

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

A MOTHER'S GUIDE TO RECOVERY AFTER THE DISCLOSURE OF INCEST

A graduate thesis project in partial fulfillment of the requirements
for the degree of Master of Science in Counseling,
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DEDICATION

I would like to dedicate this thesis project to my parents, Juanita and Antonio Silva. Without their support and encouragement the completion of my master's degree would not have been possible. Thank you mom and dad for all you do! I would be lost without you.

I would also like to thank my friends Shelly and Carla for their words of encouragement when this project seemed anywhere but near complete. Your love and laughs helped me more than you know!

Kathy, my baby sister, my best friend, I thank you for being there for me every single day. I have shared with you my most difficult times through this process. I am so fortunate to have a sister who can endure my whining! I love you Kat!

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ABSTRACT

A MOTHER'S GUIDE TO RECOVERY AFTER THE DISCLOSURE OF INCEST

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The purpose of this project was to create a manual for mothers who have discovered their child has been a victim of intrafamilial sexual abuse. The manual focuses on the needs of mothers and the actions they can take to overcome the obstacles as a result of the sexual abuse of their child. Some of these obstacles include how to handle the responses of family and friends, addressing a child's behavior problems and understanding their child after the abuse. The manual also focuses on the mother's past experiences, cultural and religious backgrounds, losses as a result of the sexual abuse, and how these factors influence the way they respond to their child's intrafamilial sexual abuse. Overall, it emphasizes the importance of self-care and understanding about their own feelings so they are able to support their child through the process of recovery and protect their child from further victimization of the perpetrator.

CHAPTER 1: INTRODUCTION

Childhood sexual abuse is horrific and it is a reality for many children. It is estimated that 1 in 4 girls and 1 in 10 boys will suffer from child sexual abuse each year (Finkelhor, 1993). However, because childhood sexual abuse is incredibly under-reported it is expected to be much higher (Finkelhor, 1993). Given that these numbers are so high it is essential for parents to have a better understanding of their own ability to protect their children. In cases of incest, many times the mother is left as the sole supporter for her child. For this reason, it is especially important for mothers to understand the ways in which they respond to their child's intrafamilial sexual abuse. A mother's feelings, losses, and ability to cope are often overlooked when a child is sexually abused. It is normal for this overlooking to occur, given that the child is the victim. However, it is very important that a mother is assisted through this difficult process in order for her to support her child effectively through his or her own difficult process.

Statement of Problem

Research shows that childhood sexual abuse has detrimental short and long term negative effects (Gomes-Shwartz, Horowitz & Cardarelli, 1990; Tufts, 1984; Conte & Schuerman, 1987; Briere, 1994). Children need intervention immediately after the disclosure of their abuse to prevent or lessen some of these effects so that they can work through overcoming the abuse and go on to live healthier lives. Given that many times children are sexually abused by a close member of the family, helping professionals and government agency workers, must take into account the needs of the mother after the sexual abuse of their child. The only way for a mother to be capable of supporting

and protecting her child from further victimization is if they themselves take measures to overcome the sexual abuse of their child, too.

Purpose of Project

My project was created to support mothers after the discovery of their child's intrafamilial sexual abuse. It is intended to guide mothers through the process of their own recovery. A mother of a sexually abused child is a secondary victim of the abuse and it is necessary for mothers to find the appropriate ways to cope. This project includes common responses of mothers after the disclosure to help them understand themselves better. It includes material that gives mothers a better understanding of the way their backgrounds, cultures, and experiences influence the way they respond to the sexual abuse of their child. Also it helps mothers understand the sexual abuse from the child's perspective and ways to handle their child's behaviors after the disclosure of the sexual abuse. It also includes information on ways that mothers can take measures to care for themselves, physically and emotionally to cope better and to provide effective support to their child. The manual was created for mothers to help them to care for themselves and additionally, the manual includes resources that mothers may seek out to for more specific topics on the other aspects of sexual abuse.

Terminology

The phrase *childhood sexual abuse* will be used extensively throughout my project. For purposes of this project, childhood sexual abuse will be defined as any form of sexual contact with a child by an adult or a child older than the child victim. The sexual contact may range from fondling to penetration of body parts with *any* body part (i.e. penis or fingers) or any foreign objects. Intrafamilial sexual abuse would include all

biologically related family members. Intrafamilial may also include those members that are not blood related, such as step fathers or significant others of the mother. Since close family friends (i.e. godparents) are commonly considered family in many cultures, they would also fall into the category of intrafamilial sexual abuse. For the purpose of this project, protectiveness will be defined as any of the following behaviors: notified the police, obtained a restraining order, or would not allow further contact of the perpetrator with the child; had the perpetrator move out of the home; and/or cooperated with officials investigating the abuse. Non-protectiveness will be defined as any of the following behaviors/actions: mother allowed perpetrator to stay in the home; the untreated sex offender was allowed to return to the home; the mother did not take immediate action when abuse was reported; the mother was fully aware of the abuse and did nothing to stop the abuse; the court accused mother of neglect due to lack of protectiveness; the mother did not believe the child's allegations; and /or failure to properly report the abuse (McDonald, 2004).

Summary

Overall, it is evident that childhood sexual abuse is a problem in society. Mothers have an immense influence on their child's recovery after the disclosure of sexual abuse. Given their influence, it is essential for mothers to have a better understanding of their own response to their child's intrafamilial sexual abuse. This will allow the mother to help support her child more effectively. Following is a review of the literature that will attempt to demonstrate the ongoing problem and different aspects of childhood sexual abuse. Most of the literature consisted of peer reviewed articles, but also include books on the topic of childhood sexual abuse.

CHAPTER 2: REVIEW OF THE LITERATURE

Introduction

In spite of the fact that most people would consider child sexual abuse a taboo topic, it is an ongoing problem in our society. There has been an abundance of research regarding childhood sexual abuse examining the outcomes of childhood sexual abuse on children and the number of incidents that occur (Arellano, Jill, & Chavez, 1997; Romero, 1999; Finkelhor, 1990). Among other areas of research on childhood sexual abuse, experts (Alaggia, 2001; McDonald, 2004; Finkelhor, 1994) have also examined the importance of children disclosing incidents of abuse and ways of providing support for children if they do disclose. In the context of this literature review, I will describe and compare studies on the various topics related to childhood sexual abuse in an attempt to demonstrate the ongoing problem of childhood sexual abuse and the importance of mental health care workers attending to the needs of the families dealing with the aftermath of the abuse.

Prevalence

The congressionally mandated Third National Incidence Study of Child Abuse and Neglect (NIS-3) is considered the single most extensive source of information about the current incidences of child abuse and neglect in the United States (U.S Department of Health and Human Services, 1996). According to the NIS-3, there was a 125% increase in child sexual abuse reports, with an estimated 133,600 children in 1986 increased to 300,200 in 1993. The NIS-3 also revealed that girls were three times more likely to be sexually abused than boys; but both girls and boys are vulnerable to sexual abuse from

the average age of three. Findings also showed that children from the lowest income families were 18 times more likely to be sexually abused (U.S Department of Health and Human Services, 1996). In a more recent National Incidence Study, 60,000 confirmed cases of child sexual abuse were reported in 2007 in the United States (U.S Department of Health and Human Services, 2009). Given these prevalence rates, it is imperative for parents to prepare themselves to deal with this reality should their child become a victim of sexual abuse.

In addition to national government agencies, professionals (Finkelhor, 1993; Putnam, 2003; Finkelhor, 1994; Pereda, Guilera, Forns, & Gomez-Benito, 2009) in the field of research psychology have also investigated the prevalence of childhood sexual abuse. In a review of epidemiological literature on child sexual abuse, Finkelhor (1993) estimated that 1 in 4 girls and 1 in 10 boys will suffer from child sexual abuse each year. He also noted that because sexual abuse of children is incredibly under-reported, the actual number of cases is expected to be much higher. Finkelhor (1994) estimates that an average of 2.4 incidents are reported out of 1000 childhood sexual abuse occurrences each year. Putnam (2003) reviewed all English-language articles published after 1989 containing empirical data pertaining to childhood sexual abuse and concluded that approximately 16.8% of women and 7.9% of men suffered from sexual abuse as children. A more extensive review of childhood sexual abuse prevalence in 28 countries concluded that up to 53% of women and 60% of men have been victims of some form of child sexual abuse (Pereda et al., 2009). Even though the estimated prevalence rates vary across studies, the clear pattern is that childhood sexual abuse occurs at alarmingly high rates (Tyler, 2002).

While it is difficult to obtain accurate numbers for childhood sexual abuse, it is especially challenging to obtain precise prevalence rates for male victims given that childhood sexual abuse on males is so underreported. Finkelhor (1994) estimates that one third of children being sexually abused in the United States are boys. In a study in which a sample of 100 incarcerated males at a county jail in Southeastern, Texas were interviewed, 59% reported experiencing some sort of sexual abuse as children (Johnson, Ross, Taylor, Williams, Carvajal & Peters, 2006). The 59 inmates who reported having been victims of child sexual abuse were abused by an average of three perpetrators, and contrary to common belief, females were often involved in non-penetrating abuse (Johnson et al, 2006). Given the high prevalence rate of childhood sexual abuse in this study of incarcerated males, criminal activity may be correlated with males who have suffered childhood sexual abuse.

In more recent years there has been an increase in studies that include a variety of populations to determine prevalence of childhood sexual abuse across ethnicity groups (Tyler, 2002). Studies that investigate the prevalence rates across various ethnic groups are important because they illustrate the prevalence of childhood sexual abuse across ethnicities. For example, a study with 905 white, African American, and Latina female participants between the ages of 18 and 50 found that 100 of the 300 Latina participants, reported being sexually abused before the age of 18 (Romero, Wyatt, Loeb, Carmona & Solis, 1999). Thirty-five percent of the women reported more than one sexually abusive incident, 38% also reported that the abuse occurred between the ages of seven and eleven, 16% reported it occurred before the age of seven, and 46% reported that they were between the ages of 12 and 17 (Romero et al., 1999).

Also, although the results vary across studies, cross cultural studies demonstrate intrafamilial occurrences of childhood sexual abuse among ethnicity groups. For instance, a study with a sample of 42 females, 19 Latina girls and 23 black girls between the ages of 8 and 13 indicated that when compared to their African American counterparts, Latinas were more likely to be abused by a biological father, whereas African American females were more likely to be abused by a stepfather (Sanders-Phillips, Moisan, Wadlington, Morgan, & English, 1995). A study with a sample of 60 males between the ages of 13 and 18 found Latino males were more likely to be sexually abused by an extended family member, whereas African American males were more likely to be abused by an immediate family member (Moisan & Sanders-Phillips, 1991). In a comparison review of four studies on childhood sexual abuse, three studies found no racial or ethnic differences in child sexual abuse prevalence (Cuningham, Stiffman, Dore & Earls, 1991; Kuhn, Arellano & Chavez, 1998; Mason, Simmerman, & Evans, 1998) while another study found that White females had higher prevalence rates compared to Hispanic females (Boyer & Fine, 1992). Overall, studies that examine the differences among ethnicity groups assist helping professionals in understanding the cultural differences so they may determine useful ways to assist a victim and their family through such a difficult time.

Disclosure

The problem remains that although child sexual abuse occurs at staggering rates, children oftentimes do not disclose sexual abuse. Intrafamilial child sexual abuse, whether by a family member or a caretaker, makes it more difficult for children to disclose the abuse (Kogan, 2002).

London et al. (2005) reviewed the literature on childhood sexual abuse disclosure across a variety of ethnic and cultural backgrounds and estimates that two thirds of adults who claimed to have been sexually abused as children, did not disclose the abuse during childhood. London et al. (2005) also stated that the review of studies supported the common finding that most adults do not recall telling anyone about the abuse during childhood. For example, in a nationally representative telephone survey of 3,220 women's mental health experiences, 9% of women had been a victim of at least one unwanted sexual experience prior to the age of 18 (Smith, Letourneau, Saunders, Kilpatrick, Resnick & Best, 2000). Of the 3,220 women, 47% waited over five years to report the abuse, while 28% said they had never told anyone about the abuse prior to the survey call (Smith et al., 2000).

In another telephone survey with a sample of 2,626 participants, 27% of women and 16% of the men had been victims of sexual abuse as children (Finkelhor, Hotaling, Lewis, & Smith, 1990). The time between the sexual abuse and the disclosure varied with 42% disclosing the abuse within a year, 28% told about the abuse one year later, and 38% had never told anyone prior to that telephone interview (Finkelhor et. al, 1990). In a more recent study of 733 college student participants, Ullman (2007) reported that of the 22.8% that had experienced sexual abuse as children, 63.6% waited a year or more before ever disclosing the abuse to anyone. Elliot and Briere (1994) found even higher rates of non disclosure in their sample of 399 children between the ages of 8 and 15 who were seen at an urban evaluation center regarding allegations of sexual abuse. Seventy-five percent of children did not disclose the sexual abuse within the first year after the abuse, and 18% waited 5 years to disclose the abuse (Elliot et al., 1994). Henry (1997) had

similar results in his sample of 90 sexually abused children ages 9 to 19 reporting that among 89 criminal reports of child sexual abuse, there was an average of a two year delay between the sexual abuse and the disclosure from the child victim. It appears that most studies show a low disclosure rate, demonstrating the need for parents to teach their children about the importance of disclosing childhood sexual abuse.

Furthermore, in a review of 27 studies related to the topic of social and emotional outcomes of childhood sexual abuse, Tyler (2002) found that females were more likely to report sexual abuse than males. However, Tyler (2002) did not mention who the children were disclosing the abuse to. Similarly, Lamb and Edgar-Smith (1994) found in their sample of 60 volunteers, that male survivors of child sexual abuse are less likely to disclose than females. In their study *volunteers completed a phone interview regarding their history of sexual abuse, repeated disclosures, and current social functioning*. Unlike most studies, a longitudinal study of 1,265 children conducted in New Zealand did report a high 87% disclosure rate from survivors of childhood sexual abuse (Fergusson, Lynskey, & Horwood, 1996). Participants were studied prospectively until the age of 16 on factors such as, social, family, and related factors that are associated with increased risk of childhood sexual abuse. The definition of sexual abuse used was broad, including non contact activities, such as indecent exposure which could affect such high disclosure rates.

As for the differences between intrafamilial and nonfamilial sexual abuse, London et al. (2005) found in their review of the literature that victims of child sexual abuse are more likely to disclose when the perpetrator is a stranger versus longer disclosure delays when disclosing intrafamilial childhood sexual abuse. Similarly to London et al., another

sample of 775 women survivors of childhood sexual abuse who responded to a magazine survey, indicated longer disclosure delays when the abuse was intrafamilial compared to nonfamilial childhood sexual abuse (Ussher & Dewberry, 1995). Arata (1998) also found intrafamilial sexual abuse disclosure to be less common in his sample of 204 women with a history of child sexual abuse. In contrast, four other studies on the topic of childhood sexual abuse disclosure did not find a difference in disclosure rates between intrafamilial and nonfamilial sexual abuse (Kellog & Hoffman, 1995; Kellog & Huston, 1995; Lamb & Edgar-Smith, 1994; Roesler, 1994). Even though studies vary in the prevalence of disclosure rates of intrafamilial childhood sexual abuse, it is important for parents to be informed of the differences in reporting rates between intrafamilial and nonfamilial sexual abuse, so they may help their child to tell in a cases of intrafamilial sexual abuse.

In addition to disclosure rates of childhood sexual abuse, the predictors of nondisclosure are also important to consider. In their study of interviewing 905 women between the ages of 18 and 50, Romero et al. (1999) reported women offered five similar responses for not reporting childhood sexual abuse. Thirty-five percent (18 women) did not tell because they expected a negative response, such as not being believed, being physically injured, or being blamed for the abuse. Thirty-one percent (16 women) reported that they did not want to think about the incident, they felt they did not have anyone to tell, or did not know how to say it. For 6% (3 women) the nondisclosure was to prevent commotion in the family from occurring. Twenty-five percent (13 women) did not want anyone to know the abuse was taking place due to feelings of shame and embarrassment, and finally, 8% (4 women) reported they forgot the reason for not disclosing at the time. Many of the described reasons could be a result of the secrecy

commonly associated with intrafamilial sexual abuse and the risks associated with reporting. For example, not telling about the sexual abuse because the survivor expected a negative response, such as not being believed, being physically injured, or being blamed for the abuse. If the nondisclosure was to prevent commotion in the family from occurring, this could also suggest that the perpetrator was a family member. It is important to address the possibility of intrafamilial perpetrators to parents and caregivers, as families can have perpetrators in their own homes or in their close circle of trusted adults unexpectedly.

Another aspect of disclosure that has been examined by researchers is the relationship between disclosure rates and severity of the childhood sexual abuse. According to London et al.(2005) most studies do not seem to reveal a relationship between the severity of the sexual abuse and the likeliness of disclosure. However, Arata (1998) did find lower disclosure rates with contact versus noncontact forms (e.g. exhibition) of childhood sexual abuse. In a sample of 156 children who had disclosed sexual abuse, Sauzier (1989) also found that victims of moderate (e.g. molestation) sexual abuse were more likely to disclose than those children who experienced severe sexual abuse (e.g. intercourse) or non contact forms of abuse.

As mentioned previously, often child victims do not disclose sexual abuse. Hence the limited amount of cases that are reported to the appropriate authorities for prosecution. Arata (1998) found that only 6% of childhood sexual abuse cases are reported to police. Studies show that even some mandated professionals (e.g. doctors) do not report all cases of child sexual abuse to authorities, despite the mandating laws implemented in the 1960s (Menard & Ruback, 2003). For instance, a study of 224

medical practitioners found that 43% admitted they had not reported at least one case of suspected child sexual abuse in the course of their careers (Van Haeringen, Dadds & Armstrong, 1997). There were multiple reasons for not reporting but the common perceived problem among most practitioners was the lack of services available for the child and family once a report was made (Van Haeringen & Armstrong, 1997).

Perpetrator Characteristics

While it is difficult to characterize all child sexual offenders, experts have attempted to find similarities in offenders as well as the commonalities in their relationships with their victims. Hart-Rossi (1984) estimates 97% of child sexual abuse offenders are heterosexual male. Hart-Rossi (1984) also describes adult offenders to share a lack of close friends, feelings of inadequacy and low self-esteem, and a lack of ability to control their impulses. As for adolescent child sexual offenders, the majority are believed to be males who have limited close friends, difficulty relating to girls their own age, poor relationships with their father, and use sex as a way to reduce tension (Hart-Rossi, 1984). Pendergast (1996) points out that in terms of employment, physical appearance, economic class, social adjustment, religion and marital status, sexual offenders vary greatly. However, the one commonality Pendergast (1996) claims most sexual offenders share is their inadequate personalities, hence their motive to seek a victim whom is inferior to them.

According to Romano et al. (2001) there tends to be a smaller age difference between males and their offenders and females and their offenders. In a study conducted both in England and in America, 50% of childhood sexual abuse incidents were

committed by adolescents (Campbell, 2000). Pithers and Gray (1998) noted that 40% of all child sexual abuse in America is perpetrated by youth under the age of 20.

Interestingly, another study that evaluated 74 adolescent sexual offenders between the ages of 10 and 17 found that 92% had been sexually abused themselves, furthermore, they had sexually abused their victims similar to how they had been abused (Veneziano, Veneziano & Legrand, 2000). Research shows that girls are at a greater risk to intrafamilial abuse by a relative at least 10 years older than them while boys are more at risk of being sexually abused by adolescent males and slightly older siblings or cousins (Romano, 2001). Overall Romano's review of the literature suggests most child sexual offenders are males although it should be noted that the research on female offenders is incredibly limited. In a review of literature on female pedophiles, Chow and Choy (2002) concluded that most females who were assessed for pedophilia after the fact were found not to have paraphilic disorder, suggesting that the possibility that sexual acts with children were not intended for sexual satisfaction.

Short and long-term outcomes of sexual abuse

There are several studies that have investigated the effects associated with child sexual abuse (Romero et al., 1997; Arellano et al., 1997; Finkelhor, 1990). Much of the research supports the idea that child sexual abuse has detrimental short and long term negative effects (Gomes-Shwartz, Horowitz & Cardarelli, 1990; Tufts, 1984; Conte & Schuerman, 1987; Briere, 1994). According to Finkelhor (1990) most frequent patterns of long-term effects associated with child sexual abuse include depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, difficulty in trusting others, sexual maladjustment, difficulty trusting others, and a tendency toward

re-victimization. In general, research has linked sexual abuse to both problems in adolescence and adulthood (Arellano et al., 1997). Studies report that men and women have similar long-term effects with small differences in externalizing and internalizing the effects of the sexual abuse trauma (Finkelhor, 1990). Researchers have also associated childhood sexual abuse to juvenile delinquency and criminal behavior (Arellano et al., 1997; Braaten-Antrim, 1998).

Researchers that evaluated the short-term effects in children found similar patterns of stress-related symptoms in both boys and girls (Finkelhor, 1990). For example, two studies (Gomes-Shwartz, Horowitz & Cardarelli, 1990; Tufts, 1984) did not reveal significant differences in overall symptoms among boys and girls. The researchers did, however, find a slight difference in that boys are more likely to exhibit aggressive behaviors usually towards siblings (Gomes-Shwartz et al. 1984). A study with a sample of 369 sexually abused children found that unlike boys, girls are more often reported to behave depressed (Conte & Schuerman, 1986). A study (Tong, Oats, & McDowell, 1987) with a sample of 37 girls and 12 boys who had been sexually abused at the average of 2.6 years, did show boys moderately less symptomatic overall than girls. However, the data was obtained by the victims' parents and teachers and not the victims themselves, which could have had an effect on the results.

Substance abuse. The psychological and behavioral outcomes of child sexual abuse among substance abusers have been evaluated extensively by experts (Pirard, Sharon, Kang, Angarita & Gastfriend, 2005; Arellano et al., 1997; Finkelhor, 1990). For instance, Arellano et al. (1997) found sexual abuse victims were more likely to have drug and/or alcohol involvement than non-victims. According to Nice and Forrest (1990),

males of who have been sexually abused as children tend to cope with their anxiety and fear through addictive behaviors. Empirical research also shows that compared to females, males are more likely to develop substance abuse addictions (Finkelhor, 1990; Stein, Golding, Siegal, Burnam, & Sorenson, 1988). Crowder (1995) points out that although much of the literature mentions the association between child sexual abuse and substance addictions, this does not exclude addictions to food, gambling, sex, compulsive work, and excessive exercise.

Psychopathology. Researchers (Roberts, O'Connor, Dunn & Golding, 2004; Bulik, Prescott & Kendler, 2001; Bryer, Nelson, Miller, & Krol, 1987) have also looked at the relationship of childhood sexual abuse survivors and psychopathology, such as personality disorders, anxiety, eating disorders, and post-traumatic stress disorder. However, due to the wide range of psychological problems, experts argue that there is no way of having a specific childhood sexual abuse syndrome (Bulik, Prescott, & Kendler, 2001). In a sample of 377 women in a Canadian city, Bagley and Ramsay (1986) found that victims of sexual abuse as children (up to the age of 16) were more likely to be in treatment for depression, anxiety, and psychosis than women who had not been abused. In another study with a sample of 68 female psychiatric inpatients with a mean age of 31.8 years, 44% reported being victims of child sexual abuse (Bryer et al., 1987). Similarly, Goodwin, Attias, McCarty, Chandler, and Romanik (1987) found that 24% of their inpatient sample of 100 sexually abusive mothers had experienced sexual abuse before the age of 18. Interestingly, in one study that evaluated 134 sexually abused girls between the ages of 6 and 18 and their levels of depression, anxiety, and self-esteem, the most significant determinant was whether the sexual abuse included penetration,

specifically from a father figure (Mennen & Meadow, 1995). Overall, it is clear most studies found high rates of psychopathology among victims of childhood sexual abuse. However, even with the studies that indicate a significant relationship between childhood sexual abuse and psychological and behavioral disturbances, the limitation remains that most samples are drawn from either sexual abuse treatment centers or evaluation programs, which may produce biased findings (Kendall-Tackett, Williams, & Finkelhor, 1993).

Although few studies have compared differences across childhood sexual abuse, ethnic groups and psychopathology, those that do exist, report inconsistent findings (Arellano et al., 1997). For instance, in one study that compared levels of depression in non-Hispanic white, African American, and Mexican American girls who were victims of child sexual abuse, no significant differences among the three groups were discovered (Mennen, 1995). In contrast, in a sample of 152 incest victims, Russell (1986) found that 83% of Latinas reported higher “considerable trauma” from sexual abuse compared to 79% of African American, 50% of Asians, and 49% White Americans. Similarly, another study suggested depression, anxiety, and alcohol abuse to be higher among Mexican American child abuse victims than non-Hispanic whites (Stein et al. 1988).

Social functioning. There has been less of a focus by researchers on the relationship difficulties, impaired social functioning, and intergenerational effects of child sexual abuse (Roberts et al., 2004). Roberts et al. (2004) reported that individuals having experienced childhood sexual abuse were more likely to be in a cohabitating relationship, however they also reported less satisfaction and poorer communication in their relationships. In a study that investigated the effects of intimate relationships

among female victims of sexual abuse, on- supportive intimate relationships seem to intensify depressed moods more so than work or school experiences (Schilling, Aseltine & Gore, 2007). Interestingly, another study found that women victims of childhood sexual abuse with supportive intimate relationships tend to contribute to the resiliency of their trauma (Whiffen, Judd, & Aube, 1999). However, they also found that victims of child sexual abuse are more susceptible to relationships that provide a lack of support (Whiffen et al., 1999).

Lisak's (1994) review of literature on childhood sexual abuse concluded that male victims of childhood sexual abuse express an intense fear of homosexuality or have the potential to become homosexual. According to Lisak (1994), this fear derives because boys are commonly sexually abused by males. Some experts (Briere, 1996; Mendel, 1995; Ratican, 1995) also note that male survivors of child sexual abuse may exhibit excessive sexual activity since they have learned through their sexual abuse experiences that this is the way to gain intimacy and/or express affection.

Survivors of childhood sexual abuse as parents. Although there are common beliefs and models that claim parenting skills are influenced by childhood experiences, there still seems to be a limited amount of research on the effects of surviving childhood sexual abuse and parenting (Roberts et al., 2004). Although limited, there are studies that found a relationship between impaired parenting skills and those who were sexually abused as children (Goodwin, McCarthy & DiVasto, 1981; Zuravin & DiBlasio, 19; Herman, 1981). In these two particular studies, researchers found mothers who were victims of child sexual abuse were more likely to neglect their own children (Goodwin et al., 1981; Zuravin et al., 1992). A tendency to express a desire to avoid motherhood due

to their own difficult sexual abuse experiences as children has also been found among female survivors of childhood sexual abuse (Herman, 1981). Roberts et al. (2004) suggests poor parenting skills could be a result of the internalized model of poor parenting being enacted as adults common to victims of child sexual abuse.

Self-image. Researchers (Arellano, et al., 1997; Violato & Genius, 1993; Briere, 1996) have also found that sexual abuse in children can also lead to a negative self-image. Arellano et al. (1997) reported victims of sexual abuse were more likely to feel blamed by others more often, feel less confident, less socially accepted, and to have low self-esteem than non-victims. In a review of the literature addressing specifically male childhood sexual abuse, Violato and Genius (1993) determined that childhood sexual abuse can negatively affect a male child's self-esteem while they are experiencing the abuse as well as long-term effects on their self-esteem as adults. Similarly, Briere (1996) also found that features of sexual abuse tend to be strongly associated with negative self-perceptions for males and females. Taken as a whole, outcomes of childhood sexual abuse are important to consider as a parent or caretaker. Parents and caretakers are normally the closest to the child and the most influential in their lives. Therefore, its key for parents to be aware of their influence on a child when the child discloses sexual abuse.

Mothers as Silent Perpetrators

Though there is a great deal of research that attempts to dispel the concept of the collusive mother, the debate remains. The mother is sometimes called the silent perpetrator or holding some responsibility for the intrafamilial sexual abuse of a child.

While some researchers (Tinling, 1990; Jacobs, 1990) believe in the idea of a collusive or silent perpetrator mother, others (Alaggia, 2001; Stand, 1991) argue that there are other factors to consider prior to the labeling of a mother as collusive when her child is being sexually abused by a family member. For example, Alaggia (2001) suggests that there have been significant mother-blaming formulations without sufficient consideration of a mother's cultural influences and life experiences. Similarly, Tamraz (1996) agrees that a greater part of the literature on non-offending mothers has been based on opinion rather than on research. McDonald (2004) agrees that many of the propositions that describe the influence of the mother on intrafamilial childhood sexual abuse remain theoretical rather than research based. However his view suggests that the theories still help to provide imperative information about the relationship between mothers of incest survivors and their involvement with the perpetrator. These theoretical perspectives on mothers of incest survivors make it easier for helping professionals understand the variations in these mothers' backgrounds and the effects it has on their responses to incest.

Jacobs (1990) defines the theories of the mother in the incestuous family into three categories: mother as the colluder; the mother as a helpless dependent; and the mother as a victim herself. The collusionary mother is specifically defined as a participant in the incest relationship by either intentionally or inadvertently, sacrificing her daughter to the sexual abuse to satisfy her own needs. Furthermore, Jacobs (1990) also categorized the collusive mother category into two views, the first is defined as the mother who 'sets up' the father and daughter for the incest relationship, typically by retreating from her sexual role in the marriage and ignoring the sexual relationship that

may well then develop between husband and daughter. The second view is defined as a more selfish deeper motive, maintaining that the mother actually derives unconscious pleasure from the sexual voyeuristic role she assumes in the parent-child triangle. Both of these views have been used to explain incest problems and to treat dysfunctional and irresponsible behavior(s) of the collusive mother. Tinling (1990) examines the concept of the collusive mother with an Adlerian perspective, and although considered the powerlessness of the mother and the possibility of her own history of sexual abuse, Tinling remains firm on the mother's role in the incestuous family. Tinling (1990) describes the mother of a sexually abused child as the significant other of the perpetuation of incest by enacting dynamics to increase the likelihood of the incest.

In contrast to the theories of the collusive mother, there are also a number of theories on the dynamic of family power and the male dominance as it relates to sexual abuse of children (Jacobs, 1990). Strand (1991) maintains that while the non-offending mother may not have adequately protected her child from sexual abuse, the fact remains that without the abusing partner, the incest would not occur. McIntyre (1981) proposes a theory of the mother as a helpless dependent rather than as a colluder and incapable of helping her child. Evidently the debate remains, but based on the opinionated research; it is sensible to conclude that mothers of sexually abused children are a diverse population. The diversity among mothers of sexually abused children makes it difficult to simply generalize all mothers of sexually abused children as either silent perpetrators or helpless victims (Joyce, 1997). More important to consider on the matter of intrafamilial childhood sexual abuse is the importance of increasing the likelihood a parent or

caregiver will protect a child prior to or after disclosure. Hart-Rossi (1984) estimates that 75% to 85% of sexually abused children know their abuser.

Mothers as Secondary Victims

Studies on non abusive mothers of sexually abused children typically have focused on their belief of the sexual abuse, the way they support their child and their support towards the perpetrator, especially if the perpetrator is a sexual partner (Plummer, 2004). Overall, when mothers are studied after the disclosure of their child's sexual abuse, it is usually in the context of their impact on the child and not the direct impact of the mother as a result of the sexual abuse (Plummer, 2004). However, minimal research has been done on the impact that child sexual abuse has on the non-offending mother, especially in cases of intrafamilial sexual abuse. In more recent studies, researchers have recognized mothers as victims who are experiencing their own distress following the disclosure of their child's sexual abuse (Peterson, Basta & Dykstra, 1993). Mothers are also affected psychologically by their child's sexual abuse and struggle with their own difficulties (Plummer, 2004). Studies show that non-offending mothers experience secondary victimization trauma after the discovery of the sexual abuse (Debbinger, Hathway, Lippmann & Steer, 1993). For this reason, Plummer (2004) suggests a need for research on the factors that contribute to the distress of the non-offending mother. It is important for helping professionals to consider the secondary victimization of mothers, especially in cases of intrafamilial childhood sexual abuse. Further research on this matter will help professionals assist mothers so that will be able to better protect their child from further victimization from the perpetrator. If a non-offending mother can overcome her own difficulties, she can be a better supporter to her child and help them

through their recovery. Furthermore, it could shed some light on the need for material for mothers to cope with their own victimization after the disclosure for their child's sexual abuse.

Importance of Parental Support

Several studies show that positive emotional maternal support is significantly related to the post-abuse functioning of a sexually abused child (Alaggia, 2001; McDonald 2004; Finkelhor, 1984; Everson et al., 1989). Protectiveness by mothers following the disclosure of sexual abuse by children has been identified as an important role in the treatment of sexual abuse trauma. In general terms, Alaggia (2001) defines protectiveness as a mother separating herself and her child from the perpetrator (Alaggia, 2001). Unfortunately, in a study that examined both mothers and fathers, although many parents claim they would report child sexual abuse if their children were sexually abused, very few actually do so (Finkelhor, 1984). However Finkelhor (1984) does not distinguish the responses of the parents in relation to intrafamilial or non familial sexual abuse. McGee and Painter (1991) believe that many parents do not respond appropriately because they simply do not know how. McGee et al. (1991) also suggested that lack of response may be due to fear and shame as well as the conflicting emotions of maintaining the sexual abuse silent rather than disclosing it. A number of studies show that lack of maternal support among children who are sexually abused is linked to an increase in problems with mental health (Alaggia, 2001; McDonald 2004; Finkelhor, 1984; Everson et al., 1989). Important to note, it is also likely that lack of maternal support would include a mother's reluctance to enter treatment, which creates barriers for helping professionals to deliver services to the child victim (Alaggia, 2001).

Adams-Tucker (1982) evaluated 28 sexually abused children between the ages of 2.5 and 15.5 from a university- based guidance clinic and found parental support to be essential to the children's level of functioning. Prior to gathering data, some of the children showed psychological symptoms, while others appeared to be asymptomatic. Only seven children had an adult (typically the mother) who was very supportive, whereas 17 children did not receive any sort of support from an adult close to them. Adams-Tucker (1982) found the children with no support from an adult, had more psychological disturbances than those with support from their mother or another adult. Everson et al., (1989) examined maternal support following the disclosure of incest by examining the mothers' responses on the Parent Reaction to Incest Scale (PRIDS), a measure the researchers created themselves. Everson et al. (1989) analyzed the responses of the children using the Child Assessment Schedule Total Psychopathology and Child Behavior checklist scores and found that lack of maternal support was associated with foster care placement for the sexually abused child and with higher levels of psychopathology. Heriot (1991) conducted a similar study with children but had a significantly larger sample size of 118 participants than the studies mentioned above. The results showed that 86 (73%) of the mothers believed that the abuse occurred and 82 (69.5%) of the mothers believed that the person the child identified as perpetrator was actually the perpetrator. While those numbers seem rather high, only 52% of the mothers actually took action, of which 20% of those mothers were believing mothers. According to Heriot, the children who experienced the most severe sexual abuse were the ones that were associated with the lack of maternal support. Based on these studies' results, it is highly recommended that mental health professionals assist non-offending parents in how

to be more supportive of their children after sexual abuse it disclosed. It is also crucial to encourage parents and caregivers to seek out help to guide them through the difficult process.

In terms of culture and religious influences, studies show that strong religious beliefs significantly affect the maternal response to the disclosure of child sexual abuse. Alaggia (2001) found religion influenced forgiveness and in return considerably influenced maternal support or protectiveness for the sexually abused child. Mothers who thought they could support the perpetrator and the child victim believed in the “good Christian act” of forgiveness, sacrifice and redemption provided a lack of support to the sexually abused child (Alaggia, 2001). Fontes (2007) reported similar findings, for instance stating that low income Latinos, may hold a low sense of control over their future due to their faith, which can be a combination of the fatalism induced by the Roman Catholic Church or fundamentalist Christian beliefs, their history as colonized people, and experiences of prejudice and discrimination. This lack of sense of control can hinder the mother’s ability to protect her child after intrafamilial sexual abuse.

Alaggia (2001) reported that mothers who have enormous difficulty leaving the abusive partner, are influenced by their church and ethnic communities. For example, for many mothers who are in a culturally embedded belief system about family, find divorce not to be an option under any circumstances even when their children are being sexually abused. Distinctively, for other mothers the discovery of child sexual abuse compels the mother to reframe their religious schema in order to excuse the abuse or forgive the perpetrator (Alaggia, 2001). It can be anticipated that mothers from cultural backgrounds that consist of rigid patriarchal norms will be confronted with intense struggles between

supporting the child victim and family preservation (Alaggia, 2001). Additionally, these mothers may have anxiety or fear of being alienated from their friends, family, and ethnic communities (Alaggia, 2001). Yet again, these findings support the idea that mothers may sometimes need to be guided in order to ensure their child is maintained safe from further abuse.

Summary

Although the research on childhood sexual abuse is extensive, there is still a lack of useful material for parents of sexually abused children. Most of the material for parents consists of prevention of sexual abuse, and although that is necessary, children are sexually abused too often and parents need to be aware of the major impact they have in their child's recovery. Although both mothers and fathers can be affected by the sexual abuse of a child, it is more common for mothers to take on the major supporting role, especially in cases of intrafamilial sexual abuse. Mothers are also often perceived as silent perpetrators so it is important for mothers in particular to understand the importance of self-care and support they need in order to be able to help their sexually abused child. A mother must remain strong in order to protect and comfort their child in such a time of need. If the mother is the only parent left to support the abused child and is unable to handle the disclosure appropriately, this leaves the child in incredibly difficult circumstances. The following manual is intended to increase mothers' understanding of their feelings and how to help themselves which will help their child through the recovery of sexual abuse.

CHAPTER 3: PROJECT AUDIENCE AND IMPLEMENTATION FACTORS

Introduction

The project will be a manual intended for mothers to help them through the process of their child's intrafamilial sexual abuse. Although it will recommend and suggest ways in which the mother can help herself overcome the difficulties associated with their child's sexual abuse, the underlying objective will be to help mothers support their children. The manual will include ways that a mother can express and work through some of the difficult and confusing feelings after the discovery of their child's sexual abuse. These feelings will also include those that are influenced by the mother's values, beliefs, and life experiences. The purpose of the manual is to attempt to help mothers find ways to care for themselves, given that self-care is such an important part of their own recovery. The manual will help mothers view the abuse from their child's perspective and how the child's perspective can influence their behaviors.

Development of Project

The project will develop through extensive research on the various aspects of childhood sexual abuse. The initial research will focus on the prevalence of childhood sexual abuse, disclosure, and the importance of parental support. The sources that will be used for the literature review will include peer reviewed articles and books that have been created by helping professionals to support mothers and/or parents to help their children through their sexual abuse. It will eventually evolve into a project that will be specifically for mothers given that mothers are commonly the support systems for their children after intrafamilial sexual abuse. Research shows that mothers are often blamed for their child's sexual abuse (Jacobs, 1990; Tinling, 1990). Therefore the project will

develop under the premise that if mothers have a better understanding of the factors that influence their responses and the ways they cope with the sexual abuse of their child, they will be able to support and protect their children more effectively.

Intended Audience

My project is intended for mothers who have discovered that their child or children have been victims of intrafamilial sexual abuse. It can also be a useful resource for professionals to assist mothers with some of the issues that mothers are facing after the discovery of their child's intrafamilial sexual abuse; however it is written with the mother reader in mind. Helping professionals may use this as bibliotherapy to recommend to a particular client if they feel a client may benefit from the manual.

Project Outline

I. Common Responses for Mothers Dealing with a Child who has been Sexually Abused

Shock

Denial

Anger

Guilt

Anxiety

Emotional Pain

Isolation

How can my religious beliefs and cultural values affect my response?

II. Cultural and Religious Influences

The Virginity of a Daughter

Belief of Fate

Value of Forgiveness

Sanction of Marriage

III. How to Handle the Responses of Family and Friends

What they will say?

What if I did suspect my child was being sexually abused and didn't take action?

IV. Addressing My Child's Behavior Problems

Sexual Behaviors

Anger Outbursts
Clinging
Addressing behavior problems with my other children

V. Understanding from the child's perspective
Why do children not disclose?
How can I help my child now that I know?

VI. Self-Care
Maintaining a Support System
Individual Therapy
I have my own therapist now what?
Group Therapy
Support Groups
Isn't therapy expensive?
Music
Journal Writing
Exercise
Relaxation Techniques
Meditation
Yoga
Breathing Techniques
Your own abuse and why should you attend to it

VII. Was the abuse my fault?
Why people sexually abuse children?
Why didn't I notice my child was being sexually abused?
Why didn't I protect my child if I sensed/knew they were being sexually abused?
Mother Blaming

VIII. Consequences for the Mother After Disclosure
Grieving with the DABDA Model
Loss of a Child
Loss of a Partner
Loss of other Family Members
Emotional Loss of Trust

CHAPTER 4: CONCLUSION

Summary

The purpose of this project was to create a manual for mothers who have discovered their child has been a victim of intrafamilial sexual abuse. The manual focuses on the needs of mothers and the actions they can take to overcome the obstacles as a result of the sexual abuse of their child. Some of these obstacles include how to handle the responses of family and friends, addressing a child's behavior problems and understanding their child after the abuse. The manual also focuses on the mother's past experiences, cultural and religious backgrounds, losses as a result of the sexual abuse, and how these factors influence the way they respond to their child's intrafamilial sexual abuse. Overall, it emphasizes the importance of self-care and understanding about their own feelings so they are able to support their child through the process of recovery and protect their child from further victimization of the perpetrator.

Discussion

Through the development of my project I had difficulty deciding which topics to address in my manual. There are a variety of aspects of sexual abuse that mothers need help understanding. Some of the other topics that I considered including was helping mothers through the legal system and what to expect through the process. Although I addressed it minimally, mothers also need help understanding that government agencies will considerably influence their lives after the disclosure of their child's sexual abuse. Mothers that are not assimilated into United States need to understand how to handle these government agency workers and take their requests serious.

Another topic that I considered was ways that mothers can rebuild their relationship with their child after intrafamilial sexual abuse. Whether a mother takes protective measures or non-protective measures, mothers need help rebuilding the bond with their child. In some cases, there may have never been a bond; for these families, rebuilding a relationship after the disclosure of intrafamilial sexual abuses will be especially difficult. In the future I would like to focus on creating a manual on this topic exclusively.

I focused my manual on mothers exclusively but I also feel that there is a need for a manual specifically for fathers. Although fathers may face many of the similar obstacles that mothers face, there are also other aspects that fathers exclusively will be faced with. For example, although mothers may also be concerned with their child becoming homosexual (especially for male children) after sexual abuse by a male perpetrator, this is usually a common concern for fathers. Another difficulty that a father may face is the inability to control their anger and their desire to physically hurt the perpetrator. Fathers may also have more difficulty expressing their emotions appropriately or be reluctant to reach out for help from friends, family or helping professionals in a different way that mothers would.

Overall, there are insufficient resources for mothers and fathers to address their own difficulties when their child has been a victim of intrafamilial or non-familial sexual abuse. I hope that my manual can help mothers address some of these difficulties so that children will have better supporting mothers. Also, I hope that in the future, researchers in the field of psychology and helping professionals in the field of childhood sexual abuse will also consider the need for resources for mothers.

Future Work

There is a considerable amount of research that addresses the importance of maternal support after the disclosure of their child's sexual abuse however it is difficult to find research on the ways that mothers can successfully rebuild their relationship with their child. Also, there is also minimal research on the ways that caregivers can overcome the abuse of the child. There is also a lack of research on the responses and effects that sexual abuse has on fathers of abused children. There is a need for more research on these topics so that helping professionals can better assist parents. Also, parents need a better understanding of their own feelings; without their own understanding of their feelings it is going to be very difficult for them to help their children understand what is going on for them.

In the future I would like to have my project evaluated by other professionals that work with victims and secondary victims of childhood sexual abuse. Their feedback would give me the opportunity to fine tune my manual. After extensive evaluation from other professionals and further experience as a therapist, I would like to develop my manual into a resource I can publish. In addition to the further development of my manual, I would also like to create a sexual abuse preventive video for children. In the course of the development of my manual I found a great deal of literature on prevention. There are also resources written to help parents keep their children safe from sexual predators; however there is minimal material to reach out to children. Other than the few books made to help children keep their "private parts" private, material for children is incredibly limited. In a society where children are being sexually abused by the very people they are expected to trust, children need to be exposed to material that teaches

them about prevention and disclosure and it needs to be made more readily available for them.

REFERENECES

- Adams-Tucker, C. (1982). Proximate effects of sexual abuse in childhood: A report on 28 children. *American Journal of Psychiatry*, *139*, 1252-1256.
- Alaggia, R. (2001). Cultural and religious influences in maternal response to intrafamilial child sexual abuse: Charting new territory for research and treatment. *Journal of Child Sexual Abuse*, *10*, 41-60.
- Arata, C. M. (1998). To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment*, *3*, 63-71.
- Arellano, C. M., Jill, A. K., & Chavez, E. L. (1997). Psychosocial correlates of sexual assault among mexican-americans and white non-hispanic adolescent families. *Hispanic Journal of Behavior Sciences* *19.4*, 446.
- Bagley, C., & Ramsay, R. (1986). Sexual abuse in childhood: Psychosocial outcomes and implications for social work practice. *Social Work and Human Sexuality*, *4*, 33-47.
- Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. *Family Planning Perspectives*, *24*, 4-11.
- Briere, J. (1984). The effects of childhood sexual abuse on later psychological functioning: Defining a post sexual abuse syndrome. Paper presented at the third National Conference on Sexual Victimization of Children, Children's Hospital Medical Center, Washington, D.C.
- Briere, J. (1988). The long term clinical correlates of childhood sexual victimization. *Analysis of the New York Academy of Sciences*, *528*, 327-334.
- Briere, J. (1996). *Therapy for adults molested as children*. New York: Springer.
- Bryer, J. B., Nelson, B. A., Miller, J. B., & Krol, P. A. (1987). Childhood sexual and physical abuse as factors in adult psychiatric illness. *American Journal of*

Psychiatry, 144, 1426-1430.

- Bulik, C. M., Prescott, C. A., & Kendler, K. S. (2001). Features of childhood sexual abuse and the development of psychiatric and substance use disorders. *British Journal of Psychiatry, 179*, 444-449.
- Chow, E. W., & Choy, A. L. (2002). Clinical characteristics and treatment response to SSRI in female pedophile. *Archives of Sexual Behavior, 31*(2), 211-215.
- Conte, J., & Schuerman, J. (1986). The effects of sexual abuse on children: A multidimensional view. *Journal of Interpersonal Violence, 2*(4), 380-390.
- Crowder, A. (1995). *Opening the door: A treatment model for therapy with male survivors of sexual abuse*. New York: Brunner/Mazel.
- Cunningham, R. M., Stiffman, A. R., Dore, P., & Earls, F. (1994). The association of physical and sexual abuse with HIV risk behaviors in adolescence and young adulthood: Implications for public health. *Child Abuse and Neglect, 18*, 233-245.
- D., C. (2000). Breaking the shame shield: Thoughts on the assessment of adolescence child sexual abusers. *Richard e Piggie, 8*(1), 25-41.
- Debblinger, E., Hathway, C., Lippmann, J., Steer, R. (1993). Psychosocial characteristics and correlates of symptom distress in nonoffending mothers. *Child Maltreatment, 6*(4), 332-343.
- Elliot, D. M., & Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomology. *Behavioral Sciences and the Law, 12*, 261-277.
- Everson, M. D., Hunter, W. D., Runyon, D. K., Edelsohn, G. A., & Coulter, M. L. (1989). Maternal support following the disclosure of incest. *American Journal of Orthopsychiatry, 59*, 197-207.
- Feinauer, L. L., & Stuart, D. A. (1996). Blame and resilience in women sexually abused as children. *American Journal of Family Therapy, 24*, 31-40.

- Fergusson, D. M., Lynskey, M. T., & Horwood, L. J. (1996). Childhood sexual abuse psychiatric disorders in young adulthood: Prevalence of sexual abuse and factors associated with sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry, 35*, 1355-1364.
- Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. New York: Free Press.
- Finkelhor, D. (1994). Current Information in the scope and nature of child sexual abuse. *The Future of Children, 4*, 31-53.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: an update. *Professional Psychology: Research and Practice, 21*(5), 325-330.
- Finkelhor, D. (1993). Epidemiological factors in the clinical identification of sexual abuse. *Child Abuse and Neglect, 17*, 67-70.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect, 19*, 19-28.
- Fontes, L. A. (1993). Disclosure of sexual abuse by puerto rican children: Oppression and culture barriers. *Journal of Child Sexual Abuse, 2*(1), 21-35
- Gomes-Schwartz, B., Horowitz, J., & Cardarelli, A. (1990). *Child sexual abuse: The initial effects*. Newbury Park, CA: Sage.
- Goodwin, J., Attias, R., McCarty, T., Chandler, S., & Romanik, R. (1987). Reporting by adult psychiatric patients of childhood sexual abuse. *American Journal of Psychiatry, 154*, 1183.
- Goodwin, J., McCarthy, T., & DiVasto, P. (1981). Prior incest in mothers of abused children. *Child Abuse and Neglect, 5*, 87-95.
- Hart-Rossi, J. (1984). *Protect your child from sexual abuse: A parent's guide*. Seattle:

Parenting Press, Inc.

- Henry, J. (1997). System intervention trauma to child sexual abuse victims following disclosure. *Journal of Interpersonal Violence, 12*, 499-512.
- Heriot, J. K. (1991). Factors contributing to maternal protectiveness following the disclosure of intrafamilial child sexual abuse: A documentary based on reports. Unpublished Doctoral Dissertation. University of Maryland, Baltimore.
- Herman, J. L. (1981). *Father-daughter incest*. Cambridge, MA: Harvard University Press
- Jacobs, J. L. (1990). Reassessing mother blame in incest. *Signs: Journal of Women in Culture and Society, 15*(3), 500-514.
- Johnson, R. J., Ross, M. W., Taylor, W. C., Williams, M. L., Carvajal, R. I., & Peters, R. J. (2006). Prevalence of childhood sexual abuse among incarcerated males in county jail. *Child Abuse & Neglect, 30*, 75-86.
- Joyce, P. A. (1997). Mothers of sexually abused children and the concept of collusion: A literature review. *Journal of Child Sexual Abuse, 6*(2), 75-92.
- Kellogg, N. D., & Hoffman, T. J. (1995). Unwanted and illegal sexual experiences in childhood and adolescence. *Child Abuse & Neglect, 19*, 1457-1468.
- Kellogg, N. D., & Huston, R. L. (1995). Unwanted sexual experiences in adolescents: Patterns of disclosure. *Clinical Pediatrics, 34*, 306-312.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*(1), 164-180.
- Kogan, S. M. (2002). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse & Neglect, 28*, 147-165.
- Kuhn, J. A., Arellano, C. M., & Chavez, E. L. (1998). Correlates of sexual assault in Mexican-American and white non-Hispanic adolescent males. *Violence and*

Victims, 13, 11-20.

L., R. K. (1987). Sexual abuse survivors: Identifying symptoms and special treatment considerations. *Journal of Counseling and Development, 71, 33-38.*

Lamb, S., & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcome of childhood sexual abuse. *Journal of Intepersonal Violence, 9 , 307-326.*

Lisak, D. (1994). The psychological impact of sexual abuse: Content analysis of interview with male survivors. *Journal of Traumatic Stress, 7 , 525-548.*

London, K., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of Child Sexual Abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law, 11 (1) , 194-226.*

Lowenstein, L. (2006). Aspects of young sex abusers: A review of the literature concerning young sex abusers. *Clinical Psychology and Psychotherapy, 13 , 47-55.*

Mason, W. A., Zimmerman, L., & Evans, W. (1998). Sexual and Physical abuse among incarcerated youth: Implications for sexual behavior, contraceptive use, and teeage pregnancy. *Child Abuse and Neglect, 22, 987-995.*

McDonald, M. (2004). Maternal protectiveness subsequent to the disclosure of intrafamilial child sexual abuse in a latino population. (Azusa Pacific University). *ProQuest Dissertations and Theses*, Retrieved from <http://search.proquest.com/docview/305041463?accountid=7285>

McGee, R. A., & Painter, S. L. (1991). What if it happens in my family?: Parental reactions to a hypothetical disclosure of sexual abuse. *Canadian Journal of Behavioural Sciences, 23(2), 228-240.*

McIntyre, K. (1981). Role of mothers in father-daughter incest: A feminist analysis. *Social Casework, 26, 462-466.*

- Mennen, F. E. (1994). Sexual abuse in Latina girls: Their functioning and a comparison with White and African American girls. *Journal of Behavioral Sciences* , 475-486.
- Mennen, F. E., & Meadow, D. (1995). The relationship of abuse characteristics to symptoms in sexually abused girls. *Journal of Interpersonal Violence*, 10 , 259-274.
- Menrad, K. S., & Ruback, R. B. (2003). Prevalence and processing of child sexual abuse: a multi-data-set analysis of urban and rural counties. *Law and Human Behavior*, Vol. 27 , 385-402.
- Moisan, P. A., Sanders-Phillips, K., & Moisan, P. M. (1991). Ethnic differences in circumstances of abuse and symptoms of depression and anger among sexually abused Black and Latino boys. *Child Abuse and Neglect*, 21 , 473-488.
- Nice, S., & Forrest, R. (1990). *Childhood sexual abuse: A survivor's guide for men*. Center City, MN: Hazelden Foundation.
- Pereda, N., Guilera, G., Forns, M., & Gomez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, 29 , 328-338.
- Peterson, R.F., Basta, S.M. Dykstra, T.A. (1993). Mothers of molested children: some comparisons of personality characteristics. *Child Abuse Neglect*, 17(3), 409-418
- Pirard, S., Sharon, E., Kang, S. K., Angarita, G. A., & Gastfriend, D. R. (2005). Prevalence of physical and sexual abuse among substance abuse patients and impact on treatment outcomes. *Drug and Alcohol Dependence* 78(1) , 57-64.
- Pithers, W., & Gray, A. (1998). The other half of the story: Children with sexual behaviour problems. *Psychology, Public Policy, and Law*, 4(1/2), 200-217.
- Plummer, C. (2006). Non-abusive mothers of sexually abused children: The role of

- rumination in maternal outcomes. *Journal of Child Sexual Abuse*, 15(2), 103-122.
- Prendergast, W. E. (1996). *Sexual Abuse of children and adolescents: A preventive guide for parents, teachers, and counselors*. New York: The Continuum Publishing Company.
- Putnam, F. (2003). Ten-year research update review: child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42, 269-278.
- Roberts, R., O'Connor, T., Dunn, J., & Golding, J. (2004). The effects of child sexual abuse in later family life; mental health, parenting and adjustment of offspring. *Child Abuse and Neglect*, 28, 525-545.
- Roesler, T. A., & Wind, T. W. (1994). Telling the secret: Adult women describe their disclosures of incest. *Journal of Interpersonal Violence*, 9, 327-338.
- Romano, E., & De Luca, R. V. (2001). Male sexual abuse: A review of effects, abuse characteristics, and links with later psychological functioning. *Aggression and Violent Behavior*, 6, 55-78.
- Romero, G. J., Wyatt, G. E., Loeb, T. B., Carmona, J. V., & Solis, B. M. (1999). The prevalence and circumstances of child sexual abuse among latina women. *Hispanic Journal of Behavioral Sciences* 21, 351-365.
- Russell, D. E. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Sanders-Phillips, K., Moisan, P. A., Wadlington, S., Morgan, S., & English, K. (1995). Ethnic differences in psychological functioning among black and latino abused girls. *Child Abuse and Neglect*, 19, 691-706.
- Sauzier, M. (1989). Disclosure of child sexual abuse: for better or worse. *Psychiatric Clinics of North America*, 12(2), 455-469.
- Schilling, E. A., Aseltine, R. H., & Gore, S. (2007). Young women's social and

- occupational development and mental health in the aftermath of child sexual abuse. *American Journal of Community Psychology* 40(1-2), 109-124.
- Services, U. D. (2007). *Child maltreatment*. Washington, DC: Government Printing Office.
- Smith, D., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure in childhood rape: results from a national survey. *Child Abuse & Neglect*, 24, 273-287.
- Stein, J. A., Golding, J.M., Burnam, M.A., & Sorenson, S.B. (1998) Long-term psychological sequelae of sexual abuse: The Los Angeles epidemiologic catchment area study. In G. Wyatt & Powell (Eds.), *Lasting effects of child sexual abuse*. Newbury Park, CA: Sage
- Strand, V. C. (1991). Mid-phase treatment in mothers with incest families. *Clinical Social Work Journal Vol. 19(4)*, 377-389.
- Thompson, K. M., & Braaten-Antrium, R. (1998). Youth maltreatment and gang involvement. *Journal of Interpersonal Violence*, 13(3), 328-345.
- Tinling, L. (1990). Perpetuation of incest by significant others: Mothers who don't want to see. *Individual Psychology: Journal of Adlerian Theory, Research & Practice*, 46(3), 280-297.
- Tong, L., Oates, K., & McDowell, M. (1987). Personality development following sexual abuse. *Child Abuse & Neglect*, 11, 371-383.
- Tyler, K. A. (2002). Social and emotional outcomes of childhood sexual abuse: A review of recent research. *Aggression and Violent Behavior*, 7, 567-589.
- Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse*, Vol. 16(1),19-36.

- Urquiza, A. J. & Capra, M., (1990) The impact of sexual abuse: Initial and long term effects. In M. Hunter (Ed.), *The sexually abused male: Vol. 1 Prevalence Impact and Treatment*. Lexington, MA: D.C. Heath
- U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect.(1996). Executive summary of the third national incidence study of child abuse and neglect. Washington, DC: Government Printing Office.
- Ussher, J. M. & Dewberry, C. The nature and long-term effects of childhood sexual abuse: A survey of adult women survivors in Britain. *British Journal of Clinical Psychology*, 34(2), 177-192.
- Van Haeringen, A. R., Dadds, M., & Armstrong, K. L. (1997). The child abuse lottery- will the doctor suspect and report? Physician attitudes toward and reporting of suspected child abuse and neglect. *Child Abuse and Neglect*, 22, 159-169.
- Venziano, C., Veneziano, L., & Legrand, S. (2000). The relationship between adolescent sex offender behaviours and victim characteristics with prior victimisation. *Journal of Interpersonal Violence*, 15 (4), 363-374.
- Violato, C., & Genius, M. (1993). Problems of research in male child sexual abuse: A review. *Journal of Child Sexual Abuse*, 2, 33-54.
- Watkins, B., & Bentovin, A. (1992). The sexual abuse of male children and adolescents: A review of current research. *Journal of Child Psychology and Psychiatry* 33, 33-54.
- Whiffen, V. E., Judd, M. E., & Aube, J. A. (1999). Intimate relationships moderate the association between childhood sexual abuse and depression. *Journal of Interpersonal Violence*, 14, 940-954.
- Zink, T., Kleseges, L., Stevens, S., & Decker, P. (2009). The development of sexual abuse severity score: Characteristics of childhood sexual abuse associated with

trauma symptomatology, somatization, and alcohol abuse. *Journal of Interpersonal Violence* 24(3), 537-546.

Zuravin, S., & DiBlasio, F. (1992). Child-neglecting adolescent mothers: How do they differ from their nonmaltreating counterparts. *Journal of Interpersonal Violence*, 7, 471-489.

APENDIX A



**A Mother's Guide to Recovery After the
Disclosure of Incest**

Joann Silva

Introduction

The sexual abuse of children occurs at alarming rates and many times the mother is responsible for providing support for the abused child. There are a number of books and materials online that describe the effects of child sexual abuse, ways to prevent child sexual abuse, the importance of parental support after disclosure, and common characteristics of child sexual abusers. There is even an abundance of material to help parents, teachers, and helping professionals understand the perpetrator. Although these are important and necessary resources, there is a need for resources to help mothers overcome the traumatic impact of the sexual abuse of their child. Other than the material that explains blaming, collusive, and silent perpetrator theories of mothers, there isn't much to help mothers cope with the common feelings and consequences after the discovering that their child has been sexually abused. There are instances where mothers take protective measures to keep their children from further victimization of sexual abuse. Protective measures are actions taken by the mother to keep her child away from the perpetrator and/or reporting the sexual abuse to the appropriate authorities. Keeping your child from further victimization is necessary and you and your child will also need help through the recovery process. It is your responsibility as a parent to make sure that your child receives help. In other instances however a mother may take non-protective measures even after the discovery of her child's sexual abuse. Non-protectiveness will consist of a mother being reluctant to keep her child from the perpetrator and ignoring or minimizing the sexual abuse. The reasons for non-protectiveness by a mother can vary. Every case of child sexual abuse is different and mothers' responses vary depending on their own backgrounds and experiences. Many mothers indicate having a sense that their child or children are being sexually abused by a family member or partner prior to disclosure and these mothers need a better understanding of their own issues that prevented them from protecting their children. This isn't to say that mothers should be excused for their unwillingness to protect their children. Rather this manual is intended to increase a mother's awareness so they may take measures to become protective parents and keep their children from further victimization. This manual is also intended for mothers who were completely unaware of their child's sexual abuse and did in fact take immediate and appropriate action to protect their children from the perpetrator. These mothers also need help so they may continue to support their children effectively. Given that so often the mother is left to support their child, especially in cases of incest, mothers need to be aware of their own victimization as mothers of sexually abused children. Mothers of sexually abused children become secondary victims of their child's sexual abuse. In order for mothers to be effective supporters for their children after sexual abuse, they need their own support system and ways to cope after the discovery of a child's sexual abuse by a trusted family member or partner. Mothers also need to be aware of and come to terms with their feelings and underlying reasoning for the ways in which they respond to their child's sexual abuse. It is not uncommon for the needs of the mother to be overlooked when their child has been sexually abused. However mothers are also going to need continued support and help with coping skills to assist them in the recovery process of their child. This manual is not intended to replace all of the necessary measures mothers should take but instead as a stepping stone for you and your

child's recovery. For this reason, I have recommended books, websites, and ways to further your knowledge throughout the manual. I encourage you to empower yourself and seek out the resources listed in this manual for more extensive information on a particular topic that relates to you, your child, and your family. This manual is by no means an exhaustive guide, but merely an introduction to the many significant aspects of child sexual abuse.

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Common Responses for Mothers after the disclosure of a child's sexual abuse

Shock

Shock is defined as a “sudden or violent mental or emotional disturbance” (www.merriam-webster.com). It is likely that you will experience shock after you discover that your child has been sexually abused by a family member. Regardless of the relationship with the perpetrator, shock will probably be an inevitable response. When your child had been sexually abused by a close family member, it is normal for you to be shocked. It is common for mothers to lose their ability to make immediate decisions. Oftentimes other family members or friends, social services, law enforcement, or other professionals, may view this initial shock as an indication that you are incapable of keeping your child safe. Although this isn't always the case, it is important for you as the mother to get a better understanding of your shock and confusion. Otherwise, it can result in your inability to regain emotional stability and interfere with your ability to provide appropriate support for your child. Since the shock may impair your ability to make effective decisions and assume responsibility for your child, you may want to seek support from friends, family, and the involved agencies to help you through this initial shock.

Denial

Denial is also a common and normal response following disclosure of a child's sexual abuse. It is defined as “a psychological defense mechanism in which confrontation with a personal problem or with reality is avoided by denying the existence of the problem or reality” (www.merriam-webster.com). It is difficult enough to accept that your child has been sexually abused but the added intensity of having to accept that a trusted family member has victimized your child can increase these feelings of denial. Denial can be an initial response or it may be an ongoing response. An ongoing response of denial can be damaging to your child and to your own recovery of overcoming the betrayal of the abuse. As a mother you have to move out of the denial stage in order to regain some strength and face the reality that your child has been sexually abused by someone you may have trusted. Keep in mind that believing your child is the most important factor in maternal support and it is the most important predictor of your child's recovery (Finkelhor, 1984). If you do not protect your child from the perpetrator, you risk putting your child in further danger. There are also psychological risks for your child if he or she does not receive support from you (Alaggia 2001). Some of these psychological risks include depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, difficulty in trusting others, sexual maladjustment, and a tendency toward re-victimization (Finkelhor, 1990). Denial can present in different forms and believing your child when they tell you the sexual abuse occurred may not be enough. Following are other possible ways denial may show up in your responses to your child (www.mosac.com).

Accepting the sexual abuse occurred but denying the seriousness of its effects

Believing your child that he or she was sexually abused by a family member is the beginning, you must accept the seriousness of the sexual abuse. This form of denial can be influenced by your own experiences with childhood sexual abuse. It may be that you were a victim of sexual abuse as a child. Your feelings of denying the reality of its harmful effects can emanate from your ability to survive your own abuse. If you perceive your child's abuse as "not being as bad as yours", this can also influence your inability to accept that the sexual abuse, regardless of its intensity has harmful effects on your child. Another factor that may influence this form of denial is that you may be unfamiliar with childhood sexual abuse and its severe consequences. Reading on the topic and doing some research may help you to better understand the seriousness of it.

Denial of help to assist you through the sexual abuse of your child

Denying the need for help through your child's sexual abuse can be harmful for you and your child. This form of denial may occur if you are feeling like accepting help makes you an incompetent or weak mother. If so, keep in mind that the sexual abuse of a child is serious and your need for help isn't an indication of lack of parenting skills. It is unlikely that a mother is ever prepared for such a horrific discovery. This form of denial can also be influenced by your own sexual abuse experiences. If you were never treated for your sexual abuse as a child or as an adult, you may feel the need for crisis control is unnecessary. Subconsciously you could also be feeling jealous that your child is receiving so much sympathy for the sexual abuse they have experienced, while your abuse may have been taken lightly by your own mother or family. It may feel perplexing that you may indeed want to support your child but simultaneously are feeling jealous for the support he or she is receiving for the same or similar trauma you endured. These feelings can be difficult to accept and understand. These feelings indicate the immense need for self-care, which will be discussed in more detail later.

Denial of the of the perpetrator's responsibility for his/her inappropriate sexual behaviors

Accepting that a family member or partner sexually abused your child can be very difficult. You may find yourself making excuses for the perpetrator to relieve him or her from some of the responsibility of sexually abusing your child. You may find yourself blaming your child for the abuse also in an effort to relieve the perpetrator for complete responsibility. This form of denial can be influenced by the realistic losses you are faced with. Among others, these losses may include companionship, financial assistance, or the sacredness of family. These losses may be difficult to adjust to but you need to remember that above all, your child's safety is of utmost importance. These losses and the difficulties to accept them will also be discussed in more detail in a later section.

Shifting between denial and acceptance that the sexual abuse occurred

Accepting that your child was sexually abused involves so many adjustments and emotional turmoil. You may find yourself accepting the abuse occurred one day and feeling unable to overcome all of these changes the next day. It isn't uncommon for denial to feel safe and comfortable. Staying in denial keeps you from the process of grieving and gaining acceptance of this horrible reality. The grieving process provokes pain, confusion, stress, anger, and makes your losses real. As a mother of a sexually abused child you have also become a victim. Therefore, you will need support as you come to terms with the sexual abuse and to support your child through their recovery. Don't be hesitant to reach out to friends and family you trust for this support.

Anger

Anger is a common response for mothers who find out that their children have been sexually abused by a family member. Anger is defined as "a strong feeling of displeasure and usually of animosity" (www.merriam-webster.com). Although anger is a normal human emotion, it can be destructive if not managed. You may be angry at the perpetrator, yourself, or the many people and systems now involved in your family's life. You may also be angry at your child and not understand why you are feeling this way. The ways in which you manage your anger will impact whether the impact of the anger is channeled for positive outcomes or more negative outcomes. You need to direct the energy of your anger appropriately to benefit both you and your child. If your child becomes aware of your anger towards them, it can be very harmful to their emotional and psychological stability. In addition to harming your child, anger can become depression as you begin to direct that anger towards yourself. Some signs of depression to be aware of are sadness, crying, feelings of worthlessness, and a sense of hopelessness. Depression can also include physical symptoms such as headaches, changes in appetite or weight, fatigue, muscle pain, and problems with digestion.

Guilt

Guilt is another response that you may struggle with initially and on-going. Guilt is defined as "feelings of responsibility especially for imagined offenses or from a sense of inadequacy" (www.merriam-webster.com). It is normal for a mother of a sexually abused child to relate to a combination of these feelings. Guilt is one of the responses that most if not all mothers will experience to some degree. You may believe that somehow you should have known the sexual abuse was occurring and blame yourself for not knowing. You may feel that you should have seen signs and feel guilty that you did not. You may look back at particular events or situations and recognize signs that the sexual abuse was occurring that you had not previously recognized or perceived as meaningful. If you did see signs that the sexual abuse was occurring, the guilt may be derive from your lack of protection. If the perpetrator was your partner you may be experiencing increased guilt. If the perpetrator is your partner and not the child's father, you may feel guilty for having brought this person into your home to harm your child. The duration of the abuse may also impact your guilt. The longer the duration of the abuse prior to your taking action to stop it may make you feel guiltier. Increased guilt

may also be provoked if you were sexually abused as a child and believe that you should have noticed the abuse was occurring. As a mother, it is normal for you to hold yourself responsible for not knowing, not seeing, or not acting. However, you are human and it is important that you acknowledge your part rationally. Some of the guilt may be realistic and accepting it may be a difficult but necessary part of your recovery as well as your child's recovery. If you noticed something was going on and chose not to take action, you should discuss these topics in group therapy or with your therapist in order to work through these feelings of guilt.

Anxiety

Anxiety is defined as “an abnormal and overwhelming sense of apprehension and fear often marked by physiological signs, such as sweating, tension, and increased pulse” (www.merriam-webster.com). Signs of anxiety are common following disclosure that your child has been sexually abused by a family member. Fears may become generalized and may attach to many different situations. It is important to be aware of your feelings and take care of them. It is also important to engage in counseling since you may begin to feel anxious more frequently. It is also important to remember that anxiety can occur at any time. This may mean that you will need to learn ways to manage this anxiety especially if it begins to affect your daily activities.

Nearly anything can elicit anxiety if it connects your thought process to the sexual abuse your child endured. If you were abused as a child, anxiety can also be elicited by thoughts that remind you of your own abuse. It is important to maintain awareness of your anxiety and to take care of yourself. Take time out for walks, listening to relaxing music, meditation, exercise, time with friends. Self-care is essential if you are providing care for your child or children. Again, self-care techniques and suggestions will be discussed in more detail later in this guide.

Emotional Pain

In the context of grief, pain is defined as “an acute mental or emotional distress or suffering” (www.merriam-webster.com). So it may be inevitable that after the discovery of child's sexual abuse, you will experience emotional pain to some degree. Whether you were a victim of sexual abuse or not you may be aware that the impact of sexual abuse is a life-long battle and the damage to the child is irreversible. With your support and other interventions your child may recover, however many areas in his or her life will be affected. If you are aware of the long-term consequences that your child will endure, this may produce emotional pain and grief for you. Your adjustment and recovery is going to be unique to you. The coping strategies that work for you will also be unique to you. Finding those that are helpful for you is key in dealing with your emotional pain.

However, if your child's abuse is not acknowledged, and your thoughts and feelings are not processed, the emotional pain can affect you for years. As previously mentioned, as a mother of sexually abused children you are at risk for depression. The disclosure of your child's sexual abuse can leave you feeling incompetent and unable to protect your child. This is especially true if your child's recovery is difficult. You may feel hopeless of the situation ever improving. Your self-confidence and self-esteem can be negatively

affected, and this will affect other areas of your life. Because the focus will probably be placed mainly on your child, the hurt and pain that you are experiencing is likely to be overlooked by others and even by you. However, as a secondary victim of your child's sexual abuse, appropriate measures need to be taken to care for yourself. This will benefit both you and your child. The sexual abuse your child has endured can be traumatizing for you and your suffering can continue well after the disclosure. It is critical that you pay attention to your own feelings and honor the ongoing pain and hurt you may experience as a result of your child's sexual abuse.

Isolation

After finding out your child was sexually abused by a family member you may be inclined to isolate yourself. Isolating is defined as “setting yourself apart from others” (www.merriam-webster.com). You may feel different than others or feel ashamed to tell others about the sexual abuse. These feelings can lead to separating yourself from those you usually interact with. You may not know anyone else who has experienced having a child sexually abused. This may lead you to feel like others will no longer be able to relate to you or that you or your family will be judged. The sexual abuse of your child will be an emotional process similar to that of someone grieving a loss or death in their lives (see section on consequences for the mother). However, unlike death and some other losses, the topic of sexual abuse is usually kept a secret, and mothers of victims are less likely to openly discuss their experience. Your own ambivalence to share your experience with others or ask for support can increase your sense of isolation. Another way that you may feel forced to isolate yourself is if you have experienced previous domestic violence from the perpetrator, intimidation, or fear. This can also prevent you from making and carrying out protective decisions. It is imperative for you ask for help and make an emergency plan to keep you and your entire family safe. Depending on the perpetrator, others in your family may already be aware of the sexual abuse which can lead to feeling uncomfortable with family members. Family may not be supportive of the actions you have taken or they may feel uncomfortable discussing the sexual abuse with you. Therefore, you become inclined to spend less time with them and slowly you begin to isolate yourself. This is why it is critical that you pay attention to your needs and seek support from trusted and safe friends and family with whom you are comfortable and who will not judge or criticize you. At a time like this, it is imperative to surround yourself with people you trust and who can listen to you.

How can my religious beliefs and cultural values affect my response?

Just about every decision you make in your life is influenced by your views and values. So it is only normal that your response to the disclosure of your child's sexual abuse be influenced by your religious beliefs and cultural values or upbringings. See the section on cultural and religious influences for further details.

Cultural and Religious Influences

The person that you have become is based almost entirely on your life experiences. Even as a child, before you could talk, you were learning values instilled in you by your caretaker and entire family. As you grew older, you may have filtered out what seemed important to you and what did not. Despite your filtering process your family has influenced your life. For instance, you may have been brought up with the belief that being homosexual is wrong or sinful. Based on your life experiences you could have decided you disagree with this view. Another example would be the value that abortion is a sin. Again, based on your life experiences you may have had an abortion or may no longer believe that it is a sin. In this case, you may be struggling with the value that was instilled in you growing up and your own justifications used for your decisions. Many of the beliefs and values that we are brought up with can cause internal conflict as we grow and change as individuals. Internal conflicts result from demands or impulses opposing those that are considered socially acceptable or those that have been instilled in you by family, religious beliefs, or cultural practices. This section is not an attempt to force you to make decisions or to take a stance regarding your personal values, as this is obviously a lifelong and ongoing process. Instead, it is an attempt to help you increase your understanding of how your upbringing shapes your response, actions, and long-term plan related to your child's sexual abuse experience.

In her book *Child Abuse and Culture*, Fontes (2005) points out the shame related to child sexual abuse and how it intersects with ethnic culture. In any case, it is common for most victims of child sexual abuse to face a sense of shame regardless of their cultural and religious background. However, there are some cultural and religious components that may influence the way the victim will experience these feelings of shame. Similar to your child, the shame that you are feeling as a secondary victim can also be influenced by your beliefs and values.

The Virginity of a Daughter

Many cultures value a woman's virginity and expect them to maintain it until marriage. In some traditional cultures, if a girl engages in any sort of sexual activity she may be perceived as damaged goods and not suitable for marriage. The implementation of this notion may vary depending on a family's culture, religion, and assimilation into the United States. If you were raised with this belief and your daughter was sexually abused, you may be struggling with an internal conflict. The internal conflict may be that although it wasn't your daughter's fault, she was sexually abused, and because of your personal belief system, your daughter may no longer be considered suitable for marriage. If a girl's virginity is highly valued in your family, this may mean that she will be viewed as damaged goods by others. This may be something difficult for you to accept and help your daughter work through. This internal conflict may produce intense feelings of shame for you. If so, working through these feelings is vital for you and your child. You may also consider partaking in group therapy for mothers of sexually abused children to explore this further.

Belief of Fate

Western culture in the United States values individualism and emphasizes free will. In contrast, some cultures believe there are external forces outside of their control therefore, making their destinies beyond their control. Depending on your cultural background, the differences in cultural perspectives may already be an internal conflict for you; even prior to the discovery of your child's sexual abuse. Consequently, the internal conflict of your perspective on life outcomes may influence your perception of your child's sexual abuse. Your religion or cultural background may emphasize the belief that destiny is already written and therefore, it was your child's destiny to be sexually abused. You may feel forced to accept the sexual abuse as God's will while feeling confused as to how your child's sexual abuse could be a part of God's will. You may also have anger towards God or your religious beliefs. Or maybe you are feeling as though the misfortune of your child's sexual abuse is a result of karma. Either way, these feelings can cause serious internal conflicts making it difficult for you to support and care for your child. It is crucial for you to bring these feelings to the surface and work through them. Again, this can be done through individual or group therapy. Discussing your feelings with trusted friends and/or family may also be helpful. There may be people around you who have experienced a similar situation and listening to others can relieve some of the shame and anger you are experiencing.

Value of Forgiveness

Forgiveness is cited in most holy books making it an integral part of many religions. Below are some quotes from holy books emphasizing the importance of forgiveness:

Luke 17:3-4 : Pay attention to yourselves! If your brother sins, rebuke him, and if he repents, forgive him, and if he sins against you seven times in the day, and turns to you seven times, saying, 'I repent,' you must forgive him."

Luke 6:27 : "But I say to you who hear, love your enemies, do good to those who hate you."

Ephesians 4:32: "Be kind to one another, tenderhearted, forgiving one another, as God in Christ forgave you."

Quran 7: 199: "Hold to forgiveness, command what is right, and turn away from the ignorant."

Quran 24:22: "They should rather pardon and overlook. Would you not love Allah to forgive you? Allah is ever-forgiving, most merciful."

You may have considered some of these teachings or have implemented them into your own life. If you were brought up in a religious family or have become an active member of a religious congregation as an adult, forgiveness might be a major struggle for you after the discovery of your child's sexual abuse. Again, this can create a difficult internal conflict for you. For instance, you may feel inclined to forgive the perpetrator, but feel guilty because of the trauma your child has experienced. Another example, might be that

you feel you need to forgive the perpetrator and don't feel guilty about it because you believe this is the correct way of living. If this is your belief, you may be struggling with balancing forgiving the perpetrator and supporting your child simultaneously. Similarly to the concept of fate discussed previously, it is crucial for you to acknowledge these internal conflicts and to work through them. Not doing so can cause serious harm to your child. If your thoughts are conflicting, it may be difficult for you to be a supportive mother in a time your child needs you. Also, remember that while you attempt to work through these feelings, it is important to maintain your child's safety from further victimization.

Sanction of Marriage

If you come from a religious background that is strongly against divorce, and your child's abuser was your husband, you may be faced with a difficult decision. Some religions argue that under no circumstances should a divorce be allowed. However, some people believe that there is an exception based on quotes stated in their holy book. For example, the *Holy Bible* states, "when a man takes a wife and marries her, if then she finds no favor in his eyes because he has found some indecency in her, and he writes her a certificate of divorce and puts it in her hand and sends her out of his house..." (Deuteronomy 24:1). The *Holy Bible* also states, "but I say to you that everyone who divorces his wife, except on the ground of sexual immorality, makes her commit adultery, and whoever marries a divorced woman commits adultery" (Matthew 5:32). These quotes however can be interpreted differently based on religion, congregation, or even by an individual. Depending on your own beliefs regarding divorce, your internal conflict will be unique to you. You may feel that your husband has repented himself and therefore he deserves to be forgiven and because you are married, you should not divorce him. On the other hand, you want to divorce him but based on your belief, you are struggling with the process of divorce. Still, it can't be stressed enough that your child's safety and prevention of further re-victimization should be of utmost importance. In any way, your decision will directly or indirectly affect your child and therefore it is important you attempt to work through these feelings separate from the support you are providing for your child. If your child was sexually abused by a father or a father-figure living, your child's recovery is now dependent on your support. It is your responsibility to protect your child, despite the consequences to your relationship with your child's abuser.

How to Handle the Responses of Family and Friends

What they will say?

Most of us would agree that any form of sexual contact with a child is inappropriate and inexcusable. For the most part, you may find those around you will be sympathetic, help you through the grieving process, and support your plan of action. However, friends and family member's responses will vary. If you have friends and family who are trying to support you after the discovery of your child's sexual abuse, they may not know how to respond or what to say to you. They may give unwelcome and unnecessary advice or they may minimize the seriousness of your child's sexual abuse. Some friends or family members will not be able to understand the gravity of the abuse while others will want to hurt or even kill the offender. In some cases, family and friends may have inadequate knowledge and information about sexual abuse. There are many people who do not understand the sexual abuse and its effects. The topic of sex in general is difficult for some people to discuss so it may be uncomfortable or embarrassing to discuss the sexual abuse of your child. Friends and family may purposely limit the opportunities to discuss the facts or feelings surrounding the disclosure and ongoing effects of the sexual abuse. It may be helpful for you to consider a variety of responses and prepare yourself for them. Keep in mind that siblings and other family members may also experience shock, denial, anger, pain, among the other responses discussed previously. Like you, siblings are also secondary victims of the sexual abuse if they themselves were not victimized and will be affected by your child's sexual abuse.

Given that the perpetrator is a family member it may also be helpful for you to expect pressure to stay quiet and not report the abuse from some family members. Unfortunately, when the perpetrator is a family member, some people may find ways to excuse the perpetrator or alter their view in order to justify keeping the sexual abuse a secret. Justifications can vary from "if he leaves, then who will support the family" or "if you tell it will only cause the family more harm". Some of your family members may hold the code of secrecy as a high standard and violating this family secrecy could cause splits in your family. Family members may feel that they love or care for all members of the family but find themselves confused about the discovery of the sexual abuse and the perpetrator. They may suggest that the perpetrator be protected at the expense of the victim. Their support to you and your child may vary day to day or they may not be available for support all together because of the associated uncomfortable emotions that go along with accepting that a family member sexually abused your child. Other members of your family may have also been sexually abused as children and may respond indifferent and provide little support to you or your child. They may feel that many people including them overcome sexual abuse and may minimize your child's sexual abuse. You may also be faced with friends and family members that will blame you for the abuse. They may express accusatory comments such as, "you didn't take good enough care of your child" or "I don't understand how you didn't realize it was happening". Unfortunately, this is a common response toward mothers. Sometimes the least supportive and most blaming responses may come from family members. However, it isn't your duty to change other people's attitudes. Above all, it is most important to protect your child and maintain your own well-being. Surrounding yourself with those

that are willing to support you will be more positively influential to your recovery. It's also important not to hold onto anger or resentment towards people who say or do things to hurt you. Holding resentment and being angry takes more of your energy at a time when you need it for yourself and your child.

Addressing My Child's Behavior Problems

Children that were victims of sexual abuse may exhibit difficult behavior problems. These behaviors can vary depending on the child. Some children may display inappropriate sexual behaviors, anger outbursts, clinging, or emotional mood swings. Many of these behaviors are a result of your child's sexual abuse. So it is important for you to distinguish those that are normal behavior problems based on the age of your child and those that may be a result of the sexual abuse. However, at a time like this your child needs consistency and a sense of stability. Sexually abused children may feel like they have lost control of their environment and they are struggling to regain it. Setting rules and boundaries in their environments and allowing children to make their own choices and recognize the consequences helps them regain that sense of control and creates a sense of safety. Below are some of the common behaviors exhibited by children after they are sexually abused. Some of them are described briefly in *Helping your Child Recover from Sexual Abuse* by Caren Adams and Jennifer Fay. I strongly recommend you refer to this book for further information on other ways specifically to help your child overcome the sexual abuse not described in this guide. In later sections you will find other resources that may be helpful to you and your child.

Sexual Behaviors

It is normal for all children to explore their sexuality so it is important for you to know the differences between normal and problematic sexual development and exploration. The sexual abuse that your child has endured will likely alter their sexual development and as a result you may notice some inappropriate sexual behaviors in your child. It is important for you remember not to punish your child for their inappropriate behaviors. This may increase their sense of guilt and shame. If they are punished for inappropriate sexual behaviors, you are reinforcing the belief that they are bad and guilty of the sexual contact with the perpetrator. The behaviors may take place when they are alone or in the presence of others or in public. This may very difficult for you to manage appropriately given that it will be very embarrassing for you if your child displays these behaviors with others or in public. However, it can't be stressed enough the damage you will cause your child if you respond punitively. Many times the child is doing what they have been taught by recreating the sexual abuse with other children. A more appropriate way for you to handle these behaviors is by explaining to the child when they are acceptable. If your young child is masturbating in front of others, it may be wise to set some rules with regards to masturbation. You may discuss with your child when and where masturbation is appropriate and why it isn't appropriate for it to be done in front of others. This can be done similar to a discussion on private body parts. Your child should know that other than a doctor or a parent when necessary, nobody is allowed to touch their private areas and they aren't allowed to touch anybody's private body parts either. You should discuss with your child what touching by a parent or a doctor is appropriate and acceptable. This

conversation should not be done in a punitive manner. You should attempt to make your child feel as though you are explaining this because you care about them. They should also be encouraged to ask questions. You should try your best to answer the question without giving them the impression that you are uncomfortable with the questions. Your discomfort could damage the trust your child may just barely be beginning to form to with you. If your child asks you a question that you don't know the answer to or aren't sure about the best way to respond, you may want to tell your child that you aren't sure but that you appreciate them coming to you for a response. Seek out the best way to respond to the question by asking your therapist, your support group, or people around you that are part of your support system. The internet is filled with information and resources as well, just make sure that you are reading legitimate material. Material from government agencies and associations specifically for sexually abused children are reliable, but blogs may not be a legitimate source of information. Most important, you must remember to get back to your child with a response. They need to know that they can count on you and that their questions and concerns are important to you.

Adolescent victims of sexual abuse may respond to the sexual abuse by engaging in sexual activity with peers and adults at an early age. They may be inclined to have sexual contact with more partners. They are also at risk for further victimization such as being raped or being involved in the sex industry. They may also respond by running away, becoming pregnant or getting sexually transmitted diseases. Young children have a tendency to cling to mothers after the disclosure of sexual abuse. Some adolescents may try to keep to themselves. However, you should still make an effort to create opportunities for them to ask you questions or just simply talk. Because the sexual acting out of adolescents can be much more dangerous than in younger children, if your child is an adolescent, you must be especially careful to attend to the sexual acting out behaviors in your adolescent.

Anger Outbursts

It is normal for your child to display temper tantrums and anger outbursts. It is in your child's best interest that you allow for them to occur. Remember your child is probably feeling afraid or experiencing some anxiety with what will happen next. Think about times when you are anxious and how that plays out into your daily behaviors and responses. Similarly, your child's behaviors will also be a reflection of some of the fear and anxiety he or she is feeling. This is true for both younger children and adolescents. You should allow for them to express themselves however teach your child how to separate inappropriate behaviors from their feelings. They may need your help finding ways to express their anger or anxiety. These can be agreed upon between you and your child. For example, if they want to tear up newspaper if they are upset but it is agreed that they can't hurt another person or a pet in the home. They may be allowed to punch a punching bag or remove themselves from an altercation when they feel they can't handle it at that time. You and your child can discuss and agree on the appropriate way of expressing themselves. However, they should be reminded that they are not allowed to hurt themselves or others around them.

Emotional Mood Swings

You may also notice that your child is doing fine one minute and suddenly has a mood change the next. For instance, they may start crying, be angry, demanding or have difficulty adjusting to changes. Your child's mood changes may include passivity, aggression, depressed moods or tantrums. These mood swings are going to be part of your child's recovery and they should decrease over time. Remember, like you, your child is experiencing an array of emotions and it is very difficult for them to express themselves. You should let your child know that you will be there to comfort them when they are in need of that comfort or reassurance and that you are there to protect and support him or her.

Clinging

Your child may want to be around you constantly. This is not an uncommon behavior of a sexually abused child after disclosure. It may be a difficult adjustment, but if your child seems to be requesting more cuddling than normal, you should provide your child with it. If you force your child not to be clingy, this may only increase their need for physical comfort. The clinginess will usually decrease with time. Depending on the age of your child and their need for comfort, they may not seek out physical touching for comfort. Instead they may want to do more activities with you. For example, cooking or going to run errands with you.

Addressing behavior problems with my other children

If you have other children that were not sexually abused, they may also be exhibiting behavior problems. Siblings are usually neglected following the disclosure of child sexual abuse in a family because the focus is usually on the victim. It is important to remember that they are also secondary victims and this will also be a difficult time for them. It isn't uncommon for siblings of the child who was sexually abused to be feeling angry, confused, or both. Your other children may be angry at the abused child for telling and having to deal with all the changes. It may be that the other children understand the gravity of the situation but they may still feel angry about the changes in the family. For instance, if the perpetrator was a father or father-figure in the household and he has been forced to leave or is incarcerated, the child may miss him. If he was the bread winner, your family's lifestyle may have changed since he is no longer in the home providing financially. It may also be that a favorite uncle, aunt or cousin was the perpetrator. If your other children were close to the perpetrator and they no longer have contact with him or her, they may be angry with you or your victimized child for the change. They may also be feeling anxious about what will happen after the disclosure or hopeless that they are unable to control what is happening. If the sibling was aware that the sexual abuse was occurring they may feel guilty for not having told. They may also feel guilty because they were spared the abuse while their sibling had to endure it. It isn't uncommon for children to act out since verbalizing feelings can be very difficult for children and adolescents. For children and adolescents acting out may be the only way of expressing to you how they are feeling. Keep this in mind as it may help you to be more

patient with their difficult behaviors. Overall, it is important for you and other family members to take notice to the needs of siblings. Family and friends can involve them in outings or offer to include them in special activities. Although this may be difficult for you, as a mother you must be attentive not to focus entirely on the needs of the victim and lose sight of other children as a result.

Understanding your child's perspective

You may be experiencing confusion about your child's reluctance or delay in disclosure of the sexual abuse. Your child was sexually abused by someone they knew and probably trusted, therefore making it more difficult to disclose the abuse. Children are rarely sexually abused with violence or force. In fact, they are usually sexually abused by an older known perpetrator and it is commonly perpetrated in a subtle manner. Oftentimes, the perpetrator instills fear in the child or bribes the child with gifts or special privileges. The perpetrator is usually aware of their power over the child and uses it to the full extent.

Why do children not disclose?

Children who have endured sexual abuse are usually afraid of the consequences if they disclose. Even after disclosure, your child may continue to fear the consequences throughout the process. The perpetrator may have instilled fear in your child to manipulate them into not disclosing. This could have been done by threatening your child, indicating they will hurt another family member your child cares about. Children may be conscious that sexual contact between adults and children is inappropriate and children may be told by the perpetrator it is their fault it is occurring. Your child may also fear what other people will think if they knew about the abuse. Your child may also be aware that changes will occur within the family if they disclose. If the perpetrator is a trusted family member, who has expressed love and care towards your child, your child may have been afraid of what will happen to the perpetrator after the disclosure. Another common belief of children who are sexually abused is that they will not be believed by others if they disclose given that the perpetrator is an adult and may have told the child nobody would believe them anyway. If this occurred in child's case, this may of instilled feelings of hopelessness for your child. Hopelessness could have occurred if your child either felt they would not be believed or the perpetrator convinced them that they would not be believed. Again, perpetrators are aware of the imbalance of power between them and the child and will use it to manipulate a child. Also, if your child was old enough to sense that you were aware of the abuse they may have been especially reluctant to disclose. If children feel a lack of protection from their parent, it can increase their feelings of guilt and shame and the child may perceive their involvement in the sexual contact as their fault. Following is an example to better illustrate this concept:

Jasmine's biological father began sexually abusing her when she was 5-years old. Jasmine lived with her mother, two younger sisters, an older sister and two younger brothers. Jasmine's father would usually find the time to abuse Jasmine by suggesting in front of her mother that Jasmine join him in going to the grocery store or to run other errands. When Jasmine would protest about not wanting to go with her father, he would behave rudely toward her and ignore her for days. Alternately, he would take one of Jasmine's other sisters, who he was also sexually abusing. Upon their return, Jasmine's sister would have a small gift her father had bought for her. Her father would also behave extremely nice to Jasmine's sister making Jasmine feel neglected and guilty for not agreeing to join her father. This occurred time after time for Jasmine and eventually Jasmine began to feel that she was supposed to do what her father asked of her even if

that included having sexual contact with him. Jasmine was too scared to tell her mother because she felt guilty and was concerned that her mother would not believe her. In Jasmine's case, when she turned 12, she and her sister disclosed to their mother and not only did their mother not believe them, but they were physically punished by their father in front of their mother who did not intervene to protect them.

How can I help my child now that I know?

There are different ways that you can help your child. Although your child has already been sexually abused, you can still discuss prevention with your child. Depending on the age of your child, you can teach them about their body parts and how to respond when someone is attempting to touch them inappropriately. It may be difficult for your child to distinguish the differences between appropriate and inappropriate touching, so this will also be something you will need to help your child to understand. This manual is intended to help you as a mother through the process of your child's sexual abuse, but it is also important for you to understand what your child is and has been experiencing. There are books that describe the effects of sexual abuse extensively. There are also books about prevention of child abuse written with parent readers in mind. Additionally, there are books on the topic of sexual abuse that are written for children. Below is a list of suggested readings to help you and your child through this difficult time.

Books for Parents:

Helping your Child Recover from Sexual Abuse by Caren Adams and Jennifer Fay

No More Secrets by Caren Adams and Jennifer Fay

Sexual Abuse of Children and Adolescents by William E. Prendergast

How Long Does It Hurt: A Guide to Recovering from Incest and Sexual Abuse for Teenagers, Their Friends, and Their Families by Cynthia L. Mather

The Silent Children A Book for Parents about the Prevention of Child Sexual Abuse by Linda T. Sanford

Prevention books for children:

The Right Touch: A Read-Aloud Story to Help Prevent Child Sexual Abuse (Jody Bergsma Collection) Sandy Kleven

My Body Is Private (Albert Whitman Prairie Books) Linda Walvoord Girard and Rodney Pate

Your Body Belongs to You Cornelia Maude

I Said No! A Kid guide to Keeping Private Parts Private Kimberly King

Recovery books for child victims:

Please Tell! A child's Story about Sexual Abuse Jesse Ottenweller

It Happened to Me: A Teen's guide to Overcoming Sexual Abuse by William L. Carter

I Can't Talk About It by Doris Sanford

Self-Care

Following the disclosure of your child's sexual abuse, you may feel as though your world has completely turned upside down. Since the perpetrator was someone close to you, your family structure and familial relationships will also change. You may be feeling confused and hopeless that the situation will never get better. After the disclosure of your child's sexual abuse you will probably undergo a period of transition and adjustments. This transition period will not be easy. It is important for you to surround yourself with supportive friends and family, to be in some type of therapy, and find other ways to cope with this difficult time. The stress you will be experiencing caused by the disclosure and the events following the disclosure will affect you considerably. You must take measures to find healthy coping strategies that work for you. The implementation of these coping strategies will not be easy but take into account their importance to your child's recovery. Finding positive ways of coping with the stress will increase the likelihood of your healthy well-being so that you are able to be there for your child.

Maintaining a Support System

Many times when we aren't feeling good about ourselves or about the events occurring in our lives, we distance ourselves from friends and family. Undergoing the stress of your child having been sexually abused by a trusted family member probably isn't going to be an exception. It is likely that your child may suffer from feelings such as, shame and self-blame, but you may very well be experiencing these feelings too. It is normal to be confused about your feelings and although you may feel like being alone, sometimes spending time with friends and family can be very helpful. The sexual abuse of a child isn't an easy trauma to overcome and you don't have to handle it alone. This doesn't mean that spending time alone isn't helpful. Everyone is different in the way we overcome difficult times in our lives. However, keep in mind that as humans it is our nature to connect with other humans. We have an innate need for social connection and many studies show that laughing and interacting with others is good for our health. You may need someone you can cry to, or someone who will tell you that it will get better, or maybe you need to be driven somewhere on a difficult day. Like most of us, you probably reach out to different friends and family members for different reasons. Don't hesitate to tell trusted family and friends what it is you need from them otherwise they may not know how to help or support you.

Individual Therapy

After discovering that your child has been sexually abused by a family member, it is likely that your child will need his or her own therapy. In many reported cases of childhood sexual abuse, Children Services will likely mandate family therapy and individual therapy for the child or children. There are instances when a judge or a social worker may also mandate the mother of the child to get her own individual therapy. That decision will usually be made by the judge if the perpetrator was the mother's husband, boyfriend or son; however it is not always the case. In many cases the mother may be mandated to attend parenting classes instead. That should not however be an implication that you are not in need of your own therapy. Remember, it is important for you to

maintain your emotional and mental well-being for the sake of your child. Having a place where you can express yourself without judgment is essential to your mental health during such a difficult time. The goal is to maintain your well-being so that you may be able to provide your child with the best possible support.

I have my own therapist now what?

It is your decision what you choose to discuss during session however it is important for you to be honest with your therapist. Try to be honest about how you are feeling about your child's sexual abuse. Initially, it may be difficult and this is very normal, but try to keep in mind that your therapist will not judge you and is there to listen to *your* feelings. When you begin to feel more comfortable with your therapist, it will be most beneficial if you are honest with the therapist and more importantly with yourself. Verbalizing and processing some of the feelings (Shock, Denial, Anger etc.) discussed in previous sections are going to be the central part of your therapy. Keep in mind that therapy isn't going to be a quick fix and your therapist isn't there to tell you what to do to make everything better. It is usually a team effort and you will need to put in effort for therapy to be truly effective. It will not always be an easy process and many times therapy sessions can be emotionally draining and instill feelings of vulnerability due to the honest nature of your conversations. However, this will mean you are making progress. You should feel free to discuss any and all feelings that are surfacing for you during the process. This is an important part of your therapy and relationship with your therapist.

Group Therapy

Group therapy for mothers of sexually abused children can provide you with an environment where you feel understood and a sense of belonging. This may help reduce some of the feelings of shame and self-blame, among other feelings that you are experiencing. Listening and talking to other women who are going through a similar situation can be effective to your own recovery. Group therapy can help you process through the feelings associated with having your child victimized by a family member. You can also learn new coping skills from others to help you through the process. Overall, your group can provide comfort and a new social network of people who understand what you are experiencing.

Peer Support Groups

Some community agencies offer support groups specifically for mothers of sexually abused children. Support groups are not therapy groups although they can offer similar benefits. Unlike therapy groups, they are usually led by members just like you. Similar to therapy groups, support groups can be beneficial because other women will discuss similar issues that you have experienced. Support groups can also create a new social network for you. As you progress, you can help mothers who are new. Helping others overcome the difficulties associated with having a child sexually abused can in return help you with your own recovery. It may give you a sense of empowerment and provide you with strength you need to continue helping yourself and your child.

Isn't therapy expensive?

If you have already been mandated to receive family therapy and individual therapy for your child, seeking out individual therapy may be a financial burden. If you are already receiving services at a local community agency, it is likely that if they do not offer individual or group therapy for you as a mother, they can give you referrals of other local agencies in your area that will. Many times agencies offer services free of charge or on a sliding scale. A sliding scale means that the agency or private company will charge you based on your ability to pay. Another resource to explore is Victims of Crime Law. In the United States, Victims of Crime law offers services and compensation for victims of crime. Compensation may be used towards therapy for your family and your child. To learn more about this resource go to <http://www.ojp.usdoj.gov> to learn about your rights as a victim of a crime. You may also call the Rape, Abuse & Incest National Network (RAINN) at 800-656-HOPE for more information. Keep in mind that your social worker is there to help you with resources in your community. Don't hesitate to ask where you can receive services if you are unable to pay for them yourself. Therapy can be costly so don't be reluctant to ask for help. Another way to find services in your area is by calling 211. This is free service in United States. It is similar to 411 except that 211 is for human services such as therapy and addiction services. Also, if you have health insurance, you may want to inquire with them to find out if your policy covers individual therapy. Again, remember it is essential to use all the resources available to you and your family.

Music

Listening to music can also help you distract your mind and bring your spirits up even if it is only for a few minutes or hours. Listening to the type of music we like is enjoyable and can even be soothing. Music can be listened to in your home or in your car and singing along to your favorite artist or group can also improve your mood. Another form of music to help you relax is classical music or listening to sounds of nature. These can also be incorporated to your meditation or breathing techniques. You don't always have to buy CDs or music files online. There are free websites where you can create your own playlists and listen to them endlessly on your computer. Some of these websites include: www.projectplaylist.com or www.Pandora.com.

Journal Writing

Just like therapy, expressing yourself on paper can sometimes be helpful in relieving some of your anxiety. Journal writing isn't a replacement for therapy however it can be a form of expression and growth. Writing without boundaries or feelings of judgment can be a great way to reduce stress. Journal writing can also help you track your progress. Reading back on journal entries can help you see how far you have come and keep track of some of the tools you have used to help you through the process. Remember some days will be harder than others, so your journal entries can serve as motivation for you. A helpful question to ask yourself when journal writing is: what did I do to overcome these feelings the last time I felt this bad? If you got through a difficult day before, you can get through another difficult day. Journal writing can also be helpful if the abuse of your child has triggered memories of your own abuse as a child.

Exercise

If you don't already have an exercise routine, creating one can be beneficial at time like this. It isn't necessary to create a vigorous routine, unless that is your goal. Exercising a few times a week isn't only helpful for your physical health but also for you mental health. Again, your local community college or community center can have inexpensive exercise classes such as aerobics, swimming or Pilates just to name a few. If your schedule doesn't allow for a class, try jogging in the evening or in the morning. If jogging isn't your forte, try walking 20-30 minutes a few times a week. Any physical exercise will be helpful.

Relaxation Techniques

There are different ways to reduce some of the stress your body and mind may be experiencing. It is important to note that not all relaxation techniques are for everyone however they can be very beneficial. Therefore, it is worth your while to attempt a few of them and find which ones are most helpful for you. Your life prior to the discovery of your child's sexual abuse may have already been extremely busy or stressful. This may mean that in addition to your necessary daily activities, you now have the additional stress of such a horrible misfortune. You may be experiencing mental and physical stress in addition to the new responsibilities such as therapy appointments or finding extra time to spend with your child or children. You aren't inconsiderate to think about yourself and your well-being because your stability directly affects your child.

Meditation

Meditation is good way to relax since it can be done just about anywhere and can take very little time. The idea of meditation is to try to keep your mind still and free of daily stressors that can cause anxiety. You can meditate anywhere in your home for 10-15 minutes. Find a place in your home where you can be alone. This place can be anywhere in your home. The convenience of mediation is that it can be done even outside of your home. You can park your car for a few minutes if you are on the road if you begin to feeling increased anxiety. The idea is to remove yourself from any distractions and relax your mind. Below are some examples for beginners found on www.mymeditationgarden.com, but keep in mind that there are many ways to mediate and relax your mind. The goal is to find the right one for you.

Flame Meditation

1. Have the candle at eye level so you can see the flame easily
2. Sit down, close your eyes and concentrate on your breathing.
3. Be aware of each breathe you take in and out.
4. After taking a few breaths, open your eyes and focus all your attention to the flame.

5. Breathe deeply and steadily and stare at the flame. If your mind wanders away, don't worry it is normal, just return it gently to the flame.
6. Continue to breathe deeply and steadily and stare at the flame.
7. You can now close your eyes and try to see the object at the inside of your eyelids.
8. Try to visualize the flame as long as you can, but don't strain yourself.
9. When the image disappears or you start thinking of other things, just try to get the image of your object projected in front of your eyes again.
10. When the time is up, just take back your thoughts slowly to the environment around you, open your eyes, stretch your legs, and just be aware of the here and the now.
12. You're done!

Visualization Meditation

1. Sit down, close your eyes, and direct your attention to your breathing, just as in the first exercise.
2. Be aware of each breathe you take in and out.
3. Let your breathing go on autopilot and do not try to steer it.
4. Observe how the air slowly goes in through your nose, fills up your lungs, and goes out again.
5. Now you are ready to start the Visualization.
6. With every breath, you start to feel the positive energy into your lungs.
7. When you breathe out, imagine all negative feelings escape from your body together with the air you breathe out.
8. When you are totally relaxed, choose an image, a situation, or an environment that means rest, peace, and calmness for you.
10. Try to look around in your imagination and enjoy every moment in your favorite surroundings.
11. Try to involve all your senses. Smell, taste, look, and feel as many details as possible.
12. Focus on this image and hold it in your mind as firmly as possible.

13. Enjoy this image in all its details and pay attention to all the emotions that accompany it.

14. Feel the tingling in your body, feel your muscles relaxing, and notice your body reacting directly to everything that you created in your mind. Be aware of your physical and mental responses.

15. Continue this Visualization for as long as you like while maintaining your breathe in and out.

16. Any time you are ready to stop, take your attention back to the rest of your body and become aware of yourself being in the room.

17. Open your eyes.

18. You're done!

Yoga

This form of relaxation may take up more of your time. However there are ways you can do it in the convenience of your home. Yoga classes may be offered at your local community college or community center and are usually fairly inexpensive. Also, if you have a gym membership, they are likely to have yoga classes too. Attending a class once a week allowing you to be outside of your home can be good for you. Obviously, your child's safety should be your first priority, so leaving them with someone you trust may not be feasible or an easy task for you at this time. Free yoga videos can be found online or you can buy a DVD at your local store and practice for 10-15 minutes a day when the children have gone to bed or while they are in school. Doing yoga before going to bed may also help you sleep better. Doing yoga with child may also be beneficial for both of you and may also help you reconnect with your child.

Breathing Techniques

These can be incorporated into your meditation, yoga or be done alone. The idea with breathing techniques is that you use your breathing patterns to help you relax your body and mind and increase your sense of awareness. Breathing techniques can also be done at home, work, in your car, or even while you are doing your grocery shopping. There are many different ways and they are very easy to find online by doing a simple search for breathing techniques. You can also find a book at your local bookstore. Below is one also found on www.mymeditationgarden.com to get you started.

Count Your Breathing

1. Sit down, close your eyes and concentrate on your breathing. Be aware of your breathing in and breathing out.

2. Do not try to control your breathing, or try to slow it down forcefully. Just breath automatically, freely and pay attention to the air passing through your nose, lungs and when it goes out again.
3. After a few breaths, start counting.
4. Breathing in, one. Breathing out, two. Breathing in, three and so forth.
5. Should you find yourself thinking of something else instead of your breathing, just acknowledge it, and return to your breathing, and start counting again
6. Now notice the sensations of your breathing. The depth, the speed, see if your breathing becomes increasingly slower and quieter, if your breathing more and more goes to your stomach or your chest, if your body becomes more relaxed through your breathing, ...etc. Try to notice this as an outsider, without stopping from counting. If you cannot, then just go back to counting
7. Breathing in, breathing out, breathing in, breathing out, etc.
8. If at any time you notice any strange feelings in your body, like twinklings, or muscle reactions, just notice that, it is quite normal. Go back to your breathing
9. Once you got to 100, slowly return to normal, open your eyes, take in everything you see in the room, get up from the chair, stretch your muscles
10. You're done!

Your own abuse and why should you attend to it

Studies show that one in four females and one in ten males will be victims of childhood sexual abuse (Finkelhor, 1993). Given these figures, it may be that you yourself were a victim of childhood sexual abuse. Learning that your child has been sexually abused could be traumatic time for you. It is important that you address some of these feelings and memories from you own abuse since they may affect the way you respond to and support your child. If you decided to get your own therapist, this could be a topic you may want to discuss in your therapy sessions. Group therapy may also be an option or talking to others that you know have also been victims of childhood sexual abuse. Another way to help you through this process is self-help books on survivors of childhood sexual abuse. Below are some book suggestions.

The Courage to Heal by Ellen Bass

Outgrowing the Pain by Eliana Gil

I Never Told Anyone by Ellen Bass

The Right to Innocence: Healing the Trauma of Childhood Sexual Abuse by Beverly Engel

Why Me? Help for Victims of child Sexual Abuse (even if they are adults now) Lynn Daugherty

Was my child's sexual abuse my fault?

After the disclosure of your child's sexual abuse, you may be asking yourself many questions. Many of these questions will be related to your part in your child's sexual abuse. If you didn't know that your child was being sexually abused you may be blaming yourself for not noticing. If you did know or sensed that the abuse was occurring, this may instill increased feelings of guilt and shame for not taking appropriate action to protect your child from further victimization. There are aspects of child sexual abuse that you should consider if you find that you are asking yourself if your child's abuse was your fault.

Why people sexually abuse children?

If you are asking yourself if the abuse was your fault, understanding some of the reasons people sexually abuse children may help you through this process. In her book, *Why Me? Help for Victims of Child Sexual Abuse*, Lynn Daugherty describes child sexual abusers as being more interested in satisfying their own needs than protecting the welfare of the child they abuse. Daugherty also describes child sexual abusers as self-centered people who feel that because they are enjoying the sexual contact the child enjoys it as well. Due to their own selfishness, they essentially do not care if they hurt the child or not. Socially, most sexual abusers of children have difficulty relating to people their own age or are insecure in their own relationships. This means they turn to children for friendship and sexual gratification. Sexual abusers of children were often sexually abused themselves and find comfort in relationships with children because they are easier to trust, please, and dominate than people their own age. It should be noted however that people who sexually abuse children vary in professions, cultural backgrounds, religious beliefs, and socioeconomic status. And while many have been victims of sexual abuse as children, it is impossible to create a precise description of all perpetrators of sexual abuse. Overall, regardless of your part (protective or non-protective measures) in your child's sexual abuse, without a perpetrator, the sexual abuse would not have occurred. Also, it is imperative that you remember that the perpetrator's sexual behaviors towards your child are inexcusable, regardless of their past or psychological problems. They must take full responsibility for their actions and you must never, under any circumstance think that the sexual abuse was your child's fault. Below are suggested readings that explain child abusers extensively.

Unspeakable Acts: Why men Sexually Abuse Children by Douglas W. Pryor

Female Sex Offenders by Julia Hislop

Conversations with a Pedophile by Amy Hammel-Zabin

Predators: Pedophiles, Rapists, and Other Sex Offenders by Anna C. Salter

Why didn't I notice my child was being sexually abused?

If you had no idea your child was being sexually abused, and you took immediate and appropriate measures to keep your child safe, this may be a question you are dealing

with. You may be feeling betrayed by the perpetrator and feeling guilty for not having noticed the sexual abuse was occurring. This is a normal response and like your child, the perpetrator probably manipulated you, too. This could have been done in a subtle manner with the intention to get you to completely trust the perpetrator with your child. Many times child sexual abusers go to extreme measures to initiate sexual contact with a child. They go through great lengths to arrange a sexual relationship with a child. Part of this arrangement could have included getting you to trust this perpetrator. Don't forget you are also a victim. The perpetrator probably manipulated you and arranged situations so that you would feel comfortable leaving your child alone with him or her to initiate and continue his inappropriate sexual behaviors with your child. The guilt and feelings of betrayal you are feeling are normal and you should address them appropriately. Refer to the section on "Self-Care" for suggestions. Below is a book suggestion that may also be helpful for you:

Betrayal of Innocence: Incest and its Devastation by Susan Forward and Craig Buck

Why didn't I protect my child if I sensed/knew they were being sexually abused?

If you had a sense that your child was being sexually abused or knew that it was taking place and you failed to protect your child immediately from further victimization, this is probably a question that you are struggling with. There are a number of reasons that mothers do not take appropriate action when their children are being sexually abused by a family member. The first section in the manual describes the common responses of mothers after the disclosure of the sexual abuse of their child. It may be a good idea to return to this section now and try to distinguish some of the responses you experienced. Keep in mind it is likely that you experienced more than one response. This may give you a better understanding about your own response and lack of protection towards your child. For example, if you were sexually abused as a child you may have felt that you were able to overcome the abuse and so your child would be able to as well. Some of the other reasons that may have influenced your actions or inaction may be described in the section on the "Consequences for the Mother." There are a variety of reasons you may not have taken appropriate action and understanding yourself will only be the beginning. The difficult part will be when you come to accept your lack of protection towards your child. Although you did not sexually abuse your child, if you knew the abuse was occurring, it is necessary for you to take responsibility for not protecting your child. This will not be easy, but it will be helpful to you and enable you to provide better support for your child.

Mother Blaming

Mothers are commonly blamed for their child's sexual abuse particularly, when the perpetrator was a family member. Whether you knew the abuse was occurring or not, you will probably be faced with the experience of mother blaming to a certain degree. Although this is a common occurrence for mothers of sexually abused children, it is not be easy to cope with. The blaming could come from friends, family members, or the government agencies that may be involved in your life now. Having a support system at

a time like this is crucial. If you are experiencing blame from family and/or friends, it may be a good idea to distance yourself from these people until you feel strong enough to cope with their responses or are able to prepare yourself for their responses. This is described more in detail in the “Self Care” section. If you are experiencing blame from social services or other government agencies, it will be impossible for you to distance yourself from these people. Again, it will not be easy to cope with, but it will be in your best interest to comply with their requests to demonstrate to them that you and your home are safe for your child or children. Initially, it may seem that the mandated requests (i.e. family therapy, parenting classes, etc.) are overwhelming and useless but eventually you may find them helpful. This is possible regardless of your knowledge of the sexual abuse prior to the disclosure. The following example will help demonstrate the potential of possible gains during this difficult time.

Rosa was a mother of three who was referred to a variety of services after the discovery that her 16 year old was being sexually abused by her step father. Frank, Rosa’s second husband and father of her two younger children was sexually abusing her eldest daughter Monica. Frank had been sodomizing Monica for the last 4 years and would threaten Monica by telling her he would hurt Rosa and her two younger siblings if she told anyone. When Monica was 16 she felt she couldn’t take it anymore and told her mother that Frank had been sexually abusing her for four years. Rosa was completely distraught but immediately left the home and contacted authorities. Since Frank was undocumented authorities did not press charges but had him deported back to El Salvador. Rosa was mandated to complete parenting classes, group therapy for mothers of sexually abused children, family therapy, and had to take each of her children to individual therapy. After a few sessions in a parenting class, Rosa asked the therapist if it were possible she receive her own individual therapy. Although Rosa was not mandated to complete individual therapy for herself, she thought it may be a good idea for her to have a place to discuss the difficulties she was experiencing. During her individual therapy, Rosa admitted that initially she was upset when the social worker requested her to complete so many services. Rosa stated that she felt the social worker had it in for her because she thought Rosa knew about the abuse and did nothing to protect her daughter. However, after a few sessions of parenting classes, family therapy, and group therapy, she found herself needing a place where she could openly discuss her feelings without feeling judged. At the end of her short-term individual therapy, Rosa reported that she was so grateful for all the new things she learned about family dysfunction and parenting. Most important to Rosa, was everything she learned about herself as she dealt with her own sexual abuse as a child and her feelings of helplessness after the disclosure of her daughter’s sexual abuse.

Consequences for the Mother

As a secondary victim of your child's sexual abuse, you may be faced with a number of losses. You will probably go through a grieving process with some of the losses so it is important to give yourself time to mourn them. The losses you will undergo will depend on your relationship with the abuser. Dr. Elisabeth Kubler-Ross created DABDA (Denial, Anger, Bargaining, Depression, Acceptance), a model that includes the different stages of a loss and the grieving process. The theory was initially created for grieving the death of a loved one, but it has also been used for the grieving process of other losses, such as sexual abuse cases for victims and secondary victims. Reviewing this model may help you understand your own process, where you stand, and what to expect as you progress through your own grief. It is important to note that although Kubler-Ross describes these stages linearly, she does point out that they do not always occur in such order. Kubler-Ross notes that a person may jump around in these stages. Every person's grieving process is unique and triggers in your environment can impact your grieving process so, don't be discouraged if you find yourself experiencing these stages more than once.

DABDA

Denial- after the initial discovery of your child's sexual abuse, you may be experiencing a normal sense of denial. You may tell yourself, "no not my child" or "no my husband/boyfriend/son couldn't have done this". Feeling this way is a normal reaction to something that is so incomprehensible.

Anger- this stage will usually begin as you begin to accept the reality of your child's sexual abuse. You may begin to ask yourself, "why me/my child?" The anger can be towards yourself for not having been able to protect your child or towards the perpetrator for causing your child harm.

Bargaining-as the anger begins to subside you may start to bargain with yourself about your child's sexual abuse.

Depression-you may start to realize that bargaining with yourself isn't going to work so you will start to feel depressed as the reality or acceptance of your child's sexual abuse begins to sink in for you.

Acceptance- in this stage you will have completely accepted the abuse of your child and you will begin the real process of healing.

Again, keep in mind that you may undergo anger, depression, and bargaining, a few times before you reach acceptance. This model can also be applied to some of the other consequences that will arise from your child's sexual abuse. Below are descriptions of losses you may be experiencing:

Loss of a Partner

If the perpetrator was your partner you may be experiencing a variety of losses. These can include loss of financial assistance or loss of physical and emotional companionship.

Loss of financial help is a difficult one to adjust to because it may include many changes in your life. These changes can vary from moving homes to concerns about feeding your family. The physical loss of your partner can include losing someone to sleep next to at night or having someone to spend time with overall. You may also grieve the loss of an emotional companionship. You may also be experiencing the loss of feeling wanted sexually by your partner. If your partner was engaging in sexual behaviors with your child, you may be having difficulty accepting that he or she was sexually attracted to your child. If you and your partner were having problems in your sex life, accepting that your partner preferred to engage sexually with your child may be very difficult for you to process. This can also induce a loss of self-esteem. You may also experience shame for feeling resentful towards your child. Give yourself time to think about some of the losses you are facing and apply refer to the model to better understand what is happening for you. In addition, you may have also been a victim of domestic violence from the perpetrator. This also plays a profound role in the loss of a partner who was physically violent towards you or your family. You may feel ashamed for continuing a relationship with your partner. You may also feel confused for feeling like you miss your partner even after all the harm he has caused you and your family. You may feel ashamed for continuing a relationship with your partner. You may also feel confused for feeling like you miss your partner after all the pain he has caused you and your family. Following is a case that demonstrates how difficult it can be to lose a partner for a mother.

Randall and Charlene were married for 12 years, of which 5 of those years Randall was sexually abusing his three pre-adolescent daughters. After a couple of years of abuse their three daughters disclosed to their mother they were being sexually molested by their father. When Randall heard the news that his daughters told their mother he became furious. He beat all three of his daughters and his wife Charlene to “teach them all a lesson” that they were not to speak of what happens behind closed doors. After beating his daughters he told them that the only reason he did it was to test them and that it was their fault for being whores and going along with it. Unfortunately, Charlene did not leave her husband and they all went on with their lives as though nothing had happened. The abuse did not stop until Randall himself left Charlene and his family for another woman. The other woman happened to be Charlene’s good friend. Even after Charlene begged Randall to stay, he beat her one last time and left his family for good. The pain for Charlene’s daughters resurfaced when Charlene and Randall attempted to renew their relationship some fifteen years later when Charlene’s daughters were all adults with their own families. Charlene’s daughters still struggle with the sexual abuse and lack of protection from their mother.

Loss of a Child

There are different ways that you can experience the loss of a child after sexual abuse. If your child was being sexually abused by an older sibling, you may be torn between the protection of your sexually abused child and your abusive child. This can be extremely difficult and you may feel like your victimized child has lost their innocence by being exposed to sex. You may also be faced with having to accept your older child is no longer someone you could count on to protect your younger child. You can also experience a loss of your child who sexually abused your child victim, if he or she was

living with you and forced to leave the home, was incarcerated, or isn't allowed near your home and child. You could also be experiencing the loss of your sexually abused child. If social services considered your home an unsafe place for your child, regardless of the perpetrator, your child may have been removed from your home and placed in foster care. If you knew the abuse was occurring and didn't take appropriate action, you may be accused of neglect. If you didn't know the abuse was occurring but social services doesn't feel your child is safe in your home, you may be accused of neglect and forced to take measures until social services feels your home is safe enough for your child to return. Following is another case that will illustrate the loss of a child after sexual abuse.

A mother of two, Maria had to not only accept that her five year old son had been sexually abused, but that her older son was the one who had been sexually abusing him. Maria's younger son Alfonso was having problems with his digestion and Maria was becoming worried when Alfonso would go days with having a bowel movement. Maria was becoming frustrated because when Alfonso would have a bowel movement he was not using the restroom and going in his pants. After numerous attempts and techniques to encourage Alfonso to use the restroom, she was forced to put diapers on him. Maria became so desperate she took him to see a doctor because she was becoming increasingly concerned with his minimal bowel movements even with the diaper. After an extremely difficult doctor's visit, the doctor felt that Alfonso was showing symptoms of a sexually abused child. After a discussion with Alfonso and a report was made by the doctor, it was evident that Alfonso was being sodomized. Alfonso disclosed to his mother that his fifteen year old brother Carlos made him promise not to tell or he would stop bringing him snacks from his walks home from school. After reports were made to proper authorities, Carlos was incarcerated at a rehabilitation center for youth sexual offenders. Maria was mandated to attend parenting classes and individual therapy. Overcoming the sexual abuse of Alfonso and the incarceration of Carlos were extremely difficult for Maria. Maria found it challenging to support both of her children appropriately.

Loss of other Family Members

There are other trusted family members that could have abused your child besides a sibling or a partner. Losing these people will be very difficult for you and your entire family. If your child was abused by your father or mother, this may mean that you will have to endure the loss of a parent. This grieving process may be similar to the death of a parent so it will not be difficult to overcome. The perpetrator may have been your own brother or sister and again this may feel similar to the death of a family member. If you choose to cut all ties with your child's perpetrator, dealing with this loss is going to be a life-long process. You may always stay angry with the perpetrator but still miss the times when you trusted this person. Coming to terms with the acceptance that this person you trusted sexually abused your child will be complicated for you. If you decide to maintain a relationship with this person, the loss of trust will be something you need to face and work through.

Emotional Loss of Trust

Webster's dictionary defines trust as the trait of believing in the honesty and reliability of others; so it should be expected that trust will be a major loss after the discovery of your child's sexual abuse. This loss of trust may influence many aspects and relationships in your life. It is likely that you will no longer trust the person who sexually abused your child, however this loss may also spill into the trust you've had for other family members. Initially after the discovery of your child's sexual abuse, the inability or difficulty trusting others may be more difficult to cope with. It is normal reaction for you to feel as though you can't trust anyone with your children. Although mistrust will decrease with time, the reality is that you may never fully regain complete trust of anyone. This will probably be a long term consequence that you will have to cope with, especially while your children are still underage and at risk for re-victimization. This is when you will need to work with your child on prevention in order to increase your own trust and your child's trust in others. Future relationships can also be affected by the loss of trust. For example, if your child was sexually abused by your partner, you may have tremendous difficulty trusting a future partner. Again, all of the losses described above can be examined using the DABDA model to help you understand yourself better.

Remaining Hopeful

Clearly, it will not be an easy process to overcome the losses you will experience as a result of your child's sexual abuse. Child sexual abuse will always be part of your history, but this doesn't mean that you will not be able to overcome it and find ways to cope with it. Similar to the DABDA model described above, you may experience these stages for years related to the acceptance of your child's sexual abuse. This is completely normal and part of your process to overcome the sexual abuse your child has endured. Although there is limited material for non-offending parents, try to find resources and/or explore some of the suggestions in the manual that are best suited to your needs. Try to remain hopeful, help through this process will be beneficial for you, your victim child, and your entire family. Studies show that involving parents in their child's treatment has considerable advantages (Corcoran & Vijaren, 2008; Alaggia & Knott, 2008).

“No matter how dark the moment, love and hope are always possible.”
–George Chakiris

References

- Adams, C. & Fay, J. (1992). *Helping your child recover from sexual abuse*. Seattle, WA: University of Washington Press.
- Alaggia, R. (2001). Cultural and religious influences in maternal response to intrafamilial child sexual abuse: Charting new territory for research and treatment. *Journal of Child Sexual Abuse, 10*, 41-60.
- Alaggia, R., & Knott, T. (2008). Treatment for the nonoffending caregiver. In C. Hilarski, J. Wodarski, & M. D. Feit (Eds.), *Handbook of Social Work in Child & Adolescent Sexual Abuse* (pp 203-227). Binghamton, NY: Haworth Press.
- Corcoran, J., & Vijavan, P. (2008). A Meta-Analysis of parent-involved treatment for child sexual abuse. *Research on Social Work Practice, 18*(5), 453-464.
- Daugherty, L. (2006). *Why me? help for victims of child sexual abuse (Even if they are adults now) fourth edition*. Roswell, New Mexico: Cleanan Press, Inc.
- Finkelhor, D. (1984). *Child sexual abuse: New theory and research*. New York: Free Press.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: an update. *Professional Psychology: Research and Practice, 21*(5), 325-330.
- Finkelhor, D. (1993). Epidemiological factors in the clinical identification of sexual abuse. *Child Abuse and Neglect, 17*, 67-70
- Fontes, L.A. (2005). *Child abuse and culture: Working with diverse family*. New York, NY: The Guilford Press
- Hagans, K. B & Case, J. (1988). *When your child has been molested: A parent's guide to healing and recovering*. New York, NY: Lexington Books.
- Imblems, A. & Jonker, I. (1992). *Christianity and incest*. Minneapolis, MN: Fortress

Press

Merriam Webster Dictionary. (<http://www.merriam-webster.com/>)

Mothers of Sexually Abused Children. (<http://www.mosac.net>)

Prendergast, W. P. (1996). *Sexual abuse of children and adolescents: A preventative guide for parents, teachers, and counselors*. New York, NY: The Continuum Publishing Company.

Three meditation techniques for beginners. (n.d.). Retrieved from <http://www.mymeditation.comarden.com/meditation-techniques/3-meditation-techniques-for-beginners/>