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Non-offending Mothers of Sexually Abused Children: How They Decide Whom to Believe

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NON-OFFENDING MOTHERS OF SEXUALLY ABUSED CHILDREN: HOW THEY
DECIDE WHOM TO BELIEVE

by

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Submitted in Partial Fulfillment of the Requirements

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DEDICATION

To my son, Andrew John Thacker. You are my sunshine and my joy every day.

To my mother, Hilda N. McMillan, and in memory of my father, John C. McMillan.

Your constant love is my strength. Thank you for always believing in me.

To my husband, Marc S. Finley. Thank you for supporting this late-in-life journey and understanding that it matters.

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I am thankful for my brother, Brian, who knew just when to inject this serious endeavor with his unique sense of humor.

I am thankful for my friends and colleagues who have been steadfast in their love and support. Thank you for listening and listening and listening.

A special thanks to all the Children's Advocacy Centers and their many community partners who are dedicated to child abuse response and prevention. And another special thanks to the clinicians who work tirelessly with the children and their families.

ABSTRACT

Professionals continue to study and refine their understanding of the complex dynamics of child sexual abuse and the role of the non-offending mothers. Of particular clinical and research interest is the response of the mother once she learns that her child disclosed being sexually abused and named the mother's intimate partner as the perpetrator. This qualitative study (n=20) uses in-depth interviews and constructivist grounded theory methods. The focus is how women decide about believing their children's disclosures of sexual abuse, both in terms of what happened to the children and who perpetrated the abuse. The study addresses various factors that 1) contribute to a mother's belief, b) create barriers to her ability or willingness to believe, and c) contribute to any uncertainty or fluctuation in her belief. Findings highlight that in the context of unresolved trauma histories themselves, the women are unable to accurately discern risks in intimate relationships which then impose risks for their children. Their beliefs in their children's disclosures are inextricably associated with acceptance of the need to sever their relationships with the accused.

Keywords: *qualitative research, grounded theory, non-offending mothers, sexual abuse*

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CHAPTER 1

INTRODUCTION

Professionals continue to study and refine their understanding of the complex dynamics of child sexual abuse and the role of non-offending mothers, from the point at which the mother first learns about the abuse, during the investigation, and throughout the child's abuse recovery process. Of particular clinical and research interest is the response of the mother once she learns that her child has disclosed being sexually abused and names a perpetrator. Maternal responses vary, though researchers and practitioners have been particularly concerned with these elements of the response: believing the allegation, providing emotional support to the child, and protecting the child from the alleged offender (Alaggia, 2002; Cyr, 2003; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). Attempts to isolate the variables related to maternal response have yielded inconsistent research findings, likely related to methodological differences (e.g. sampling, measures) and the complexities of human experiences. For instance, it seems clinically and intuitively correct to consider that a maternal history of child abuse, mental illness or substance abuse may affect maternal response although findings across studies are inconsistent (Elliot & Carnes, 2001).

So we are left to wonder, in general, what factors are associated with maternal response and, more specifically, does one factor associated with maternal response (i.e. believe, support, protect) matter more than another in ensuring child safety and well-being? Findings from a study of non-offending mothers (n=85) involved with child

protective services (Coohey & O’Leary, 2008) indicate that mothers who consistently believe that the abuse occurred and attribute responsibility for the abuse to the perpetrator are the mothers who consistently protect their children. The concept of *consistency* suggests that mothers believe and protect over time rather than at one particular point in time (e.g., time of investigation). Since consistent belief precedes consistent protection, the core element of maternal response may lie within the mother’s belief about her child’s disclosure of sexual abuse and who her child identifies as the perpetrator.

Moving beyond maternal, victim, perpetrator, or abuse characteristics as distinct variables, researchers are attempting a deeper and richer approach that a) considers the context within which the abuse occurs (Cyr, Wright, Toupin, Oxman-Martinez, McDuff, & Theriault, 2003) , b) follows participants over time (Kim, Noll, Putnam, & Trickett, 2007), c)accounts for additional victimizations (Finkelhor, Ormrod, & Turner, 2007), and d) highlights intergenerational risk and protective factors (Kim et al., 2007; Leifer, Kilbane, Jacobsen & Grossman, 2004) and the commonality of violence across generations (Bowen, 2000; Hamby, Finkelhor, Turner, & Ormrod, 2010; Kellogg & Menard, 2003).

The research methods of qualitative inquiry are consistent with the values and principles of social work practice that honor the voice and experience of each individual. Findings from more recent qualitative studies contribute to the unbundling of the lives of mothers whose children have been sexually abused (Alexander, 2009; Alaggia, 2004, 2002; McCallum, 2001) so that researchers, practitioners, and the mothers, themselves, can appreciate the very complex lives they lead. Schon (as cited in Darlington & Scott, 2002) considers the landscape of professional practice in human services as either the

high ground of technicality (e.g., quantitative research and evidence-based practice) or the swampy lowlands (e.g., qualitative research) of messy situations that defy technical solutions and yet are most important to our clients. The swampy lowlands seem a fertile base to expand our knowledge and develop solutions.

As the literature reflects our increased interest in and understanding of the intricacies of these categories of maternal response, general comments about believing, supporting, and protecting are no longer adequate to describe the cognitive, emotional, and behavioral processes of any particular mother as she strives to make sense of what she is learning: that her child has been sexually abused. Crittenden (2008) suggests that we need a new way to organize our thinking about parents whose psychological dysfunction endangers their children and that this is necessary in order to accurately assess the parents and then select a viable treatment modality. Crittenden calls for a new theory of treatment because theories that underlie most current treatment modalities seem insufficient to her in explaining the effects of psychological dysfunction on parenting. I hope this study contributes to a new way of thinking based on what these mothers taught me.

The focus of this study is how the non-offending mothers of sexually abused children decide about believing their children's disclosures, including both what happened to them and who perpetrated the abuse. The study addresses various factors that a) contribute to a mother's belief, b) create barriers to a mother's ability or willingness to believe, and c) contribute to a mother's change in her belief. The study is an exploratory, qualitative study using constructivist grounded theory methods. A pilot study was conducted to help develop the conceptual framework and interview guide.

I believe social workers offer a unique perspective to the development of comprehensive, holistic system responses to children's disclosures of sexual abuse, including prevention and intervention with family systems that either provide a safe haven from abuse or contribute to further risk. Findings from the proposed study will inform our understanding of non-offending mothers by further refining the dimensions of maternal response and the psychological, social, and/or systemic (e.g., child welfare, law enforcement, legal) barriers that interfere with mothers fully believing, protecting, and supporting their children. The significance for social work practice is the increased knowledge about the experiences of non-offending mothers to shape a more empathic alliance between social worker and mother as a foundation for risk assessment, advocacy for resources, and collaborative relationships within the larger system of response. When incorporated into social work curriculum, both coursework and field practicum, social workers will begin their careers with a stronger theoretical and practical base for engaging mothers and their children involved in the child welfare and legal systems related to risk and maltreatment.

CHAPTER 2

LITERATURE REVIEW

Background

In most families, mothers remain the primary caretakers of their children under the age of 18 years old and thus are uniquely positioned to be the primary protectors of their children. Turner, Finkelhor, and Ormrod (2007) suggest that children are the safest when they live with both of their biological parents and those parents are married to each other. Conversely, they note that children are most at risk for maltreatment when they live *without* one or both of their biological parents and are at specifically increased risk of sexual abuse when there is the presence of a stepfather in the home.

Child sexual abuse data is gathered from various national sources although no one source offers a complete picture of the prevalence of sexual abuse. Crime (FBI Uniform Crime Reports, National Criminal Victimization Survey) and child maltreatment (National Child Abuse and Neglect Data System) data reflect only cases that are reported to authorities. Community population surveys with nationally representative samples offer useful insight related to prevalence as well as characteristics of sexual abuse experiences. Two such studies are the National Women's Study (NWS; survey of adult women only) (Saunders et al, 1999) and the National Violence Against Women Survey (NVAWS; survey of adult women and adult men) (Tjaden & Thoennes, 2000). Findings from these studies indicate that most victims of child sexual abuse are females, most perpetrators are males, and most perpetrators are known to their child victims (i.e.,

acquaintance, family member, or mother's current or former intimate partner. It is uncommon (11-14%) that perpetrators are complete strangers.

The experience of child sexual abuse is associated with other types of childhood victimizations as well as future victimization. If they experienced familial sexual abuse as a child, females are twice as likely to experience subsequent victimization in childhood, adulthood, or both (Barnes, Noll, Putnam, & Trickett, 2009; Tjaden & Thoennes, 2000). Child sexual abuse may be imbedded within a broader range of trauma experiences and accumulated lifetime trauma experiences negatively affect psychological and social functioning (Banyard, Williams, & Siegel, 2001; Turner & Lloyd, 1995). Finkelhor's study (2007) of a nationally representative sample of juveniles, ages 2-17, assessed the role of "poly-victimization" to explain trauma symptomatology. Poly-victims are children who report four or more victimization experiences within one year (e.g., sexual or physical victimization, bullying, other maltreatment, witness victimization of others or other criminal activity, exposure to domestic violence). Significant findings from this study include: 1) most victims of child rape (92%) are poly-victims; and 2) poly-victimization is highly predictive of traumatic symptoms, more so than any single victimization, even with repeated incidents of one kind of victimization (e.g., sexual abuse). Other family violence is also associated with child sexual abuse victimization. Violence and trauma seem concentrated in a subset of child victims. In a nationally representative study, 70% of youth who reported sexual abuse by a known adult also reported witnessing violence between a parent or caregiver and another adult (Hamby, Finkelhor, & Ormrod, 2010).

Disclosure of Sexual Abuse

Based primarily on surveys of representative groups of adults, researchers and professionals commonly agree that most sexually abused children do not tell anyone about their own abuse as children, although they may eventually tell about it as adults (Finkelhor, 1994, 1990; Saunders et al., 1999; Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best, 2000; Tjaden & Thoennes, 2000). Some victims never tell anyone. Telling about the abuse, referred to as *disclosure*, is the critical first step in alerting someone about the child's experience so that safety and protection measures are initiated to stop the abuse and potentially stop poly-victimization. There may be multiple points of disclosure (to a friend, adult, authority figure, investigative authorities) so that use of the term requires clarification between mere disclosure versus disclosure that launches an investigation. Studies may not make that distinction and, depending on the study, the distinction may or may not be significant (Alaggia, 2004). Disclosure of sexual abuse by children, then, is considered a process whereby children share their abuse experience over time, typically beginning tentatively (e.g., sharing a portion of information to gauge a response) or even accidentally (e.g., excited utterance, medical exam, sexualized play/behaviors) and may even deny the abuse when initially asked (Sorenson & Snow, 1991; Summit, 1983). Of those who disclose, there is often a delay in disclosing (London, Bruck, Ceci, & Shuman, 2005; Sorenson & Snow, 1991) and delays are longer when relationships between child and perpetrator are closer (London, Bruck, Wright, & Ceci, 2008). Adult survivors of childhood sexual abuse offer unique insight into factors that either inhibit or promote a child's ability to disclose, as seen in the results of Alaggia's (2004) qualitative study that expanded conceptualizations of the disclosure process. The

findings support previously established categories of disclosure (purposeful, accidental, elicited/prompted) and identify emergent categories that expand the framework for understanding the disclosure process. Emergent categories include: behavioral (attempts to tell non-verbally through behavior or indirect verbal hints); purposely withheld (despite opportunity to tell, child does not and may falsely deny); and triggered (disclosure precipitated by forgotten or recovered memory). These sometimes gradual attempts to disclose are likely affected by the initial response of the person to whom the child discloses. Thus, maternal response may be critical for the child to reveal enough information to initiate protection and healing. Even with denials and recantations, most children who begin the disclosure process eventually progress to a point of active disclosure, providing a detailed account of their abuse experience (Alaggia, 2004; Sorenson & Snow, 1991).

System Response

While various community organizations comprise an overall child protection system, the local child welfare agency is generally considered the center point of that system for investigation of alleged child abuse and protection of child victims. Law enforcement agencies investigate allegations of abuse and neglect that meet identified criteria suggesting that the abuse rises to the level of criminal activity. Criminal prosecution may result. Numerous other professionals are also involved in reporting and investigating child abuse and neglect, including medical providers (e.g., physicians, nurses, allied health); mental health clinicians; legal representatives (e.g., child protective services attorneys, criminal prosecutors, defense attorneys, attorneys for children); and

educators (e.g., teachers, principals, guidance counselors). Still other professionals provide physical and mental health intervention services to children and families.

Child Welfare System

The passage of the Child Abuse and Prevention Act of 1974 established the federal government as a leader for setting minimum definitions for child maltreatment and authorizing federal funding to states to improve their reporting, investigation, and intervention systems. Today, all states have both civil and criminal statutes specific to child maltreatment. Specific to child sexual abuse, child protective services (CPS) becomes involved when the alleged perpetrator is a biological parent or someone acting in a parental/caretaker role, which excludes juvenile and extra-familial perpetrators (e.g., mother's boyfriend who resides elsewhere).

CPS also investigates when the non-offending parent, usually the mother (90.9% of non-offending caregivers are the biological mothers; Malloy, Lyon, & Quas, 2005), allegedly fails to protect the child from sexual abuse, in that she knew of the abuse and allowed continued contact between the child and the perpetrator. As part of the CPS assessment, the mother's efforts to keep the child safe from the alleged perpetrator, as well as her readiness to believe the abuse and support to the child, are crucial to initial and subsequent decisions whether to remove the children from the home. Maternal non-support, ambivalence, and partial support are indicators for removal (Everson et al., 1989; Malloy et al., 2005), suggesting to CPS the potential inability or unwillingness to protect. Even mothers who protect may experience the removal of their child from their home (Leifer, Shapiro, & Kassem, 1993; Runyon, Hunter, & Everson, 1992). In a case-comparison study of mothers who were and were not substantiated for failure to protect,

results show that the likelihood of CPS case substantiation was increased when mothers did not consistently act protectively, did not consistently believe that abuse occurred, wavered in her belief, and had a problem with either substance abuse, mental health, or victimization from domestic violence (Coohey, 2006).

When CPS determines that the mother, indeed, knew about the abuse and did not take protective action on behalf of her child (e.g., make perpetrator leave the home, stop all contact between child and perpetrator, cooperate with investigation), CPS may substantiate their case against the mother for failure to protect. The failure to protect, an act of *omission*, is then interpreted by CPS as neglectful behavior on the mother's part, which is an act of *commission*. When the mother is identified as being neglectful because of her failure to protect, she is then considered an offender, or co-offender (along with perpetrator), in terms of possible court outcomes. This obviously skews CPS data in terms of numbers of female perpetrators and is inconsistent with outcomes from national prevalence studies and criminal prosecutions about who actually commits direct acts of sexual abuse. Bolen (2003) suggests that this over-identification of mothers as perpetrators of sexual abuse may be institutionalized sexism and urges a paradigm shift within CPS toward a more humanistic approach. Some may see the mother's failure to protect as alliance with the perpetrator and, indeed, that may be so. There may be alternative explanations for the mother's failure to protect. One explanation may be that she only suspected abuse but did not have confirmation. Another explanation may be that her efforts to protect her child were insufficient or the perpetrator successfully outwitted her efforts.

Demands on the CPS system (e.g., high caseloads, poorly trained workers, decreased funding for services and personnel, conflicting political agendas) can interfere with agency decisions that are in the best interests of children and families in terms of placements, intervention, and reunification (Mennen & O'Keefe, 2004) as well as alienate non-offending mothers who are already experiencing fear, isolation, and estrangement from their partners and families (McCallum, 2001). Little or no resources are available to support the mother as she copes with the overwhelming realization about harm to her child and behavior of the accused offender with whom she has had an intimate relationship.

Law Enforcement and Criminal Prosecution

Law enforcement investigates allegations of child sexual abuse regardless of the child's relationship to the alleged perpetrator. Investigations, then, include both intra-familial and extra-familial perpetrators (e.g., perpetrators who are strangers to the victims, juvenile perpetrators). As such, more child sexual abuse cases are represented within the criminal justice system (broader scope of perpetrators) than the child welfare system alone (limited to intra-familial perpetrators). Sometimes cases are represented in both systems. In South Carolina, for instance, CPS is statutorily required to notify law enforcement within 24 hours of all reported cases of child sexual abuse.

Finkelhor's (1984) early review of the scope and nature of child sexual abuse finds that the criminal justice system prosecutes proportionately fewer cases of child sexual abuse compared to other violent crimes, but, of those prosecuted, convicts at a high rate. A later meta-analysis of 24 studies of child abuse prosecutions (Cross, Walsh, Simone, & Jones, 2003) supports Finkelhor's findings that child abuse cases are still

somewhat less likely be prosecuted, compared to other felonies, but more likely to proceed without dismissal once accepted for prosecution (charged or indicted). Further findings from the meta-analysis indicate that while overall conviction rates for child abuse cases (94%) and guilty pleas (82% of convictions are through plea negotiations, as opposed to trials) are almost identical to other felonies, convicted perpetrators of child abuse are sentenced to less time in prison, compared to other felonies.

Once abuse is reported to investigative authorities, those professionals rely primarily on the statements of the child in order to make a decision about the initial truthfulness of the allegation. The child's statements are of such significance because actual physical findings are rare, even when there is penetration of the child's genitalia (American Academy of Pediatrics, 2006; De Jong & Rose, 1991) and rarely are there any witnesses to the abuse. To proceed with any investigation, authorities require minimal facts about the abuse, which are likely contained within the child's statements: who perpetrated the abuse; what the perpetrator did; where the abuse occurred.

False Allegations

Among professionals, as well as the general public, concern remains about the possibility of intentionally false allegations despite consistent empirical literature supporting that false allegations of sexual abuse are uncommon (Everson & Boat, 1989; Mikkelsen, Gutheil, & Emens, 1992; Oates, Jones, Denson, Sirotnak, Gary, & Krugman, 2000). Deliberate false allegations directly from the child usually involve a teenage victim, but still remain low, ranging from two to four percent (Jones & McGraw, 1987; Faller & Devoe, 1995). Allegations of sexual abuse that arise during divorce and child custody disputes are no higher than overall rates of allegations (Faller & Devoe, 1995).

Beliefs about rates of false allegations vary by professional groups, with judges and law enforcement officials more likely to believe children are lying and mental health and child protection workers more likely to believe they are truthful. All groups report that adolescent females are the least likely to be believed (Everson, Boat, Bourg, & Robertson, 1996). Any lying about sexual abuse by children, however, is most often seen in the form of “intentional omission of their victimization” (Veith, 2009, p.2), including denial and minimization (Lawson & Chaffin, 1992; Sjoberg & Lindblad, 2002). Such omission of their victimization (“false negative”) may also be the result of dissociative symptoms present when interviewed (Chaffin, Lawson, Selby, & Wherry, 1997).

Recantation

Recantation refers to children denying the very abuse they previously disclosed. Although rates of recantation vary across studies, even as low as 4% in a CPS sample (Bradley & Wood, 1996), it is commonly understood that recantation does occur during the disclosure process and most children who recant will eventually reaffirm their initial disclosure (Sorenson & Snow, 1991). Early research suggests that familial factors influence a child’s willingness to disclose (Cross, Martell, McDonald, & Ahl, 1999). Beyond the disclosure, later research suggests that familial factors also influence children to recant (Bradley & Wood, 1996; Lovett, 2004; Malloy, Lyon, & Quas, 2007). Malloy, Lyon, and Lovett (2007) reviewed case files for sexual abuse cases that were substantiated by CPS, resulting in a dependency court filing, and found a recantation rate of less than 50%. The authors note children’s vulnerability to family influences that predict the likelihood of recantation and specifically identify three familial factors: children’s younger age; children whose sexual abuse is by a parent figure (defined as

biological parent, stepparent parent, or intimate partner of non-offending caregiver) and children whose non-offending caregiver is unsupportive. They defined this as documentation in at least one of the following areas: “initial disbelief or skepticism about the allegations, verbal pressure on child to recant, blame placed on child, still in relationship with alleged perpetrator post-disclosure, or behaved in an unsupportive manner” (Malloy et al., 2007, p. 164). Their alternative hypothesis, that the recantations may have been the result of including cases of false allegations, was not supported.

Maternal Response

Professionals continue to study and refine their understanding of the complex dynamics of child sexual abuse and how mothers respond to the disclosure. This maternal response is categorized as varying levels of maternal support, defined as believing the allegation, providing emotional support, and protecting the child from the alleged offender (Alaggia, 2002; Cyr, Wright, Toupin, Oxman-Martinez, McDuff, & Theriault, 2003; Everson, Hunter, Runyon, Edelsohn & Coulter, 1989).

Most non-offending mothers do believe at least some part of the allegation, while some do not believe any of it (Cyr et al., 2003; Elliott & Carnes, 2001). In their review of the literature related to reactions of non-offending parents to their child’s disclosure of sexual abuse, Elliott and Carnes (2001) recognize that “belief, support, and protection are overlapping constructs that are difficult to separate” (p. 315) and sometimes to define. Their findings indicate that overall, 52% of the mothers did protect. More specifically, 41% both believed the allegation and protected their children, 27.3% were ambivalent and inconsistently protected, and 30.8% neither believed nor protected. Their findings

further indicate that levels of belief, support, and protection may vary over time and situations.

When mothers are ambivalent about the allegations, they hold allegiance to both the child and the offender (Bolen & Lamb, 2004, 2007). Law enforcement and child protection workers often rely on the initial response of the mother to make immediate intervention decisions, such as allowing the child to remain with the mother or determining an alternative placement. Investigative authorities may interpret an ambivalent response as non-believing and make assumptions that the mother cannot be counted on to protect. Actual out-of-home placement rates for sexually abused children vary considerably (17% to 73%) likely related, in part, to differences in state mandates and local policies and procedures about foster care and kinship placements (Cross, Martell, McDonald, & Ahl, 1999) although children are more likely to be removed from their homes when child protective services personnel perceive a low level of maternal support for the child (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1999).

Any meaningful discussion about maternal response to child sexual abuse requires consensus on the definitions of the components: believe; support; protect. Results from cross-sectional studies that rely on a point-in-time response may offer a range of responses in an attempt to measure maternal response (Everson et al., 1999; Plummer, 2006). One such study developed the *Parental Reaction to Incest Scale* (PRIDS) which adds clinical ratings in three areas (emotional support, belief of child, and action toward perpetrator) that together measure maternal support within a range of most supportive to least supportive (Everson et al., 1999). Plummer (2006) used a 6-point Likert scale to measure maternal certainty that the abuse occurred, with a range from “uncertain” to

“completely certain” (p. 1233). Such measures about *certainty* fail to capture any reasons for the mother’s degree of certainty.

Other studies may use a Likert-type scale (Plummer, 2006) to measure various aspects of maternal response, including a middle-ground of response that can be interpreted as *ambivalence* (Bolen & Lamb, 2007). Use of scales and ranges suggests that mothers may fluctuate in their reactions to learning about their child’s abuse, both in the beginning and over time. Considering such fluctuations in maternal response over time, other studies focused on the mother-child relationship from the point of disclosure forward. Their findings indicate the mother-child relationship is strengthened when the mother shifts to a position of increased belief in what the child disclosed, takes demonstrable action to secure continued protection of the child, and appropriately attributes blame to the perpetrator (Alaggia, 2002; Coohy & O’Leary, 2008; Malloy & Lyon, 2006).

Alaggia (2002) notes inconsistency in the literature related to which components of maternal response (belief, support, protect) are studied, how each component is measured, and at what point in time(s) it is measured. Her grounded theory study of 24 mothers whose children disclosed sexual abuse by the mother’s intimate partner sought to identify factors contributing to maternal response and further define aspects of more supportive or less supportive responses. Broad areas were probed, including details of the child’s disclosure, mother’s relationship with both child and perpetrator, mother’s own family history, and elements of culture and religion, social supports, and self-image. Alaggia reconceptualizes maternal response as belief, affective support, and behavioral support (protective actions). She then suggests that the mother’s degree of *belief* about

the allegations contributes to both her affective and behavioral support. Alaggia defines the dimensions of each category (p.46-48), as follows:

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 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

Affective Support

- 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 child for the abuse
- mother exhibits anger at the child for disclosing or delaying disclosure
- mother displays rejection of the child

Behavioral Support

- mother insists perpetrator leave 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 him
- mother permits perpetrator to have access to the child, therefore child remains at risk

Each category indicates a continuum of response such that a shift in level of maternal belief may alter affective and/or behavioral response. Alaggia recommends a framework for assessing mothers related to level of support not only at the time of the disclosure, but over a period of time post-disclosure so that safety and treatment interventions may be adjusted accordingly.

Predictors of Maternal Support

Elliott and Carnes (2001) conducted an extensive review of the literature related to reactions of non-offending parents to the sexual abuse of their child and observed that “research concerning variables that affect parental levels of belief, support, and protection following a child’s disclosure of sexual abuse is still in its infancy” (p. 319), even then. Specific to predictors of belief, support, and protection, four variables consistently received empirical examination: mother’s relationship to the perpetrator; mother’s own history of childhood abuse; child victim’s age; and child victim’s gender. Findings across studies were inconsistent and sometimes contradictory, except for maternal history of childhood abuse which was consistently found to be unrelated to maternal support. Maternal substance abuse and social isolation were important mediating variables. Their recommendations for further research include clarification of

the four variables as well as examination of other variables, such as whether perpetrator admitted guilt, elements of the disclosure (e.g., who child told, mother's prior knowledge or suspicion, severity of abuse, attachment relationships).

Cyr et al. (2003) organized Elliott and Carnes' recommendations into four categories of predictors: maternal characteristics; victim characteristics; abuse characteristics; and disclosure characteristics. Their study of 120 adolescents (aged 12 to 17 years) and their mothers, recruited from CPS, yielded findings that suggest the characteristics of the abuse itself is less of an influence on maternal support than characteristics of the mother, victim, and disclosure. As identified by both mothers and adolescents, the variables with the greatest influence on maternal support included who the adolescent first disclosed to, whether the perpetrator admitted guilt, and whether the mother was living with the perpetrator at the time of the disclosure.

Efforts to identify characteristics of non-offending mothers and other predictors of maternal support have mostly yielded inconsistent findings (Bolen, 2002; Bolen & Lamb, 2004, 2007; Cyr et al., 2003; Elliott & Carnes, 2001; Kim, Noll, Putnam, & Trickett, 2007; Malloy & Lyon, 2006; Plummer, 2006). Much of the inconsistency may be related to methodological differences, such as: relying on clinical samples where substantiation of the abuse may be unknown (Plummer, 2006); retrospective studies of adults that rely on memory event accuracy; absence of comparison or control groups; focus on a specific child victim age group (Cyr et al., 2003); and participant samples from child protective services only, which excludes maternal intimate partners who do not reside in the home, often categorized as extra-familial. Other inconsistencies evolve from varying definitions of maternal support, such as Everson et al. (1989) who broadly considered maternal

support in terms of belief, support, and protection but did not distinguish overall support from a specific supportive response. Other authors focused more narrowly on belief (Sirles & Franke, 1989), protectiveness (Heriot, 1996), and protection and emotional support (Faller, 1988). Maternal response may fluctuate over time so whether measures of maternal support were taken at one or more points in time may also influence findings. Examples include measures of support at the time of the allegation only (Faller, 1988), both immediately and at two months post-disclosure (Everson et al., 1989), at the beginning and the end of a child protective services investigation (Coohey & O'Leary, 2008), multiple measurements up to 467 days post-disclosure (Heriot, 1996), or prospective studies that followed sexually abused girls and their mothers through adolescence (Kim et al., 2007).

Domestic Violence

The common ground between domestic violence and other forms of violence, including youth violence and child maltreatment, are well documented in terms of risk and protective factors (personal, socioeconomic, environmental (Daro, Edleson, & Pinderhughes, 2004). The co-occurrence of domestic violence and other childhood victimizations is also well documented in the literature (Bowen, 2000; Hamby, Finkelhor, Turner, & Ormrod, 2010; Kellogg & Menard, 2003). Specific to child sexual abuse, findings from Bowen's study (2000) of families seen in a child sexual abuse clinic (n=402) indicate that domestic violence occurred in over half (54%) of the children's homes and mothers reported their own histories of physical abuse (28%) and sexual abuse (42%). Kellogg and Menard (2003) also interviewed families seen in a child sexual abuse clinic (n=164) and their findings support Bowen's findings in that children who

disclose sexual abuse are more likely (80%) than not to live in homes with adult or child violence and that child sexual abuse is concurrent (77%) with family violence when the sex offender is also the offender of the violence. Alaggia and Turton (2005) departed from mere acknowledgment of the co-occurrence of woman abuse in families experiencing child sexual abuse to explore the impact of woman abuse specifically on maternal response to their child's disclosure of sexual abuse. The findings from this secondary data analysis of two qualitative studies indicate that mothers who were physically abused by their partners acted more supportively and less ambivalently toward their children's disclosures than did mothers who were verbally or emotionally abused only.

Intergenerational Transmission of Risk

Multigenerational studies offer rich insight into factors that distinguish families of sexually abused children from families who do not experience child sexual abuse, particularly in terms of what a mother brings forward from her own childhood experiences that may affect her ability to adequately assess potential threats to her own or her children's safety and so impede a safe and appropriate response. Kim et al. (2007) examined the psychosocial characteristics of the non-offending mothers of sexually abused girls aged 6-16, as compared to mothers of girls who were not sexually abused. Findings indicate significant differences in the two groups of mothers in that more non-offending mothers of sexually abused girls: reported their own emotional and/or sexual abuse (45%) and identified the perpetrator of their abuse as their father or a father figure (41%; only 15% were non-family members); reported more separation from their own mother and more residential moves; identified lower parent function in terms of level of

enjoying their child and their parental role; scored higher on depression and anxiety scales; and reported family relationships that were more conflictual and with higher family stress. Leifer, Kilbane, Jacobsen, and Grossman (2004) conducted a three-generational study to investigate histories of attachment relationships and abuse experiences to determine any differences in families of sexually abused children that imply transmission of risk for sexual abuse. Their findings support three predictors of child sexual abuse and are specific to a child's mother: maternal problems in adult functioning; negative relationship between mother and grandmother; and a disrupted pattern of caregiving in mother's childhood. These mothers of sexually abused children reported more severe histories of their own abuse and neglect, more serious problems in their childhood family, and less positive relationships with their own mothers. As adults, these mothers reported more problems in their adult intimate relationships, had more children by multiple fathers, more domestic violence, and more substance abuse. Using a lens of attachment relations for both the mother and the grandmother, their findings support the role of disrupted or conflicted attachment in transmission of sexual abuse risk.

A closer look at domestic violence in terms of multiple abusive adult partners, Alexander's study (2009) of 92 battered women compared their childhood trauma histories (physical abuse by either or both parents, sexual abuse, witnessing intimate partner violence), affect dysregulation (dissociation or borderline personality disorder traits), and attachment characteristics. In this study, 56% (52) of the women reported multiple abusive partners in adulthood and of those 52 women, 77% also reported multiple childhood traumas. All but one reported some form of childhood trauma.

Interestingly, the one woman who did not report any form of childhood trauma did report having an alcoholic mother, suggesting childhood dynamics of neglect, which were not measured in this particular study. Findings suggest that women who experience abuse by multiple adult partners were significantly more likely to have been sexually abused or witnessed violence in childhood and experienced parent-child role reversal, suggestive of unresolved attachment. This role reversal may be in the form of a parent who excessively elicits attention and care from the child (Alexander, 2009) or a child who seeks to protect the mother, who is the victim of the violence and unable to protect herself (Leiberman, Zeanah, & McIntosh, 2011).

Self-efficacy

The mother's attachment relations and childhood experiences, then, may influence how she perceives her own ability to care for her child, manage her own and her child's environment, and appropriately respond to threatening cues, problems, stressors, or opportunities, as they arise. Findings from a study of 76 at-risk mothers to determine whether childhood maltreatment, adult attachment relations, and depression would predict parental self-efficacy (Caldwell, Shaver, Li, & Minzenberg, 2011) suggest that childhood maltreatment, adult attachment insecurities, and maternal depression affect parenting behavior, in part through their deleterious effects on parental self-efficacy. Perceptions of one's own ability are developed in childhood. In a review of attachment theory related to its use and misuse in clinical practice, Allen (2011) focused on school-age children who still require the availability of their caregiver although no longer the moment-to-moment care required in infancy. His findings suggest that children with

secure attachments demonstrate more effective social skills, increased self-esteem, and increased self-efficacy as compared to children with insecure attachments.

Discovery Process

Just as a child's disclosure of sexual abuse is a process that may include ambivalence, as evidenced by denial, delayed disclosure, and even recantation at some point, it seems reasonable to consider that a mother's discovery of the abuse is also a process that may include ambivalence, as evidenced by denial, delayed protective action, and even continued contact with the perpetrator, either by her own volition or because of pressure from him or others. Recognizing that her discovery of the abuse is a process, it is reasonable to consider that her initial response is not an enduring one so may change over time (Alaggia, 2002; Malloy & Lyon, 2006). The process of discovery of sexual abuse begins with how the non-offending mother first learns about the abuse and what sources of information increase or decrease her certainty that the abuse occurred. Most mothers (57%, n=125) learn about their child's abuse from the child, either verbally from the child or by the child's behavior, while only 18.4% learned about the disclosure from a professional or a doctor's examination (Plummer, 2006). This information from their child, verbally and behaviorally, contributes most to their certainty that the abuse had occurred and led to further action on the part of the mother. The mother's thinking that she would have or should have known about the abuse and the perpetrator's denial of the abuse both increased her doubt about whether the abuse occurred (Plummer, 2006).

Coohey and O'Leary (2008) used an information-processing perspective, based on a Cognitive Theory of Information Processing related to child neglect (Crittenden, 1993), to examine why some non-offending mothers did not consistently protect their

children. Using this theory and considering a discovery process, mothers first learn about the abuse through some signal or source and then either continue processing the information or ignore the signal. To protect her child, she must successfully interpret the information or signal so that she believes her child was sexually abused by the person identified by the child *and* she attributes the responsibility for the abuse to the perpetrator. Her ability to accurately perceive and organize this information may be compromised when she, herself, experienced a distorted view of reality based on her own childhood attachment experiences (Crittenden, 1993). In this study, protection was rated from inconsistent to consistent based on the specific actions of the mother. Also examined were factors that enhanced or interfered with how the mother processed information once she learned about the abuse such as: to whom they attributed responsibility for the abuse and who they asked about the abuse (child, perpetrator or someone else), timing and sources of information, abuse characteristics and relationship with the perpetrator, mother's mental health, substance abuse, or domestic violence. They concluded that mothers who believed consistently (measured as believing both at the beginning and end of a CPS investigation) and attributed responsibility to the perpetrator (as identified by the child) were more likely to consistently protect their children. Mothers were less likely to believe consistently and attribute responsibility to the perpetrator, however, if they learned about the abuse from CPS previously, did not ask their children directly about the abuse, were in the home at the time of the abuse, were in an intimate relationship with the perpetrator, and knew about the abuse for more than one year without reporting it. Coohy and O'Leary (2008) concluded that "the most potent predictor of whether the mother protected her child consistently was whether she believed

consistently her child was abused” (p.255; 8.4 times more likely to protect consistently). Whether the mother was currently in a domestically violent relationship was the next most important factor (6 times more likely to protect consistently if not in such a relationship currently).

Ecological Perspective

While much focus is provided on the beliefs, thoughts, and actions of the mother, it is important to remember that she does not believe, think, and act in isolation. In addition to the mother-child dyad, the mother may have other children in the home and have adult friendships and intimate partners, as well as extended family members with whom she interacts. She lives in some kind of neighborhood, may be employed, and has social contacts, however limited or extensive they may be. So, beyond the individual response of the mother in learning that her child has been sexually abused, there are family, community, and societal levels of response to a child’s disclosure of sexual abuse that affect the mother, as well as the child. Such an ecological perspective recognizes the multidimensionality of child maltreatment, interpersonal violence, and revictimization in terms of both risk and protective factors (Little & Kantor, 2002; Obasaju, Palin, Jacobs, Anderson, & Kaslow, 2009).

Such multidimensionality is evident in cases of intra-familial abuse when the non-offending mother experiences change or loss post-disclosure, separate and apart from her individual response to the disclosure. Massat and Lundy (1998) coined the term “reporting cost” to describe tangible changes and losses in their study of 104 non-offending parents (100 mothers, 4 fathers). Their findings suggest that the non-offending parents experience significant relationship losses (both with the perpetrator, family, and

friends), reduced income (usually loss of perpetrator's income), increased dependence on government programs, problems with their job (distracted, missed days due to appointments related to the investigation), and change of residence. The authors suggest that the secondary emotional trauma of disclosure of sexual abuse is aggravated by these concrete changes and losses. These findings are supported by a qualitative study of mothers (n=19) who report the "costs" such as loss of family support, loss of personal identity, and financial strain as well as the additional "costs" of dealing with a disappointing and insensitive investigative system in which they felt blamed, judged, and ostracized (Plummer & Eastin, 2007). Assuming that a mother responds in an appropriately protective manner that minimizes the child's risk for further abuse and maximizes the child's safety, she nevertheless remains at risk for losses that result from such protectiveness.

As noted previously, the child welfare system, with its focus on intrafamilial abuse, is the centerpoint of investigations and interventions for children and families who experience child sexual abuse. Given that focus, it may be tempting to focus only at the microsystem level of individuals and families to explain the abuse, assess future risk, and require intervention. To do so without regard to sociocultural and sociopolitical values and attitudes surrounding child sexual abuse may unfairly blame children and their mothers for the abuse and its aftermath (Bolen, 2002). Maintaining an ecological perspective anchors us in the multidimensionality of life's experiences, both for understanding and intervention.

Integrative Conclusion about Prior Literature

What we know:

- A mother's discovery of her child's sexual abuse is a process just as the child's disclosure is a process and *how* she discovers, or learns about, the abuse influences her response.
- A mother's response is variously defined in terms of *believing* the child's disclosure in terms of what happened and who did it, *protecting* her child by separating the child from the perpetrator, and *supporting* her child throughout the investigation and therapeutic recovery process.
- Both the discovery of the abuse and a mother's response is a dynamic process and may be viewed in terms of a continuum on which the mother may shift her location.
- In addition to the way in which she learns about her child's sexual abuse (e.g., told by child, told by someone else), various personal, familial, and social factors may negatively influence her response and may compromise her child's safety.
 - Personal factors include: cognitive ability; mental illness; substance abuse; faith in own ability to successfully intervene
 - Family-of-origin factors include: mental illness; substance abuse; domestic violence; history of childhood trauma; conflictual family relationship or high family stress; absent or disrupted parental caregiving; insecure attachment with her own mother;

- Current family factors include: living with perpetrator at time of disclosure; domestic violence; mental illness; substance abuse
- Social factors include: problematic adult relationships; social isolation

What we don't know:

- What aspects of the mother's intimate relationship with the perpetrator influence her response once she learns about the abuse and what particular factors have more or less influence (e.g., how she chose him, their own intimacy, how he treats her, how he provides for her or contributes to the household, what he says or does when confronted about the abuse).
- What other childhood experiences influence attachment between mother and grandmother/child/other adults other than child maltreatment (e.g., chronic illness, death, abandonment/separation, family tragedy).
- What experiences contribute to a disrupted pattern of caregiving such that it becomes a risk factor for child sexual abuse.
- How coping mechanisms used in the family-of-origin to manage any effects of trauma, tragedy, or negative experiences either helped or hindered family cohesion then and affect a mother's coping patterns now.
- How do the mother's own childhood experiences influence her decisions when faced with the abuse of her child by her intimate partner.

What we need to confirm:

- How a mother processes the information about her child's disclosure of sexual abuse.

- How she processes and incorporates verbal and behavioral information from the perpetrator, what verbal or behavioral factors are influential, and in what way those factors are influential.
- How various childhood experiences affect her ability to process the information.
- How the information-processing results in a decision about *whom* she believes (child or perpetrator) and whether she takes protective action.

Conceptual Framework

The conceptual framework for this qualitative study of non-offending mothers considers that childhood events and experiences create a pathway toward adult functioning, both personally and socially, for each mother. The mother's experiences within her family of origin demonstrate how to respond to negative events (coping), interact with others, choose friends and intimate partners, and raise her children. This accumulation of experiences contributes to her world view and provides valuable insight to her process of gathering and processing information and then making decisions based on that information.

My previous review of findings from multigenerational studies highlights the challenges for mothers who learn that their child has been sexually abused (Kim et al., 2007; Leifer et al., 2004) when they are victims of childhood trauma, too. These mothers may already be involved in negative and abusive adult relationships, facing problems associated with depression, anxiety, and/or substance abuse, while lacking the support of their own mothers or others, all of which are associated with prior traumatic experiences.

To understand the role of childhood sexual abuse and other negative childhood experiences on adult relationship quality, researchers analyzed cross-sectional data of over 15,000 individuals in marital or cohabiting relationships (Walker, Holman, & Busby, 2009). The data came from the RELATionship Evaluation (RELATE), gathered on-line between 1999 and 2007. The authors assumed two things: 1) a relationship between childhood sexual abuse and the quality of adult relationships; and 2) intrapersonal and interpersonal factors that would mediate this. In considering other negative childhood events, the authors added two categories to include childhood violence as well as other childhood stressors (e.g., family mental illness, addictions, physical disabilities, financial strains; childhood violence). In considering the impact of the negative childhood experiences, the authors developed scales to measure: 1) current impact of childhood events and processes; 2) depressed mood; 3) emotional flooding during conflict; and 4) adult relationship quality. Their findings suggest that the transmission of negative symptoms (resulting from child experiences) to adult relationships is through a series of mechanisms that begins with adult perceptions of the current impact of the past on the present situation and that depression plays a key role in this transmission, as does negative emotional coping and conflict interactions.

In a comprehensive literature review of attachment and the processing of social information across the life span, Dykas and Cassidy (2011) described studies that illustrate these patterns of processing information, from childhood to adulthood, within the social environment (parents, peers, romantic partners). The authors cite Bowlby (1969/1982, 1973, 1980, 1988), the originator of attachment theory, to highlight how individuals develop internal working models (i.e., mental representations) of attachment

relationships based on their early experiences with caregivers and that such models assist in processing information. Such patterns of information-processing, then, emerge from ways individuals have mentally internalized their experiences. For instance, individuals with secure attachments will likely process information fully, incorporating both positive and negative information. Individuals with insecure attachments, however, may exclude or suppress attachment-related information to avoid any resulting psychological pain that would otherwise arise if acknowledged.

On any journey from childhood to adulthood that incorporates childhood experiences into an adult world view, it seems important to consider how an individual develops coping strategies related to the adverse childhood experiences, what type of coping strategies emerge, and whether these coping strategies successfully mitigate potentially detrimental outcomes. Successful coping strategies, such as cognitive restructuring for adults addressing childhood sexual abuse, have shown to improve relationships, increase marital satisfaction, decrease isolation, and improve parenting (Wright, Crawford, & Sebastian 2007). A coping framework may be helpful in preventing revictimization by enhancing women's ability to detect threats and self-protect (Macy, 2006). Coping strategies such as avoidance and distraction may be mediators between trauma events, including childhood sexual abuse, and psychological distress, as findings suggest in a study of 970 sexually abused teenagers (males and females) in Belgium (Bal, Van Oost, & De Bourdeaudhuij, 2003).

CHAPTER 3

METHODS

This research study is an exploratory, qualitative study using constructivist grounded theory methods (Charmaz, 2006). This systematic, yet flexible, approach allows the researcher to join with the participant in a shared experience of understanding and interpretation. I begin with a discussion of a pilot study with two mothers whose children were sexually abused, then proceed to the pertinent questions being asked of the research along with specific methodologies and ethical considerations

Pilot Study

A key component of qualitative research, and specifically grounded theory development, is to take into account the theories and perspectives of the participants in the study (Maxwell, 1995). Understanding the unique perspectives of mothers whose children have disclosed sexual abuse, including what meaning they have now made of their experience, is an essential component, then, of this study. Because the mother's decision-making process about whom to believe is a relatively unexplored topic, framing the initial questions for an interview was a challenge. I decided to conduct a pilot study and consulted the Office of Research Compliance, University of South Carolina, to discuss whether this pilot study required IRB approval. Mr. Thomas Coggins, Director, determined that it was exempt from IRB approval because the purpose of the pilot study was to inform my conceptual model and develop my interview guide for the dissertation study and no data from the pilot study would be used in the final analysis. To prepare

and gain perspective of potential participants as I formed the approach for initial interviews in the study, I selected two mothers already known to me from my work at the Children's Advocacy Center of Spartanburg and requested their participation in a pilot study (see Appendix A). Both provided written informed consent and agreed to an audio-taped interview, using a preliminary interview guide (see Appendix B) developed for the study, and were compensated for their time with a \$30 Wal-Mart gift card. Here are their case backgrounds:

1. Rosie (not her real name), then 41 years old, was the mother of four children (2 boys and 2 girls) who were all sexually abused by her former husband (their stepfather) in another state for over a year. When the children accidentally disclosed the abuse in 2008, this mother had been already been separated from him for several years and was living in SC. She believed the children immediately, reported to authorities, cooperated with the out-of-state investigation, and followed through with counseling for all four children (although never for herself despite numerous referrals to do so, including again at the conclusion of my pilot study interview). With the publicity of the perpetrator's arrest, other victims came forward (10+, including the young daughter of his then-girlfriend, with the most recent abuse incident being the night before the police went to talk with him), he confessed, and is now serving a 55 year sentence in an Ohio prison with no chance of parole.
2. Josie (not her real name), then 24 years old, was the mother of a young girl (5 years old at the time of the disclosure) who was sexually abused in 2010 by her then-husband. Her daughter disclosed the two incidents of abuse to her biological

father's girlfriend during a weekend visit. The father and girlfriend first took the child to a therapist, who then made the mandated report to authorities. Josie did not initially believe the allegations against her husband (citing her contentious relationship with the biological father and his family as the reason the allegations were maliciously false) although she made him leave the home during the investigation and prohibited any access to her daughter. Once she came to the Children's Advocacy Center and learned the details of her daughter's disclosure, she shifted her stance to one of full belief and support, apologized to her daughter for what had happened to her, filed for and was granted a divorce and full custody of their infant child (including no contact with perpetrator), cooperated with the investigation, and followed through with counseling for her daughter. The perpetrator is awaiting trial.

I felt I was asking a great deal of both women in my effort to validate their subjective experiences (Oakley, 1981) as mothers whose children were sexually abused by their intimate partners. Both immediately consented to participate and their insights were valuable.

I learned from them that *context matters* in understanding their initial response to learning about the abuse: the situation with either a current or former intimate partner at the time the abuse occurred and at the time of the disclosure, in terms of relationship dynamics and his presence or absence in her life; how they met and how he treated her during the relationship; how she first learned about the abuse; how she learned more about the abuse.

While both mothers denied their own abuse history (sexual or physical), they both shared what I believe may be *clinically significant family-of-origin experiences of traumatic losses* (Rosie was 12 years old when her teenage brother was killed in an automobile accident; Josie was 5 years old when her mother left to visit family in her native country and never returned and she has not seen her since) affecting how they were parented themselves, how they learned to cope with adversity, and perhaps affecting their own adult relationship and parenting styles.

I learned that the *aftermath of their experience* of learning their child was sexually abused is such that they are easily transported to that emotional place of first learning about the abuse and that those effects can be long-lasting (Rosie has significant depressive symptoms and she often believes life is not worth living, but she still gets up day after day and tries to go forward; Josie's contentious relationship with her daughter's father and his family is even worse, although she herself is overall doing well).

I also identified *opportunities to improve the Interview Guide* (see Appendix C). One was to develop a clear transition from discussion of the current allegations to asking about her childhood experiences. I attempted this transition by asking, "When you first learned about what happened to your child, what experiences from your own childhood did it make you think about?" While my attempt to link their current situation to their childhood experience was appropriate, the placement of the question in the interview sequence was insufficient to prompt an elaboration of what their childhood was like. The question was also somewhat leading and may have created a barrier for any connection to her childhood events, rather than merely a transitional prompt, as I intended. I missed an opportunity with Rosie, whom I interviewed first, when the death of her brother was

mentioned and so when I interviewed Josie, I intentionally asked her to tell me about her “growing up years”, which she did. I further learned that interview questions related to their own mental health, physical health, and substance or medication use/abuse are important and those questions are also important related to their family of origin for insight into the parenting and coping styles of their own parents and family that may affect perceptions of themselves as women and mothers.

In summary, the pilot study influenced my research in several ways: 1) the women’s responses suggested that childhood experiences and relationships with the perpetrators may be related; 2) how those childhood experiences relate to adult intimate relationships may contribute to women’s decisions about whom to believe; 3) my interview questions should explore both areas separately and without expectation that the women may make connections between their current situations and past experiences; and 4) my interview questions should contain clear statements to transition the participants from section to the next to announce the next section and allow the women time to refocus.

Research Questions

Considering what I learned from the pilot study, I framed the research questions, as follows:

1. In cases of child sexual abuse, how does a mother decide whether to believe her child or the alleged perpetrator?
2. What factors contribute to a mother’s ability or willingness to believe her child’s disclosure of sexual abuse?

3. What factors create barriers to a mother's ability or willingness to believe her child, once she learns of her child's disclosure of sexual abuse?
4. What factors contribute to uncertainty and equivocation in her belief?

Research Methods

Sample Selection

The sample included mothers whose minor children disclosed sexual abuse by a current or former intimate male partner of the mother (i.e., their father, step-father, or mother's boyfriend) as the perpetrator of the abuse. Excluded from participation were fathers, foster parents, other caregivers, and mothers who actively contributed to the sexual abuse. In all cases, the alleged perpetrator was at some stage of criminal prosecution (under investigation, charged, or resolved by court disposition). I initially determined the timeframe for inclusion to be within one year of learning about her child's disclosure *and* before the mother, herself, had participated in therapy regarding her child's abuse (see Appendix D). I did so to stay as close to the current investigation as possible, time-wise, to avoid any tainting of the mother's memory of her thoughts, feelings, and actions. Once I started interviewing, however, I quickly relaxed the inclusion criteria for both the timeframe (within one year of disclosure) and mother's participation in therapy. I realized that the preciseness of the original inclusion criteria were somewhat arbitrary. Interviews with the first three mothers (conducted within a few days of each other) were slightly outside the one-year-from-disclosure timeframe and all three mothers participated in a non-offending parent support group at their local children's advocacy center. I did not consider the support group to be "therapy" per se. I strived for adherence to the initial inclusion criteria but not be bound by it.

I focused on the perpetrator being mother's current or former intimate partner although I recognized, of course, that children are sexually abused by people other than their father, stepfather, or their mother's boyfriend. This was not to minimize children's sexual abuse by other perpetrators but rather to allow a focus on just one especially egregious perpetrator relationship. In addition, intimate partner relationships are associated with other types of child victimization (e.g., physical abuse, witnessing domestic violence) so that the mother's response to the sexual abuse extends to a broader realm of risk and protection.

Recruitment

Recruitment for this purposeful sample of mothers was planned through various sources, such as children's advocacy centers, other therapeutic settings (agencies or private practices), investigative authorities, victim advocates, or word-of-mouth. I began recruitment of participants from the agency and the private practitioner who expressed initial interest in and support for the study. One was the Executive Director at the Assessment and Resource Center (ARC), a children's advocacy center in Columbia, who had long expressed interest in this study. She committed her agency and staff to refer participants for the study and provide a private space for the interviews to take place (see Appendix F). Although she stepped down from the Executive Director position, her successor expressed equal enthusiasm and interest in the study and honored our agreement. A second source was a social worker whose private practice is in Greenville. She used to work at the Children's Advocacy Center in Spartanburg as both a forensic evaluator and a therapist and has also been interested in this proposed study from the outset (see Appendix G). She not only referred participants for the study and provided

space for me to conduct the interviews, she extended me the use of her conference room for additional interviews from other referral sources, as needed.

While I initially anticipated referrals from the Julie Valentine Center (JVC), a children's advocacy center in Greenville, based on their Clinical Director's verbal commitment to refer, I was five months into the study when the Executive Director finally gave approval. Once she committed, the entire agency was supportive. I later contacted a third children's advocacy, Foothills Alliance, in Anderson, SC. This Executive Director was also enthusiastic about the study and actively identified participants to refer.

Other recruitment opportunities included private practitioners who treat sexually abused children, often referrals from their local children's advocacy centers, and with whom I already had a professional relationship. Two of them referred participants. I contacted other potential referral sources, including attorneys, guardians ad litem, and other non-profit agencies. For each, I sent a memo explaining the study. For the agencies, I sent two memos (see Appendix H and Appendix I for samples). The memo for the Executive Director contained a detailed explanation of the study and addressed issues that would likely concern an Executive Director or the agency Board, such as confidentiality, university approval, or potential emotional distress for their clients. A separate memo contained less details and simpler language so any involved staff member (usually a victim advocate or case manager) could provide the very basic information to a potential participant with minimal confusion. The Executive Directors liked this and it worked well. When I first contacted participants by telephone to confirm their interest and answer any questions, I asked them what they understood (from whomever referred) about the

study. Their response was consistent with the information in the memos. Eventually, three children’s advocacy centers and three private practitioners referred 26 women, 20 of whom actually participated.

Table 3.1 Referral Sources for Study Participants

Researcher Contacted For Referrals	# Potential Participants Referred	# Clients Participated in Study	# Clients Declined Participation	Researcher Conflict of Interest	TOTAL
Private Practitioners (5)	8	8	0	0	8
ARC	7	5	2	0	5
Foothills Alliance	6	4	2		4
JVC	5	3		2	3
Attorneys (2 prosecutors and 4 family law)	0	0	0	0	0
GALs	0	0	0	0	0
Non-profits (3)	0	0	0	0	0
TOTAL	26	20	4	2	20

Until April 2013, I worked as a Forensic Evaluator at the Children’s Advocacy Center of Spartanburg, which provides similar services as the other children’s advocacy centers and primarily serves children and families from the 7th Judicial District (Spartanburg and Cherokee counties) and the Union County area of the 16th Judicial District. While I have strong relationships within this judicial district that could facilitate my access to participants, as well as appropriate interview settings, I believed the risk was too great for researcher bias, reactivity, or perceived contamination of an investigation or trial for any case associated with my own agency. The value of recruiting through children’s advocacy centers and private practitioners who work with them includes: 1) their familiarity with the family dynamics of sexually abused children and so their understanding of the process and importance of this study about mothers; 2) their

on-going therapeutic relationship with the child and mother so that the mother has support in place for any emotional distress resulting from her participation in the study; and 3) allows me to focus as a researcher and not a clinician, knowing that another clinician is available to the mother, as needed. In such cases where a referral may be required, I had information for the participant about therapeutic resources, specific to their geographic residence, to address any distress she may experience post-interview.

The drawback of recruiting only through children's advocacy centers and private practitioners was that I could be missing the mothers who did not believe their child's initial disclosure, and perhaps still do not believe, in that those mothers likely are not in a treatment program, either for themselves or their children. I anticipated that the mothers involved in treatment would be the ones who mostly believed their children's disclosures and that was particularly so with the referrals from private practitioners, as I experienced with the first six participants, all referred from private practitioners. These mothers were already established with the therapists and the children's disclosures were between a year and 18 months prior to their participation in this study. Once the children's advocacy centers began referring participants, however, I saw a broader range of responses from the mothers. Those referrals occurred closer to the time of the child's disclosure, early in the criminal investigation, and treatment had yet to begin. Overall, there was a sufficient range of maternal responses among the 20 mothers to address the research questions.

I sought additional opportunities to identify and recruit those mothers who did not believe their children's disclosure of sexual abuse, including contacts with two prosecutors, four family law attorneys, two guardians ad litem, and three non-profit agencies where non-believing mothers may be in treatment for a related issue, such as

domestic violence. The Julie Valentine Center operates a therapy group specific to non-believing mothers and most of those mothers are court-referred. I did receive referrals from that group and another group from the JVC but none were fully non-believing. The JVC referred two mothers who were non-protecting and did not currently have legal custody of their children. As it turned out, I knew both of those mothers from my work at the Children's Advocacy Center of Spartanburg and had actually referred the mothers to the JVC group myself (through my recommendations to DSS). This was obviously a conflict of interest and I declined to include them in the study. Four other non-believing or ambivalent mothers were referred (two from the ARC and two from Foothills Alliance). While all four initially agreed to participate when they first learned about the study from the agency, two changed their minds by the time I talked with them and despite my best effort to engage them, they remained unwilling to participate. A third mother did not show for our scheduled appointment and did not respond to my follow-up messages. A fourth mother did not respond to my messages at all, despite having told the agency she was willing to talk with me about participation.

Overall, my actual sample contained a range of responses from believing to ambivalent. The ambivalent responses ranged from somewhat ambivalent to very ambivalent, getting closer to a non-believing response. The absence of non-believing mothers remained a limitation to the study.

Researcher Identity

As a social worker, I have held a variety of clinical and administrative positions over a 30+ year career. Most of those years were in the medical, psychiatric, and community mental health settings. In 2001, while volunteering at our local children's

shelter, I learned about the Children's Advocacy Center (CAC) of Spartanburg. Their work focuses on child victims of alleged sexual abuse, severe physical abuse, and witnesses to violent crimes. Nationally, the CACs use a collaborative approach to address child maltreatment by working with various systems, including DSS, law enforcement, child/victim advocates, and both family and criminal court system. The collaborative, systems approach appealed to me because I am mostly a macro thinker who sees value in system-wide approaches to affect the most people. The role of the CAC in court proceedings also appealed to me because I have always been interested in judicial systems and several times considered going to law school, up to and including when I applied to this doctoral program.

When a Victim Coordinator position was available at the Spartanburg CAC, I applied for it. My strong administrative and leadership background, along with clinical practice experience, made me the ideal candidate for this new position, according to the Executive Director at the time, and she envisioned me succeeding her upon her eventual retirement. I did not follow in her footsteps because my interests changed once she asked me to conduct forensic evaluations of children as a way to learn about the evaluation process and further understand the role of the CAC. From my first complicated forensic evaluation and subsequent court testimony about this particular child and her family, I knew that the field of child advocacy was where I could be an agent of change for children, their families, and the systems that interact with them.

I maintain my clinical social work licensure (LISW-CP in South Carolina and LCSW in North Carolina) and routinely exceed the continuing education requirements through attendance at national conferences and participation in advanced training

institutes (e.g., American Professional Society on the Abuse of Children colloquiums, San Diego International Conference on Child and Family Maltreatment, National Child Protection Training Center annual conference, Crimes Against Children annual conference). I expanded my qualifications to become a Certified Family Court Mediator as well as a Guardian ad Litem for private action family court cases.

The more I evaluated children, the more I observed the role of their mothers in responding to their children's allegations. I was often frustrated when the mothers doubted the children's disclosures, minimized the allegations, and sometimes prioritized their own relationships with the perpetrator when there was compelling evidence to suggest the abuse occurred. This was so whether the alleged perpetrator was an intimate partner or someone else close to the mother. I noticed complex family dynamics, particularly with the mothers and their families of origin. It was not my role, however, to work further with the mothers other than in their role as non-offending parents of the children I was interviewing. In talking with the mothers, I mostly focused on the current allegation. In obtaining brief family histories, I caught a glimpse into her life experiences, but only superficially. I just was continually puzzled at how and why some mothers believed their children, some were not sure, and others did not believe their children at all. And I was puzzled by the strength and power of their intimate partner relationships that often seemed negative. I also observed the reactions of various professionals who interacted with the children and their mothers and the failure of systems to adequately and safely care for children and their families.

I chose the social work doctoral program as the avenue for me to affect change in protecting children across all systems, including their immediate families, starting with

their mothers. This research process provided an opportunity to try to understand how the mothers make difficult decisions when they learn of their children's disclosures of sexual abuse, particularly in deciding whether to believe their children or the perpetrators. Since completing this study, I have a new appreciation of the complexity of their lives as they face their children's abuse, remove the façade of their intimate partner relationships, and navigate confusing systems (investigative, therapeutic, court) that intrude into their lives. I am renewed in my sense that helping mothers will help their children which will help break the cycle of abuse. And improving our systems that respond to child maltreatment will help the mothers, both the mothers now and the parents that the children will become.

Engagement and Retention

I have interviewed hundreds of mothers whose children disclosed sexual abuse and have demonstrated my ability to engage the mothers during an emotionally difficult time. I believe I present myself in a non-threatening and non-judgmental manner and that my interaction with the participants will indicate my experience and maturity. These factors, along with my age and parenting experience, enhanced the engagement process.

The mothers received a \$30 Wal-Mart gift card for their participation in the initial interview and an additional \$10 Wal-Mart gift card for participation in a follow-up interview. At the time of the initial interview, I asked if they would be willing to participate in a follow-up interview, if necessary after I reviewed their transcripts, for additional compensation and I documented their response. At the time of the initial interview, all of the mothers agreed to a follow-up interview.

Data Collection

Once a children's advocacy center or private practitioner recruited a potential participant, they gave me the mother's telephone number and/or email address. I then contacted her directly, explained the study, briefly confirmed inclusion criteria, answered preliminary questions, and arranged to meet her at a mutually agreed upon date, time, and location. I interviewed the mothers in various locations, including the three children's advocacy centers, a practitioner's office, two local libraries, and at one mother's home. All locations allowed for privacy and minimal interruptions. When we met in person, I greeted her warmly, expressed my appreciation for her time and willingness to talk with me, and continued to establish rapport with light conversation. I again explained the study, verbally reviewed the Informed Consent and then allowed time for her to read and review the Informed Consent (see Appendix E), then answered any questions and obtained her written permission to participate.

I conducted semi-structured audio-recorded interviews with 20 women who met the sample selection criteria (with flexibility, as previously mentioned) and agreed to participate. While the interview protocol was initially developed from a review of the literature and my own experience interviewing non-offending mothers, it was then revised to reflect critical information gained from the pilot study which was the version I used at the beginning of this study. I made four minor revisions to the interview guide for a final iteration (see Appendix J with all revisions highlighted) that I thought would strengthen the interviews for additional useful information in support of my emerging theory: 1) I added a question toward the end of the interview to ask specifically *How has your relationship with your child been affected by what has happened? Explain.* because

I noticed how little the mothers spontaneously talked about their children and thought it would be helpful to provide a focused question; 2) I added a sub-question to question #16 *How do you see yourself as a mother?* to specifically ask *is there anything you do/would do differently [than your role model]?* when I noticed mothers were identifying their maternal role models as sometimes the very people who did not protect them when they were children; 3) I added a sub-question to question #7 *What is your relationship to the person who sexually abused your child?* to specifically ask *what was going on in your life when you met [perpetrator]?* to help identify additional factors that influenced her decision to begin a relationship with the perpetrator in the first place; and 4) I added question #5 *What did you believe? What did others believe?* specific to when they first learned about the disclosures because I realized through their narrative responses that their initial beliefs sometimes shifted as they continued to learn new information or learned what others (family, authorities) believed. Their beliefs shifted not only from ambivalence to believing but even from believing to adamantly believing.

Given the time, energy, and emotional fortitude required for the initial interview for each participant, I anticipated that a second session may be necessary for some to complete the full interview process. This was the case for one woman (M914) who began having flashbacks to her childhood sexual trauma. I recognized her distress and stopped the interview. She requested to step outside to her vehicle to smoke a cigarette. I remained in the office and monitored her from the window overlooking the parking lot. When she returned (having smoked, cried, and vomited), I assessed her current safety and plans for the remainder of the day. I asked permission to notify her child's therapist (who referred her to the study and had an appointment with them the following week) of this

stressful moment so the therapist could check in with her again, as well. She agreed and the therapist contacted her prior to the child's next appointment. I contacted her again and we scheduled the follow-up interview, at which time I completed the initial interview and also addressed pertinent information based on my analysis of the initial transcript.

Overall, I conducted six follow-up interviews and attempted four more. I developed specific follow-up questions for each woman. The first three follow-up interviews were to further explore factors that might contribute to their decision-making processes, based on coding and review of their initial interviews, as I explain. I initially identified the first six participants as women who believed their children yet noted that they all had negative relationships with the accused men, who displayed some combination of physical violence, verbal abuse, and alcohol or drug addiction. All but one of these first six women had histories of childhood trauma that included family violence, parental substance abuse, sexual trauma, and/or maternal abandonment or unavailability. Among their individual differences, I began to see a pattern where childhood trauma intersected with the quality of adult relationships and whether the women had suspicions that something was wrong prior to the disclosure. But I could not yet see how this related to their decisions of whom to believe when their children disclosed sexual abuse. I conducted follow-up interviews with three of these believing women to learn more about their lives at the time they became involved with the accused and to discover more about why they were so sure about believing their children after having previously dismissed their suspicions about relationships between the accused and their children. I also wanted confirmation that my description and early interpretation accurately reflected their words and experiences (Thomas & McGilvy, 2011) as well as

give the women an opportunity to provide additional information they thought would be useful or important, having had time to think about and reflect on our initial interview (Darlington & Scott, 2002).

I conducted two more follow-up interviews specific to ambivalent responses. I wanted to address: 1) what the women were actually ambivalent about; 2) the absence of suspicions prior to their children's disclosures; and 3) what contributed to their shift from ambivalence about their children's disclosures to believing the disclosures.

The seventh (M399) and eighth (M208) women I interviewed were both ambivalent in their initial responses to their children's disclosure of sexual abuse, yet for different reasons. One woman was ambivalent because she believed her child incorrectly named her husband as the abuser, although she believed her child was sexually abused by someone. The other woman was ambivalent related to the extent of the abuse because she understood that her former husband may have masturbated in front of their sons (which she thought she could "fix" on her own by having the grandparents supervise visits) but could not believe that the abuse included genital contact. I realized then that the women's ambivalence may actually manifest differently and not be immediately obvious to me when I interviewed them. It seemed important to determine whether their initial responses really were ones of believing or ambivalence because otherwise how could anyone (e.g., authorities) accurately determine risk or safety. These subtle distinctions in ambivalent responses led me to review the interview transcripts for the first six women who presented as believing. In doing so, I recognized that one of the women (M997) was actually ambivalent in her initial response in that she was initially unsure whether the touching was accidental (as her husband claimed and the authorities believed) or might

have been purposeful. Another was ambivalent by way of her actions (letting her fiancé remain in the home for the three days following the disclosure) despite stating to authorities that she believed her child's disclosure.

I conducted the final follow-up interview (M 337) to confirm my emerging theory that the children's disclosures were the impetus for the ambivalent women to review their relationships with their partners and also the point at which their suspicions, previously absent, began to develop.

Data Analysis

The initial and follow-up interviews were all audio-recorded, transcribed, and organized within the Atlas.ti software. This software program tracked my coding process by creating a code list which reflected my definitions of codes along with renaming and merging codes. Consistent with grounded theory methods, the interview transcripts were coded, as a way of defining what the data is about and the beginning stage of data analysis (Charmaz, 2006). Coding is a way of interacting with the data, comparing the data for similarities and differences, and raising the data to a conceptual level (Corbin & Strauss, 2008). The codes, created from the data rather than applied from a pre-determined list, were developed in two phases (Charmaz, 2006). The *initial phase* involved a close reading of all 20 transcripts and naming each part of the transcript, either by words, lines, or segments. The name, or label, was a gerund-phrase (e.g., "taking protective action", "denying the allegation") that reflected the participant's statement, emphasized social psychological process, and allowed comparisons or later integration with other codes.

I coded each transcript when returned from the transcriptionist, using codes established from previous transcripts and developing new codes, as warranted by the data. I found the initial coding of transcripts a little overwhelming in the beginning because the code list was developing rapidly and I sometimes had difficulty distinguishing between certain codes, despite having defined the codes as I went along.

Several times during the coding process, I stopped coding any new transcripts to focus diligently on the code list, which grew to almost 200 codes at one point, to review every code and definition. This process helped tremendously to better organize the codes I already had and facilitate coding of new transcripts. I merged similarly-defined codes, renamed other codes to more accurately reflect the definition, and re-defined codes based on new data. Sometimes this was as simple as merging two similarly worded codes with similar definitions that required no distinction. An example of this was the code *initial reacting* that merged several codes I had used to specify some action or thought the women had when they first learned of the disclosures. Another example was organizing groups of codes to keep them together and make it easier to locate when coding subsequent transcripts. Examples of this included: *childhood experiences* (10 separate codes, each with a specific experience, such as *family violence* or *sexual trauma*); *perpetrator's behaviors* (25 separate codes); and *feelings* (22 separate codes). Other times this involved refining the definition based on new data such as the code *escaping*, which I initially defined as *mother finds a way to leave her current situation in order to actually be safe or to not have to deal with the reality of her situation*. New data indicated that the women also escaped in unsafe ways as coping strategies, so I refined the definition to be

mother finds a way to leave her current situation or to not have to deal with it, regardless of whether it is a 'safe' place, e.g. alcohol, drugs, affair.

This initial coding phase was followed by a *selective phase* of coding which focused on the most frequent codes and ones that seemed most significant for reflecting the participant's perspective. This summary and categorization of data, then, became increasingly conceptual and began to reflect relationships between categories, which led toward building an analytic framework. "Nonetheless, the process is interactive. We interact with our participants and subsequently interact with them again many times over through studying their statements and observed actions and re-envisioning the scenes in which we know them" (Charmaz, 2006, p. 47).

Key categories emerged as I studied the relationships between codes, both within any one transcript and across transcripts, which became the backbone of the conceptual framework for this study. The following categories reflect this process.

The women shared about their relationships with the accused men from the beginning of those relationships to the status of those relationships at the time of their children's disclosures, including other adult intimate relationships. Various codes reflected what they told me, such as: early relationship with perpetrator; perpetrator's behaviors (25 behaviors, including, blaming/diverting/denying, invoking fear, promising to change, stalking, threatening); other intimate relationships; relationship deteriorating. I wrote several memos that included some aspect of my puzzlement at the women's involvement with the accused in the first place, their description of the deterioration of their relationships with them, and their continued involvement with him on some level regardless of whether they were still in intimate relationships with the men. I developed

the category *Nature of Involvement with the Accused* to reflect the status of their relationships with the accused at the time of their children's disclosures, including their level of satisfaction or investment in those relationships.

The category of *Suspicious* developed from on-going analysis of the transcripts and codes to try to understand what might be different about women who believed and women who were ambivalent. Most all of the women reported very similar negative childhood experiences and all reported similar negative adult intimate relationships, including with the accused. A pattern began to emerge to distinguish the believing women, as I saw in the coding: dismissing instincts; maintaining expectations of him as a father/husband/partner; explaining perpetrator's behaviors; minimizing/avoiding; suspecting something; sensing something was wrong; relationship deteriorating; relieving him of responsibility for his behaviors. This suggested to me that the believing women had some suspicions prior to their children's disclosures. Those same codes were not evident in the transcripts from the ambivalent women. Instead, common codes in their transcripts were: trying to make sense of things; doubting child; no sign/sense of something being wrong; suspecting nothing. Below is a portion of a memo that highlights the connection of suspicions to beliefs.

These two mothers [M399 and M208] began my a-ha! moment of distinguishing the believing/protecting mothers from ambivalent. They had similar trauma histories. So the difference was: similar trauma histories but different initial responses. Then I realized that the believing/protecting mothers all sensed something was wrong, even tried to confront it or figure it out, and then when the child disclosed the abuse, BANG. That was the confirmatory information they

needed to 'know' what the problem was and what was wrong. For the ambivalent mothers, they did NOT sense that anything was wrong and were completely surprised by their child's disclosure. So, they couldn't make sense of it initially and needed another layer of information to 'confirm' the abuse; the children's disclosures were insufficient. (memo, Researcher Confusion, 5.18.2013)

This memo also reflects my beginning thoughts about when the women were faced with critical decisions about their children and the accused. These decision moments evolved to another key category that I called *Tipping Points*, which became defining moments for the women when they believed their children, either upon their children's disclosure or later upon additional time or information.

I employed memo-writing from the beginning as a way to stay involved with and close to the data. This active process of thinking (by writing) about the categories, making comparisons of the categories, and revisiting the data allowed me to move forward with theory development. Some memos were short, to capture a thought, and others were longer as I tried to sort out various ideas about the data that were swirling in my mind. New memos further developed concepts from previous memos. Memo-writing helped me identify gaps in the data that inhibited the development of the emerging theoretical model, so I could seek new data to expand or elaborate particular categories (Charmaz, 2006). Memo-writing also reflected how I ultimately situated this particular study about maternal decisions within a lifespan context, as this memo illustrates:

Considering a trauma lens in viewing the mother's life, decisions were made that affected her from the beginning of her life. Decisions by others. Alcohol/drugs, violence toward her and violence between others that she witnessed, sexual

trauma, loss/abandonment/unavailability of caretaker, neglect. Trauma that happened outside her immediate family still involved decisions by her caretaker/family related to protection, belief, support, coping. She begins to make her own decisions about how she views these adults in her world, deciding who to be in a relationship with. With adult trauma (present for all of the mothers), decisions about staying, leaving, involving the authorities, having children, who her children are exposed to. Of particular importance are the decisions about adult intimate relationships. So, my research question about the decision about whom to believe at the time of the disclosure is just one important decision among a lifetime of decisions - all must be viewed within the context of her own trauma history. She still has future decisions to make, like the next intimate relationship. All of the mothers reported problematic relationships with the offender, most from the very beginning and with retrospective red flags. Discernment of risk is impaired by their past trauma.

Using this trauma lens is like a wide angle lens to view the lives of the mothers. Their own childhood traumas set the stage for the multitude of decisions (see Decision Chronology memo). Their trauma permeates all aspects of their lives. The significance of this research is beyond my expectations in that it pulls together - thru the wide angle lens - the various aspects of what the mother is dealing with. Not just the decision about whom she believes. But dealing with family members, the intrusion of system response, still dealing with the perpetrator, being stuck in some sense in planning for the future, relying on the court to make a further decision of protection for her children (if there is no arrest

- common with the very young child - then the full burden is on the family court judge to make a protective 'no contact' decision/order). Otherwise, the perpetrator will have access to the child. This is not to say that a perpetrator cannot be rehabilitated and eventually reunited but that is likely outside the timeframe of the family court decision. I know that the mother will likely benefit from clinical intervention to address her childhood trauma BUT she is overwhelmed by the current situation and focusing on help for her child, not necessarily making the connection that her own well-being IS help for her child, now and in the future. Then when the case settles down, she wants to leave it behind and build her future. With a trauma lens, that childhood trauma - still not addressed - lingers and will then affect yet another decision, like who her next intimate partner will be. (memo, Lifespan Decision-Making, 5.28.2013)

This memo further highlighted the effects of unresolved trauma, present in all the women to some degree, on important decisions in their lives that also affect their children.

In summary, data analysis was an on-going process throughout this research study and kept me continuously connected to the data as I initially read, coded, and categorized the data while writing memos to reflect the process of theory development.

Validity

Constructivist grounded theory assumes that people, both participants and researcher, create or construct their own realities (Charmaz, 2006; Creswell, 2007). As the participants of a study share and express their constructed realities to the researcher, the researcher interprets their realities and constructs meaning. It was important for me to identify *threats* to validity, or ways that my interpretations and conclusions may be

incorrect. The two most serious validity threats I needed to be concerned with in this study were: 1) research bias and 2) reactivity.

Researcher Bias

I recognize that I bring to this research study extensive knowledge and experience about overall child and family dynamics and issues as well as specific knowledge and experience about child sexual abuse, including the process of disclosure, the importance of time and safety for the child, and the aftermath of disclosure. These experiences, after all, contributed to the reasons I wanted to conduct this study and facilitated the research process. I believe the women recognized this by my questions and comments during the interviews. It potentially could have hindered the research process if I relied on that foundational knowledge and experience to develop my theory from pre-conceived notions about how women may think or respond, thus distorting my findings.

My training and values as a social worker give me an advocate's perspective with a focus on the rights of the most vulnerable, who, in this case, are children (NASW, 2008). I have witnessed the firm stance of both believing mothers and non-believing mothers as well as the emotional roller coaster reactions of mothers who are not sure what to believe. I experience my own frustration and sometimes even anger at mothers who believe the perpetrator over their child and have documented and testified about how her non-believing stance may compromise her willingness or ability to protect her child. I have felt anger at the perpetrator for the abuse inflicted on the child and have learned to compartmentalize that anger to keep it out of my way during the evaluation process. I strongly support and routinely recommend treatment and resources for mothers to address their own past trauma, life choices, and decisions to hopefully strengthen her as a woman

and a mother. I realize that the non-offending mothers are the key long-term resource for a child's recovery from the abuse and future protection. I also experience great satisfaction in helping to determine that a child was not sexually abused and offer an alternative explanation for the allegations. My professional training and adherence to ethical practices helped the research process because I was already firmly grounded in respect for clients' rights to self-determination, the dignity and worth of all persons, and my ability to separate personal feelings.

From a personal perspective, I am a mother of an adult son. This gives me some distance from parenting decisions required when he was a child but my love, concern, and protectiveness of him is evident every day regardless of his age. I experienced stable, loving intimate partner relationships as well as some that were less than satisfactory. From a childhood perspective, I grew up in a safe, predictable, and loving home with both my parents. Again, this personal perspective helped the research process because I recognized the general challenges of parenting and, more specifically, being a single parent. The potential to hinder the research process was if I allowed my personal experiences to be the lens through which I interpreted the data and developed my theory about how they make decisions.

Reactivity

Reactivity could occur for me, as the researcher, or the women, as participants. Again, I recognize that I bring to this research study extensive knowledge and experience about child sexual abuse that could influence the responses from participants. A threat, then, to the validity of my findings would be if I inadvertently communicated to the participants that I expected them to answer certain questions in a certain way. An

example would be if they thought I expected all mothers to believe their children's disclosures because I had worked with so many children and mothers. They may have hesitated in telling me when they were not sure about the disclosures. Another example would be if I inadvertently communicated negative feelings about the perpetrators of their children's abuse, the women may be uncomfortable telling me that they loved the perpetrators. It would further threaten my findings if I assumed that the women in this sample, ranging from believing to ambivalent, were representative of non-believing women.

The participants themselves may have influenced the interview by wanting to present a more socially acceptable persona or minimize and defend their words and actions. They may have assumed I have some undisclosed role in the "system" so withhold information for fear I have some power to take their children away or even embellish information in thinking I have some power to reunite them with their children (if their children were already removed). The threat to the validity of my findings would be if I failed to recognize this dynamic, allowing it to influence my findings.

Another threat to validity was the likely dissociative process, related to their own trauma histories, displayed by the women during the interviews. This manifested mostly through minimization and avoidance in their responses, particularly when asked about their childhoods and relationships with their intimate partners, so the information provided may be distorted if compared to fact if they were to be documented by independent sources.

Addressing the Threats to Validity

I addressed threats to validity in numerous ways, as I will explain.

I strived for representativeness in my sample by actively seeking non-believing women to participate in the study, in addition to the believing and ambivalent women. I did so through follow-up requests with the referring agencies and practitioners as well as contacting other agencies who may work with non-believing mothers. I did, however, achieve a range of responses within the ambivalent women, two of whom were very close to non-believing.

I conducted intensive, in-depth interviews that produced “rich” data for a revealing picture of the women’s lives, from their childhoods to the current situations. My years of practice further strengthened the data collection through my open-ended questions that invited narrative responses to questions, my observation of response inconsistencies that were eventually probed for clarity, and recognition of nuances in their presentations of information that both informed and advanced the data analysis and further data collection. I was comfortable with their silences and their outward expressions of emotion. I observed the women closely during the interview for any effect I had, by my words or actions, that inhibited or inappropriately influenced their responses.

I maintained professional boundaries by clearly stating my researcher role and avoided any dual relationships. This was clearly evidenced when one woman asked if I could be her therapist because she found it helpful to talk with me. Obviously, I declined and suggested other resources for her.

I clearly told the women at the beginning of the interviews that the incentive was compensation for their time and gas to get to the interviews. This avoided potential

misinterpretation on their part that I expected certain responses in exchange for the gift card. I then gave them the gift card at the conclusion of the interviews.

I checked for outliers, or cases that seemed different or unusual from the others. One case (M053) may be considered unusual in that the perpetrator was diagnosed with post-traumatic stress disorder (PTSD) resulting from his military deployment. His increased alcohol consumption, several incidents of domestic violence, and one-time incident of sexually abuse of his step-daughter (to which he confessed), may be (or not) related to his PTSD diagnosis rather than a long-standing pattern of egregious behaviors such as was described for the other perpetrators. Despite this, his wife's ambivalent response was consistent with the other ambivalent women who had no suspicions prior to their children's disclosures and additional information (his confession) contributed to her decision to believe her daughter.

Interviews were conducted over a nine-month period of time and all of the interview data was audio-recorded, transcribed, and coded. I consulted with two committee members in particular for a second reading of some transcripts and periodic review of coding, including the initial and selective phases of coding. I shared memos with them and consulted with them in person, by telephone, and through email communication, all of which I documented. I accepted and appreciated their feedback and incorporated their feedback into the on-going data collection and data analysis.

I conducted informal member-checking during initial and follow-up interviews to ensure I accurately understood what the women told me. I gave them permission in the beginning to correct me if I misunderstood what they said. When I was confused about something they said, I asked for clarification. I periodically summarized lengthy narrative

information and asked them if I had understood them correctly. Upon follow-up, I recapped the previous interview related to key information and asked for confirmation.

I conducted constant comparison of data, codes, and categories within and across interviews that may have suggested competing or alternative explanations. I re-read the transcripts looking for discrepant data. For instance, when the pattern emerged related to prior suspicions and believing, I re-read the ambivalent women's transcripts for any missed information that suggested they did have prior suspicions. I found none. In fact, when I re-read those transcripts, I noted that the ambivalent women were adamant in their surprise at their children's disclosures and that they had no sense of anything being wrong.

For the interviews at the three children's advocacy centers, I was usually able to talk briefly with the executive directors afterward. This served as a good opportunity to debrief from emotionally laden interviews and to share, each time, the pattern that seemed to be emerging in the data. These three directors were seasoned practitioners who affirmed my emerging theory, as well as the minimization and avoidance inherent in many of the women. As one director commented when I finished the interview with the most ambivalent woman in the sample (M144) and apparently appeared somewhat frustrated, "she's [participant mother] so well defended...she'll never believe her son and she'll never get her children back."

I periodically returned to the literature to review any new information, or previously overlooked information, that may have contributed to an alternate theory about how the women made decisions. What I found enhanced my emerging theory, particular the literature related to long-term trauma effects.

Finally, I practiced reflexivity through documentation of my personal feelings and de-briefing with my major professor and selected colleagues, which helped challenge my assumptions and interpretations. My intense focus on the women during the interviews allowed me to mostly set aside any personal reactions to the accused or the child victims. I focused on listening to how the women related to the accused to respect their feelings for the men instead of focusing on what the accused did to the children. Having worked in the field of trauma for so many years, I am well aware of vicarious trauma for practitioners and have always managed that aspect of practice very well, through both professional and personal habits. I began this research study with a balanced and manageable perspective between my forensic work at the children's advocacy center and teaching in both graduate and undergraduate programs that involved trauma-related subject matter. With my intense focus on the women themselves (in the study), I experienced vicarious trauma after the first few interviews during which I learned the horrific details of their childhood and adult traumas. The level of detail in these interviews was so much greater than what I obtained from the mothers prior to the forensic evaluations of their children at the children's advocacy center. When I realized my reaction, I debriefed with my major professor and close colleagues and renewed my personal practices. Going forward, I debriefed after interviews, maintained those personal practices that I know work well in managing vicarious trauma (e.g., sleep, nutrition, casual reading, time with family and friends), and adjusted my expectations of the subsequent interviews so that anticipated the detailed information about the women's trauma experiences.

Ethics

My experience with mothers like the women in this study is that they will benefit from talking about their experiences, feeling their views are heard, and knowing they can contribute to knowledge about how to help others. This is also supported by research (Newman, Risch, & Kassam-Adams, 2006). I recognized that at the time a mother agreed to participate in the study, however, she may not realize the emotional depth at which this interview will go and so may be unable to properly assess her reaction or distress to her participation. This applied not only to questions about the abuse of her child, but also questions about her own childhood. To minimize any emotional harm to a participant, I told each woman in advance that there would likely be some level of emotional distress for her and informed her that she could stop the interview at any point, postpone the interview, or even decline to participate further. She would still be compensated with the gift card. This was addressed a second time in writing with the Informed Consent. Further, I closely monitored her emotional reactions during the interview, offered breaks, and recommended resources for support and therapy post-participation, as indicated.

I am clear about my role as a researcher, not a clinician, and also recognize that research interviewing can, nonetheless, be therapeutic, in that “it may be precisely because it is not therapy that this is possible. Research interviews carry no expectation that the interviewee will change their lives – we are, after all, interested in them as they are” (Darlington & Scott, 2002, p.57). Most of the women openly expressed that they felt better after having talked with me in that they could just talk without a particular time constraint and say whatever was on her mind. They said it felt good to express their thoughts out loud.

Informed Consent

All participants were provided information, both verbally and in writing, about the research, including the goal of the study, how long the interview would likely take, their interest/willingness for a follow-up interview, and what I planned to do with their information. I answered any questions and addressed any concerns. Their participation was voluntary and they could decline participation, stop participation at any time, or decline to answer any particular question(s). There would be no negative consequences for them in doing so and they would still receive the gift card. All participants were compensated with a \$30 Wal-Mart gift card for their participation in the initial interview and a \$10 gift card for a follow-up interview. One participant declined the gift card for herself and asked that I donate the gift card to someone in need. I gave the gift card to the therapist who had referred the participant to the study and requested she identify another woman to receive the gift card. Both the risks and benefits of participation were explained. I anticipated the women's emotional pain in that answering the questions for the study may be upsetting. I had counseling resources available, as needed. The benefit was that they could help professionals understand how mothers think and react to their child's report of sexual abuse and, with this information, those professionals may be able to help other mothers and children.

Confidentiality was kept at all times and assurance was given that no participant names would be used in any publication or presentation. Informed Consent forms, signed by the participant and including contact information, were kept in locked files at my home office. The only exception to this was if I had reason to believe that a child was at risk of further abuse or neglect or there was imminent danger of the participant hurting

herself or others, in which cases I am required by law to make a report to child welfare or law enforcement authorities. Since the mothers and their families may be involved in child welfare and/or legal processes related to the child sexual abuse, additional precautions are necessary to protect their privacy. The transcripts were de-identified with the use of a code number and cannot be matched to the participant's name. Within 30 days of receipt of the transcript, the original recording was deleted from the audio-recorder and the disc recording (copied for use by the transcriptionist) was destroyed. While the participant's name will remain on the Informed Consent form, there will be no connection to a particular transcript.

CHAPTER 4

FINDINGS: MOTHER'S BACKGROUND AND CONTEXT OF DISCLOSURE

“Becoming a mother was a big deal...I kind of question, well, what about my mother, why was it hard for her to love? Then after the birth of my first son, I said...like wow, this is not hard at all, to love your children, it's really not.”

*Mother of two sexually abused sons,
physically abused by her own mother*

The women's background within the context of their children's disclosure is important to know before I focus on the key research questions. The interviews revealed mostly negative and traumatic childhood experiences of the women whose children disclosed being sexually abused by their intimate partner. These findings provide a glimpse into their worlds growing up when they themselves were unsafe and unprotected, including their own mothers' failure to protect them. These previous experiences serve as a developmental foundation as the women move into adulthood and begin to forge and dissolve intimate relationships and have children of their own. These findings highlight the lives of the women, from their own childhoods to their current relationships with the men their children named as the perpetrators of the sexual abuse (the accused). It is remarkable that the women in this research study share such similar childhood experiences as well as similarity in their adult intimate relationships. To begin to make sense of their responses to their children's disclosure of sexual abuse, it is important to consider these women within the context of their own histories as well as their current situations. Both contexts inform their beliefs, perceptions of options when faced with

challenging situations, decisions they make on behalf of themselves and their children, and ultimately what actions they take to protect themselves and their children.

The Mothers

Twenty women participated in this qualitative study. They ranged in age from 25 years old to 55 years old, with an average age of 35. They averaged 2.8 children. Five women had children by only one partner while the other 15 women had children by more than one partner. Nine of the accused men were the child's biological father and 11 were mother's husband (stepfather to the victim), fiancé, or live-in boyfriend. While one mother's child was sexually abused by the live-in boyfriend for the current investigation, this same child was also sexually abused in 2012 by her biological father. Twenty two children were victims of the sexual abuse: 14 females and eight males; eight were five years old or younger, eight children were between six and 12 years old, and six were teenagers. Two women suspected that a younger sibling of the child victim was also sexually abused, based on disclosure information, but those two children were unable to self-report (one was two years old and the other was a three year old non-verbal, developmentally delayed child). Six of the child victims were previously sexually abused by a different perpetrator while in the care and custody of this mother.

Their Childhood Experiences

I asked the women to tell me about their childhoods, their growing up years. They shared many things about their families and their own experiences. While two women shared positively about their childhoods, the other 18 told about loss through parental divorce or abandonment as well as exposure to substance abuse, violence, physical abuse, sexual trauma, and parental unavailability and failure to protect. Contributing to their

negative childhood experiences were negative or disrupted relationships with their own mothers. Two were physically abused by their mothers. Nine were primarily raised by others because their mother either abandoned the family or was otherwise physically or emotionally unavailable (working more than one job, working night shift, taking in many foster children); two were left in the care of alcoholic fathers when the mother left the family; one lived back and forth between her alcoholic mother and drug-addicted father after her parents divorced. Nine were unprotected by their own mothers even when the mother was present in their lives.

Violence and Substance Abuse

Substance abuse, primarily alcoholism, was a prominent feature in childhood homes involving parental conflict and domestic violence. Based on such similarities, however, the women varied in their personal life journeys, choices they later made about intimate relationships, and how they responded to their children's disclosures of sexual abuse. I will highlight several mothers who share similar childhood experiences of alcoholism and violence.

Barbara is a 40 year old African American mother of three children, two of whom are grown. Barbara's father was a violent alcoholic and her mother could not protect herself or her children, resulting in the children often scattering to other homes for safety. As she described:

Oh yeah, it was terrible. Like my daddy abused my mother, so it was like, it was just a bunch of craziness. Like my daddy, he always cheated on my mom and...the relationship was just not a healthy relationship. He used to drink a lot, he ended up doing drugs. It was like a real dysfunctional family.... my daddy was

violent too. He like shot at my mom and her boyfriend, so it was like the family, it was just dysfunctional, it was unstable, it was like we'd stay most of our life and years with family members instead of our, you know, mom and dad. (M113)

She frequently sought safety with other family members, away from her immediate family. She described:

My grandmother and my aunt [by marriage] and my uncle....I used to love going out there. It was just something refreshing because it was the country, and you know, it was, it was just so nice, so peaceful, nobody didn't argue, holler and scream and curse and fight. Everything was just like peace. (M113)

Barbara recognized that she found a safe place for herself, when needed, leaving her siblings on their own. She regretted it:

And then I feel bad again, because sometimes I, if I go over my cousin house, I used to leave my sisters and brothers and they were younger into that all that mess, so I...feel like that I carry a lot of burdens and stresses on my shoulders for my sisters and brothers because I was like, man I can't believe I left them in that crazy household because actually, like towards the end, my daddy, he was abusing my brothers too. Not us, he never, he never, like used to beat us like he did my brothers. He was really mean to them. You know, I don't know why. (M113)

Pregnant at 17 years old, Barbara found safety in the home of her boyfriend and his family. She was pregnant again at 19 years old by the same boyfriend. Although they broke up, mainly because he was unfaithful and she thinks now they were just too young, she remained close with his family.

Darien, a 54 year old mother of two children, one grown, grew up with an alcoholic father who was violent toward her mother, physically abused the children, particularly the boys, and later sexually abused this mother as a teenager. *Darien's* mother did not protect the children from the father's violence. She remembered:

Well, all I know is my father was an alcoholic for all the days of my life, a really bad one....my father was so bad that, you know, we were kicked out a lot of. I would come home from school and our furniture was on the front lawn and I watched him, and he would always have liquor bottles hidden under the seats in the car and I watched him beat my mother, I don't know how many times and he, I would hear him in the next room beating her. I later learned from her that he was also, you know, raping her. And he, we had six, there was six kids, three boys, three girls, and he beat my brothers all the time and, but I was his favorite. Whatever reason, everybody knew it... I was his favorite, you know, before the divorce, they divorced when I was 13. I remember one time he was beating my mother and he locked her out in the cold snow in her slip, I must've been four years old, and he threw her out of the house after he hit her in the head with a iron, and I went to try to open the door to get her back in and he threw me across the room...he would take his cane...just beatings were daily. (M997)

Darien described her mother as "...pretty distant, she wasn't a touchy, feely, I don't ever remember a hug from her, I don't ever remember focus except for when I was sick. I don't ever remember a look in the eye and, I just don't."

Her mother eventually divorced the father, taking the six children with her, and found a boyfriend. Shortly after beginning a relationship with the new boyfriend, she sent

Darien back to live with the violent alcoholic father because of Darien's outspoken dislike of mother's new boyfriend. Darien believed they would all be safe from their violent father since her mother left him, but that was short-lived, as she said:

[after her mother kicked her out]...I went with my father and I took care of an alcoholic since I was 13, and I drove cars when I was 15 and pick him up out of bars and strip joints and, never had a boyfriend, I had a few I had come to the house, it ended in always terror and fighting and he abused me very early on even when I was a virgin...calling me whores and sluts and stuff like that.... used to try to kiss me and put his tongue down my throat since I'm nine years old.... I used to sleep with him.... And yeah, but when he was drunk he would pinch my nipples. (M997)

Jane, a 26 year old Caucasian mother of one son shared that although her parents separated when her mother was pregnant with her, her violent alcoholic father was still a part of her life when she visited at her paternal grandmother's house, where he lived. The grandmother was often sick and the aunt, who also lived there, took medicine to sleep. One night in particular, her father was drunk, violent toward the aunt, and later that night sexually assaulted (penile-vaginal penetration) Jane. Knowing he was drunk and violent, neither the grandmother nor the aunt protected Jane, then 13 years old. They went to bed and left her still awake and the father still drunk. Jane explained:

My mother and father were split up...my mom was two months pregnant with me when they split up. My father was an abuser, he smacked my mom and then he was in the military and he was fine till he got in the military and started drinking really bad and he's got a severe alcohol problem. He, he hit me when I was a

child. You know, when I was 13 he did things to me that I, I don't think any child should ever have to go through. You know, it was a sexual assault but I never told anybody because I was threatened that he would kill my mom and my sister and me if I did....My mom, I never told her. I mean, that was 13 years ago. (M839)

Jane was close to her mother growing up. She said:

We were we were very close growing up. My mom...she worked a lot, she had two kids to raise by herself. She... worked at the Post Office, she'd get up 2:00 at the morning and work till 5:00, come home, sleep a little bit, go back to work from 12:00 to 7:00 at night, come home and sleep, you know, spend a little bit of time with us. I mean, I pretty much got myself to school and did everything for myself. I learned to be a very independent woman, to be very strong. My mom's very strong. (M839)

While her mother was not home much, Jane spent a lot of time with her maternal grandmother and credits her for fostering her sense of independence, despite now being an insulin-dependent diabetic with increasing blindness that she know will eventually affect her ability to work. About her grandmother, she said:

My grandma was like my mom, I mean, my grandma raised me, I can do everything that these older women can do and then some. I mean, it, it just, it makes me, it pains me to see people my age that can't do what I can do. I mean, there's women out there that can't cook worth anything and I'm like, you know, I can. I can can stuff, I can cook, I can, I can make my own sausage, I can do, I can grow my own stuff, I can weld. I mean, there is nothing that I can't do, and that's

cause my grandma raised me to, you know, if you want to do it, do it. You need to know everything.

Tension developed between Jane and her mother when her mother married a man who verbally abused Jane, had a bad temper, and sometimes was violent and hurt her mother. This continued for years, culminating in an incident when the mother actually put a loaded gun in Jane's face during an argument. Jane told her mother, "you better put it down. I said, if you ain't gonna use it, you better put it down. I told my mom right then exactly what I thought. I told her...my grandma would've killed her at that point."

Tanya, a 35 year old African American mother of four children was raised by her violent alcoholic father and her mother (his fourth wife) who did not protect herself or her children, often quietly consuming alcohol herself. Tanya stopped going to school in the 9th grade – when she knew the authorities would no longer make her go – to stay home and protect her mother. Her father worked, although he routinely came home on his lunch break and violence often erupted. I asked Tanya who took care of her when her parents were drinking and fighting. She said:

I was taking care of myself. I was taking care of myself. And then on top of that, we had, my three nieces and my nephew, you know, was staying there but my half sister, once my daddy start back drinking she came and got them, so they was like, already out the house. So, you know...basically, well everybody left, it was just me and my mom, you know, and him. That was it. (M176)

Tanya intervened to protect her mother. She explained, "to try to protect her [her mother]....I used to run and go hide in the closet so he can think that I went to school,

and then when he start fighting on her and everything I wouldn't stay in that closet, you couldn't get me to stay in that closet. I come out and I jumped between it.”

Tanya's father sexually assaulted her one time when he was drunk. She explained:

And he, he never penetrated me, you know, it never got to that far. It's just the, the feeling and I had on a white t-shirt cause me and my sister had bunk beds and he was drinking, and he knew that my bed wasn't his bed, you know. And, and he act like he was going to bed and I was laying in bed and he like, got under the cover....And his fingers, you know, trying to – my shirt had went up and his fingers trying to, you know, go down there and I kept moving his hand. And then he tried to do it harder. (M176)

Tanya said her mother was there and explained:

“...and my momma was standing right there, you know, she was standing right there looking at him. Okay, can you tell him this ain't your bed or no, you in the wrong bed or that is you doing, why you in the bed? You know, looking at her like, okay ma, you ain't gone say nothing, you see he in the bed with me? (M176)

At this point, Tanya protected herself. She said, “...so I just knocked him and he like done fell, you know, off the bed....then that's when he finally gone say, well this ain't my bed, you know, I'm fixing to go to bed. He knew that wasn't his bed.” She wonders still why her mother did not protect her. She said, “I knew something, deep down she knew, she knew exactly what happened and what he was trying to do. And my only question is, why she didn't stop him, you know, right there, why she didn't...”

Tanya continued to protect her mother, even into adulthood. She clearly remembered an incident when her father pointed a gun at her mother's face and Tanya stepped between them, slowly backing herself and her mother out the door to escape.

Physically Abusive Mothers

As children, two women were physically abused by their own mothers. In one situation, her father was an alcoholic and unaware. In the other, the father was aware and did not protect.

Francis, a 48 year old Caucasian mother of eight was an only child raised by an alcoholic father and physically abusive mother. She said "My mother would get home from work early and if she had an especially hard day she would take it out on me before my father got home....Screaming, throwing things, hitting me, kicking me, pulling my hair. Just, you know, whatever."

Francis never told anyone what her mother did to her, not even her father. By the time her father got home from work, "I had to have myself cleaned up" so he would not know. She provided her own protection. She explained what it was like:

A lot of watching, a lot of being there but not being there. I would hide under coffee tables and in my toy box and...closets under stairs. I would find quiet, out of the way places to play to keep from drawing attention to myself.... [her hiding and safe places worked].... Until I was looked for. And if anything happened then it was my fault. So, my mother had told me that, you know, she had, her weight gain and, and disillusionment with herself had been due to becoming pregnant with me, my father's drinking was because, you know, he had wanted a son not a daughter, you know, if a dog bit me it was because I was too close to it, if a girl

was mean to me it was probably because I deserved it. I never told them about the molestation. (M304)

Francis was six years old when the man next door molested her by "... touching...taking my clothes off, taking my panties off, just you know, sit on my lap...." She could not finish telling me about what he did to her. The neighbor's wife was pregnant during the time he abused Frances and when the wife miscarried, the neighbor blamed Francis. He told her "it was because of what we had been, what he had been doing to me." She never told her parents about the neighbor. Francis was sexually abused by her paternal grandfather a few years later but declined to share about that experience. She never told her parents about what her grandfather did either.

Francis was unprotected from her mother's physical abuse and unprotected from her father's alcoholism. As an adolescent, she believed her father saw her more as a peer. She denied any sexual advances from him but "he would say things that I would find uncomfortable. It was almost as if I had taken the place of my mother as far as being his, you know, confidante and companion." She went on to say:

It was very uncomfortable. I spent a lot of nights driving my father around downtown [town name] because I did not want him to get pulled over drunk and my mother would go to bed, turn off the lights and go to bed and my father would stay up and wander around, wander around outside the house, you know. If I had any dates then he would, you know, of course sit outside with his beer, his air force parka and his machete and so - actually I married the first guy who would come back for a second date I guess. (M304)

Helena, a 35 year old Caucasian mother of two young sons, is the 4th of six children, raised by both parents on a farm in another state. She described her family this way:

We weren't close. I mean, because what I understand, close now is what I have with my children, it's nothing at all like that. It's not that we were, it's not that it was bad necessarily we just really weren't close. Like close is when you talk and share and stuff like that, we didn't do any of that. Never did my parents say I love you or hug me or anything like that. Which at the time didn't seem like a big loss cause I didn't know, but I'm so much like that with my children. I was closer to my mom than my dad, cause my dad just, he, he's still like this, he doesn't interact hardly at all. He just worked...both of them were workaholics. (M208)

Only later in our interview, in telling me that her mother died of cancer when Helena was 20 years old, did Helena say that her mother physically abused her growing up. She said:

And that was hard too [her death]. I mean, that relationship was kind of complex cause my mom, she physically abused me my teenage years, but she was my mother and I didn't really have a relationship with my dad that much. I mean, ...he acted like I wasn't really there. I mean, he wasn't mean, he just did, he'd just act like I wasn't really there. It wasn't personal he was, he was too busy working and stuff, so. (M208)

I asked her to tell me more about the physical abuse and she elaborated:

From age 11 to 18 she would hit my neck, like on Saturdays, I don't really know why but, you know, it all goes back to, you know, developmentally where you're

at and, anyway I would get in the corner of the freezer, I would like stand up against the freezer corner and then she would just, like pound on my neck. That's what would happen over and over again. (M208)

I asked Helena about her five siblings and where they were when her mother was pounding her neck. She replied, "I think like some of the older ones were in college and they might be in another room. I mean...we didn't intervene with each other." She had high hopes for her senior year in high school because "the older siblings are gone and so this was my turn, I'm gonna get treated better. I wasn't treated better. It was an awful year." She began a cycle of bingeing and purging that lasted several years, along with feeling very depressed.

Helena believed her mother was mean and maybe hit one of her siblings but was otherwise vague about any physical abuse of her siblings and unable to reconcile any reason her mother would physically hurt only her. She said:

...right before she [her mother] died she made things right with everybody... I was the last one that she made things right with...she asked me to come here and she asked me if there was anything I wanted to talk to her about, and I had premeditated it, but what came out of my mouth was, well I guess I wonder why you hit me. And I wasn't saying it in a mean way, I just was, well I guess I wonder why you hit me. And she said, well I guess I thought I could get away with it. And for years, years I thought that was an apology. (M208)

Helena still wonders today why it was so hard for her mother to love her. She said, "when I became a mother, like wow, this is not hard at all, to love your children, it's really not."

Unavailable Mothers

During their childhoods, these same 18 women experienced the physical or emotional unavailability of their own mothers, by abandonment, work schedules, and/or distraction.

Nancy, a 30 year Caucasian mother of two daughters, ages 15 and 11, lived with both parents as a child. Her father was a violent alcoholic who hurt her mother but was never violent to the children. Her mother took a second job, in a bar, to be away from the father – leaving the children home with him. The father, however, would then go to the bar to make sure the mother did not cheat on him, thus leaving the children at home unattended. As a child, she mostly took care of herself if her older sister was also gone. While at the bar watching the mother, her father drank even more and both his alcoholism and the violence escalated. The parents tried to hide it from the children, but as Nancy described:

They always made it look all goody, goody...and I knew it wasn't. I mean, as a child you would rather see the argument than behind closed doors, because when you're hearing stuff slam around and angry voices being thrown around, stuff getting shoved, you don't know if he's hitting her or she's hitting him, if things are getting thrown. You know, that's one thing I, it was very confusing to me. You know, you [parents] come out all smiles and, and act like everything's okay but yet y'all go behind the door and y'all scream and holler at each other and make it, want to make everything, you know, just look okay and it wasn't okay. As a child of hearing that I'd want to see it, I want to see if you're hitting my momma, you know, kind of thing...Because when you're younger and you hear

your parents in the bedroom, you don't know what's going on, but you're convinced and you are manipulated into believing that momma and daddy never hit each other, we were just throwing stuff, but then you see your mom's nose all bloody and broke,...and then she swears up and down she tripped and fell, you know, things just don't add up. (M793)

Nancy found her own way out of her childhood home. Pregnant at 14 years old and a mother at 15, the father of her new baby broke up with her after the baby was born. Nancy said she "grabbed my cahoots early in life....I was up and out of the house by 16. I had my own job, my own car, own house. Yeah, married by the time I was 19, had my second child at 19." She described this marriage as "...like leaving daddy for another daddy. He was 23 and I was 16 [when she met him, 19 when she married him]. So...he took care of us, I married him and things got real bad after that." Her mother left the home the same day Nancy did. Nancy still ponders the situation with her mother. She wondered why her mother took a second job that left her children home alone with their alcoholic father:

I don't know, still to this day I still have questions about the way my mom did because when I turned about 13 was the time that...I wouldn't say we were cut off, I would say that our, our mother/daughter relationship just disintegrated. I don't know if it was something going on in her, you know, trying to fix daddy and his alcoholism, or if she was so involved into his addiction that she forgot about us. Daddy was never abusive, never one cross word, very happy, very, very happy. Of course, momma became very overwhelmed and tired and he went a little too far with the alcohol. (M793)

Eaton, a 28 year old Caucasian mother of a 4 year old daughter, was raised primarily by her father who worked too hard and drank too much on the weekends, with help from her maternal grandmother and a couple of aunts. Her mother was 15 years old when she married the father, had two daughters, then left the family when Eaton was two years old and her sister was six. She understood the situation this way:

...[her mother] just didn't want to be a mother and wife and all that. And he [father] worked two jobs and let her stay at home and then he come home and she done packed up and left....she said she took off cause she wanted to be famous, she'd always wanted to be a singer or movie star, she was supposed to go to California to become one, and then she didn't and she just went to Chicago.... she was a prostitute up there and...and she was on cocaine....and I was like, how can you leave two daughters behind and just stay gone for 10 years? (M337)

She added that "I love her because she's my mother but I just don't like her." (p.11).

When Eaton was 12 years old, her mother returned and moved into a trailer across the street. Her mother was in arrears for child support - \$15 per week accumulated to an arrearage of \$18,000 - and the father dropped the charges "just so my mother wouldn't go to jail and we could have a relationship with her. But I didn't want one [relationship] with her." Eaton's mother then wanted Eaton to be a teenage supermodel although Eaton believed "she was trying to seek fame and fortune out of me and my sister" (p.12). Her mother also returned with a boyfriend. The only time Eaton was ever in trouble as a child was when she punched her mother's boyfriend when he told her and her sister that he planned to sell their bodies just like her mother sold hers in Chicago. Eaton was 15 years old at the time, and she explained:

And I listened to his [her mother's boyfriend] mouth for 11 hours coming back from Florida and I couldn't listen to it anymore and when I seen the Newberry sign I knew where I was then, I couldn't go to jail somewhere where I didn't know where I was at. And I seen that sign so I punched him in his eye and I blacked it and he called 911 and told the cops that I hit him and the cop said, when they got there since he had a physical mark that his eye was black and cut that, they put me in handcuffs and put me in a holding cell until my daddy was able to get me. Because, and I said, well he emotionally abused me for like 11 hours, from Orlando, Florida. And they said it didn't matter, he had physical evidence so he didn't get in any trouble or anything. And then they made me take anger management classes when I went to court on that. And I didn't really think I needed anger management classes, I didn't even finish them. (M337)

Eaton's mother sided with the boyfriend which contributed to Eaton's stance that "I didn't ever really have a relationship with my mom."

Sexual Trauma

Ten of the 20 mothers experienced sexual trauma as a child by various perpetrators and with various responses from their own mothers:

- four women named their biological father as the perpetrator
 - two of them never told anyone about the abuse, as children
 - two told their mothers, who did not believe them, did not protect them, and remained in their marriage to the father
- two women named their stepfather as the perpetrator

- both of their mothers acknowledged their child's disclosure and remained with their husbands
- for one woman, the abuse continued; for the other woman, the abuse stopped, although the perpetrator was murdered a few years later
- one woman named a grandfather and a neighbor as the perpetrators
 - she never told anyone about the abuse, as a child
- three women named others
 - one woman had two non-relative perpetrators (a juvenile cousin and an adult male acquaintance); she told her mother and father who believed her.
 - another woman would neither identify nor discuss the abuse incident, just said the perpetrator was someone outside her family and she never told anyone, as a child. Her two sisters were also sexually abused, as children, by two different perpetrators.
 - and still another woman was sexually abused by a juvenile female acquaintance and she never told anyone, as a child

Celeste, a 28 year old mother of two young daughters, one an infant, was raised by both of her parents. She experienced her father's violence, her mother's inability to protect her from that violence, and sexual trauma by two perpetrators. Her father began having strokes in his early 20s, after which he became violent toward both Celeste and her brother. Celeste explained that her mother would "...get really mad and upset [with the father]. ...she didn't like him whooping us with a belt when we were little" (M914). Only as Celeste got older did she learn that her mother would be "in the bedroom, in there pulling her hair out [while father was violent to Celeste and her brother]. So, I

mean. Yeah, I kind of had a rough childhood.” She knew her father was physically abused by his father as a child and her mother was sexually abused by her own father as a child. She tried to understand that her parents were limited in what they knew about good parenting.

Celeste was six years old when she was sexually assaulted by an older cousin. She was 11 years old when she was sexually assaulted by an adult male acquaintance. Celeste never felt that she was normal. As a child, she was diagnosed with Crohn’s disease, bipolar disorder and ‘half-schiz’, as Celeste said. She tried to commit suicide multiple times as a child, “Just cause I felt I was a burden.” Flashbacks of her sexual abuse are always with her. She said:

I guess I can just remember... just flashbacks come to me when you can visually see them in your head of what happened. You know, of my head being forced down and, you know, me being forced down and the pain and the scariness, you know, and every little detail I can remember still to today since I was six years old...I was six years old and I still remember every little detail... it’s just like I’m not there, I’m not in the present, I’m in the back and I’m, it’s like in my head. It’s kind of like a movie and it’s like, of the pain, you know, of his face, you know. I’ll always remember his face, you know, the, the grit, the voice, you know, you know you like it, you know like it, and it’s just, you know, it’s, and then you know, I kind of like come out of it, you know, just like, and I’m balling my eyes out. (M914)

Celeste became tearful at this point and I gave her a tissue. She continued:

It just terrifies me. Cause I told myself I would never let my kids be messed with....I have to get in the shower sometimes just to, just to, so I don't break down cause I have panic attack after panic attack. I've been, my chest starts hurting like it is now, my chest is hurting, my arms are going numb and it feels like a heart attack. (M914)

I asked Celeste if this was happening to her now and she said it was. I stopped the interview and asked what I could do to help and she answered, "Nothing, I just got to breathe." I sat quietly with her for a few minutes then she wanted to go outside and smoke a cigarette. I waited and monitored her from the window. She returned and wanted to continue the interview but I suggested we continue on a different date, which we did. I assessed her safety and we exited together.

Celeste is mentally ill and credits her mother for getting her the necessary psychiatric help, saying "My mom's a great mom. And she's always been there for me and when I was younger, you know, didn't know what was going on, I was...hearing voices and everything was getting big and I didn't know what was going on with me. And she got me help and she believed me, my dad didn't." Celeste was psychiatrically hospitalized multiple times between the ages of ten and 14, then sent to a wilderness camp from age 14 to 17 years old. She wished her mother would have done more for her when she was a child but recognized that "my mom, people run over her...she doesn't have a backbone. It's not her fault, it's my dad...my dad was controlling." She went on to say, "I was sent away [treatment facilities] I don't know how many times, and mostly by my dad but she could've put her foot down." Her mother refuses to let Celeste talk with her about her sexual abuse or her years in treatment facilities. Celeste said:

...when I just want to talk about it she thinks I'm trying to make her suffer for the past. And it's not that. I'm not blaming her for anything...And that's a big part of my life, that was my whole teenage life, and here my brother, and what hurts the most is my brother was on drugs, drinking, out of control, and in jail, and they bailed him out. They didn't do anything but discipline him....[Celeste felt] abandoned, that I was not wanted, because even when I came home for two days, my dad was ready to take me back.... And I always thought it was because I wasn't the child they wanted because I had a problem.... I, you know, I feel if they could give back my dad probably would....and I even told him one time, I said, do you wish I wasn't here? When I tried to commit suicide, do you wish I would've went through with it? And he didn't say anything. (M914)

Olivia, a 55 year old mother of four children, two grown sons and two teenage daughters, was raised by both of her parents. Her father sexually abused her, starting when she was very young. She said, "...he'd get me up in his lap and, you know, [say] scratch daddy's head, daddy give you some money. And he started sticking his fingers inside my panties and stuff... like after we eat on Sundays we lay down and then he got to sticking more than his fingers in me." The sexual abuse progressed and "he had started having sex with me very young. His fingers, then went to the head of his penis till he got, put more and more in." When I asked if her mother knew what her father was doing to her, she answered, "...I've thought about it a lot and all. I kinda blamed her as well because I thought, how could she not have? How in the hell could she not have? I was so angry with her." She recognized that her mother may not have known and she never told her mother. She explained:

...see, my father told me, he would tie me to a chair and kill my brother and sister and my mother in front of me before he killed me and himself if I said something. I was a kid walking around and felt like I had not just my life but four other lives resting on my shoulders. So even when I remembered it [after years of not remembering subsequent to a serious suicide attempt and coma], instead of going to my mom and telling her, I didn't talk to her....I was afraid. I was afraid I think primarily more so – I think I would've been more terrified to divulge that than maybe a lot of people are when they do that, because I seen him shoot his brother, I was standing there. There wasn't a doubt in mind the capability was there. Can you understand that? (M812)

At 16 years old, Olivia had a boyfriend that she sneaked to have sex with him, saying, "To me what my dad was doing was disgusting and I tried to just keep it blocked out and I didn't associate it with what I chose to do with [boyfriend]." She became pregnant and her father insisted he be the one to take her to the doctor, not the mother. She remembered her father and the doctor talking privately and then the doctor gave her a shot and sent her home, after which she began bleeding excessively and miscarried. She said, "And the only thing I could think of was I don't want to live no more, he [her father] killed my baby. And that's exactly what he did, he paid that doctor to kill my baby." The following day Olivia overdosed on her mother's medicine and was found unconscious in a park. After weeks in the hospital, she awoke from a coma with no memory of the baby and no memory of her father's sexual abuse. When she returned to school, her boyfriend was not there. She later learned (when she married the boyfriend years later) that her father threatened to kill him and he left school. Her father, she

believed, seemed to realize she had no memory about it and from then on, "...he never tried. He left me alone."

Sandra, a 33 year old African American mother of three children, two grown sons and a teenage daughter with special needs, was raised by her mother and violent alcoholic stepfather. The stepfather sexually assaulted her one time as a young child in elementary school. She explained:

So I don't know if he penetrated me or not. I don't know if I just blocked it out or what, but I know he went to jail, I know we went to family counseling, I know that one of my uncles and one of my cousins half beat him to death, I know that they literally rip his eye out. I know my grandma came down there with a shotgun. There's like certain things I do remember. But I remember my clothes being off, I remember him on me, that's all I can remember. I remember my sisters and brothers in another part of the house. Him and my mom had fought earlier and she left us there after they fought and that's when it happened. I remember that. (M292)

Sandra told her mother what the stepfather did. Her mother told Sandra that she could not leave the stepfather because he was the father of her other five children. She said:

I always thought I was the black sheep of the family for some reason. Because I was the oldest of the six of us and I had the different daddy. And I was more so close to my grandmother, my mom's mother. And like when all this took place with me...you know, it seemed like she chose him over me. And that stuck with me all this time. (M292)

After this one incident, Sandra was sexually abused for years by adult male cousins, as she described when I asked her about any other abuse:

Other family members. Cousins, distant cousins. My mom used to send me down to my dad's side of the family with other cousins, catching rides and, she don't know about it, but they'll pull on the side of the road and do what they got to do and then take me on and that's why I couldn't stand, can't stand going down there now, you know....that's why I'm so protective of my child cause of everything I been through. (M292)

Sandra attempted to manage her own safety. She said, "I stayed to myself, in my room or away from them....Became what you would call fast and got a boyfriend and ended up pregnant at the age of 14 and had my first child at 15.... It was hard." She remained in her mother's home after the birth of her first child. She later had a second child by the same boyfriend. She referred to him as "a deadbeat."

Paula, a 29 year old mother of one son from her only marriage, was raised early on by an addict father who traveled a lot and a mother who divorced him when Paula was six years old. Her mother then married a man who "always seemed more interested in me than my mom." She was six years old when her stepfather first abused her. She said:

There was never any rape, but from then [first incident at age six] until I was almost 16, he continued to sneak into my bedroom, try to get into the bed. I would wake up in the middle of the night and he would be at the bottom of my bed, lifting up the covers, shining the flashlight underneath the covers. He would crawl into my bedroom on his hands and knees and try to sneak into my bed at nighttime. (M558)

Paula told her mother soon after the first incident. She said "...and I told her, and he and I and my mom sat down in the living room and he apologized and bought me a pair of cowboy boots and that was it. That was supposed to make it okay. And it didn't stop." Her stepfather continued to sneak into her bedroom at night. I asked if she ever told her mother again and she said:

I didn't. Because, you know, as a child to come forward with something like that is, is pretty hard anyway, and then to kind of have it locked away in the closet and, and not dealt with is kinda like, well if that happened the first time that I told her, you know, why even bother going forward again? You know, why even bother talking to her about it again, because she's obviously not gonna do anything about it. (M558)

At age 16, Paula eventually told her school counselor, which launched a DSS investigation. The abuse stopped then, although her mother remained with the stepfather.

In summary, the women's childhood experiences of violence, abuse, and unavailability of their own mothers are the foundation for their adult relationships.

Mother's Relationship with the Accused and Context of Child's Disclosure

All of the women reported troubled and problematic adult intimate relationships with men, including their relationships with the men who sexually abused their children. Prior to their relationships with the accused, all but one (her husband, the accused, was her only partner or relationship ever) were previously involved with men who were emotionally and verbally abusive, violent, abused alcohol and/or drugs, had sexual relationships outside of their relationship with the mother, and were either unemployed or only sporadically employed. None of the women identified their own problematic

relationships with the accused as a risk factor for the safety of their children, until such time that his behavior was directed toward their child.

Exposure to childhood trauma, in and of itself, is insufficient to understand the totality of any one woman's life experience or its contribution to her decision-making when both her child and her intimate partner are involved, as her decision will ultimately support one and reject the other. The context in which the child's disclosure occurred is also important to her decision-making context. The key contextual factors that emerged from the women's interviews were: 1) satisfaction with their intimate partner (accused) early in their relationships; 2) satisfaction with them at the time of their children's disclosures; 3) suspicions about the men and their children prior to the disclosure; and 4) their own unresolved post-trauma effects.

In the Beginning

None of the 20 women reported negative feelings about their partners when they first met them. Some acknowledged knowing about excessive drinking, inability to hold a job, fathering a child with his step-sister, liking pornography, or needing money from her to pay child support arrearage or purchase a vehicle for himself. At the time they began the particular relationship, the women did not indicate that they considered those concerns to be actual risk factors for the future success of their relationship let alone risk factors for potential harm to themselves or their children.

Retrospectively, however, they recognized they had information about the men that perhaps should have forewarned them, but did not. Only later did they notice, as Ruby explained:

...when we first started dating it was really good, you know, a lot of fun, nice, nice, nice person. Good with my kids, you know. And I knew about his drug use but it didn't seem to be that bad ...at one point you liked that person and they looked nice, they were well kept, and then down the road you look at that person and it was like, hum-um (negative), you know, like they just disgusted you almost. It was like this is not the person that I seen, you know. (M222)

She went on to say that when she began her relationship with him, he had no job, no car, no driver's license, and lived with his mother. She was working and taking care of her two children. She asked, "how does him not working affect my life? It doesn't, you know. If he needed cigarettes or he needed this or he needed that, his momma got it for him, not me, you know."

When Celeste first met the accused, her only intimate relationship, "he was Mr. Prince Charming, you know...say the right things, you know, I fell in love with him....so we hit it off great, you know, we had a lot of fun and did a lot of things." Soon after meeting, the accused needed a place to live and Celeste allowed him to move in with her. They got married. Before Celeste married the accused, she learned that he had a child from his intimate teenage relationship with his stepsister. Celeste's mother gave him money to buy a car. She soon noticed, "...after he moved in with me he...changed. He started getting, cause he drunk and stuff and he smoked pot, you know, stuff, but I noticed when he had liquor in him he was meaner. And he'd end up, you know, physically hurting me. So we've had a lot of that going on, and so we split up in our whole entire relationship 18 times." She reconciled with him those same 18 times.

As Barbara explained about when she met the accused, “we start talking.....It just like, it jumped from, you know, just talking to, like he was moving in and I was like, oh my God. It just happened so fast. And he already had...two kids.” When she became pregnant within a year of living together, “we started having conflicts and it was like our relationship started ending up getting rocky.... And that’s when he moved to Atlanta, he moves around a lot.” Over the years, between his other girlfriends, living in other states, and serving time in prison for charges involving prostitution and a 16 year old girl in California, Barbara seemed to enjoy his intermittent attention that made her feel special and even helped him financially.

Anna met the accused through mutual friends, right after she graduated from high school. She described:

He was, he was always, you know, a happy person and wasn’t very abusive, he was, he loved family. And then I think his relationship with his family got worse cause his parents split up and got a divorce, and when his mom moved away that’s when I started seeing that he became angry and that’s when he started taking it out on me. And then he started using drugs. (M540)

After four failed marriages, Olivia (M812) met the accused and said, “...it felt like I finally found a decent man. A man I actually trusted. That loves me...like I had gotten pneumonia and he took care of me, he cooked, he, you know. Most of the times he’d go to the doctor with me, I dealt with some vaginal cancer, he went with me.”

Physically abused by her mother and unprotected by her father, Helena (M208) married a man with strong family connections, thinking “when I married into this family I had really married well, married really well. And my sister had said...where did you

find this family? Like I was so lucky that I married into this family.” They had two children together and those boys are now eight and six years old. Pregnant soon after their marriage, she began to resent his closeness with his family, saying “...just right from the beginning, just betraying my confidence and not being loyal to me and confiding in his mother. And...we went to counseling a lot...we tried to work on the marriage.” Then she noticed changes in his demeanor and behavior in that he was “withdrawing, becoming angry, I’m the head, you’ll obey me, just weird stuff that I didn’t know where it was coming from.” There were three incidents of domestic violence, followed by a brief separation, and reconciliation via marriage counseling.

Karen (M222) met the accused on an internet dating site and found him better than other guys she had dated in that, “And we met on there [dating site]. He treated me great. I mean, he was a little bit short tempered but he didn’t ever touch me or call me names or anything like that, like other guys have.”

Several mothers maintained or returned to unhappy relationships with the accused when they learned they were pregnant. Paula was increasingly concerned about the accused’s interest in pornography, but agreed to marry him when she found out she was pregnant. Eaton had just left the accused because of his drinking, drug use, and infidelity when she learned she was pregnant. Abandoned by her mother as a child, Eaton wanted her child raised with both parents and she believed the accused would change once their baby was born. Anna was almost ready to leave him when she found out she was pregnant and then stayed. His drug use and violence escalated. Ruby grew tired of the accused’s drinking, drug use, verbal abuse, and infidelity. She felt no love for him but when she found out she was pregnant, she let him move in with her and her two sons.

Women's Relationships with the Accused at the Time of the Disclosures

At the time of their children's disclosures of sexual abuse, 13 women were still in an intimate relationship with the accused, either by marriage (four) or living together unmarried (nine). Seven women were no longer in an intimate relationship with the accused although still involved with him because they had a child in common.

I realized the women were expressing various levels of satisfaction in their relationships with the accused men such as: she felt his treatment of her was better than prior partners; she wanted to have a child with him; or she perceived he had positive qualities (e.g., hard worker, good to her children). I interpreted this as satisfaction with the relationships because she chose to maintain a relationship with him, whether still intimate or not, and was not considering ending the relationship. Those women who were dissatisfied in their relationships with the accused men did not offer positive observations like those made by the satisfied women; instead, they spoke of reasons they did not like him or want to maintain any relationship with him. I will explain further about their satisfaction.

Sufficiently satisfied in their relationships with the accused. Most of the women expressed at least minimal satisfaction with their relationships with the accused. Two were currently pregnant by the accused and a third was planning a reversal of her tubal ligation in order to become pregnant. Celeste married the "love of my life" and was pregnant with their second child. Despite chronic domestic violence, she was committed to remain with him because he was the father of her two children and she loved him. Karen described the accused as treating her "good", in comparison to previous boyfriends and the fathers of her two other children. She was also pregnant with their child and was hopeful the relationship would work out. Rescued from a violent marriage by the

accused, Laura wanted to give him a child since he had none of his own. She already had two teenage children.

Others focused on the accused's positive qualities. After four failed marriages, Olivia believed she finally found the man she could trust and love. He was willing to help her manage her chronic medical illnesses and she helped him financially to have a nice funeral for his mother and hire an attorney to help him gain custody of his four year old daughter. Tanya was grateful to the accused for providing her and her four children a nice home to live in so she no longer had to rely on an endless list of family and friends for a place to stay. He was easy enough to get along with and asked very little of her. Ginger and the accused had been together for several years. He worked, helped pay the bills, and mostly stayed to himself when he was home which freed Ginger to work extra hours and go to school. Sandra was engaged to the accused and mostly excused his excessive drinking because she believed that underneath the drinking, he was still a good man. He contributed financially to the household and loved her daughter (child victim). Although divorced for a couple of years, Helena believed the accused loved their two sons and she promoted their father-son relationships. Isabel's husband drank less these days and isolated himself more, just working and playing video games. This reduced their time with each other, thus their conflict, and she was satisfied with a focus on being a mother to her two children. Their mostly parallel lives were acceptable to her.

Dissatisfied in their relationships with the accused. Several women were dissatisfied in their relationships with the accused. Anna and Eaton were both extremely frustrated with the accused's increasingly contentious behaviors that often escalated to arguments when they exchanged their child for visitation and at least twice, they each

called the police for assistance. Anna's former husband (the accused) pulled a gun one time and threatened to kill Anna and her parents. Neither Anna nor Eaton acted to cease or modify the accused's contact with their child. Paula was still disgusted by the accused's pornography addiction and preferred for neither she nor her son to be around him at all, but she honored their divorce agreement in which the accused had court-ordered visitation.

Minimally satisfied in their relationships with the accused. Some women were still involved with the accused through their children although they held little interest in him being a part of her children's lives (if no longer together) or expressed no love for him (if still together). Although Ruby and the accused were under DSS investigation for a domestic violence to which her children were exposed and his drug use recently escalated to use of methamphetamines, she was not quite ready to end their relationship. They had a three year old developmentally disabled daughter, in addition to Ruby's two older sons. For now, the accused helped more than hindered the family. Jane let her new boyfriend move when he needed another place to live although they had no long-term commitment to their relationship. Nancy and the accused were no longer together. Nancy did not interfere when her teenage daughter pressured her to get to know her biological father (the accused). Neither did she encourage the contact. Francis had no romantic interest in the accused. She agreed to visitation in exchange for his compliance with paying child support, although her child never had contact with the accused for the three years since her birth.

Women's Suspicions at the Time of the Disclosures

The women reported the progression of events leading to their children's disclosures of sexual abuse. They reported their pre-disclosure situations involving their children and the accused. Some women had suspicions or sensed that something was wrong prior to their children's disclosure of sexual abuse and some did not.

Women who had suspicions. Of the 20 women, 13 had suspicions or sensed something was wrong *prior* to their children's disclosures of sexual abuse. Six of those 13 women were no longer in intimate relationships with the accused. Their suspicions were stronger than those women currently in intimate relationships with the accused and they acted more urgently. Seven of those 13 women were still actively in intimate relationships with the accused at the time she sensed something was wrong and all seven dismissed their suspicions, either blamed themselves for what they believed were errant thoughts or accepted his explanation when they confronted him about what concerned them.

For the six women (of the 13) who had suspicions and were no longer actively in intimate relationships with the accused, their children had regular visitation with the accused because he was the children's biological father and there was either mutual agreement for the visitation or a family court order. Five women noticed significant changes in their children's behavior and were diligent in determining why, although none specifically suspected sexual abuse. Francis contacted an attorney to file a family court action to stop visits with the accused and took her child to a therapist to address the concerning behaviors. Nancy and Paula implemented supervised visits between the child and the accused. Anna contacted DSS to report the accused's erratic and threatening

behavior in front of the child. Eaton changed the visitation exchange location to a public place.

The women still in intimate relationships with the accused found it more difficult to act on their suspicions. Karen noticed, "...there were a lot of signs that something was wrong....There were a lot of signs....my son, would, would cry and scream and throw a fit basically because he didn't want to be left there alone [when she would leave the house and leave her son with the accused]." She dismissed her suspicions to being pregnant or that her son "was reacting to having a new man [the accused] in his life cause his dad is not around."

When Celeste observed her husband's erection when he changed their daughter's diaper or held her on his lap, she dismissed her suspicions, thinking they were because she herself had been sexually abused as a child and so over-reacted. When Laura walked into the den late at night and found her husband (the accused) on the couch next to her teenage daughter in the dark, he immediately said the daughter had a bad dream and he was comforting her. Laura thought it was "strange" and had a 'funny feeling' but she accepted his explanation. When Ruby's two sons told her about the pornography the accused showed them, she was very concerned but accepted the accused's explanation that the pornographic materials were already in the DVD player when he bought it. When her sons told her about the accused exposing himself to them, she thought it must have been accidental and dismissed her suspicions, blaming her own sexual abuse history for her heightened sensitivity

Women who had no suspicions. Seven women did *not* have suspicions or a sense something was wrong prior to their children's disclosures of sexual abuse. So when

their children disclosed being sexually abused by the accused, they were surprised. Six of those seven women were still actively in intimate relationships with the accused. One was divorced from the accused.

Two of the women with no suspicions noted the accused to be distant and uninvolved. Ginger lived in a small house and observed little interaction between the accused and any of her children, "... 'cause whenever he was home he was locked in his room, he didn't socialize too much with the kids. You know, he suffers from PTSD so he likes his alone time and his, you know, by himself time." So, when her 14 year old daughter disclosed that the accused sexually abused her, Ginger was shocked. Isabel's husband (the accused) also suffered from PTSD and became more isolative after a recent military deployment. He spent little time with her or the children.

Victoria's young child previously disclosed sexual abuse by her biological father in 2012. When her child disclosed again this year and named the accused (mother's current boyfriend), Victoria was shocked and hoped her child was referring to the incident last year.

Two women's children disclosed immediately after the one-time incident. Darien and Isabel were shocked by their child's disclosure and had no prior suspicions. Both of the accused men acknowledged the sexual abuse. Darien's husband explained that it was accidental and he had been intoxicated. Isabel's husband confessed to law enforcement during the investigation.

Helena and the accused were already divorced for a couple of years. Helena promoted the accused's involvement with his children, believing he was a "good dad", despite how he treated her during their marriage. She was completely surprised when her

two sons disclosed that the accused (their father) was masturbating in front of them. She still wondered how she did not know this was happening in her own home, even before they separated, and said, “I mean, it was completely, I had no idea at all, never saw anything. And I mean, the details that I learned later, I never, how did I not see something really, really obvious with what I’ve, what my kids have disclosed, and for the period of time and, and – I did not see it.”

Status of relationships and suspicions. The women dissatisfied in their relationships with the accused were no longer intimate with them and had suspicions prior to their children’s disclosure. Of the women minimally satisfied, half were intimately involved with the accused and all had suspicions. Most of the women sufficiently satisfied in their relationship were still intimately involved with the accused and were divided in whether they had suspicions prior to the disclosure. Table 4.1 summarizes the convergence of relationship satisfaction, whether still intimately involved, and whether the women had suspicions prior to their children’s disclosure.

Table 4.1 Suspicions and Status of Relationship with Accused

	Dissatisfied		Minimally Satisfied		Sufficiently Satisfied		Total
	Suspicions	No Suspicions	Suspicions	No Suspicions	Suspicions	No Suspicions	
Intimately Involved	0	0	2	0	5	6	13
No Longer Together	3	0	2	0	1	1	7
Total	3	0	4	0	6	7	20

Long-term Effects of Women’s Own Trauma Experiences

The context of the children’s disclosures extends beyond the women’s relationships with the accused or whether they had suspicions prior to the disclosures.

Given the trauma experiences of the women in this study, both in childhood and in adult

relationships, it is important to consider the effects of their trauma exposures from an emotional, social, cognitive, and health perspective. Each woman exhibited typical symptoms of survivors of severe traumatic experiences. (Ozer, Best, Lipsey, & Weiss, 2008). Common among the women was the emotional distance created through minimization and avoidance of reminders of traumatic life events and the people associated with those events. This is a typical involuntary response by survivors and serves to reduce chronic anxiety related to the trauma memories. Also common was the cognitive distortion suggested by inconsistent or incongruent statements about events and people in their lives, particularly their parents and the accused, including idealizations. The women were socially isolated. Although they may have identified one or more persons they considered supportive, someone who actually protected them was consistently absent. Many women reported health-risk behaviors such as excessive consumption of alcohol, drugs, and sex with multiple partners, including unplanned pregnancies, five of which were teen pregnancies. Five women qualified for Social Security disability benefits, four of whom were under the age of 36 years old; one woman was 55 years old. Others reported chronic medical issues such as fibromyalgia, diabetes, arthritis, endometriosis, and symptoms consistent with depression and anxiety. In this study, the mothers of children sexually abused by their intimate partners were clearly suffering unresolved trauma effects from their own experiences.

Summary

The women in this study share similar negative and traumatic childhood experiences as well as recurring adult relationships that posed risks to themselves and their children. Though some women had suspicions that the accused might be harming

their children, the histories of all the women suggest impaired ability to appropriately discern risk and insufficient empowerment to take protective action. Without treatment, this pattern is likely to persist. None of the women reported they had effective or persistent treatment to manage their trauma effects. This background and context significantly affected each woman's approach to her child's disclosure of sexual abuse, as the next chapter reports.

CHAPTER 5

FINDINGS: MOTHER'S RESPONSE

“How could he [the accused, her fiancé] have done this to us. I gave him everything and he took advantage of my child. I was in love with him. And overall he was a good provider and a family man. He had good qualities about himself but I didn't know about the dark secrets.”

Mother of sexually abused daughter

Introduction

Each woman in this study experienced a life-changing moment when she first learned that her current or former intimate partner sexually abused her child. Some women were already suspicious or sensed something was wrong and others had no suspicions at all. Although there were unique differences in how they learned about the sexual abuse, whether they already suspected, and how they responded to their children's disclosures, the pattern in their responses was related to their relationships with the accused.

Synopsis of Main Findings

The women tended to immediately believe or to have ambivalence. That is, they believed or were unsure whether to believe their children. The pattern for believing women was they believed their children's disclosures because the disclosures confirmed their suspicions that something was wrong and also they believed that the children loved the accused so would not falsely report. This pattern held for the believing women despite their level of involvement or satisfaction with the accused themselves. The pattern for ambivalent women was that they were reluctant to believe their children's

disclosures because they had no prior suspicions that something was wrong and they viewed the relationships between the children and the accused as positive. All the ambivalent women were voluntarily involved with the accused; all but one was still intimately involved with him.

The context in which these processes occurred was influenced by the women's relationships with the accused. All mothers were primary caregivers of their children and none wanted to give up their children. The surest means to protect their children and maintain relationships with their children was to try to sever contact with the accused, so the children's disclosures forced the women to make decisions about their relationships with the accused men. Prior to the children's disclosures, the women maintained or tolerated marginal (at best) or even violent relationships with the accused and did so for their own personal reasons. Many of the women had limited capacity to protect themselves and this affected their capacity to act protectively as mothers. I will present findings to suggest that how the women decided whom to believe when their children disclosed sexual abuse was based on which relationship they decided to keep and which they were willing to sever.

Overview of Chapter

I will first discuss the context of the children's disclosures and the women's initial gut reactions to them. Then I will discuss pre-disclosure factors that contributed to the women's beliefs about the disclosures and evolved to the actions they took to protect their children from the accused.

Children's Disclosures

How and Who the Children Told

There were variations in how the children first told about the sexual abuse although the way a child disclosed did not seem to affect how the mothers responded. This was contrary to my expectations in that I thought the context of the disclosure might influence their responses. For instance, the children varied in whether they first told their mother or someone else, whether they purposely told either verbally or by another means (written, demonstration), or whether the disclosures were made in response to third-party inquiry.

Of the 22 children, eleven told their mothers first. For two of these children, the abuse was a one-time incident, after which the children told their mothers immediately. One child called her mother who was recuperating in the hospital after heart surgery. Hesitant, at first, and not wanting to get the accused in trouble, her daughter finally disclosed, "...that [accused], the guy that I was staying with, my ex-boyfriend that we were staying with, had tried to, you know, stick his tongue in her mouth and was kissing on her breasts over her clothes, and then had put his private, you know, and rubbed it against hers" (M176). The other child walked into the kitchen where her mother was cooking dinner and said, "...mom I got to tell you something.well, daddy [stepfather] asked me to kiss him down there...daddy kissed me, asked me to kiss him and then I didn't want to do it, so he licked me down there and pointed to her vagina" (M053).

Children told their mothers in other ways, too. A teenage girl "...wrote it in a note. I was dropping her and her brother off at the bus stop and she handed me a note and made me promise her that I would wait until I got to work to read it" (M531). A three

year old demonstrated to her mother how the accused was tickling her genital area. Another teenage girl disclosed to her mother only when directly asked about a specific incident that was witnessed by someone else. Two little boys, ages seven and four, laughingly demonstrated to their mother how their father masturbated in front of them. This mother explained that, "...my kids were playing on my bed, jumping up and down and I came in and they were in their underwear and they were stuffing my clothes in their underwear, and I asked them what they were doing and, and the older one said that daddy goes like this [gesture] and he gave the motion and so it looked like he touched himself" (M208). The boys further disclosed to a therapist about additional incidents of sexual abuse by the accused involving direct genital contact.

There were other ways the children told about their abuse and it similarly did not affect how the women responded. Some children first told a family member (father, aunt, grandmother, brother). One teenage girl disclosed to her brother that the accused sexually abused her for three years only after her brother intercepted a text message from a boy at her school, asking if she had ever had sex, and she said she had. A three year old girl first told her maternal grandmother, who directed the child to tell the mother. This child "...was in the bathroom, she had peed on herself and that's what started it, she started peeing on herself...mom [maternal grandmother] went in there to help her clean up and she was sitting on the potty still using the bathroom, and she told my mom that her daddy [accused]...will put his fingers down there and play....she laid on the floor and showed us what her daddy did" (M914). An 11 year old boy first told his father that mother's boyfriend sexually abused him and father called law enforcement.

Still other children first told a professional (police officer, guidance counselor, or therapist). One young child told the police officer who responded to the accused's complaint about mother's male friend. A teenager with special needs disclosed to the guidance counselor who was questioning her about her recent "boy crazy" behaviors at school. Several very young children first disclosed to the therapist who was evaluating the child for significant and concerning behavior changes.

In one situation, the accused himself first disclosed the sexual abuse to the mother. He told her that he was drunk when he accidentally touched their 11 year old daughter. The mother immediately asked their daughter, who confirmed what the accused said.

Involvement of Investigative Authorities

Whether the children first disclosed to their mothers or someone else, both law enforcement and child protective services (DSS-CPS) were notified, either by the women themselves or a mandated reporter, and parallel investigations began. Law enforcement investigated because child sexual abuse is a crime. Child protective services investigated because the accused men were either biological fathers of the children or living in the home with the children at the time of the disclosures. If no one notifies the authorities when a child discloses, then obviously there is no official investigation. One woman described how she did not report her daughter's disclosure the first time and the criminal investigation only began after her daughter disclosed the sexual abuse to her a second time. She explained:

[child]...said that [the accused] had touched her inappropriately starting two years ago. And then we was gonna call the police and we were talking about it,

you know, all of us [mother and three daughters] in the room talking about it, and I was, you know, ready to call the police and everything and then she stopped me from calling the police and said, well I don't want you to call the police right now cause I don't have any proof. So then about three weeks went by, approximately, and then... she went to a friend's house and that friend's mother brought her to my job the night of the assault. And I took her to the Emergency Room that night. (M399)

She knew she could call the police the first time but did not, so no investigation began at that time.

The women were often confused by the dual investigations and court systems. These civil and criminal systems differ in what is required as a burden of proof for either the judge to make a finding of abuse in family court (preponderance of the evidence) or the jury to convict a person of a criminal act (evidence beyond a reasonable doubt). When both the civil and criminal systems agreed about the evidence (mostly meaning the children's disclosures) meeting their respective burdens of proof, the believing women were reinforced in their beliefs. When the systems did not agree, again based on their respective burdens of proof, some of the believing women seemed angry that one system (usually the criminal system with the higher burden of proof) apparently did not believe their children. For the ambivalent women, such different outcomes in the investigation seemed to initially support their ambivalence because the authorities surely would have immediately arrested the accused if they believed the abuse happened as their children said it did. Most of the women eventually understood the dual systems enough to explain their respective outcomes. Some remained confused.

The children's disclosures and the investigations are contextual factors related to the women's initial responses to their children's disclosures. The investigative outcomes, however, did not contribute to their beliefs in their children's disclosures.

Mothers' Initial Gut Reactions to the Disclosures

In all cases, the women's responses started in what were emotionally powerful and distressed initial reactions to their children's disclosures. This was the beginning of the response processes that led to what they believed about what happened. Ultimately their choices had to be whether they believed their children or the accused. I asked all of the mothers to tell me their gut reactions when they first learned of their children's disclosures of sexual abuse and that their children named their current or former intimate partners. The following is a compilation of their responses:

It took my breath away....My stomach felt empty, I felt like I was gonna puke.... I'll kill him for touching my child....It was just overwhelming.... You know, no, no, you know, please don't let it be true....I just felt like I was in a nightmare and I wanted to wake up and I couldn't move....And it was just, you know, all my instincts that I seen was true....The first thing I wanted to do was go down there and kill him...I just couldn't comprehend. I mean, I believed her but I just could not, and I still don't, I mean, I, I can't comprehend somebody doing that to a child....I mean, she was only three years old, I was appalled, I was like confused and like, what the, you know, I would never have thought and just like, you know, oh my God, what the heck did I do, and stuff like that....it just didn't sink in...It was like, absolutely devastating, little did I know that I was gonna hear much worse....It also didn't feel real, it didn't - it just didn't....I knew immediately that

it's really bad but it doesn't register or it doesn't start really hurting me for a little while....I was devastated. My whole world broke apart....I felt sick....I felt hopeless.... My gut reaction - hmm, was not very nice. I'll be honest with you, I thought about going home and hurting him. And I could have. But I didn't...I felt mad and I felt angry and then I felt hurt, I just wanted to hold her, I wanted to ball her up in a ball and put her back in me, you know, I wanted to just keep her safe....Something cold came down over me and made my body freeze up...It felt like a blur to me. It felt like it was just a dream. This is not happening again. A mother doesn't want to hear it once, much less twice....I just wanted to get as far away and get some type of safety net, you know. Or create a safer net. I did, I just wanted to get away from here...I got sick, I mean, literally, I mean, I just started throwing up.

From both my own maternal and professional perspectives, these intense emotional and visceral reactions are understandable. Given that almost all of the women are suffering from earlier unresolved trauma effects, what I saw are common post-traumatic reactions: 1) behaviorally, some wanted to just get away, find safety, hurt the accused; 2) affectively, some women felt overwhelmed, confused, appalled, hurt; 3) cognitively, the disclosure was a blur, like a dream, unreal; 4) socially, some women sought to avoid, disconnect; and 5) physically, many women had somatic reactions of throwing up, feeling sick, exhaustion. These intense emotions are the foreground of their of their belief processes.

And because the women have unresolved trauma effects, they have restricted coping responses when confronted with new, potentially threatening information or

situations. They are emotionally exposed and vulnerable during this crisis moment of learning of their children's sexual abuse and that their intimate partners were named as the abusers. This crisis moment presents both danger and opportunity. There is potential danger to themselves or their children if they continue their involvement with the accused. There is also potential opportunity for the women to make critical decisions about relationships, seek treatment for themselves and their children, and take further protective actions on behalf of their children.

I was somewhat surprised that the women seemed to focus their stories more on their own feelings and their relationships with the accused rather than on their children or their relationships with their children. Although the interviews were about the women themselves which might superficially explain their self-focus, I anticipated they would spontaneously elaborate about their children or the effects of the abuse on their children or how their children would be able to move on from here. Perhaps they thought their commitment to their children was so absolute that it was obvious to me therefore they were free to expound on their own betrayal, hurt, and anger related to the accused which prompted stories about those relationships. During the early interviews, I was less aware of this absence of focus on their children, probably because of the emotionally intense nature of their histories that required my own focus to track the information and manage their emotions and mine. The missing voices of the children became more obvious once I began reviewing and coding those early transcripts. Even with my awareness and adjustment in the interview protocol to create opportunity to focus on their relationships with their children, I remained surprised that their responses to child-focused questions still seemed vague.

Factors that Affect Women's Beliefs about Children's Disclosures

As the women talked about their beliefs, it became clear that the children's disclosures emerged along with beliefs about how to protect the children from further harm. The women's belief processes about their children's disclosures and protective actions began prior to the actual disclosures of sexual abuse and were related to factors associated with their relationships with the accused. Before I describe the women's belief processes, I will address those pre-disclosure factors about their relationships with the accused that contributed to their beliefs in the disclosures: 1) reasons they may be in a relationship with the accused in the first place and perceptions of their relationships with them and 2) suspicions about the relationships between the accused and the children. I will then address how those belief processes evolve to protective action on behalf of their children when the women changed their involvement with the accused.

Pre-Disclosure Factors

The women's involvement with the accused and whether they had suspicions prior to the disclosures are prominent factors relating to responses of either belief or ambivalence. This intersection of involvement and suspicions leads to a change in the nature of their involvement with the men once the women learned of their children's disclosures.

Current involvement with accused. The women were involved with the men either as current intimate partners or because they had a child in common and the women varied in their perceptions of their relationships with the accused. I refer to the women's relationships with the men as the *nature of their involvement* to reflect the reasons the women are involved with them and perceptions of their involvement.

Type I: Avoidant and involuntarily involved in their relationships with the accused. Three of the women maintained a relationship with the accused only because they had a child in common and there was either a court order or mutual agreement for them to visit with the children. None were still intimately involved with the men. The three women perceived those relationships with their former partners as negative and avoided or minimized contact with them, such as having the grandparents accompany her to exchange the children or conducting the exchange at a public location. The following examples highlight such involvement.

Anna (M743) involved the authorities, both law enforcement and DSS, because of the continued argumentative behaviors when she and the accused exchanged their child for visitation, including a recent incident when the accused pulled a gun on Anna and her parents. Already concerned about her child being with him for visitation, she believed she had no option to re-address the family court order that allowed the accused unsupervised contact with their child. Paula (M558) divorced the accused when she could no longer tolerate his “addiction” to pornography. Still disgusted with the accused for maintaining his interest in pornography, she never thought the accused’s addiction would affect her son and agreed to the court order establishing a visitation schedule. Eaton (M337) never sought a court order to establish visitation between her daughter and the accused. Despite their own contentious relationship, she thought the accused treated their daughter like “an angel” and continued to tolerate his behavior toward her in order to maintain the father-daughter relationship with her child.

Type 2: Voluntarily involved but minimally invested in their relationships with the accused. Four women voluntarily maintained relationships with the accused although

they expressed little interest or commitment to the relationships. I interpreted this lackluster interest or commitment as the women being minimally invested in those relationships. Two of the four women lived with and were intimate with the accused. For example, Ruby (M743) described a downhill spiral in her relationship with the accused, as he was again using drugs and having sex with other women. As DSS closed their case involving domestic violence between Ruby and the accused, and prior to the children's disclosures, Ruby unenthusiastically planned to continue their relationship. Two other women maintained a relationship with the accused because they had a child in common. One woman used the child support money to supplement her income and used the child's visitation time with the accused for a parenting respite. Another woman only reconnected with the accused on behalf of their teenage daughter who wanted to get to know her biological father.

Type 3: Voluntarily involved with the accused. Thirteen women actively chose to be involved with the accused, either still intimately involved with him (11) or because they had a child in common (2). They did not contemplate ending their relationships or involvements with the men. Of the women still intimately involved with the accused, two were pregnant by him at the time of their children's disclosure, one planned to get pregnant by him, one had nowhere else to live, and one (in her 50's) believed she finally found the man she could love and trust. Two women were no longer intimately involved with the accused although they maintained a mostly cordial relationship with him and fully supported his involvement with their children, as the biological fathers of their children.

In summary, the nature of the women's involvement with the accused prior to their children's disclosure provides the foundation from which their belief processes develop, as Figure 5.1 illustrates.

Suspicious. The next pre-disclosure factor in the development of the women's belief processes was whether they had suspicions or sensed that something was wrong regarding their children and the accused prior to their children's disclosures of sexual abuse. To highlight the discussion and examples in Chapter 4, the women who had suspicions reported them as vague, like a bad feeling, or suspicions that arose when they observed some interaction between the accused and their children. None of the women reported any suspicion specific to their children being sexually abused but rather suspicions that something was just wrong.

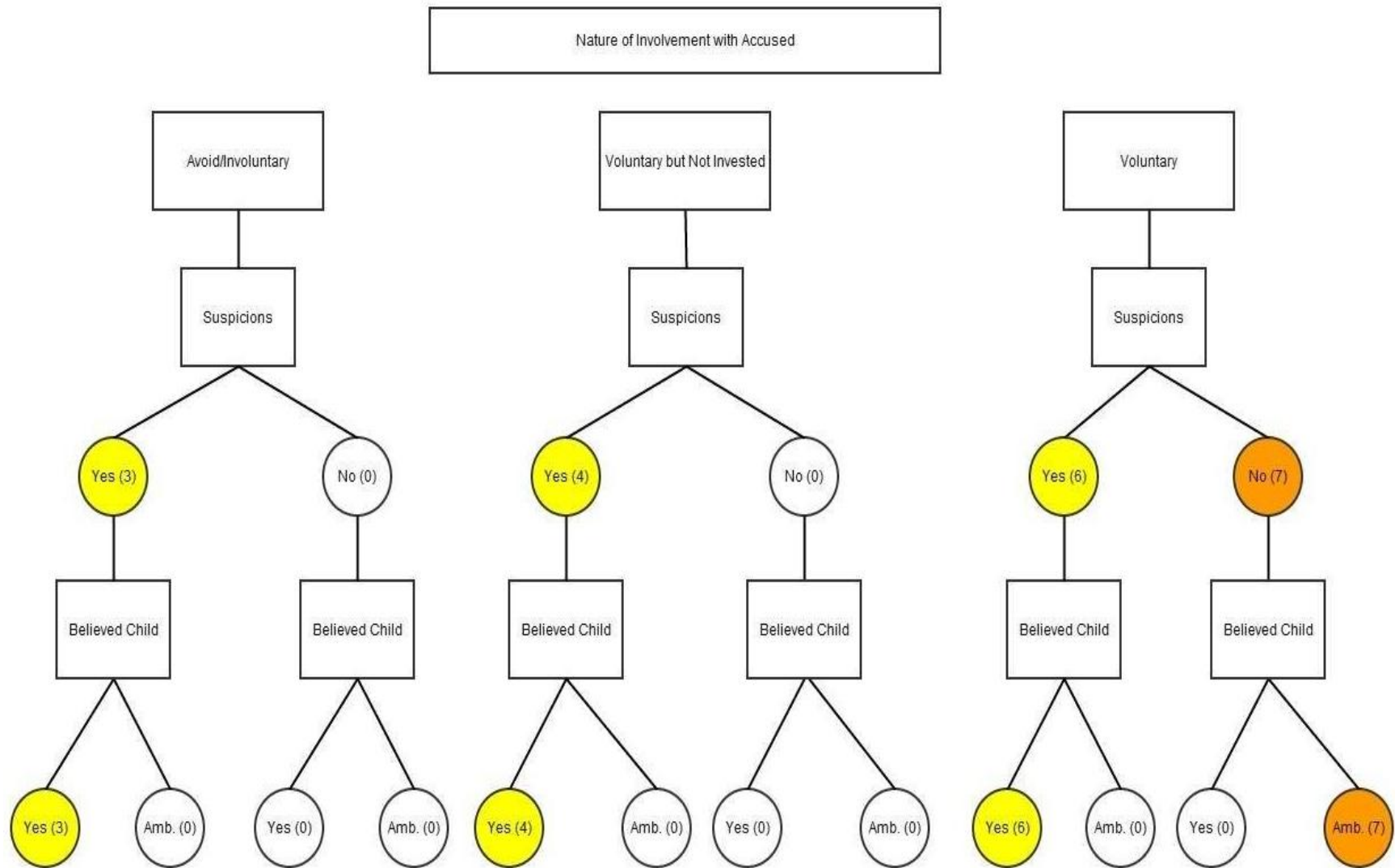


Figure 5.1. Pattern of Believing in Relation to Suspicions and Nature of Involvement with Accuse

Women's Beliefs: Children's Disclosures in Context of Pre-Disclosure Factors

Both the nature of the women's involvement with the accused and whether they had suspicions prior their children's disclosures are the pre-disclosure factors contributing to their beliefs about the disclosures.

Across all three types of involvement with the accused, the women who had suspicions were quick to believe their children's disclosures. The women who reported no suspicions prior to their children's disclosures were all voluntarily involved with the accused (Type 3) and were hesitant to believe when they first learned of the disclosures. They were initially ambivalent in their beliefs, either about what happened or who was named as the abuser. These ambivalent women developed suspicions post-disclosure and began to consider the possibility that their children's disclosures were accurate, both about what happened and who abused them. Along with the suspicions developed from the disclosures, additional time or information became contributing factors to the women's shift from initial ambivalence to their beliefs in their children's disclosures. This was the case for all but two of the women. For the two women who remained ambivalent, their children's disclosures created only low levels of suspicion that were insufficient for the women to fully believe their children.

Prior suspicions were the foundation for the women believing their children's disclosures regardless of the nature of their involvement with the accused. The women's stories revealed that the process of developing belief or ambivalence about their children's disclosures started with whether or not they already had suspicions that something was wrong regarding the relationships of the accused to their children.

Change in the nature of the women's involvements with the accused. Whether the women initially believed the disclosures or were ambivalent, the nature of their involvement with the accused changed once the women learned about their children's disclosures.

Change for women who believed their children immediately. The women who believed immediately expressed urgency in not only stopping contact between their children and the accused but also stopping their own contact with the accused. Their beliefs in their children's disclosures clearly marked a change in the women's involvements with the men and this was so whether the women were still intimately involved with them and living in the same household or involved because they had children in common. Of the believing women who were living in the same household with the accused when they first learned of the disclosure, some left home with their children while others told the men to leave. One woman simply did not return home on the day she learned of the disclosure. She and her two children stayed in a motel for over a week until law enforcement arrested the accused. She and the children moved back home at that point and changed the locks on the doors. The believing women who were no longer in the same household stopped any visitation between the children and the accused, even in violation of court orders. They did so independent of the authorities' mandate for no contact with the accused.

Change for women who were ambivalent. Once they learned of the disclosures, the ambivalent women restricted contact between their children and the accused in several ways: 1) taking their children to stay with grandparents; 2) telling the accused to leave the home; 3) closely guarding contact within the home; 4) suspending visitation or

5) stopping contact in some manner because the authorities (DSS, LE) told them to do so. These measures were taken while the women navigated their ambivalence about the disclosures and decisions about whom to believe. Once the women (all but two) resolved their ambivalence through developing suspicions at the time of the disclosure, along with time or additional information, they then changed the nature of the involvement with the accused by ending their own relationships with them and prohibiting the men's contact with their children.

Factors that Affect Beliefs Related to Protective Actions

As discussed in Chapter 4, all the women in this study experienced negative and troubled relationships with the accused and remained involved with him, either intimately or because they had a child in common. Their children's disclosures became tipping points whereby the women were faced with a decision to change the nature of their relationships with the accused. The children's disclosures were external forces in that they occurred outside the women's own volition to otherwise make such changes.

Commitment to Their Children

In all cases, the women were committed to staying with their children. They were not ambivalent about caring for their children. In response to their children's disclosures, however, some women believed and some women were ambivalent. Even with expressed commitment to their children, two women lingered in their ambivalence resulting in the authorities removing the children from their care and custody.

Protecting Children by Severing Ties with the Accused

I refer to these decisive actions to try and end their relationships with the accused as *severing their relationships* with them. *Severance* conveys the strength of the women's

conviction and efforts to remove the accused from their own lives and the lives of their children without leaving options for possible reunification. Severance further implies the permanence of the actions rather than temporary responses.

Severance of the relationships was one just one potential option for the women to change their involvement with the accused and deter the accused from further harming their children. The women who initially believed their children's disclosures saw severance as the only option, however; severing their children's relationship with the accused and their own. This was post-disclosure.

Prior to the disclosures, the women no longer intimately involved, but who had children in common with the accused, sought to preserve the parent-child emotional bond through regular visitation with the accused, even when the women had suspicions or sensed something was wrong. They allowed the contacts because preserving those bonds took priority over their own relationships with the accused. Once their children disclosed and the women then knew something was wrong, not just having suspicions, contact between the children and the accused were no longer options, even if contacts were supervised or otherwise monitored. This was not just physical safety for the child, but emotional safety as well in that the children would not have to face their abusers, even when the abusers were their biological fathers. The women lamented this relationship loss for their children and felt betrayed themselves. They previously trusted their partners to safely care for their children even when those same men had not safely cared for their own intimate relationships. Once that trust was broken in terms of the accused's actions toward their children, the women severed all ties with the accused.

For the believing women still intimately involved with the accused at the time of the disclosures, these decision moments were similar in that they prompted a change in their involvements with the accused. This was so whether or not the accused men were the children's biological fathers or father-figures. The women had trusted the men around their children in the same household. Again, once that trust was broken in terms of the accused's abusive actions toward their children, the women severed all ties with the accused.

The ambivalent women expressed confusion when they first learned of the disclosures. While they were willing to restrict contact between the children and the accused, actually severing relationships with the accused, either for the children or themselves, was not an initial option. They initially anticipated that the allegations against the accused might be cleared up in a way that meant: 1) the abuse had not actually happened, at least not to the extent initially disclosed; 2) there was a misunderstanding; 3) the children inadvertently named the wrong persons; or 4) they came to understand how the abuse happened without them knowing or suspecting anything was wrong. Once the women moved from ambivalence to believing, however, they further changed their involvement with accused by severing relationships with the accused, for their children and themselves.

Tipping Points Regarding Nature of Involvement with Accused

The children's disclosures of sexual abuse created critical moments of decision for the women about their relationships with the accused, as Figure 5.2 illustrates. I refer to these decision moments as tipping points. Once the women learned of their children's

disclosures, they were faced with decisions about whom to believe and what to do next, including what to do about their own relationships with the accused.

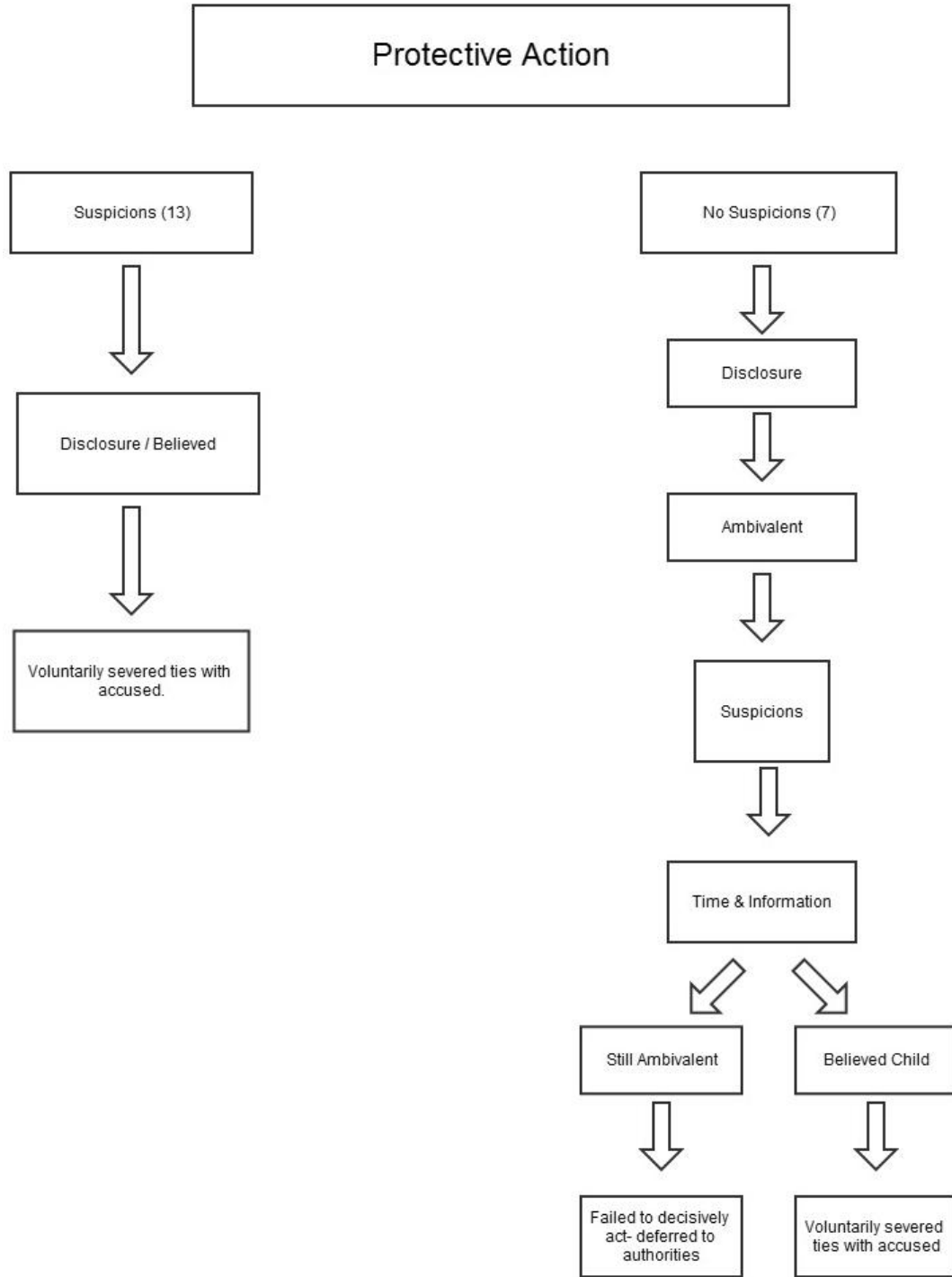


Figure 5.2. Tipping Points for Protective Action

Tipping points for believing women. For the women who believed right away, their children's disclosures were the tipping points for the women in terms of decisions about the nature of their involvement with the accused. In response to the disclosures, they acted decisively by severing relationships with the accused because they saw no other viable options. Prior to their children's disclosures, the women's suspicions alone did not meet the threshold for any decision to change their involvement with the men. The following examples illustrate these tipping points for the believing women.

Ruby's niece first disclosed being sexually abused by the accused, immediately followed by the disclosures of her own two sons. She explained her moment of decision about the accused:

...when I refused to let him come home from DSS, when DSS was involved and then they closed their case out, it was pretty much done I think by then. I was no longer in love, I was just trying to pacify at that time. Just get by, you know. And then when I found out about [my niece] that was the deal breaker, that was, no...I was done with him, from that moment on I didn't have anything else to do with him. (M743)

Ruby believed her children's disclosures because her niece already disclosed, she already had suspicions from previous information from her children, and she was willing to sever ties with the accused to ensure her child's safety.

Karen was pregnant by the accused when she first learned about the abuse. Her son first told Karen's sister about the sexual abuse and the sister brought the child to Karen to tell her directly. Her child's disclosure provided a clear decision point for her

about that relationship and she did not hesitate to act on behalf of her child, as she described:

...so she [Karen's sister] had my son come out there and have him tell me. And so I sent my kids with her and I went home and got our stuff and we went to my parents' house.

...I went home and got some things, as much as I could fit in my car, and we spent the first night at my sister's house and then we went and moved in with my parents the next day. [she knew]...in my gut he's [child] not the type to make things up for attention. He's not that type of child. I knew that it was, it was for real. I mean, I didn't want to believe it but I knew in my gut. And, you know, all the signs and stuff that, that I realized, you know, I should've been paying more closer attention to, they kind of clicked and I just knew it was, it had happened.

(M222)

Karen believed her son's disclosure because it would be unlike him to make things up, she already had suspicions that something was wrong when her son did not want to be left alone with the accused, and she was willing to sever ties with the accused.

Anna was bound by a family court order to allow her child visitation with the accused although she avoided contact with him herself. When her child disclosed that the accused sexually abused her, Anna felt empowered to act and made the immediate decision to stop all contact between her child and the accused, regardless of the court order. She explained:

And she [child] would call and she would cry and say she wanted to come home and there was nothing I could do cause that was what the court decided. And it

wasn't but four months [of the unsupervised overnight visits] and then that's when I found out she was abused...[as to what would happen then] I didn't, I didn't know, I was, I had never had anyone that had dealt with sexual abuse. I had no clue what was gonna happen. I just knew that I wasn't letting her go on back on visitation and he still had visitation at the time, I wouldn't let her go back.

(M743)

Her child's disclosure was the tipping point for Anna to change her approach to the court-ordered visitation by refusing contact with the accused.

Celeste first called the accused to confront him when she learned of her child's disclosure of sexual abuse. She told him not to come home and then she called 911 for a law enforcement response to her home. After years of domestic violence, including 18 separations and reconciliations, along with suspicions, this disclosure was the tipping point for Celeste to change her relationship with her husband.

Believing women and new risks to their children. Two of the believing women lost custody of their children even after their initial beliefs and decisive protective actions when authorities determined they were unable to maintain their protective stances.

One woman was Olivia (M812). Olivia's teenager daughter continued to disclose additional abuse details that overwhelmed Olivia and reminded her of her own childhood sexual abuse by her father. In front of investigative personnel, Olivia screamed at her daughter, accused her of wanting the accused for her boyfriend, and made veiled suicidal threats.

Another woman was Tanya (M176). Tanya and her four children moved to her sister's house when she first learned that the accused sexually abused her 11 year old

daughter. When a domestic dispute between the sister and her boyfriend escalated to violence and the police were called, Tanya returned to the accused's house, along with her four children, because she had nowhere else to go. No friends or family had room for them and no shelter could accommodate all of them in the same location either. Despite moving back to the accused's house, Tanya did not intimately reunite with him. She slept with her four children in the spare bedroom and closely guarded her children when the accused was home. Whenever she left the house, she took the children with her. While the accused was at work, Tanya actively searched for housing options. Moving back with the accused, Tanya believed she was protecting her children from homelessness.

Tipping points for ambivalent women. For the ambivalent women who had no prior suspicions, their children's disclosures were initial tipping points because the women then began to develop suspicions about the relationships between their children and the accused. In response to the disclosures, the initial tipping points, most of the ambivalent women took at least limited action to protect their children either by closely monitoring both the children and the accused, if they all remained together in the same household, or separating the children and the accused, such as making the accused leave the home or taking the children to a family member's home. Two women took no direct action themselves although the authorities provided immediate protection by placing their children into emergency protective custody.

Additional time or information resulted in a second tipping point for all but two of the ambivalent women. With the second tipping point, the women acted decisively by severing relationships with the accused. Once they believed the disclosures, they saw no viable options except to sever ties with the accused. Given their initial ambivalence, I was

surprised by the strength of their convictions to sever ties with the accused even at the point they resolved their ambivalence and believed their children. I anticipated they may want to determine a way to remain involved with the accused and still ensure their children's safety. On follow-up interviews, I specifically asked two of the women about that. They both responded that they never considered keeping both relationships. They said that even if the authorities determined some other explanation for the disclosures, other than the abuse actually happened, they realized those relationships with the accused were forever changed. The following examples illustrate tipping points for the ambivalent women.

Isabel never had any suspicions that something was wrong relative to her young daughter and the accused (her husband and the child's stepfather) so was surprised when her daughter disclosed that the accused sexually abused her. Isabel believed that someone sexually abused her daughter but did not believe that the abuser was her husband. She explained what happened when she confronted the accused:

...and then he [accused] just looked at me, he's like, 'no, oh my God, no'.

Reacted really outrageous. I'm like, well shit, you know, what to do now was my next reaction because I knew my kid wasn't lying but then, you know, this being the man I spent seven years with, have a child with...I need to take this in and, course, I wanted to believe him. I knew something was happening to my daughter, I was just wishing, hoping, praying that it wasn't by him. (M053)

Isabel did not believe her husband was the abuser because she had no suspicions prior to her child's disclosure and she was unwilling, at this initial point, to sever ties with him. Her child's disclosure was a tipping point for her to become suspicious and she did.

Several days later Isabel learned of her husband's confession to law enforcement and was given his written statement to read. This new information was a second tipping point allowing Isabel to shift from ambivalence about what to believe to fully believing her child's disclosure.

Darien (M997) believed that the accused (her husband) was sexually inappropriate with their daughter because both he and the daughter told her so. Her ambivalence was related to whether his touching was accidental because he was drunk or if the touching was purposeful. Either way, she had to face the "elephant in the room", her husband's years of excessive alcohol consumption and drunken behaviors. And, immediately, she wanted to protect her daughter while she figured it out. Darien told her husband to "get out" and he moved to an apartment. Her daughter's additional information disclosed in therapy provided a second tipping point for Darien and she filed for divorce to sever ties with her husband.

Victoria's young daughter again disclosed sexual abuse and this time named the current boyfriend as the abuser. Last year her daughter disclosed that her biological father sexually abused her. Victoria believed her daughter was only re-telling her previous disclosure about the biological father and named the boyfriend in error. Even so, Victoria took her three children to their grandfather's house when she first learned of the disclosure, even before the authorities told her there could be no contact between the children and the accused. Victoria explained:

I talked to him [the accused] quite a few times after she disclosed it and basically

I knew from DSS and LE that he couldn't have contact with the kids so I abided

by that, no contact with the kids, but I still had those feelings [for the accused].

(M011)

Victoria believed her daughter named the boyfriend in error and that the authorities would conclude the same after their investigation. Although she initially maintained contact with the accused, she prohibited contact between him and her three children. She soon believed her child's disclosure because she learned that both she and her daughter had a sexually transmitted infection and was then willing to sever ties with the accused, regardless of her own feelings for him.

Sandra said she believed her daughter's disclosure and she protected her by taking her to stay with her grandmother. Her ambivalence, however, was evident in that she allowed the accused to remain in the home with her for three more days before making him leave. It was difficult to explain, as she said:

[I] prayed about it..... because I still wanted to be with him.[she tolerated his alcoholism and infidelity] Cause I was in love with him. And overall he was a good provider and a family man. He had good qualities about himself but I didn't know about the dark secrets. I was trying to balance it.... Looking for answers – hoping for answers. (M292.2)

When I observed that the accused's drinking, gambling, and infidelity did not seem to be red flags to her related to her daughter's safety, Sandra said, "It didn't. It sure didn't. It really didn't." Not only was Sandra in love with the accused, she said, "I put up with it [his behaviors]. I mean it could be worse with someone else. I was giving him time to work on it – his drinking."

Sandra was ambivalent because she had no suspicions prior to her child's disclosure and thought her daughter and the accused had a good relationship. Although she verbally stated that she believed her daughter, her actions indicated her ambivalence in that she allowed the accused to remain in the home for the next three days. She could not believe that this had happened to her daughter, and to her. Sandra did not need more information. She needed more time to decide what to do. A second tipping point occurred after three days, during which time the accused remained intoxicated and continually denied the allegations against him. Sandra realized that her involvement and relationship with him were over. She told him to move out and severed ties with him.

I asked Sandra if she allowed the accused to remain because she was trying to determine if she could maintain her relationship with the accused and keep her daughter safe, too. She responded:

I knew it was over when they called me to the school and told me. But it was just I was processing so much, all this new information, and it's actually happening in our life, and just a shocker and a big change in our life all of a sudden....I knew it was over and no working it out. I was thinking about her and what'd it be like for her b/c it happened to me [her own childhood sexual abuse]...[She wondered] Why I didn't put him out that Thursday night, I don't know. I'm guessing. I still feel a little love for him but not as strong as last time [initial interview] (laugh). I still love him. I was still in love with this man all the way up until this day. To be my husband. I don't know. But I knew this couldn't be resolved by us working things out because my daughter wouldn't be comfortable with him anymore and her happiness and well-being is first. (M292)

With no suspicions prior to her child's disclosure, Sandra needed time to "process" the disclosure and decide what to do about her relationship with the accused. Three days was sufficient time for her to accomplish this and she ended their relationship.

Unresolved ambivalence. Two of the ambivalent women lost custody of their children because the authorities were unconvinced about their protective capacity related to their children. Although their children disclosed about a year prior to our interview, neither had resolved their ambivalence at the time of our interview. These two women with unresolved ambivalence were close to non-believing, as their stories illustrate.

Mary (M144) lost custody of her son because she did not believe her child's identification of her boyfriend as the abuser although she did believe her son was sexually abused by someone else. Despite adequate information for law enforcement to begin a criminal investigation, her son's identification of only the boyfriend as the abuser, law enforcement's rule-out of anyone else as the abuser, the boyfriend's subsequent arrest, her eventual breakup with the accused to date other people, and no contact with her son for over a year (initially per a family court judge's order and then by the conditions of the boyfriend's bond), she still could not consider even the possibility that her boyfriend sexually abused her child.

Mary was initially ambivalent because she had no suspicions that anything was wrong between her son and her boyfriend. For five of the seven ambivalent women who had no prior suspicions, their children's disclosures were tipping points for them to become suspicious. This did not happen for Mary. After additional time and information, Mary still denied any suspicions about her boyfriend. In our interview, I continued to probe for reasons that might have interfered with developing any suspicions. Mary

avoided my probing by frequently answering “I don’t know” and denying that the authorities or her son’s therapists are providing any information to her, which was contrary to what the referring children’s advocacy center told me. Mary also seemed avoidant about her childhood history in that she would answer quickly without elaboration and then resisted my probing for additional detail. While Mary initially agreed for a follow-up interview, she declined, without reason, when I contacted her to schedule a follow-up.

Another woman who lost custody of her child was Ginger (M399). When Ginger’s teenage daughter first disclosed being sexually abused by Ginger’s live-in boyfriend, Ginger did nothing. She did not question her daughter further and did not confront the accused in any manner. The accused remained in the home, unaware of the allegations against him. While Ginger told me she watched her daughter and the accused more closely after the disclosure, she left her daughter alone with the accused when she went to work. When her daughter disclosed again three weeks later to Ginger’s friend saying that she now had “proof” (DNA in semen), Ginger then took her to the hospital and hospital personnel notified both DSS and law enforcement. Her daughter, however, was unsure Ginger would keep the accused away and told the authorities she might not be safe at home. Several days later, law enforcement took the child into emergency protective custody.

Neither Ginger nor Mary had resolved their ambivalence at the time of our interview and neither yet had regained custody of the child who disclosed the sexual abuse. Ginger’s interview highlights their similar experiences. When Ginger’s daughter first disclosed the sexual abuse, Ginger explained her ambivalence this way:

...I wasn't sure if she was lying or if she was telling the truth, you know...she [teenage daughter] has a history of not so much telling the truth so I was scared that, you know, what if she's not telling the truth and what, you know, it was just a bunch of things, you know, because the person, you know, in question, he didn't seem that type...he was in the military, his whole family was in the military, you know, he was a productive citizen basically. (M399)

Ginger wanted more information, saying, "I think I really wanted a lot of details at that time, you know, I didn't – I was just kind of in shock and I wanted to [know], like well situations or scenarios and stuff like that because it didn't make any sense" (p.4). Ginger did nothing in response to her daughter's first disclosure and the accused remained in the home, unaware of the disclosure. Ginger said, "He [the accused] stayed [in the home] because I didn't know exactly what to do. I didn't know, do I confront him with what she said, do I just call the police, do, you know, I'm not sure." She left her teenage daughter alone with the accused when she went to work, subsequent to the disclosure.

Ginger's response that she did not know what to do is consistent with her response a few years prior when another daughter (now grown) disclosed that she was sexually abused by one of mother's previous boyfriends. Although the boyfriend she identified was no longer a part of their lives at the time of that disclosure, Ginger said she did not initially know what to do then either. Neither did she know what to do when she went into the bathroom and found that same previous boyfriend naked in the shower with her daughter (current victim) some years ago. In the context of Ginger saying she did not know what to do in response to the current disclosure, I thought that surely she did because she was previously faced with having to respond to similar situations.

Ginger remained ambivalent when her daughter disclosed again some days later, this time to a friend of mother's. Despite saying she wanted more information, more details, Ginger never asked her daughter for more information and initially declined additional information, when offered, at their local children's advocacy center.

I noticed a shift in Ginger's ambivalence when she said she eventually read the law enforcement incident report and learned information from her daughter's statement about the abuse incidents that was explicit to her own sexual relationship with the accused. And, when she did confront him, she said his story changed and that made her suspicious. Consistent with other ambivalent mothers, this additional information created suspicions allowed her to review her involvement with the accused although she did not sever ties with him by her own volition. Still, at the time of our interview, Ginger said she believed her daughter but qualified her belief in such a way as to reflect her continued ambivalence. For example, she repeatedly questioned how the abuse could have happened and no one know about it or why her daughter's behavior "wasn't like anything happened to her that was traumatic."

I asked if there was a turning point for her about believing her daughter or not and she said:

There has really not been a turning point other than the fact that the people, like here [at children's advocacy center] saying that people, like kids just don't make stuff like this up....It's just, I don't know what to believe. I mean, I do believe her. I believe she, I believe something happened, but I don't know to what extreme that it happened. I believe that she believes something happened too.

(M399)

Both Ginger and Mary were vague and avoidant during their initial interviews, not only about their current situations but also about their childhoods. Both agreed to follow-up interviews, during which I hoped to progress beyond their resistance to better understand them, but then neither responded to my calls or emails to arrange the follow-up interview. Both women were unable to commit to either their children or the accused men in terms of whom they believed. They lingered in their ambivalence and had yet to reach a tipping point that required a decision from them one way or the other. In both case, the authorities (DSS, family court, law enforcement) made the decision in the best interest of their children when the women could not. Interestingly, neither was still with the accused at the time of the interview and neither was with their children.

Mary and Ginger were unresolved in their ambivalence because neither time nor additional information was sufficient to create sufficient suspicions that might otherwise lead to decisions, or tipping points, about their involvements with the accused. They maintained their ambivalence because their post-trauma symptoms, such as their demonstrated minimization, avoidance, and learned helplessness, are severe to the point that they intentionally or unintentionally avoided processing the available information about the possibility that their boyfriends sexually abused their children. They then were paralyzed to inaction, as revealed in the previous examples.

Both women were difficult to engage in the interviews so their lack of responses for follow-up interviews is not surprising. I would anticipate that had I been able to recruit any non-believing mothers for the study, my experiences with the non-believing women would be similar to what I experienced with Mary and Ginger: minimization, avoidance, and resistance.

In summary, the children's disclosures were tipping points that either 1) confirmed the women's suspicions that something was wrong between the accused and their children, as was the case for believing women or 2) created the opportunity for women to develop suspicions, as was the case for ambivalent women.

Summary of How Non-offending Mothers Decide Whom to Believe

This qualitative study of 20 women revealed complex childhood histories in which most experienced violence, parental substance abuse, sexual trauma, unavailable mothers, and absence of protective adults. All of the women experienced troubled and unsafe, even violent, adult intimate relationships. Most had no benefit of supportive, protective, or effective intervention from either family members or professionals. The women expressed their love for their children and none intentionally created unsafe environments for their children. Yet, the women consistently made decisions about intimate partners who posed risks for themselves and their children and ultimately proved unsafe for their children, as evidenced by their children's disclosures of sexual abuse that were supported by subsequent criminal and civil investigations.

The women's firm beliefs in their children's disclosures were affected by pre-disclosure factors related to the accused and their willingness to sever their involvement with the men as protective actions for their children. Some women demonstrated belief and willingness right away; the disclosure was the tipping point for believing and taking decisive protective action. The other women demonstrated uncertainty about believing and were ambivalent; the disclosure was the tipping point for developing suspicions. The ambivalent women's beliefs in their children's disclosures were only after they had

additional time to process the disclosure or received additional information that served as the tipping point for believing.

The children's disclosures were the primary external forces that captured the women's attentions such that they had to make decisions about believing their children and their relationships with the accused. At the time of the disclosures, DSS and law enforcement involvement were not the primary external forces that motivated their decisions about what to do in terms of protective actions. Both, however, had secondary roles that either reinforced the women's beliefs and protective actions or intervened to provide protection when the women's ambivalent responses limited protective action.

Although they varied in how they were involved with the accused at the time of the disclosures, all of the women reported dysfunctional relationships with them and most experienced violence from the accused, to which their children were exposed. Until the time of their children's disclosures of sexual abuse, the women's own internal forces were ineffective in signaling them that there was risk to their children because of the dysfunction and violence. This was so whether or not the women were still intimately involved with the accused. Their inability to address internal signals and process information about potential risks to their children were because of their own post-trauma symptoms.

In the context of unresolved trauma histories, the women are unable to accurately discern risks in intimate relationships. Their beliefs in their children's disclosures of sexual abuse seem to be inextricably associated with acceptance of the need to sever their relationships with the accused. Their children's disclosures evoked intense emotions, realizations of risk, and differential initial responses. Their protective responses, then,

were ultimately grounded in their willingness to sever their involvement with the accused.

The women's firm beliefs in their children's disclosures were affected by the nature of their involvements with the accused and their willingness to sever those involvements as protective actions.

CHAPTER 6

DISCUSSION, IMPLICATIONS, STRENGTHS, AND LIMITATIONS

Discussion

The 20 women in this study provided unique insight into the complex interpersonal, intergenerational, and system dynamics of child sexual abuse particularly when the women's intimate partner is named as the perpetrator of the abuse. I issue a caution at this point in that any discussion of the study's findings could be misinterpreted to suggest that the women in this study, the mothers of the child victims, are to blame for the sexual abuse of their children (Banyard, Williams, & Siegel, 2001) because of their choices in selecting and maintaining their relationships with the accused. As Crittenden (2008) asked an audience of clinicians who treat convicted sex offenders, wanting them to consider the offender's own childhood trauma history, "on which day does a victim of repeated abuse – who should be protected – become transformed into a perpetrator who should be punished?" (p.10). I take liberty in borrowing from Crittenden to ask a similar question, "on which day does a female child victim who grew up in a family environment of violence, substance abuse, abuse and neglect – who should be protected – become transformed into a mother who is blamed for not protecting her own children?" I hope what will be gleaned from this discussion, instead, is an empathic and balanced understanding of each mother's own traumatic experiences that set in motion intra- and interpersonal coping responses that affect her ability to discern risk in both people and situations, which in turn affects her ability to safely parent and protect her children. Such

a contextual understanding will advance our clinical and policy responsiveness to consider holistic and lifespan interventions. The findings further highlight implications for practice, policy, social work education, and future research.

Contribution to Existing Literature

The findings from this study contribute to the existing literature about adverse childhood events, long-term effects of trauma, intergenerational transmission of maltreatment risk, and the association of family violence with child sexual abuse victimization.

The Adverse Childhood Experiences (ACE) study conducted with participants in a California health insurance plan (n=17,000) indicate that adverse childhood experiences are common (63% of participants reported at least one ACE and 20% reported three or more ACEs) and strongly associated with: social, emotional, and cognitive impairments; adoption of health-risk behaviors; and both short-term and long-term health and social problems (see Figure 1) (Felitti, et al., 1998).

As shown in Figure 1, there is a scientific gap in understanding how the adverse child events affect social, emotional, and cognitive impairments as well as how such impairments contribute to adoption of health-risk behaviors. The findings from this current study contribute to that gap in understanding by addressing *how* women with a history of adverse childhood experiences make critical decisions: 1) in the context of their own children's adverse childhood experiences involving the women's intimate partners and 2) about the nature of their involvement with intimate partners that ultimately pose risk to themselves and their children. For the women in this current study, their adverse childhood experiences affected their beliefs in their children's disclosures.

While no survey to determine an actual ACE score was administered to the women in this study, all of the 18 women who reported negative childhood experiences reported more than one negative experience. Their overall childhood and adult experiences are consistent with several significant ACE findings:

- exposure to parental alcohol abuse is highly associated with additional adverse childhood experiences (Dube, et al., 2001)
- child sexual abuse is strongly associated with other forms of trauma (Dong, et al, 2003) and increased risk to later marry alcoholics or experience relationship problems (Dube, et al., 2005)
- powerful graded increase in prevalence of every ACE category as frequency of witnessing intimate partner violence as a child increased (Dube, et al., 2002)
- exposure to abuse and household dysfunction during childhood associated with unintended pregnancies in adulthood (Dietz, et al., 1999)



Figure 6.1 ACE Pyramid

Now these sexually abused children are acquiring their own set of adverse childhood events because of exposure to situations related to their mothers' impairments, particularly involvement with intimate partners who are substance abusers and abusive.

This is what I found that affected the women's beliefs and further contributes to our knowledge about long-term effects of trauma. A broad range of trauma experiences and accumulated lifetime trauma experiences negatively affect psychological and social functioning (Banyard, Williams, & Siegel, 2001; Turner & Lloyd, 1995) and are highly predictive of traumatic symptoms, more so than any single victimization or repeated incidents of one victimization (Finkelhor, 2007). The women in this study reported the unavailability of their own mothers during their childhoods and the absence of an effectively protective person. This reflects an unhealthy family coping style and likely influenced how well these women were able to either integrate or dissociate their childhood traumas into their adult internal schemas. Dissociation, as a subjective psychological response to traumatic exposure, is a strong variable to predict post-traumatic stress symptoms (DeBellis & Woolley, 2013; Ozer et al., 2008). My reference to dissociation considers a continuum of coping responses such as those in the Egelund and Susman-Stillman study (1996) of dissociation as a mediator of intergenerational child abuse, rather than an actual psychiatric diagnosis. The authors defined dissociation, as follows (p.1127):

Idealizations: Unrealistically positive or fantastical descriptions that are incongruous with actual experience of persons or events.

Inconsistencies: Discrepancies between (1) thought and behavior at one point in time or from one time to another; (2) objective reality and the mother's description other than idealizations; (3) contradictory statements or descriptions.

Denial: Attempt to refuse to believe that an event occurred or to belittle its existence.

Avoidance: Attempts to dodge material in the interview through open refusal or lack of substantive answers. [I would add minimization of response].

Belief that subject cannot change or have an effect on her life: Lack of confidence in ability to alter life circumstance as demonstrated by statements or actions that suggest she has given up, is resigned to live with situations she is unhappy about, and/or feels ineffectual.

Outright lies: Clearly documented lie told to the interviewer.

Escapism: Engaging in risky escapist behaviors including use of drugs, excessive use of alcohol, and suicide attempt. [I would add: indiscriminant sex, sex without protection, purposeful isolation, excessive work].

All 20 women in the study exhibited some level of dissociative reaction, as reported in Chapter 4. This is important to understand for both practice and research. In child welfare practice, women with some level of dissociation may seem to minimize problems and concerns by avoiding questions about themselves or their families, denying facts, or offering inconsistent information. They may be reluctant to engage in recommended services by refusing or discontinuing services. A researcher who is unfamiliar with dissociative reactions resulting from trauma may misinterpret information provided by women who are involuntarily dissociating, thus threatening the validity of their findings. Recognition of the dissociative process by professionals means that they can alter their approach to such women to effectively provide time, safety, and therapeutic help to address healthy coping responses.

An information-processing perspective (Coohy & O'Leary, 2008) extends to the women in this study related to their own mothers in terms of how or if they signaled their

mothers about their victimization, how their mothers processed those signals, what signals or information their mothers misinterpreted, overlooked, or dismissed. The women in this study were mostly unsafe and unprotected as children. Now their own children have experienced a similar absence of safety and protection, at least until this point of their disclosures that elicited professional intervention. Once the sexual abuse was disclosed by the children, the women and/or the authorities initiated protective actions to prohibit contact between the children and the accused.

This intergenerational transmission of risk for violence and child maltreatment is increasingly explored in the literature (Alexander, 2009; Bowen, 2000; Kellogg & Menard, 2003; Leifer et al., 2004). Many of the women in this study experienced violence (directly or indirectly) in their families of origin and over half were physically and/or sexually abused as children. Now their own children were sexually abused. The findings indicate that for this sample of women, the lasting effects of their own unresolved childhood traumas transmitted risks in choosing intimate partners and interpreting signals from their children when something was wrong.

Finally, the findings of this study contribute to a better understanding of the co-occurrence of family violence and child sexual abuse, both in these women's childhood histories and their adult lives, and for themselves as well as their children. These findings highlight the multifaceted context within which these women and children endure multiple victimizations (Finkelhor, 2007; Hamby, Finkelhor, & Ormrod, 2010) and the prominent role of adult domestic violence and child sexual abuse (Bowen, 2000; Hamby, Finkelhor, Turner, & Ormrod, 2010; Kellogg & Menard, 2003).

Contribution to the Gap in the Literature

The findings from this study help fill a gap in the literature about how women make choices regarding their children and intimate partners and the complexity of interpersonal relationships that influence their decisions about whom to believe when their children disclose sexual abuse and name the women's intimate partners as the abusers.

Various studies examined maternal response to a child's disclosure of sexual abuse, mostly in terms of the mother's belief, protection, and support of her child (Alaggia, 2002; Cyr et al., 2003; Everson et al., 1989). Alaggia's grounded theory study (2002) illuminated dimensions of those categories that indicate a continuum within each (see Chapter II) rather than a fixed response. Further, Alaggia defined the dimensions of support through the concept of a mother's *belief* about the allegations, in that her beliefs determine her level of support. Coohy and O'Leary (2008) also suggest that a mother's protective actions are grounded first in her beliefs about the allegations. Although both studies clearly indicate that belief is critical to support and protection, neither study suggests any mechanism to determine *how* a mother arrives at her beliefs. The findings of this study contribute to this gap in the literature in that, for this sample of women, the nature of their involvements with the accused and whether they had suspicions that something was wrong prior to their children's disclosures are important factors in understanding *how* they decided whom to believe.

Previous studies mostly focused on the dyadic relationships of mother-child, mother-accused, or child-accused. Or they focused on characteristics of the children's disclosures and individual characteristics of the mother, child, and accused (Alaggia,

2004; Bolen, 2002; Bolen & Lamb, 2004, 2007; Cyr et al., 2003, Elliott & Carnes, 2001). The findings of this study suggest that, for this sample of women, the complex interaction of the mother, child, and accused must be considered simultaneously, rather than in terms of anyone's individual characteristics or dyadic relationships. Recognizing this complex interaction contributes to understanding: 1) how signals about something wrong prior to the children's disclosures may be misinterpreted, overlooked, or dismissed; 2) factors that contribute to a high threshold for suspicions; and 3) reasons why women may initially respond ambivalently when they learn of their children's disclosures of sexual abuse. As previously discussed, the women's compromised ability to pay attention to important information from their children, either signals that something was wrong or an actual disclosure of abuse, influenced their ability to then act protectively (Crittenden, 2003, 2008; Coohy & O'Leary, 2008).

As the women consistently reported egregious behaviors on the part of their intimate partners, I began to wonder if the more important question was how they chose these men as intimate partners in the first place. The women misinterpreted or overlooked signals from their partners in terms of their own relationships that resulted in violence, at the worst, and marginal relationships, at least, in which they had little emotional investment. The women later misinterpreted or overlooked signals from their children that something was wrong related to the accused.

Summary

The findings from this study changed me as a clinician and inspired me as a researcher. The women's stories helped me see them as they may have been as children when there were no reliably protective adults and no positive role models for parenting.

And now they were unable to protect their children from sexual abuse. This helps me know that for the safety and protection of their children, and all children, I must first help the women; otherwise, their children may also grow up without a reliably protective adult and without a positive parenting role model. I meet many clinicians who want to work directly with the children, but much fewer who want to work with the mothers of abused children. As a clinician, I am strengthened by the study to continually advocate for programs and services that strengthen protective factors for individuals, families, and communities. I am inspired to continue research as a foundation for strengthening the systems that interface with maltreating families.

The findings identified potentially critical points of intervention that may mediate victimization trajectories. Such critical points included: 1) protective adults for children; 2) professional intervention when risks to children are identified; 3) therapeutic intervention to address long-standing symptoms of depression, anxiety, and post-traumatic stress; and 3) legal intervention that thoughtfully considers perpetration of previous violence as risk factors for future violence when issuing family court orders for custody and visitation.

Implications

Implications for Practice

This study's findings highlight the complex dynamics of child sexual abuse imbedded within other traumatic experiences from an ecological perspective involving multiple players and systems.

The primary implication for practice is creating trauma-informed systems of care. Organizations that serve children vary in their organizational missions for meeting children's needs. They vary in their awareness of what constitutes a traumatic event, knowledge about the short- and long-term effects of traumatic events, and the skill to respond. All systems would likely agree on a shared value of improving outcomes for children. Creating trauma-informed systems "requires a knowledgeable workforce, committed organizations, and skilled professionals" (Ko, Ford, Kassam-Adams, Berkowitz, Wilson, Wong, Brymer, & Layne, 2008, p.2). The authors specifically address how the child welfare, education, first responders, healthcare, and juvenile justice systems can prepare their organizations to screen and comprehensively assess children for trauma exposure, including child maltreatment, as a first step for intervention and prevention of negative effects. Such a trauma-informed mindset would hopefully recognize that improving outcomes for children through comprehensive assessments would involve the children's primary caregivers, most likely their mothers. Considering that a trauma-trained professional may identify signals from the children about something wrong at home or even elicit actual maltreatment disclosures from the children, then the non-offending mothers might know sooner than later about safety issues in their homes. From this study's sample of women, it was clear that there was a high threshold for having suspicions and acting on their suspicions. When all child-serving systems adopt screening and assessments for trauma exposure, I hope we can then assist the mothers in lowering thresholds for what signals capture her attention.

While other researchers specifically recommend such a trauma-informed comprehensive assessment for all CPS-involved children because of the high likelihood

of multiple trauma experiences (Clark, Thatcher, & Martin, 2010; Cox, Kotch, & Everson, 2003), the approach of Ko et al. (2008), expands the trauma-informed screening to *all* children entering various other systems to increase the opportunity for timely and appropriate intervention. My own study of mothers of sexually abused children included such opportunities. Sandra's daughter disclosed to the school guidance counselor who considered that her boy-crazy behaviors were beyond what was appropriate for a middle school girl. The police officer who talked with Anna's young daughter, when the accused filed a complaint against someone else, recognized the importance of a developmentally-appropriate initial screening that revealed the accused's own sexual abuse of the child. Of the 20 women in the study, only two were already involved with CPS/DSS at the time of their children's disclosure so limiting screenings and comprehensive assessments only to the CPS system would miss many at-risk children.

I previously addressed the literature surrounding the co-occurrence of domestic violence and child sexual abuse, that most child victims of sexual abuse never report their abuse as children, and that most child sexual abuse victims are victims of other maltreatment, as well. The women in my study sample reported similar histories. Considering this co-occurrence and concurrent risk to children, it seems appropriate, then, to further recommend that a trauma-informed systems approach expand to include trauma-informed screenings and assessments of adult women and mothers at other points of system entry. Such systems may include: child welfare; education (specific to children or adults); general health clinics, specialty clinics such as obstetrics and gynecological clinics, or emergency services (hospitals and first responders). The women in this study went to the doctor, as needed, and none reported being asked about traumatic

experiences, either currently or in their childhoods. Most of the women were employed and may have had access to employee assistance services, where such screenings could occur, if such services were advertised and the women were aware and willing to access them.

The women may not access such services although my practice experience tells me that such awareness and initial screenings for trauma experiences can plant a seed of information and concern, even when a person minimizes, avoids, or denies the screening questions. For instance, a social worker in an emergency room or hospital setting will see patients who present with varying complaints and needs. When the social worker is well informed about trauma effects, then he or she is better able to comprehensively screen or assess beyond the presenting complaint. Many of the women told me about prescription medications for anxiety or depressive symptoms. A trauma-informed medical practice may have asked more questions to reveal underlying issues that would benefit from therapy or a safety plan, in addition to any short-term symptom relief from medication.

When a child discloses sexual abuse, multiple systems become involved, including law enforcement and child welfare. From my practice experience, they want to know what the mother believes and is willing to do to protect her child. They have limited tolerance for ambiguity and any response from the mother other than total and immediate belief may be interpreted as non-believing. Using a trauma-informed approach, they could recognize the ambivalence and consider that the mother may only need a little time to process this new information so she can act protectively. With such an approach, the professionals would know how to assist the mothers in processing the information and working through their ambivalence. Here is an example of a professional

who recognized the ambivalence and helped the mother work through it. When Isabel's daughter disclosed being sexually abused by Isabel's husband, Isabel did not believe her husband was the perpetrator and steadfastly supported him. The DSS caseworker wanted the detective to take Isabel's daughter into emergency protective custody. But the detective seemed to recognize Isabel's ambivalence and provided her with the additional information he thought would resolve her ambivalence – the accused's confession. – and it did.

With a trauma-informed foundation, all systems can approach the children and families holistically. This is particularly important in making treatment recommendations following the children's disclosures of sexual abuse. With any disclosure of child sexual abuse, there are others, besides the child victims, who are also negatively affected by that particular child's victimization, including the child's siblings and the mother. A holistic perspective expands the therapeutic recommendations beyond the specific case and addresses all other trauma experiences or risks inherent in a particular family, including direct services for the mother. Therapeutic recommendations should be made according to the children's and families' needs rather than what is convenient or financially feasible for the referring agency. As an example, a child in the CPS system may be referred to the only agency that accepts the federally funded insurance program regardless of the agency's expertise, such as a local mental health center whose focus is the chronically mental ill and not sexually abused children.

In summary, the children and their mothers will likely benefit when all organizational systems prioritize comprehensive child and family assessments, regardless

of which agency first meets the family. I think of this as a “no wrong door” approach which, of course, requires a “no wrong door” philosophy and accompanying policy. Such a trauma-informed approach would also understand the sometimes challenging communication processes that may occur with the children’s mothers because they would know that information-processing can be compromised as a result of their own trauma histories. I encountered this with the women in my study in that they similarly minimized egregious male behavior and avoided core issues such as how little they talked about their own children’s emotional, mental, and physical well-being. This is what we encounter in work with people who have trauma histories. Their own emotional vulnerability makes them prey to others who take advantage of them and their situation, including access to their children. Professionals in trauma-informed systems would know this and children and families will benefit through more effective intervention.

Implications for Policy

A major policy implication has to do with development of programs to support the protective capacity of the non-offending mothers, who need treatment and support even before their children are sexually abused. This would necessarily require a developmental lifespan approach so that children and women of all ages can benefit and services would be available outside the CPS system. Most of the women in this study clearly lacked role models for protecting children, both as children and adults, and most of the women were never in the CPS system as children. This would require services be available through other systems of care, not just child-serving systems but people-serving, family-serving systems.

Another implication for policy includes improving how investigations of maltreatment, including child sexual abuse, are coordinated within and between agencies. This must start from a leadership level--federal, state, and local--and be disseminated to frontline professionals. As previously discussed in Chapter 5, the women often found it confusing to interact with diverse systems.

In some cases, agencies worked well together and in other cases, they did not. Here are some examples. Helena (M208) was continually frustrated when DSS recommended supervised visits between her sons and the accused (their biological father) at the same time law enforcement continued to conduct a criminal investigation against the accused. The two agencies seemed to work at cross purposes. DSS told Helena they would stop the visits if law enforcement arrested the accused. Law enforcement wanted additional information from the children, uncontaminated by their contact with the accused. Helena felt caught in the middle. Paula (M558) reported that her DSS case just would not end and that after almost two years, DSS would not make a final recommendation to permanently cease contact between her children and the accused. Neither would they permit visits. Paula felt caught in the middle. At the time of our interview, she decided to hire an attorney and proceed with a private action. Olivia (M812) reported disagreement within DSS and between DSS and the GAL about whether her daughters would be returned to her legal and physical custody. Sandra (M292) was frustrated with the detective who stopped returning her calls and she did not know the status of the law enforcement investigation. Not knowing left her on high-alert whenever she went anywhere, wondering if she would inadvertently see the accused.

Inter-agency coordination and cooperation can be particularly difficult when agencies have conflicting legal or procedural mandates, such as DSS's civil investigations and law enforcement's criminal investigations. Each investigation culminates in a different court system, either family court or criminal court. The women in the study frequently mentioned the confusion between the two and the on-going demand for court appearances in both courts. Some were confused about outcomes from each court and what the outcome would mean for themselves, their children, and the accused. For instance, when law enforcement did not have sufficient evidence for an arrest, Celeste (M914) thought that the family court judge (civil) could send the accused to prison.

A final implication for policy is development of funding streams and programs that are comprehensive in their approach to sexually abused children and their families rather than the mostly fragmented approach we currently have where agencies often have specialized interests, compete for limited funding, and require that only one person be identified as the client for purposes of financial reimbursement for services.

Implications for Social Work Education

The findings suggest the need for more trauma-informed social work education. The women in this study were unable to accurately perceive risk, either to themselves or their children. When social workers understand that the trauma effects may manifest as resistance, confusion, ambivalence, or inability to make safe decisions, then social workers have a unique opportunity to intervene at a point of contact which may or may not be specific to a child protection case.

Social workers are employed in a wide range of agencies, from pre-natal clinics to post-death bereavement, and so have the opportunity to connect with clients throughout their lifespans. Social work education already establishes a foundation for holistic practice and such a foundation should include specific knowledge about traumatic childhood events that affect development across the lifespan and into the next generation. Social workers should be prepared to develop prevention and intervention efforts that consider trauma histories and move the research findings out of academia and into their respective fields of practice.

Recommendations for Future Research

From this study's findings, I have several recommendations for future research to further advance our knowledge.

One recommendation is to continue to examine the role of the mothers of sexually abused children from a longitudinal perspective. The women's choices in intimate partners exposed themselves and their children to violence, substance abuse, and other negative and risky behaviors in addition to their often unintended pregnancies by these same intimate partners (the accused as well as previous partners). Some of the women were already in new intimate relationships at the time of our interview. These next relationship choices may again expose themselves and their children to risk although we may not know that until there is another disclosure. Within a longitudinal study, other tipping points for critical decision-making may be revealed and explored.

A second recommendation is to specifically target a sample of non-believing women for a study similar to this one. While the range of believing to ambivalent responses within this sample of women provided valuable insight about how they make

decisions when their children disclosed being sexually abused by their intimate partners, we cannot fully understand their decision-making processes without the benefit of including the non-believing women. Based on my experience in practice and this research study, the women may be difficult to access, engage, and retain.

A third recommendation is to further examine how mothers develop suspicions in relation to their involvement and satisfaction with their intimate partners. All of the women who were dissatisfied or only minimally invested in their relationships with the accused had suspicions. Only some of the women who were sufficiently satisfied in those relationships had suspicions. With suspicions being a key factor in their beliefs about their children's disclosures, two questions emerge: 1) how do suspicions develop within the context of their relationship involvement? 2) is there a difference in the women who had suspicions and those who did not when satisfactorily involved in an intimate relationship?

A fourth recommendation is to compare these findings with the findings from a study of women with similar childhood trauma histories whose children have *not* been sexually abused. While most of the women in this study had childhood trauma experiences and all of those victimized women had children who disclosed sexual abuse, we cannot assume that all women victimized as children will also have children who will be abused. Understanding differences in two such samples of women may enlighten us about who or what affects the women such that their victimization trajectory is intersected.

A final recommendation is that of Thomas (2003) who recommended that researchers use protection as an organizing construct in the area of child maltreatment.

He differentiated clients' identification of a supportive person versus a protective one. I saw this in the women from this study in that they often named someone they considered supportive but this person was not someone who provided actual protection to the women, when needed, either as a child or an adult.

Strengths and Limitations of the Study

Strengths

One strength of this study is its discovery-oriented process that allowed for the voices of the women to be heard, appreciated, and understood within the rich context of their own unique experiences. This provided a concrete and specific description of some of the factors that affect their capacity to deal with the distressing life events and their children's disclosures and the accused's violation.

A second strength of the study is that the women were all still actively involved in the civil (DSS or private action) and/or criminal case process so that their information and perspectives were fairly fresh. This also facilitated the recruitment process in that the women were currently known to the children's advocacy centers or their children's current therapists and had a good relationship with them.

Limitations

While sufficient for the scope of this grounded theory study, this small sample size (n=20) obviously represents only a portion of the larger population of women who have children sexually abused by their intimate partners and my findings cannot be generalized. The aim of a qualitative study using a constructivist approach is "to show the complexities of particular worlds, views, and actions" (Charmaz, 2006, p.132) and I believe this was accomplished with this sample.

A second limitation is that the women who did not believe any portion of their child's disclosure (compared to the women in the sample who believed at least some portion of their child's disclosure) are not included in this sample of women. Non-believing women either declined to participate in the study or were not receiving services through the referring children's advocacy centers or local therapists. Additional recruiting efforts did not result in identifying non-believing mothers.

A third limitation is that the women provided a retrospective report of their childhood histories and experiences. Given the long-term trauma effects exhibited by the women, they may have been unable to retrieve certain memories, may have only fragmented memories of certain experiences, or even distorted memories of certain relationships. Two of the women spontaneously reported that they may have been sexually abused as children but had no clear memory, only bits and pieces that they could not synthesize. Others may have purposely omitted sensitive information. The two women with unresolved ambivalence provided vague and likely incomplete childhood histories.

Conclusion

The non-offending mothers of sexually abused children face challenging decisions that affect the safety and well-being of their children, even prior to the children's birth and certainly prior to their children's disclosures of sexual abuse. When we can see the women as the children they used to be and both acknowledge and appreciate their own traumatic histories, we can approach them in a more compassionate manner. Such a compassionate approach comes from a place of authenticity, when we are comfortable within ourselves to meet the women at whatever point we intersect.

When policies and programs reflect the complex dynamics of unsafe families in a comprehensive manner, then women like those in this study can experience nurturing and protectiveness for themselves and thus be able to nurture and protect their own children.

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APPENDIX A

Mothers of Sexually Abused Children Pre-Dissertation Pilot Study

The focus of my dissertation research is maternal response to child sexual abuse. Maternal response is generally considered to be the extent to which a mother believes her child's disclosure of abuse, supports her child in the aftermath of the disclosure, and protects her child from further abuse.

The *purposes* of this pilot study were to a) further develop the theoretical perspective and conceptual framework necessary for the dissertation and b) refine the focus of the initial interview guide for the study.

The *methodology* plan included audio-taped 1:1 interviews with one to three mothers of sexually abused children whose identified offender is/was mother's intimate partner. The mothers were identified from cases at the Children's Advocacy Center of Spartanburg in which the mother's intimate partner (current or former) was the identified perpetrator of the sexual abuse and was criminally investigated.

I identified two mothers (Rosie and Josie) whose stories still resonated with me and I believed would be willing to talk with me. I contacted both of them by telephone, explained the pilot study, offered a \$30 Wal-Mart as compensation for their time, and asked if they would consider talking with me. Both immediately agreed and we arranged to meet in the conference room at the Children's Advocacy Center (I offered an alternative location but both said they were comfortable at the CAC).

I interviewed them 1:1 in the conference room of the CAC, audio-recorded the interviews, and provided them with the gift card at the conclusion of the interview. Each interview lasted over an hour, with Rosie's being the longer of the two. At the end of the formal interview with Rosie and after the recording stopped, I spent additional time with her to address her significant symptoms of depression and anxiety and again provide a referral for therapy. She had concerns about her youngest child's recent moods and behaviors and we agreed that the child needed re-assessment by her previous therapist (Rosie had tried unsuccessfully to contact the therapist but, unknown to her, the therapist's telephone had changed).

The audio-recordings were transcribed and preliminary coding began, resulting in revisions to the Interview Guide.

APPENDIX B

Preliminary Interview Guide Pilot Study with Mothers of Sexually Abused Children

1. To get us started, please tell me about yourself and your family. Anything else? [*For any item not mentioned spontaneously, ask:*]
 - a. how many children do you have?
 - b. do they all live with you?
 - i. if not, with whom do they live?
 - c. who currently lives in your household?
 - d. what is your relationship to them?
 - e. who do you rely on for support (financial, emotional, friendship, childcare)?
2. How did you first learn about your child's report of sexual abuse? [*For any item not mentioned spontaneously, ask:*]
 - a. did someone tell you?
 - b. did anyone else tell you?
 - c. did you see it? hear it?
 - d. did your child tell you?
3. Describe your very first reaction upon hearing about the allegation. Anything else?
4. What was important for you to know or understand about what your child said happened? Anything else? [*For any item not mentioned spontaneously, ask:*] Was it important to know:
 - a. who abused your child?
 - b. if anyone else abused your child?
 - c. if the abuser ever abused any other child?
 - d. how many times abuse happened?
 - e. how long had the abuse been going on?
 - f. whether anyone else knew?
 - g. where you were when the abuse happened?
5. What is your relationship to the person who sexually abused your child? [*For any item not mentioned spontaneously, ask:*]
 - a. is he/she someone you know? a husband? partner? lover? friend? family member? child's father? something else?
 - b. how long have you had this relationship with the abuser?

- c. are you currently in this relationship?
 - d. how does/did the abuser treat you?
 - e. did your child's abuser ever abuse you? (domestic violence, controlling/manipulative, unwanted sexual advances)
6. How did you find out more about the abuse and what happened? [*For any item not mentioned spontaneously, ask:*]
- a. did you ask your child directly whether the abuse occurred?
 - i. if so, how did asking your child about it make a difference in your reaction?
 - ii. do you hold your child in any way responsible for the abuse?
 - b. did you ask the abuser directly if he/she abused your child?
 - i. if so, how did asking the abuser about it make a difference in your reaction?
 - ii. do you hold the abuser responsible for the abuse?
7. When you first learned about what happened to your child, what experiences from your own childhood did it make you think about? [*For any item not mentioned spontaneously, ask:*]
- a. something bad that happened to you?
 - b. how other reacted to it?
 - c. your own mother? other person who took care of you?
8. How has your initial reaction to hearing about your child's report/allegation changed during the course of the investigation? [*For any item not mentioned spontaneously, ask:*]
- a. did your reaction remain the same throughout?
 - i. if so, what contributed to your consistent reaction?
 - ii. if not, what contributed to a change in your reaction?
 - b. who did you talk with about your child's report/allegation or your reaction to it?
9. Have you ever had or do you know have a chronic health condition or disability? [*For any item not mentioned spontaneously, ask:*]
- a. if so, what is/was the condition?
 - b. if so, who diagnosed you? treated you?
 - c. if so, when/where were you diagnosed? treated?
10. Have you ever had a problem with alcohol or drugs or prescription medication? [*For any item not mentioned spontaneously, ask:*]
- a. have you ever been diagnosed with a substance abuse problem?
 - i. if so, what is/was the diagnosis?
 - ii. if so, who diagnosed you?
 - iii. if so, when were you diagnosed?
 - b. have you ever been treated for a substance abuse problem?

- i. if so, where?
 - ii. if so, when?
 - c. do you currently have a problem with alcohol or drugs or prescription medication?
 - i. if so, was this a problem when you learned of your child's sexual abuse?
 - ii. if so, was this a problem when your child was being abused?
11. Have you ever had a mental health problem? [*For any item not mentioned spontaneously, ask:*]
- a. have you ever been diagnosed with a mental illness/mental health problem?
 - i. if so, what is/was the diagnosis?
 - ii. if so, who diagnosed you?
 - iii. if so, when were you diagnosed?
 - b. have you ever been treated for a mental illness/mental health problem?
 - i. if so, where?
 - ii. if so, when?
 - c. do you currently have a mental health problem?
 - i. if so, was this a problem when you learn of your child's sexual abuse?
 - ii. if so, was this a problem when your child was being abused?
12. What kind of victimization have you ever experienced, either as an adult or as a child? [*For any item not mentioned spontaneously, ask:*]
- a. have you ever been a victim of domestic violence?
 - i. if so, by whom?
 - ii. if so, are you currently a victim?
 - b. have you ever been physically or sexually assaulted? [*For any item not mentioned spontaneously, ask:*]
 - i. if so, did this happen to you as an adult? as a child?

APPENDIX C

Interview Guide Mothers of Sexually Abused Children

1. To get us started, please tell me about yourself and your family. Anything else? [*For any item not mentioned spontaneously, ask:*]
 - a. how many children do you have?
 - b. do they all live with you?
 - i. if not, with whom do they live?
 - c. who currently lives in your household?
 - d. what is your relationship to them?
 - e. who do you rely on for support (financial, emotional, friendship, childcare)?
2. How did you first learn about your child's report of sexual abuse? [*For any item not mentioned spontaneously, ask:*]
 - a. did someone tell you?
 - b. did anyone else tell you?
 - c. did you see it? hear it?
 - d. did your child tell you?
 - e. did you ever have a feeling that something was going on or wrong? Explain. What, if any, actions did you take?
3. Describe your very first reaction upon hearing about the allegation. Anything else? [*For any item not mentioned spontaneously, ask:*]
 - a. what part(s) of the allegation did you believe? not believe? doubt?
 - b. what did you first do after you learned about your child's disclosure?
 - c. then what happened to your child? the perpetrator?
 - d. what were your thoughts at the time about what might happen to your child next? the perpetrator?
 - e. was what happened next what you expected?
4. What was important for you to know or understand about what your child said happened? Anything else? [*For any item not mentioned spontaneously, ask:*] Was it important to know:
 - a. who abused your child?
 - b. if anyone else abused your child?
 - c. if the abuser ever abused any other child?
 - d. how many times abuse happened?
 - e. how long had the abuse been going on?

- f. whether anyone else knew?
 - g. where you were when the abuse happened?
5. How did you find out more about the abuse and what happened? [*For any item not mentioned spontaneously, ask:*]
- a. did you ask your child directly whether the abuse occurred?
 - i. if so, how did asking your child about it make a difference in your reaction?
 - ii. do you hold your child in any way responsible for the abuse? Explain.
 - b. did you ask the abuser directly if he/she abused your child?
 - i. if so, how did asking the abuser about it make a difference in your reaction?
 - ii. do you hold the abuser responsible for the abuse? Explain.

[Transition statement: I'd like to know more about the man who sexually abused your child.]

6. What is your relationship to the person who sexually abused your child? [*For any item not mentioned spontaneously, ask:*]
- a. is he your current or former husband? partner? lover? child's father? something else?
 - b. how long have you been (or were you) in this relationship with him ?
 - c. how did you meet him?
 - d. are you currently in this relationship? If not, why/how did it end?
7. Tell me more about him. [Probe any statements for further detail].
8. How does/did he treat you when you were together?
- a. did he ever hurt or try to hurt you? (domestic violence, controlling/manipulative, unwanted sexual advances, verbal or emotional abuse).
 - b. did you ever have any suspicions about him? his behavior? abusing anyone else?

[Transition statement: I'd like to know more about your childhood.]

9. Tell me about your childhood [growing up years]. [*For any item not mentioned spontaneously, ask:*]
- a. who raised you?
 - i. both parents? if only one parent, where was the other parent? if someone else, who? what relation?
 - ii. tell me about your mother? your father?
 - b. who lived with you in your household(s)? Explain [if multiple households and household configurations].

- c. did anyone in your family have a chronic health condition or disability?. Explain [tell me more about that].
- d. more specifically, did anyone in your family have a problem with alcohol or drugs or prescription medication? Explain [tell me more about that].
- e. more specifically, did anyone in your family have a mental illness? Explain [tell me more about that].
- f. what was that like for you, living with someone who had [chronic medical condition, disability, substance abuse or mental health problem]?
 - i. if the condition was for her mother, did her mother have the condition when she was pregnant with her?
- g. did anything bad or sad happen in your family during your childhood? Explain [tell me more about that].
 - i. if so, how did you deal with [cope with] that?
 - ii. if so, how did other family members deal with [cope with] that?
 - iii. anything else?
- h. who were you close to growing up? Explain [tell me more about that].
- i. before this happened to your child, had you ever known anyone who was sexually abused? [if yes, what did you know about it?]
- j. before this happened to your child, had you ever known anyone who was accused of sexually abusing/molesting anyone? [if yes, what did you know about it?]
- k. before this happened to your child, had you ever been involved with the police or the courts? [if yes, how so?]

10. When you first learned about what happened to your child, what experiences from your own childhood did it make you think about? [*For any item not mentioned spontaneously, ask:*]

- a. a time when you were helped? protected?
- b. something bad that happened to you?
- c. how others reacted to it?
- d. how your own mother or father (or other person who took care of you) reacted?

[Transition statement: I have some specific questions for you about your health.]

11. Have you ever had or do you now have a chronic health condition or disability?

[*For any item not mentioned spontaneously, ask:*]

- a. if so, what is/was the condition?
- b. if so, how long have you had it?
- c. if so, who diagnosed you? treated you?
- d. if so, when/where were you diagnosed? treated?
- e. if so, did you have the condition when you were pregnant?

12. Have you ever had a problem with alcohol or drugs or prescription medication?

[*For any item not mentioned spontaneously, ask:*]

- a. have you ever been diagnosed with a substance abuse problem?

- i. if so, what is/was the diagnosis?
- ii. if so, who diagnosed you?
- iii. if so, when were you diagnosed?

- b. have you ever been treated for a substance abuse problem?
 - i. if so, where?
 - ii. if so, when?
- c. do you currently have a problem with alcohol or drugs or prescription medication?
 - i. if so, was this a problem when you learned of your child's sexual abuse?
 - ii. if so, was this a problem when your child was being abused?
 - iii. if so, was this a problem when you were pregnant?

13. Have you ever had a mental health problem? [*For any item not mentioned spontaneously, ask:*]

- a. have you ever been diagnosed with a mental illness/mental health problem?
 - i. if so, what is/was the diagnosis?
 - ii. if so, who diagnosed you?
 - iii. if so, when were you diagnosed?
- b. have you ever been treated for a mental illness/mental health problem?
 - i. if so, where?
 - ii. if so, when?
- c. do you currently have a mental health problem?
 - i. if so, was this a problem when you learn of your child's sexual abuse?
 - ii. if so, was this a problem when your child was being abused?
 - iii. if so, was this a problem when you were pregnant?

14. What kind of victimization have you ever experienced, either as an adult or as a child? [*For any item not mentioned spontaneously, ask:*]

- a. have you ever been a victim of domestic violence?
 - i. if so, by whom?
 - ii. if so, are you currently a victim?
- b. have you ever been physically or sexually assaulted? [*For any item not mentioned spontaneously, ask:*]
 - i. if so, did this happen to you as an adult? as a child?

[Transition statement: As we are finishing, I have a couple more questions for you].

15. How do you see yourself as a mother? [*For any item not answered spontaneously, ask:*]

- a. what joys do you find in being a mother?
- b. what challenges do you find in being a mother?
- c. who is your role model for being a mother?

16. How are you handling [managing] all you are dealing with [coping with] now?
17. Who is the one person who is most helpful to you during this time?

APPENDIX D
Study Intake Form

Participant Code #: _____

Age: _____ Race/Ethnicity: _____ # children: _____ Marital Status: _____

Inclusion Criteria:

_____ Mother has child who disclosed sexual abuse. _____ Yes _____ No

_____ Child identified a current or former intimate partner of the mother.

Relationship (specify) _____

_____ Child disclosed within one year of this interview. _____ Yes _____ No

When _____

_____ Mother has not yet participated in her own therapy or treatment intervention. Status
of therapy referral _____

_____ Perpetrator is subject of criminal investigation for sexual abuse act outside of 7th
Judicial District

_____ Neither child nor mother has any association with The Children's Advocacy
Center of Spartanburg.

Exclusion Criteria:

- Fathers, foster parents, or other caregivers
- Any mother who actively contributed to the sexual abuse

Interview completed: ____ one session ____ two sessions

Follow-up Interview conducted: ____ Yes ____ No ____ Declined

Participant received \$30 Wal-Mart Gift Card: ____ Yes ____ No

Additional Gift Card: ____ N/A ____ \$10 (2nd session) ____ \$20 (F/U)

APPENDIX E

University of South Carolina – College of Social Work Informed Consent for Mother Interview

Non-offending Mothers of Sexually Abused Children: How They Make Decisions
Principal Investigator: Lynn McMillan

Introduction and Purpose

You are invited to participate in a research study by Lynn McMillan. I am a doctoral candidate in the College of Social Work at the University of South Carolina and am conducting this research as part of the requirements for my doctoral degree. The purpose of this study is to understand how mothers think about and react/respond to the reported sexual abuse of their child. This form explains what you will be asked to do if you decide to participate in this study. Please read it carefully and feel free to ask any questions you like before you make a decision about participating.

Description of Study Procedures

You will be interviewed for this study at least one time, with the possibility of a 2nd or 3rd interview. You will be interviewed by Lynn McMillan and the interviews will be audio-recorded and then transcribed. The initial interview will take up to one or two hours of your time. You will be asked about the current situation of your child's report of sexual abuse, such as how you learned about it and how you first reacted when you learned about it. You will also be asked about your own childhood experiences, such as who you lived with, what life was like in your family, and any problems in your family such as physical or mental health issues. You will be asked about your relationship with the person named by your child as having sexually abused him/her, although nothing will be recorded that will specifically identify the abuser. And, finally, you will be asked about your own health, such as physical or mental health issues and whether you have ever been a victim of abuse or violence.

Risks of Participation

Any risk to participating in this study is minimal. You may find that answering the questions for this study is somewhat upsetting to you and a counseling referral can be made for you, if needed. There is also a risk of loss of confidentiality should a report have to be made to child welfare or law enforcement, as may be required by law (see below: Confidentiality of Records).

Benefits of Participation

By participating in this study, you can help professionals understand how mothers think and react to their child’s report of sexual abuse. With this information, they may be able to then help other mothers and children.

Costs

There will be no costs to you for participating in this study (other than any gas expenses you may have).

Payment

You will receive a \$30 Wal-Mart gift card for your participation in the first interview. If a second session or third session is necessary to complete the interview process, then you will be given an additional \$10 gift card for each additional session.

Confidentiality of Records

Participation will be confidential. The audio-recording of your interview will be transcribed, using a code number and not your name. Once it is transcribed, the original audio-recording will be destroyed. The code number will then be used on project records rather than your name. Study records/data will be stored in locked filing cabinets and protected computer files through the University of South Carolina.

The only exception to keeping confidentiality is that if the principal investigator, Lynn McMillan, has reason to believe that a child may be at risk of child abuse or neglect *or* that you may be at risk of immediate harm to yourself or to others, she is required by law to make a report to the child welfare or law enforcement agency.

Contact Persons

If you have any questions or concerns, you may contact Lynn McMillan directly at 864-266-3950 or her supervisor, Dr. Arlene Andrews at the University of South Carolina – College of Social Work at 803-777-5291. If you have any questions about your rights as a research subject, you may contact: Thomas Coggins, Director, Office of Research Compliance, University of South Carolina, Columbia, SC 29208. Phone: 803-777-7095; Fax: 803-576-5589; E-mail: tcoggins@mailbox.sc.edu.

Participant Signature _____ **Date** _____

Printed Name _____

Witness _____

Contact Information

Name: _____

Mailing Address:

Telephone: _____

Email: _____

I am willing to participate in a 2nd interview, if needed: ____yes ____no

This information will be held in strict confidence and will not be released. It is for the purpose of future contact only, should additional information be needed.

APPENDIX F

Agreement Assessment and Resource Center (ARC)

To: Allison Foster, PhD

Assessment and Resource Center

From: Lynn McMillan, PhD Candidate, LISW-CP

Re: Recruitment of participants for dissertation research

Date: July 17, 2012

I want to discuss and confirm that the Assessment and Resource Center (ARC) is a viable place to recruit participants for my dissertation research this fall. As we have previously discussed, my dissertation (pending USC IRB approval) is based on a qualitative study of non-offending mothers of sexually abused children and related to how they make important decisions about their response to their child's disclosure of abuse. I will conduct 1:1, in-depth interviews with approximately 12-15 non-offending mothers. The interviews will be audio-recorded/transcribed and I anticipate they will last 1 - 2 hours. They will be compensated for their time with a gift card. To best understand this decision-making process, I would like to interview the mothers within one year of their child's disclosure of sexual abuse BUT before the mothers themselves begin any therapy. The sample would include mothers within the full range of believing and/or protecting.

Based on our previous conversations, I understand that the children will be clients of the ARC/MHC for their forensic interviews but the mothers will not. Since I would be accessing the mothers through the children, however, I recognize that there may be an IRB issue (I hope not).

So, several things:

- may I recruit research participants through the ARC?
- may I use space at the ARC for the interviews?
- can we confirm a MHC IRB exemption for this study?
- what else can I provide to assist in this decision?

Thank you, Allison, for your time and consideration. I know you fully understand the importance of this work we do and the critical role of mothers. I am happy to discuss further and can be reached at: lynn@cacsp.org or 864-266-3950.

cc: Alicia Benedetto at alb09@scdmh.org

Email correspondence from Allison Foster, PhD, Assessment and Resource Center (ARC) in Columbia, SC, in response to my memo.

On Thu, Jul 26, 2012 at 7:20 PM, Allison Foster <AFD68@scdmh.org> wrote:

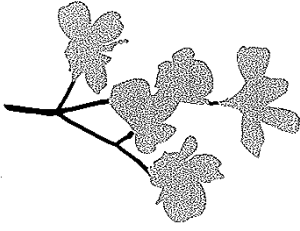
“Lynn, I apologize for the delay on our end. I’ve read your memo and it accurately reflects the agreement we have made”.

Specifically:

- may I recruit research participants through the ARC?
 - Yes. Assuming you will be responsible for developing the recruitment tool and criteria, non-offending caregivers can be recruited by you from among the pool whose children are interviewed or examined physically at the ARC.
- may I use space at the ARC for the interviews?
 - Yes, we have private space you can use.
- can we confirm a MHC IRB exemption for this study?
 - Yes, this study would be exempt since you are not going to be accessing the ARC records for data collection nor the children, who are the ARC clients.
- what else can I provide to assist in this decision?
 - I think we’re good!”

APPENDIX G

Agreement Rebecca Grounsell Therapy



Rebecca Grounsell MSSW, LISW-CP
Licensed Clinical Social Worker
3527 Pelham Road, Suite B-3 Cell: (864) 804-8998
Greenville, SC 29615 Fax: (864) 552-1601
www.rebeccagrounselltherapy.com

To: Lynn McMillan, PhD Candidate, LISW-CP
From: Rebecca Grounsell, MSSW, LISW-CP
Re: Recruitment of participants for dissertation research
Date: July 29, 2012

Lynn,
I have reviewed your memo regarding your dissertation research, recruitment of participants, and potential need for office space. Please consider this letter to be my written approval and agreement related to all research, recruitment, and office space needs. I am happy to help in any way that I can.

Sincerely,

Rebecca Grounsell, MSSW, LISW-CP
Rebecca Grounsell, MSSW, LISW-CP

APPENDIX H

Sample Memo to Agency Staff

February 12, 2013

Dear Colleagues:

As you know, I am conducting a research study through the University of South Carolina. The study involves me interviewing mothers at the ARC (or somewhere else that may be more convenient for them) who meet the following requirements:

- their child reported being sexually abused
- the child named their father, stepfather, or mother's boyfriend as the abuser
- there is/was some kind of criminal investigation, whether arrested or not

Please let the mothers know that confidentiality will be kept at all times with the exception of a child being at risk of abuse or neglect or there is imminent danger of mother hurting herself or others, in which I am required by law to make a report to the authorities.

Each mother will be given a \$30 Wal-Mart gift card for her participation. Once a mother may be interested or at least wants to know more about the study, please send me her name and contact information and I will take it from there: lynn.mcmillan@sc.edu or 864-266-3950.

Thank you so much!

Sincerely,

Lynn McMillan, PhD Candidate, MSW, LISW-CP

APPENDIX I

Sample Memo to Agency Director

To: Shauna Gallaway, LPC, Executive Director
Julie Valentine Center
From: Lynn McMillan, PhD Candidate, MSW, LISW-CP
Re: Recruitment of participants for dissertation research
Date: February 12, 2013

As you know from our previous email conversation, I am in the dissertation phase of my doctoral program from USC-College of Social Work. I have interviewed eight mothers so far, all of whom reported a positive experience in being interviewed and over half who attended a parent group at the Julie Valentine Center. So, I recognize that the mothers to talk with are within your groups, particularly ones who may not have initially believed or protected. The topic is certainly relevant to my everyday work world at the Children's Advocacy Center and I believe it matters in overall child protection within any professional setting.

I hope you will allow me a 60-second moment at your groups OR that the group facilitator will do so. The study has been approved by my dissertation Committee as well as the Institutional Review Board (IRB) of USC. Here is a synopsis of the study:

- The research is a qualitative study of non-offending mothers of sexually abused children and related to how they make important decisions about their response to their child's disclosure of abuse. I will conduct 1:1, in-depth interviews with probably 12-20 non-offending mothers. The interviews will be audio-recorded/transcribed and I anticipate they will last 1 - 2 hours. The mothers will be compensated for their time with a \$30 gift card.
- I want to interview the mothers within one year or so of their child's disclosure of sexual abuse BUT before the mothers themselves begin any individual therapy specifically related to the abuse (I am flexible on this and will decide case-by-case). The sample would include mothers within the full range of believing and/or protecting. The ARC will be particularly helpful in identifying mothers who may not fully believe or are ambivalent about what/who they believe.
- Confidentiality will be kept at all times with the exception of a child being at risk of abuse or neglect or there is imminent danger of mother hurting herself or others, in which I am required by law to make a report to the authorities. Transcripts will be de-identified and the original recording deleted.
- I will *not* need access to any records or any children, only the mothers themselves.
- Inclusion criteria:
 - mothers whose children disclosed sexual abuse and identified a current or former intimate male partner of the mother (i.e. father, stepfather, mother's boyfriend) as the perpetrator of the abuse.
 - there is or was a criminal investigation, regardless of the outcome (under investigation, charged, or resolved by court disposition).

- Exclusion criteria:
 - fathers, foster parents, other caregivers, and mothers who actively participated in the abuse.

Once a mother agrees to participate, please forward me her name and contact information and I will take it from there: lynn.mcmillan@sc.edu or 864-266-3950. I am happy to discuss further or answer any questions your staff may have. Thank you, again, for your time, interest, and support.

APPENDIX J

Interview Questions Mothers of Sexually Abused Children

1. To get us started, please tell me about yourself and your family. Anything else? [*For any item not mentioned spontaneously, ask:*]
 - a. how many children do you have?
 - b. do they all live with you?
 - i. if not, with whom do they live?
 - c. who currently lives in your household?
 - d. what is your relationship to them?
 - e. who do you rely on for support (financial, emotional, friendship, childcare)?
2. How did you first learn about your child's report of sexual abuse? [*For any item not mentioned spontaneously, ask:*]
 - a. did someone tell you?
 - b. did anyone else tell you?
 - c. did you see it? hear it?
 - d. did your child tell you?
 - e. did you ever have a feeling that something was going on or wrong? Explain. What, if any, actions did you take?
3. Describe your very first reaction upon hearing about the allegation. Anything else? [*For any item not mentioned spontaneously, ask:*]
 - a. what part(s) of the allegation did you believe? not believe? doubt?
 - b. what did you first do after you learned about your child's disclosure?
 - c. then what happened to your child? the perpetrator?
 - d. what were your thoughts at the time about what might happen to your child next? the perpetrator?
 - e. was what happened next what you expected?
4. What was important for you to know or understand about what your child said happened? Anything else? [*For any item not mentioned spontaneously, ask:*] Was it important to know:
 - a. who abused your child?
 - b. if anyone else abused your child?
 - c. if the abuser ever abused any other child?
 - d. how many times abuse happened?
 - e. how long had the abuse been going on?

- f. whether anyone else knew?
 - g. where you were when the abuse happened?
5. What did you believe? What did others believe? (rev 4)
6. How did you find out more about the abuse and what happened? [*For any item not mentioned spontaneously, ask:*]
- a. did you ask your child directly whether the abuse occurred?
 - i. if so, how did asking your child about it make a difference in your reaction?
 - ii. do you hold your child in any way responsible for the abuse? Explain.
 - b. did you ask the abuser directly if he/she abused your child?
 - i. if so, how did asking the abuser about it make a difference in your reaction?
 - ii. do you hold the abuser responsible for the abuse? Explain.

[Transition statement: I'd like to know more about the man who sexually abused your child.]

7. What is your relationship to the person who sexually abused your child? [*For any item not mentioned spontaneously, ask:*]
- a. is he your current or former husband? partner? lover? child's father? something else?
 - b. how long have you been (or were you) in this relationship with him ?
 - c. how did you meet him?
 - d. are you currently in this relationship? If not, why/how did it end?
 - e. what was going on in our life when you met? (rev 3)
8. Tell me more about him. [Probe any statements for further detail].
9. How does/did he treat you when you were together?
- a. did he ever hurt or try to hurt you? (domestic violence, controlling/manipulative, unwanted sexual advances, verbal or emotional abuse).
 - b. did you ever have any suspicions about him? his behavior? abusing anyone else?

[Transition statement: I'd like to know more about your childhood.]

10. Tell me about your childhood [growing up years]. [*For any item not mentioned spontaneously, ask:*]
- a. who raised you?
 - i. both parents? if only one parent, where was the other parent? if someone else, who? what relation?
 - ii. tell me about your mother? your father?

- b. who lived with you in your household(s)? Explain [if multiple households and household configurations].
- c. did anyone in your family have a chronic health condition or disability?. Explain [tell me more about that].
- d. more specifically, did anyone in your family have a problem with alcohol or drugs or prescription medication? Explain [tell me more about that].
- e. more specifically, did anyone in your family have a mental illness? Explain [tell me more about that].
- f. what was that like for you, living with someone who had [chronic medical condition, disability, substance abuse or mental health problem]?
 - i. if the condition was for her mother, did her mother have the condition when she was pregnant with her?
- g. did anything bad or sad happen in your family during your childhood? Explain [tell me more about that].
 - i. if so, how did you deal with [cope with] that?
 - ii. if so, how did other family members deal with [cope with] that?
 - iii. anything else?
- h. who were you close to growing up? Explain [tell me more about that].
- i. before this happened to your child, had you ever known anyone who was sexually abused? [if yes, what did you know about it?]
- j. before this happened to your child, had you ever known anyone who was accused of sexually abusing/molesting anyone? [if yes, what did you know about it?]
- k. before this happened to your child, had you ever been involved with the police or the courts? [if yes, how so?]

11. When you first learned about what happened to your child, what experiences from your own childhood did it make you think about? [*For any item not mentioned spontaneously, ask:*]
- a. a time when you were helped? protected?
 - b. something bad that happened to you?
 - c. how others reacted to it?
 - d. how your own mother or father (or other person who took care of you) reacted?

[**Transition statement:** I have some specific questions for you about your health.]

12. Have you ever had or do you now have a chronic health condition or disability? [*For any item not mentioned spontaneously, ask:*]
- a. if so, what is/was the condition?
 - b. if so, how long have you had it?
 - c. if so, who diagnosed you? treated you?
 - d. if so, when/where were you diagnosed? treated?
 - e. if so, did you have the condition when you were pregnant?

13. Have you ever had a problem with alcohol or drugs or prescription medication?

[For any item not mentioned spontaneously, ask:]

- a. have you ever been diagnosed with a substance abuse problem?
 - i. if so, what is/was the diagnosis?
 - ii. if so, who diagnosed you?
 - iii. if so, when were you diagnosed?
- b. have you ever been treated for a substance abuse problem?
 - i. if so, where?
 - ii. if so, when?
- c. do you currently have a problem with alcohol or drugs or prescription medication?
 - i. if so, was this a problem when you learned of your child's sexual abuse?
 - ii. if so, was this a problem when your child was being abused?
 - iii. if so, was this a problem when you were pregnant?

14. Have you ever had a mental health problem? [For any item not mentioned spontaneously, ask:]

- a. have you ever been diagnosed with a mental illness/mental health problem?
 - i. if so, what is/was the diagnosis?
 - ii. if so, who diagnosed you?
 - iii. if so, when were you diagnosed?
- b. have you ever been treated for a mental illness/mental health problem?
 - i. if so, where?
 - ii. if so, when?
- c. do you currently have a mental health problem?
 - i. if so, was this a problem when you learn of your child's sexual abuse?
 - ii. if so, was this a problem when your child was being abused?
 - iii. if so, was this a problem when you were pregnant?

15. What kind of victimization have you ever experienced, either as an adult or as a child? [For any item not mentioned spontaneously, ask:]

- a. have you ever been a victim of domestic violence?
 - i. if so, by whom?
 - ii. if so, are you currently a victim?
- b. have you ever been physically or sexually assaulted? [For any item not mentioned spontaneously, ask:]
 - i. if so, did this happen to you as an adult? as a child?

[Transition statement: As we are finishing, I have a couple more questions for you].

16. How do you see yourself as a mother? [For any item not answered spontaneously, ask:]

- a. what joys do you find in being a mother?
- b. what challenges do you find in being a mother?
- c. who is your role model for being a mother?
- d. is there anything you do/would do differently [than your role model]?
(rev2)

17. How has your relationship with your child been affected by what has happened?
Explain. (rev1)

18. How are you handling [managing] all you are dealing with [coping with] now?

19. Who is the one person who is most helpful to you during this time?

APPENDIX K

Description of Participants

Item	Descriptive Information of Participants
M540: Name	Anna
Age	27 yo
Race	W
#Children	2
Age of Child Victim	5
Accused's Relationship to Child	Biological Father
Relationship Status at Time of Disclosure: Mother and Accused	Divorced; contentious relationship around court-ordered visitation between accused and child
Alleged Offense	Touching child's genitalia
Who Child First Told	Law Enforcement Officer during investigation of a separate allegation; mother was present
Initial Response: Who Mother Believed	Believed Child
Notes	Mother is one of two women who reported a happy and safe childhood. Teen pregnancy; no contact with father of that child. Later married the accused and had one child by him. He was addicted to drugs and violent toward mother and others.
Item	Descriptive Information of Participants
M914: Name	Celeste
Age	28 yo
Race	W
#Children	2
Age/Gender of Child Victim	4 yo Daughter
Accused's Relationship to Child	Biological Father
Alleged Offense	Touching child's genitalia
Who Child First Told	Maternal Grandmother, who then told mother; child then told mother when asked
Relationship Status at Time of Disclosure: Mother and Accused	Married (mother pregnant by him); 18 separations/reconciliations because of domestic violence
Initial Response: Who Mother Believed	Believed Child
Notes	Violent childhood and violent marriage.

	Mother has severe and chronic medical and psychiatric illnesses.
Item	Descriptive Information of Participants
M113: Name	Barbara
Age	40
Race	AA
#Children	3
Age/Gender of Child Victim	14 yo Daughter
Accused's Relationship to Child	Biological Father
Relationship Status at Time of Disclosure: Mother and Accused	Apart (never married); got along well when not together as a couple
Alleged Offense	Progressive to penile-vaginal penetration
Who Child First Told	Brother (only after brother inquired about a concerning text message he found on her cell phone), then brother told mother; child then told mother when asked
Initial Response: Who Mother Believed	Believed Child
Notes	Childhood domestic violence between parents involving alcohol. History of violent adult relationships, including relationship with accused. This child victim previously sexually abused by a cousin (who is in prison for that offense).
Item	Descriptive Information of Participants
M997: Name	Darien
Age	54
Race	Bi-Racial
#Children	2
Age/Gender of Child Victim	11 yo daughter
Accused's Relationship to Child	Biological Father
Relationship Status at Time of Disclosure: Mother and Accused	Married, living together
Alleged Offense	Touching and licking child's upper thigh near genitalia
Who Child First Told	Accused first told mother about accidental touching of child; child then told mother when asked
Initial Response: Who Mother Believed	Ambivalent
Notes	Childhood violence involving alcohol and sexual trauma; abandoned by mother. Domestic violence in first marriage. Current husband is alcoholic, sexually active outside marriage. Grown son was sexually abused as a child. Initially ambivalent about whether sexual abuse of

	child was accidental or purposeful. Ambivalence resolved with additional details from child about the incident.
Item	Descriptive Information of Participants
M337: Name	Eaton
Age	28 yo
Race	W
#Children	1
Age/Gender of Child Victim	4 yo Daughter
Accused's Relationship to Child	Biological Father
Alleged Offense	Touching child's genitalia
Who Child First Told	Mother, in context of mother inquiring about sexualized behavior
Relationship Status at Time of Disclosure: Mother and Accused	Apart (never married); contentious relationship; the accused had regular visitation with child
Initial Response: Who Mother Believed	Believed Child
Notes	Abandoned by her mother and raised by alcoholic father. Domestic violence in adult relationship with the accused, who was also alcoholic and drug addict.
Item	Descriptive Information of Participants
M304: Name	Francis
Age	48 yo
Race	W
#Children	8 (5 grown)
Age/Gender of Child Victim	3 yo Daughter
Accused's Relationship to Child	Biological Father
Relationship Status: Mother and Accused	Separated (never married)
Alleged Offense	Touching child's genitalia
Who Child First Told	Therapist (mother took child to therapist related to behaviors), then hospital ER personnel, then mother
Initial Response: Who Mother Believed	Believed Child
Notes	Physically abused by mother as a child. Childhood sexual trauma by two perpetrators. Domestic violence in both marriages. Brief relationship with the accused that ended when she took out a restraining order on him for his bizarre and threatening behavior. Then learned she was pregnant; thought she was menopausal.
Item	Descriptive Information of Participants
M399: Name	Ginger
Age	40 yo

Race	Bi-Racial
#Children	4 (2 grown)
Age of Child Victim	14 yo Daughter
Accused's Relationship to Child	Mother's Boyfriend
Relationship Status: Mother and Accused	Living Together for several years
Alleged Offense	Progressive to penile-vaginal penetration
Who Child First Told	Mother (1 st time); aunt (2 nd time) who took child to hospital ER where child told ER staff, then DSS and Law Enforcement; mother read child's written statement.
Initial Response: Who Mother Believed	Ambivalent
Notes	Raised by maternal grandparents. Never knew father. Mother was drug addicted. Infant brother abducted by his biological father. Has four children by three men; two grown daughters currently pregnant and unmarried. Previous boyfriend sexually abused two daughters, including this child victim. Ambivalent about whether child was truthful about what happened and who she accused. Child taken into DSS custody. Ambivalence unresolved.
Item	Descriptive Information of Participants
M208: Name	Helena
Age	35 yo
Race	W
#Children	2
Age/Gender of Child Victim	8 yo and 6 yo Sons
Accused's Relationship to Child	Biological Father
Relationship Status: Mother and Accused	Divorced; encouraged father's active involvement with their two sons
Alleged Offense	Progressive from masturbation in front of children to penile-oral and penile-anal penetration of both children
Who Child First Told	Mother (about father masturbating), then disclosed more detail over time to therapist; additional spontaneous disclosure of additional details to mother over time
Initial Response: Who Mother Believed	Ambivalent
Notes	Physically abused by her mother. Previously had verbally abusive and controlling boyfriends. Domestic violence with accused during their marriage. Already divorced from accused at time of disclosure. Initially ambivalent about extent of the abuse. Ambivalence resolved

	with additional disclosure from her sons.
Item	Descriptive Information of Participants
M053: Name	Isabel
Age	30 yo
Race	W
#Children	2
Age/Gender of Child Victim	4 yo Daughter
Accused's Relationship to Child	Step-Father
Relationship Status: Mother and Accused	Married
Alleged Offense	Touching and licking child's genitalia
Who Child First Told	Mother (immediately after one-time incident)
Initial Response: Who Mother Believed	Ambivalent
Notes	Mother is one of two women who reported a safe and happy childhood. Teen pregnancy; no contact with father of that child. Later married the accused and had one child by him. He is alcoholic with PTSD from military deployment. Domestic violence. Initially ambivalent about who her child accused (husband). Ambivalence resolved with husband's confession.
Item	Descriptive Information of Participants
M839: Name	Jane
Age	26 yo
Race	W
#Children	1
Age/Gender of Child Victim	5 yo Son
Accused's Relationship to Child	Mother's Boyfriend; Half-brother
Relationship Status: Mother and Accused	Living Together (BF); no relation to child's half-brother
Alleged Offense	Child did not disclose offense related to mother's boyfriend; penile-oral and penile-anal penetration of child by half-brother
Who Child First Told	Biological father's girlfriend, who told mother; child told mother about half-brother; child never disclosed about mother's boyfriend (biological father made that allegation)
Initial Response: Who Mother Believed	Believed Child (half-brother); did not believe allegations made by her child's biological father against her BF
Notes	Violent childhood. Alcoholic father physically abused her and sexually assaulted her one time while intoxicated. Has one child with man who is registered

	sex offender. Child initially disclosed sexual abuse by half-brother (juvenile). Mother believed. Biological father alleged sexual abuse of their child by mother's live-in boyfriend, although child never disclosed sexual abuse by the boyfriend. Mother did not believe father's allegations against her boyfriend but broke up with boyfriend anyway.
Item	Descriptive Information of Participants
M222: Name	Karen
Age	26 yo
Race	W
#Children	2 (pregnant with 3 rd child)
Age/Gender of Child Victim	5 yo Son
Accused's Relationship to Child	Mother's Boyfriend
Relationship Status: Mother and Accused	Living Together (mother pregnant by him)
Alleged Offense	Touching child's genitals; mother understood that child disclosed more during the investigation but she did not know what it was
Who Child First Told	Maternal aunt, who called mother and told her; mother has not asked child directly but he gets upset
Initial Response: Who Mother Believed	Believed Child
Notes	Family history of mental illness. Childhood sexual trauma herself as well as two sisters. History of substance abuse herself (prescriptions and illegal drugs). Two children by two men and currently pregnant by the accused.
Item	Descriptive Information of Participants
M531: Name	Laura
Age	38 yo
Race	W
#Children	2
Age/Gender of Child Victim	14 yo Daughter
Child's Relationship to Accused	Step-Father
Relationship Status: Mother and Accused	Married
Alleged Offense	Progressive to penile-vaginal penetration
Who Child First Told	Mother, in a written note
Initial Response: Who Mother Believed	Believed Child
Notes	Alcoholic father, parents divorced, and raised by single mother who worked multiple jobs. Was primary caretaker for younger brother. Violent marriage to father

	of her two children. Was planning a tubal ligation reversal to become pregnant by accused.
Item	Descriptive Information of Participants
M144: Name	Mary
Age	33 yo
Race	W
#Children	5
Age/Gender of Child Victim	11 yo Son
Accused's Relationship to Child	Mother's Boyfriend
Relationship Status: Mother and Accused	Living Together
Alleged Offense	Mother said she did not know
Who Child First Told	Biological father's girlfriend
Initial Response: Who Mother Believed	Ambivalent
Notes	Only child raised by maternal grandmother because mother abandoned her. Never knew father who was in prison. Has five children by three men, including youngest child by accused. Former husband alcoholic and violent; has custody of their two sons. Ambivalent about her boyfriend being the abuser but believes son was abused by someone else. This child previously sexually abused by an acquaintance in another state. Ambivalence unresolved. No longer with boyfriend (unrelated to allegations; broke up to date other people). No contact with son for over a year, per family court order.
Item	Descriptive Information of Participants
M793: Name	Nancy
Age	30
Race	W
#Children	2
Age/Gender of Child Victim	15 yo Daughter
Accused's Relationship to Child	Biological Father
Relationship Status: Mother and Accused	Apart (never married)
Alleged Offense	One-time incident of penile-vaginal penetration after providing child with alcohol
Who Child First Told	Maternal aunt, who took child to tell mother
Initial Response: Who Mother Believed	Believed Child
Notes	Raised by alcoholic father and mother who worked two jobs to get away from father. Teen pregnancy and moved out on her

	own. Two children by two men. Violence, sexual aggression, and drug use by father of her second child. Brief period of drug use by her (meth). Same child victim previously sexually abused paternal grandfather.
Item	Descriptive Information of Participants
M812: Name	Olivia
Age	55 yo
Race	W
#Children	4 (2 grown)
Age/Gender of Child Victim	15 yo Daughter
Accused's Relationship to Child	Mother's Boyfriend
Relationship Status: Mother and Accused	Living Together
Alleged Offense	Progressive to penile-vaginal penetration
Who Child First Told	Mother, only when mother asked directly; another adult witnessed the accused fondling the child
Initial Response: Who Mother Believed	Believed Child
Notes	Childhood violence and sexual trauma (perpetrated by her father over a period of years). Four failed marriages that involved violence, alcohol and drugs, mental illness, and sexual deviance. Severe and chronic medical illnesses. Believed child's disclosure about the accused. Details of her daughter's abuse became overwhelming and she then believed her daughter to be compliant with the abuse. Both daughters then taken into DSS custody.
Item	Descriptive Information of Participants
M558: Name	Paula
Age	29 yo
Race	W
#Children	1
Age/Gender of Child Victim	7 yo Son
Accused's Relationship to Child	Biological Father
Relationship Status: Mother and Accused	Divorced
Alleged Offense	Accused showed pornography to child; progressed to penile-oral and penile-anal penetration of child
Who Child First Told	Mother (about pornography); disclosed additional abuse detail to two therapists over time
Initial Response: Who Mother Believed	Believed Child
Notes	Alcoholic father, parents divorced, and

	sexual abused by stepfather. Accused addicted to pornography and had sex with other women during their marriage.
Item	Descriptive Information of Participants
M743: Name	Ruby
Age	33 yo
Race	W
#Children	3 (one child by accused)
Age/Gender of Child Victim	11 yo and 9 yo sons
Accused's Relationship to Child	Mother's Boyfriend
Relationship Status: Mother and Accused	Living Together
Alleged Offense	Showing boys pornography, exposing his genitals to children, and masturbating in front of them
Who Child First Told	Partially disclosed to mother first; mother's niece then disclosed to grandmother and mother that the accused sexually abused her; mother then asked her sons and they fully disclosed to her
Initial Response: Who Mother Believed	Believed Children
Notes	Childhood domestic violence between parents as well as between mother and stepfather. Childhood sexual abuse by juvenile. Has three children by three men. Alcohol, drugs, and violence within her adult relationships. Youngest child's father is the accused. This child has congenital heart problems and is developmentally delayed. Mother now suspects child also sexually abused by the accused but child is non-verbal. Experienced post partum depression and now treated for obsessive compulsive disorder.
Item	Descriptive Information of Participants
M292: Name	Sandra
Age	39 yo
Race	AA
#Children	3 (2 grown)
Age/Gender of Child Victim	15 yo Daughter (developmentally delayed)
Accused's Relationship to Child	Mother's Fiance
Relationship Status: Mother and Accused	Engaged and Living Together
Alleged Offense	Progressive to penile-vaginal penetration to child
Who Child First Told	School personnel, who called mother to come to school; child then told mother at school

Initial Response: Who Mother Believed	Ambivalent
Notes	Raised by mother and alcoholic, violent stepfather who sexually abused her. Further childhood sexual trauma by four adult male cousins. Has three children by two men; a fourth child (twin of victim) died at 4 years old from burns received when he got into hot bathtub water. Domestic violence, alcohol, drugs, pornography in adult relationships. Alcoholic fiancé (accused) liked pornography and had sex with other women during their relationship. Ambivalent related to saying she believed her daughter and sent child to grandmother's for protection although allowed accused to remain in the home for three days before making him leave. She still loves him. DSS placed her on safety plan for child to only visit but not yet return home.
Item	Descriptive Information of Participants
M176: Name	Tanya
Age	35 yo
Race	AA
#Children	4
Age/Gender of Child Victim	11 yo Daughter
Accused's Relationship to Child	Mother's Boyfriend
Relationship Status: Mother and Accused	Living Together
Alleged Offense	Touching and kissing child's breasts
Who Child First Told	Mother
Initial Response: Who Mother Believed	Believed Child
Notes	Alcoholic and violent parents, sexually abused by father one time. Has four children by three fathers. Domestic violence in previous adult relationships. Lived with accused, who was a neighbor, when had nowhere else to live and they eventually became a couple. When learned of disclosure (while hospitalized), had sister take her children to her house. Mother then returned with children to accused's residence because of domestic violence at her sister's. Mother had nowhere else to go and no shelter would take her and the four children. DSS took custody of child victim. Mother has

	congenital heart problems with multiple surgeries.
Item	Descriptive Information of Participants
M011: Name	Victoria
Age	25 yo
Race	W
#Children	3
Age/Gender of Child Victim	4 yo Daughter
Accused's Relationship to Child	Mother's Boyfriend (2013); Biological Father (2012)
Relationship Status: Mother and Accused	Living Together
Alleged Offense	Touching child's genitals (both)
Who Child First Told	Mother (both times)
Initial Response: Who Mother Believed	Ambivalent (Boyfriend-2013); Believed Child (Biological Father-2012)
Notes	Alcoholic mother and drug addicted father divorced; raised primarily by father and two stepmothers. Has three children by two men. Child victim sexually abused by her biological father in 2012; by mother's boyfriend in 2013. Ambivalent about whether current allegations against boyfriend were true. Ambivalence resolved when both child and mother tested positive for Chlamydia.

APPENDIX L

Interview Questions to Confirm/Disconfirm Theory

If maternal response was ambivalent, ask:

1. When you said you were not sure what you believed about your child's disclosure, what were you unsure about?
 - a. what child said happened? who child named as the abuser? something else?
 - b. what information did you still want to know? how could you get that information?
2. What choices did you believe you had to make at the time your child disclosed being sexually abused? [*For any item not mentioned spontaneously, ask:*]
 - a. did you believe you had to choose either your child or him [partner]?
 - i. if so, who or what made you believe you had to choose?
 - ii. did either DSS or LE tell you that you had to choose?
 - iii. did either DSS or LE tell you they would take your child [into protective custody] for any reason? if so, what reason?
 - b. did you believe you could keep both of them, your child and him? Explain.
3. Describe what it was like for you, this not being sure what to believe.
4. Were you willing to break up with the accused [or stop any contact with him, if already apart as a couple]?
 - a. if so, at what point did you know that? Describe. Explain.
 - b. if not, what did you believe would happen if you did not? Explain.
 - c.

Whether mother believed her child's disclosure or was ambivalent, probe:

1. Was there a moment when everything seemed clear about what your child disclosed? [*For any item not mentioned spontaneously, ask:*]
 - a. Tell me more about that moment.
 - b. was there someone or something that helped your child's disclosure be clear(er) to you? Explain.
2. Was there a "tipping point" [explain, as needed] that confirmed your belief about your child's disclosure? Explain.

3. Was there a “tipping point” that confirmed any decisions you had to make about your relationship with the accused? Explain.
4. Observe [if applicable]: It seems that your child’s disclosure was the “tipping point” for you to make a decision about your relationship with the accused. Is that accurate. If so, explain. If not, correct me.

[Transition statement: I’d like to understand more about your relationship with accused [specify who], terms of how he treated you and how he treated your child.

5. [Review specifically what she already reported about how he treated her]. Did you ever have any concerns or worries that he would do something to also hurt your child [as he had you or someone else]?
6. Did you ever have any concerns or worries that your child witnessed [saw] his behavior [specify]? Explain.
7. Observe [if applicable]: You seem able to separate how he treated you from how he would [or did] treat your child. Explain.

APPENDIX M
ACE Study Flyer



The Adverse Childhood Experiences (ACE) Study

ABOUT THE STUDY: What everyone should know!

Over 17,000 Kaiser Permanente members voluntarily participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health. After all the identifying information about the patients was removed, the Centers for Disease Control and Prevention processed the information the patients provided in their questionnaires,

Here's What We Learned:

Many people experience harsh events in their childhood. 63% of the people who participated in the study had experienced at least one category of childhood trauma. Over 20% experienced 3 or more categories of trauma which we call Adverse Childhood Experiences (ACEs).

- 11% experienced emotional abuse.
- 28% experienced physical abuse.
- 21% experienced sexual abuse.
- 15% experienced emotional neglect.
- 10% experienced physical neglect.
- 13% witnessed their mothers being treated violently.
- 27% grew up with someone in the household using alcohol and/or drugs.
- 19% grew up with a mentally-ill person in the household.
- 23% lost a parent due to separation or divorce.
- 5% grew up with a household member in jail or prison.

ACEs seem to account for one-half to two-thirds of the serious problems with drug use. They increase the likelihood that girls will have sex before reaching 15 years of age, and that boys or young men will be more likely to impregnate a teenage girl.

Adversity in childhood causes mental health disorders such as depression, hallucinations and post-traumatic stress disorders.

What everyone should know: Page 1 of 2



The more categories of trauma experienced in childhood, the greater the likelihood of experiencing:

- alcoholism and alcohol abuse
- chronic obstructive pulmonary disease (COPD)
- depression
- fetal death
- poor health-related quality of life
- illicit drug use
- ischemic heart disease (IHD)
- liver disease
- risk for intimate partner violence
- multiple sexual partners
- sexually transmitted diseases (STDs)
- smoking
- obesity
- suicide attempts
- unintended pregnancies

If you experienced childhood trauma, you're not alone.

Talk with your family health practitioner about what happened to you when you were a child. Ask for help.

For more information about the ACE Study, email carolredding@acestudy.org, visit www.cestudy.org, or the Centers for Disease Control and Prevention at: <http://www.cdc.gov/NCCDPHP/ACE/>