M did not have the capacity to believe, due to the implications of responsibility that this would have for her:

Well, she doesn't believe her. I mean, that's kind of the bottom line, that is, mom has been quite adamant and has openly said it to V, "I don't believe you". So yeah, it's just perpetuating this, the victimization role that's going to continue on for V until she can get out of that situation, so...because as soon as mom believes it, then mom has to take ownership for allowing this abuse to continue to occur in the home and obviously, mom doesn't have the emotion or probably the emotional capacity at this point to even go there. (Worker 5)

However, three participants did feel that M had some degree of belief in the disclosure, but just wasn't prepared to deal with it. The rationale expressed for this position was that M was "trying to survive her life" (Worker 10), that M "doesn't have the energy to believe" (Worker 7), and that M was "putting her own needs first before her daughter's", despite her level of belief (Worker 8).

Another possibility was expressed by Worker 11, who wondered if it was too soon to know what M's level of belief is:

It's almost like she can't disbelieve yet, because she hasn't even listened to everything that has to be said.

With regard to the characterization of the non-offending mother's behavior, all 11 workers viewed her actions as inappropriate and non-protective, attributing her response to her own unmet needs and unresolved issues, her lack of emotional strength and coping skills, and her unwillingness to invest much in parenting, given V's age and challenging behaviors. Three respondents saw M's response as being very common in the sexual abuse investigations they had conducted themselves. Further, one worker was very concerned about M's lack of protective behavior and wondered if M could be charged criminally with something, such as failure to protect:

So she may be non-offending but she's uh non-protective and standing by. There's a term for this – it's just not coming to me. Um....she's guilty of failure to protect is the bottom line. . . I'm thinking that Mr. D needs to be charged here and there's potential charges pending for mom for... The fact that mom had knowledge and direct evidence from D himself and she chose not to do anything about it, she's placed her daughter at significant risk. Whether there's a specific charge for that, I don't know. (Worker 4)

The range of responses and corresponding rationale statements are illustrated in the summarized matrix of “maternal belief” and “maternal behavior” for the B Family in

Table 4, below:

Table 4:

B FAMILY: ASSESSMENT OF BELIEF AND BEHAVIOR

Worker	Belief	Rationale	Behavior	Rationale
1	no	believed child in past and kicked out previous offender	lack of action, at wit's end, exhausted, no support	mom's actions say she wants to stay with offender
2	no	may be dependent on offender's income for her stability	neglectful, concerning, mom's needs interfering with putting child first	mom invested in protecting family
3	no	angry at agency, unwilling to leave offender which is a red flag for inability to protect	inappropriate, anger, disbelief, non-protective,	behavior creates level of risk
4	no	not prepared to discuss disclosure, angry, knew of offender's fantasies but no response	in complete denial, closed, not prepared to discuss	mom's focus to stay with offender, won't confront him
5	no	adamant, told child "I don't believe you"	non-protective, aware of abuse and chooses to deny it	consistent with nonprotective parent, self preservation
7	some	believes at some level, but doesn't have energy to believe	angry, typical of someone who has experienced a lot, nothing left to give	behavior indicates she's done parenting
8	some	believes but doesn't want to deal with it	unfortunate, contributes to child's out-of-control behavior	role reversal, child seems to be the parent
10	some	minimizing, trying to survive her life, in one-down position to offender (his house)	disappointing, non-protective, not open to information, took no action	you don't always have to believe, but have to protect
11	no	hard to accept the ramifications of believing (terminate relationship)	inappropriate, not protective or supportive, blaming child	she was appropriate a year ago, what's different now?
13	no	concerning, increases her inability to protect	not in a position to protect child	you hope parent will be concerned for safety of child
15	no	may think child is making up disclosure to force offender to leave home	consistent with not believing, anger	anger, lack of understanding, won't engage in plan

SUMMARY:

		11 Workers			
Belief:	Yes	0	Behavior:	Protective	0
	No	8		Appropriate	0
	Some	3		Non-Protective	5
				Inappropriate	11

Five of the workers who reviewed the B Family assessed risk as being high, while two workers viewed the risk to be moderate or moderately high. Four respondents assessed the risk in this case to be moderately low. Three of the five workers who assessed risk as high emphasized that apprehension of V was the case intervention they would find necessary to implement. One such participant asserted:

I would be removing this child from the home. I would hope that extended family, bio-dad or the adult siblings, would be available to provide and support, to where we were able to fully investigate this situation and determine what all transpired and what needs to happen. And, until such time that mom's prepared to be compliant with the investigative process, this child is not safe. Mom can't demonstrate her ability to protect.
(Worker 4)

Worker 5 also assessed risk as high and recommended apprehension, citing the assessment of M, including projections as to her motivations for not being able to protect, as the main rationale. According to this worker:

I'm going to make the assumption or make the assessment that mom has probably been aware that this is inappropriate behavior, as well as the fondling type of incidents have been going on in front of her, and she's chosen to um, to overlook, to secure her relationship, which tells me that this a woman with extremely low self esteem who doesn't have much um, and probably, like I said, a victim of some type of domestic violence, either currently or historically. So her view of her self-esteem is her ability or her relationship with the man, no matter what. So she's the type that I don't think could be alone. So rather than be alone, she's going to be with somebody who is going to not be okay.

Two workers who assessed risk as high identified the importance of engaging M, to help her to make more protective choices to keep V safe and prevent V from coming into care. Worker 10 described how this intervention could be employed:

I would talk with mom in person. [The vignette] doesn't say whether the contact with mom was over the phone or in person. Often, we do it over the phone first, but I would talk with her in person and tell her that this is something that is mandated and has to happen, that we are concerned for the safety of V, as she should be. I would acknowledge the uh, the

constraints that mom may be feeling and I would try to be compassionate in my approach and I would try to be educational in my approach, talking about how kids can make their behavior, can be a sign. I would talk to that as a sign of conflict or abuse, certainly a sign of anxiety resulting from abuse. Um, I would tell mom that there's no option, that D has to leave the home while this is investigated. We need to keep V safe both physically and emotionally. I would I want to help her to come to the conclusion that she needs to choose her daughter, her daughter's safety and her daughter's well-being, over D, and I would want her to verbalize that commitment to me.

All four workers who assessed risk as moderately low described the case interventions they would implement as focusing on work with V around safety planning, citing her age (16 years old) and her ability to keep herself relatively safe from D over the past year as the reasoning for their case plans. They tended to consider M to be unworkable and would not expend much effort to involve M in the case intervention.

Chances are that this is not the first time that mom has chosen a partner who is not appropriate to be around girls. Yeah, it's just a sad, a sad situation because, again, I felt that there's just little hope for V to make it out as a healthy 18-year-old unless, um, like she's going to be the one to have to do a lot of the work, and to be the strong one in this one, and be on board with the agency plan, otherwise it's not going to be, it's not going to be a good future for her. I think it's, again, meeting with V and saying "Look, you know your mom, you've told your mom. She's not believing. She doesn't seem to be believing me any more than she's believing you, or not necessarily she's not believing but is not willing to do anything to keep you safe. I'm afraid for your safety, where you're going." Kind of, these are the options, or even exploring with her what the options are. I think I would give her some ownership, not let her make the plan but not make a plan for her either. Just kind of work with her and say "Okay, these are some of the options. These are some of the possibilities. Are there more options and possibilities in your mind?" and let's go with it. So I think that would be my plan, to just work with V at this point.
(Worker 8)

Table 5 is the summarized matrix of "risk assessment" and "intervention" with regard to the B Family:

Table 5:

B FAMILY: RISK ASSESSMENT AND INTERVENTION

Worker	Risk	Rationale	Intervention	Rationale
1	low/med	child's age, ability to protect self, last incident one year ago	determine what mom is prepared to do, where can child go	mom not willing to move, won't acknowledge/protect
2	low/med	child's age, probation supports, safety plan	safety plan with child, engage mom	child's age
3	med/high	mom not protective, not willing to leave offender, child's out-of-control behavior	apprehend, place child in care	mom not protective, staying with offender
4	high	mom not prepared to leave offender or believe child	apprehend until mom prepared to be compliant with investigation	mom can't demonstrate ability to protect
5	high	child's age, mom doesn't believe, incident could occur again	apprehend, build rapport with child, locate extended family placement	mom doesn't believe, so doesn't have ability to protect
7	med	offender's behavior, child's age, ability to protect herself	offer services/information, ensure child can protect herself	child's age, mom angry and doesn't want CFS involved
8	low/med	child's age, ability to protect self/disclose	explore options with child	mom doesn't believe, not willing to keep child safe
10	low/med	mom non-protective, offender in home, child acting out, mom not open	talk with mom, be compassionate, help mom choose child over offender	if we don't engage mom, child coming into care
11	high	mom non-protective, not believing, can't count on mom to protect, child acting out	apprehend child, long term care, educate mom, support child	child's age, family system closed down, locked ranks
13	high	offender behavior, grooming activities	offender must leave home or child must come into care, counselling	child's age
15	high	risk is twofold: child's risky behaviors and mom's response	engage mom, safety planning with child, counselling	engage mom in counselling for child

SUMMARY:

11 Workers

Risk Assessment:	Low	0
	Low/Med	4
	Med	1
	Med/High	1
	High	5

Intervention Theme:	Apprehension	5
	Counselling	4
	Safety Planning	4
	Monitoring	0
	Engage Mom	4
	Other	0

Further, Worker 11 expressed grave concern for V, regardless of whether the case intervention was to apprehend or leave V at home, due to M's lack of belief and lack of support of V:

Potentially, I would see a risk of self-harm and everything from cutting to possible suicide attempt or successful suicide, because she's not being believed by mom, she's not getting that support. I mean, even now, going back and recanting, [I'm] projecting into the future a lot here, but there's no guarantee that mom is just going to take her back and say oh, you know, "Thank goodness". I mean, she's still going to be angry at her, she's going to be blaming her, "Look at all the trouble you've caused me. You're still just a rebellious, rotten kid". So I think the risks are fairly significant that way. With the child out of the home, the risks are lessened in the sense that there are no other kids in the home, but yeah, V still is an at-risk child, I think, just because of her own vulnerabilities.

In general, respondents struggled to some degree with the response of the non-offending mother in the B Family. Workers expressed discomfort with the case, such as the sentiments of Worker 10 ("One of the kinds of cases that I like the least") and Worker 3 ("This would be a difficult one for me. Um, a reason being because the disclosure, the disclosure is quite clear but the mother's response to it is a very dismissive, very negative"). Another worker experienced very strong feelings about M, as evidenced in the question this participant posed: "Am I allowed to say that mom's an idiot?" (Worker 4).

One worker, despite having already articulated an intervention plan that focused on working with V and not endeavouring to engage M, felt that consultation with a supervisor would be helpful in determining how to work better with the non-offending mother:

That's one thing that I would want to discuss. How do I work with this mom? I can't ignore her or just say "Well, too bad, V, this is how your mom is, and let's just move on and pretend she doesn't exist." So yeah,

how do I work with this mom who is believing but doesn't seem to care?
(Worker 8)

Perhaps this comment from Worker 11 best captures the overall theme for many of the respondents who reviewed the B Family vignette, whether they emphasized working with V as the main case intervention, advocated for apprehension, or endorsed engaging M in an effort to assist her in being more protective and supportive:

The sad part is that mom doesn't seem to want to believe and is really sort of, not in denial, but just doesn't want to listen or believe. She's invested in staying with D for whatever reason. That is, whether it's the financial security or the relationship. Maybe she fears leaving him. I could guess all sorts of things, but it seems like she is choosing the common-law partner D over her daughter V, and that just seems like the most unfortunate part.

And workers don't really know what to do about that, especially when the child victim is an adolescent who may have some capacity to protect herself.

C Family (Mom believes; Mom does not take protective action)

To summarize the C Family vignette, M believes her 8-year-old son when he discloses sexual abuse by his stepfather and removes her 5-year-old daughter from the room when she discovers D touching her, but she takes no further action to protect the children from further victimization. Perhaps more so than the non-offending mothers in the other vignettes, M is emotionally and financially reliant on D and has limited skills and resources that would allow her to function more independently.

There were 12 workers who reviewed the C Family vignette, and all found that M demonstrated some level of belief in the child's disclosure, despite her unwillingness or inability to acknowledge the occurrence of abuse to the agency worker at the point of investigation. Respondents attributed M's denial of the abuse with the worker to her

inability to define the alleged offender's actions as abusive and her high dependence on D in so many facets of her life.

Some participants speculated as to what might be affecting the non-offending mother's belief. Worker 12 identified the barriers that might be affecting how M might act upon her belief as follows:

I get the impression that she did believe V but she doesn't know how to deal with it, what to do about it. Maybe she's too afraid to do anything about it because she's very dependent upon D. Also, I get the impression that it could be too that she's putting her needs in front of her kids' needs. She needs to be with D, she needs to depend on him, she needs to do this for him and do that for him, and if that's putting my kids at risk, then so be it.

Worker 15 had this interpretation:

I think that what we see here is, in a less threatening situation such as to her sister or to [her brother-in-law], she has said that she believed it, and then in a more threatening or a formalized situation, she said that she didn't believe that it happened. I think that vacillation between believing that the partner that she chose could do something like this and the fear of how she's going to look after these children and how she's going to feed them and what she's going to do and how hard it is going to be for her, I think that it all plays into her own ability to believe or not believe or acknowledge or not acknowledge. I think that on some level, she knows it may have happened, but when faced with the seriousness of being in front of the police and the agency worker, and the fact that these two formalized agencies or police could actually, um, there's significant changes that these two systems can impose on her life, I think that she is reluctant to say anything because there is no turning back from that, and it is very hard to acknowledge that your children have been hurt while you have been present and that you didn't protect them. And I think that that's tough for a mom who has had to go through something like this. So I think her reaction was one that would be quite normal under the circumstances.

Another worker was unsure how to understand the non-offending mother's express of belief:

I don't know. Possibly, she's very close to the situation, of course. I don't think she's looking at things quite objectively. I don't know why she's

not, why she believes her son before and doesn't want to follow through with that, with that stance. (Worker 1)

In discussing their characterization of the mother's behavior in response to the disclosure, 9 workers described M's behavior as initially appropriate, but ultimately, she was unable to act in a protective manner. Three respondents consistently viewed M's behavior as inappropriate and non-protective. Respondents cited M's low self esteem, dependence on D, lack of supports, and her fear of losing everything as the rationale behind her non-protective behavior. Further, two workers wondered if she was experiencing some kind of cognitive delay or mental instability that was affecting her ability to act protectively. Worker 9 stated:

And the fact that this person, she knew this person was adjusting V's foreskin to make sure that everything was okay and M wondered if D needed to be doing that. I kind of question her own mental stability, her own awareness of what sexual abuse was, I guess her own state of mind. You know, just her own education around all of that and, you know, why would she wonder why he needed to be doing that. She, as a parent who, especially with her being 28 years old, you would think that she would, she would know that this wasn't something that was normal or right. So you kind of have to wonder about whether she's got any kind of cognitive disabilities or something else going on there, with her to not be able to address those issues with him or to just even walk away from it, walk away from the person, D.

Worker 12 offered a compassionate interpretation of M's response, relating it to personal family experience, but also emphasized the need for safety to transcend family values:

I can understand her wanting to keep it in the family because I come a very traditional family and that's, a lot of families you help, you keep it in within the family, you don't want to involve other people. But with the sexual abuse, the watching of porn too, that's all something that needs to be reported, whether it's against tradition or not, or against values or whatever.

Table 6:

C FAMILY: ASSESSMENT OF BELIEF AND BEHAVIOR

Worker	Belief	Rationale	Behavior	Rationale
1	yes	mom very close to situation, believes but doesn't want to follow through with stance	lack of long-term follow through	mom alarmed initially
2	yes	mom knows it happened, witnessed it, but dependence on offender precludes her action	mom to supervise when offender around, but can't follow through	start there, then have mom support offender leaving
4	yes	but unable to protect, dependent on offender overwhelmed, downplaying/denying abuse	initially responds appropriately but unable to follow through	initially reassured child, but unable to follow through
6	yes	on some level, mom pretends its not happening, ability to protect is a problem	mom trying to do right thing, started off good, then nothing	mom done nothing to protect kids, make them feel safe
7	yes	she has witnessed some of the abuse	she said right things but didn't or couldn't follow through	concerning, knows offender's history, yet still committed
9	yes	mom doesn't have ability to do right thing, powerless, no supports, no one to help her	yelled at offender, minimized abuse, response was inappropriate	tried to convince child abuse was a dream
10	yes	responded well to child on emotional level but not defining incidents as abuse	told child she believed and that it wouldn't happen again	her eyes are now open to offender's behavior
11	yes	minimizing, denial that it's abuse, because she's not acting on it	concerning, inappropriate, she did talk to someone, but didn't respond	distanced herself from family coached child abuse a dream
12	yes	doesn't know how to deal with it, afraid, dependent on offender, puts her needs first	inappropriate	good she talked to sister, but didn't follow through
13	yes	initially believed, gives some hope that with engaging mom, things could change	stated there were no problems, no emotion, concerning behavior	probably fearful of losing everything, threatened, crisis
14	yes	on one hand, no difficulty believing, but on other hand, hopelessly ineffective	child-like	emotional maturity wasn't much beyond 8-year-old
15	yes	to sister, mom said she believed, in more threatening situation (CFS), mom didn't	not very protective, somewhat supportive, initial response appropriate	reaction not what worker expected, to leave offender

SUMMARY:

	12 Workers				
Belief:	Yes	12	Behavior:	Protective	1 (initially)
	No	0		Appropriate	8 (initially)
	Some	0		Non-Protective	1
				Inappropriate	3

Table 6 provides a summary of the dimensions of “maternal belief” and “maternal behavior” for the C Family.

All of the research participants who reviewed this vignette assessed the risk of maltreatment to be high, due to the young ages of the children, M’s dependence on D, the multiple incidents of sexual abuse involving more than one child victim, and D’s controlling style. However, despite the consistency across workers around their assessment of M’s belief, M’s behavior, and the level of risk, workers were divided around their case intervention. Half of the 12 respondents felt strongly that apprehension of the children was the only intervention option to pursue. Worker 14 described the case intervention as follows:

I would initially, of course, I would apprehend all the children and they would be need to be placed in agency care and uh, and then, the schedule would have to be immediately set up to try to maintain ongoing contact between the mom and the kids uh so as to not further victimize the children. Sexual abuse therapy would have to be established for the children and um, as could be with mother in terms of trying to get her to be aware of her role as a protective parent, and to also to make her aware of what the effects of abuse are. And the long-term goal would be to see if there could be a reunification with the mother. Short-term goal could be looking at, would there be any protective factors in the extended family that could be found or could be discovered, like are there any strengths within the extended family that have been missed by the agency in the past, and can there be strengths that can be found and utilized so that it would be less, so the impact of the kids being in care is less traumatic. Or in other words, can we place the kids perhaps in a family or extended family setting where they will be safe?

In contrast, six workers felt that if efforts could be made to support M to ensure that D remained out of the home, it would be possible to leave the children with M. Often, this position was accompanied by the caution that if M would not or could not support D being out of the home, then there would be no choice but to apprehend the

children. However, these workers felt strongly that every effort should be made to support M and help her to behave more protectively.

Should D leave the home, I would definitely would put a support worker in there. Mom's overwhelmed in her role as parent, but to support parents, there is a support worker that could also teach mom some parenting skills and also monitor whether or not mom was allowing D to come to the home, and also if she was angry or taking it out on the children, the fact that the agency was involved. And in the long road ahead, I would also talk to mom about other community supports such as daycare, funding supports for her where she could meet other parents, a literacy program, etc. (Worker 13)

Even with efforts to support M in parenting in a protective manner, 5 workers were not sure if M had the capacity to protect the children in the long term. One of the strongest advocates for supporting M was Worker 11, who also offered this caution to consider:

I guess my first thought is, wow, what do you do with a family like this. Because you, I mean, you don't want to bring kids into care if you can avoid it, and um, there's just young kids here who are going to be affected pretty significantly if they're brought into care, so you'd want to try to avoid that if possible. But at the same time, mom is, uh, mom's not being protective. She's not responding appropriately... So you'd like to just be able to say "D, get out of the home", ending the outcome of this investigation and work with mom, but my fear is that she wouldn't cooperate with that sort of case plan.

Many of these respondents also felt that a more thorough assessment, especially of the non-offending mother's capacity to protect, was required in order to determine if working with her was the most appropriate approach in the long run. As summarized by Worker 15:

I think that the immediate need of the family is to have D not have any unsupervised access to the children until such a time that type of education can be provided to M and she can come up with a protection plan of how she's going to protect, and then the agency would work with her around whether or not she's going to be able to follow through with any kind of protection plan that she has in place. I think that when the worker does a

social history and a family assessment and a risk assessment they'll get a better flavour of M's strengths and her weaknesses and how the worker can utilize those strengths and weaknesses to put a protection plan in place, and while that's happening, the children should not be allowed any unsupervised contact with D and that supervision needs to come from somebody other than M until such a time that some of those assessments can be completed, assessments and educational components can be completed with her.

Worker 10 offered a similar viewpoint:

I would have a lot more questions before [intervening] because in those questions, I'm trying to determine her, um, I know she's willing to be protective within her own parameters, [but] I don't know about her capacity to be protective, and I don't know the other issues that she's dealing with, in terms of personal issues, family origin issues, and how that affects her capacity to protect.

Participants also expressed their concerns about responding to this case, similar to the remarks offered by Worker 11 above. Worker 4's sentiment was expressed in the comment "Well, I'm not very happy with this family either", comparing the C Family to the previously reviewed case (B Family). Worker 6 stated: "I don't know, I've worked with many women like this before. I don't know how you convince them to believe their children and behave in a protective manner." Another respondent, Worker 7, observed "This case is more concerning than the other one and the reason for that is because the children's ages are much younger. There's lots of factors that go into this case that are concerning", comparing this case to the D Family vignette. Worker 12 identified the many risk factors in this vignette as "red flags", concluding "I'm very concerned."

Table 7 provides a summary of the responses related to 'risk assessment' and 'intervention' for the C Family.

Table 7:

C FAMILY: RISK ASSESSMENT AND INTERVENTION

Worker	Risk	Rationale	Intervention	Rationale
1	high	depends if offender is around, contract with mom around supervising kids with offender	assess mom's reaction, have offender removed, monitor, spot checks	multiple victims of both genders, bio and step children
2	high	children's ages, mom dependent, offender controlling/angry, invested in denial	apprehend, extended family placement, medical exams	invested in preserving family unity
4	high	two victims, young children, repeated incidents, offender controlling,	no contact with offender, whatever supports required for mom to protect	mom not convincing she can protect on her own
6	high	young children, two victims, mom minimizing, denying abuse occurred	ask offender to leave, monitor mom's ability to keep offender out	depends on offender's willingness to leave
7	high	two victims, mom has no support, depends on offender, overwhelmed, young children	apprehend, unless mom okay with offender leaving, able to agree to plan	children's ages, mom's only support is offender
9	high	physical abuse, two victims, mom avoiding/minimizing, not in position to protect	have mom and kids leave for shelter, if not willing, apprehend, therapy	mom doesn't see him as an offender, needs counselling
10	high	mom dependent, few support, nature of abuse, offender's history, not seen as abuse	have offender leave, safety plan, therapy, empower mom	enhance mom's capacity to parent, kids should stay
11	high	mom not appropriate, young children, offender's history, family denial, pornography	apprehend, parenting capacity assessment, therapy	young children, educate and assess mom
12	high	mom can't protect, didn't report or take action, pornography	consider apprehension, consult supervisor, counselling	mom hasn't proved she can keep kids safe, low self esteem
13	high	young children, family issues	give mom options: offender out of home or kids in care, supports	mom overwhelmed, monitor, community supports
14	high	nature of abuse	apprehend, work with mom toward reunification	primary focus on kids, secondary focus on mom
15	high	physical/sexual abuse, offender aggressive	have offender leave, educate mom	assess mom's ability to protect

SUMMARY:

12 Workers		Intervention Theme:	
Risk Assessment:	Low	Apprehension	6
	Low/Med	Counselling	6
	Med	Offender out of home	6
	Med/High	Monitoring	3
	High	Educate Mom	3
	12	Other	0

D Family (Mom does not believe; Mom takes protective action)

Finally, to reiterate the vignette of the D Family, the 15-year-old daughter discloses to her adult-age brother a recent incident of sexual fondling by their mother's common-law partner. M is advised and confronts the alleged offender, who denies the allegation, and the brother takes his sister to the maternal grandmother's home. Although M later joins them there and contacts police and child welfare, she continues to ask her daughter about what really happened. She also indicates that she plans to maintain some contact with D, just as a friend.

Nine of the 11 workers who reviewed this case felt that the non-offending mother had some degree of belief in the child's disclosure, articulated in a variety of ways: "working through a process of believing" (Worker 4), "experiencing ambivalence" (Worker 3), having conflicting reactions such as "part of her believes and part of her doesn't want to believe" (Worker 8), or perhaps having an "external belief" (Worker 5). When asked to elaborate on M's belief in the disclosure, Worker 7 offered these comments:

I struggle with that because I think at some level, I think she believes her but then, but then her further actions indicate that she doesn't, so I think, if I had to choose one or the other, I would say that she won't let herself believe that it happened. I get the sense that she contacted the police because she had pressure from her family to do that from her son. But by her statement saying she's confused, she's not sure if it happened and asking V "You know, what really happened?", I think if she truly believed her then she wouldn't need to keep asking the question.

Two workers felt that M did not believe her daughter's disclosure, but acknowledged that some ambivalence was still expressed in M's belief. For example:

Well it's pretty sad. I would see her as, I would see her as minimizing. Her, you know, her wanting to continue to minimize that this could have happened, or minimizing the incident at best, and at worst not believing

that it occurred at all, and vacillating between those two extremes.
(Worker 14)

When discussing their characterization of M's behavior, 7 workers found M to respond mainly in an appropriate, protective manner, citing her willingness to confront the alleged offender, leaving the home with V to prevent ongoing access by D, and contacting authorities as evidence. As observed by Worker 4, "She was able to follow through, even though she was still in disbelief and denial to some degree, in terms of getting connected to the police and responding to child and family services." However, even when acting protectively, workers identified the existence of M's ambivalence. Worker 7 noted this phenomenon, but considered it to be a somewhat normal reaction for non-offending mothers:

I think some of it would be a natural response. I think being confused, um... would be normal. So waking [D] up was good. Allowing the brother to take M to grandmother's house was a good action. She was conflicted though, because sometimes she did things that were in support of what she should be doing, and then she contradicted herself. So she contacted the police but refused counselling, stayed for a couple of days, went back. So I think that her message was somewhat confusing probably to her daughter. But then she did do some, she just could've dismissed the whole incident, so at least she did some things that were appropriate.

One worker also remarked that ambivalence is a common response, but tended to emphasize the risks associated with being ambivalent:

Like I said earlier, I think it's, um it's uh, not an unusual reaction, but it's definitely a reaction that worries me in terms of the risk to her daughter and the consequences of that. And this is a mom who at some point, say okay, she's being protective and at other points, she's not being protective. It sounds like when she's being protective, wow, there's a lot of hope but when she's not being protective, then that's a worry. (Worker 8)

Another worker considered the interaction of M's belief and behavioral response to the disclosure in assessing the impact of ambivalence, noting that M's response may

not be viewed as supportive by her daughter, even though it was interpreted to be supportive by the worker:

I would have to say that mom believed the child's disclosure, although she initially verbalized that she didn't believe it to the child. I think that her behavior was indicative of something quite contrary to that. I think that she believed her child's disclosure. I think that it was just the nature of the information, that she had to digest this. It was quite overwhelming for her and I think that she was very protective, and although her daughter really didn't see the support, she was being very supportive and protective.
(Worker 15)

In contrast to the participants who found M to respond somewhat protectively, 4 workers described M's response as inappropriate, mediocre, and non-protective, noting her lack of belief as being a contributing factor to this assessment and demonstrating clearly the interaction between belief and behavior in workers' assessments. Worker 9 provided this commentary:

Although she responded by calling the police and the social worker, she really, her actions and her words proved to V that she wasn't being supportive to her. She, on one hand, wanted to believe the allegations, but on the other hand, she didn't and so she's just not in the right frame of mind to protect her daughter.

In Table 8, the responses with regard to "maternal belief" and "maternal behavior" for the D Family are summarized.

Table 8:

D FAMILY: ASSESSMENT OF BELIEF AND BEHAVIOR

Worker	Belief	Rationale	Behavior	Rationale
3	some	not sure she should believe, not wanting acknowledge abuse, question choices	non-protective, but she did call the agency, which was positive	mom didn't make initial choice to leave, unsure
4	no	disbelief, struggle, denial, but she did open up to abuse, working through process	able to follow through despite some disbelief and denial	wishful for offender to deny allegations, despite evidence
5	some	part of her believes, an external belief, she's hurt, took action to call police, high emotion	fairly appropriate to some degree, a bigger part of her does believe	grieving loss of offender, but behavior says she believes
6	some	sitting on fence, part of her believes but says/ does things that give message she doesn't	mediocre, not blaming child, but asking questions says she doesn't believe	confronts offender, hard to show support for child
7	some	at some level, mom believes, but contacted police due to family pressure,	confused, normal, conflicted, allowed child to go to grandmother's,	some supportive action, sometimes contradicts herself
8	some	part of believes, part doesn't want to because of what it means re her choice in men	not unusual reaction, partly protective but partly not, worrisome	went to grandmother's with child, contact with offender
9	no	great difficulty believing, didn't see signs, almost blaming child, minimizing	very inappropriate, wanted to believe but not in right frame of mind to protect	although called police/CFS actions not supportive
12	some	initially didn't believe, insensitive to keep asking child, trying to make sense of it	confronted offender, met with CFS, cooperative, went to grandmother's	no emotional support to child needs education in this area
13	some	initially could not understand, but at least open, not blaming child	indicative that she believed child more than she didn't believe	prepared to end relationship with offender, contacted police
14	some	pretty sad, minimizing at best, at worst not believing at all, risk of not believing in future	inadequate, sad, recipe for parent/teen conflict, downplaying	wants to bury abuse
15	some	believing although she said no belief, behavior indicates she believed, overwhelmed	protective, removed self from offender	by ending relationship, she ensured no chance of more abuse

SUMMARY:	11 Workers				
Belief:	Yes	0	Behavior:	Protective	1
	No	2		Appropriate	6
	Some	9		Non-Protective	2
				Inappropriate	4

Assessment of risk varied greatly across participants. Three workers assessed the risk as low, 4 saw risk as moderately low, 2 workers viewed risk as moderate, 1 worker found risk to be moderately high, and 1 worker assessed risk as high. Factors that were associated with a lower assessment of risk were V's age, M's behavior in response to the disclosure, and D's lack of access to V.

Factors contributing to a higher assessment of risk were M's plan to maintain contact with D, M's ambivalent belief (which workers suggested added to her willingness to maintain contact with D and increased her vulnerability to reconciliation with him), and M's questioning V about the abuse – a sign that M may blame V in the future, which would potentially escalate into parent-teen conflict. For some workers, this partial belief was problematic, as described by Worker 7:

I think at some level she believes her daughter but couldn't handle that belief and definitely put her needs in front of her daughter's. So I got the sense that she didn't think she was lying, [she] just couldn't handle hearing the truth. I'd question if whether she would be able to protect her daughter in another situation if it were to arise, because obviously she's going to still have contact with this D guy or potentially the next partner, so I don't know, I'd question whether she'd would be able to protect her.

Other workers, such as Worker 9, were more definitive about projecting M's future motivations and behavior, associated with an assessment of high risk:

It doesn't sound like M would be in a position to leave D or provide a protective environment for her and her daughter from this person. I think that she feels torn between the two, and I think that she tends to side more with her husband D and to support him rather than her own daughter.

While no workers would apprehend the child in the D Family, three workers advocated for a formal plan for V to remain out of the home, by encouraging M to sign a Voluntary Placement Agreement. Of these three, two workers characterized their interventions as "requesting" M to agree to a formal arrangement for V to remain out the

home. However, one worker described a case intervention that could be considered to be a more adversarial or coercive approach, without actually involving apprehension, intended to garner M's compliance and cooperation:

I would actually remove V from the home because I really don't feel that M is in a position to protect her and I would just ask M to sign a Voluntary Placement Agreement to bring V into care so that she could receive counselling. And I would also strongly encourage M to do the same if she wanted to reunify with her daughter. I think that she needed to bring herself to a position where she was able to protect her, if she wanted to continue caring for her. So my case intervention would be to have M attend to counselling, that would help her to understand sexual abuse and maybe a support group so she can feel okay about some of the choices that she's being forced to make. (Worker 9)

Several workers also identified the importance of monitoring M to ensure that she did not reconcile with D, whether M was assessed as non-protective (as in the first example below) or very protective (as in the second example below). While both respondents pinpointed the manipulative nature of D as being a key variable in influencing M to reconcile, each worker had a different view of M's level of protectiveness outside of his influence. Worker 14 relates:

When push came to shove, she was protective, but she was quite a conflicted protective parent and she would need to be monitored closely in terms of her ability to protect her daughter... There's a moderate risk that remains here because of her continuing contact with him and he will continue to bend her ear to not believe that this actually occurred.

However, Worker 5 identified the need to follow-up with monitoring by this explanation:

She's processing this the best way she knows how to right now and we, you know, we wouldn't agree with that per se, but she's not putting V at risk. I'd like to have this case maybe remain open for maybe a two or three month block just to ensure that mom has followed up or that she hasn't returned to D. I think just to ensure that her daughter has gotten some supports and mom has been connected, and [we] should probably do

a little watchful eye to make sure that mom did not return to D, because I mean, he might be a sweet-talker.

The majority of workers (9), including the 3 who felt that V should be supported to remain out of the home on a voluntary basis, emphasized the importance of counselling as an intervention, with an emphasis on the importance of therapy to help M to understand sexual abuse and support her in remaining separated from D. One worker would want to utilize counselling as a means to engage and support M:

I would try and try and connect with M, to try and see if I could just kind of get her, I don't know, try and trust me, try to trust me, to get into appropriate counselling and appropriate resources. That would mean that I could drive them to the first couple of appointments or to maintain contact or whatever, and even make some phone calls and get appointments set up. And try and keep in touch with M to, and again, just try to connect with her and make sure she's aware of what she needs to do to keep V safe. (Worker 12)

Worker 4 described the purpose of counselling for M in the context of benefiting both M and the agency this way:

I would want to feel satisfied that there is a strong enough commitment from mom to end her relationship with this gentleman. I don't think it works in families where, where we will have a relationship sort of on the side and outside of the home, and um, and that puts mom in a very compromised position and allows all of the feelings really to be unresolved, the anger and the sadness and the heartbreak and all of the kind of thing, when mom's really caught in the middle maintaining a relationship with this gentleman.

M's ambivalence seemed to be reflected in the responses of the research participants as well. For example,

I'm definitely wavering between, okay, you know what, maybe V needs to stay with grandma for a bit and have mom visit regularly and do the mom/daughter stuff for a bit – a bit longer, but yet a part of me says, well no, V and mom can live together. Mom needs to find a new place. Like, if mom can follow through with finding a new place and leaving D, then I think that V and mom can stay together again with the counselling in place. But if mom is not able to follow through on that, then I think that

she might need to stay with grandma. Like, I don't know if I would take her into care necessarily, might have this non, unofficial kind of arrangement that, yeah, it's just depends. (Worker 8)

Another participant acknowledged M's ambivalence and how it was difficult to imagine how one would respond if finding oneself in a similar situation. Worker 12 stated:

What I thought was good was, she admitted that she was confused, and I'm not sure what I would think if I was in that position, so I think that that's good for her to admit that she was confused.

Yet, another worker seemed to normalize M's ambivalence by demonstrating some capacity for reflecting on how it might be experienced personally:

I think if I was this person and I was involved with somebody and this type of incident happened, I mean, initially I think you would have that "I believe you but I don't believe you" because it's like, "I can't believe that this person, I can't believe that I picked somebody that would hurt", so I think there's that. She was, she was in shock and I think it's like the grieving process. She now has to grieve the loss of a relationship, as well as trying to balance what her family needs, what her daughter needs from her right now as Mom. (Worker 5)

Table 9 below illustrates the summarized responses pertaining to the D Family in the categories of "risk assessment" and "intervention".

Table 9:

D FAMILY: RISK ASSESSMENT AND INTERVENTION

Worker	Risk	Rationale	Intervention	Rationale
3	med/high	relationship between mom and child is good, mom sounds oppressed, low self esteem	request place of safety, therapy for mom and child	mom not unable but doesn't know how to support child
4	low	reduced risk if offender out of home, one-time incident, child has safety plan	safety plan with child, order of supervision to ensure mom follows through	mom compromised position, needs support
5	low	mom has done everything, moved out, called police/CFS, open to therapy/services	ensure follow through, support for mom	mom says right things, took steps to protect child
6	low/med	child's age, able to disclose, safety plan, supportive brother, offender no access	so far perfect, ensure family gets supports/services	child safe with grandmother, should be allowed to stay
7	low/med	depends on if offender in home, if child in therapy,	counselling for mom/child, safety plan, mom to agree to child with grandmother	sense mom will reconcile and not protect child
8	high	unless mom is able to make lots of progress in therapy, must cut ties with offender	counselling, not sure if mom and child can live together, help mom believe	if mom doesn't leave offender child at grandmother's
9	med	mom's ambivalence, mom not leaving offender, feels torn	remove child, ask mom to sign VPA therapy, support groups	mom not in position to protect
12	med/high	mom maintaining contact with offender, child's age, safety plan with child	safety plan, no contact with offender therapy for mom to help her protect	child's age, can protect self
13	low/med	low if mom has no contact with offender but some element of risk if contact	not apprehension, but monitor that offender out of home, counselling	mom find own place to live, child stay at grandmother's
14	low/med	child's age and ability to leave, able to disclose, supportive brother	work with child, ensure supports, challenge mom to believe, therapy	family members believe child
15	low/med	depends on child's willingness for therapy, mom's follow through on therapy	work with mom to support decision to end relationship with offender	help mom and child to be family on own/with grandma

SUMMARY:

11 Workers

Risk Assessment:	Low	3
	Low/Med	4
	Med	2
	Med/High	1
	High	1

Intervention Theme:	Apprehension	0
	Counselling	9
	Safety Planning	3
	Monitoring	4
	Engage Mom	5
	Voluntary Placement	3

Some workers also found the D Family case to be a difficult one. For example, Worker 8 stated “This is definitely one that would worry me. Not that the others didn’t, but this one, there’s so many more flags in this one.” and Worker 3 felt that the case was “disturbing”. Another respondent identified the ambivalent nature of the case as being challenging:

Well it’s nothing cut and dried with this case, or not as certain, cut and dried as it is for the first two cases uh...because, uh, things aren’t black and white perhaps, or as apparent as with the first two cases. (Worker 14, who had previously reviewed the A Family and the C Family)

Worker 6 articulated a gap in understanding how a non-offending mother could be ambivalent, despite the frequency with which ambivalence was found in the investigations conducted by this worker in practice:

Seems like a lot of the moms in these, I mean a lot of the moms in the scenarios that you are presenting are very, very similar to what we deal with. Women who, you know, really have a hard time coming to grips with what happened and have a hard time providing their children with the messages and the supports that they really need to hear. Yeah, there’s a sense of bewilderment with them, where on the one hand, you know, they give messages that suggest they believe, but on the other hand, they say things that really, you know, show that they, they’re questioning whether this could have happened. I just can’t imagine as a parent, and I’m not a parent yet, but even second-guessing at all.

Only one worker suggested that M responded in a way that would be welcomed by child welfare practitioners:

Mom has done everything that we would ask a mom to do; I mean she’s moved out, she got her daughter out of the home immediately, she phoned the police, she phoned child welfare. I mean, if we had all non-offending parents do this, life would be easier on our part. (Worker 5)

Impact of Worker Characteristics on Decision Making

A secondary analysis of the study's findings through the constant comparative method examined the influence of the participants' demographic data and personal characteristics, such as years of experience in child welfare and in abuse investigations, on their decision making processes. In general, most demographic traits seemed to have little influence in decision making. However, the sample size may have been too small and their characteristics not diverse enough for any significant trends to emerge. Still, some themes were apparent.

A Family (Mom believes; Mom takes protective action)

With this vignette, all respondents felt that generally, the non-offending mother was believing and responded appropriately. However, four workers expressed some concern that M was vulnerable to making poor decisions about reconciling with the alleged offender or a similarly abusive partner in the future and stressed the importance of monitoring M as part of their case interventions. These workers tended to be younger than other respondents, ranging in age from 31 to 41 years (average 35 years), were less experienced (8 years child welfare experience on average), and had conducted few abuse investigations, compared to the 7 respondents who did not express any specific need to monitor the non-offending mother. These workers had an age range of 30 to 50 years (average age 38.3 years), had an average of 9.5 years of child welfare experience, and had conducted a higher number of abuse investigations.

B Family (Mom does not believe; Mom does not take protective action)

Workers who reviewed the B Family vignette consistently viewed the non-offending mother's response as non-protective. Workers were somewhat divided on their assessment of risk, with 5 workers assessing risk to be high and tending to focus on interventions to ensure the child victim was out of the home, whether through engaging with M or not, and 4 workers viewing risk to be relatively low and emphasizing interventions that developed safety plans with V. The four workers who assessed risk as low tended to be younger (range of 30 to 35 years of age, with an average of 32.3 years), had fewer years of child welfare experience (range of 5.5 to 10 years, with an average of 8.1 years), and had conducted fewer abuse investigations. In comparison, workers who assessed risk as high were older (range of 36 – 48 years of age, with an average of 40.8 years), had more years of experience (7 – 18 years, with an average of 10.8 years), and had completed more abuse investigations.

C Family (Mom believes; Mom does not take protective action)

Although all workers who reviewed this vignette saw the non-offending mother as believing, none saw her behavior as protective and all expressed concern about her ability to be protective in the future. All workers assessed the risk to be high, but were divided among those who recommended apprehension of the children (6 workers) and those who would attempt to work with M to keep the children at home if at all possible (6 workers). There were no differences among workers of these two different groups in terms of age range, average age, or years of experience. However, workers who emphasized apprehension tended to have conducted fewer abuse investigations (only one worker had

completed a high number of abuse investigations) compared to workers who stressed the importance of working with the non-offending mother (where four workers had conducted a high number of abuse investigations). Further, of the six workers focusing on working with M, half had attained a Master degree, compared to one worker in the group who recommended apprehension. Interestingly, of the six workers who emphasized working with M, four reviewed the C Family as the first of the three vignettes presented to them.

D Family (Mom does not believe; Mom takes protective action)

With the D Family, the protective action that the non-offending mother took seemed to carry less weight with respondents than the fact that she struggled to believe the child's disclosure and expressed some intention to maintain occasional, friendly contact with the alleged offender. The ambivalence expressed by M was a challenge for participants, and there was little consensus across workers around the interpretation of M's expression of belief, the appropriateness of her behavioral response, the level of risk, or the type of case intervention. Consequently, no patterns in terms of age, education, years of experience or number of completed abuse investigations could be discerned. Even the three workers who reviewed the D Family as the first vignette presented assessed the risk differently and attributed the assessment of risk to M's expression of belief, exemplifying the range of perceptions across respondents. Worker 6 assessed the risk as low:

This seems to be a very workable family in the sense that you have a mother that at least is, on some level, believing what happened and with the right services and supports in place, I think she could be helped to understand what happened and become more believing and be able to

respond to her daughter with the kind of messages that she needs to be giving her. Definitely a situation where, I mean, mom is leaving, they're going to stay with grandma so the child is safe, and the child is 14, so is more than able to notify teachers or grandma or her brother if D is coming around. And if they're living with grandma, that's not likely going to happen.

In assessing risk as moderate, Worker 9 offered this rationale:

Although she leaves the home with the daughter and has done the right steps in contacting the police, I think that she's just not supportive to her daughter in her words, in some of the questions she's asking her, and some of the comments she's made. She almost feels torn between the two, not knowing, not knowing who to side with. I think that M was able to reflect back and think about other incidents that have taken place with D and she's trying to make sense of the allegations that came forward by looking at the past and trying to make connections. I think that, I think that M is really feeling caught in the middle and just unable to really support either party, to be a support to either party.

In contrast, Worker 3 assessed the risk as high and expressed this interpretation of the non-offending mother's response:

I'm a little disappointed in the non-offending parent's reaction of disbelief right from the start, the questioning being the ongoing act. "What really happened" is a big one, for even though she, the mother, was told what happened, she kept insinuating that that wasn't the truth. Her inability to make that decision of leaving her partner and even just leaving the home at the initial disclosure and going back and forth from her family to the partner is very suggestive that she would not be able to support her daughter in any turbulent and difficult time that she will experience. It sounds like this mother is also quite overwhelmed with just the whole disclosure, and not knowing where to go with it and having mixed loyalties at this point.

Workers struggled to make sense of the non-offending mother's ambivalence, often expressing their own ambivalence about how to assess the case and how to intervene. Neither years of practice in child welfare or experience in conducting child sexual abuse investigations seemed to mitigate the tendency for participants to be challenged by the ambivalence of the non-offending mother.

Analysis of Other Variables

Specific questions were asked of participants during their review of each vignette to determine if other variables might play a role in the decision making process and impact case intervention decisions. The variables considered were the use of formal risk assessment tools and the impact of supervisory consultation. As illustrated in the following discussion, neither factor played a role in the social workers' responses to the vignettes (although they also did not have the opportunity during the study to utilize a risk assessment tool or consult with another professional to assist in their responses to the vignettes). However, based on the responses of participants, the potential impact of risk assessment tools, and to some extent supervisor consultation, on real-life decision making appears to be somewhat limited.

Risk Assessment Tools

For each vignette, workers were asked if they would use a formal risk assessment tool to assist them in the determination of risk and decision making about case intervention. In general, workers did not differentiate the use of risk assessment tools among cases; that is, the response about risk assessment tools that was provided for the first vignette that they reviewed tended to be the same answer for subsequently reviewed vignettes.

Seven of the fifteen research respondents indicated that they would use a formal risk assessment tool in each of the vignettes that they reviewed. Interestingly, of those 7, four acknowledged that they had never actually used a risk assessment tool before and

that they did not know the names of the tools or how they could be accessed within the agency, but still felt it would be important to use one in these cases. For example, in response to the question “Would you use a formal risk assessment tool”, one worker stated “Yes. Don’t ask me which one, I don’t know” (Worker 3), while another worker said “Sure, provided I had one” (Worker 4). Yet another worker advised “I think so. I just haven’t used one in years” (Worker 5).

These four respondents also had an inaccurate perception of what a risk assessment tool might be able to help them with. One worker thought that it could be used to assess suicidality and risk of self-harm. Another worker believed that a risk assessment tool could be helpful in determining the degree of contact that should be allowed between the non-offending mother and the child if the child came into care. One participant hoped that the tool would provide a considerable amount of case direction:

I think that tool would help me to see how to support this mother, how to get this mother to address her child’s needs. I think that the tool would be able to help us out on where to exactly put the parameters with the offender. (Worker 3)

Other workers who would use a risk assessment tool noted that it can be useful to have one on file for “validation for making the right assessment” (Worker 5).

Eight workers consistently stated that they would not use a formal risk assessment tool, citing their knowledge and experience as social workers in conducting risk assessments, their consultation with supervisors to discuss risk, the age of the child (when the child was adolescent), and the fact that it was not their practice to use the tools on a regular basis. However, if they were required to complete one by the agency or by the supervisor, workers would do so. As accounted by Worker 14:

I could use a risk assessment tool but it would tell me that, given that I know the tool, I know that this is what it would tell me. If it were something that the system required I could do it quickly, but if only if the system required it. Otherwise it would be simply wasted time because I know what it would be.

Worker 12 offered this explanation for not using a formal risk assessment tool:

I go over all of that stuff in my head and all the details, and I always discuss this with my supervisor...between us two, we can usually figure something out. I guess [it's] not a formal risk assessment tool, but between the experiences both of us have had, the assessment that we would kind of come up with, basically.

Some workers referenced specific case details for their rationale for not using a formal risk assessment tool, even though they expressed concern that this would constitute a "wrong answer". For example, with regard to the A Family:

Off the top of my head, I would probably say no, because there's been nothing here that really makes me think that mom is potentially posing some risks. It's not like it would be a bad thing but it's um, the alleged offender is out of the home, mom seems to be taking a really strong stance in not allowing him back in, so to me, those risk factors are being addressed through her direct actions and uh, so it doesn't seem like it's something that would be really necessary here. I feel like that's the wrong answer, it's that the right answer should be "Well yes, we always use a risk assessment tool." (Worker 11)

Whether or not workers would use a formal risk assessment tool did not seem to be related to their education, years of experience in child welfare, or the number of abuse investigations they had experienced, with one exception: The four workers who would want to use a risk assessment tool, but had never used one before in their own investigations, had conducted fewer than ten abuse investigations in the course of their careers. Similar to Worker 11, they may have felt some pressure to give the "correct" answer about the use of risk assessment tools, especially given the scrutiny of the Manitoba child and family services system at the time of this study. Additionally,

responses may have been affected by the researcher's position with the government oversight body of the child and family services system.

It seems apparent that formal risk assessment tools do not play a significant role in child welfare decision making, at least for the respondents of this research project, given that more than half would not use one and of those who would, half have never used one before and seem to be unclear as to its utility. Certainly, risk assessment tools were not available to respondents to facilitate their decision making in response to the vignettes, so played no direct role in their commentary about their assessments and case interventions. However, it must be emphasized that the lack of use of a formal risk assessment tool does not mean that workers do not know how to assess risk. Participants were also asked, after reviewing their three vignettes, a series of general questions, one of which pertained to the factors that they consider in the assessment of risk. All of the participants demonstrated appropriate knowledge of risk variables and how these risk variables interact and may increase vulnerability to the child, as well as the factors that may mitigate risk in families.

Supervision

With each vignette, respondents were asked to comment on any consultation they might wish to have with a supervisor. Consistently, workers talked about the importance and value of supervisor consultation, although they also made it clear that they often came to the supervisor with an assessment and a plan for which they were seeking validation and approval, as well as an opportunity to explore alternatives and consider other pieces of information. For example, Worker 4 articulated "Well, I'd certainly want

to have support from a supervisor in terms of any plan that I viewed or determined to be appropriate for the family.” Worker 1 elaborated on the process of supervisory consultation:

Well, I would start my discussion with my supervisor right at the beginning where I received the referral about this. Just kind of review where things are at, to open up a dialogue like that...I would talk about what I believe are the risk factors to the children, and things like that, and just sort of brainstorm with the supervisor and make sure that I'm not going off track on any of it. Make sure that the information we have can be, I should say, the action that we take can be supported by the child welfare act.

Worker 2 noted how supervisory consultation was helpful in preventing the social worker from becoming biased:

I think it's very easy when you're involved with families to become a little less objective than you should be and perhaps to miss some critical points, so I think in these types of investigations you definitely need to work together with your supervisor so as to ensure that you're not being inappropriately swayed in a particular direction or missing some critical pieces.

Participants also noted the parallel between their narrative during the course of the research interview and the process they would engage in with a supervisor. Worker 6 stated:

I would probably have much the same, well, I mean, we're not having a discussion, but I'm rattling off to you. I would sit down with my supervisor and sort of have a running commentary about what's running through my head and get his or her feedback and that would usually...For me, sitting down with my supervisor really helps me to process what's going on and figure out “Am I really off base or am I on track?” and then figure out if my plan is appropriate or not appropriate.

Workers often referenced the need to have more than one conversation with the supervisor throughout the duration of the case, and noted the need to obtain approval for the decision to apprehend. Finally, some workers observed that supervision was also an

opportunity for venting about the challenges or one's personal reactions about the case. However, in reviewing the vignettes, workers did not have the opportunity for actual consultation with a supervisor, so the potential influence of supervision on decision making was only speculative. Further, workers described an interactive, not directive, process with supervisors, suggesting that in real practice, supervisory consultation is collaborative and relies heavily on workers sharing their perceptions and assessments of cases that are formulated during initial interactions with the family.

Broader Themes

Finally, general questions were asked of participants regarding the role of the non-offending mother in the investigation of intrafamilial child sexual abuse, and ways that the child welfare agency may help or hinder decision making. This section examines the results of these queries.

The Role of the Non-Offending Mother

Research participants were asked to comment on their views of the general role of the non-offending mother in the investigation of intrafamilial child sexual abuse. Consistently, workers described that role as crucial, vital, significant, and primary. According to Worker 5, the non-offending mother is "going to make or break the case". Other workers elaborated on how the response of the non-offending mother could impact case intervention decisions. For example:

The level of intervention required to protect the children is dependent upon mom's response to the abuse. If mom is acknowledging what

happened or is protective, if mom has the capacity to invoke and follow through with a safety plan, all of those things weigh heavily on the intervention that is going to be required, the level of intervention required. When mom is non-believing or blaming the child, then it's incumbent upon the agency to assess the level of risk and respond accordingly, and that may at times require removing the children from the home. Also, if mom's response to the abuse is to leave her partner or have her partner leave, it's quite likely that the agency intervention would be lower than if she says "Forget it, I'm not doing anything here and he can have access as he chooses." (Worker 15)

Worker 10 also identified the critical role that non-offending mothers play in intrafamilial sexual abuse investigations:

She plays a huge role because it's up to her, in a situation like we've been talking about today, to be the primary person to protect the children, both physically and emotionally.

Participants also spoke of the importance of assessing the response of the non-offending mother, considering a number of components of her response. As articulated by Worker 4:

I think the key is determining her support of her child, willingness to believe her child, willingness to protect the child, and that she clearly understands her position in the whole scenario, whatever kind of role she actually played, whether she had some measure of knowledge of what was happening, whether she could have intervened, failed to intervene, how she herself interprets her role, if she considers herself a failure as a partner, failure as a mother, um you know, how she resolving her own issues and extending beyond that, how is she able to meet the needs of her child above her own needs.

Factors that may impact on the non-offending mother's ability to be supportive were also described by Worker 6:

Their response to the allegations, ability to protect, or that they have mental health problems, or an alcohol or drug problem, which is really going to limit their ability to leave or to behave in a protective manner, are all going to be really important.

Despite the workers' perspective of the centrality of the non-offending mother in the investigation of intrafamilial child sexual abuse, respondents placed different emphases on the importance of maternal belief as opposed to maternal behavior. While a few participants referred to the non-offending mother's ability to protect in a non-specific way, seven workers underscored the importance of maternal belief, while four workers identified the non-offending mother's behavior as key. The maternal belief stance can be characterized by Worker 5:

When the mother doesn't believe, the abuse will just continue until someone gets out. That's when you have to remove the child from the home.

On the other hand, the emphasis on maternal behavior is captured in this commentary by Worker 10:

Even if she's not believing the child for whatever reason or she's torn, we need her to be protective. It's a huge responsibility, a huge expectation placed on her.

All but one of the seven workers who emphasized the importance of maternal belief had conducted fewer than ten abuse investigations, while three of the four workers who focused on maternal behavior as fundamental had completed a high number of abuse investigations. Further, the four workers who emphasized the mother's behavioral response also consistently identified interventions for the cases that they had reviewed that encouraged engaging the non-offending mother to assist her in becoming more protective, especially as a strategy to avoid removal of the child from the home if at all possible.

Agency Influences

The final general interview questions asked participants to discuss ways in which the child welfare agency helped and/or hindered their abuse investigations into intrafamilial child sexual abuse and their decision making around case interventions. The majority of respondents (13 workers) identified consultation with one's supervisor as the main source of support for decision making in these kinds of cases. Other helpful influences included consultation with peers, training opportunities, collaborative relationships established by the agency with police and other collateral services, and the opportunity to work with more experienced workers, such as by conducting joint investigations. However, with regard to supervisory consultation, some workers acknowledged that much depended upon the individual worker and the individual supervisor. According to Worker 6:

Your individual supervisor, I would say, would play a really significant role and I think, depending on who your supervisor is, you're going to get a different response to the same set of circumstances. Just like, depending on who the worker is, different workers, different supervisors are comfortable with different kinds of interventions. Some workers would be, like "You have to apprehend in a particular situation for sure" and others would not...It's interesting, depending on which supervisor you go to, and that works for many different supervisors. You get very different responses from different supervisors.

For some workers, these varying opinions from different supervisors can create confusion. As described by Worker 6:

Maybe one day you talk to your supervisor about a case, and the next day, your supervisor is away and you have to talk to their partner and get their approval, and they have a completely different take on what it is you should do in that case. And it's confusing as a worker to try to make sense of why you're doing what you're doing in this particular situation when you're told, you know, conflicting things.

Worker 5 offered this elaboration, which also offers some insight into the decision making process from this worker's perspective:

I think it's how you present the case to your supervisor. I think, really, your presentation and your knowledge and experience is either going to allow you to, if you have a decision that, you know what, you're apprehending because this is where your gut is at, and even though mom is saying she believes, you just get this feeling that, you know, it's not happening. I think either your supervisor needs to know your ability to make that assessment and just kind of back you with that.

Although some workers stated that the child welfare agency did not present any hindrances to their investigations or decision making, most workers identified a range of barriers, such as high caseloads, lack of training opportunities to develop or refresh interviewing skills, lack of community services for families affected by intrafamilial sexual abuse, lack of family support workers to assist families (especially where children might be left in the home with the non-offending mother), and the lack of suitable placements (especially where children might be apprehended).

Some respondents also noted that new workers to the child and family services system may face additional challenges, such as the lack of an orientation to their work, low confidence levels, and a lack of experience that would enhance consultation with a supervisor and aid in decision making. As recounted by Worker 4:

To take somebody brand new, no history of child welfare experience, fresh graduate, what have you, and putting them in that role, I think, is a poor decision. I think you are grossly under-prepared and the training support isn't there.

Again describing the knowledge that comes from experience, Worker 5 had this to say about the challenges facing new workers:

I think that in cases where you have newer workers who don't have a lot of people skill in the sense of, when you've worked with clients forever and a day, you start to know certain, you have, I guess, a gut feeling. And

that sounds really non-professional, but I think there's some truth to it...I think that comes with the experience, so newer workers may not have that same type of skill, so a lot of the information they're giving to their supervisor, their supervisor is going to be as good as the information that's being handed to them.

The transition from being a new worker to an experienced one is reflected in one's consultation with a supervisor, according to Worker 11:

I consult with my supervisor on an ongoing basis about things, whether it's just to check in and say, by the way, I've interviewed this kid and this is what I've got and this is where I think we're going. I think when you first start, there's a lot more check in, and it's based on "Is this okay?", and as you progress, it's, the supervisor develops a certain amount of faith in your abilities and it's more able to just sort of rubber stamp.

Finally, Worker 6 offered a description of agency philosophy that seemed to parallel the decision making beliefs of many of the respondents:

I think that the agency stance in general is, if you can get the offender to leave the home and have any degree of confidence that he will stay out, he or she will stay out of the home, and that there is a parent there who is going to be reasonably protective, [that] is always your first choice.

Few of these agency constraints or positive influences were raised when workers were discussing their responses to the vignettes. For example, although workers talked about the impact of the shortage of placement resources on case decision making after their review of the vignettes, it was rarely raised as a potential variable affecting decision making during the reviews of the case studies. It is important to note then, in considering the findings reported above, that the assessments and case interventions provided by respondents was lacking the complete context within which such decisions are usually made.

CHAPTER 5

DISCUSSION OF FINDINGS

In accordance with a grounded theory approach to research, this section furthers the findings described above by exploring themes and patterns within and across the data, and relates those themes to the larger theoretical constructs identified in the professional literature on maternal support and child welfare decision making. A number of key themes are considered. These include an examination of the findings in relation to the literature on child welfare decision making, Alaggia's (2002) framework of maternal support, the interpretation of maternal ambivalence, working constructively with non-offending mothers, the process of decision making, and the impact of certain variables on decision making. In some cases, outcomes of this research project support the findings of other studies and theoretical perspectives, lending credibility and depth to previous research on this topic. At other times, the outcomes of this research project point to other possibilities and raise new questions about enhancing our understanding of maternal support. Certainly, further research is warranted to develop theoretical and practice knowledge in this area, as discussed in the final segment of this section.

Principles of Child Welfare Decision Making

Social workers in the child and family services system make decisions within a larger context which includes general principles of practice, often articulated within the legislation or philosophy of practice that guides child welfare services. In the last thirty

years, the guiding principle of “the best interests of the child” has been of primary emphasis in child welfare decision making, with removal of the child from biological family occurring when the child’s safety is compromised and apprehension is considered to be the least detrimental alternative (Britner & Mossler, 2002; Steinhauer, 1991). Certainly, this principle is incorporated into Manitoba’s child welfare legislation. However, the multitude of factors that are present in any investigation, including family characteristics and attributes of the investigating practitioner, can result in diverse interpretations of what is in the child’s best interests. Numerous studies have pointed to the complexity of placement decisions as a result of this variability in assessment and interpretation of the child’s best interests (Britner & Mossler, 2002; Daniel, 1999; Portwood, 1998; Rossi, Schuerman, & Budde, 1999; Zuravin & DePanfilis, 1997).

Efforts to identify standardized decision making guidelines for child welfare practice have not been fruitful, as even child welfare experts did not make consistent decisions across case vignettes in a study by Schuerman, Rossi, and Budde (1999). Expanding their study to include both child welfare experts and practicing social workers, the authors did find that the cases that involved very serious risk to children, as well as those that involved very little risk, generated the most agreement about the appropriate intervention decision. For those cases that fell between the extremes of the continuum, participants were found to assess the same information using a similar assessment process, but their decision thresholds as to when the child’s safety was compromised differed, resulting in a wider range of interventions. Consequently, the authors suggested that “decision making in the child protective services has a substantial

component of chance – the same abusing or neglecting family can be treated quite differently by different workers or by different experts” (p. 607).

The pattern identified by Schuerman, Rossi, & Budde (1999) is important to consider in the context of this study. The vignettes which portrayed the more extreme ends of the continuum were more likely to result in consistent decisions across respondents only when the risk was low. This was evident for the A Family, where the mother believed the child and took protective action, with respondents agreeing that the risk to the child was low and that no admission to agency care was required to protect the child. Neither “maternal belief” nor “maternal behavior” seemed to be more predominant than the other in influencing decision making for the A Family, although the overall assessment of maternal support was clearly important to workers in making their decisions.

However, the vignette depicting the opposite end of the continuum with regard to maternal support, the B Family where the mother did not believe the child and did not take any steps to actively protect the child, generated more diversity in intervention decisions. Here, about half of the workers, those experienced in conducting abuse investigations, assessed the risk as high and focused on interventions that ensured the child was out of the home. The other half of respondents, those with less experience in conducting abuse investigations, assessed risk as low and supported the child remaining in the home with safety planning activities to assure her safety. Although there was general consensus that the mother was not believing and not acting protectively, neither “maternal belief” nor “maternal behavior” seemed to emerge as an individual factor affecting decision making. The results for this vignette may be an example of how

worker characteristics such as experience with abuse investigations, as described by Portwood (1998), interact with key family characteristics, such as the age of the child in this scenario and her past ability to keep herself safe from the alleged offender, in the decision making process.

For the C Family vignette where the mother initially believed the disclosure but was unable to take protective action (arguably another extreme case where risk to the children is high), workers were divided in their decision making. Although all workers assessed the risk to be high in the C Family, the young age of the children in this vignette could have represented different decision thresholds for workers, with those workers who had conducted fewer abuse investigations choosing apprehension to protect the children from further abuse, and those workers who were more experienced in abuse investigations focusing on working with the non-offending mother to maximize the possibility of the children remaining in the home and maintaining relationship attachment, a critical issue for young children. In many respects, the position of these more experienced workers is reflected in the statement from Daniel's 1999 study "Sometimes it is better for the child to be left in a situation where they are at risk of sexual abuse rather than to be separated from someone they have a strong bond with" (Daniel, 1999, p. 188). Daniel (1999) found in her study that there was a lack of consensus among social workers about the importance of this statement when making case intervention decisions. The more attachment issues were emphasized, the more workers agreed with the statement.

However, there are no discernable patterns with regard to the decision making of study participants with the D Family, the vignette that could be characterized as best

fitting a middle range case. The immediate risk to the child was low, given that the mother had taken steps with her daughter to leave the home of the alleged offender, but the mother acknowledged her confusion about the veracity of the disclosure and her plan to maintain some friendly contact with the alleged offender. Some workers focused on the potential for future abuse of the child, citing the mother's apparent lack of belief in the child's disclosure as an indicator of future risk of reconciliation with the alleged offender or emotional conflict with the adolescent daughter. Others found her response to be somewhat satisfactory, although the age of the child and the living arrangement with the grandmother were factors which mitigated the risk assigned to the mother's response. While none of the workers would apprehend, some identified the need for the teen to be formally placed with the grandmother through a voluntary (or a somewhat less-than-voluntary) contract between the mother and the agency.

One of the possible consequences of a focus on future risk is that it leaves "non-abusing carers, mainly mothers, to account rather than the abuser" (Warner, 2003, p. 342), a position shared by Krane & Davies (2000) and Swift (1995). Further, Bolen (2003) notes that when the legal system does not provide much protection for child victims of intrafamilial sexual abuse, many alleged offenders experience few judicial consequences, leaving mothers responsible for child safety. "As a result, child protective services has been mandated what may seem to be the almost impossible task of providing adequate protection to victims, the large majority of whom may be at heightened risk of reabuse by the same offender. In turn, child protective services has placed this responsibility on the non-offending guardian, most often the non-offending mother" (Bolen, 2003, p. 1354).

Further, although ambivalence or partial support can be conceptualized as a midpoint between the continuum ends of support and nonsupport, Bolen and Lamb (2004) noted that in child welfare practice, the result is often that ambivalence is interpreted “as an indicator of nonsupport and thus as a rationale for removal” of children from the home (p. 187). Partial support by mothers has been associated with removal of children in previous studies (for example, Everson, Hunter, Runyan, Edelson, & Coulter, 1989; Ryan, Warren, & Weincek, 1991). In the D Family, ambivalence was evident in the mother’s level of belief in the child’s disclosure, although her behavior was clearly protective. However, workers who were critical of the D Family mother cited the potential influence of ambivalent belief on her future behavior and stressed the importance of belief as the primary component of maternal support that affected their decision making.

Meriting additional consideration is research that identifies the variables that are associated with maternal belief and maternal behavior, variables which are situational and external to the characteristics of the individual mother. For example, Sirles & Franke (1989) found that maternal belief was higher when mothers were not currently sexually involved with the alleged offender (as with the A Family), and when the child victim was less than twelve years of age (as with the C Family). Maternal belief was lower when the sexual abuse involved intercourse (as with both the B and D families). Studies of maternal behavior found mothers were least protective when the alleged offender was her current partner (Faller, 1988c; Heriot, 1996), as was the case with the B, C, and D Families. However, these external factors may not always be recognized as contributing to mothers’ expressions of maternal belief and protective behavior. Even when they are,

the tendency for the child welfare system to look to non-offending mothers for their capacity to protect their children from future harm may prevail.

Comparison to Alaggia's Construct of Maternal Support

Although the case studies provided to workers in this research tended to characterize families in polarities of the dimensions of maternal belief and maternal support (i.e. belief/protective action; no belief/no protective action; belief/ no protective action; no belief/protective action), vignettes were based on real case situations and therefore did not necessarily fall neatly into these categories. Workers demonstrated some capacity to recognize the gradients of maternal response in some vignettes, consistent with the continuum described by Alaggia (2002). In general, workers were not always conscious of their attention to both maternal belief and maternal behavior in their assessment of the maternal response to the child's disclosure in each of the four vignettes. The grounded theory coding process of their narratives regarding the non-offending mothers' reactions in response to the initial 'think-aloud' question and the open-ended question of their assessments of the non-offending mothers' responses revealed a tacit awareness of these dimensions of maternal support, but it was not until the more focused questions asking workers to characterize maternal belief and maternal behavior in response to each vignette that most workers became more explicit about their recognition of these dimensions of maternal support.

With regard to the A Family, which was more representative of the 'positive' or supportive ends of the continuum of maternal belief and behavior, workers were all in agreement that the non-offending mother exhibited indicators of unconditional belief and

clear actions to ensure that the alleged offender was removed from the situation and that criminal charges were pursued. Similarly, with the B Family that represented the 'negative' or unsupportive ends of the continuum of belief and behavior, research respondents were fairly consistent in their perspective that the non-offending mother did not believe the child (although three felt that she believed at some level but was not prepared to deal with the consequences of believing), and completely concurred that her actions were not protective in that they allowed for ongoing access of the alleged offender to the child.

Both the C Family and D Family vignettes represented mixed aspects of Alaggia's (2002) model, illustrating one family where the non-offending mother believes but does not take any protective action (the C Family) and one family where the non-offending mother does not believe but takes protective action (the D Family). Workers agreed that the non-offending mother of the C Family demonstrated belief in the child's disclosure, but they offered many more comments about the variations by which that maternal belief was expressed. For example, workers described her belief as "initial", existing "on some level", and "partial", and identified many barriers, both internal to the non-offending mother's characteristics and external, related to her circumstances, that interfered with her ability to maintain consistent belief and, in particular, take protective action as a result of that belief. These variations were not readily classified into the categories identified in Alaggia's (2002) model, as they were not fully reflective of 'unconditional belief', but instead suggested other possible ways of understanding maternal belief along a continuum. Despite some variance in the interpretation of the mother's belief, workers

were consistent in their perspective that her actions were not protective, as ongoing access of the alleged offender to the children was apparent.

With the D Family, workers were greatly disparate in their characterization of the non-offending mother's belief in the child's disclosure. None of the participants found her to be completely disbelieving, identifying a variety of belief responses that reflect the range articulated in Alaggia's (2002) model, such as questioning the veracity of the disclosure, questioning some aspects of the disclosure, and not believing initially, as well as offering other possibilities, such as "an external belief" and "part of her believes". The majority of workers found the non-offending mother's behavior to be somewhat protective, similar to Alaggia's category of taking action to protect the child from recurrence of abuse. However, four workers, while not disagreeing with the behavioral description of the mother's actions, interpreted her responses to be non-protective, suggesting that belief and behavior are not necessarily assessed independently by social workers. In fact, the inter-relationship between these two aspects of maternal support is articulated by workers when discussing both the belief dynamic and the behavioral response. Revisiting the commentary of Worker 9, related earlier:

Although she responded by calling the police and the social worker, she really, her actions and her words proved to V that she wasn't being supportive to her. She, on one hand, wanted to believe the allegations, but on the other hand, she didn't and so she's just not in the right frame of mind to protect her daughter.

To illustrate with another example from the workers who reviewed this vignette,

Worker 13 stated:

I think her behavior was more indicative that she believed her daughter than she didn't believe, because she was prepared to end the relationship. She was the one who contacted the police and was supportive of her daughter.

These responses certainly illustrate how maternal support is not viewed in a uni-dimensional manner by child welfare workers. In fact, different interpretations of the same indicators of maternal support can occur, as indicated in workers' responses to the interpretation of maternal belief in the D Family vignette. This outcome was not necessarily anticipated by the framework offered by Alaggia (2002), which outlined a continuum of discrete responses illustrating degrees of maternal belief and maternal behavior. Further, more abstract variables such as belief may be more difficult to discern, interpret and assess, compared to more observable variables such as behavior. Finally, it is noteworthy that the most variance in interpretation across workers occurred in the case typified by respondents as indicative of maternal ambivalence, the D Family, suggesting that ambivalence is a condition that is not well understood, or easily assessed, by social workers in child welfare.

Maternal ambivalence

One of the most salient themes emerging from this study is the confounding impact that maternal ambivalence has on the assessment and decision making processes of social workers when responding to cases of intrafamilial child sexual abuse. This theme became most apparent in the D Family vignette, where the non-offending mother's struggle to believe her child, even though she took many behavioral steps to protect her daughter from contact with the alleged offender, was interpreted by workers to reflect ambivalence. Further, this ambivalent belief was viewed by many to contribute to her decision to maintain some contact with the alleged offender. Respondents were extremely varied in their assessment of risk in the D Family, with risk considered to be

low, moderately low, moderate, moderately high, and high across the range of participants. Although none of the workers would actually apprehend the child in this case, most struggled with how to respond, especially in terms of how to work with the non-offending mother. As noted previously, no worker characteristics, such as years of child welfare practice or experience in conducting sexual abuse investigations, seemed to mitigate the tendency for respondents to be challenged by the ambivalence of the non-offending mother.

As noted by Bolen and Lamb (2004), maternal ambivalence is a subject of considerable attention in the professional literature, with some researchers noting the phenomenon to be a normal response to the confusion and chaos that often ensues after a child's disclosure of sexual abuse and others considering ambivalence to be a less-than-optimum, and therefore negative, reaction to a child's disclosure. Consistent with this literature, workers in this study acknowledged that ambivalence was not uncommon but still tended to interpret the ambivalence of the non-offending mother in the D Family in a negative way, although it did not always translate into intrusive intervention in this case. Perhaps that was due to the view that it was the mother's belief that was ambivalent more so than her actions, offering some level of protectiveness and safety to the child.

The study by Bolen and Lamb (2004) of non-offending mothers' ambivalence when confronted with allegations that their partners had sexually abused their children also differentiated between cognitive (or belief) ambivalence and behavioral ambivalence, as well as affective ambivalence, similar to the broad dimensions described by Alaggia (2002). As described earlier in this paper, the authors postulated that ambivalence in these dimensions was related to high costs and stressors facing the non-

offending mother, her attachment style, and the degree of trauma experienced by her at the point of the child's disclosure. Among their findings was that cognitive ambivalence increased when mothers were preoccupied with the abuse, as was the situation for the non-offending mother in the D Family. Although no explanation is offered in Bolen and Lamb's study for the origin of a non-offending mother's preoccupation with the abuse, nor is one specified in the vignette for the D Family, this phenomenon can be manifested by the non-offending mother's persistent questioning of the details and veracity of the child's disclosure.

The fact that workers who reviewed the D Family did not recommend apprehension as their case intervention lends some support to Bolen and Lamb's (2004) assertion that cognitive ambivalence and behavioral ambivalence can be considered separately. As summarized by the authors:

Perhaps guardian support is the actual behaviors taken in the interest of the child, whereas belief and other indicators of cognitive ambivalence, as well as vacillation in emotions, are the antecedents to the guardian's supportive behaviors. If cognitive and affective ambivalence are antecedents, then the question arises as to whether they should be indicators of guardian support, with its requisite consequences (e.g. removal of the child when the guardian is not appropriately supportive). Perhaps guardians might be able to vacillate in belief while providing behavioral support. Indeed, if the role of society in the protection of the child is to provide a safe environment, it could be argued that belief might not be a necessary component of guardian support. (Bolen & Lamb, 2004, p. 205)

However, workers reviewing the D Family vignette still expressed considerable difficulty in responding to this case, expressing their own ambivalence about how to assess the non-offending mother's response, strong emotional reactions about the non-offending mother's ambivalent belief, and uncertainty about how to work with this mother. It would appear that workers are not yet in a confident position to, as Bolen and

Lamb (2004) propose, accept cognitive ambivalence as normative, provided the child's safety is addressed. Worker 15 illustrates this point in the following commentary about the non-offending mother's response:

I think that mom's response to this disclosure was again quite, I hate to say 'normal' for this situation, but I think that she struggled with hearing this information initially and her obligation or her maternal need to protect her daughter. I think that she, even though that she indicated to her daughter that she didn't believe her daughter, she turned around and confronted D anyways, so there was some, even though she verbalized that, I think internally, she's acknowledging that this is true.

One possible explanation for the variations in respondents' views with regard to ambivalence is that it is a construct still in the process of being researched and understood in the professional community. Without a strong theoretical foundation for child welfare practitioners to draw upon, it may be difficult to organize and assess case information with any consistency or predictability across workers, or perhaps even across cases (O'Sullivan, 2005). In relation to this kind of case typifying the middle range, Schuerman, Rossi, and Budde (1999) state "the middle cases represent those in which our present knowledge is simply inadequate to do much to improve decisions (i.e. we are unable to make adequate predictions about the response of such cases to various actions of the child welfare system)" (p. 616).

Further research in this area is indicated to explore workers' assessments of ambivalent belief as exhibited by non-offending mothers, as well as research to advance our understanding of the relationship between ambivalent belief and protective action on the part of the non-offending mother. Additionally, although it wasn't within the scope of this research to pursue, it is noted that the non-offending mothers did not believe in both the D Family and the B Family, cases where the child disclosed to another

individual, not to the non-offending mother as was the case in the A Family and the C Family. It raises a question as to whether maternal belief is related in some way to whether or not the child is able to disclose directly to the non-offending mother and how the disclosure might affect the mother. Pintello and Zuravin (2001) found that mothers who learned about the abuse prior to child welfare involvement may be traumatized, resulting in denial and nonbelief when confronted by child welfare officials. Further research in this area is warranted.

Working with the Non-Offending Mother

When examining the factors that affect the decisions of child welfare practitioners to remove children from the home, several studies have found that parental cooperation with the child welfare system is an important variable (Arad, 2001; Holland, 2000; Shapira & Bembenisty, 1993). As described by Holland (2000), “commitment and motivation appear to be judged by the parent’s willingness to cooperate with the social work agency, willingness to accept concerns about themselves as laid out by the agency, and willingness to accept the assessment methods” (p. 153). Thus, non-cooperation from the parent was associated with an increased likelihood of placement in these studies.

Establishing a cooperative client-worker relationship under the conditions of authority and involuntariness are challenging yet critical in child welfare casework (Perlman, 1989). Clients of the child welfare system often feel vulnerable, powerless, and afraid, believing that the authority of the child protection social worker will be misused (Diorio, 1992). The development of a cooperative working relationship between parent and child welfare practitioner should not rest solely on the shoulders of the non-

offending parent. However, studies of worker-client relationships have found that practitioners tend to respond to difficult clients in a similarly negative manner and do not focus on overcoming relationship issues (Coady, 1993).

In a study of child welfare clients and social workers, relationship competencies on the part of workers that led to an effective working relationship were identified as respect, effective communication, warmth and empathy, no pre-judgment, and the ability to defuse anger (Drake, 1994). Shulman (1991) found that child protection workers who helped clients to express and manage their feelings were perceived by their clients to be caring and helpful, and children spent fewer days in agency care as a result. Trotter's (2002) study of worker skill and client outcome in child protection found that when workers used the skills of role clarification, collaborative problem-solving, encouragement of pro-social behaviors, and empathy, clients' outcomes were better.

In general, the more experienced workers in this research project (that is, participants with more years of child welfare practice experience as well as a higher number of completed abuse investigations) tended to express more intent to work with the non-offending mother and described in more detail their strategies for engaging her in all four vignettes. This implies that experience may afford workers a broader perspective within which to interpret maternal support responses and a greater repertoire of skills to employ to facilitate a collaborative working relationship with the non-offending mother. However, when reviewing both the B Family and the D Family vignettes, many workers across the spectrum of experience expressed some concern about how to work with the non-offending mother, suggesting that there are some characteristics of maternal response that present a challenge for child welfare social workers.

In the B Family, the mother was openly hostile and unwilling to engage with the agency, resulting in several workers choosing to work with the adolescent daughter around safety planning rather than engaging the non-offending mother. In fact, some workers, especially those with less investigative experience, were quite explicit about 'writing off' the non-offending mother completely, even though there was recognition that this may not be the most appropriate strategy for managing the case in the long run. To reiterate the perspective expressed by Worker 8, who recommended working with the adolescent but who would also seek out supervisory consultation to address the dilemma:

That's one thing that I would want to discuss. How do I work with this mom? I can't ignore her or just say "Well, too bad, V, this is how your mom is, and let's just move on and pretend she doesn't exist." So yeah, how do I work with this mom who is believing but doesn't seem to care?

Resistant clients are not unusual in social service organizations where involvement is often involuntary, such as child and family services agencies, and focused skills in addressing resistance are often recommended to facilitate more collaborative working relationships. Further, it is also recognized that the lack of a positive working relationship between the client and the agency can have implications for case decisions and outcomes, such as children coming into agency care for longer periods of time (Drake & Jonson-Reid, 2000). In the research presented here, more experienced social workers were often more explicit about how they would attempt to engage the non-offending mother who was resistant. For example, with regard to the B Family, Worker 10, who had twelve years of child welfare experience and had conducted several hundred child abuse investigations, shared:

I would talk with mom in person. [The vignette] doesn't say whether the contact with mom was over the phone or in person. Often, we do it over the phone first, but I would talk with her in person and tell her that this is

something that is mandated and has to happen, that we are concerned for the safety of V, as she should be. I would acknowledge the constraints that mom may be feeling and I would try to be compassionate in my approach and I would try to be educational in my approach, talking about how kids can make their behavior, can be a sign. I would talk to that as a sign of conflict or abuse, certainly a sign of anxiety resulting from abuse. Um, I would tell mom that there's no option, that D has to leave the home while this is investigated. We need to keep V safe both physically and emotionally. I would I want to help her to come to the conclusion that she needs to choose her daughter, her daughter's safety and her daughter's well-being, over D, and I would want her to verbalize that commitment to me.

In contrast, in the D Family, the mother was ambivalent in her belief in the child's disclosure but was otherwise open to working with the agency. Still, some workers expressed discomfort with her response and struggled to determine how to engage with her and how to empathize with her situation. These workers characterized the case as worrisome, disturbing, and challenging, and expressed difficulty in seeing her ambivalence as normative, despite the frequency with which such responses occur in real life. Recalling the comments by Worker 6, who had ten years experience and had conducted more than one hundred abuse investigations:

Seems like a lot of the moms in these, I mean a lot of the moms in the scenarios that you are presenting are very, very similar to what we deal with. Women who, you know, really have a hard time coming to grips with what happened and have a hard time providing their children with the messages and the supports that they really need to hear. Yeah, there's a sense of bewilderment with them, where on one hand, you know, they give messages that suggest they believe, but on the other hand, they say things that really, you know, show that they, they're questioning whether this could have happened. I just can't imagine as a parent, and I'm not a parent yet, but even second-guessing at all.

However, experienced workers tended to view the non-offending mother's ambivalence in more generous terms, and did express ways that they would try to work with her, offering supportive services and counselling. As described by Worker 15:

I would continue to work with mom about supporting her in her decision to terminate their relationship, supporting her in accessing counselling services for the whole family, through what they've been through as well as V. Try to work with mom around dealing with some of the challenging behaviors that V has begun to engage in most recent weeks. Assist in any way I think to help mom to relocate housing or alternative housing, so that they could become a family, either perhaps with grandma or on their own again and just ensure that they have the supports and the services that they need as they needed them, or they were able to get to those supports and services the counselling, the family therapy, counselling around the sexual abuse and the family therapy.

The adversarial nature of child and family services work understandably may lead to parents feeling distrustful or hostile toward agency social workers, as depicted in the response by the mother in the B Family. Additionally, mothers who do not respond in the manner expected by child welfare practitioners, as portrayed by the mother in the D Family, may also be assessed as uncooperative. It is significant to note that the onus of responsibility for the establishment of a positive working relationship is considered to rest with the worker (Chapman, Gibbons, Barth, McCrae, & the NSCAW Research Group, 2003), despite the challenges that may exist in developing that working alliance. However, in the present study few workers were able to see past the resistance or unexpected responses of the non-offending mothers or were willing endeavour to create an engagement that may have allowed for a broader range of interventions to be considered, perhaps by reducing risk and preventing the admission of children into agency care.

Decision Making in Intrafamilial Child Sexual Abuse

One of the challenges facing child protection workers is the need to make decisions regarding child safety and intervention at a point-in-time, such as during the

initial stages of an intrafamilial child sexual abuse investigation when all of the information required for a full and complete assessment is not available. Workers are often required to make defensible decisions to ensure the child's safety and prevent any recurrence of maltreatment after only their first two investigative interviews, one with the disclosing child and one with the non-offending parent. This inclination to make immediate case decisions with regard to child safety at this stage of the investigative process pressures workers to consider the response of the non-offending mother at that first interview. Consequently, child welfare decisions may be made in the context of an event more so than at the end of an unfolding process.

This context is particularly significant given the literature that suggests that maternal response to the disclosure of intrafamilial sexual abuse is a dynamic, changing process that evolves over time. For the non-offending mother, the need for the child welfare agency to address child safety without delay creates pressure for her to respond immediately in a protective, believing, and supportive manner in order to garner the most compassionate and collaborative approach from the child welfare agency, at the point where she is most likely to be experiencing shock, confusion, and disillusionment. Therefore, responsibility for managing the development of the working relationship with the agency rests in large part with her, within her response to her child's disclosure, as opposed to with the system that purportedly has the professional skills and expertise to understand the dynamics of intrafamilial child sexual abuse and manage the issue more objectively. As articulated by Worker 13:

You hope that when you contact a parent that they will be absolutely concerned for the safety of their children, because that should be a priority and that should be paramount and the absolute foremost of their thought, not of the common-law.

The juxtaposition of the expectations placed on the non-offending mother with the time constraints experienced by the child welfare agency was captured in the narrative of Worker 10, related earlier in this report:

It's a huge responsibility and it's a huge expectation on her to deal with all of those conflicting emotions and all the conundrums and the gaps and all of that. And despite the gaps, when you're talking with her: 'I know that what you see is different from what the child is saying. I hear what you're saying is different from what your child has told me. There are some gaps that we need to fill in here. In the meantime, you still need to be protective.' That's a huge thing for parents, for moms. And they see it as being asked to choose between two people they love. And, because of the pace of our work, I suppose when we get into it, we have to remind ourselves to slow down and understand that they are suffering and they're seeing the whole picture and we're seeing an element of that, of their life.

In this study, workers often acknowledged that non-offending mothers were experiencing a process that could change over time. Some workers also spoke of interventions such as counselling or education to assist non-offending mothers to navigate this process and to support them in making protective decisions for their children, whether or not they were able to make them at the initial point of agency contact. Others recognized the barriers the non-offending mothers experienced, both those internal to themselves and those situated within the context of their lives, which prevented them from responding immediately in a protective, supportive fashion. Yet, the protocol of child abuse investigations, as based on statutory legislation, requires agencies to ensure the protection of children when allegations of abuse are made. As a result, child welfare practitioners often feel that they have little choice but to ensure the immediate safety of children, especially if public criticism will ensue if children are considered to be left at risk with the knowledge or sanction of the agency, rather than allow for or facilitate a process that may result in different case intervention decisions.

Consistent with the research by Arad and Wozner (2001), social workers in this study also considered the implications of immediate decisions for both in-home and out-of-home placement alternatives for children and demonstrated a capacity for thinking beyond the immediate safety needs of the child. For example, when assessing the C Family, the ages of the abused children were cited by half of the workers as the rationale for leaving the children in the home and working to enhance the mother's capacity to protect the children, with respondents noting the potential long-term implications for children coming into care at such a young age. As described by Worker 11: "You don't want to bring kids into care if you can avoid it. There's just young kids here who are going to be affected pretty significantly if they're brought into care so you'd want to try and avoid that if possible."

Conversely, other workers also demonstrated long-term thinking with regard to the children's best interests in the C Family, but with an intervention plan that involved immediate apprehension. In the words of Worker 14:

I would initially, of course, I would apprehend all the children and they would be need to be placed in agency care and then the schedule would have to be immediately set up to try to maintain ongoing contact between the mom and the kids so as to not further victimize the children... Can there be strengths that can be found and utilized so that it would be less, so the impact of the kids being in care is less dramatic, or in other words, can we place the kids perhaps in a family or extended family setting where they will be safe?

Recalling Daniel's (2000) study of child welfare practitioners' responses to statements describing various perspectives of child welfare work, including intrafamilial child sexual abuse, respondents were divided on the belief that it may be better for a child to be left in a situation where they had been sexually abused rather than be separated from someone with whom they have a strong bond. This kind of division is reflected in

the decision making responses with regard to the C Family, with half of the research participants identifying apprehension as their intervention of choice and half of the workers choosing to support the non-offending mother in becoming more educated about sexual abuse and strengthening her ability to protect the children and keep the alleged offender out of the home.

In both examples of case interventions with the C Family, workers spoke of the importance of maintaining attachment between the children and the non-offending mother. However, across the four vignettes, few workers identified family support interventions as key components of their intervention strategies. When such plans did emerge, they were most often connected with the C Family, to assist the non-offending mother in becoming more protective of her young children who were not able to protect themselves, with five workers identifying ways that internal agency supports or external collateral organizations could work to educate and empower the mother. Workers also cited the role of the support worker in providing a monitoring function on behalf of the agency. For example, in describing the case intervention for the C Family, Worker 13 stated "Should D leave the home, I would definitely would put a support worker in there. Mom's overwhelmed in her role as parenting, but to support parents there is a support worker that could also teach mom some parenting skills and also monitor whether or not mom was allowing D to come to the home and also if she was angry or taking it out on the children, the fact that the agency was involved."

Additionally, workers struggled with the dilemma of emphasizing the age of the adolescent as a rationale for leaving them in a setting where they have experienced sexual abuse. Although several workers described case interventions with the B Family that

involved working exclusively with the adolescent victim around safety planning, others felt that the teen should not be left to protect herself. As described by Worker 11:

I want to say there's some pretty high risk and that's on a few levels because mom is not protective, she's not believing, she's not appropriate so I don't think V can stay in this home, and the risk to V in this home would be quite high because you can't count on mom to protect her. The risk would be slightly mitigated by the fact that V is 16 and she's showing some ability to sort of problem-solve and try and protect herself by keeping her boyfriend around or never being alone with D. And while sometimes that's the best we can do with teens, is trust that their ability to keep themselves safe is what we're going to rely on, it just doesn't seem like enough in a case like this to say "Fine, you can stay as long as you promise to take care of yourself".

Throughout the interviews with research respondents over the four vignettes, evidence of different kind of knowledge and expertise were identified. These included examples from the typology described by Munro (2002), presented in more detail earlier in this paper:

- a) formal knowledge ("The agency is there to enforce the Child Welfare Act and so if everything was running smoothly, then we work in the conditions of the Act and that's where the support comes from." – Worker 1);
- b) practice wisdom ("Often, the offender has not been followed up on either because there's been implicit or even explicit instructions not to pursue them, either because the police have said we're not supposed to or whether it's not been often emphasized enough by supervisors, what you have you, and when I've pursued the offenders, I've always been impressed with how much information there is to be gained." – Worker 14);
- c) emotional wisdom ("I can understand her wanting to keep it in the family because I come a very traditional family and that's, a lot of families you

help, you keep it in within the family, you don't want to involve other people. But with the sexual abuse, the watching of porn too, that's all something that needs to be reported, whether it's against tradition or not, or against values or whatever." – Worker 12);

- d) ethics and values ("She's done all the right things. She's said all the right things. She's been physically protective and emotionally supportive, and she's got a plan for counselling for the daughter, taking into consideration the fact that this is something that the daughter will have to deal with, and she wants to have the resources available to do that." – Worker 10); and
- e) reasoning skills ("Her inability to make that decision of leaving her partner and even just leaving the home at the initial disclosure and going back and forth from her family to the partner is very suggestive that she would not be able to support her daughter in any turbulent and difficult time that she will experience." – Worker 3).

Similar kinds of examples can be identified to fit with the model of professional knowledge offered by Drury-Hudson (1999), involving the components of theoretical knowledge, empirical knowledge, procedural knowledge, practice wisdom, and personal knowledge. But in general, workers rarely identified the source of their rationale or reasoning, with the exception of the many times that respondents referenced relying on instinct based on their case practice experiences for their decision making. In fact, O'Sullivan (2005) notes that "much of the research that has been carried out suggests that social workers rely heavily on their practice experience as a source of knowledge, to the neglect of more formal sources of knowledge" (p. 225). However, perhaps in recognition

that intuitive decision making is not always valued or considered to be sound, workers often downplayed the importance of this approach to decision making. As articulated by

Worker 12:

This isn't going to sound really good for me, but uh, a lot of times when I'm assessing, I go with the appearances that I get from actually talking to the person and their body language and the way they're acting, the way they're looking, the way they're talking.

Workers also acknowledged, somewhat apologetically, that intuitive knowledge was often developed over time, as a result of their case experiences. For example:

When you've worked with clients forever and a day, you start to know certain, you have, I guess, a gut feeling. And that sounds really non-professional, but I think there's some truth to it...I think that comes with the experience. (Worker 5)

As discussed earlier, social workers (as well as practitioners from other disciplines) may have only limited access to their mental processes (Whitkin, 1982), and may only be able to articulate their reasoning when using more analytic styles of decision making (Munro, 2002). The capacity to articulate the process of one's decision making may be further compromised if the assertion of Fincham, Beach, Moor and Diener (1994), that decisions in sexual abuse investigations are made more intuitively than analytically, holds true. Clearly, further research into the process of decision making of child welfare social workers, both in general terms and in situations of intrafamilial child sexual abuse, is warranted.

The Effects of Hypotheses on Case Decisions

Both Munro (2002) and Sheppard, Newstad, DiCaccavo and Ryan (2001) assert that child welfare practitioners engage in hypothesis testing in their decision making

processes. For the latter authors, hypotheses can be whole, covering the general dimensions of the entire case, or partial, reflecting different aspects of the case, that workers test out before making their case intervention decisions. Their research into hypothesis testing suggested that workers varied greatly in their approaches, which tended to be relatively unconscious. Munro (2002) maintained that hypothesis development was a more intuitive process in which workers tested their suppositions against their practice experience and the formal knowledge base with which they were familiar.

Workers in this research were not specifically asked to provide a hypothesis that would guide their decision making, but respondents offered comments about their rationales and working frameworks in a variety of ways throughout their interviews. This was evidenced in workers' responses to the open-ended invitation at the start of each vignette review to "begin by talking about the case, your thoughts and impressions, until you have nothing left to say about it", where workers provided their perspectives on various aspects of the case, including maternal support, that were ultimately related to their case decisions, as well as in response to focused questions on various aspects of the case, such as their assessment of the family, their view of the child's disclosure, and their consideration of the dimensions of maternal belief and maternal behavior.

To illustrate, although there is nothing specifically described in the vignettes to identify the motivations of the non-offending mothers, workers often revealed their hypotheses about the mothers' belief and behavioral responses by ascribing explanations and rationalizations to her. Notably, variables of the vignettes were often interpreted differently, as a result of the underlying working hypotheses of the workers, which

affected intervention decisions. For example, similar attributions, such as exhaustion, were expressed by the following two participants in considering the response of the non-offending mother in the B Family. However, the social workers' differing interpretations of meanings of these attributions (i.e. their hypotheses) resulted in the first worker's intervention plan to work with V alone around safety planning while the second worker preferred to work with M to assess what she was prepared to do to ensure V's safety:

I think mom's response is out of exhaustion. I think she has had a lot going on in her life and probably cannot handle another incident involving her daughter. She sounds frustrated and aggravated with her in having to deal with all the parent conflict and the theft and the criminal activity. She's already kicked out one boyfriend, so she's probably aggravated with her daughter at this point. So I think she just doesn't have the patience or the time to believe it, so she just dismisses it. (Worker 7, who recommended safety planning with V)

M is well aware that D has sexual fantasies about V but uh, but at this point, I don't, I just don't think that she's wanting to be a parent towards V. I really think she's looking at a minimalist approach to parenting. I think as, as a non-offending parent, I think she's at her wits end with her situation. I just think she's had enough of being involved with child welfare, her own problems with alcohol use, neglect of the children, parenting stuff. I think she's exhausted and she hasn't received support or is in a position to address the problems or make changes. (Worker 1, who recommended working with M to help her become more protective)

Workers also offered hypotheses about the ambivalent belief of the non-offending mother in the D Family, as expressed by her questioning of her daughter about the abuse.

As described by Worker 4:

I think she wants to spend more time talking with her daughter about it, reassuring her that she's respectful that this has been a difficult experience for her. And where she is confused, to ask about it, to express that to her daughter, not with the "What really happened?" piece of it, but in more so the supported fashion, so that V feels more reassured rather than embarrassed, to be able to open up with her mom and that she's able to express to her that a child's needs are first and foremost. I am positive that mom is starting to work through a process. I'm sure she's going to get to anger and all that kind of thing at some sort of point.

Worker 7 had a different partial case hypothesis with regard to this same non-offending mother's ambivalence:

I think at some level I think she believes her but then her further actions indicate that she doesn't so, I think if I had to choose one or the other, I would say that she won't let herself believe that it happened. I get the sense that she contacted the police because she had pressure from her family to do that, from her son. But by her statement, saying she's confused, she's not sure if it happened and asking V, you know, "What really happened?", I think if she truly believed her, then she wouldn't need to keep asking the question.

Not surprisingly, each worker had a different assessment of risk in this case and recommended different case interventions, with Worker 4 planning on working collaboratively with the mother and daughter around counselling and safety planning and Worker 7 stressing the importance of the daughter remaining out of the home, especially if the mother maintained some degree of contact with the alleged offender.

Given that maternal support is only one factor to be assessed during an investigation into intrafamilial child sexual abuse, it is reasonable to consider these assessments to be examples of partial case hypotheses.

Decision Making Models

Although there is still much to learn about the decision making processes of child and family services workers with regard to maternal support in intrafamilial child sexual abuse cases, there were some consistent patterns in decision making that were discernable from this study. This was especially true for situations involving very low risk, such as the A Family, where both the mother's belief in the child's disclosure and her actions to protect the child were assessed to be supportive. Conversely, the scenario which

generated the most inconsistency in decision making across workers was the D Family, where the mother expressed ambivalent belief in the child's disclosure, despite taking many protective actions to ensure the safety of the child. One of the key differences between the A Family and the D Family was the non-offending mothers' degree of belief in the child's disclosure: Both mothers took similar protective steps to ensure the immediate safety of the child, but one mother fully believed and one mother struggled to believe. Social workers emphasized the role of maternal support in decision making, identifying the inter-relationship between maternal belief and maternal behavior with many placing stronger weight on maternal belief. In particular, ambivalent belief was considered to increase the risk of the non-offending mother's ongoing contact and reconciliation with the alleged offender, thus increasing the possible risk of further sexual abuse. Variables such as the age of the child and the importance of maintaining a relationship of attachment between the mother and child were rarely cited by study respondents as factors influencing their decision making in these two cases.

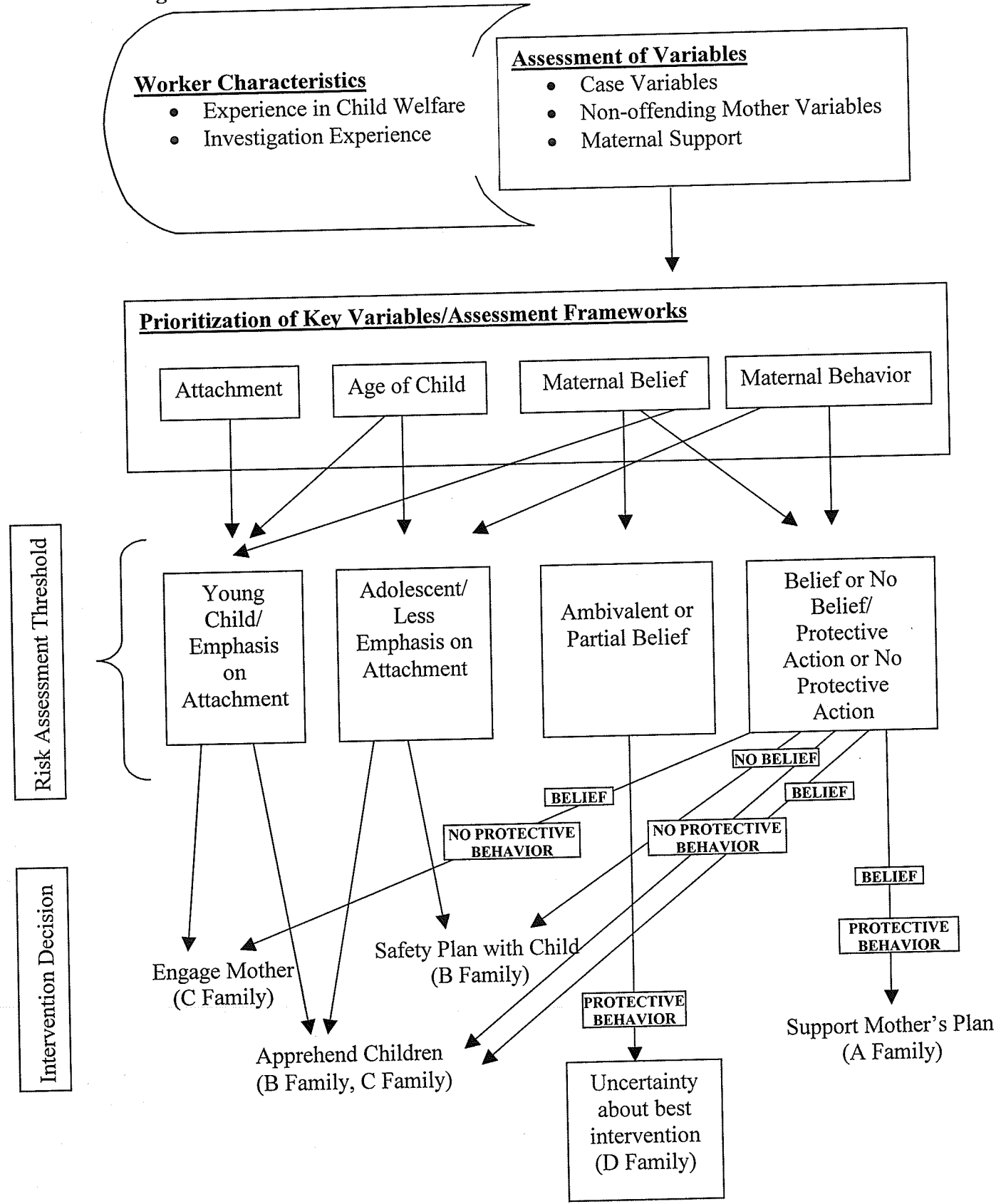
However, when cases were not clearly low risk or marked by ambiguity in maternal belief, other variables seems to play a significant role in decision making. In conjunction with maternal support, the age of the child and the emphasis on the importance of attachment relationships were key factors in the determination of risk and the intervention decision. Attachment is often a primary consideration when children are young, with this philosophy embedded into child welfare legislation in formal requirements to attain permanency for young children within prescribed timeframes. On the other hand, adolescents are viewed as needing to accomplish different developmental tasks than attachment, such as developing independence and autonomy. It is regarded as

normative for adolescents' focus to shift away from family and toward peers in during this stage of development. The focus on these variables is illustrated in the C Family, where half of the workers who reviewed the case focused on maintaining the attachment between the young children and their mother, and in the B Family, where the advanced age of the adolescent victim and the apparent lack of attachment between her and her mother resulted in half of the workers focusing interventions on safety planning with the adolescent victim.

In each of these cases, different thresholds for tolerating risk were demonstrated, filtered through workers' beliefs about two inter-related variables: the importance of attachment (either with biological parents or with extended family) and the age of the child. For the C Family, the risk of disrupting the attachment bond of young children was weighed against the likelihood that the non-offending mother could not follow through with a safety plan to protect the children from the alleged offender. Respondents were evenly split between providing any necessary support to assist the mother in parenting the children, thus maintaining the attachment relationship, and developing a permanent plan with long-term caregivers, such as extended family, who could provide a safe environment where attachment bonds may exist and could be strengthened. For the B Family, workers were divided among those who were willing to accept the mother's resistance and work solely with the adolescent victim around safety planning, leaving her in the family environment that she would likely leave upon reaching age of majority, and those who would apprehend the child but try to engage the mother in recognizing her responsibility for keeping the child safe.

A model exhibiting these decision processes is provided in Figure 2 below.

Figure 2: Decision Making Model



The illustration begins with an acknowledgement that the assessment of case variables, including the specific role of maternal support, is filtered through the lens shaped by the worker's personal characteristics, especially his or her experience in child welfare practice and in conducting child abuse investigations. The key variables of attachment, the age of the child, maternal belief and maternal behavior are prioritized differently, according to the features of the case and the assessment process conducted by the child welfare worker. While this leads to an assessment of risk, it must be noted that different workers will have different thresholds as to what constitutes risk, accounting for the variation that is often seen across workers. The prioritized variable(s) and the determination of risk lead to an intervention decision.

For the A Family, the overall concept of maternal support, expressed in both maternal belief and maternal behavior, led to a consistent decision to support the mother in her efforts to remain separated from the alleged offender. For the B Family where the age of the child was a salient variable, workers who found the mother to be uncooperative were more likely to safety plan with the child, while those respondents who felt that the mother still held a degree of responsibility for the child's safety identified apprehension as the appropriate intervention, sometimes with accompanying efforts to engage the mother in a plan to assure safety of her daughter. With the C Family, the young ages of the children were emphasized, with workers expressing an interest in the attachment needs of the children by either focusing on supporting the mother by whatever means necessary to maintain the parental bond, or by placing the children with extended family to ensure continuity of family attachments. For each of these three vignettes, workers generally fell into similar groups of intervention decisions, often connected to their level

of experience in conducting abuse investigations. The inter-relationship between maternal belief and maternal behavior in their decision making processes was described by many workers.

Comparatively, the ambivalent belief held by the mother in the D Family was cited by the majority of workers as the key variable that influenced their intervention decisions in this vignette. However, the interpretation of ambivalent belief by respondents was disparate and inconsistent, resulting in a diverse range of characterizations of the mother's behavioral response to the child's disclosure, including "protective", "fairly appropriate", "mediocre", "worrisome", and "non-protective". Further, workers expressed distress, uncertainty, and ambivalence themselves about the most appropriate intervention to implement.

Conclusion

With many qualitative studies, a wealth of data and information is generated that can lead to the analysis and identification of many themes, patterns, and insights. This study into the effects of maternal support on child welfare decision making has yielded a considerable amount of material of both breadth and depth into better understanding the topic. The process of grounded theory, specifically the constant comparative analysis that is the hallmark of this methodology, encourages a more focused approach to managing the quantity of valuable data that is produced in qualitative research. Through this method, a number of key themes emerged in this research.

Most significantly was the recognition that maternal ambivalence, especially in terms of the non-offending mother's belief in the child's disclosure, remains a phenomenon that is not well understood or consistently interpreted in child and family services agencies. Situations where the mother expresses ambivalent or partial belief in the child's disclosure, despite her protective actions, led to pervasively inconsistent interpretation and decision making on the part of social workers in this study. However, despite the diversity in decision responses, ambivalent belief clearly played a significant role in the determination of risk and intervention decisions in this study. This finding is paralleled in the professional literature, leading to the call for research toward developing a more comprehensive understanding of the construct of maternal support.

Conversely, situations of low risk, evidenced by the mother's belief in the child's disclosure and her protective actions, led to more uniform decision making on the part of social workers towards supporting the mother's response. This too is consistent with the literature on decision making that suggests that cases at the extreme end of the risk continuum (very low risk and very high risk) are more likely to be assessed similarly by child welfare practitioners.

However, this study demonstrated that in addition to maternal support, other factors weighed heavily in the decision making process. In particular, the age of the child and the normative developmental tasks related to attachment were referenced as key variables in the decision making process in this research. The interpretation of maternal belief and maternal behavior in relation to the child's age and the need to maintain attachment bonds did differ across workers, often related to the workers' level of experience in conducting abuse investigations and their risk determination threshold,

resulting in split groups of respondents with similar assessments and intervention decisions for some of the vignettes.

While significant gains are beginning to be made in research, there is still much more work to do to understand the role of maternal support, especially the non-offending mother's ambivalent belief, in child welfare decision making. However, even with increased recognition of the challenges facing non-offending mothers in their efforts to support and protect their children from maltreatment, child welfare workers must ultimately make decisions that they believe will ensure the safety of children. Krane and Davies (2000) note:

In their everyday child protection practice, social workers confront mothers struggling to care for their children, often under extremely trying conditions. Of course, some workers grapple with how to understand and address mothers' complex lives and concerns. They may be well aware of the constraints mothers face and may struggle to resist the implicit imposition of idealized standards of maternal care that are seemingly reproduced through risk assessment tools. However, child protection workers are held to account for the well-being and security of children. (p. 42)

While workers must attend to the over-arching responsibility of ensuring the safety of children from abuse and harm, "the statutory context of child welfare practice in conjunction with risk assessment tools render it difficult to escape the focus on maternal inadequacies" (Krane & Davies, 2000, p. 41). Child and family services agencies must be challenged to develop proactive strategies to ensure that staff are made aware of research developments that enhance professional knowledge with regard to maternal ambivalence while also acknowledging the bias against mothers that is embedded in child welfare practice. Further, agencies must prepare and support social workers to approach and manage cases of intrafamilial child sexual abuse, particularly those marked by

maternal ambivalence, in a way that facilitates, sustains, and strengthens the expression of maternal support while also ensuring the protection of children from further sexual abuse.

The following final chapter explores these themes and other implications of the study for policy, practice, and research in more depth.

CHAPTER 6

IMPLICATIONS FOR POLICY, PRACTICE, AND RESEARCH

Child and family services workers must make decisions on a daily basis that balance the importance of family preservation with the child's right to safety and protection from harm. Making such decisions is acknowledged to be a challenging and difficult process for practitioners, requiring appropriate academic preparation and training, adherence to legislative requirements and accepted standards of practice, consultation with supervisors and experienced colleagues, and the capacity to reflect upon one's personal values, beliefs, practice wisdom and biases. Within these components of decision making are inherent complexities. The knowledge base of child protection work is typified by competing theories, with no clear theoretical foundation identified to guide practice. Societal views of women and mothers, especially in terms of their ultimate responsibility for their children's development and protection, are reflected in child welfare practice and standardized processes, such as risk assessments. Direction from supervisors is predicated on the comprehensiveness of information provided by investigating workers, as filtered through the unique perspective of each individual worker. Finally, research suggests that child welfare decision making is a varied process, often influenced by intuition and sometimes occurring with little reflection or conscious analysis.

Decision making in investigations of intrafamilial child sexual abuse is marked by these characteristics, made all the more salient by the fact that mothers are more likely to

be non-offending parties and unaware of the occurrence of sexual abuse until disclosure by the child. Mothers' capacity to demonstrate support for their children upon disclosure, described in many studies as expressions of belief and actions to prevent further maltreatment, may be compromised by mothers' histories, their experiences of abuse, violence and oppression, their shock at the revelation of the child's abuse, and the judgment they face by the child welfare system that is mandated to quickly determine if the child remains at risk in the present environment. Yet, these compromised expressions of maternal support are still significant influences in the decision making processes of child protection workers in determining interventions to ensure the child's safety.

This qualitative study explored the impact of maternal support on child welfare decision making through the examination of how child protection workers responded to four vignettes depicting different reactions of non-offending mothers: a mother who believed and took protective action, a mother who did not believe and did not take protection action, a mother who believed but did not take protective action, and a mother who did not believe but took protective action. Grounded theory was utilized to code and analyze the participants' responses, leading to the identification of themes and the proposition of a decision making model that illustrated how aspects of maternal support were interpreted in decision making and considered in relation to other variables, depending upon the characteristics of the case.

This chapter summarizes the key findings of the study and examines the implications of the study findings for social policy, child welfare practice, and future research. Although there is still much to be learned about the role of maternal support in

child welfare decision making, this study offers some insight into the complexities of decision making in the investigation of intrafamilial child sexual abuse.

Summary of Key Study Findings

This research into the impact of maternal support on the decision making processes of child and family services workers provided some added understanding to the interpretation of maternal support by the child welfare practitioners, particularly in terms of how maternal belief and maternal behavior may impact decisions with regard to whether the victimized child is apprehended or left in the home. While the findings of this study, involving a small number of child welfare practitioners, cannot be generalized to the broader child welfare community, the responses from participants provide new insights into decision making that merit further research.

Decision making was most influenced by maternal support in a consistent way when the non-offending mother demonstrated both a strong belief in the child's disclosure and took protective action to prevent further contact with the alleged offender. Workers referenced maternal support as the key factor in decision making with regard to the vignette with these features (the A Family), illustrating how mothers who respond in a clearly supportive manner, in accordance with society's expectations of a 'good mother', receive the least intrusive type of intervention from the child welfare system. Notably, this type of case was assessed to be low risk by study respondents based on their assessment of maternal support.

However, in vignettes where maternal support was not characterized by full belief and/or protective action on the part of the non-offending mother, other variables were

assessed in conjunction with maternal support. The age of the child victim was frequently identified as a consideration in decision making, with some workers viewing the adolescent victim who was not believed or protected by her mother in the B Family as being capable of maintaining her own safety with support and oversight by the child welfare agency, while other workers recommended apprehension. When the child victim was young (as with the C Family vignette), attachment was emphasized as a consideration for study respondents. Half of respondents advocated engaging and supporting the non-offending mother to maintain the mother-child bond if at all possible, even though the mother had been unable to follow through on protective action, while the others focused on securing relationships of attachment for the children with extended family. Risk was assessed to be considerably higher in both of these vignettes compared to the A Family vignette.

What emerged most clearly in this research is the challenge that ambivalence in maternal belief in the child's disclosure presents to child welfare practitioners in making decisions, as illustrated in the D Family vignette. Workers were unsure how to understand maternal ambivalence, how to intervene with the non-offending mother to assist her in sorting through her ambivalence, and how to identify and resolve their own ambivalence about appropriate case intervention. Further, assessments of risk in this vignette varied considerably.

The fact that workers were mainly critical of the non-offending mother in the D Family, who struggled to believe, and underplayed the impact her protective actions had on promoting the child's safety, is in significant contrast to the responses of research participants to the C Family, a case that workers consistently assessed as high risk due to

the non-offending mother's inability to take any protective actions. Yet fully half of respondents advocated for interventions that would allow the children to remain with their mother in the C Family, while workers reviewing the D Family vignette rationalized their decision making by projecting their belief that the mother would eventually reconcile with the alleged offender, either creating renewed risk to the child or severely damaging the mother-daughter relationship.

Clearly, access to the alleged offender is a serious issue that must be considered in child welfare decision making. Consequently, it would not be surprising to find that maternal behavior to ensure the protection of the child would weigh heavily in decision making. However, in this study, maternal belief emerged as a more salient aspect of maternal support, although always in relation to other variables, such as the child's age, the emphasis on attachment, and the interaction between maternal belief and maternal support as components of maternal support. Strikingly, many workers were willing to work with the non-offending mother who demonstrated some level of belief that the abuse had happened, as depicted in the C Family vignette, despite her immediate inability to ensure protection from the alleged offender. Conversely, the non-offending mother of the D Family vignette, who struggled to believe but took appropriate protection steps, was considered by many workers to be at risk of failing to maintain distance from the alleged offender over time due to her ambivalent belief.

Engaging the non-offending mother was identified as a challenge by respondents who reviewed the B Family vignette, where the mother did not believe or take protective action, and the D Family vignette, where the mother was ambivalent in her belief. Some practitioners noted the importance of developing a collaborative working relationship

with the mother, to reduce her denial, to educate her about the realities of intrafamilial sexual abuse, to empower her, and to provide remedial intervention that might lead the mother to acting more protectively. However, many of these respondents expressed uncertainty about how to gain the trust of the mother. Others expressed anger toward the mother and an unwillingness to engage her, interpreting her response to be non-protective. Client resistance to child welfare involvement, often cited as a barrier to workers' efforts at engagement, was only present in the B Family vignette, pointing again to the confounding impact that ambivalent belief plays in decision making and case intervention.

This discussion outlined the key findings of this study into the impact of maternal support in child welfare decision making. Although important themes and patterns were identified, further research is warranted to better understand how maternal belief and maternal behavior, as well as other variables that affect risk assessment and decision making, are considered by investigating social workers. However, these findings do have current implications for policy development and child welfare practice, until further research can be conducted.

Implications for Policy

It has been argued in the literature that risk assessment processes reflect society's unfair bias against mothers to be held fundamentally responsible for the well being of their children. Since risk assessment processes and tools are frequently articulated in the practice standards that child welfare agencies follow, the review of risk assessment policy, within the broader social context that overemphasizes the responsibility of

mothers and obscures the responsibility of men who offend, is required. Such an examination may lead to the development of risk assessment protocols that acknowledge the challenges facing many mothers that contribute to risk factors that are, to a great extent, beyond their control. Provincial policies, and corresponding agency funding, to allow for the provision of support services that assist mothers in mitigating risks, such as in-home support, guidance in parenting, counselling, and other programs, may allow more children to remain at home while risk factors are addressed in a more systemic manner, as opposed to being left entirely in the hands of non-offending mothers.

Social policies beyond the child and family services system, such as the policies of the justice system and income assistance programs, also merit examination. As one example, women who would be negatively affected financially by separating from their partners would benefit from policies that ensure they receive legal assistance, financial support, and the right to remain in the family home. These assurances may reduce some of the economic barriers that prevent mothers from acting in a more supportive manner when sexual abuse is disclosed.

Further, current legislative and policy processes are not sufficiently evolved to support investigative approaches such as joint interviews by child welfare practitioners and police officers. This method of investigation could strengthen the substantiation of abuse allegations and assist mothers in more strongly believing the disclosures of their children, rather than feeling caught in ambivalence and questioning the veracity of the disclosure. In response to the limitations of the current investigative process, Manitoba is presently exploring the implementation of a Child Advocacy Centre model to child abuse investigations. This model would ensure that all allegations of sexual abuse are

investigated by specially trained forensic interviewers and that collaboration among the child welfare, police, and medical systems is enhanced by having children and their non-offending mothers receive coordinated services in one facility. Innovations such as this may contribute to better service delivery, including more support to children and their mothers during the course of investigation.

Finally, although this was not the focus of the research discussed here, a point raised by Bolen (2003) deserves mention. It must be recognized that one of the key variables that affects the decision to remove children from the home is access by the alleged offender. Rather than perpetuating the expectation that non-offending mothers be responsible for ensuring that children are safe from the alleged offender at a time when she herself is emotionally distraught and in need of support, policies and strategies should be developed in collaboration with the criminal justice system to enforce the removal of the alleged offender from the child's home environment. This kind of response ameliorates the pressure on the non-offending mother, which may free her to be more cognitively, affectively, and behaviorally supportive to her child. It may also provide the child and family services system with an investigative context that allows for decisions to be made over time, based on a more thorough assessment and through the development of a collaborative working relationship with the non-offending mother.

Implications for Child Welfare Practice

Although there is still much to learn about the construct of ambivalence, as noted in the detailed literature review in earlier chapters, child welfare workers would benefit from increased knowledge about the experiences of non-offending mothers and a

normalization of the experience of ambivalence. While ambivalence may still present challenges to the assessment of risk, as it may not be clear how mothers will respond to the abuse disclosure over time, considering the expression of ambivalence to be normative given the extreme stressors facing most non-offending mothers would encourage workers to build on their efforts to engage the non-offending mother and take an especially open and compassionate position. This more open, accepting stance may allow ambivalent mothers to work through their conflicted feelings and contrasting beliefs, facilitating a resolution of the ambivalence that ultimately leads to a more protective response. Consequently, relationships between mothers and sexually abused children may be preserved and strengthened, allowing for better opportunities to maintain children at home with their mothers or earlier reunification with mothers in instances where apprehension is the initial intervention decision.

In addition to developing a better understanding of maternal ambivalence, child and family services workers would benefit from adding to their repertoire of skills and strategies to engage non-offending mothers, especially those who present as hostile and non-compliant as well as those who struggle with ambivalence. Respondents seemed to struggle the most with the non-offending mothers with these attributes, and for some workers, rather than find ways to engage them, there was a tendency to want to avoid these mothers and work more directly with the child who had been victimized.

Supervisors can play a critical role in developing these skills, both in formal training and in daily case consultations, to support workers in making concentrated efforts to form collaborative and supportive working relationships with these vulnerable family members.

Supervisors also play an important role in facilitating reflective practice, considered to be important in child welfare decision making. Supervisors can assist workers to examine their assumptions, judgments, interpretations and perceptions, leading to more conscious decision making and a better opportunity to avoid biases. Strategies for supervisors to develop the capacity for reflective practice in social workers include skillful questioning, in-depth dialogue about cases, sharing practice wisdom, challenging assumptions and biases, and encouraging detailed articulation about hypotheses and interpretations, leading to more informed case decision making.

Given the decision making authority held by child welfare social workers, it could be reasoned that it is difficult, if not impossible, to create an authentically collaborative relationship with non-offending mothers. Instead, it may be more effective to train family support workers to engage non-offending mothers and work with them to better understand the impact of the sexual abuse on themselves and their children. Support workers may be viewed as less threatening than mandated child protection workers to the non-offending mother, dedicated to their needs rather than balancing the needs of children against the goal of family preservation, and provide a safer environment within which mothers could express their ambivalence without fear of negative agency consequences. Certainly, family support workers are still required to report concerns that present risk to the child, just as any collateral professional is required to do under child welfare legislation, but do not hold the same dual role that child welfare social workers have, which may compromise their abilities to form cooperative working relationships with non-offending mothers.

Implications for Research

Clearly, additional research is required that develops our understanding of maternal support. Like other studies of maternal support, this research has highlighted the ongoing confusion about how to interpret and respond to maternal ambivalence. In particular, the research of Bolen and Lamb (2004) articulating distinctions among cognitive, affective, and behavioral ambivalence, the dynamics among these components of maternal ambivalence, and the relationships among these components with other factors, is one that encourages a more comprehensive perspective of maternal support. Consequently, further research that elaborates on this theme could be helpful in providing workers with better direction and guidelines in assessing and responding to maternal ambivalence in intrafamilial sexual abuse investigations.

Bolen and Lamb's most recent research (2007) on the possibility that non-offending mothers can be both ambivalent and supportive requires replication with larger samples to verify the authors' findings. Other pertinent research questions stemming from their study, as noted earlier, include determining whether ambivalence is measured more accurately by assessing the non-offending mother's belief, affect, or behavior, as well as examining whether ambivalent belief and ambivalent affect are antecedents to ambivalent behavior. The authors also note in general the dearth of research that articulates "how parental support should be defined, operationalized, captured, and analyzed" (p. 195), which would provide a more definitive foundation from which to assess maternal support, including ambivalence, in the crisis of an abuse disclosure.

The responses of workers to the vignettes also raised questions about the impact that the age of the child victim might have on the decisions made by child welfare

practitioners. Despite the lack of protective action by the non-offending mother in the C Family, half of the workers who reviewed this case felt strongly about expending considerable effort and agency supports to try to preserve the family unit (less the alleged offender), citing the young ages of the children as a the main rationale. This level of support for a family preservation approach to intervention was only as strongly exhibited with the A Family, where the non-offending mother was both believing and behaviorally protective. Conversely, when the child was an adolescent and the non-offending mother was deemed to be non-supportive in some way, workers were more willing to implement a safety planning intervention with the adolescent. This raises an important question: At what age of the child victim does the emphasis shift from working with the non-offending mother to working with the child victim? In what ways is this shift related to social workers' expectations about the importance of attachment? Further, to what extent might dimensions of maternal belief and maternal behavior affect this shift? Research in these areas would inform practice in many ways.

Conclusion

This study has provided a valuable opportunity to examine in some depth the decision making processes of child welfare investigators in relation to the assessment of maternal support in situations of intrafamilial child sexual abuse by the mother's partner. The topic remains a relevant issue in today's child welfare field, given the ongoing identification of intrafamilial sexual abuse as a social problem, one in which women are more rarely the perpetrators of the sexual abuse but are almost always held accountable

for the protection of children from that abuse. While all parents hold responsibility for the safety and well-being of their children, the embedded societal biases against women, and the multitude of stressors facing them upon the disclosure of sexual abuse, structure child welfare interventions in such a manner that mothers may find it difficult to respond in a supportive manner. This, of course, has implications for child welfare decision making.

Research in recent years has considered various aspects of maternal support, such as the non-offending mother's belief in the child's disclosure and her actions to ensure the protection of the child from further harm. The results of this study support the contention that the construct of maternal support involves several components. Respondents in this study often distinguished between belief and behavior, often noting the interaction between the two components in their assessments of the non-offending mother's expression of support. Further, maternal belief emerged as a key variable that at times was viewed as more predictive of future behavior than present action was considered to be.

However, maternal support was not the overriding variable in decision making. Critical to assessment and decision making were the age of the child victim and the developmental importance of attachment for that child victim, in conjunction with expressions of maternal support. Workers were not always in agreement about the emphasis to be placed on each variable, or about how such emphasis should influence intervention decisions, demonstrating varying degrees of risk tolerance and practice experience, adding to the complexity of decision making processes. Although a model of

decision making was proposed, based on the findings of the study, decision making remains a multifaceted process that is not yet fully understood.

Finally, the expression of maternal support that generated the most uncertainty and confusion for participants in this study was the occurrence of ambivalence. Maternal ambivalence is a phenomenon generating recent attention in the professional literature, and this study supports the need for ongoing research in this area. Study respondents were the most diverse in their interpretation of maternal ambivalence and expressed considerably uncomfortable feelings about how to manage cases characterized by ambivalence. With increased recognition that maternal ambivalence is common and should be anticipated by child welfare workers, it is important that child welfare agencies, governance bodies, and researchers attend to the need to enhance our understanding of ambivalence and develop more effective strategies to assess and intervene in investigations of intrafamilial child sexual abuse.

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APPENDIX A

INVITATION TO PARTICIPATE IN PHASE 1 OF RESEARCH PROJECT

Invitation to Participate in Research Project:

CHILD WELFARE DECISION-MAKING IN INTRAFAMILIAL CHILD SEXUAL ABUSE: THE IMPACT OF MATERNAL SUPPORT

Child sexual abuse is a frequently occurring social issue, affecting an estimated 11% to 45% of women and between 3% and 9% of men ((Dunne, Purdie, Cook Boyle, & Najman, 2003). It is a complex social problem with significant, often traumatic, effects for victims and other family members, such as nonoffending mothers (Putnam, 2003). The impact of the disclosure of child sexual abuse on nonoffending mothers can affect their capacity to demonstrate support to their children (Carter, 1993; McCallum, 2001). Yet, the nonoffending mother's capacity to protect and support the child has been shown in studies to be a central factor in the decision of child protection workers to remove the child from the home for physical safety (Corcoran, 1998; Heriot, 1996; Hunter, Coulter, Runyon, & Everson, 1990).

You are being invited to participate in a research project on child welfare decision-making in intrafamilial child sexual abuse conducted by Linda Burnside from the Child Protection Branch as part of the requirements for her Doctor of Social Work degree. This doctoral research project will examine the decision-making processes of child welfare workers with regard to their investigations of intrafamilial child sexual abuse (defined for the purposes of this study as the sexual abuse of a child by the mother's partner). Of particular interest is the impact that maternal support has on the decision making process. Striking the balance between removing the child to protect against further sexual abuse and providing sufficient supports to ensure safety in the home is a considerable challenge, especially when few guidelines exist to help practitioners assess the risks associated with home versus placement for any individual child in sexual abuse cases.

This research will examine the decision-making processes of social workers who conducted intrafamilial sexual abuse investigations while employed with Winnipeg Child and Family Services Branch from April 2003 to April 2005. The study will employ semi-structured qualitative interviews with social workers related to two of their cases involving substantiated intrafamilial child sexual abuse: one case in which the social worker decided to remove the child from the care of the mother, and one case in which the social worker decided to leave the child in the mother's care. Therefore, each worker will participate in two interviews of approximately 2 – 3 hours each. Social workers will be asked to describe their decision-making process, including how the mother's response to her child's sexual abuse affected the decision to remove or leave the child. Other factors that may have influenced decision-making, such as worker knowledge of intrafamilial sexual abuse, risk assessment tools, and supervision, will also be considered. File information will be accessed to obtain anonymous, non-identifiable demographic information with regard to the cases discussed.

Interviews will be conducted outside of normal business hours, during the evenings or on weekends, or at another mutually agreed upon time, beginning in

December 2005 until March 2006. Participants will be offered an honorarium for their participation in the study. All interviews will be audio-taped and transcribed. The identity of participants will not be included on the transcription of interviews. Number codes will be maintained by the researcher to ensure confidentiality of responses. Further, the identity of social worker participants, and the identity of families discussed, will not be used in any reports or presentations. The results of the study will be provided first to participants, then to Winnipeg Child and Family Services Branch, the Child Protection Branch, and the child and family services Authorities.

Participation in this study is voluntary. Should you agree to participate, you can decline to answer any of the questions and you can choose to withdraw from the study at any time without repercussion. Prior to the start of any interviews, the researcher will review with the participant any concerns about his/her involvement in the study due to the employment history of the researcher in the child and family services field. It should be noted that the researcher's employer, the Child Protection Branch, is not involved in the study and will not receive any information regarding the study, except for the final, anonymized report that will first be released to participants.

Audio-tapes will be erased following the typing of transcriptions. Transcriptions will not contain names of participants, only a coded number that can be used to identify you. Transcriptions will be maintained for 5 – 6 years, as per APA guidelines for research and publication, and shredded upon the expiry of this time period.

If you are interested in participating in this research, or if you would like further information before making a decision about participation, please contact Linda Burnside, Principal Researcher at the Child Protection Branch at 945-3848, 1
, or by email at her work email address
at lburnside@gov.mb.ca by November 30, 2005.

APPENDIX B
PHASE 1 PARTICIPANT CONSENT FORM



UNIVERSITY
OF MANITOBA

Faculty of Social Work
Participant Consent Form

521 Tier Building
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-7050
Fax (204) 474-7594
Social_Work@UManitoba.CA

Research Project: Child Welfare Decision-Making in Intrafamilial Child Sexual Abuse:
The Effect of Maternal Support

Principal Investigator: Linda Burnside, doctoral student, Faculty of Social Work
Advisor: Dr. Brenda Bacon, Faculty of Social Work (474-8454)

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please feel free to ask. Please take time to read this consent form carefully and to understand any accompanying information.

This study will examine the decision-making processes of child welfare workers with regard to their investigations of intrafamilial child sexual abuse (defined for the purposes of this study as the sexual abuse of a child by the mother's partner). Of particular interest is the impact that maternal support has on the decision making process. Striking the balance between removing the child to protect against further sexual abuse and providing sufficient supports to ensure safety in the home is a considerable challenge, especially when few guidelines exist to help practitioners assess the risks associated with home versus placement for any individual child in sexual abuse cases.

Participation in this study is voluntary. Declining to participate will not affect your employment in any way, now or in the future. If you agree to participate, you will be asked to meet with the researcher on two (2) occasions for approximately 2 –3 hours each time. In these two semi-structured interviews, you will be asked to discuss two of your cases involving substantiated intrafamilial child sexual abuse: one case in which you decided to remove the child from the care of the mother, and one case in which you decided to leave the child in the mother's care. You will be asked to describe your decision-making process, including how the mother's response to her child's sexual abuse affected the decision to remove or leave the child. Other factors that may have influenced decision-making, such as worker knowledge of intrafamilial sexual abuse, risk assessment tools, and supervision, will also be considered. File information will be accessed to obtain anonymous, non-identifiable demographic information with regard to the cases discussed.

Each interview will be audio-taped and transcribed. Your identity as a participant will not be included in the transcription of interviews. Transcriptions will not contain names of participants, only a coded number to ensure your confidentiality. Further, your identity as a participant, and the identity of families discussed, will not be used in any reports or presentations.

All tapes of interviews will be kept in a locked cabinet in the researcher's home office. Audio-tapes will be erased following the typing of transcriptions and tracked according to the assigned number code corresponding to your name for the purposes of confidentiality. Transcriptions will be maintained for 5 – 6 years, as per APA guidelines for research and publication, and shredded upon the expiry of this time period.

Although you are an experienced social worker and familiar with the ethical guidelines and laws governing confidentiality and reporting of suspected child abuse and neglect, should discussion during an interview lead to disclosure of some form of child abuse or neglect that has not been previously reported, the researcher is under an obligation to report such disclosures in accordance with legal requirements. Personal health information of client families that may be disclosed during this study will be treated as confidential in accordance with The Personal Health Information Act of Manitoba.

A summary of the results of the study will be provided first to participants, then to Winnipeg Child and Family Services Branch, the Child Protection Branch, and the child and family services Authorities. Articles may be written for the purpose of publication in professional journals.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in this research, and agree to participate. In no way does this waive your legal rights nor release the researcher, advisors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. Linda Burnside, the researcher, can be reached at 945-3848 at the Child Protection Branch.

Should you wish to receive a summary of the findings of this research, please indicate on the appropriate signature line below. A summary of the findings will be mailed to you in late 2006.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have concerns, you may contact the Human Ethics Secretariat at 474-7122, or email margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Name of Participant	Signature of Participant	Date

Name of Researcher	Signature of Researcher	Date

I wish to receive a summary of the results of this research.

Signature of Participant

Mailing Address:

July 2005

Participant Initials & Date: _____

APPENDIX C

PHASE 1 PARTICIPANT DEMOGRAPHIC INFORMATION

APPENDIX C

Demographic Information

1. **Child and Family Services Social Worker**

Gender _____ Age _____ Highest Education Level _____

Years in Child Welfare _____ Years in Child Protection Role _____

Number of Completed Sexual Abuse Investigations _____

Training in Child Sexual Abuse _____

Training in Child Sexual Abuse Interviewing _____

2. **Nonoffending Mother**

Age _____ Employment Status _____

Identified Issues: _____ Addictions _____ Childhood Sexual Abuse History

_____ Depression _____ Mental Health

Other _____

3. **Alleged Offender**

Age _____ Employment Status _____

Relationship to Nonoffending Mother _____

Relationship to Child Victim _____

Identified Issues: _____ Addictions _____ Childhood Sexual Abuse History

_____ Depression _____ Mental Health

Other _____

4. Child Victim

Gender _____ Age _____ Legal Status at Time of Disclosure _____

Case Status at Time of Disclosure _____

Legal Status at End of Investigation _____

Sexual Abuse Summary: _____

Frequency _____ Duration _____

Impact on Child _____

Who Did Child Disclose To _____

Identified Issues: _____ Addictions _____ Disability

_____ Depression _____ Mental Health

Other _____

5. Family

Socioeconomic Status _____ Culture _____

Prior Agency Involvement _____

Prior Contact Identified Issues _____

6. Case

Source of Referral _____

Police Involvement: Charges _____ Criminal Court _____

Outcome of Criminal Court _____

Outcome of Child Abuse Committee Review _____

APPENDIX D
PHASE 1 INTERVIEW GUIDE

APPENDIX D

Interview Guide

A. GENERAL QUESTIONS

1. Describe the case.

Prompts:

- How did the case come to the agency's attention?
- How did the disclosure come to the agency's attention?
- What steps were identified to conduct the investigation?
- What did you do first?

2. Describe the family.

Prompts:

- Who was in the family at the time of referral?
- Who was in the family at the time of disclosure?
- Did you have a prior relationship with the family at the time of the investigation?

3. Describe the interview process with the child.

Prompts:

- Who interviewed the child?
- How did the child present?
- Did you have a prior relationship with the child at the time of the investigation?
- What was the nature of that relationship?
- What was your assessment at this point in the case?
- How did you arrive at this assessment?
- What did you do next?

4. Describe the interview process with the nonoffending mother.

Prompts:

- Who interviewed the mother?
- How did the mother present?
- Did you have a prior relationship with the mother at the time of the investigation?
- What was the nature of that relationship?
- What was your assessment at this point in the case?
- How did you arrive at this assessment?
- What did you do next?

5. Describe the interview process with the alleged offender.

Prompts:

- Who interviewed the alleged offender?
- How did the alleged offender present?
- Did you have a prior relationship with the alleged offender at the time of the investigation?
- What was the nature of that relationship?
- What was your assessment at this point in the case?
- How did you arrive at this assessment?
- What did you do next?

6. Describe your case intervention as a result of your investigation.

Prompts:

- What action did you take in this case?
- How did you arrive at this decision?
- What factors influenced your decision?

B. FOCUSED QUESTIONS

1. Nonoffending Mother

How did you approach the interview with the mother?

Prompts:

- How did the mother present?
- What did she say?
- What did she do?

2. Nonoffending Mother's Reaction/Response

How would you describe the mother's reaction or response to the child sexual abuse?

Prompts:

- How would you characterize her belief in her child's disclosure? Why?
- How would you characterize her behavior or action in response to her child's disclosure? Why?
- How would you characterize her emotional response to her child's disclosure? Why?
- Describe the relationship between the mother and her child at the time of disclosure.
- Describe the relationship between the mother and the alleged offender at the time of disclosure.

3. Risk Assessment

What was your assessment of the risk in this investigation?

Prompts:

- How did you arrive at this assessment?
- What factors influenced your assessment of risk?
- Did you use a formal risk assessment tool? Which one?
- In what way(s) did the risk assessment tool affect your intervention decision?

4. Role of Supervisor

Describe any discussion of this investigation with your supervisor.

Prompts:

- At what point in the investigation did you consult with your supervisor?
- What kind of consultation/guidance were you seeking from your supervisor?
- What was the result of your consultation?
- How did the consultation affect your intervention?

5. Knowledge of Child Sexual Abuse

How did you develop your professional knowledge of child sexual abuse?

Prompts:

- What are the guidelines or rules that you generally follow when conducting a child sexual abuse investigation?
- What role does the nonoffending mother play in the investigation of child sexual abuse?
- What variables need to be considered in conducting a risk assessment? Why are these variables important?
- What variables impact a child's functioning after a disclosure of sexual abuse? How?

6. Agency Policies/Protocols

What are your agency's policies and practices with regard to child sexual abuse investigations?

Prompts:

- How does the agency assist you in making decisions about intervention in child sexual abuse cases?
- How does the agency hinder you in making decisions about intervention in child sexual abuse cases?

APPENDIX E

VIGNETTES

The Adams Family

The Adams family consists of 43-year-old Mary, her husband David (age 48) and Mary's two children Valerie (15) and Sam (13) from a previous relationship. Mary also has a daughter from an earlier marriage, Susan, of adult age, who has not lived in the family home since prior to David joining the family. David is not the biological father of Valerie and Sam.

Mary and David had been married for five years when Mary learned that David had an affair with a co-worker. The couple had been separated for several months but recently had been working through the issue of the affair. With David's acknowledgement of responsibility for the affair and his apology for hurting Mary, she agreed to a reconciliation. It was at this time that Valerie disclosed to her mother that David had been sexually abusing her prior to their separation.

Valerie told her mom that there had been several incidents of sexual abuse instigated by David over the past four years. The incidents included him exposing his genitals, encouraging sexualized talk, fondling her, and intercourse. Valerie also stated that she suspected that David drugged her, as she often felt very groggy during their sexual contact and could not remember all of the details.

Mary told Valerie that the abuse was not her fault and contacted the local child and family services agency. Upon meeting with the agency social worker, she expressed shock and repulsion for the abuse that had occurred and blamed herself for not knowing what was happening. She indicated that she was taking courses in another community, which kept her away from the home for days at a time, and that David had been primarily responsible for caring for the two children while she was away, prior to the separation. She was financially dependent upon David and advised that the home that the family lived in was his. After Valerie's disclosure, Mary confronted David, who denied the allegations. She has advised him that they will not be reconciling and has denied him access to the home or to the children.

An interview with Valerie was conducted jointly between the agency social worker and the police. Mary brought her daughter to the police station for the interview and wanted to sit in, but understood that this might make it more difficult for Valerie. Valerie was articulate and managed well under the pressure of the interview, but had difficulty with dates and the frequency of the sexual incidents. As Valerie was already sexually active with peers, no medical exam was sought to verify the sexual abuse. An interview with her brother, Sam, also occurred, but he made no disclosure and had not witnessed any of the incidents disclosed by Valerie.

Mary stated that she had always had bad luck with relationships, but felt that David was a positive influence in her life in many ways. He had been the one to encourage her to go back to school and pursue the training that she had always dreamed of. She successfully completed the program and had found employment in the field. Her

first husband had been physically violent, which took a toll on her self esteem and confidence. Additionally, Mary had experienced a sexual assault by a third party when she was a teenager, which had never been addressed by her family and still weighed on Mary emotionally.

Mary described her family as having difficulty talking about things, and she felt especially emotionally distant from Valerie. She recalled that while she was away at her classes, David frequently complained about Valerie not listening to him and getting into trouble. In turn, Valerie often claimed that she had not done whatever David said she had done, but for Mary, it was difficult to sort out the truth while she was away from home. Upon reflection, Mary wonders if David had not been candid about Valerie's behaviors. She recalled finding pornography on his computer, but she accepted his explanation about it being linked to pop-up advertising. Mary also noted that Sam seemed to be struggling, frequently isolating himself from the rest of the family when things got tense in the home.

Mary described David as a quiet but controlling man who had experienced alcohol addiction and depression in the past. He had never been violent towards her. He worked as a senior manager in a small community business. He controlled all of the finances in the family. Mary found him to be a powerful, persuasive man, who could also be manipulative. Often, he boosted her weak self esteem and helped her to feel more confident about herself.

Mary stated that she would like to arrange counselling for Valerie, and perhaps some counselling for herself. She indicated that she has some friends and family members that she will rely upon for support.

The Baker Family

The Baker family consists of 44-year-old Melissa, her common-law partner Dan (45), and Melissa's 16-year-old daughter Vanessa, the youngest of her four children. Vanessa had proven to be a real challenge to her parents. She frequently skips out of school, has been using alcohol, runs away, and has been involved in criminal activity, including stealing cars with her friends. She also had been arrested in connection with a physical fight with her older sister, Sara. Vanessa disclosed to her probation officer that Dan had been sexually abusing her. The probation officer contacted the local child and family services agency.

In the interview with the agency social worker, Vanessa disclosed that Dan had been making sexual advances toward her, by making suggestive comments to her, telling her about his sexual fantasies involving her, and grabbing at her body when she walked near him. She had told her mother about these incidents more than a year ago, and at the time, Melissa acknowledged that Dan had also told her about his sexual fantasies about Vanessa. Her mother took no further action with regard to Vanessa's complaint, so Vanessa tried to ensure that she was not alone with Dan, often inviting her boyfriend to be with her at the family home. Vanessa also disclosed one incident of fondling, which occurred about a year ago. Dan had been drinking and came into the bedroom where Vanessa was watching television. She provided a very detailed description of how he laid down beside her and started touching her over and under her clothing for about 15 minutes. She finally was able to leave the room and the incident ended. There had been no further incidents of fondling. Vanessa presented as credible and consistent in her story. Vanessa stated she has tried twice to tell her mother about this last incident, but her mom wouldn't listen, didn't want to hear it.

Vanessa also stated that several years ago, before Dan was involved in their lives, she had complained to her mother about waking up and finding her mother's former boyfriend lying beside her. Melissa responded by kicking the man out of the home and ending the relationship,

The Baker family has had brief previous periods of contact with the child welfare system over the years, related to Melissa's past alcohol use, neglect of the children, and parent-teen conflict. Vanessa is the only child under the age of eighteen and living at home. Melissa has completed addictions counselling in recent years and has now returned to school for upgrading. The family lives in Dan's home. Vanessa described her mother and Dan as always fighting and yelling. She characterized her own relationship with her mother as also being conflictual. Vanessa stated that she has tried to get her mom to help her with a referral for addictions counselling for herself, but her mom has not yet completed the required paperwork.

The child and family services agency contacted Melissa to discuss the allegations that Vanessa had made. Melissa was not surprised and stated that she knew all about Vanessa's allegations and did not believe her. She expressed her frustration over

Vanessa's behavior, how Vanessa was always getting into trouble and lying about things. She stated that she didn't think this kind of thing could have happened, and described Dan as not being that kind of guy. She felt that Vanessa was just rebelling. She did not want to discuss the worker's suggestion that perhaps Dan could move out of the house while Vanessa's allegations were explored in more detail, especially because they were living in Dan's home. Melissa also did not want to hear details of Vanessa's disclosure. She presented as angry and stated that she did not want the involvement of CFS.

Vanessa was not surprised that her mother did not believe her. She stated that her mother really wanted to remain in the relationship with Dan. She recanted her allegation and refused to make a statement to police.

The Carson Family

The Carson family consists of 28-year-old Myrna, her husband Donald (age 24), and their four children: Vince (age 8, not the biological child of Donald), Victoria (age 5), Brian (age 2) and Billy (age 1). Donald is a long-distance truck driver who is away from the family home for weeks at a time. Myrna is a full-time homemaker. The family had been involved with the local child and family services agency within the past year due to an allegation that Donald had used a belt to strap Vince for misbehaving. Myrna acknowledged at the time that Donald was sometimes aggressive and controlling with her and that she had thought about leaving him.

Vince disclosed to his mother that while accompanying his stepfather on a trucking trip, Donald had taken his penis in his mouth. She told him that she believed him and would make sure it didn't happen again. Two weeks later, Myrna's sister, Shauna, contacted the agency, stating that Myrna had told Shauna's husband, Steve, about the allegations made by Vince. Further, Steve stated that Myrna had told him that she had recently found Donald in the bedroom fondling Victoria's vagina. Myrna's response was to remove Victoria from the room, yelling at Donald to "leave my kid alone!". Finally, Steve said that Myrna also expressed concern to him that Donald frequently was adjusting Vince's foreskin to "make sure everything is okay", and Myrna wondered if Donald needed to be doing that. Steve gave Myrna a couple of weeks to make sure the abuse stopped, but Myrna had been avoiding contact with them and he was unsure if the children were safe, resulting in his wife Shauna contacting the agency.

Vince was interviewed by the agency social worker and the police and provided a fairly detailed disclosure about the incident that occurred while on the road trip with his stepfather. He also stated that his mother wanted this to be a dream, but that he knew the difference between the truth and a lie and that this was the truth. He acknowledged feeling afraid of Donald, but it was also clear that Vince felt caring for his stepfather as well. Victoria had weak verbal skills and did not provide a clear disclosure about her experience. It was difficult to gain any clear information from Victoria.

Myrna attended a meeting with the agency social worker, accompanied by her sister-in-law (Donald's sister), whom she described as a support to her. Myrna acknowledged that Donald was often angry and irritable, but she did not report any incidents of violence. Myrna was very dependent upon Donald: she did not work outside of the home, did not drive, was illiterate, and had no strong support network. She found parenting to be a challenge, particularly with four young children and Donald's lengthy absences from the home, and described herself as feeling overwhelmed. She trusted him and was committed to remaining in the relationship. Donald's extended family had rallied around the family, trying to get family members to close boundaries to keep the family intact. Myrna was somewhat disengaged from her own extended family, but had been willing to accept help around the yard from Steve, her brother-in-law, when Donald was on a road trip. Myrna grew up in a very traditional family, where men in the family

made the decisions. Her main expectations in life were to raise children and have a family.

An interview of Myrna was completed by the police and the agency worker. She showed very little emotion during the interview. Myrna stated that she did not believe that there was any problem, that any abuse had occurred, and that she had never seen or heard anything that would be indicative of abuse in her family. The agency worker reminded her that she had previously expressed her belief in Vince's allegation and had told her brother-in-law Steve about what she had seen with regard to Donald's behavior with Vince and Victoria. She stated that she was capable of keeping the children safe. Myrna acknowledged that Donald watched a lot of pornography on television, often without concern for the children's presence. She stated that he had been sexually abused by his own father, had spent time in foster care as an adolescent, and had received therapy for his victimization. She felt that Donald had been a source of strength in her life, had always been there for her, and was someone who she could talk to. Whatever problems they may have had, she trusted him more than any one else in the world.

The Davis Family

The Davis family consists of 38-year-old Mindy, her common-law partner Dylan (age 53), and Mindy's 14-year-old daughter Velma. Mindy's eldest son, Simon (21), lives on his own and has not been part of the family home for two years.

One late evening while visiting with his sister at the family home, Simon noticed that Velma seemed upset and asked her what was wrong. She disclosed to him that Dylan had sexually abused her, a one-time incident of sexual touching that occurred several weeks before. Simon woke up his mother and told her about the incident. Mindy spoke to Velma, didn't believe her disclosure, but woke up Dylan and confronted him with the information. Dylan denied the allegation. When Mindy stated that she was confused about what had really happened, Simon became angry and took Velma to the maternal grandmother's house for the night. Mindy was not sure what to do, but decided to go with them to stay at the grandmother's house. The grandmother was supportive of this arrangement.

The next day, Mindy contacted the police, who referred the case to the local child and family services agency. The agency social worker interviewed Velma alone. She was hesitant to talk. She stated that her mother and Dylan had been in a relationship for about five years, and had lived together for more than a year. A few weeks ago, she had gone to the basement bedroom to wait for Dylan to finish using the computer so that she could use it. She sat on the bed and watched television while she waited. When Dylan was finished on the computer, he sat beside her on the bed and started to rub her back. Although she thought this was strange, she didn't think it was a big deal. Then he started to touch her all over her body, under her clothing. Then he removed his pants and put her hand on his penis. She took her hand away, but he put it back and made her rub his penis. After he ejaculated, he asked her if she wanted to go out for dinner, got dressed and told her not to tell her mother because he would never do it again. After the incident, Velma tried to avoid having contact with Dylan. Velma did not want the agency to talk to her mother, stating that her mother knew about the incident, and Velma didn't want anything more to come of it. She felt embarrassed and wasn't sure what the point was of bringing it up with her mother. She stated that her mother had not been supportive of her and felt that her mother did not believe her. Velma declined to make a statement to police and no medical exam was conducted.

Mindy stayed at the grandmother's house for two days, then left, leaving Velma there, and returned to the home she shared with Dylan, where she was interviewed by the agency social worker. Mindy stated that she did not know what to think. She presented as dazed, hurt, and saddened. She said that she didn't want to believe this, that she couldn't imagine Dylan doing anything like this, because Velma and Dylan had been so close. She did acknowledge that it was possible that something happened, but then stated that it was hard to believe, as Velma and Dylan got along so well and had spent so much time together. She was not blaming of Velma, but struggled to make sense of the information that had been disclosed to her. She wondered if Velma had misinterpreted

Dylan's behavior, that perhaps it wasn't intended to be sexual. Mindy was unaware of the details of the incident, which were shared by the social worker. This brought tears to Mindy's eyes. "I don't want to believe it, but it could have happened", she stated.

Mindy related that Dylan had previously been married and that one of the reasons for the divorce was that his former sister-in-law was making up stories that Dylan had touched her daughter. Dylan denied these allegations, and no record of any charges against him in this regard was found by the agency. He also denied the allegation made by Velma. Although Mindy indicated to the worker that she was going to return to the grandmother's home again, end the relationship with Dylan, and find her own place to live, she stated that she planned on maintaining contact with Dylan, as a friend, someone to talk with, as she wasn't really sure what happened.

Mindy inquired about counselling services for Velma due to her behavior. In the past few weeks prior to the disclosure, Velma's behavior had become very challenging: She was breaking curfew and her school work was slipping. She and Velma were constantly in conflict and arguing, or Velma had taken to leaving the room and not listening to her mother, which she had never done before. In general, Mindy stated that the family was not emotionally close in general. She saw her responsibilities as a parent to attend to her children's physical needs: go to work, provide food and shelter, and that's how you know you are loved.

Mindy acknowledged that part of the recent conflict between her and Velma stemmed from Mindy asking Velma on occasion "What really happened?" The agency worker offered counselling supports with regard to the impact of sexual abuse on the family, which Mindy agreed to consider.

APPENDIX F

INVITATION TO PARTICIPATE IN PHASE 2 OF RESEARCH PROJECT

Invitation to Participate in Phase 2 of Research Project:

CHILD WELFARE DECISION-MAKING IN INTRAFAMILIAL CHILD SEXUAL ABUSE: THE IMPACT OF MATERNAL SUPPORT

Child sexual abuse is a frequently occurring social issue, affecting an estimated 11% to 45% of women and between 3% and 9% of men ((Dunne, Purdie, Cook Boyle, & Najman, 2003). It is a complex social problem with significant, often traumatic, effects for victims and other family members, such as nonoffending mothers (Putnam, 2003). The impact of the disclosure of child sexual abuse on nonoffending mothers can affect their capacity to demonstrate support to their children (Carter, 1993; McCallum, 2001). Yet, the nonoffending mother's capacity to protect and support the child has been shown in studies to be a central factor in the decision of child protection workers to remove the child from the home for physical safety (Corcoran, 1998; Heriot, 1996; Hunter, Coulter, Runyon, & Everson, 1990).

You are being invited to participate in the second phase of a research project on child welfare decision-making in intrafamilial child sexual abuse conducted by Linda Burnside from the Child Protection Branch as part of the requirements for her Doctor of Social Work degree. This doctoral research project will examine the decision-making processes of child welfare workers with regard to their review of case vignettes involving investigations of intrafamilial child sexual abuse (defined for the purposes of this study as the sexual abuse of a child by the mother's partner). Of particular interest is the impact that maternal support has on the decision making process. Striking the balance between removing the child to protect against further sexual abuse and providing sufficient supports to ensure safety in the home is a considerable challenge, especially when few guidelines exist to help practitioners assess the risks associated with home versus placement for any individual child in sexual abuse cases.

This research will examine the decision-making processes of social workers who have experience conducting intrafamilial sexual abuse investigations while employed with Winnipeg Child and Family Services Branch from April 2000 to April 2005. The study will employ semi-structured qualitative interviews with social workers related to three of four randomly selected vignettes involving substantiated intrafamilial child sexual abuse. Therefore, each worker will participate in one interview of approximately 2 – 3 hours, reviewing three different vignettes. Social workers will be asked to describe their decision-making process for each vignette, including how the mother's response to her child's sexual abuse might affect the decision to remove or leave the child. Other factors that may influence decision-making, such as worker knowledge of intrafamilial sexual abuse, risk assessment tools, and supervision, will also be considered.

Interviews will be conducted outside of normal business hours, during the evenings or on weekends, or at another mutually agreed upon time, beginning in May 2006 until July 2006. Participants will be offered an honorarium for their participation in the study. All interviews will be audio-taped and transcribed. The identity of participants will not be included on the transcription of interviews. Number codes will be

maintained by the researcher to ensure confidentiality of responses. The results of the study will be provided first to participants, then to Winnipeg Child and Family Services Branch, the Child Protection Branch, and the child and family services Authorities.

Participation in this study is voluntary. Should you agree to participate, you can decline to answer any of the questions and you can choose to withdraw from the study at any time without repercussion. Prior to the start of any interviews, the researcher will review with the participant any concerns about his/her involvement in the study due to the employment history of the researcher in the child and family services field. It should be noted that the researcher's employer, the Child Protection Branch, is not involved in the study and will not receive any information regarding the study, except for the final, anonymized report that will first be released to participants.

Audio-tapes will be erased following the typing of transcriptions. Transcriptions will not contain names of participants, only a coded number that can be used to identify you. Transcriptions will be maintained for 5 – 6 years, as per APA guidelines for research and publication, and shredded upon the expiry of this time period.

If you are interested in participating in this research, or if you would like further information before making a decision about participation, please contact Linda Burnside, Principal Researcher, at the Child Protection Branch at 945-3848, or by email at her work email address at lburnside@gov.mb.ca by May 12, 2006.

APPENDIX G

PHASE 2 PARTICIPANT CONSENT FORM



UNIVERSITY
OF MANITOBA

Faculty of Social Work

521 Tier Building
Winnipeg, Manitoba
Canada R3T 2N2
Telephone (204) 474-7050
Fax (204) 474-7594
Social_Work@UManitoba.CA

Participant Consent Form

Research Project: Child Welfare Decision-Making in Intrafamilial Child Sexual Abuse:
The Effect of Maternal Support

Principal Investigator: Linda Burnside, doctoral student, Faculty of Social Work
Advisor: Dr. Brenda Bacon, Faculty of Social Work (474-8454)

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please feel free to ask. Please take time to read this consent form carefully and to understand any accompanying information.

This study will examine the decision-making processes of child welfare workers with regard to their investigations of intrafamilial child sexual abuse (defined for the purposes of this study as the sexual abuse of a child by the mother's partner). Of particular interest is the impact that maternal support has on the decision making process. Striking the balance between removing the child to protect against further sexual abuse and providing sufficient supports to ensure safety in the home is a considerable challenge, especially when few guidelines exist to help practitioners assess the risks associated with home versus placement for any individual child in sexual abuse cases.

Participation in this study is voluntary. Declining to participate will not affect your employment in any way, now or in the future. If you agree to participate, you will be asked to meet with the researcher for approximately 2 -3 hours. In a semi-structured interviews, you will be asked to review three different vignettes involving situations of intrafamilial child sexual abuse. For each of the three case vignettes, you will be asked to describe your decision-making processes in detail as if you were investigating and intervening in the case, including how the mother's response to her child's sexual abuse might affect your intervention. Other factors that may influence decision-making, such as worker knowledge of intrafamilial sexual abuse, risk assessment tools, and supervision, will also be considered.

Each interview will be audio-taped and transcribed. Your identity as a participant will not be included in the transcription of interviews. Transcriptions will not contain names of participants, only a coded number to ensure your confidentiality. Further, your identity as a participant, and the identity of families discussed, will not be used in any reports or presentations.

All tapes of interviews will be kept in a locked cabinet in the researcher's home office. Audio-tapes will be erased following the typing of transcriptions and tracked according to the assigned number code corresponding to your name for the purposes of confidentiality. Transcriptions will be maintained for 5 - 6 years, as per APA guidelines for research and publication, and shredded upon the expiry of this time period.

Although you are an experienced social worker and familiar with the ethical guidelines and laws governing confidentiality and reporting of suspected child abuse and neglect, should discussion during an interview lead to disclosure of some form of child abuse or neglect that has not been previously reported, the researcher is under an obligation to report such disclosures in accordance with legal requirements. Personal health information of client families that may be disclosed during this study will be treated as confidential in accordance with The Personal Health Information Act of Manitoba.

July 2005

Participant Initials & Date: _____

www.umanitoba.ca

A summary of the results of the study will be provided first to participants, then to Winnipeg Child and Family Services Branch, the Child Protection Branch, and the child and family services Authorities. Articles may be written for the purpose of publication in professional journals.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in this research, and agree to participate. In no way does this waive your legal rights nor release the researcher, advisors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. Linda Burnside, the researcher, can be reached at 945-3848 at the Child Protection Branch.

Should you wish to receive a summary of the findings of this research, please indicate on the appropriate signature line below. A summary of the findings will be mailed to you in late 2006.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have concerns, you may contact the Human Ethics Secretariat at 474-7122, or email margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Name of Participant	Signature of Participant	Date
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Name of Researcher	Signature of Researcher	Date
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I wish to receive a summary of the results of this research.

Signature of Participant

APPENDIX H

PHASE 2 PARTICIPANT DEMOGRAPHIC INFORMATION FORM

APPENDIX H

Demographic Information

1. Child and Family Services Social Worker

Gender _____ Age _____ Highest Education Level _____

Years in Child Welfare _____ Years in Child Protection Role _____

Number of Completed Sexual Abuse Investigations _____

Training in Child Sexual Abuse _____

Training in Child Sexual Abuse Interviewing _____

APPENDIX I
PHASE 2 INTERVIEW GUIDE

APPENDIX I

Interview Guide

A. GENERAL QUESTIONS

1. Describe the case.

Prompts:

- What do you think about this case?
- Why do you think that?
- What would you do first?

2. Describe the family.

Prompts:

- What is your assessment of the family?
- How did you arrive at this assessment?

3. Discuss the disclosure of the child.

Prompts:

- How does the child present?
- What is your assessment at this point in the case?
- How did you arrive at this assessment?
- What would you do next?

4. Discuss the response of the nonoffending mother.

Prompts:

- How does the nonoffending mother present?
- What is your assessment at this point in the case?
- How did you arrive at this assessment?
- What would you do next?

5. Discuss the response of the alleged offender.

Prompts:

- How does the alleged offender present?
- What is your assessment at this point in the case?
- How did you arrive at this assessment?
- What would you do next?

6. Describe your case intervention.

Prompts:

- What action would you take in this case?
- How did you arrive at this decision?
- What factors influenced your decision?

B. FOCUSED QUESTIONS

1. Nonoffending Mother's Reaction/Response

How would you describe the mother's reaction or response to the child sexual abuse?

Prompts:

- How would you characterize her belief in her child's disclosure? Why?
- How would you characterize her behavior or action in response to her child's disclosure? Why?
- How would you characterize her emotional response to her child's disclosure? Why?
- How did the mother present?
- What did she say?
- What did she do?
- Describe the relationship between the mother and her child at the time of disclosure.
- Describe the relationship between the mother and the alleged offender at the time of disclosure.

2. Risk Assessment

What is your assessment of the risk in this investigation?

Prompts:

- How did you arrive at this assessment?
- What factors influenced your assessment of risk?
- Would you use a formal risk assessment tool? Which one?
- In what way(s) would a risk assessment tool affect your intervention decision?

3. Role of Supervisor

Describe any discussion of this investigation you would want to have with your supervisor.

Prompts:

- At what point in the investigation would you consult with your supervisor?
- What kind of consultation/guidance would you be seeking from your supervisor?
- How would consultation affect your intervention?

4. Knowledge of Child Sexual Abuse

How did you develop your professional knowledge of child sexual abuse?

Prompts:

- What are the guidelines or rules that you generally follow when conducting a child sexual abuse investigation?
- What role does the nonoffending mother play in the investigation of child sexual abuse?
- What variables need to be considered in conducting a risk assessment? Why are these variables important?
- What variables impact a child's functioning after a disclosure of sexual abuse? How?

5. Agency Policies/Protocols

What are your agency's policies and practices with regard to child sexual abuse investigations?

Prompts:

- How does the agency assist you in making decisions about intervention in child sexual abuse cases?
- How does the agency hinder you in making decisions about intervention in child sexual abuse cases?