A STUDY OF MOTHERS' RESPONSES
TO CHILD SEXUAL ABUSE
BY ANOTHER FAMILY MEMBER

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ABSTRACT

This study is an exploratory one, examining the processes involved in mothers' responses to the sexual abuse of a child, and in social workers' responses to mothers. It is based on two sources of data: depth interviews with 15 mothers whose children had been sexually abused by a male relative, and records for 13 social work cases involving child sexual abuse supplemented by interviews with the social workers involved.

Four key processes in the mothers' responses, which overlapped in a variety of ways in different cases, are discussed:

i)   coping and coming to terms with the losses the abuse involves for the mother herself,

ii)   an interactive process of discovery, involving others within and outside the family, and influenced by the availability, interpretation and evaluation of evidence,

iii) a decision-making process involving risk-taking and the negotiation of conflicting relationships,

iv)   a help-seeking career in which a range of aims and inhibiting factors are reflected in the timing of help-seeking, the source from which help is sought and the mother's experience of others' responses, both from informal networks and professional intervention.

The factors that influenced the mothers' location within each process are identified.

The mothers' accounts of their experience of help from informal and formal sources are examined. A common theme in these was a sense of invalidation of their own perspective and needs. The sample of social work cases is analysed to consider possible sources of this experience within the process of social work with mothers of sexually abused children, identifying points of conflict or misinterpretation which lead or threatened to lead to mothers' withdrawing from cooperation with agencies. The implications of both parts of the study for theory, policy and social work practice are outlined.

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INTRODUCTION:
CHILD SEXUAL ABUSE IN PERSPECTIVE

The sexual abuse of children has been a consistently high
profile public issue throughout the late 1980s, and
continues to be one. It is not a new problem, nor is this
the first period of its recognition. Since the 1870s,
there have been alternating periods of consternation and
complacency (Smart, 1989b), as a result both of
fluctuating levels of social anxiety about family life and
the influence of various political movements, especially
feminism (Gordon, 1988). The way the problem has been
constructed has varied at different times, reflecting the
relative power of the different actors involved. Children
and mothers have relatively little power over such
definitions, and while feminist campaigns to counter this
have influenced the visibility of all forms of family
violence, feminist agendas have rarely become established
policy (Gordon, 1989). Hence, child protection concerns
have often reflected anxieties about the control of girls'
sexuality as well as about deterring abuse (Gorham, 1978;
Gordon, 1989; Smart, 1989b), and the current emphasis on
children's rights is a relatively recent innovation.

Hence too, theoretical frameworks have often blamed
children and/or mothers for the abuse perpetrated by men.
The explanation of incest dominant in the 1930s,
influenced by psychoanalytic ideas, focussed on girls
seducing their fathers (cf Bender & Blau, 1937; Sloane &

Karpinski, 1942). As this explanation disappeared, it was replaced gradually, in the 1950s and 1960s, by the dysfunctional or pathological family analysis which accorded mothers the central 'role' in father-daughter incest (cf Kaufman et al, 1954; Lustig et al, 1966). Only within the context of second wave feminism has child sexual abuse been redefined as primarily a problem of masculine sexuality, and abuse within the home an expression of the power relations of gender and age in normal families in a patriarchal society, albeit in extreme form (Ward, 1984; Nelson, 1987; Kelly, 1988a). This redefinition has not occurred without conflict, and the 'role' of mothers in relation to child sexual abuse continues to be both controversial, and crucial for children and professionals. Theoretical and policy issues in relation to mothers of sexually abused children are discussed in chapter 1, together with the relevant research. This introduction considers the available evidence on the extent of child sexual abuse, to place the significance of mothers, most commonly the primary carers of children, in context.

Definitions, prevalence and patterns

The extent of child sexual abuse is not easy to establish. Attempts are dogged first by the contested issue of definition. Definitions of all forms of child abuse are social constructs, and the outcomes of struggles to change them reflect the distribution of cultural power. The concept of child abuse as a whole has been gradually

extended from the very specific category referred to by the 'battered child syndrome' of the 1960s to incorporate a wide range of problems attributable to adults which can have an adverse effect on children (Dingwall, 1989). Child sexual abuse can be defined broadly as:

> '... contact and interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another' (National Center on Child Abuse and Neglect, USA, cited in Gomes-Schwartz et al, 1990, p36).

The crucial defining factor is the power relationship between adults and children, or between adolescents and younger children, and the inability of children to give informed consent (Finkelhor, 1984a). Any involvement of children in sexual activities with adults therefore involves a betrayal of the trust children necessarily place in adults, and especially their caretakers (Dominelli, 1989).

This definition however leaves room for disagreement over exactly what sexual activities should be included. There is currently a tendency to distinguish between sexual acts of more or less severity, either organising them into a hierarchy (cf O'Hagan, 1989) or excluding acts in which no physical contact is involved, such as flashing, showing pornography or voyeurism, altogether (cf Cooper & Ball, 1987; La Fontaine, 1990). Both these approaches have limitations. It is commonly assumed that penetrative abuse is more serious than non-penetrative (cf O'Hagan, 1989). Gordon's study (1989) noted however that

precisely because of the widespread definition of sex as intercourse, many incestuous men refrained from it, seeking other forms of satisfaction considered less 'wrong'. There is evidence that the child's trauma is influenced more by the use of aggression and violence than by the specific sexual act (Gomes-Schwartz et al, 1990).

In relation to non-contact abuse, adult women's experience of flashing indicates that it is both violating in itself and relies in part for its impact on the threat of further assault (Kelly, 1988a). Furthermore, persistent flashing by a father, say, carries a different threat from a single incident by a stranger, and to incorporate the experience of children, definitions must take account not only of the acts involved, but their persistence over time and the relationship and access the abuser has to the child. The definition of sexual abuse used in the present study includes both contact and non-contact abuse. Further information about the forms and duration of abuse, and the relationship of abusers in the cases studied is included in chapter 2.

The main sources of evidence on the prevalence(1) of child sexual abuse are retrospective surveys of adults asking about their childhood experiences. A review of the available British surveys, adopting a definition excluding non-contact abuse, concluded that a minimum prevalence rate might be about 10% (La Fontaine, 1990). Far more research has been conducted in the USA, and figures from different surveys vary widely, both because of different definitions and methodologies. Where interviewers are

matched to subjects by sex, race and ethnicity, and carefully trained to handle the sensitivity of the subject, higher prevalence rates are reported (Russell, 1984b). If more than one interview is used, further incidents are reported (Kelly, 1988a). The most reliable of American surveys of women's experience, based on interviews with a probability sample of 930 women, reported a number of different rates, based on different definitions. Using the broadest definition, including non-contact abuse, 54% reported at least one experience of sexual abuse before the age of 18. 38% reported abuse within a narrower definition, excluding non-contact abuse. 16% reported sexual abuse by family members, and 4.5% reported abuse by fathers or father substitutes (Russell, 1988). A national survey which included men and women found that 27% of women and 16% of men reported being sexually abused as children (Finkelhor et al, 1990).

All such surveys, however sensitively conducted, are likely to be underestimates for two reasons. First, children commonly 'forget' or block out memories of sexual abuse in order to cope with them, and such memories reemerge much later in adult life (Kelly, 1988a). Some respondents are likely not to report incidents that have occurred because they are still inaccessible to memory. Secondly, child sexual abuse appears to cluster, both in residential units (i.e. siblings of an abused child have a higher than average chance of being abused too) and in localities. Surveys of adults who have dispersed from their childhood living arrangements are likely to miss

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this factor (La Fontaine, 1990).

Clearly child sexual abuse is a widespread problem. Some consistent patterns also emerge from surveys. Unlike other forms of child abuse, there is no evidence that sexual abuse is differentially distributed by class (Finkelhor, 1986a). Girls are more likely to be sexually abused than boys, and more likely than boys to be sexually abused by family members (Finkelhor et al, 1990). Boys who are sexually abused are more likely than girls to be abused by strangers, reflecting the patterns of children's lives, in which boys are less closely supervised and hence have more contact with strangers (La Fontaine, 1990). Boys are also somewhat less likely to tell anyone of their abuse than are girls(2). The overwhelming majority of perpetrators are male. There have been increasing references recently to sexual abuse by women and speculation that this may be less likely to be detected (Banning, 1989; Wilkins, 1990). A review of American evidence undertaken after similar speculation concluded that women comprised roughly 5% of the perpetrators of abuse of girls and 20% of perpetrators of abuse of boys (Finkelhor & Russell, 1984d). It therefore confirmed that while abuse by women does occur, sexual abuse is primarily a male problem.

Incidence: is it increasing?
There has been some speculation recently that the sexual abuse of children is increasing in incidence, and not just in recognition (O'Hagan, 1989; Gledhill et al, 1989). The

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rapid increase in cases of child sexual abuse on child

protection registers held by local authorities during the

1980s is cited to support this. The figures produced by

the National Society for the Prevention of Cruelty to

Children (NSPCC), based on a sample of registers covering

about 10% of the child population in England and Wales,

show that the numbers of children on registers more than

doubled from 1983 to 1987, and the proportion of these who

had been sexually abused increased from 5% in 1983 to 28%

in 1987 (Creighton & Noyes, 1989). The rate of sexual

abuse registrations decreased again however by 10% in

1987-88 (NSPCC, 1988). This slowdown may be the result of

the earlier increase being a process of catching up with a

backlog of unrecognised cases (Creighton & Noyes, 1989).

Alternatively, it may represent greater reluctance to

intervene in the wake of criticisms levelled at

professionals in Cleveland during 1987. The Department of

Health (DoH) now collates figures from all local

authorities, and the most recent statistics show a 1%

increase in registrations for child abuse in 1988-89 over

the previous year, with 14% of cases involving child

sexual abuse, and a further 2% involving sexual abuse plus

either neglect or physical abuse (DoH, 1989c).

Registered cases are no basis on which to judge the

actual incidence of child sexual abuse however.

Retrospective surveys of adults invariably show that only

a small proportion of incidents of child sexual abuse are

reported to any agency (Finkelhor, 1986a), and the process

from reporting to registration involves further selecting

out at a number of points (Taylor, 1989). Local criteria for registration vary (Walton, 1990), as do professional assessments of risk (Corby & Mills, 1986). Increased numbers of cases registered may reflect increased reporting by members of the public, increased awareness and detection by professionals and/or increased use of the child protection register in the management of cases.

The evidence from other sources on trends in the incidence of child sexual abuse is limited, but that which exists (from the USA) does not support the view that the current recognition is due to an increase in incidence. A historical study of child protection agency records in Boston from 1880-1960 found a consistent level of 10% of cases involving incest throughout the period despite fluctuating levels of public awareness (Gordon, 1989). Finkelhor et al's (1990) national survey of adults found no consistent upward trend over time. Lower rates of abuse were reported by women aged over 60 and significantly higher rates by women aged 40-49, suggesting that high risk was attached to those born during the period 1936-45. Those born 1955-67 and growing up in the 1960s and 70s reported no higher level of abuse than their immediate predecessors (Finkelhor et al, 1990). Russell's survey similarly found few significant changes over the lifespan of the women interviewed (Russell, 1984b). Overall, the limited evidence suggests that child sexual abuse was not less frequent but simply more effectively concealed in the past. The so-called 'incest taboo', it seems, has not been on the act itself but on talking about

it (Courtois & Sprei, 1988).

The argument that sexual abuse is increasing relies on attributing it either to the sexual permissiveness of the 1960s (O'Hagan, 1989) or the 'decline of the traditional family', represented by the increasing divorce rate and increasing numbers of lone parent families (Gledhill et al, 1989). There is little if any evidence to support the former thesis. The latter however merits attention. That family breakdown increases children's vulnerability to abuse is suggested by the study cited above, since children born 1936-45 are likely to have suffered separation from their fathers, the disruption of war and the return of fathers after a long period of absence. The higher incidence of abuse to children living with stepfathers has also been attributed to the vulnerability of children when separated from, or having lost, a parent (La Fontaine, 1990). However this does not suggest that sexual abuse is increasing, since while the primary causes of family breakdown have changed over the last century from death to divorce, family breakdown itself is not a new phenomenon. Moreover the connection may at least in part be attributable to the lesser parental responsibility that may be felt by men who have been absent during their children's (or stepchildren's) early years, as much as the degree of children's vulnerability. There is some evidence that men who have been involved in childcare and nurturing during the early years of a child'd life are less likely to sexually abuse them (Parker & Parker, 1986). In addition, if children of lone parents are

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especially vulnerable, it may be because of the lack of resources such parents commonly have to maintain a stable environment. The need to rely on multiple caretakers in the absence of adequate affordable childcare may increase the likelihood of abuse (Gomes-Schwartz et al, 1990).

Arguments about the decline of the family frequently ignore the evidence that the traditional patriarchal family itself was not a safe place for children. Families in which fathers are particularly dominant and mothers particularly powerless, indicated either by the mothers' own victimisation by their partners, illness and/or isolation (Herman & Hirschman, 1981a; Truesdell et al, 1986; Cammaert, 1988; Gordon, 1989) or by a significantly higher educational level in husband than wife (Finkelhor, 1984a) also increase children's vulnerability to sexual abuse. It is likely that the increased access of women to tertiary education and increased participation in the labour market over the past few decades has led to a decline in such family patterns, with beneficial effects for children. In addition, an 'unhappy family life' is also a significant risk factor (Finkelhor et al, 1990), and the greater acceptability of divorce may mean that fewer children live long-term in 'unhappy families'. A return to the traditional (patriarchal) family, with attempts to make divorce and lone parenthood more difficult (Gledhill et al, 1989), is no solution.

A study of mothers: the context
Disputes over the relevance of changing demographic

patterns to children's welfare, and the value positions

underlying them, clearly have implications for the

expectations of mothers as primary carers when their

children are sexually abused, and the response of public

services to them. Where children are abused by fathers or

father substitutes, those who view the increase in lone

parent families as an inherently undesirable trend

emphasise reconstitution where possible as the aim of

intervention (cf Fawcett, 1989). Feminists who see the

patriarchal family as characterised by inequity, conflict

and contradiction, and abuse as rooted in its power

relations, emphasise the empowerment of women and children

as the primary aim of intervention (Nelson, 1987; MacLeod

& Saraga, 1988).

The research for this study was started in 1986. The

dominant explanatory framework for intrafamilial child

sexual abuse then, later enshrined in the DoH guidelines

for child protection workers, defined incest as 'due to

distorted family relationships' (DHSS, 1988, p35). This

rested on the dysfunctional or pathological family

analysis on which the work of the NSPCC (Dale et al,

1986b) and Great Ormond Street (Bentovim, 1988a) is based.

Feminist criticisms of this perspective, including the

blaming of mothers it implies (MacLeod & Saraga, 1988),

have led to some rethinking of this analysis since, and

the most recent guidelines on training Social Services

staff for child sexual abuse work state that no single

theoretical explanation is adequate (DoH, 1989a).

As well as theoretical shifts, the policy context has

been changing rapidly. There have been increasing references in the social work press to mothers of sexually abused children, as forgotten victims (Webster & Briggs, 1987), or secondary victims (Baghramian & Kershaw, 1989). Both the Cleveland inquiry (Secretary of State for Social Services, 1988) and the Children's Act 1989 have emphasised the need for professionals to work in partnership with parents for the sake of the child, and practitioners too have recognised that work with the mothers of sexually abused children is necessary for effective work with children (Baghramian & Kershaw, 1989; Wright & Portnoy, 1990; Brodie & Weighell, 1990). Research on mothers' responses undertaken in the USA has also proliferated (Myer, 1984; Johnson, 1985; de Jong, 1988; Faller, 1988b; Sirles & Franke 1989; Everson et al, 1989; Sirles & Lofberg, 1990; Gomes-Schwartz et al, 1990). There is however no published research on mothers' responses undertaken in the UK as yet.

Chapter 1 discusses in more detail the theoretical frameworks relevant to mothers of sexually abused children, the findings of American research undertaken on mothers' responses, and the policy context of the study. Chapter 2 outlines the aims and methods of the study, an exploratory one which sought to elaborate the processes involved in mothers' responses and in social work with mothers of sexually abused children. Chapters 3 to 7 offer a reconceptualisation of mothers' responses. Previous studies have categorised mothers' responses by outcome, defined in relation to the child's needs, and

sought factors which correlate with different types of
response. Responses which meet agency definitions of
children's needs - primarily for belief, protection and
cooperation with agencies - tend to be regarded as
unproblematic, and only those which deviate to be in need
of explanation. The qualitative, case study approach of
the present study locates all actions within their context
of meaning, discusses common processes along which mothers
could move during their response and identifies the
factors that influenced them. The losses involved for
mothers in the sexual abuse of a child are discussed first
(in chapter 3), since loss was an ongoing theme
influencing the processes of finding out about abuse
(chapter 4), of deciding what to do (chapter 5), and of
seeking help (chapter 6). Chapters 6 and 7 then discuss
the responses of others, both informal and formal sources
of help, from the perspective of mothers. Since the
relationship between mothers and social workers is a
central and often difficult one in the child protection
work of statutory agencies, chapter 8 shifts the focus to
'the other side', examining social workers' perspectives
on mothers of sexually abused children.

Notes

1. Prevalence refers to the proportion of the population
affected, incidence to the number of cases occurring in a
year (La Fontaine, 1990).

2. See Finkelhor (1984a) and Peake (1989) for discussion
of possible reasons for the underreporting of sexual abuse
of boys.

CHAPTER 1:
MOTHERS OF SEXUALLY ABUSED CHILDREN:
THEORY, RESEARCH AND POLICY ISSUES

There is a vast and rapidly expanding literature on incest and child sexual abuse, drawn from the fields of anthropology, psychology, psychoanalysis, sociology, criminology, ecology and sociobiology (cf Vander Mey & Neff, 1986; Haugaard & Reppucci, 1988 for reviews). There are also different theoretical perspectives (such as feminist) which crosscut such disciplinary boundaries. Most reviews of theories include a motley collection of disciplines and perspectives, for example separating sociological and feminist perspectives (Corby, 1989), or psychoanalytic and feminist perspectives (Reid, 1989).

Despite different categorisations, all recent reviews include feminist and some variant of family systems/family dysfunction theory (MacLeod & Saraga, 1988; Waldby et al, 1989; Reid, 1989; O'Hagan, 1989; Corby, 1989). The first section of this chapter discusses primarily these two perspectives only, since they have been the most influential in debate about mothers of sexually abused children. There has been considerable conflict between advocates of each perspective in the past. There are now some areas of agreement, and those who argue that family systems and feminist thinking have a 'natural affinity' (Smith G, 1989a). However, the conflict rumbles on and its influence on the professional context has been argued to be damaging for all concerned (Craig et al, 1989). The

debate is discussed in order to identify the changes that have occurred, and to establish a framework in relation to the key contested issues of explanation, power and responsibility.

Following the examination of these perspectives, the chapter outlines the findings of previous research on the responses of mothers to the sexual abuse of a child by others. There are three main categories of research involving mothers of children who have been sexually abused. First, there is research on risk factors which involves mothers in seeking what increases children's vulnerability to abuse, by comparing the characteristics of mothers or families of children who have been sexually abused with those of children who have not. Some of this has been discussed in the introductory chapter. Secondly, there is research on mothers' responses to the sexual abuse of a child, based on samples of mothers whose children have been sexually abused, and comparing those who respond in different ways, protecting or rejecting the child for example. Thirdly, there are a few studies of mothers as abusers themselves, descriptive accounts of small clinical samples (Goodwin & Divasto, 1979; McCarty, 1986; Chasnoff et al, 1986; Banning, 1989).

Discussions of mothers' 'roles' commonly conflate risk factors and responses (and sometimes mothers who abuse themselves). While there is some overlap between the first two - a mother who does not respond protectively clearly increases the risk of the child being reabused - it is also worth maintaining the distinction, since risk

factors do not imply any knowledge of the abuse by the mother and responses clearly do. While family systems theorists sometimes discount the significance of this distinction, using the concept of knowledge, conscious or unconscious (cf Welldon, 1988), it is one that is highly significant to mothers. This chapter discusses fully only the research on mothers' responses.

The third section discusses the policy issues relevant to mothers of sexually abused children. While feminist perspectives on child sexual abuse have been constructed largely from the accounts of adult survivors, the public response to children currently being sexually abused is more influenced by a child protection system developed primarily in response to physical abuse. Child sexual abuse raises many different problems. Most importantly, the fact that it is commonly surrounded by secrecy and often leaves no visible mark on a child means that the access of both non-abusing parents and professionals to knowledge of the child's experience is considerably less direct. The section on policy issues discusses the context within which work with sexually abused children is developing and its implications for mothers as their primary carers.

The feminist/family systems debate

Broadly, family systems theorists have defined child sexual abuse as the product of family pathology, of faulty patterns of family interaction in a minority of deviant, 'dysfunctional' families, and feminists have defined child

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sexual abuse as a form of men's violence, reflecting the power relations between men, women and children in a male-dominated society. Family systems theorists have had little to say about extrafamilial abuse, focussing primarily on father-daughter incest. They have also had little to say about why it is primarily men and not women who sexually abuse children, both within and outside families.

There are many differences within family systems theory, both theoretical and political. Some basic principles are however common to all versions: a focus on the psychological roles adopted by family members (such as victim and persecutor) rather than the specific content of interactions or speech, a view of causality as circular rather than linear, and an emphasis on the importance of communication, verbal and non-verbal (Dale et al, 1986b). In relation to child sexual abuse, the dominant versions of family systems theory in this country, outlined by representatives of the NSPCC (Dale et al, 1986b) and Great Ormond Street (Bentovim et al, 1988b), have argued that all family members play a part in the patterns of interaction which lead to the initiation and maintenance of sexually abusive behaviour. The adoption of a systems model of circular causality as a premise means that all behaviour of family members, however widely it varies, is by definition a part of the problem until the problem is stopped. Within this framework mothers cannot avoid a 'role' in the abuse, whether it is one of not knowing anything about it (and hence the failure of communication

between them and the child being the problem) or of suspecting and not taking 'appropriate steps' to stop it (seen as collusion) (Elton, 1988).

Feminist analyses have focussed attention on questions of gender and power. Child sexual abuse has been located within a continuum of men's violence, including rape, domestic violence and sexual harassment (Herman & Hirschman, 1981b; Ward, 1984; Kelly, 1988a; MacLeod & Saraga, 1988). The patriarchal assumptions underlying much of the literature on research and service provision, regarding men's presumed rights of sexual access and women's sole responsibility for meeting all needs of men and children, have been criticised (Herman & Hirschman, 1981b; Ward, 1984; Hooper, 1987; MacLeod & Saraga, 1988; Reid, 1989; Waldby et al, 1989). The limitations of focussing only on family interaction to explain patterns of offending behaviour which can often be traced back to adolescence, long before the present family was formed, have been identified (Berliner & Stevens, 1982; Glasgow, 1990). In relation to mothers, feminists have focussed mainly on father-daughter incest, highlighting the relative powerlessness of women within families and the wider society (Herman & Hirschman, 1981b), the role of men's violence against women and children as a form of control (Waldby et al, 1989; Hearn, 1990), the losses and conflicts of loyalty women face when father-child incest is discovered (Burgess et al, 1978c; MacLeod & Saraga, 1988) and the idealised expectations of mothers which underly the blame and anger directed at them when they do

not meet all children's needs (Kelly, 1988a).

Over the last few years, feminist analyses have had some influence on family systems thinking. The overt mother-blaming of the early literature, in which mothers' abandonment and/or collusion were commonly cited as causal factors, and in some cases mothers were accorded the 'pivotal role' in father-daughter incest, is considerably less common in more recent accounts. Some theorists now emphasise a distinction between cause and responsibility, arguing that circular causality does not mean that the personal responsibility of the perpetrator for the abuse is lessened or that mothers are to blame for it (Sturkie, 1986; Hildebrand, 1989; Asen, 1989; Masson & O'Byrne, 1990) and/or between cause and maintenance, suggesting that family dynamics may play a part in maintenance if not cause (Masson & O'Byrne, 1990). The problem of applying the premise of circular causality to violence, a 'strikingly lineal concept' has been recognised if not resolved (Dell, 1989).

Not all family systems theorists now lay claim to 'explaining child sexual abuse'. Some are considerably more modest, suggesting only that family systems ideas may have a useful role to play in understanding and treating child sexual abuse, since family dynamics influence the child's experience, and emphasising that systemic thinking plays only a small part in the treatment of sexual abuse (Masson & O'Byrne, 1990). Others however hold on to family dysfunction as at least a partial explanation (Friedman, 1988) or an explanation in some cases

(Bentovim, 1989). Since the extent of family therapy's relevance to treatment relies on a systemic view of causation, professional interests are clearly at stake in its defence.

While feminists have criticised family systems theorists for their failure to address power relations within families, different schools of family systems theory conceptualise and incorporate power in different ways (Smith G, 1989b; Dell, 1989). There are also differences in the extent to which the relationship between the individual, family and wider society, and hence structural inequalities of gender, age, class and race are addressed (Hare-Mustin, 1987; Masson & O'Byrne, 1990). There are increasing attempts to integrate feminist analyses with family systems thinking. A functionalist and consensual model of the family, with an assumption that the sexual division of labour is natural, underlies the dominant orthodoxy (cf Bentovim, 1988b). This is replaced in some recent accounts with recognition of the reality of power relations of gender and age, the different interests of individuals within families, and the plurality of family or household forms (Masson & O'Byrne, 1990).

Feminist thinking has therefore had increasing, although by no means uniform, influence. There are also however unresolved issues in the debate which merit attention. These concern the relationship between individual and social explanations, and the interrelated questions of power and parental responsibility.

i) The question of explanation

Finkelhor's (1984a) model for explaining child sexual
abuse (both extrafamilial and intrafamilial) provides a
way of integrating individual and social levels of
explanation. This model, which is now widely accepted by
professionals, sets out four preconditions that have to be
met for sexual abuse to occur. First, a potential abuser
needs to have some motivation to abuse a child sexually.
Secondly, the potential abuser has to overcome internal
inhibitions against acting on that motivation. Thirdly,
the potential abuser has to overcome external impediments
to committing sexual abuse, and fourthly, the potential
abuser or some other factor has to undermine or overcome a
child's possible resistance to the sexual abuse.

Since explanation requires addressing first, all four
preconditions and secondly, the interaction between
individual, familial and social factors at each stage,
both family systems theorists and feminists have tended
sometimes to make total claims for partial explanations.
While some family systems theorists no longer lay claim to
causality (Masson & O'Byrne, 1990), those that do commonly
rely on descriptive accounts of family characteristics
which are presented as if they had some explanatory power,
often in isolation from the wider societal context (cf
Bentovim, 1988b). The catch-all concept of circular
causality means that all family interactions, whether or
not they have been established as significant by research
with control groups, are accorded contributory status.
Hence, despite the fact that recent research has not

confirmed the commonly held notion that the quality of a

man's relationship with his wife is an important

contributor to child sexual abuse (Parker & Parker, 1986),

mothers are required in therapeutic work based on a

systemic view of causation

> 'to acknowledge how the marriage relationship or
> partnership, as well as the structure and organisation
> of the family, may have contributed to the sexual
> abuse' (Hildebrand, 1989, p244).

Whatever caveats are given about separating cause and

responsibility, such an explanation is likely to be

interpreted as implying blame for the abuse. It also

risks leaving children at risk through failing to address

more significant causes of the problem.

While some family systems theorists still roll

everything mothers do into the causal net, feminists have

sometimes gone to the other extreme and excluded

consideration of any contribution by mothers to the third

and fourth stages of Finkelhor's model, via the child's

supervision and vulnerability (cf MacLeod & Saraga, 1988;

Reid, 1989). Any contribution mothers' relationships with

children make to the child's vulnerability is significant

only after the abuser is motivated to abuse and has

overcome his own internal inhibitions. This is

nevertheless worth considering if the overall aim is to

reduce the sexual abuse of children.

One of the dangers of research that seeks to establish

what increases children's vulnerability is that risk

factors may be attributed causal status and either leave

more important issues unaddressed (those relating to the

first two of Finkelhor's four preconditions), or attribute inappropriate responsibility to the mother. Professional interests influence this process, in which increasing attention is being paid to mothers' own experiences of sexual abuse as children and the perpetuation of a cycle of abuse theory (Faller, 1989). This fits comfortably within a family systems perspective, where reference is sometimes made to sexual abuse being 'repeated across generations' (Vizard & Tranter, 1988, p73). It serves both to legitimise professional interventions and to deflect attention from structural causes of abuse, isolating the problem to a few deviant, multi-problem families. A similar purpose is served by the medical model of physical child abuse (Parton, 1985).

The evidence to support the existence of a 'cycle of abuse' involving mothers of sexually abused children is limited. Such findings as there are which indicate high rates of childhood sexual abuse amongst mothers whose children are sexually abused may to some extent be the result of sample bias, either the product of memories triggered by the child's abuse (Courtois & Sprei, 1988; Walker, 1988a) and/or the greater desire of mothers with a history of abuse themselves to seek help for children to spare them effects that they have suffered (Dempster, 1989). Moreover, in all studies reporting a link (Goodwin et al, 1981b; Leroi, 1984; Faller, 1989), a substantial proportion, if not the majority, of mothers whose children have been sexually abused do not report being sexually abused themselves.

For attention to mothers as risk factors to be a non-blaming response requires attention to the other contributing factors in order of their significance, i.e. greater attention to factors which contribute to the motivation and overcoming of internal inhibitions of abusers. It also requires attention to the social conditions of mothering and to the way they contribute to the difficulties of mother-child relationships through isolation, poverty and lack of support for childcare (Parton C, 1990). And it requires recognition of risk factors as being just that - increasing risk but not causing abuse. No child is supervised or mother available all the time, and all children are vulnerable to adults to some extent. While some children are less supervised and more vulnerable than others, not all of them are sexually abused, and some are sexually abused despite close supervision and close relationships with their mothers.

There is a place too for considering the different vulnerabilities of women to violent men as well as the position of women as a group. Feminist analyses have been characterised by their focus on the question of why men sexually abuse children (and women), and by a social structural level of analysis in relation to mothers' responses. However, child abuse is always the product of an interaction between individual propensities and social conditions (Gordon, 1989), and the same can be said about women's relationships with their children. A focus on the social and material disadvantages that face women as a group leaves social workers faced with individual women

responding differently to similar circumstances in a theoretical vacuum (Stevenson, 1989b). Similarly, an analysis of child sexual abuse focussing only on male dominance and the social construction of masculinity allows no way of considering which men are more likely to abuse than others, or in which circumstances (Segal, 1990; Hearn, 1990). There is therefore a need to address the interaction between individual, familial, material and cultural factors.

ii) The questions of power and responsibility

Feminists have been criticised for presenting mothers as never having any responsibility because they are always powerless (La Fontaine, 1990), or as blameless victims (Craig et al, 1989). This seems partly due to the tendency for debate to polarise around one aspect only of a contradictory situation, where two aspects are equally salient, or alternatively to conflate contradictory perspectives to present a unitary account. The position of mothers of sexually abused children is contradictory in three ways. First, they are frequently both dependent on and victimised by men themselves _and_ the protectors and potential victimisers of children (Gordon, 1989). Family systems theorists have sometimes seen mothers only as child protectors. Feminists however have sometimes focussed only on mothers' own victimisation, dependence and loss, and accorded no place for discussion of mothers' ability to protect or potential to victimise their children (cf Dominelli, 1989). For mothers, these aspects

of their position are inextricable, and there is a need to consider the ways they are interrelated and how the conflicts they entail could be lessened rather than to focus on only one or the other. While both gender and age are significant axes of power, they are qualitatively different - the power mothers have by virtue of age progressively lessens as their children get older, and in the case of boy children may be counterbalanced by the power the children acquire by virtue of their gender.

Secondly, the structural (or linear) power mothers have in relation to children is often contradicted by a subjective (or interactional) sense of powerlessness (Hildebrand & Forbes, 1987; Bagley & King, 1990). This combination in either parent has been argued to be at the root of the physical abuse of children (Masson & O'Byrne, 1990). And thirdly, in relation to subjective experience, mothers are commonly in the position where they have nothing to do with the abuse from their own perspective (and thus may feel victims of circumstances beyond their control), but nevertheless are inextricably involved in the meaning of abuse to and impact of abuse on the child (raising questions of parental responsibility). The tensions all these contradictions entail for work with mothers need to be examined, not polarised around false dichotomies.

It is also useful to distinguish between two forms of responsibility. Responsibility for the behaviour of adults belongs only with the individual adult. Hence,

attributing responsibility to women for the sexually

abusive behaviour of their partners is a reworking of the

old myth that men are unable to control their sexuality so

women must contain it. There can be no justification for

this - men deprived of sexual or emotional satisfaction

have many other options than to abuse children. But

responsibility for the welfare of children belongs at

least partially with their parents and caregivers - both

by law and necessity. The problem in this context is not

that women have any responsibility, but that they are

commonly accorded sole responsibility, and further that

they lack the resources to exercise it effectively.

Hence, motherhood is characterised by 'powerless

responsibility' (Rich, 1977).

Most discussion of parental responsibilities rests on

implicitly gendered assumptions which accord women an

unequal share. One discussion of assessing parents'

responsibilities, which on the surface presents a gender-

neutral model, illustrates this. Bentovim et al have

argued that

> 'a parent who knows that the other parent is in a
> state of depression, anger or frustration and leaves
> that parent to care for the child ... indicates a
> failure in sharing responsibility' (1987, p29).

This clearly means mothers leaving depressed fathers. If

fathers who left depressed mothers to care for children

were cause for state intervention, Social Services

Departments (SSDs) would be swamped(1). Similarly, La

Fontaine (1990) discusses the social construction of

parenthood as based on altruism. Social policies are

commonly based on the assumption that different levels of altruism can be expected from women than from men however, to the extent that it has been argued that 'altruistic practices are structured into women's lives (and) structured out of men's' (Land & Rose, 1985, p93). It is questionable whether the dominant cultural definitions of fatherhood do expect fathers to be naturally self-sacrificing. Recent films featuring 'new fathers' (such as <u>Three Men and a Baby</u>, and <u>Parenthood</u>) suggest rather that they are expected to have to learn, stumbling as they do so, what is defined as natural for mothers.

There is a need for more equitable sharing of the responsibility for children between men and women, parents and the state, but parental responsibility for children cannot be eradicated from women's lives. To deny women the opportunity for responsibility of this kind is to deny them adult status and the opportunity to play a part in reducing the child's vulnerability to reabuse, which may provide some positive way forward in the aftermath of abuse. One account of a group run for mothers reported that after working through their own feelings about the abuse, looking to past behaviours that they could change to become both more independent themselves and better able to protect their children was a positive experience where separated clearly from culpability for the abuse itself (Cammaert, 1988). There has been a tendency to dichotomise between responsibility on the one hand and

empowerment on the other. If responsibility is understood
as the ability to respond to children's needs, these may
be seen as complementary rather than antithetical.

Mothers' responses to the sexual abuse of their children by others

There are no published studies of mothers' responses to child sexual abuse undertaken in the UK. This section therefore discusses the American research. Studies of mothers' responses have some methodological problems, primarily that women who deny the abuse long-term or reject the child or, for whatever reason, drop out of treatment programmes are generally more difficult to collect information from than women who act protectively and stay in treatment programmes. Studies are also not easily comparable since each one defines its sample differently (abuse by fathers/father substitutes only, by all relatives, or by abusers of all relationship including strangers), and each categorises response in different ways.

There are however six main studies which, looked at in chronological order, seem to suggest that an increasing proportion of mothers may be responding supportively when a child has been sexually abused. The first, a study of 43 mothers whose children were abused by fathers/father substitutes found 56% protected their children (Myer, 1984). The second found that in 103 cases of abuse by family members and others, 69% of mothers were supportive to the child (de Jong, 1988). The third, in a sample of 147 mothers of children sexually abused by men in a range of relationships, categorised 47% as somewhat or very protective and 58% as having nurturing relationships with their victimised children (Faller, 1988c). The fourth,

including 193 children sexually abused by family members, found 78% of mothers believed the abuse (Sirles & Franke, 1989). Of the 128 cases of abuse by fathers/father substitutes, 66.7% of the children were believed by their mothers (Sirles & Lofberg, 1990). The fifth categorised 76% of mothers as supportive in a sample of 88 children sexually abused by family members (Everson et al, 1989). The sixth, a sample of 156 children sexually abused by family members and others, found that more than 80% took some form of action to protect the child and 90% demonstrated at least a moderate degree of concern for the child (Gomes-Schwartz et al, 1990).

The trend is not wholly consistent, but it is highly likely that increased public awareness of the extent of child sexual abuse and more sympathetic agency responses to mothers have influenced mothers' responses. The myth that the 'typical mother' disbelieves and rejects her child was derived from studies of small clinical samples undertaken at a time when incest was thought to be extremely rare. One researcher in the 1950s estimated that one in a million children might be affected (Weinberg, 1955). The difficulties mothers faced in accepting that theirs was the one at a time of such public complacency are likely to have been considerably greater than today.

Two of these studies highlighted the trauma involved for mothers when a child is sexually abused. One described the mothers' responses as similar to the process of bereavement (shock and denial initially, followed by

guilt, depression, anger and finally acceptance) and found
that pathological outcomes occurred when mothers became
'stuck' and for instance, never overcame denial (Myer,
1984). The second found that over half of the mothers who
were supportive to their children reported emotional
changes similar to those experienced by women who have
been raped themselves (de Jong, 1988). Two other smaller
studies have made similar observations, one suggesting
mothers' trauma is similar to that of children's when they
are sexually abused (Dempster, 1989), and the other
reporting that mothers experienced symptoms of post-
traumatic stress disorder, such as persistent avoidance of
stimuli associated with the traumatic event or numbing of
general responsiveness (Hubbard, 1989). Hubbard (1989)
notes that mothers continued to experience turmoil in
their lives long after they discovered the abuse. Many
similar reactions are noted in mothers' responses to
extrafamilial abuse as to abuse by family members
(Dempster, 1989; Regehr, 1990).

Overall, studies seeking factors which distinguish
supportive from nonsupportive responses have been more
successful in establishing factors in the immediate
situation which are statistically significant than in
looking to mothers' own backgrounds and childhood
experiences. The most consistent finding is the
significance of the mother's own relationship with the
abuser. Mothers have been found to be least supportive
where the abuser is a current partner (de Jong, 1988;
Faller, 1988b; Everson et al, 1989; Sirles & Franke, 1989;

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Gomes-Schwartz et al, 1990). Everson et al (1989) suggest an inverse relationship between the level of maternal support and the intensity of the abuser-mother relationship. The abuser's relationship to the child has also been found significant, support being found in two studies to be less likely from mothers where the abuser is the child's father than in any other relationship to the child (de Jong, 1988; Gomes-Schwartz et al, 1990). The cumulative effect of these two factors is indicated in Faller's (1988b) study which found mothers still living with the child's biological father had the most difficulty in responding to the child's needs. Everson et al (1989) however found mothers less supportive where a current boyfriend was involved than if married to the perpetrator, whether the child's biological or step-father. Sirles & Franke (1989) also found mothers were less likely to believe that abuse had occurred where the perpetrator was a stepfather or live-in parent than the child's biological father. It is not clear how to interpret this finding since they do not distinguish between biological fathers with whom the mother is still living and those from whom the mother is separated. They suggest mothers may be less likely to believe abuse by substitute fathers since pre-existing problems in the relationship may suggest alternative explanations for the child's allegation. Alternatively, mothers may be less willing to lose a second marriage, or abuse by stepfathers may involve older children. Everson et al (1989) found also that mothers were more likely to be supportive where the perpetrator

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admitted the abuse than where he denied it.

Only one study appears to have examined the significance of the mother's own former relationship with the child on her response. This found that those who usually had a caring relationship with their children were most likely to be concerned and protective. Those who formerly had felt hostile to or overburdened by their children were most likely to be angry and unsupportive. A history of dependency on the child to gratify some of their own needs (equally common amongst cases of abuse by father figures and others) did not appear to affect the mother's response (Gomes-Schwartz et al, 1990).

Sirles & Franke (1989) identified a number of other factors that influenced mothers' ability to believe the abuse had occurred, in addition to the relationships involved. The age of the child was found significant - younger children were more likely to be believed, their access to alternative sources of sexual knowledge being less and their relationships with their mothers probably closer than was the case for older children. Teenage children were least likely to be believed. The nature of the abuse was also significant, abuse involving vaginal or anal intercourse being less likely to be believed, the violation of the child perhaps being too serious to be comprehensible. Mothers who were in the house at the time the abuse had occurred had more difficulty believing than those who were out, since the discovery threatened their own awareness of what had been happening and ability to protect children. Children who were also physically

abused by the perpetrator were less likely to be believed than those who were not, the authors suggesting that children in this position may be seen as making up the sexual abuse in retaliation for physical abuse, or may be in a scapegoat position in the family and accorded little credibility. Finally, children were less likely to be believed where the perpetrators were also known to abuse alcohol. The explanation offered for this is that mothers who tolerate alcohol abuse may be able to deny other problems too or their own dependency needs may outweigh the child's. It is also possible that alcohol provides an excuse (along the lines of 'he didn't know what he was doing') or that it is accompanied by conflict over reality in many areas and that mothers no longer know what to believe.

The sample in the above study was analysed separately to examine the basis of women's decisions to divorce where their partner was the abuser (Sirles & Lofberg, 1990). Women were more likely to decide to divorce where the abused child was young, where there were additional problems with domestic violence, where the child had revealed the abuse to the mother and where the mother had believed the abuse.

Mothers' current experiences of physical violence have not been found significant in affecting belief (Sirles & Franke, 1989), and nor have their past experiences of rape, incest or child sexual abuse been found significant in their response (Myer, 1984; de Jong, 1988; Gomes-Schwartz et al, 1990). While Myer (1984) found a high

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proportion of all the mothers in her sample had been sexually abused by a family member themselves (65%), there was no significant difference between those who did and those who did not protect their children. It was not possible to determine however whether there was a significant difference in relation to mothers who rejected their children since these were not seen in treatment. These findings indicate the importance of separating analysis of risk factors from that of responses in order to interpret them accurately. The evidence that mothers who have been sexually abused themselves as children are no less likely to protect their children once they know about the abuse than those who have not sheds a different light on the 'cycle of abuse' thesis. This finding is somewhat confounded however by the difficulty of obtaining information from those mothers who do not protect their children, as well as problems of memory.

Strangely, most of these studies have not considered the degree of economic dependence on the abuser as a factor in mothers' responses. Although Sirles & Lofberg (1990) did not find the mother's employment status significant in decisions to divorce, research on domestic violence has indicated that both economic dependence and emotional investment in the relationship are significant influences on women's decisions to leave a violent marriage (Strube & Barbour, 1983; Strube, 1988). One of the studies of child sexual abuse discussed above also reported that working-class and non-white mothers were somewhat more likely to be punitive and less protective to

children, suggesting that poverty and stress may contribute to the difficulty of responding to children's needs (Gomes-Schwartz et al, 1990). Another study however found black children were more likely to be believed and supported by their mothers than white children (Pierce & Pierce, 1984, cited in Faller, 1988c).

Two further problems may be noted. First, there is no equivalent research on the responses of other family members, except for one study of parental responses to extrafamilial abuse which includes fathers but does not systematically consider gender as a variable (Regehr, 1990). The assumption is made and reinforced that it is the mother's response which is most crucial. While this is likely to be so in the majority of cases, especially those involving fathers or father substitutes as abusers, Burgess et al (1977) suggest that the key person influencing the final decision on action to be taken is often the person with closest ties to the abuser. The responses of mothers as primary carers are likely still to be significant in relation to the child's well-being, but it would be instructive to broaden the focus to include other family members, especially non-abusing fathers. Secondly, attempts to categorise mothers' responses illustrate the difficulty of defining what exactly constitutes a protective response. Studies use different terms, indicators and scales but inevitably lose the multiplicity of responses and their complexity. The basis of definitions in the child's needs means they do not necessarily represent the mother's perspective. It

may make some sense from the child's perspective to equate belief with support (cf de Jong, 1988), but if denial as a response to loss is taken into account, disbelief may not necessarily indicate unwillingness to protect the child.

The extensive risks to mothers' health posed by the discovery of the sexual abuse of a child have been noted in a number of accounts although no systematic research has yet investigated this. Mental and physical health problems may occur, including migraine headaches, digestive problems, nervous disorders, skin complaints and cancer (Webster & Briggs, 1987), severe depression, acts of self-harm and acute anxiety attacks (Bagley & King, 1990). Some mothers have been hospitalised as a result of previous health problems being exacerbated (de Jong, 1986) or attempted suicide in the immediate aftermath of discovery (Goodwin, 1981a).

Research also indicates the significance of mothers' responses for their children. In one sample of 369 children seen at the Harbourview Sexual Assault Centre in Seattle, support from the non-offending mother and from other siblings were the top two factors that promoted healing (Conte & Berliner, 1988). Everson et al (1989) report that the level of maternal support in their sample was more predictive of the child's initial psychological functioning than the type or duration of abuse, or the perpetrator's relationship to the child. Gomes-Schwartz et al (1990), also focussing on initial effects, found that negative reactions from mothers such as anger and punitiveness, were associated with greater distress and

lower self-esteem in children. Another study, based on a community sample of 248 adult women, found that long-term effects of abuse were not related to the severity of abuse they had experienced as children if support by parents and others was held constant, i.e. that parental support could 'uncouple' abuse from lasting effects (Wyatt & Mickey, 1987).

Another study of adolescent and adult women, all of whom had been sexually abused by their fathers, found that overall they showed greater psychological disturbance if they believed that their mothers knew about the father's abuse. However within this, adolescents who believed their mothers did not know showed worse effects than those who thought they did, while the reverse was true for adult women. This suggests that the child's feeling of having betrayed the mother by keeping the secret may be as damaging as her sense of the mother betraying her by not protecting her. This study unfortunately confuses its findings by equating the child's belief that the mother knew or did not, with the mother's actual degree of knowledge, an unjustified assumption (Scott & Flowers, 1988). The negative effects of unsupportive responses by mothers on children are also indicated in numerous descriptions of clinical samples and in survivor accounts. For example, in one sample of 201 families in which sexual abuse had been substantiated, 8 daughters, all aged 14-16 and all abused by father-figures, attempted suicide in the aftermath. All of their mothers had actively blamed and disbelieved them (Goodwin, 1981a).

It is worth noting that it is not only mothers who blame children for being sexually abused. A survey of the attitudes of college undergraduates to child sexual abuse found that attributions of responsibility varied primarily according to the child's behaviour. Children were not seen as innocent victims simply by virtue of their age, but were likely to be viewed as sharing responsibility with the perpetrator unless they had actively resisted (Broussard & Wagner, 1988). A study of the attitudes of professionals also found that the perpetrator was held solely responsible by only 12% of respondents, with some responsibility attributed to both mothers and children (Kelley, 1990).

It is increasingly recognised that for mothers to support children, they need to be supported themselves (La Fontaine, 1990). The lack of support offered mothers in the past derives partly from the dominance of a version of family systems theory based on a functionalist and patriarchal model of the family, the limitations of which were discussed in the first section of this chapter. The next section considers the institutional context within which the public response to child sexual abuse is developing.

The policy context

Before the 'Cleveland crisis' erupted, child sexual abuse had by and large been added in to existing policy and social work procedures relating to child abuse and child protection. At the time of negotiating access with SSDs for this study few had developed separate guidelines for sexual abuse although the trend towards doing so has increased rapidly since. The context of statutory response was initially formed more by previous work with physical abuse and neglect than by the work of feminist voluntary organisations with direct experience of working with survivors of sexual abuse, and is still heavily influenced by that background. Hence this context merits some attention.

While legislation to protect children from abuse by their parents was passed in the 19th century, the present system of child abuse management focussing on coordinating the efforts of a range of professionals via case conferences, registers of abused or at risk children and Area Child Protection Committees (formerly Area Review Committees) was initiated by central government in 1974, prompted by the public inquiry into the death of Maria Colwell in 1973. Since then, there have been another 33 public inquiries held by central or local government, each reiterating fairly similar problems, focussing on lack of inter-agency cooperation, the confusion of social workers over combining the caring/support and controlling/authority aspects of their roles, lack of resources and so on, resulting generally in the missing of

'signs' that a child was in danger.

Prior to Cleveland, there had been three major and much-publicised inquiries, into the deaths of Jasmine Beckford (London Borough of Brent, 1985), Kimberley Carlile (London Borough of Greenwich, 1987) and Tyra Henry (London Borough of Lambeth, 1987). In all these three cases, social workers were criticised for doing too little too late to protect the children from their parents or caretakers. They were further criticised for paying too much attention to the needs of the parent(s) rather than the child (London Borough of Brent, 1985; London Borough of Lambeth, 1987), and for being deceived into unrealistic optimism by false accounts from parents (London Borough of Greenwich, 1987; London Borough of Lambeth, 1987). In all these cases, the children died at the hands of their stepfathers or fathers. In the Carlile case, the history of visible injury to and neglect of the child meant that her mother was also held responsible, and was further implicated by the notion that she had a 'fatal attraction' to violent men. In the Henry case, the mother was not blamed, the inquiry commenting that it had been unrealistic to expect her to be capable of protecting the child from her extremely violent father. In both these cases the mothers were battered by the men concerned themselves. However, domestic violence is never addressed explicitly and the recommendations discuss gender-neutral parents throughout.

Events in Cleveland in 1987 when the number of cases of child sexual abuse being detected were increasing

rapidly, and a 'crisis' developed at the number of children removed from their parents on Place of Safety Orders, can be seen as in part a reaction to the earlier inquiries. The Beckford report in particular had emphasised the need for firmer use of authority, and criticised social workers for their use of a 'rule of optimism' (a tendency to interpret parents' behaviour in the best possible light). This formed part of the climate for Cleveland in which statutory authority was used with parents in a fairly standardised fashion without regard to their subjective experience (Horne, 1990). However, sexual abuse (unlike other forms of child abuse) commonly occurs in secret and leaves no visible sign. Hence, detection is a difficult and time-consuming task and Cleveland was not only an overreaction to Beckford but a response to a different problem.

The inquiry into the handling of child sexual abuse cases in Cleveland criticised social workers for doing too much too early, and paying too little attention to the parents (the opposite of the Beckford report's criticisms). The children had been seen in isolation from their family context, and the report argued that while the child should be the prime focus of concern, it was necessary to work with the parents for the sake of the child. Despite the secrecy surrounding child sexual abuse in the family, and occasional mention of 'non-abusing parents', again no attention was paid to the different positions of mothers and fathers and again the recommendations talked only of gender-neutral parents.

The lack of attention to the different positions of mothers and fathers throughout illustrates the reinforcement of the 'myth of family independence' within which the sexual division of labour is accepted as 'natural' (Gordon, 1985). The opposing criticisms made of social work practice of too little or too much intervention illustrate clearly the contradictory societal expectations within which social workers operate, both to maintain family privacy (Dingwall et al, 1983) and to protect children from abuse by their parents. The 'rule of optimism' provides social workers with a way of coping with this contradictory task (Dingwall et al, 1983), as well as being concordant with the basic social work value of 'respect for persons' (Horne, 1990), and is not simply the result of social workers failing to appreciate their authority role.

The result of the repeated assessment of policy and practice by legal inquiries has been a trend towards 'legalism', a reliance on rule-bound relationships between workers and clients which is evident in the proposals for both legal and administrative reform arising from inquiries and in the concerns raised about social work practice (Parton & Martin, 1989). This has been fostered by the loss of the consensus which underlay statutory child care work in the 1960s, with its optimistic faith in the benevolent effects of social work intervention on all concerned. Critiques have emerged not only from feminist and children's rights groups pointing out the different interests of individuals within the family but also from

parents' groups such as Parents against Injustice (PAIN) and Family Rights Group (FRG) arguing that state intervention falls unfairly on families as a whole. However, while the relative rights of parents and children have been the explicit focus of policy documents, such as 'Working Together', the government guidelines for agencies involved in child protection (DHSS, 1988) and legal reform (the Children's Act 1989), recognition of the different positions of mothers and fathers as parents has been excluded from such debate (Campbell, 1988).

Local authorities however have some discretion in how far they follow central government guidelines. Despite the DoH guidelines' model of incest as 'due to distorted family relationships' (DHSS, 1988, p35), some local authorities have introduced guidelines and new ways of working influenced by feminist analysis of child sexual abuse in the family and distinguishing between abusing and non-abusing parents (Boushel & Noakes, 1988; Reid, 1989). There are still however local authorities which have no guidelines specific to child sexual abuse, and not all those which do distinguish between abusing and non-abusing parents (Smith G, 1990).

The trend towards legalism can be seen as giving legitimation to social workers, via civil law and procedures for the management of child abuse cases, and is not necessarily indicative of the replacement of a social welfare approach with a criminal one. On the contrary, the social work role in undertaking full social assessments of families was emphasised in the Cleveland

inquiry, and elaborated at great and systematic length in the DoH's guide 'Protecting Children' (1988). Assessment appears to be being used as a 'cooling device', all ill-conceived intervention being attributed to the lack of it, with little consideration of what framework of understanding should underpin it (Stevenson, 1989b). This document again makes no distinction between abusing and non-abusing parents nor mothers and fathers, and treats parents as an indivisible unit throughout. The guidelines for training issued later do note the significance of gender and race, and refer to the needs of non-abusing parents (usually mothers) 'who may need help adjusting to the major changes in their lives' (DoH, 1989a, p29). Other than this, no changes are suggested to assessment or other areas of practice.

The reliance on procedures does not necessarily entail a shift in the role of social workers towards a more authoritarian role. However, despite an emerging consensus on the need to work with parents for the sake of the child, and more specifically in cases of child sexual abuse to work with mothers and attempt to elicit their support when suspicions arise (Glaser & Frosh, 1988; O'Hagan, 1989; Craig et al, 1989), this apparent adoption of 'partnership' models occurs within the context of a long-term trend towards the increasing use of compulsion in child care work. The broader concept of preventative work with families and the promotion of change prevalent in the 1960s has given way to a narrower and more pessimistic focus on the assessment of dangerousness in

order to separate the truly dangerous or 'high risk' from
whom children must be protected from the rest who can be
left to themselves. While the trend towards a greater use
of compulsion dates back to the mid-1970s following the
Maria Colwell case, it has continued under the present
government, exacerbated by broader economic changes and
the restructuring of the state's role in welfare. The
professional assessment of dangerousness or risk is a
necessary part of intervention in relation to child abuse
if conflicts of interest within the family are recognised
(Cooper & Ball, 1987; Clark et al, 1990). However, the
knowledge base is not available with which to predict high
risk accurately (Dingwall, 1989; Parton & Parton, 1989)
and the increased emphasis on this task as opposed to
preventative and supportive work provides a rationale for
prioritising demands in the context of limited resources,
for redrawing the boundaries between public and private
spheres and for strengthening authoritarian elements of
the state. The model of work advocated by the Rochdale
team of the NSPCC (Dale et al, 1986b) is one in which the
focus on assessment is far greater than on treatment.
Parents are given a period of time in which to prove
themselves to experts, with parental independence the goal
(Parton & Parton, 1989). While this may well have limited
influence in SSDs, the resource crisis and its consequence
- that many children placed on the child abuse register
have no allocated social worker - means the social work
role is increasingly one of surveillance only (Frost,
1990). Since child care is regarded as women's

responsibility within the family, such policing falls
primarily on them (Parton & Parton, 1988/9).

Exclusive focus on the skills of assessment obscures
the changing nature of the social work task in this
political context (Parton & Small, 1989). O'Hagan's
(1989) book with its almost obsessive concern with
prioritising and categorising cases illustrates this trend
in relation to child sexual abuse and its implications for
mothers. While he advocates a supportive working
relationship with mothers, it is a pragmatically motivated
policy within the context of limited resources, and a
primary way of prioritising needs for social work
intervention. It is clear that social workers need
mothers to support children in order to prevent large
numbers of children being received into care, and further
that a mother who provides the necessary protection for
her child will get no further support. Hence the
responsibility for the protection of children from male
violence is left firmly within the family (i.e. with
women). The limitations of such an approach have already
been demonstrated by experience of physical abuse. In the
case of Kimberley Carlile, the disappearance of a violent
man who had abused both child and mother from the home was
seen as indicating that little further involvement was
required. The inquiry report suggested this was
inappropriate because of its failure to recognise Mrs
Carlile's 'fatal attraction' to violent men. However, it
could as well be seen as showing the inadequacy of a
response that places all responsibility on mothers for

protecting their children from male violence, at the same time as women's dependence on men is reinforced by an interrelated network of social policies and economic disadvantage, and their subordination reinforced by widespread male violence.

The tension between the caring/support and controlling/authority role of social workers has been the subject of debate and controversy through much of the recent history of intervention in relation to child abuse (DHSS, 1982). The current central government response is to write the conflict out of existence, adopting a model of 'therapeutic control' in which the law is seen as providing the necessary basis for treatment, and by implication services are treatment-orientated and hence only for parents with particular problems (Parton & Parton, 1989). As the DoH's guide to assessment expresses it:

> 'It has been argued that 'care' and 'control' are opposing concepts ... but it is now generally agreed that care and control, as any parent knows, are part of the same process' (1988, p11, emphasis added).

Resting on a model of the state as parent and the family (as a unit) as a rather difficult child, this does not adequately represent the complex and changing nature of the social control role of social work.

The argument that welfare is control has been criticised for disguising the shift towards a greater policing role and the reduction in scope for preventative, rehabilitative work (Parton & Small, 1989). However, both sides of this debate tend to view the family as a unit and

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to give little space to parents and children except as passive objects of social control. Conventional critiques of social control are inadequate if they fail to recognise the different interests of individuals within the family (Wise, 1985; Gordon, 1986; Frost, 1990). Furthermore, Gordon's historical research on the records of child protection agencies from 1880-1960 noted that clients were not passive victims of social control but active in seeking help and attempting to influence agency policy (Gordon, 1989). Although agencies had the greater power and often reinterpreted clients' needs, social work outcomes were the product of interactions and negotiations between parents, children and workers. Mothers and children frequently sought help from child protection agencies themselves, even though they would not be able to control the intervention process thus set in motion. Mothers sought help in relation to their partners' violence to themselves and to their children and when they lacked the resources to care for their own children, and children sought help directly in response to physical violence from parents and sexual abuse by fathers. Similarly, in the first nine months of the Bexley experiment on joint investigation in child sexual abuse, over half the referrals came from family members, including 28% from mothers and 20% from abused children (Metropolitan Police & Bexley Social Services, 1987).

This analysis of the complexities of social control indicates the need to disaggregate the family and parents within it, since intervention can be and has been used by

workers and clients to strengthen the position of the weaker members of the family and to control the abuses of the more powerful (Gordon, 1989; Frost, 1990). There have been references recently to an increasing number of referrals of child sexual abuse coming from 'parents'. It is likely that this represents an increase in mothers seeking help to control their partners rather than an increase in abusing men seeking 'treatment' for themselves. Such differences have implications for policy, practice and resource allocation and merit attention. Given the very different responsibilities men and women have for childcare, and the well-established link between violence against women and the abuse of their children, both physical (Stark & Flitcraft, 1988; Bowker et al, 1988) and sexual (Truesdell et al, 1986), it is rarely likely to be appropriate to aggregate 'parents' as though their interests were synonymous.

Despite the gender insensitivity of much of the policy debate, an important shift has occurred in relation to child sexual abuse towards removing the abuser from the home where possible rather than the child. This was recommended for consideration by the Cleveland inquiry, and is now a central government recommendation, although local authorities' response is varied. Feminists have advocated this for some time on the basis that removing the child both punished her/him further and reflected a view of abuse as the product of family dysfunction with culpability equally attributable to both parents. Whether such a policy represents a move away from blaming towards

supporting mothers or an increase in the expectationsof them depends on the resources made available to them. Moreover such a policy is only possible if it is knownwho the abuser is and establishing this in turn depends to a great extent on cooperation with the mother to confirm or validate suspicions. There is also considerabledebate over what should be done with abusers once theyare removed and in the absence of effective legal action, their continued exclusion from access to the child rests largely on the mother's determination to prevent it.

The debate on the role of criminal law in child sexual abuse revolves around a number of different issues, the two most important being how more prosecutions can be achieved (since in the vast majority of cases existing rules of evidence prevent this), and whether imprisonment is the appropriate sentence for those prosecuted or whether probation orders with conditions of treatment should be preferred (Glaser & Spencer, 1990). Recent changes include the abolition of the corroboration requirement for unsworn evidence and allowance for children to give evidence in the Crown Court through a live, closed-circuit television link, introduced in the Criminal Justice Act 1988. Despite the dominant view amongst child psychiatrists that prison sentences should be avoided, moves to increase the possibility of prosecution have been accompanied by a trend over the last ten years towards more punitive sentencing (Glaser & Spencer, 1990).

Debates on the role of criminal law commonly make assumptions about mothers and clearly have implications for them. An earlier generation of child psychiatrists argued against the role of criminal law altogether on the basis that incest was the product of 'disturbed family relationships' and that it was therefore unfair to allocate individual responsibility to abusers (Bailey & McCabe, 1979). While this is no longer a common argument, such a view of incest is still reflected in the mitigating circumstances used in court cases (Mitra, 1987). More common arguments now put forward against imprisonment are the child's trauma and guilt if a parent is sent to prison, and the financial losses to the family of losing the breadwinner. Such concern for the costs of family breakdown has been criticised by some feminists as ironic given the tolerance of family breakdown when men (and women) are imprisoned for far lesser offences (Nelson, 1987). There is a significant difference in child sexual abuse cases in the fact that it is either the child or the mother who is most likely to have access to evidence and want the abuse stopped. Hence the costs that reporting involves are likely to influence their actions. However it is equally possible that the anticipation of no effective criminal sanctions would discourage mothers and children from reporting as that too much action would.

In practice, the vast majority of cases reported to agencies do not result in criminal prosecutions due to insufficient evidence (Metropolitan Police & Bexley Social Services, 1987). In consequence the protection of

children from male violence relies very heavily on mothers, with little support from the state. Mothers are both the primary actors in the protection of children from men's violence as well as in some cases (though rarely in sexual abuse cases) the abusers of children themselves. Their responsibility in relation to children and power in children's eyes are contradicted by their subordination and powerlessness in a male-dominated society. Despite the importance of mothers in child protection, there has been little attention in the development of child protection policy to the resources available to them in undertaking this task.

The increasing attention to the needs of mothers of sexually abused children comes partly from the pragmatic reason that they are the best (and cheapest) option for the child's protection. Feminist perspectives have thus been adopted in part, to provide a practical solution to the problem of winning over mothers into an alliance with social workers, a necessary strategy if more children than can be coped with are not to end up in state care. This is still far short however of an approach to child protection policy and practice which recognises the contradictory position of mothers in the family and aims to empower them, rather than increasing their responsibilities while depleting their resources.

Notes

1. See Brown & Harris (1978) re the high incidence of depression amongst working-class women with young children.

This study was designed to explore in their context the
processes involved for mothers in finding out about the
sexual abuse of a child, deciding what to do about the
family relationships involved (both short and long-term)
and about involving others, and their experience of
others' responses, both in informal networks and from
professional agencies. Both the focus on processes that
developed over time and on the mothers' own
interpretations of their experience and responses
indicated that depth interviewing of mothers of sexually
abused children was the most appropriate method. As Jones
suggests:

> 'In order to understand why persons act as they do we
> need to understand the meaning and significance they
> give to their actions. The depth interview is one way
> of doing so ... For to understand other persons'
> constructions of reality we would do well to ask them
> (rather than assume we can know merely by observing
> their overt behaviour) and to ask them in such a way
> that they can tell us in their terms...' (1985b, p46).

The main source of data on which this study draws is
therefore a sample of interviews, tape recorded and
transcribed in full, with 15 mothers whose children had
been sexually abused. A further research question however
and a second source of data was added when the
interviewing was near completion. The second set of data
comprised a sample of social work records involving cases
of child sexual abuse, supplemented by interviews with

social workers, and the focus was on social workers'
accounts of their interaction with the mothers of the
children concerned. There was no overlap between the two
samples, and this did not therefore provide a way of
triangulating the data in the first sample, or of
comparing social workers' and mothers' perspectives on the
same case. This extra sample was added because
preliminary analysis of the interviews with mothers
suggested that interpretation of their experience of
intervention and consideration of the implications of
their accounts for social work policy and practice would
be illuminated by more knowledge of the 'other side' in
what were in most cases conflictual relationships.
Sainsbury (1987) has argued that client perspectives
cannot simply be translated into policy implications
without knowledge of the organisational context. To
explore this therefore became a further aim of the
research and the social work sample provided, if not
triangulation, a form of cross-fertilisation - knowledge
of the mothers' accounts influenced the interpretation of
those of social workers, and vice versa. The major part
of the study was based on the first sample, of interviews
with mothers, and most of this chapter is therefore
focussed on them.

Is it feminist research?

The approach taken to the study was influenced by a
feminist perspective, and there has been some debate on
what constitutes 'feminist research' (e.g. McRobbie, 1982;

Bowles & Duelli Klein, 1983a; Kelly, 1988a). If feminist
research aims

> 'to address women's lives and experience <u>in their own</u>
> <u>terms</u>, to create theory grounded in the actual
> experience and language of women' (DuBois, 1983, p108,
> emphasis in original),

then this was a feminist research project. However some
of what is written about feminist research seemed
problematic in relation to this subject. A central tenet
has been that it should be research not just on women but
for women (Oakley, 1981; Finch, 1984). The subject of
this study was defined by the experience of their children
as much as of the mothers interviewed and their interests
were not always the same. The idea of research 'for
women' assumes women are a unitary category and becomes
complicated if the possibility of conflicting interests
between women is recognised whether these derive from
class, race (Ramazanoglu, 1989) or generational
differences.

A second tenet has been that feminist research should
aim to empower women through their participation in the
research process, as well as through its analysis (Lather,
1988; Kelly, 1988a). Given the loss of control that
mothers of sexually abused children would already have
experienced through the abuse itself and their contact
with agencies, I was particularly concerned not to
exacerbate this either by the way I made contact with them
or by the interviewing process. However, the idea of a
research project of very limited scale being able
significantly to empower women seems vastly to inflate the

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powers of researchers. While several of the mothers

interviewed found participation in the research a positive

experience, to call this empowerment would be to

exaggerate. There were significant differences between me

and most of the mothers interviewed in terms of education,

class and access to a wide range of resources. As

Cornwell (1984) notes, a middle-class researcher tends to

be seen as an expert by virtue of class and education

(and, I would add, institutional letterheading). The

influence of these structural sources of inequality on

personal interaction is difficult to break down in a short

period, even given the adoption of a 'non-hierarchical'

mode of interviewing (Oakley, 1981; Finch, 1984). Their

influence on women's sense of power and powerlessness

demands considerably more than participation in a research

project. The mothers' experience of powerlessness in

relation to other middle-class professionals such as

social workers meant some used their own long-established

ways of maintaining control in such relationships - going

out when interviews had been arranged, for instance. The

idea of a feminist research practice which empowers women

tends to assume that researchers have all the power and

can bestow it at will, ignoring the two-way negotiations

over control that take place, however unbalanced these may

be.

The interaction in the interviews was undoubtedly

influenced by my being a woman. There was an assumption

common to most participants that it was possible to talk

to a woman about personal matters in a way that it was not

to men and that one could assume some shared understandings between women. This was so even for those women who were very aware of the differences of class, education and resources between me and them. Several researchers note that responses may differ with the sex of the interviewer, particularly in areas that are differentially sensitive for men and women (Finch, 1984; Hondagneu-Sotelo, 1988; Eichler, 1988). The ease with which women interviewers can elicit material from women creates considerably potential for exploitation. As Finch argues, to avoid this analysis must locate women's personal experience within its structural context, since

> 'evidence of women successfully accommodating to various structural features of their lives in no way alters the essentially exploitative character of the structures in which they are located' (Finch, 1984, p84).

The interview sample

It was initially planned to interview 30 women, and the sample was defined as including mothers of children who had been sexually abused by a trusted adult, within or outside the family. A minimum time lapse of six months from their discovery of abuse was set to avoid intrusion on the early stages of loss and confusion they were likely to be experiencing.

At the time the study was set up, the existing research on mothers focussed on abuse by fathers or stepfathers only (Myer, 1984; Johnson, 1985). It seemed likely that there would be some similar issues with abuse by other relatives and possibly by others. Later

research has confirmed that hypothesis (de Jong, 1988;
Sirles & Franke, 1989; Regehr, 1990), but in fact all the
women who volunteered to be interviewed had children who
had been sexually abused by members of the household or
non-resident kin. The cases therefore all fall within
Faller's (1988c) definition of intrafamilial abuse. The
distinctiveness of this category is worth retaining.
Where the category of incest (implying blood relationship)
is replaced by 'abuse in the home' to emphasise the
greater significance of access (La Fontaine, 1990), there
is a danger of losing sight of the long-term issues of
access that may be involved with all kin, whether resident
or not.

The overall number was reduced to 15, partly because
of the difficulty of collecting a sample at all, and
partly because the interviews were often extremely long
(up to five hours) and took up to three days each to
transcribe. Collecting and interviewing a sample of 30
became impossible within the time limit set for PhD
research.

The nature of the subject raised particular problems
for contacting a sample. Retrospective surveys of adults
indicate that the vast majority of incidents of child
sexual abuse go unreported to agencies of any kind. There
was no obvious point of contact for unreported cases.
Furthermore, where records existed of reported cases (such
as those of SSDs) there were problems of how to make
contact without intrusion. It would for instance have
been totally inappropriate to obtain names from agencies

and write to women direct, indicating that their expectations of confidentiality with the agency concerned had already been breached. Nearly all cases of child sexual abuse reported to child protection agencies are those involving family members, and both family and sexual violence are traditionally regarded as 'private' issues. Burgoyne & Clark (1984) in a study of stepfamilies encountered some hostility to their initial letter of approach as an intrusion of privacy, as did West (1985) in a study of women's experience of sexual violence. Other respondents however were positive about each of these studies, and several researchers have noted people's willingness to talk about family violence, including marital rape, once contact is made (Straus et al, 1981; Finkelhor & Yllo, 1985c). As well as expectations of privacy, intrafamilial sexual abuse involves a loss of trust for the child and the mother, and researchers have found considerable difficulty in finding a sample of adult survivors of incest (Kelly, 1986) and of mothers of sexually abused children (Johnson, 1985) who were willing to talk about it.

Both the sensitivity of the subject and the aim of depth interviewing meant it was important that mothers participated voluntarily. It was also hoped to interview mothers who had been in contact with agencies and those who had not, and to include middle-class and working-class women. American research indicates no significant social class or black-white differences in the prevalence of sexual abuse although reported cases are overwhelmingly

biassed towards working-class families (Finkelhor, 1986a). I therefore used a variety of methods for collecting the sample, negotiating access via SSDs and voluntary organisations, and placing letters in women's magazines. A similar approach to collecting a sample has been used in other exploratory studies of sensitive subjects, and is referred to as a 'multi-varied approach to purposive sampling' (Bart, 1986, cited in Kelly, 1988a, p9). A letter in Everywoman magazine produced two mothers who were willing to participate. Contact with three voluntary organisations who agreed to pass a letter from me on to mothers they knew produced another four and the remainder were contacted via SSDs. The result is a sample which cannot be said to be representative of all mothers whose children are sexually abused, or of all mothers in contact with agencies, but which includes cases spanning a number of variables. The characteristics of the sample are described further below.

The problems of negotiating access to mothers via SSDs are worth some brief discussion. I approached ten SSDs, explaining the aims and methods of the study and asking them if they would pass on a letter from me to mothers with whom they had had contact. I also asked them to explain to the mothers concerned that they had given me no information themselves and it was for the mothers to choose to contact me if they were willing to participate in the research (see Appendix 1 for a copy of the letter).

Mayer & Timms (1970) noted the difficulty of gaining access to social work clients and found that agency

reluctance took three forms, concern with confidentiality, concern that research may damage the social worker-client relationshionship and concern that research interviews may be emotionally upsetting to clients. I encountered little concern with confidentiality, far less in some cases than seemed appropriate. One agency did express concern that participation in the research might interfere with the therapeutic process, a concern that seemed based on the curious assumption that mothers neither spoke nor thought about their experience between therapeutic appointments. Another was concerned at endangering mothers who were still with abusive partners or with a new partner who might not know of the abuse. Two expressed a concern that I should not imply that participation in the research would provide ongoing emotional support for the mothers (and thereby raise false expectations), although one rather hoped that it might. In the latter case the agency participated partly in recognition of the gaps in their own provision, a representative commenting 'I think these mothers would like someone to talk to!' The potential confusion of research with counselling was a concern I shared and which I attempted to resolve by giving all women who replied to my letter details of counselling services they might contact for help if they wished.

By far the greatest concern however was with the threat the research might pose to social workers rather than to clients. Two of the SSDs contacted had recently had inquiries into child deaths which resulted in extensive criticism of individual social workers. One of

these refused immediately to participate, the other was

initially enthusiastic but participation was vetoed at

fieldwork management level because of the insecurity of

social workers. The 'Cleveland crisis' occurred during

the time I was negotiating access and two SSDs were

advised by their legal departments either to withdraw or

reduce their participation. Six continued to participate

but the form their cooperation took varied and changed in

accordance with anxiety levels. Only one was willing to

send out my letter to all mothers of sexually abused

children who had been on their register over the last five

years (a total of 53), with a covering letter as I

requested. Some of the concerns of others were borne out

by this approach which provoked anger from a small number

of clients (and a threatening phone call from a husband

to the Child Abuse Coordinator) and from social workers

who felt their control of cases bypassed. Another two

SSDs selected mothers whom they felt it would be

appropriate to contact (resulting in a further 35 letters

being passed on between them). It was anticipated that

this might mean only satisfied clients would be informed

of the research but this was not the case. In the three

remaining SSDs who participated, the Child Abuse

Coordinators informed social workers about the research

and left it to their discretion whether they passed on my

letter to mothers. It was not possible to establish

exactly how many letters were passed on to clients but the

maximum involved in these three agencies would have been

around 60. In total then, between 100 and 150 letters

were passed via SSDs to mothers of sexually abused children, resulting in nine participants. Five more mothers replied to my letter expressing an interest but later declined to meet. A low response rate had been anticipated, given the nature of the subject, but it was probably exacerbated by social workers' anxiety levels. While mothers may well have become more willing to participate as a result of the publicity surrounding Cleveland, recognising that they were not alone, social workers became less so. It is ironic that at the same time as more research is called for, the anxiety that public inquiries create makes it extremely difficult to do.

A further concern expressed during the negotiations for access was over whether to include only confirmed cases or those where allegations or suspicions of abuse had not been substantiated. Since the level of proof is an issue in nearly all cases, some authorities were willing to include cases regarded as unsubstantiated, although amendments to the letter passed on were made to cover this. Child Abuse Coordinators tended to favour the inclusion of such cases. As one said in frustration, 'it's cases of suspicion where we need the research - how can we get mothers to believe?' This telling remark reveals the pressures that may be placed on mothers to resolve the uncertainties that social workers find difficult to tolerate. Legal departments however tended to advise against contact where suspicions were unconfirmed, for fear of repercussions from angry parents.

Mothers who participated did so for three main reasons. The most common was to help others, to put their experience to use in some way. Very nearly as common, though less often stated explicitly, was the need for recognition of their own experience, to be heard, recorded and believed. This was revealed in a number of ways. One mother remarked when I outlined the aims of the research that no one would be interested, 'no one cares about the mother, no one seems to have thought what it's like for the mother'. Another referred to the transcript of her interview as her 'statement' and went through it in great detail to ensure it was correct as if it might prove some sort of protection against the disbelief of others. A third reason for participating was simply for someone to talk to. Most of the mothers had not talked about their experience in such depth before, and the offer of a neutral listener was therefore welcome. The sense of being listened to however was rare enough for most of the mothers to be disturbing as well as a relief - several of the interviews included long pauses for tears or silence, as distressing memories emerged.

The mothers' own needs for recognition or support affected both the control they had over participating and the form of the interviews. Each woman was offered a preliminary interview, which would not be tape recorded, in which I would explain more fully the aims of the research and what participation would involve and they could ask questions, and decide after meeting me whether to participate. In practice, every women who agreed to

meet had already decided to talk, and it was sometimes difficult for me to say anything before they started to talk. Twice women asked me further questions at the end of the interview which indicated that they did not have a full understanding of the process when they started to talk. In this context, it is questionable how real a choice women had to participate in the research, since their own needs, and lack of control, were so interwoven with their response.

The method of contacting respondents meant that the 15 mothers interviewed comprise a collection of cases which is not representative either of the general population of mothers or of mothers of sexually abused children. Details of the sample and of the forms of abuse involved are outlined here. In the following chapters, the mothers are identified by initials when their case is discussed at length or quoted, and brief case summaries given in Appendix 2 allow reference to key variables to be made. Fuller summaries are not given for reasons of confidentiality. While the mothers all participated voluntarily, their children and other members of their family were part of their stories and had no such choice. This means that the attempt to prevent the possibility of identification has to be more than usually thorough.

Thirteen of the 15 mothers had been married at least once, the two others having had long-term cohabiting relationships which they had hoped would lead to marriage but which had ended before the interviews. Eight were currently married or cohabiting at the time of the

interviews (three to first husbands, four to second
husbands or cohabitees, and one to a fourth). Seven were
currently living without a partner. Of these, six had had
a single long-term relationship or marriage and one had
had two. Overall then, nine of the mothers had had only
one marriage-type relationship. Two were in their 20s,
nine in their 30s, one in her 40s and three in their 50s.
The time elapsed from their discovery of the child's abuse
to the interview varied from slightly less than six months
to 13 years.

The difficulties of assessing women's social class
position are still much debated (cf Abbott & Sapsford,
1987; Abbott, 1987; Erikson & Goldthorpe, 1988; Leiulfsrud
& Woodward, 1988), and were evident in this sample.
Eleven have been grouped as working-class. Of these
however, the categorisation was unambiguous for seven, who
had come from working-class backgrounds, done manual
occupations themselves and married or lived with men in
working-class occupations. Of the other four, three had
done non-manual clerical work themselves at some time
either before or during the marriage but came from
working-class families and were married to men in manual
occupations. The fourth had married her husband at a time
when he had been promoted to non-manual work (from which
he was made redundant later), but both she and her husband
came from working-class backgrounds and her own
occupations had been predominantly manual. Four of the
mothers have been categorised broadly as middle-class.
For two this was unambiguous since they came from middle-

class families, had done middle-class jobs prior to marriage and married men in middle-class occupations. For two however, one of these three factors was working-class - one coming from a working-class family of origin and the other having married a man with a manual occupation. In both cases their orientation seemed predominantly middle-class.

Two of the working-class women were Afro-Caribbean in origin, both having come to Britain as children. The other 13 women were white, of British origin. The sample is not large enough to identify the significance of differences of either class or race systematically in the analysis. Where there seemed possible links, these have been indicated - for example, in the ways in which mothering and marriage were combined, or the influence of money on decisions to separate (see chapter 5). For most of the analysis however the mothers are discussed as a whole group. This is not to imply that women's experience is not significantly differentiated by race and class, but the exploration of the significance of such differences to mothers' responses to child sexual abuse was beyond the scope of this study.

In 11 of the 15 cases, the abuser was the mother's partner (husband, ex-husband or cohabitee) and in four, other relatives (one the mother's father, one her son, and two relatives of her partner - uncles or cousins to the child). Fourteen of the children were girls and one a boy. Nine of the children had been aged five or under at the time the abuse started, two between six and ten, and

four aged 11-13. In 13 cases the abuse was continuous,

for periods ranging from under six months to over ten

years. In four of the families it was possible but not

certain that siblings had also been abused as well as the

child known to have been sexually abused.

Of the 11 women whose partners or ex-partners had been

the abuser, two were still living with them, two had

separated before they discovered the abuse and seven

separated after discovering the abuse. Of the latter

seven, only three separated almost immediately the abuse

was discovered however and of these three one had already

been through four years of suspicions before that point.

The process involved in decisions to separate is discussed

further in chapter 5. Two of the children were

permanently in care, and a third temporarily in care, due

to return home shortly at the time of the first interview.

At the last contact she had returned home, but her future

was still uncertain. Nine of the children were still

living with their mother (including all the four abused by

relatives other than the mother's partner), one, by then

aged 26, was still living with her father (the abuser),

and two had left home because of age. In one of these

last two cases, the parents were still together and the

daughter still visited.

The tables below give further details of the forms the

abuse took, the circumstances in which it occurred and the

legal response:

Table 1: Types of abuse

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Vaginal rape ... ... ... ... ..... .. ... ... ... ...        6
Handling child's genitals ... ... ... ... ... ... ...        6
Exposure of abuser's genitals to child ... ... ... ...       5
Masturbation over child's body ... .. ... ... ... ...        5
Oral rape (fellatio) .. ... ... .. ..... ... ... ...         4
Digital penetration of vagina/anus .. ... ... ... ...        2
Other touching of child's body .. ... ... ... ... ...        2
Oral contact with child's genitals .. ... ... ... ...        1
Anal rape (buggery)  .. ... ... .. ..... ... ... ...         1
Masturbation of adult by child  .. .. ... ... ... ...        1
Showing child pornography... ..... .. ... ... ... ...        1
```

The table above refers to a total of 15 children, 12 of

whom were subjected to two or more forms of sexual abuse.

This records the types of abuse known - in several cases,

the mothers did not know the full details of what had

happened. The cases included a range of forms of abuse,

in a variety of combinations. The two most common forms

of abuse were vaginal rape and handling the child's

genitals.

It has recently been suggested that the term child

sexual abuse covers too many different activities to be

useful and that it should be replaced by reference to the

specific sexual activities involved (O'Hagan, 1989; Monck,

1990). There are however both practical and theoretical

reasons for continuing to use the broad term child sexual

abuse. Given that abuse by family members often continues

over a period of months or years and involves a number of

different forms, and further that there is nearly always

some degree of uncertainty amongst professionals about the

full extent of abuse involved, it is both impractical and

potentially misleading to refer to the particular form of

abuse. Conceptually, while greater specificity may be

valuable, it is equally important to recognise the

similarities in the experience of different forms of abuse. Finkelhor & Browne (1988) suggest that the initial and long-term effects illustrate traumagenic dynamics common to the many different acts: traumatic sexualisation, stigmatisation, betrayal and powerlessness. An alternative, but not incompatible, model focusses on conditioned anxiety and socially learned responses to the victimisation experience (Berliner & Wheeler, 1987). Furthermore, too much emphasis should not be placed on the sexual act, given the greater significance of the degree of aggression involved (Gomes-Schwartz et al, 1990).

Table 2: Circumstances of abuse

Child's home, mother out (abuser responsible for child)	7
Child's home, mother in	3
Child's home, mother sometimes in, sometimes out	3
Abuser's home, not child's (child visiting relative) ...	2

In the majority of cases, the mother was not in the same house when the abuse occurred. Of the three cases in which abuse occurred regularly while the mother was in the house, two of the mothers had been in a different room at the time of the abuse, and the third had been in bed asleep when her husband abused the child in the same bed.

Table 3: Legal action taken

Prosecution and conviction	4
Police involved: no prosecution - lack of evidence ..	4
Police involved: no prosecution - mother withdrew ...	3
Police involved: no prosecution - abuser too young ..	2
No police involvement	2

Only four of the 15 men involved were prosecuted, all successfully. Of these four, two pleaded guilty and

received a probation order and one month prison sentence respectively. The other two received prison sentences of four years (after pleading guilty to minor charges in exchange for dropping major ones) and seven years respectively.

Interviewing

An interviewing guide was constructed drawing on the literature and on informal discussions with professionals and voluntary organisations who provided counselling for mothers of sexually abused children (see Appendix 3). Two pilot interviews revealed the difficulty of imposing a semi-structured format, and an unstructured, story-telling approach was adopted therafter. This meant starting each interview with one standard question, 'is there an obvious place for you to start in thinking about what happened to your child?' and following the mother's lead from there. Some of the mothers started with their own discovery of the abuse, others with the start of their relationship with the abuser, and one with her own experience of abuse in childhood. In some interviews I asked very few questions other than to prompt. Storytelling as a method of interviewing gives more control over the process to the interviewee and also allows experience to be related in context, instead of fractured by the interviewer's questions (Cornwell, 1984; Graham, 1984). It is thus a particularly appropriate method for research which aims to capture both the subjective meaning and objective context of experience.

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The way women chose to tell their stories indicated a
great deal about the meaning of their experience to them
and their way of coping with it. This method also allowed
them to approach painful subjects at their own pace, and
to veer away from them as necessary. Graham suggests
that opportunities offered for avoiding the truth in
story-telling can be seen positively as providing space
for those who receive researchers into personal areas of
their lives. As she points out:

> 'The switch from the personal testimony to the
> extravagant tale is not difficult to detect, yet it
> provides the teller with a way of controlling the
> release of information about herself. In a situation
> of inequality, both honest stories and fabricated
> tales are resources by which informants can redress
> the balance of power' (1984, p120).

Interviewees did certainly use the storytelling mode to
maintain control, to the extent of one interviewee several
times refusing my questions saying 'I'll come to that in a
minute' or 'that comes later'. While I only occasionally
felt fabrication was used, more commonly patches where
memory failed indicated those issues which were still
particularly painful. I did not pursue questioning when
such lapses occurred although often the woman herself came
back to such questions at a later point.

Depth interviewing requires the establishment of trust
in the interviewer. In order to give as far as possible
honest accounts of their personal lives, people need to
believe in the research and the researcher's commitment to
and interest in them (Jones, 1985a). This inevitably
means adapting the style of interviewing to the particular
individual, knowing when to ask questions and when to

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listen, checking meaning as appropriate, finding a balance
between following and directing the story, and sensing
what areas are off limits. I used the original interview
schedule as an 'aide memoire' to remind me of the areas I
hoped to cover. Although I often did not use the specific
questions in the schedule, with all interviewees each area
was covered. I also always answered questions of
information where I had or could obtain the answers.

I planned to interview each woman twice, to tape
record all interviews and to return transcripts of the
first interview to them before meeting for the second time
(about a month later). Two interviews seemed necessary
for several reasons. First, the length of the interview
schedule with which I started and the aim of collecting
life histories was likely to make a single interview very
long. The first pilot interview took five hours and I was
anxious to avoid repeating this too often. In the event,
it was difficult to restrict the length of the first
interviews, given the need to tell the story from
beginning to end for women who had in most cases never
spoken about their experience in depth before. The
shortest was two and a half hours, and on average the
first interviews lasted three and a half hours, with five
lasting four hours or more. Secondly the storytelling
mode meant that the order varied considerably in different
interviews and a second interview allowed me to check
through the transcript for areas that had not been covered
or issues I wished to clarify and to raise these on
meeting again.

Thirdly I had hoped that returning transcripts to participants of their first interview might increase a sense of participation and allow them some benefit from the process, and in addition serve as a trigger to memory resulting in further information in the second interview(1). While it did serve the second purpose, the first was more problematic. Some participants valued having the transcript primarily as a weapon in the battle for validation of their experience with others. These women had either shown it to someone else or anticipated doing so, and felt it would provide proof that someone had believed them and taken them seriously. Inevitably, its performance did not always live up to this promise. Some participants also treated checking the transcript as an extra obligation, despite reporting that reading it had been distressing, raising again painful memories they preferred to forget. As I became aware of these problems, I stressed to participants that they were under no obligation to read their transcripts but continued to offer them. All except one of the mothers wanted a copy, but five had read only parts of it by the time we met for the second interview.

Fourthly, second interviews were important in establishing trust. Jones (1985a) notes that to do more than one interview provides some evidence of commitment by the researcher to the person and the topic as well as allowing further exploration of complex topics. Given the emotional intensity of the first interviews, and the sense of guilt and shame attached to some of the experiences

participants were recounting, it seemed important to end

the first interviews with discussion of when to meet again

as part of a normalising process. In several cases, the

second interviews were more relaxed and the trust that had

built up allowed different issues to emerge and further

questions to be asked. One significant change was that

one participant revealed difficulties in her current

marriage (not to the abuser of her child) which she had

presented as happy and completely different from her

previous marriage (to the abuser) in the first interview.

It is considerably easier to recount past troubles which

have at least to some extent been left behind than to

reveal ongoing difficulties.

Finally, second interviews allowed some assessment of

how issues were changing. In some cases accounts changed

because of changes in the interviewing relationship, where

issues emerged that had clearly been there at the time of

the first interviews. In others, changes had occurred

since the first interview, and it was therefore possible

to explore the process by which perceptions of the

mother's relationship with the abuser or explanations of

the abuse for instance, changed as she came to terms with

it.

In practice it was not possible to interview each

participant a second time. Twelve of the mothers were

interviewed twice and the second interviews were generally

somewhat shorter than the first, although they still

averaged over two hours each and the longest was four

hours. Three mothers were unavailable for a second

interview. In one case the mother said she would not meet
a second time at the end of the first interview,
expressing an impatience with continued talking. She had
also had difficulty in participating at all since her
husband was violent and possessive and objected to her
giving her address to anyone. He was in prison at the
time of the first interview but due out shortly. It might
well have endangered her to pursue her further. In the
other two cases the mothers initially agreed to meet a
second time. One then replied three times to letters
attempting to arrange a time, each time saying that she
would prefer to defer meeting until her life was more
settled but letting me know how she and her daughter were.
The second made two further arrangements for follow-up
interviews at her home but went out on both occasions. I
wrote to her a third time but received no reply.

The social work sample

The process of negotiating access to social work case records and interviews with social workers for the second sample involved contact with the agency concerned at a number of different levels. Once the SSD as a whole had agreed to cooperate in this way, the local offices which would participate had to be approached individually. Two offices were selected as suitable by the Child Abuse Coordinator since both had high child abuse caseloads relative to other areas of the borough. In one of these I negotiated individually with each social worker involved in a child sexual abuse case over a period of several months, as well as getting agreement for my presence in the office from the Neighbourhood Officer. Establishing trust was an issue here as much as in the interviewing of mothers. By being in the office reading files regularly over a period of months I gradually heard about the more difficult cases, those which social workers felt most anxious about or those in which official policy had not been followed.

As in the interviews it would have been quite impossible to gain access to the data had I not engaged personally with participants, particularly in a social work culture which emphasises openness and sharing. Social workers talked to me about their cases (of child abuse and others), often putting me in the role of confessor in relation to particular anxieties, and also asked me about my work. I was asked to speak about my research with mothers to a group of foster parents, and

could hardly have expected further cooperation if I had declined. Some of the social workers in the office had also heard me speak about it elsewhere. While the files remained 'uncontaminated' data, the interviews with social workers were less so, accounts sometimes reflecting the two-way interaction of the research process as well as the past social worker-mother interaction. This is not to say they were fabrications. Rather, since some social workers used the interviews as a form of supervision - an opportunity to reflect on and dissect their practice with the benefit of hindsight - the process of interpretation became a joint one.

In the second office, access was agreed with the social work team at a team meeting and no individual negotiations were required for reading the files, although availability for interviews was up to individuals. This made the process quicker and easier, but also reflected the different cultures of the two offices. The first one operated more as individuals, without regular supervision. The second worked more as a team, with regular and structured supervision, and were therefore much less inclined individually to place me in the role of substitute supervisor. As a team, however they agreed to participate in the hope of using the research to reflect on their practice. The process of negotiating access illustrated both the variation in organisational context even within one borough, and also the effects of limited resources and heavy caseloads on the time social workers allocate to reflecting on practice.

Examination of social work files does not provide a comprehensive way of analysing practice since records are often partial and inconsistently maintained. They are primarily made up of social workers' observations and opinions, although often these involve attempts to represent clients' needs and views. Occasionally letters from clients appear which give them a direct voice, but they are predominantly professional records, kept for reading by other professionals, although the possibility of client access to records changes their purpose and form somewhat(2). Social workers varied in their modes of recording - some attempting to stick to established facts, others openly recording opinions and judgements and some dismissive of recording at all. Some files were carefully and conscientiously kept up to date with little if any indication of distortions. However the inconsistencies in others suggest that some workers with limited time and resources prioritised contact with clients over recording. Their limitations as a record of interaction are substantial - as well, as their unevenness, they often contain conflicting accounts and interpretation requires some imagination(3). Given the limitations of access, time and resources, they do however provide the best way for the non-practitioner researcher to analyse the social work response as it develops over time since for the most part notes are made concurrently with the development of the case, although periodic summaries are also included. Some gaps in the records were filled by the interviews with social workers, but such accounts were inevitably

coloured by knowledge of the current state of the case (as are inquiry reports into social work practice preceding child deaths). Files also provide a way of observing the way social workers account to each other for their actions, even if they are not always an accurate record of the events themselves (Maynard, 1985). Similar methods have been used in other studies (cf Kerslake & Cramp, 1988).

The difficulties of using the files were illustrative of social workers' approach to recording systems. The files mostly contained different sections for different types of record, for example notes of social work visits or interviews with clients were filed separately from case conference minutes and correspondence. This meant that the chronology of events was not always clear and to establish it entailed taking notes from all sections and then reconstructing a chronological account. Clearly social workers newly allocated to a case do not have the time to do this and at various points there were case summaries, either compiled for court cases or to transfer the case to a new worker when a social worker left. These summaries often gave a somewhat different account of the case to that gained from reading the file. Most commonly this involved losing detail but occasionally it involved the addition of new detail suggesting that the information had been retained in the worker's memory in the meantime. The inquiry into Tyra Henry's death noted similarly that the key social worker involved came up with new and often significant information in her evidence to the inquiry

which could not be found in the file notes. As the report notes this may not simply be due to lack of time for recording but may be a strategy social workers adopt to retain some personal control over a case, since they can use or withhold information at will. It is a matter of concern since anyone deputising may be under-informed about matters which may turn out to be important (London Borough of Lambeth, 1987). Losing significant detail in summaries is also important, since workers deputising or taking over a case lack the time to read the whole file, and may similarly be under-informed.

The borough involved was an inner city London area with a Labour council. It had a long-standing commitment to working cooperatively with mothers in childcare cases to keep families together where possible, and had recently developed a policy specific to child sexual abuse based on a feminist analysis and aimed at removing the abuser and supporting the mother. While such policies are now more widely promoted in child sexual abuse work (O'Hagan, 1989; Wattam et al, 1989), they were rare at the time. The degree to which this new policy was actually influencing practice was however highly questionable. While one of the teams involved in the research had also been involved in developing the guidelines, none of the workers had received any training on the new guidelines, not all had read them and awareness of the policy aims therefore varied(4). Reviewing these cases did not therefore provide a way of monitoring any particular policy, but offered a way of exploring the organisational context of

social work with mothers of sexually abused children and some of the problems that occur within it (see chapter 8).

Files were read for all current or recent cases of child sexual abuse at the two neighbourhood offices who participated, and where possible the current social worker was interviewed. In all, 13 case records were read (covering a maximum of 19 years of contact, an average of six years, and in several cases involving three bulging files per case), and 11 of the social workers interviewed. In two cases no current social worker was allocated and the worker previously involved with the case had left. In one of the 13 cases suspicion of sexual abuse had been dismissed after investigation. In another case, a substantial degree of uncertainty remained after several years of SSD involvement and repeated investigations. In the other 11 cases the SSD were satisfied that sexual abuse had occurred although in the majority of cases some lesser degree of uncertainty remained either as to the identity of the abuser or the exact nature and circumstances of the abuser.

Of the 13 cases reviewed, 12 of the families were working-class and one middle-class. All but one had had some contact with the SSD prior to concerns arising about sexual abuse, although in two cases this had been over financial problems only. Six of the mothers were married (although one of these was temporarily separated) and seven were permanently separated or divorced and hence lone parents (four caring for three children, two for four children, and one with a single child). Dingwall et al

(1983) noted that single parenthood increased the risk of
contact with a SSD resulting in a label of child abuse,
and this should not be taken necessarily to indicate a
higher incidence of actual abuse. All were economically
dependent either on state benefit or male partners or a
combination of both.

In one of the cases, suspicions of abuse were
dismissed, as noted above, and this case is excluded from
the analysis of further details below. The 12 other cases
included a total of 16 sexually abused children (including
three in one family, and two in two others), of whom 14
were girls and two boys. Five of the children were five
or under at the time the abuse started, eight were between
five and ten, and the remainder 11 or older. Eleven of
the cases involved continuous abuse and four single
incidents although the evidence was insufficient to be
sure that further incidents had not occurred in two of the
latter cases. Of the abusers, five were the mother's
husband or cohabitee and three of these separated after
the discovery of abuse. The other two stayed together -
one despite a separation of three years while her husband
was in prison. One abuser was the mother's ex-boyfriend,
one a current boyfriend (non-resident), three other male
friends, one the mother's son and in one case the abuser's
identity was uncertain as was the nature and circumstances
of the abuse. There were no female abusers involved in
the sexual abuse and in one case only was there suspicion
that the mother had been present.

As with the interview sample, there were a range of

forms of abuse involved, and at least three (and possibly

more) of the children had been subjected to more than one

form. In most cases the full details were not known but

the information available is detailed below:

Table 4: Types of abuse

```
Handling child's genitals ... ... ... ... ... ... ...   5
Vaginal rape ... ... ... ... .... ... ... ... ... ...   4
Masturbation of adult by child .. ... ... ... ... ...   3
Digital penetration of vagina ... ... ... ... ... ...   2
Masturbation over child's body .. ... ... ... ... ...   2
Attempted vaginal rape  ... ..... ... ... ... ... ...   1
Oral contact with child's genitals .. ... ... ... ...   1
Attempted anal rape   ... ... ... ... ... ... ... ...   1
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The table above refers to a total of 15 children - there

was no evidence on the form abuse had taken for the 16th.

As in the interview sample, the most common forms of abuse

involved handling the child's genitals and vaginal rape.

In nine of the 12 cases, there had been other concerns

regarding the mother's childcare preceding the discovery

of sexual abuse, further details of which are given below:

Table 5: Other childcare concerns

```
Lack of supervision  ... ... ... ... ... ... ... ...   3
Inability to control children .. ... ... ... ... ...   3
Rejection of abused child .. ... ... ... ... ... ...   3
Physical neglect ... ... ... ... ... ... ... ... ...   2
Involvement of children in marital conflict  ... ...   2
Rejection of other children  ... ... ... ... ... ...   1
Effects of domestic violence on child .. ... ... ...   1
```

This table refers to a total of seven mothers - in some

cases there had been or was more than one source of

concern. The most common problems were lack of

supervision, the inability to control children and

rejection of the abused child. There were no previous

concerns about childcare recorded in relation to the other six mothers. Seven of the 13 mothers were reported to have been battered themselves and this may well have been more common than recorded. Mothers' depression was recorded as a problem in all but two cases.

Data analysis

Analysis of qualitative data is always a personal activity involving interpretation as well as the attempt to understand and represent faithfully the world of research participants as they construct it (Jones, 1985b). The nature of the accounts given by mothers was such as to make it particularly difficult to code them into categories or cut them up by section or question addressed (as often recommended in texts on qualitative analysis) without losing their meaning. To impose too much structure on the stories would have risked losing sight of the coherence they had in their own terms.

A coding framework was developed from preliminary analysis of two transcripts, but this did not prove adequate to the task of exploring separate themes for each chapter while retaining the context of the whole account. The themes of the chapters were identified by a case study method of analysis - identifying the key processes in one case and then searching others for similar or dissimilar processes and themes (Mitchell, 1983). The transcripts of interviews with mothers were then each read and the account summarised separately for each chapter, in relation to the theme of that chapter, noting reference to

passages which illustrated particular aspects. These

summaries enabled the retention of context as expressed by

the whole account for the analysis of each chapter.

Categories were then drawn from the summaries and coded

separately again and those which were amenable to

quantitative analysis were coded onto spreadsheets. Each

transcript was read altogether at least four times. In

addition I transcribed all interviews myself and had

therefore listened to the tapes repeatedly to do so.

The emotional intensity of the interviews, which often

left me drained and depressed at the time, and was

replayed in listening to the tapes, made it difficult to

find the right balance between faithful recording of

participants' constructions of reality and the distance

necessary to locate subjective experience within its

structural context. In addition, extracting the essence

from pages of uninterrupted text, often with minute

details of interactions and dialogues, and with little

relation to the chronology of events was time-consuming.

Not only did the accounts range backwards and forwards in

time, in some of them the sense of chronology itself was

obscure owing to the unresolved sense of loss involved.

While on one level it was possible to reconstruct the

accounts in chronological order, on another it was also

necessary to consider the meaning of time itself as

expressed in the construction of the accounts.

Taking into account the social context in which the

data had been produced was important in analysis of both

interview data and social work case records. With the

social work files this meant being aware that some
accounts necessarily put the best possible interpretation
on events (such as letters written to charities requesting
funds) while others (such as social inquiry reports) have
a different purpose. The accounts given in interviews
also varied as to how far they were constructed with the
aim of presenting a 'best face'. Cornwell has suggested
it is possible to distinguish between public and private
accounts in interviews, the former being characterised by
wanting to say the 'right' and acceptable thing and
therefore indicative of

> 'sets of meanings in common social currency that
> reproduce and legitimate the assumptions people take
> for granted about the nature of social reality'
> (Cornwell, 1984, p15).

In contrast private accounts, she argues 'spring directly
from personal experience and from the thoughts and
feelings accompanying it' (ibid, p16). While it is useful
to identify the way in which the interviewing relationship
itself influences the type of account given - the more the
interviewer is seen as an 'expert' the more she is likely
to be presented with a 'best face' or public account -
there are some problems with implying so clear a
distinction between two types of account.

First, Cornwell proposed this idea to explain
variations in people's accounts of past events which
appeared to be more than 'tricks of memory'. While as she
suggests, variations in accounts are unlikely to be
attributable to faulty memory and may often be the product
of the social context of the account, they may also be a

product of the way the past is continually reinterpreted in the light of the present and used to make sense of it (Rycroft, 1985). Variation in accounts should not necessarily be seen as a problem other than as indicating the need to interpret the current meaning expressed in all accounts of the past. Secondly, there is an implication that private accounts are somehow true and authentic while public accounts are ideological constructions. This suggests that subjective experience is somehow free of ideological influence which seems unlikely, and obscures the way in which all accounts serve a purpose, actively constructing a version of reality (Potter & Wetherell, 1987). It seemed more appropriate in analysing accounts of the past to consider them in the light of the purpose they served and their current meaning, rather than to separate the private from the public categorically. For example, mothers frequently made remarks such as 'I can't understand mothers who don't believe their children', 'it's natural to protect your children' or 'you have to put your children first' when other parts of their account indicated that their experience had not been anything like as simple as this implied. Cornwell's distinction would suggest these remarks represent public accounts, and indeed they are indicative of the expectations attached to the dominant ideology of motherhood. Alternatively though, considering their purpose suggests a focus on the degree to which the women felt threatened in their identity as mothers and their need to reassert themselves as good mothers, as distinct from other 'bad mothers'.

The idea of public accounts was useful however in sensitising me to the influence of contact with professionals on the mothers' accounts. Several times on checking what women meant by a particular version of events, 'she doesn't trust me because I failed to protect her' or 'I was my mother's scapegoat' for instance, I received the reply 'well that's what I've been told'. It was also interesting to note the different interpretations of a 'best face', and their reflection of conflicting professional ideologies. In some accounts there was a somewhat ritualistic expression of guilt, 'I'm to blame because I'm her mother' which reflected the dominant ideology of child protection professionals. One mother however who had been in contact with a feminist support group seemed to consider an image of total innocence, victim status and disillusion with all men as the appropriate 'best face', despite her obvious pride in the new husband she had acquired since parting from the abuser six months previously.

My own and other people's reactions to the subject also influenced my analysis. In contrast to the traditional paradigm of research involving the researcher as a neutral and technical instrument collecting data in simple instrumental fashion, many researchers now argue that the effects of the research on the researcher may be a source of valuable ideas and insights which contribute to analysis (Reinharz, 1983; Straus, 1987; Kelly, 1988a). Kelly (1988a) has noted that researching sexual violence can affect the researcher's sense of vulnerability through

an increased awareness of its extent, lead to remembering of forgotten experiences of violence in childhood and affect personal relationships in a number of ways. Gordon (1989) further noted the anger she felt towards some of the women in her study despite her understanding that their abuse or neglect of children, as much as the abuse done by men, was a product of the sex/gender order of society. I had worked for five years in a rape crisis centre before starting the research and was already very aware of the extent of sexual violence. Nevertheless I experienced similar responses to those outlined by Kelly and Gordon, and became aware that the emotional impact of exposure to child sexual abuse is intense and far-reaching, and not easily exhausted. My need to retain some distance from the subject made it difficult to transcribe the tapes or re-read the transcripts on occasions. As Herman & Hirschman aptly write: 'Incest is not a topic that one embraces; one backs into it, fighting every step of the way' (1981b, p1).

Other people's reactions to the subject were also illuminating. It is rarely if ever possible to talk about the subject of child sexual abuse without an awareness of the anxiety it evokes. This is sometimes attributed to a 'universal dread of incest' (Taubman, 1984). It seems less to do with incest per se (which would exclude extrafamilial sexual abuse and might include adult sexual relations between siblings) and more to do with the combination of vulnerabilities that the subjects of both childhood and sex raise. People had a variety of ways of

distancing from the subject, including avoidance and

blame. This made me aware that mothers whose children are

sexually abused have few of the options to distance that

the rest of us are able to employ.

Notes

1. See Kelly (1988a) for a similar practice.

2. Local authorities have, since 1984, been urged to
adopt procedures to provide clients with access to
records, and a right of appeal in the event of a request
for access being denied (DHSS, 1983). Such procedures
have been adopted with varying degrees of enthusiasm
(Bamford, 1990) and the provision for exceptions where the
interests of third parties may be prejudiced may well
inhibit the access of parents in cases of child abuse.
However, the possibility of client access is likely to be
reflected in social workers' approach to recording.

3. Gordon (1989) notes a similar problem.

4. A summary of research on social work decisions in
child care reports the limited effect of child care
policies on practice as a common finding (DHSS, 1985).

There are two key findings from previous research on mothers' responses to the sexual abuse of a child. First, there is evidence that mothers experience trauma themselves, and their reactions and responses have been likened to the process of bereavement (Myer, 1984), the aftermath of rape (de Jong, 1988) or of child sexual abuse itself (Dempster, 1989; Hubbard, 1989). Since women's experience of sexual violence has also been conceptualised as one of loss (Hopkins & Thompson, 1984; Kelly, 1988a), these are not incompatible findings. Secondly, there are studies which show that the support of mothers is a highly significant factor - if not the most significant factor - affecting the child's healing (Wyatt & Mickey, 1987; Conte & Berliner, 1988; Everson et al, 1989) and that the absence of support from the mother has significantly detrimental effects (Scott & Flowers, 1988).

This combination, of their own trauma and the significance of their support for another's well-being, is not unique to mothers of sexually abused children. It has been suggested that every child or adult who is raped or sexually abused may have on average three significant others who are affected with grief-type responses and who commonly include the victim - or survivor's - main sources of support. These can be seen as secondary victims (or survivors) and their recovery does not necessarily match

with that of the person primarily victimised (Remer &
Elliott, 1988b). This chapter explores first the nature
of the experience of secondary victimisation as it affects
mothers of sexually abused children, and secondly the
relevance of their experiences of primary victimisation.

Some of the responses of mothers are similar to those
noted in other secondary victims. Men whose wives are
raped for instance may internalise the rape as a threat to
their self-image and sense of masculinity, and
relationships are vulnerable to breakdown from the
mismatch between the recovery processes of the primary and
secondary victim (Remer & Elliott, 1988b). The position
of mothers is however different from many others affected
by secondary victimisation in four main ways. First, in
the extent of the losses involved, especially where their
partners are the abusers. Many other 'secondary victims'
have no relationship at all with the perpetrator of abuse.
Mothers often have a long history of their own
relationship with the perpetrator (longer in many cases
than that with the child and often to some extent the
reason for having had the child). Secondly, women's
psychological development means that more than for men,
loss of attachments are experienced as a loss of self
(Baker Miller, 1988). Together with the identification of
women with family, this means that the disruption of
family relationships which the discovery of sexual abuse
triggers may be intensely threatening. Thirdly, the
expectation that a good mother should be able to prevent
harm to her child means mothers commonly feel (and are

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regarded as) implicated in the occurrence of the abuse. And fourthly, their position is different from many other secondary victims in the extent of support expected from them in the aftermath for the 'primary victim'. The expectations of motherhood are defined by ever-changing child needs (Graham, 1982b). Mothers whose children are sexually abused by a partner are expected to choose between child and partner - a choice which they have often not anticipated ever having to make, and one which is actively discouraged by the social organisation of childrearing with its dominant assumption that women will combine childcare responsibilities (unpaid) with economic dependence on men.

The accounts of the mothers interviewed for this study indicated that the concept of secondary victimisation - focussing on their ongoing relationships with the victimised children - was necessary but not sufficient fully to represent the meaning of their experience. Their own experiences of victimisation were also an important part of the context in which the meaning of the child's abuse for them was constructed. In focussing on victimisation, it is not intended to attach to mothers a whole identity or status as victim. Victimisation is a process which women can and do resist (Kelly, 1988a; Hunt, 1990). It is also a process which inhibits their ability to protect their children.

The overarching theme of this chapter is the experience of loss. The sources of loss for mothers were multiple and ongoing, and there was a strong sense of

endlessness in the mothers' accounts of their experience, summed up in the phrase of one mother who started her account, 'there's not really a beginning, and there's no end ...' (RD). The mother's experience is best conceptualised as a series of losses extending over time through the life course. Mothers described losses of trust in the abuser and more broadly in a just world, of control over their own and their child's life, of ideas of family unity and togetherness and of the past and the future, of their identity as good mothers and, where the abuser was their partner and had seemed to favour the child over themselves, of their sense of femininity. There were losses too of a sense of normality, of home and family as places of safety, and of privacy when others became involved. Overall there was a strong sense in which a whole worldview was threatened - that the assumptions of shared understandings, trust and the predictability of behaviour on which everyday life and interaction depend - had been overturned. Within this, the meaning of mothers' experience was constructed within the context of the particular relationships involved and therefore varied.

Losses which disrupt the pattern of attachments within which people construct the meaning of their lives disrupt the ability to experience life as meaningful and induce grief, however rational the changes may seem from the point of view of someone with other attachments (Marris, 1986). The recovery from grief involves reconstituting meaning by rebuilding the continuity of life, making sense

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of what has happened and assimilating it to present

circumstances in a purposeful way. Myer (1984) suggests

that 'pathological' outcomes result when women become

'stuck' in one of the stages of bereavement and for

instance never overcome denial. The present study

suggests however that 'stuckness' is not adequately

represented by a single emotional state but may involve a

combination of denial, anger, guilt and depression.

Marris' conceptualisation of grieving as a process

involving the need to reconcile conflicting impulses (to

return to the time before the loss occurred and to reach

forward to a state of mind where the loss is forgotten)

was more useful. In abortive grief patterns, the

conflicting claims of past and future are never reconciled

(Marris, 1986). Adopting this analysis of grief,

'stuckness' in these women's accounts was judged on the

basis of clinging to the pre-abuse (or pre-marriage) past

(often idealised) and/or the possibility of future

revenge/vindication ('biding my time') accompanied by

little or no meaning attached to the present. In contrast

women who had more or less resolved their loss ranged in

their accounts more easily between past, present and

future, but constructed the meaning of their lives

primarily from the present. This is not an all-or-nothing

distinction but one of degree. Not only is grieving a

process, but the losses are ongoing and those women who

felt they had more or less accepted the abuse, still felt

it would 'always be there'. Moreover since there are

multiple sources of loss, some women had resolved some but

not others.

The need to reestablish continuity of self was amply demonstrated by the way women told their stories. Despite my initial anxiety that asking questions about many aspects of their own lives might imply blame, given the space to construct their own stories, these mothers ranged over their whole lives including their childhood attachments in their families of origin, and past, current and anticipated future relationships with husbands and partners, children and close friends, within which meaning was primarily constructed for them. While the need to reconstruct meaning and continuity is useful as an overarching framework for coming to terms with loss, Breakwell's typology of coping strategies adopted in response to threatened identity informed the analysis of mothers' responses to specific situations. Coping strategies are defined by their goal, as ways of preventing, avoiding or controlling distress. They may involve a variety of responses which change the situation that causes distress, change the meaning of the situation or control the stress once it has occurred.

> 'Any thought or action which succeeds in eliminating
> or ameliorating threat can be considered a coping
> strategy whether it is consciously recognised as
> intentional or not' (Breakwell, 1986, p79).

The third section of this chapter considers the implications of a model focussing on their own losses for understanding the responses of mothers to the sexual abuse of a child.

Secondary victimisation

The process of secondary victimisation revolves centrally around an ongoing relationship with a primary victim. Both the actual and anticipated effects of sexual abuse on the child (as well as the broader disruption of family relationships involved) meant there were long-term implications for mothers. Most made comments indicating a sense that sexual abuse, unlike other forms of child injury, was an irrevocable event, which would affect the child (and consequently themselves) for life.

> 'It will never ever go away. It's not like when they fall over and break their leg, you help the leg to repair and then you forget more or less. This is something different' (AN).

Those mothers who felt their children were on some level 'over it' and not showing obvious effects of the abuse were more able to regain control of their lives, but still felt it would 'always be there'. There are similarities with the accounts of other secondary victims in relation to rape and sexual abuse - the adjustment process is painful, long-term and non-linear, and anger, guilt, frustration and a sense of being trapped are common feelings (Remer & Elliott, 1988a).

While there is no clear end to the process, the secrecy that surrounds sexual abuse means there is no clear beginning either. In several cases, the mothers' relationships with their children had clearly been affected by the sexual abuse before they knew about it, although the exact date at which the abuse started was often still unknown. Both because pre-existing issues

affected their response to the child's abuse and because
the point at which the abuse started was often unclear,
this section discusses the women's experience of mothering
before, during and after the sexual abuse of their
children.

The analysis presented here is informed by two central
themes. First, in contrast to the view still prevalent in
much psychological literature that mother-child bonding is
natural and instinctive and provides automatic
satisfaction in mothering, sociological research has
indicated that the experience of mothering involves
conflicts and contradictions that are rooted in the social
conditions in which it is undertaken, and in which
isolation, depression and frustration are common
occupational hazards. The lack of other options for adult
status and meaningful and rewarding work form the context
in which mothering remains central to many women's
identity over and above the actual relationship with
children involved (Parton C, 1990).

Secondly, while mothering can give a sense of meaning
and purpose to women's lives, this is constructed by
social interaction between the mother, child and others
and is consequently precarious. Boulton's study of women
with pre-school children found that their sense of meaning
and purpose related to three main factors, feelings of
being needed and wanted, investment of hopes and dreams in
children (including the desire to give children better
than the mother had had herself) and pride in the child
(in which the judgements of others were important aswell

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as their own) (Boulton, 1983). Although the present study involved children of varying ages, and the experience of mothering changes over time, Boulton's three categories in relation to the child were all recurring themes in the losses mothers described. The same study found women's experience of mothering was associated with the nature of their relationship with husbands who were major sources of the women's view of themselves as mothers. Those without such support were more vulnerable to being overwhelmed by the everyday reality of unremitting childcare tasks and to losing all sense of meaning therein (Boulton, 1983), and have also been found to be more vulnerable to depression (Brown & Harris, 1978). Only two of the 15 mothers in the present study could be said to have had a confiding reltionship with their partners, and none of the mothers whose partners abused their children. However, the effects of this were mitigated for some by supportive relationships with family of origin and/or women friends.

While it was not possible clearly to separate pre-existing issues from effects of the abuse and accompanying disruption, there were two interrelated issues relevant to some (not all) of the mothers which were likely to have been continuous and which merit brief discussion: first, the overinvestment of identity in mothering to the extent that in a minority of cases children were seen primarily as sources of nurturance for the mother rather than as individuals with separate needs, and secondly (and more commonly), a sense of powerlessness and inability to influence events which resulted in seeing children as

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equals.

A tendency to rely on children to gratify their own needs was identified in 43% of women in one sample of mothers of sexually abused children, although no significant difference was found between abuse by father figures and others (Gomes-Schwartz et al, 1990). This pattern of dependency (or 'role reversal' as it is sometimes called) has been linked to women's own experience of violence against themselves. Stark & Flitcraft (1988) suggest that where women are being assaulted themselves it represents their striving for selfhood and nurturance within the constraints of the mothering role. Where their options outside the home are severely restricted, children may be the only available source of nurturance. Overinvestment of identity and dependency on children for the mother's own needs seemed to be an issue in five cases in this study (four involving abuse by partners and one sibling abuse), in three of which her partner was violent to the woman. In the two other cases, their husband's absence due to work and drinking patterns combined with relationships of conflict with families of origin contributed to similar degrees of isolation from alternative sources of nurturance. In other cases too, and probably for all parents, there was some degree of expectation that children provide company and affection. However, supportive relationships with families of origin or adult women friends and meaningful work all lessened the likelihood of women overinvesting their own needs in children.

Role reversal was in fact not an accurate representation of the way women saw their own relationships with children, except in one case in which the mother had always looked after her own mother and continued to do so, and expected her children to do the same for her. In seven of the 11 cases of father/father substitute abuse the women talked more of their children as equals. The meaning of this clearly depends partly on the child's age - relating to an adolescent 'like sisters/friends' is different from doing so with a six year old. However there seemed to be two other sources of this in addition to the women's need for company and nurturance themselves. First, a sense of their own powerlessness to influence events in general was reflected in a lack of recognition of the difference of power between adults and children. Their subjective sense of powerlessness, related to their own experiences of violence, isolation and consequent depression, meant they did not feel they had power or influence over their children. There was some overlap between this and the second issue, however, which in one case seemed more important, namely a child-rearing style which minimised the guidance role of parents in the interests of children defining their own needs and desires. To focus exclusively on powerlessness runs the risk of assuming a consensus on normal child-rearing practice which may obscure the different ideas of childhood and meanings involved in mothers' varying approaches to their roles as power-brokers between the wider society and their

children(1).

These issues may be significant in increasing the
child's vulnerability to abuse. However, they are also
relevant background to the meaning of the abuse to the
mother, since the losses involved are more devastating the
more of her own identity is invested in the child, and the
impact of the child's responses more threatening the less
sense she has of her ability to influence them. A sense
of powerlessness is also relevant to the difficulties some
women had in defining behaviour as abuse (which rests
above all on a recognition of the power difference between
adults and children).

It was difficult to identify clearly where problems
caused by the abuse started since some mothers still did
not know exactly when the abuse started and where
father/father substitute abuse was involved the boundaries
separating normal from abusive behaviour were often
unclear. However, in seven cases, there seemed clear
evidence that the abuse itself had contributed to problems
with mothering before the mothers found out about it. In
four cases, by the time they discovered the abuse, they
had had periods of several years of unexplained
difficulties with the child's behaviour, including severe
sleeping problems, alternately hostile and demanding
behaviour, lying and truanting. AN, for whom attendance
at child guidance had made no difference finally put the
child's problems down to fate: 'I just thought she was an
awkward customer'. PE, whose daughter had consistently
complained of aches and pains, 'she had everything you

didn't die of', for which noone could find any cause, attempted a number of strategies to improve the situation without success and concluded similarly, 'I thought she was taking the piss out of me'.

A history of unexplained difficulties prior to discovery undermined women's confidence in themselves as mothers, their pride in the child and their sense of being needed and wanted. Sexually abused children tend to behave with particular ambivalence towards their mothers, whether attempting to tell indirectly then retracting out of fear (Summit, 1983) or expressing anger at their lack of protection and/or guilt at their own involvement in keeping a secret (Scott & Flowers, 1988).

Where the abuser was their partner, the effects on their own relationship with the child were exacerbated by the interaction with him as well. In four cases, the abuser had appeared to 'take over' the child, drawing her into the secrecy surrounding the abuse and excluding the mother. AN described this, 'they shut everybody out of everything'. PE who felt her partner had set her daughter up as 'the woman of the house' in competition with her described the effects of the secrecy on her own relationship with the child:

> '... obviously me and K were growing further apart, he
> was putting her against me ... it was getting to the
> point, if I told her off, they'd both sit there
> laughing at me, together. It was as if they'd sort of
> ganged up on me, sort of thing, and I couldn't say
> nothing to her any longer, without him intervening.
> He'd completely taken her over, he wouldn't even, if I
> bought her anything he used to get angry, and I just
> couldn't do nothing ...'

Children's descriptions of the victimisation process

illustrate the way in which such 'special' relationships are constructed, with abusers manipulating children's estrangement from potential sources of support (for example, threatening them with desertion by their mothers if they knew) as part of the process of 'grooming' the environment to ensure access (Berliner & Conte, 1990). Study of abusers shows they are fully aware of this process, and report targetting children for victimisation, systematically conditioning them to accept increasing sexual contact, and exploiting the child's needs in order to maintain them as available victims (Conte et al, 1989).

The sense of exclusion and rejection that the secrecy involves for mothers could comprise a loss in relation to one of the main sources of meaning and purpose in mothering where childcare is seen as solely women's responsibility - that a child needs her mother more than anyone else (Boulton, 1983). While the older the child, the less she may be expected to have this exclusive primary relationship with her mother, the more she is expected to be responsible for her own behaviour so that actions which appear deliberately hostile and rejecting are more hurtful and undermining in the absence of understanding of their cause.

For three mothers, their response to their own exclusion involved conflict derived from a sense that mothering also entails fostering good father or stepfather-child relationships and the apparent closeness in the relationships was therefore partly a source of pride and pleasure to them (a further source of loss when

its abusive nature was discovered). For one this undermined the legitimacy of her suspicions, which her partner dismissed as her jealousy. Another was particularly hurt in the aftermath by the twisting around in a custody battle of all her efforts to maintain the child's relationship with her father during the period of the abuse but before she knew about it.

The discovery of the sexual abuse entailed a sense of loss and regret that they had not known of it earlier for 11 of the 15 mothers (despite in some cases their earlier ambivalence about finding out). Their sense of themselves as aware and protective mothers was threatened by the discovery and the inability of the child to tell them earlier implied the loss of her trust. For the two mothers who had been sexually abused by their own fathers as children and not been able to tell their mothers, and who had both had strong feelings about doing things differently for their own children, the child's inability to tell them, whether out of fear or desire to protect them, was particularly painful. The child's inability to tell (including denial when asked in several cases), entailed a hurtful loss of trust, to the extent of being experienced as deliberate deceit in one case. It also limited the mother's control and ability to find out what had happened, and where the child persisted in silence when questioned or only gradually 'admitted' further incidents resulted in some anger and frustration for mothers. Those mothers who had most clearly come to terms with the child's loss of trust had understood it in terms

both of the threats the abuser may have made to the child
(including that her mother would kill her if she told in
one case, that her mother would have her put in care in
another) and also the difficulty of telling inherent in
the experience of childhood sexual abuse. Two mothers
felt their own experiences of sexual abuse as children
(not by relatives) about which they had never told anyone,
helped them to understand their children. As RD said,
'it's something you just don't talk about'. A third
factor which was important in understanding their own
previous lack of awareness was recognition of the abuser's
deliberate manipulation of the situation. For those
mothers whom the child did tell, either spontaneously or
on questioning, this provided an important vote of
confidence in them and for two retaining and rebuilding
the child's trust was an important factor in sustaining
their sense of meaning and purpose in the aftermath of
discovery. As EJ put it:

> 'I sort of felt we were in this together ... she
> totally relied on me to get it sorted out and somehow
> she knew that once I'd decided that I could do it,
> well I didn't, but she guided me you see...'

The threat to themselves as protectors of their
children was more acute and induced more intense guilt for
three mothers whose children had been abused or reabused
after they had known of other incidents by that abuser and
therefore felt that they should have anticipated further
incidents. None had done so at the time however, either
because they had trusted the abuser's promises of reform
or in one case because she had blocked out from conscious

memory/'forgotten' the earlier incidents of abuse (her father's of her as a child).

For some the particular circumstances of the abuse added further losses. One mother felt worse because her child had been abused while she had been away training as a cubleader - hence she had been thinking of other children rather than her own. For three, guilt became attached to their being out at work when the abuse occurred and for two to their being asleep. For others, the fact that the child had been abused simply raised unspecific guilt about not being a good enough mother. One mother described her sense of guilt, 'I brought her into the world for this to happen' (AN). Another resisted the loss to her sense of self:

> 'I've not been a rotten mother, I can show you, I'll bring them to show you because I tell you what can't speak can't lie (showing photographs of children) ... I mean look at the Christmases they've had, I've dressed up as Father Christmas and everything, there's been no reason...' (LH)

Overinvestment of identity in mothering was reflected in the intensity of these anxieties and the anticipation of blame from others. Particular ideas within this were important influences on response. One mother had clung to the idea that she would not allow her marriage to break up until all the children were 18. For another treating all her children the same was central to her idea of herself as a mother and made the fact that she had had to accuse her son of abusing her daughter and then to choose between them devastating. While these ideas may have little relevance to the children's needs they are real sources of

loss, threat and resistance to change for mothers.

In the aftermath several mothers expressed feelings of frustration, helplessness and inadequacy in relation to the effects on the child and their ability to help. Several made analogies with diseases or injuries where you knew more clearly what to do, such as the following example:

> '... Because I couldn't take, you know like if they're hurt you can get a plaster and something to wash the cut and put the plaster on it and after a while you watch that cut healing, now you've helped, you've actually done something. Or even if they've hurt their hand, I used to kiss it better, and they'd go away and they'd feel oh great, it might still be hurting them but mummy's kissed it better so because mummy's kissed it better everything's alright. So that, in that way I felt inadequate ... as if I couldn't do anything to help her...' (DK)

The difficulty of regaining the trust particularly of very young children exacerbated this sense of helplessness. In contrast one mother felt that once she knew what she had to do to help (leave her husband, which did in this case appear to resolve the child's problems), everything became easier: 'when you have to do something you just do it and hope that it'll work out alright don't you?' (EJ)

Four mothers found the child's anger and ambivalence towards themselves particularly distressing, although three of these felt that given their knowledge of events at the time they could not have done more than they had. KV commented, 'it's sad, frustrating, but I can't turn the clock back, I can't do anything about the past'. In another case the child's anger had been expressed in comparing her mother to the abusive stepfather, saying 'at least he loved me when he was doing that'. Her own anger

at her ex-husband for his violence to her and to the child, as well as the ongoing threat to her mothering the child's anger posed, made this expression of the child's ambivalent feelings towards the abuser too threatening for her to hear and she reacted angrily, 'he didn't love you, he hated you' (MG).

The sexually inappropriate behaviour of two young children (aged six and seven) caused acute embarrassment to their mothers in public, aswell as heightening their anxiety about their risk of reabuse. Children tend to be seen primarily as 'different from adults' (Backett, 1982) and protection from knowledge of sex is one of the ways this boundary is maintained (Ennew, 1986). Particularly with very young children, an obvious knowledge of sex (including the pregnancy of a 12 year old girl) caused intense shame to mothers, seeming to reflect on their ability to bring up children properly, as well as indicating losses for the children who were not ready for the 'knowledge' they had acquired. For some mothers their own lack of control about sex and the sense that 'natural' development had been disrupted seemed reflected in a sense of inevitability that the child was 'ruined for life' and might become promiscuous, withdraw from men, become a lesbian or otherwise be 'abnormal'. The long-term hopes invested in family often involve children, especially daughters, marrying and having children of their own (Backett, 1982; Boulton, 1983) and these possibilities represented real losses to the mother as well as for some, fears that they would indicate harm to the child. These

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are well-documented long-term effects - however Kelly's reconceptualisation of such consequences as coping strategies which may have positive meaning is a useful corrective to the fears attached to them (Kelly, 1988a), as would be any lessening of the centrality of heterosexuality and marriage to women's identity.

For some children, the abuse had resulted in adultified behaviour. Children's inappropriate taking on of adult responsibilities has often been seen as a contributory factor to father-daughter incest. It is now recognised however that such behaviour is the result rather than the cause of abuse (Blagg et al, 1989). In one case the child had clearly been set up in competition with her mother (PE) as the 'woman of the house' and the aftermath involved the mother reasserting herself as the adult and the child as the child, a change that was not achieved without conflict. As Roberts (1988) notes, girls given this position of 'power' are sometimes reluctant to give it up. In two other cases, much younger children (aged six and seven) had started to act, as one mother said, 'as an adult in a child's body' which both mothers found extremely difficult. With little sense of their own power to influence their children or events in general, the effects on the child, where they involved loss of trust in the mother, anger, and adultified and sexually inappropriate behaviour were ongoing sources of threat, which both had developed some ways of coping with by distancing. One compared her daughter's behaviour to a horror film, the other described her child as 'weird ...

like an elderly person gone senile' (MG).

To illustrate the difficulties that may be involved for mothers in the aftermath, it is worth quoting one account (AN's) at some length. The child concerned was sexually abused by her father from the age of 18 months to five years old without her mother's knowledge. Her behaviour had been difficult to cope with before the abuser left the home but afterwards when the mother had found out that sexual abuse had occurred it became worse, partly it seemed because of the threats made to the child of what her mother would do to her if she told:

> 'She wasn't sleeping, she was awake all the time. I was passing out with anxiety. I was having actual blackouts, and she was standing over me. She looked worried when I came round, but as soon as she knew I was alright, she'd laugh. She would run from one room to the other at nighttime and I'd go to pick her up and cuddle her and she'd run away again to another corner. Then she'd run after me if I walked away from her, mummy mummy, and I'd go round to pick her up to comfort her and she'd run away in a corner again like an animal, eyes rolling in her head...'
> 'I can't take her to a swimming pool, because she's at level with a male's penis, in height. She can go with other people and she can just about bear it, but she won't go with me. Or if she goes with me, she's usually sick in the water, I have to take her out, she's screaming ... she's very aware of men, she always looks at them, you know what she's thinking, she knows what's underneath their trousers and what happens with it ... she shouldn't even be thinking like that at her age ...'

The child had gone into care with foster parents to give her mother a break but on her return 18 months later, her behaviour was still difficult and involved constant reminders:

> 'She will not leave you alone until you answer every demand ... She sends me I love you notes, tells everyone I'm her mummy ... she goes on about when I was a baby, says 'I wish I was a baby and I could start all over again ... then she gets angry and says 'you had me, you've got to put up with me, do I look

like him?'

Other people, including a police officer involved in the
investigation of abuse, had expressed horror at the
child's behaviour and her mother was constantly aware that
she stood out amongst other children. In addition her
behaviour became worse when her mother had male company.
In this context mothering brought little meaning and
purpose, although her sense of guilt and duty meant she
expressed resentment only reluctantly: 'the kid's trying
hard but what's there left for me?'

A further difficulty for this mother and two others
was the sense that the child behaved very similarly to the
abuser. This is sometimes put down to transference but
may well be an actual result of the process of 'taking
over' the child involved in some abusive relationships.
It was an added source of reminders and difficulties for
mothers in the aftermath.

Older children were less likely to show the effects of
their abuse in such overt fashion. It is possible that
the older the child the more she may feel guilt at having
kept the secret rather than anger at not being protected,
and may be more inclined to withdraw rather than express
her feelings. Given the sense that a child's well-being
reflects on the mother (and the more so the younger the
child), there is a strong incentive for mothers to believe
their children are 'over it', if they are not showing
overt signs. This is likely to be one reason why mothers
are sometimes reluctant to involve children in therapy or
resistant to social work followup. It may also inhibit

mothers from encouraging their children to talk about it
(as well as dilemmas over the appropriate balance between
'bringing it out' and 'letting her forget' to resume
normality). For those mothers whom the children continued
to talk to about the abuse it was an important indicator
of her trust and therefore of restoring their sense of
themselves as mothers although it also meant ongoing
reminders. Pride in their children was restored largely
by the sense that they were more or less 'over it' and
doing well. For one mother, the fact that the child was
now happy as an adult and had an apparently good
heterosexual relationship released her from guilt: 'it
doesn't make me feel as though I must have done something
dreadful for this to have happened to my daughter' (EJ).
Two emphasised how dramatically their daughters had
changed when the abuser left the house, from being quiet,
withdrawn and isolated to apparently confident and popular
children. Three mothers with more sense of their ability
to influence events than others had responded by working
hard to rebuild their own relationships with the children
in the aftermath. For these three women, the fact that
the abuse had eventually resulted in closer relationships
between them and their daughters than they had had
previously gave it some positive meaning. As one said,
'assume you can change everything' (EJ).

This section has outlined the mothers' experience of
secondary victimisation, i.e. the way in which the sexual
abuse of their children affected their relationships with
them, and detailed some of the sources of variation within

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this. All the mothers described some losses in this context, whatever the relationship of the perpetrator of abuse to them. For those whose relationship to the perpetrator had been a close one - as partner, father or son - there were further losses, equally long-term, in that context. The next section focusses on only one of the ways in which their relationship with the perpetrator affected their experience at the time of the child's abuse, as a source of their own primary victimisation.

Primary victimisation

For women whose children were sexually abused by their partners, it was important to understand the meaning of the child's abuse to them within the overall pattern of marital violence, conflict and control within which it occurred. Discussion of the violence of incest abusers towards their wives has tended to focus on the high incidence of domestic violence in the marital relationship (Dietz & Craft, 1980; Truesdell et al, 1986; Gordon, 1989). However there are a far wider range of forms of control which operate, including psychological and sexual violence, and a number of sites of conflict including money, sexuality, reproduction, and child-rearing. This section will focus primarily on sexual violence, adopting Kelly's definition which includes

> 'any physical, visual, verbal or sexual act that is
> experienced by the woman or girl, at the time or
> later, as a threat, invasion or assault, that has the
> effect of hurting her or degrading her and/or takes
> away her ability to control intimate contact' (Kelly,
> 1988a, p41).

Within this definition, the sexual abuse of a child by a partner may be conceptualised as itself a form of sexual violence against the mother, aswell as being commonly accompanied by other forms of control.

In nine of the 11 cases of father/father substitute abuse, the mother had been victimised physically, verbally and/or sexually herself. Although of these the two still living with abusive partners minimised the problems, in all these relationships the men had dominated, although with varying patterns of control and varying forms of

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resistance from the women. In the two other cases the women regarded themselves as the dominant partner and reported no incidents of direct violence against themselves. However, although the latter two women, unlike most of the others, had not been physically in fear of their partners, for both the sexual abuse of their daughters had a coercive and humiliating meaning for them in the context of marital relationships in which they had little sense of their own right to control sexual contact.

All 11 women were aware that men's right of sexual access was part of the traditional marital bargain, and had been subjected to some form of sexual pressure . This ranged from rape, attempted rape, and various forms of coercion to the feeling that sex was primarily a duty rather than a matter of choice, lack of knowledge about sexuality as well as ideas about marriage contributing to their lack of control more than specific use of force. Of the two cases in which the women regarded themselves as the dominant partner, one had not known how she became pregnant the first time, and the other felt that sex was not particularly important to her but felt 'abnormal' because of its idealised cultural significance and threatened by her husband's expressions of sexual interest in women he saw on television, for instance.

Kelly (1988a) found that women wanting non-coercive heterosexual relationships defined these as involving the ability to say no to sex without negative consequences. This involves challenging dominant definitions of marriage which still accord men rights of sexual access (Pateman,

1988)(2) and none of these mothers could be said to have had such non-coercive relationships. Two women had submitted to incessant sexual demands from their husbands for the sake of peace. Others who had resisted expressed guilt at 'not giving him enough', if they had not wanted sex as often as their partners did, although in three cases it was their partners who had apparently lost interest in sex with them. Only one woman expressed a clear sense of having a right to control her own sexual contact and no guilt or ambivalence about resisting her husband's pressure. In the absence of this sense of sexual autonomy and in the context of various forms of pressure in their own sexual relationships, their partner's sexual abuse of a child, especially a teenage daughter, contributed to pressure on them, either directly or indirectly, and hence was experienced as a form of violence against themselves.

Directly, in four cases the behaviour women witnessed during periods of suspicion appeared to involve using the child partly for a visual assault/threat against them. KV for example observed her husband's suggestive remarks to her daughter, made in front of her, within the context of a pattern of sexual violence against herself which involved forcing certain practices on her which she did not like, nagging her while she sat up all night in resistance if she did not want sex, undermining her confidence with accusations regarding her sexual hangups, and talking to friends about their sex life in front of her. Her hurt and fear at this behaviour led to

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withdrawing further from sexual contact with her husband and consequently increased nagging from him. His behaviour to the child, which included telling the child (in KV's absence) that her mother would not let him have sex with her, and (in her presence) wanting to buy the child nice underwear when they went shopping or making suggestive remarks to the child when he saw a woman he fancied on television were further incidents in this pattern. She described this as 'he treated her like he should have treated me, that's what made me feel uncomfortable'. This induced not jealousy, but feelings of loss of control and humiliation.

As well as the apparently deliberate use of the child by the abuser to humiliate the mother by setting her up in sexual competition, less direct pressure was experienced by women who had not witnessed suspicious behaviour but who on discovering the abuse adopted the commonsense (and false), 'he can't have been getting enough elsewhere' explanation and consequently suffered guilt about their own sexual relationships if there had been any pre-existing problems. Many sexually abusive men engage in sexual activity obsessively, with their wives and children (and often others outside the family) concurrently (Herman & Hirschman, 1981b; Faller, 1988c). In addition, sex is only one of several motivations involved in child sexual abuse(3), and where sexual frustration is an issue, there are always other options for resolving it, such as masturbation.

A related issue in the patterns of control and

resistance was control over fertility and reproduction.
Kelly (1988a) has noted that domestic violence may involve
both forced pregnancy and attempts to terminate pregnancy
(by battering directed at the womb area for instance).
Two cases in the present study suggested the relevance of
this to the sexual abuse of the child. In both the
mother's decision not to have another child was followed
by the sexual abuse of a daughter resulting in pregnancy
and childbirth. In one of these cases the woman's husband
had threatened her in previous fights over whether to have
another child that he would go out and get one and she
would have to look after it. She scoffed at this threat
at the time but this had in fact been the result of the
abuse of the child.

In all the cases of abuse by partners, the abuse of
the child had implications for women's own sense of
control. In the nine cases in which their husbands
dominated the women directly as well as via their child's
abuse, violence to the mother preceded the abuse of the
child. This did not mean that the women passively
submitted to the child's abuse to relieve themselves as
has sometimes been argued. Violence to themselves usually
continued alongside the abuse of the child, which
represented an extension of control rather than a
transfer. Abuse of the child did seem in some cases to be
a response to the man's control over the woman slipping as
her strength or resistance increased. In one case the
sexual abuse started shortly after the mother had gone
back to full-time work, to which her partner had agreed

for financial reasons but which threatened his control, although he continued to reassert it over her every evening. In another, the mother expressed relief when her partner decided to leave, some time after the discovery of his sexual abuse, to which his response was to throw the child across the room.

Children were used by violent men both to extend means of control over their mothers (for example by battering or verbally undermining women in the presence of children as well as by sexually abusive behaviour), and to extend their domain of control to someone with less power to resist. This pattern has also been found to be common in relation to physical abuse of children (Stark & Flitcraft, 1988; Bowker et al, 1988). It indicates the need to understand mothers' responses to their children's victimisation in the context of their own experiences of primary victimisation as well as in relation to secondary victimisation.

Eight of the 15 women in this study also reported incidents of sexual abuse from their own childhoods (under the age of 16), two by their fathers and the others by non-members of the household, memories of which had been triggered by their child's abuse. While mothers' own experience of sexual abuse in childhood is often used to support 'cycle of abuse' theories (see Goodwin et al, 1981b; Vizard & Tranter, 1988), this study found that the relevance of childhood to the meaning of their experience was broader, more complex and much less determined than cycle of abuse arguments suggest. The next section

describes the significance of childhood in their ability
to come to terms with the losses their child's abuse
entailed. Here it is relevant to note that the mother's
own experience of childhood sexual abuse could be a
resource on which she drew to understand her child's
experience, but could also be an extra source of guilt.
Despite their lack of objective validity, cycles have a
subjective appeal in the 'why me? why her?' stage (Janoff-
Bulman & Frieze, 1983) of coming to terms with loss. This
appeal carries strong risks, particularly where the guilt
often felt by women who have been sexually abused as
children is still unresolved. DK who had been abused by
her own father as a child and whose daughter was abused by
a cousin when babysitting, described this:

> 'I thought to myself why the hell did I have my
> children, why did god let this happen to them, you
> know, why should my children be abused, why should
> somebody try to hurt her when she'd never tried to
> hurt anybody. I also thought to myself well maybe it
> was something that I did in my life, something bad,
> you know really bad that I'd done and she was being
> punished for it ... all sorts of things went through
> my mind, I thought perhaps that it was because of when
> my father was abusing me, there were times when I
> actually enjoyed it ... all these things went through
> my mind...'

The loss model

Both secondary victimisation (Remer & Elliott, 1988a) and
primary victimisation (Hopkins & Thompson, 1984; Kelly,
1988a) involve loss, and a grieving process was therefore a
central theme in mothers' accounts. Since the sexual
abuse of a child involves loss for both mother and child,
conflicting mismatched stages of recovery should be
expected as more the norm than the exception (Remer &
Elliott, 1988b). This section discusses factors which may
influence mothers' ability to come to terms with the
losses, and offers an alternative way of understanding
responses which have often been labelled collusion.

Marris (1986) describes the grieving that loss induces
as a process which has to be worked out - from shock
through acute distress to reintegration. Doing so
involves reconciling the conflicting impulses (to return
to the time before the loss occurred and to reach forward
to a state of mind where the loss is forgotten) by
extracting from the past its meaning for the present.
While it was not the main aim of this study to examine the
factors which differentiate response, the four kinds of
conditions which Marris suggests may affect the ability to
reconstitute meaning are worth brief review.

First, the person's own experience of attachment in
childhood may influence their general sense of security
and resilience in the face of loss. Studies of mothers'
responses, influenced by the appealing symmetry of cycle
of abuse theories, tend to focus on whether the mother was
sexually abused herself as a child, and have found no

significance in relation to response (Myer, 1984; de Jong, 1988; Gomes-Schwartz et al, 1990). The present study suggests that childhood experience may have a broader relevance, affected by the stage the mother has reached in resolving it. Those women who had most difficulty in resolving their loss were not those who reported being sexually abused themselves, but those who retained idealised images of their childhoods despite accounts which indicated considerable conflict. Gomes-Schwartz et al (1990) also report some evidence that a history of poor relationships between the mother and either of her own parents may affect her capacity to express concern for the abused child.

The centrality of loss to the experience of mothers of sexually abused children suggests that if a cycle exists it may be of quite a different order to that thought to operate for other forms of abuse. The evidence to support all cycle of abuse theories is considerably less convincing than often suggested (Burgess & Youngblade, 1988; Widom, 1989). However if explanations for 'intergenerational transmission' are offered in terms of learning that violence is appropriate or acceptable in families (Shields & Hanneke, 1988), this is clearly inappropriate to mothers whose children are sexually abused in their absence and who are unable to accept that this has happened.

Secondly, the more conflicted, doubtful or unresolved the meaning of what has been lost, the harder it is likely to be to reconstitute meaning in a way which successfully

disengages emotion and purpose from irretrievable circumstances. The uncertainty surrounding definition, explanation and long-term implications expressed by several mothers, and the common uncertainty of circumstances in which the abuse took place and at some stages the identity of the abuser must all inhibit mothers from resolving their own sense of loss and discontinuity. Two mothers described their feelings when suspicion shifted from one member of the family to another in fairly similar terms, as 'like we're falling apart here, everything was being destroyed'.

Thirdly, the less opportunity people have to prepare for a loss, and the less predictable and meaningful the event itself, the more traumatically the whole structure of meaning will be disrupted and the more insecure all attachment thereafter will seem. For only one woman in this study was her husband's abuse of her child at all predictable. Although a cumulative process of discovery provided some staggering of disruption, those who discovered abuse in the family suddenly could be faced with the disruption of all closest attachments at once, by an event for which all the cultural images of marriage and family give no preparation.

Fourthly, events after the loss may either support the process of recovery, encouraging the ambivalent impulses loss induces to work themselves out or frustrate them. Mothers in this study were rarely given the opportunity to work through their own ambivalence either in informal or formal contacts, but were usually faced immediately with

instructions, expectations set by others and often disbelief or blame (see chapters 6 & 7). Those who had become stuck in unresolved grief bore particularly vivid memories of the negative responses of others, and tended to have felt totally isolated, faced with conflict and secrecy within the family and blame and instructions from outside.

As noted above, grieving is a process, and the sources of loss multiple and ongoing. Hence it is not easy to draw a clear boundary around the resolving of all loss, and some aspects remained unresolved for most women. In particular the sense of betrayal by abusers was a source of ongoing anger and bitterness which several felt was the most difficult and unrecognised aspect of their experience. For two, their own experiences of violence from the child's abuser remained unresolved, aspects of them still being unspeakable, after they had to some extent come to terms with the child's abuse.

The centrality of loss suggests an alternative way of understanding responses that have often been labelled collusion, i.e. failing to prevent further abuse once suspicions have arisen. These were in some cases better represented as a mixture of resistance and accommodation to the particular threats or losses involved, to the women's sense of femininity, identity as mothers and so on. Breakwell (1986) notes that when identity is threatened, coping strategies are adopted which either deflect or accept the threat. Acceptance is rarely wholesale capitulation however, rather reflecting a

compromise negotiated between the threat and the needs of identity for continuity, distinctiveness and self-esteem.

One mother's response illustrates this process, involving a struggle to preserve what was important to her and, at the same time, to deflect the threat the abuse represented via coping strategies such as denial, repression and minimisation. LH, whose husband abused her teenage daughter in the context of a relationship which she defined as a love affair between them, alternately pushed her suspicions to the back of her mind and confronted them both in the hope of obtaining proof with which she could stop it. She also alternated between ensuring her husband had clean clothes and cigarettes when she was in and going out with other men in an attempt to restore her self-esteem. When her daughter became pregnant and had a child - and both husband and daughter continued to deny her accusations that he was the father - she redefined herself as the baby's mother. This went on for several years before she left, and she was aware that others would think she had condoned the abuse and adamant that she had not. A sense of powerlessness is an important influence on such responses but does not necessarily result in passive submission (cf Waldby et al, 1989). Rather where all available options seem likely to result in further negative consequences, minimising the effects on the child, or blaming her ('she liked it/she was the seducer') redefines the situation as one not requiring protective action. Kelly (1988a) found similar responses in women's reactions to violence against

themselves noting that in many of the contexts in which

sexual violence occurs, women feel unable to act since all

the available options are likely to result in further

negative consequences. Hence, minimising the effects on

them redefines the situation as one that does not require

action.

Collusion is an inappropriate label for such a

response not because it is offensive (O'Hagan, 1989) but

because by implying agreement it misrepresents women's

reality. Intervention with secondary victims must allow

them to feel their own experience is understood as a

prerequisite for enabling them to support the primary

victim (Remer & Elliott, 1988b). Mothers are often judged

(and judge themselves) on the basis of the outcome of

their actions rather than their awareness or intentions at

the time. The next two chapters seek to provide an

alternative to this, by elaborating more fully the

processes involved in finding out about abuse and working

out what to do from the mother's perspective.

Notes

1. Two studies of middle-class mothers have highlighted
this variability. Raphael-Leff (1983) suggests two basic
models of mothering: the 'regulator' in which the mother
expects the baby to adapt to her and the 'facilitator' in
which the mother adapts to the baby. Ribbens (1990)
identifies three approaches to child-rearing, 'directive',
'adaptive' and 'negotiative', linked to different ways of
making sense of children, as 'little devils', 'innocent
angels' and 'small people'. She suggests these are
typifications on which women may draw in different ways,
rather than fixed groups.

2. Rape in marriage has been made a criminal offence in
Scotland however (since 1989), and a similar change is
under review in England and Wales. Despite the continuing

difficulties of obtaining convictions, such a change has important symbolic significance.

3. Faller (1988c) suggests sexual abuse may serve four possible functions for the perpetrator: an outlet for sexual feelings, an expression of angry feelings, an effort to express and receive affection, and an opportunity to exert power.

CHAPTER 4:
FINDING OUT: THE DISCOVERY PROCESS

Whether mothers 'know' or not that a child is being sexually abused has been a key point of conflict in debates over the mother's role. Kempe & Kempe (1978), for example, argued in the past that mothers always knew about abuse in the family at some level. It is now recognised that they often do not, since the abuse usually occurs in their absence, and children are commonly sworn to secrecy, threatened with harm to themselves and/or their mother if they tell (Burgess & Holstrom, 1978b; Summit, 1983; Berliner & Conte, 1990). Children often make great efforts not to let their mothers know (Burgess & Holstrom, 1978b; Ward, 1984; Berliner, 1988), and have complex and ambivalent feelings about others knowing, as well as wanting the abuse itself to stop (Summit, 1983). Children's resistance to telling derives mainly from fear of losing the affection or goodwill of the abuser and fear that they will be blamed or harmed. The less loyalty they feel to the offender, the more likely they are to tell, and they are least likely to tell when the abuser is a natural parent (Gomes-Schwartz et al, 1990). Children often also believe their mothers know when they in fact do not (Summit, 1983).

The debate over mothers knowing or not continues, however. Feminists have recently been criticised for implying that mothers never know (La Fontaine, 1990), and

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the question of knowledge is important in practice for two
reasons. Social work assessment commonly involves
establishing whether mothers knew or not to determine
either whether they participated in or were unable to
protect the child from abuse (Chesterman, 1985; O'Hagan,
1989), and a central objective of social work intervention
in the aftermath is ensuring that mothers do know and
believe, in order to protect the child from further abuse
(Craig et al, 1989). This study started from the premise
that if mothers were not present at the time of the abuse,
they must in some way find out about it, and sought to
explore the process of discovery, both to illuminate the
interactions within the family, and the ways in which
mothers may be helped to believe that abuse has taken
place.

The term commonly used to describe the breaking of
secrecy is 'disclosure' - a term which suggests a single
point in time when all is revealed. Mothers themselves
talked of 'finding out', and described this in enormous
detail, often with dates and times of day to locate
particular incidents over a period of time, and reported
confrontations and conversations with other people, within
and outside the family. For some mothers there was a
clearly identifiable point at which they found out about
the abuse, but for others discovery was a cumulative
process. Within this process they talked of not knowing,
and why they felt they had not, of noticing that
'something was wrong', and of suspecting abuse but needing
their suspicions confirmed. While the losses involved in

the sexual abuse of a child meant that their motivation to
find out fluctuated, even when attempting to confirm
suspicions they were not always able to do so. Discovery
is an active and interactive process which develops over
time and has no clear beginning or end. Mothers are often
presented only as disbelieving or 'tuning out' signals
(Summit, 1983; Elton, 1988), but some had become
preoccupied with attempts to discover what was happening,
despite many obstacles to doing so, and to the exclusion
of developing effective protective strategies.

There are similarities with the handling and
disclosure of other secrets, and Glaser & Straus' (1964)
analysis, developed in relation to awareness of dying,
spies, the gay community, the handling of stigmatised
diseases and so on, is relevant here. Glaser & Straus
adopt the concept of awareness contexts to summarise the
total combination of what each interactant in a situation
knows about the identity of the other and their own
identity in the eyes of the other. At its simplest level,
the identity of one person alone is at stake (e.g. a dying
patient), but where two identities are involved (e.g. spy
and counter-spy) it becomes more complex, and
correspondingly more so, the more actors are involved.
Where two actors are involved, they suggest four types of
awareness context, open (in which each are aware of the
other's true identity), closed (in which one does not know
the other's identity), suspicion (a modification of
closed, in which one suspects the true identity of the
other), and pretense (a modification of 'open' in which

both are fully aware but pretend not to be). The analysis focusses on the interactive process by which awareness contexts are maintained or transformed, according to the gains and losses to each actor.

It is useful to consider this model in relation to an example other than child sexual abuse to illustrate the way in which the combination of sex, stigma and fear can lead to distorted patterns of communication (rather than, as is often argued, communication difficulties resulting in sexual abuse). There are similarities for instance with the process involved in adult children coming out (or not) as gay or lesbian to their parents. These often involve testing tactics on both sides (dropping hints, leaving books around and so on to test the waters), complex combinations of who knows what and who believes who else does and does not know (which may be correct or not), and pressure from heterosexual siblings to protect parents from the information. These sort of patterns can go on for years without open communication between all members ever being established, although movement towards it may occur if testing tactics get a favourable response or motivation is increased by, for example, the access of a lover during illness being at issue. Alternatively, it can become more difficult to reveal the secret, as the longer things have been left unsaid the more there is to reveal and the guilt for the 'child' at having kept the secret is added to the other problems (Baetz, 1984; Muller, 1987; Markowe, 1990). In many ways this should be an easier secret to reveal than a child's of sexual abuse.

Adults are no longer dependent on their parents for survival, and the information is considerably less likely to break up the parents' marriage. Nevertheless, parents commonly suffer a bereavement-like response to children coming out (Muller, 1987) and in both cases there is a sense that there is little to be gained by the parents in acquiring this information. The social rewards of both positions are limited.

The interaction surrounding sexual abuse in the family is equally if not more complicated. In the present study, children had both thought their mothers knew when they did not, and thought they did not know when they did. Siblings had sometimes been told first and contributed to silencing the child, in one case getting the abused child's pocket money off her in exchange for keeping the secret. Children attempted to tell in highly indirect ways and sometimes lashed out angrily at mothers when questioned. Mothers who became suspicious also questioned children often indirectly - feeling awkward about asking a direct question. Mothers often missed the hints that children dropped, which were open to a wide variety of interpretations and only became hints in retrospect. Even such an apparently clear one as 'why don't you divorce daddy?' (and most were less direct, more along the lines of 'can I come to the laundrette with you?') is not necessarily indicative of the child being abused where the mother is also being subjected to violence. Mothers who suspected the child was being abused then had to assess who was the likely abuser, and in several cases more than

one possible abuser was involved in the process. Mothers both pretended not to know once they did in order to avoid violent repercussions while working out a response, and pretended to know more than they did in order to confirm suspicions. Abusers sometimes denied consistently when questioned, and at other times confessed, pleading remorse and promising reform to prevent the information going further.

This chapter, after an initial section on the timing and pattern of the mothers' discovery processes, is structured around the awareness contexts most common in mothers' accounts - closed, suspicion and open as these relate to their knowledge of the child's experience of abuse. They are referred to however in the terms mothers themselves used - not knowing, suspecting and knowing, which emphasise the dynamic interactions and negotiations that occur within each level of awareness and the process of change. Because of the number of individuals involved, and the other issues to be known (the mother's awareness of who is the abuser, the abuser's and the child's awareness of what the mother's awareness is and so on), there are a number of different combinations of awareness covered within each section. However they are grouped like this for simplicity and to represent the sense of a process of discovery which mothers described. Within each, there are issues concerning what kind of information is involved, the visibility, accessibility and interpretation of information, the evaluation of it, and convincing relevant others about the interpretation of

information, which are common to all awareness phenomena (Straus, 1987).

Within this analysis there are two ways in which the interaction surrounding sexual abuse is different from that surrounding many secrets. First, the key actors are all interacting within one of the primary arenas in which an individual's reality is constructed, the family. Hence, there is considerable potential for confusion and for the manipulation of reality by abusers through control of information as well as of other resources. As Berger & Luckman point out, 'he who has the bigger stick has the better chance of imposing his definitions of reality' (1967, p127). The losses involved for mothers in the discovery of child sexual abuse, combined with the dominance and violence of the majority of the abusers, make them especially vulnerable to such manipulation. The psychological reactions of battered women have been compared to those of hostages in which a common defence mechanism is to incorporate the world view of the aggressor as a survival strategy (Graham et al, 1988). In no case in this study was such an identification complete or without conflict. However, the women's survival strategies and anxiety in response to their own victimisation clearly added to the difficulty of sustaining an independent reality. Even without the emotional investment in the family that mothers have, and the common combination of violence and isolation, chaos may be created by the combination of power and secrecy that sexually abusive men employ. Staff in a school where

the head teacher was abusing children have been found to
be similarly manipulated in their perceptions to mothers
in the family (Sloan, 1989).

Secondly, while the definition of some forms of secret
behaviour may be self-evident, the definition of sexual
abuse is not. 'Abuse' is by definition wrong but for the
most part mothers are observing behaviour and
relationships which form a continuum, and which do not
come clearly labelled as 'normal' or 'abusive'.
Victimised children too have described the process of
sexualisation as a gradual one with no clearly
identifiable point at which the relationship changed from
normal to sexual (Berliner & Conte, 1990; Gomes-Schwartz
et al, 1990). The problem of definition is not exclusive
to sexual abuse. Definitions of physical abuse of
children are also not self-evident and vary considerably
between professionals. Parental action and intent, and
injury to the child are common criteria, with little
attention paid to emotional harm (Herzberger & Tennen,
1988). Women's definitions of their own experience of
violence are similarly complex and physical injury is
again a key factor influencing self-definition as battered
(Sedlak, 1988). The problem of definition in relation to
child sexual abuse is compounded therefore both by the
inaccessibility of information about events conducted in
secrecy and the common invisibility of harm. As well as
their resistance to telling, sexually abused children do
not always show behavioural signs that indicate the need
for some intervention (Gomes-Schwartz et al, 1990), let

alone that give clear indication of sexual abuse. Sources of confusion over the evaluation of events once they are known are discussed in the last section of the chapter, 'Knowing'. However the confusion expressed over what exactly constitutes sexual abuse is clearly a factor affecting all stages of the discovery process.

Timing and pattern

The process of discovery is difficult to chart accurately in retrospect for two reasons. First, the mother's awareness and understanding has usually been changed through and by the process. Once mothers know, the fact that they have not known before becomes problematic, and is often a source of guilt, hindering the clarity of memory. There is no way of clearly defining a 'correct' or 'appropriate' level of awareness. Although a high level of awareness or suspicion depends partly on political consciousness (Campbell, 1988), it also involves a loss of trust and it is likely that most mothers would be reluctant to suspect and monitor those close to them beyond a certain extent. Where that line is drawn varies and discussing why it appears that some mothers did not know for perhaps longer than would be expected therefore involves making somewhat arbitrary and subjective distinctions.

Secondly, and related to this, it is not always clear in retrospect which observations seemed evidence of abuse, or 'something wrong' at the time, and which have new meaning as such in the light of current knowledge. As

Campbell wrote of the police response to evidence of
sexual abuse:

> 'evidence is not neutral, nor does it fall from the
> sky: it has to be discovered. Detection is an
> ideological endeavour to make sense of a mystery'
> (1988, p78).

The loss and confusion accompanying the discovery of
sexual abuse for mothers means the attempt to make sense
often takes years, and past evidence is repeatedly
reinterpreted through current consciousness. Reported
actions taken, such as confrontations and strategies for
obtaining proof, can be taken as clear indicators of
suspicion at the time, however.

Discovery can take several years (a cumulative
discovery), or it can be collapsed into minutes (a sudden
discovery). It may involve mother and child only, or more
commonly a range of others, both within and outside the
family, whose involvement may act as validation or as
further obstacles to overcome. It may involve a period of
not knowing about the abuse, followed by a period of
suspecting followed by a period of knowing, or one or both
of the first two stages may be omitted if the mother finds
out fairly quickly after the abuse starts. The process is
interwoven both with the mother's own response to loss and
with decisions taken about family relationships and is
therefore not a straightforward linear one. Although
there are distinctions between not knowing, suspecting and
knowing, which are not adequately addressed by the concept
of denial, the boundaries between these phases are often
blurred. In particular, the transition between not

knowing and suspecting (feeling that 'something was wrong') seemed sometimes to belong in 'not knowing' and sometimes in suspecting, depending on whether and how consistently abuse was considered as a possible explanation for the available evidence.

For 12 of the 15 mothers in this study, the abuser was living in the household with the child at the time of the abuse. Of these 12, eight mothers did not know about the abuse for a substantial period of time, ranging from less than a year to over five years. Of these eight, three then became suspicious, one taking a year, another two years before their suspicions were confirmed, and the third never quite confirming her suspicions about an ongoing relationship between father and daughter (the latter now in her 20s) which both denied to her yet persisted in while she eventually moved out of the house. The other five found out in a sudden clearly identifiable incident, although that was often followed by a period of reassessment and confirmation, and for one, recurring confusion and ambivalence which remained unresolved three years later. One of these five described a feeling of something wrong before finding out, and two others described previous problems in the family but for which they had had other interpretations. Two of the mothers who found out in a sudden incident were those who decided to stay or reunite with their partners later. For one, when the abuse recurred (within a year), she knew; for the other, when it started again (three years after the first discovery), she did not know, and only after three more

years felt that something was wrong and after a further year, found out.

Three mothers became suspicious shortly after the abuse started, one taking over a year and another four years before those suspicions were confirmed. The third appeared to have waited for proof without actively pursuing it, and for her the boundary between suspecting and knowing was less clear. One mother knew of her husband's behaviour (touching his children's genitals) as it occurred, although she was not present at the particular incident which triggered her definition of it as abuse. Even for her however, there was a form of discovery process, involving a reevaluation of the information she had in order to define it as abuse, a process which was still continuing at the time of the interview.

There were also three cases in this study where the abuser was a relative but not within the household. Two of the mothers found out when the child said something which indicated abuse to them, one to a sibling (three years after the first incident of abuse, but shortly after the second separate incident), the other to her mother's cohabitee (a week after the first incident of abuse). The third did not know that her child was being abused on visits to his grandfather over a period of four years, although she put a stop to the visits as soon as the child said he no longer wanted to go there. She found out only two years after the visits were stopped.

Not knowing

How is it possible for a child to be sexually abused by a
member of the household or close relative without the
mother knowing or suspecting? This section discusses the
accounts of mothers whose partners abused their children
while living with them and one whose father (the child's
grandfather) abused her son over four years on visits to
his house. Although the selection of cases where the
mother had not known for longer than might be expected is
somewhat arbitrary, they themselves all saw their not
knowing as problematic, as a source of guilt (to varying
degrees) and something that they needed to understand and
explain. In fact, at the time of the interviews, the
majority of the mothers still did not know the full
details of what had happened.

The degree of awareness the mothers had had that
'something was wrong' for the child varied, both between
women and over time. In addition the information
available from both child and abuser was limited and open
to a variety of interpretations. None of the children had
told directly during this time, and some had denied
anything was wrong when asked. This is a common pattern.
Summit has developed a five-stage model of children's
response to sexual abuse (the child sexual abuse
accommodation syndrome) which involves i) secrecy, ii)
helplessness, iii) entrapment and accommodation, iv)
delayed, conflicted and unconvincing disclosure, and v)
retraction. As he points out, the patterns of behaviour
commonly involved in children's attempts to cope with and

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maintain the secrecy imposed on them commonly lead to their discrediting as 'impossible' before they even attempt to tell (Summit, 1983).

In most cases, the mothers had been aware of some problems for the child but had not considered sexual abuse as a possible explanation. One had put her child's 'precociousness' at school and insomnia down to pre-existing health problems since the child had always been very small and was bullied by children at school because of this. Another attributed her daughter's nervous and withdrawn behaviour variously to unhappiness at school, the effects of poor housing, and to herself being out at work. Two mothers attributed vaginal soreness in children to urinary problems or not wiping themselves properly, and one attributed her child's distress on being left at nursery, and quiet, withdrawn behaviour there, as due to her wearing glasses. Two attributed their daughters' fear of their husbands to having witnessed violence against themselves and to the normality of fear of him in the household. Three however perceived their daughters' relationships with their husbands as unusually close, and either felt pleased at this or that they should be. The suspicion of sexual abuse does not come quickly. To some extent, these interpretations indicate the unthinkableness of incestuous abuse, particularly at a time when there was no public recognition of its existence, but still a factor in relation to people's own families now. The belief in personal invulnerability is one of the basic assumptions that victimisation shatters (Janoff-Bulman & Frieze,

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1983). They also however represent plausible (and possibly more likely) explanations for what the mother has observed.

The behaviour of abusers was also confusing and while in retrospect seemed to indicate sexual abuse, was subject to a variety of other interpretations at the time. PE attributed her partner's unpredictable behaviour to her daughter (sometimes 'the perfect father', sometimes seeming not to like her) to his personality since he behaved similarly to her. When he encouraged her to go out, offering to look after the child in her absence, she (reinforced by friends) felt lucky. When he lost interest in their sexual relationship, telling her he no longer loved her, she assumed there was 'another woman'. And when he told her that if it was not for her daughter he would leave,

> 'I used to interpret that as like a father with his children, it's only for the children keeping us together type of thing'.

While the tactics abusers employed to maintain secrecy and the ambivalence of the children about others knowing meant that evidence was not easily accessible and what there was was open to various interpretations, the mothers' accounts also suggested the need to understand their own levels of awareness. The most common factor which seemed significant in reduced awareness was their own experience of violence, either current or past, but lack of confidence in their own parenting and low expectations of family life also contributed.

For five mothers, fear of their partners was a part of

daily life and the costs of confrontation included

violence to the extent of hospitalisation and threats of

murder. Hence they were preoccupied with strategies of

coping, resisting and surviving themselves (Kelly, 1988a)

which reduced their awareness of and availability to their

children. MG talked of the way she 'switch(ed) everything

off, just switch my mind off' to cope both with her

husband raping her repeatedly and with the incessant

demands of three children under five. RD watched out for

signs of her husband's violence and attempted to hurt him

(verbally) first or walked out. Going out, even when she

did not particularly enjoy being out, became part of her

struggle for control and autonomy from a partner who she

felt treated her like a child telling her what she could

and could not do. All five women described effects on

their self-esteem and PE illustrated the way this limited

awareness:

> 'Well I got to the point in the end, I didn't feel no
> way about anything. And maybe that is why I never
> noticed what was going on as far as him and R was
> concerned, that's what I ... because I wasn't anyway,
> I wasn't, I had no feelings of myself, about myself.
> He'd convinced me that I was just nothing, nothing at
> all, and I believed that in the end ... I was walking
> about in a dream, I mean World War 3 could have
> started outside the front door and I probably wouldn't
> have even realised it until it was over. But now, my
> eyes are open and I can see everything about me, I can
> sort out the good from the bad ...'.

Two had also developed severe anxiety-related health

problems before they had any suspicions that their

children had been sexually abused.

For one mother (HS), her past experience of abuse as a

child was significant. During the early stages of her

son's abuse, she had blocked out her own childhood

experience and was unable to draw on it to make sense of

her concerns:

> 'There was something drastically wrong. And no one
> could put their finger on what it was. But sexual
> interference didn't enter my head.'

Two years later, after she had remembered and redefined

her own experience as abuse, similar concerns arose again

about her son's behaviour, and this time something

'clicked' in her mind. Once the possibility of sexual

abuse had occurred to her, she questioned the child and

confirmed her suspicion.

Two other mothers seemed to have had a low level of

awareness for reasons other than their own experiences of

violence. For CL, her own lack of confidence as a parent

was reflected in her perception that her husband got on

well with her daughter, since he seemed able to do things

she could not with the child. The second (FP) adopted a

more detached approach to family life, less concerned with

interpreting behaviour than other women, reckoning that

family relationships are always difficult to some extent

and the best strategy is to accept it rather than confront

every problem. Hence, though her husband's relationship

with his daughter was not particularly close or

affectionate she did not see it as particular cause for

concern, since all his children had seemed a nuisance to

him. While she had wondered if there was anything wrong

with her daughter, the child had 'got uptight' when asked,

'and I'd, rather than quarrel with her I'd say alright,

when you're ready you tell me, you know...'. The child

later said she did not tell her mother because she thought she was happy in the marriage and did not want to break it up, to which the mother commented that you try not to let children see the problems in your marriage.

It is difficult to assess in retrospect when mothers may have deflected observations they might have made in response to the threat they posed. However, too much should not be made of 'denial' given the complexity of the interactions surrounding secrecy. CL, who suffered debilitating guilt, had been told that her daughter had been abused by her husband while they were all three in bed together and the mother was asleep. It is quite likely that she would be seen as denying her own involvement by her claim not to have known. However, it is also possible, given that children being abused commonly freeze and 'play possum' (Summit, 1983) and that her husband penetrated the child's vagina with his fingers, that she was in fact asleep and unaware of what was happening. Sirles & Franke's (1989) study found that incidents of abuse that occurred when mothers were in the house were amongst the most difficult and threatening circumstances and were more likely to be disbelieved for this reason. CL's difficulty in believing the abuse may be attributable partly therefore to the loss and guilt attached to not having known. PE, who expressed the least guilt of all the women about not having known, also expressed a clear recognition of the way in which her partner had manipulated the situation and her perceptions:

'I would say, I mean these men know what they're doing
and they're crafty. So you wouldn't sort of see what
was going on ...'.

Suspecting

When mothers do become suspicious that a child is being sexually abused, why does this not lead to immediate action to protect the child? One answer to this is that suspecting is not the same as knowing, and suspicions can remain unconfirmed for a considerable period of time. Uncertainty of this kind, often alongside continued experiences of violence against themselves, involved intense ambivalence and confusion and mothers often fluctuated between trying to find out more to obtain proof and trying to avert further loss by ignoring the evidence that was there. For two mothers, thinking about this period of their lives was clearly still immensely painful, and they were unable to recall it fully in the interviews. Again the accounts illustrated the complexity of interaction surrounding discovery, with clear information about what was happening often inaccessible, confusion and conflict over the interpretation of what evidence was available, and also over its evaluation, i.e. what is normal and what is abuse?

In two cases the abuse had been ongoing for two to three years and five years respectively before the mothers began to suspect. In both, the balance of losses and gains attached to discovery changed as the child's and/or mother's resources increased, allowing suspicions to develop. In one the abuser left the home, reducing the costs to the child of revealing her distress. In the other, the child getting older made her more difficult to control and the mother's increased self-worth and

availability enabled her to 'notice things' that seemed
wrong.

The ability to confirm suspicions depended not only on
the mother's motivation (although that was clearly
important) but on the interaction with both child and
abuser. The option of simply asking children was less
realistic for younger children than older, and three of
the mothers had begun to suspect when their children were
under five. One five-year-old child reacted angrily when
asked questions, leaving her mother anxious at whether she
was causing her more harm:

> '... sometimes with her she would give me the
> opportunity to ask the right question at the right
> time but it would still be met with a smack round the
> face or scream at me' (AN).

Two mothers of older children who became suspicious that
'something was going on' between them and their partners
also felt awkward about asking direct questions, although
a third confronted her daughter directly, but in such rage
that it would be unlikely to enable a child to tell. The
difficulty of asking questions (as well as eliciting
answers) should not be surprising. Parents' reluctance to
talk about sex with their children is one of the main
reasons that few warn their children effectively of the
possibility of sexual abuse (Finkelhor, 1986b). Sex is
often a taboo subject between mothers and daughters
(Cornwell, 1984), even without the extra difficulty of the
mother's own partner being involved. Feelings of anger,
rejection, fear and self-doubt compound the difficulties.

Three who confronted partners about their suspicions

also met with conflict and confusion. Two who felt their partners' behaviour with their daughters (including jealousy and possessiveness, sharing a bath and encouraging a child to run around naked between the age of eight and 12) was wrong, were accused of being sick, with sexual hangups themselves and began to believe these accusations.   The difficulty of 'drawing the line' between normal father-daughter relationships and abuse, the ambiguity of the evidence available and conflict over its meaning meant mothers continually experienced self-doubt about their suspicions and often self-blame for having them in the first place.   KV described this:

> 'I thought am I making, it must be me, I'm imagining this, you know, fancy me imagining that about my husband, he's interested in my daughter, what can you say? ... I'd get these feelings of suspicions and then blame myself, I'd think oh fancy thinking that, that's terrible, that's really, that's real odd thinking that of your husband, you're a bit funny'.

LH appeared to experience no such doubt about the validity of her suspicions, despite denials from both husband and daughter, although her distress at what she witnessed and defined as a love affair meant she continually pushed them to the back of her mind, as described in chapter 3.   However her account illustrates in a different way the difficulty of 'drawing the line' between normal and abusive behaviour since she cited as evidence of the child's abuse past incidents some of which could possibly have a quite innocent meaning.   These included her daughter at age 12 once helping her husband to undress and get into bed when he was sick, and at age 13 telling her grandmother that her father sometimes

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dressed her. The fact that both these incidents now seem indicative of abuse illustrates the way evidence never speaks for itself but is always interpreted through current consciousness, and also the different ways the problem may be defined which are examined later in this chapter.

Suspicion is characterised by the inaccessibility of clear information about events conducted in secrecy and uncertainty about the meaning of the information available. One of the problems involved in the discovery of sexual abuse is that even when evidence is obtained it frequently disappears again. There is rarely physical, visible evidence, and hence the construction of reality is precarious. The sense of confusion this generates was illustrated by AN, whose daughter's ambivalence about telling was reflected in dropping hints then refusing to say any more, or drawing pictures then wiping them out. This left her wondering:

> 'had I actually heard her say that or did I imagine
> it? Did she really draw a sausage shape for the
> reasons I thought she'd drawn it or was it just a
> sausage shape?'

The tendency to rely on visible information in circumstances of such confusion and potential loss meant two women interpreted negative results of medical examinations as indicating no abuse had occurred. Women who are beaten themselves, defining injury in terms of physical damage, commonly redefine the problem as bruises fade (Ferraro & Johnson, 1983). It is often only after they leave that the psychological impact of abuse is

acknowledged (Kelly, 1988a).

Validation from friends and relatives that they too felt something was wrong were an important part of a cumulative process of discovery, and disbelief could set it back considerably. Indirect validation from knowledge that sexual abuse happened in other families was also important. Ultimately however it was the evidence of those involved, the abuser and the child, that most convincingly confirmed suspicions, and obtaining this could become a preoccupation above all else. PE described an incident when she had spent a night at a friend's, leaving her partner to 'cool down' after violence against herself, and returned to find further evidence:

> 'I came back early in the morning, which is something I'd never done, and the doors were locked, and when he came down, she, he was undressed and I'd gone straight upstairs, and there was a cup of coffee either side of the bed, and the bed was still warm and everything, and I'd gone running into R's bedroom and pulled the covers back, and she had no clothes on, which my R always slept with clothes on, always, and I said to her, I said what the hell's gone on in here? I know something's gone on. She started screaming and tried to hit me. And he got violent, and in the end, he just walked out, and R got dressed and she went out, and I sat here, and I knew but I didn't know, it was sort of staring me in the face. But <u>no one would sort of say</u>, I even threatened R that I would take her to the doctor's, and that, but <u>she still wouldn't say anything...</u>' (emphasis added).

Mothers were often ambivalent about confirming their suspicions, wanting but not wanting to know and their motivation to overcome the resistance of others to open awareness therefore fluctuated. They were also often faced with multiple, conflicting and changing versions of events and their meaning, from the child, abuser and others who became involved. The centrality of the family

in women's construction of reality - combined in some
cases with a lack of psychological separation and strong
investment in the family as a unit - meant that achieving
a version of events agreed by all family members was often
a central preoccupation once information suggesting abuse
was acquired. As well as the ongoing inaccessibility of
information, the interpretation of evidence involved
assessment in relation to mothers' former knowledge of the
actors and of the period in which abuse had taken place,
to achieve a fit. This process, involving reinterpreting
past incidents and assessing new information to construct
a revised version of the period of abuse, was referred to
by several mothers as 'piecing the jigsaw together', and
could take a considerable period of time.

There was often strong resistance from both abuser and
child to the mother confirming suspicions. Two mothers
obtained irrefutable evidence unwittingly, one 'catching
him' and the other finding the child with semen on her
hair and clothes when she had been in the care of her 17
year old brother. Others however had to develop a
persistent strategy to obtain further evidence and to
resolve the conflict between the accounts of those
involved. Six mothers felt that they had placed the child
under considerable pressure and three of these had
threatened the child themselves to make them say what had
happened and who was the abuser. One had also pretended
to the child that she already knew from the abuser in
order to persuade her to tell. All these obtained the
information they needed from the child (although not

necessarily the full details).

Three mothers had never obtained the child's word although they had all asked. For all of them this was a major sticking point in their process of discovery. Two seemed only to have asked once and their ambivalence about finding out and confusion about the information they had prevented their successfully overcoming the child's fear and ambivalence. The third asked with such anger that it would be unlikely to encourage a child to 'confess'. Although her daughter had implicitly told her in many ways, including asking her mother to leave the home, she had never 'admitted' the relationship with her father.

Only three of the children in this sample told voluntarily, all when the abuser had left or was not a member of the household (although one was a temporary absence). The threats commonly made to children by the abuser and the complex feelings of fear, guilt and responsibility the abuse and secrecy engender (Summit, 1983), mean that children are more likely to tell the further away the abuser is (Glaser & Frosh, 1988).

For all 14 mothers, the word of the child was particularly important in confirming suspicions, whether by its presence or absence. All those living with the abuser had however also confronted him to obtain his account aswell. Of these eight, three of the abusers had admitted the abuse and five persistently denied it to the mother. The three whose husbands had admitted the abuse, and who also had obtained the word of the child were those mothers who had most successfully resolved the process of

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discovery, both resolving conflict between the versions of those involved and achieving a fit between the new knowledge and their previous versions of the past. Of these three abusers, however, only one was consistent about admitting the abuse, the other two continued to deny it to others and one had reverted to denying it to the mother, sending her letters from prison accusing her of lying which caused her considerable distress. In these cases, breaking through the abuser's denial was not a once and for all point. Rather, confession seems to have been a part of the process of manipulation, strategic when it seemed impossible to avoid the secret coming out and possible to achieve a resolution within the family.

The effects of denial from abusers on women's ability to confirm their suspicions are illustrated by PE's account of attempting to resolve conflicting accounts:

> '... I wanted to believe R and I wanted to believe
> him. I wanted to believe that they were both telling
> the truth, but I knew that one of them had to be
> lying. And in one way I wanted it to be R that was
> lying to me, obviously...'

In this context, a sense of having confirmed suspicions was often followed by recurring doubts, the inconsistency of evidence making reality precarious.

Of the five mothers faced with persistent denial, four had since separated from the abuser although two of these not by their own choice. The two who had chosen to leave had more or less confirmed their suspicions despite the abuser's denial, although both had some ongoing unresolved issues. The three who had either stayed with a denying abuser or not chosen to separate had all been unable fully

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to resolve their discovery. None of their responses are properly described by denial or disbelief. Two in fact did believe the abuse had taken place, and the third remained uncertain what to believe. The latter's account (CL) will be described in some detail later in this chapter to illustrate the process of becoming stuck in a state of unconfirmed suspicion.

Even achieving verbal acknowledgement from both parties is not the end of the story. For most mothers there was a continuing process of interpreting new information and reassessing the past to reconcile the two, 'putting the jigsaw together'. Only four of the mothers had less than a year to reassess, six had three years and one had seven years in which the abuse had taken place in secret. Even those mothers who described 'instant belief' also illustrated the process of reassessment and the importance of piecing together events in their accounts. Past knowledge of the child's behaviour problems, of the abuser's propensity to violence, the child's age and access to other sources of knowledge about sex, awareness of the reasons children find telling about sexual abuse difficult and information from friends and public sources about sexual abuse in general all contributed to this process of interpretation.

Given the losses involved in discovery and the resistance of those involved, to resolve the process of discovery successfully and sustain belief takes considerable persistence on the mother's behalf. A sense that the situation can be improved if accepted is vital

and the loss of hope that anything but further loss is possible a major contributing factor to the failure to confirm suspicions. A number of factors were identifiable as gains, which could therefore give a 'reason to believe'. For one woman, the difficulty of living with uncertainty made confirmation in part a relief. For two, the discovery that their husbands, who had consistently criticised everything they did, had now themselves done something clearly wrong themselves, also gave some relief. As EJ put it, despite her horror and panic, 'I thought I've really got something on him now'. For another, her ambivalence over belief was resolved when she realised that the fear, worry and tension her husband caused her meant she could not live with him any more anyway. The desire to recover the child's trust and to restore their own sense of being good mothers could also provide a reason to believe.

Not all the mothers in this study had successfully confirmed their suspicions. Only one of these (CL) would conventionally be categorised as disbelieving or denying the abuse, but to examine her account in some detail suggests the inadequacy of these concepts. CL had come home from work one day to be told by a relative living with her that her mother (the child's grandmother) had taken her daughter (aged five) down to the police station because she had been sexually abused. Her husband had already been arrested at his workplace and her father also came by and told her. Her sister had told the school that D was 'getting sore' and had apparently been interfered

with by a man in the household. The school had contacted the police, the police told social workers, and the social workers got the grandmother to take D to the station. No one had apparently attempted to contact CL. When she found out on her return from work, she went to the police station and was refused any information. The social worker did not visit her until two weeks later.

The emotional impact of this discovery was still very immediate three years later and she talked in the interview as if it had happened yesterday. She said repeatedly 'I was the last to know' and 'they wouldn't give me no information', expressing a continuing sense of loss, isolation and rejection. She was clear that she had not minded the police being involved if her husband had committed a crime and her distress was on her own behalf not in defence of him:

> 'It's cos I think I wasn't involved, told or involved in anything what was happening, I think that's what was the worst part about it. Nobody even came up and said well we've charged your husband with this or with that or whatever the case may be, nobody told me nothing. As I say I even went down the station and nobody even gave me any information. <u>It felt that I was an outsider. Instead of being a next of kin of both of them, I was the one that was told nothing</u>. Everybody else knew except me. As I say, my brother-in-law knew more, my parents knew more. I was the last one. Where I thought I should have been the first, or been informed, I wasn't. I think that's what even made it, made me feel worse, because I wasn't informed by anybody...' (emphasis added)

It may be that this experience resonates with her past sense of isolation and rejection by her family, but the passage underlined also indicates the fundamental loss involved in relation to women's identification with family. Given the loss the discovery of sexual abuse

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itself involves, the handling of disclosure to exclude mothers in this way runs the risk of seriously exacerbating it and increasing their vulnerability to pressure from the abuser.

The sense of being excluded continued for CL throughout the intervention process, in which she felt that everyone was against her, that she had no part in decisions and that she was herself blamed for the abuse, in particular by the suggestion that if she and her husband had had a better sexual relationship, it would not have happened. In this context, where so much guilt was attached to the occurrence of abuse and the intervention process felt only like pressure, there was little if anything to be gained by believing the abuse had happened. She seemed to have had no sense of any possible positive outcome:

> '... see I had nothing or anything on my side ... in a
> sense I had no chance, there's nothing I could have
> done ... I felt like I was hitting a deadend when it
> hit me.'

In addition, her inability to confirm the ongoing suspicions and doubts she was left with revolved around her husband's persistent denial and the fact that her child had never told her. For all the mothers in this study the accounts of the child and/or the abuser (where a member of the household) were particularly important and the word of others carried considerably less weight. CL had confronted her husband early on, feeling confused and angry, not sure what she thought had happened at this point but angry that everyone else seemed to know and she

did not know what was going on. He denied it, leaving her more confused, 'I just didn't know what to believe, and he just kept on saying he didn't do it'.

Three years later he still denied it to her, despite having pleaded guilty in court on the advice of his barrister to help the child (and, of course, lessen the sentence). He did not deny that the child had been abused but suggested that her brother, who was also living with them, was responsible. The effects of his denial on her illustrate the importance of not placing parents' denial together in these circumstances, since her confusion was the result of a persistent strategy from her husband:

> 'I didn't think he'd do a thing like that ... he said so much that he didn't do it, that I didn't actually think he did do it because he convinced me so much in his own way that he didn't do it. He said that he wanted to prove to me that he didn't do it but there's no way he could. So I was sort of, a bit doubtful cos I had all them saying that he did do it, you know...'

When asked what she thought now, whether he had done it or not, she replied:

> 'Well I still got that little bit of doubt in the back of my mind, but he still, he still says he didn't and for him to say that, it makes me wonder'.

She had also asked her daughter, although she had been uncertain whether to do so or not in case she upset her. She did do so a couple of days after the initial discovery but this did not help to resolve her confusion: 'when I asked her she said no to me, that's why I couldn't understand what was going on...'. This continued to be a major sticking point:

> 'You see, if D had actually come up and said mummy, daddy did do it, or something like that, I might have felt different, but no one's really, D's not really come up and I think she's the one that would know more

than anybody who done it...'

She had not talked much more to the child about it, having
been advised by the guardian ad litem to let her forget
and also finding the subject difficult. She had gathered
'bits and pieces' of information from the social worker
who visited her and from what she heard in court, but
these sources of evidence did not carry enough weight to
overturn so much of her past reality. Hence she still
felt 'I had nothing to go on, only by what everybody else
was saying to me...'

She had also been unable to fit these bits of
information into her pre-existing version of the past.
She had gathered that the child had been abused while in
bed with her and her husband:

> '... this is why I find it hard, because if it had
> happened I might have noticed it, or felt something
> happening in a sense, I would have sensed it. But
> this is it, I didn't sense nothing or feel nothing,
> that's why I find it so hard to believe, cos I was
> supposed to have been there, in a sense.'

This is neither a blanket denial nor a self-justifying
account. She added that it was made harder to believe by
the fact that she was a light sleeper. Had she been
justifying her ignorance or denying her knowledge, she
would be more likely to have described herself as a heavy
sleeper. It is rather an indication of the extent of the
loss belief would carry in such circumstances.

There were three other cases in this sample in which
the failure to confirm suspicions and to establish open
communication, at least with the child, was marked. All
believed the abuse had taken place, but either the refusal

of the child to talk about it or their own sense of loss

inhibited further moves towards open awareness. Other

mothers too, who had resolved the process enough to choose

to separate from the abusers in response, still had some

unresolved areas as a result of their own and/or the

child's continued ambivalence about communicating. EJ had

left her husband over ten years ago, her abused daughter

was now an adult and they had a close relationship which

meant that her daughter phoned her for support when she

had recurring nightmares about her father's abuse.

However, EJ still did not know the full details of what

had happened:

> 'I think she couldn't bring herself to tell me in any
> detail. And I suppose I chickened out, and I didn't
> want to hear, if I'm honest.'

This daughter had also suggested that perhaps her sisters

had been abused aswell. EJ did not think so, 'but is it

that I don't want to think so? I don't know'. Once there

was no further risk to the children and no action to be

taken, there seemed little to be gained by pursuing the

information further.

There are dangers to such unresolved areas since

mothers may feel unable to come to terms with events they

do not fully know about, and/or their lives may be

disrupted again when further information is volunteered at

a later date. RD described her frustration at her

daughter's refusal to talk about her abuse, and the limits

this set to her knowledge:

> '... sometimes I want to catch her and shake her, for
> her to tell me. But it wouldn't be the right way. I
> think she'll tell me when she's ready.'

Knowing

Full knowledge of the events is not the end of the

discovery process. Events must also be ascribed meaning

and this meaning may change over time, influenced by later

family interactions, public response and information as

well as the mother's own experience. The process of

discovery involves defining what is acceptable and what is

abuse within a continuum of behaviour and relationships,

i.e. 'where to draw the line'. Furthermore 'abuse' is not

a monolithic category but involves evaluation of degrees

of seriousness. Such evaluation of the seriousness of

child sexual abuse is by no means uniform amongst

professionals. One survey of professional attitudes

however found the type of sexual activity an important

influence, intercourse being seen as more serious than

fondling (Eisenberg et al, 1987).

There is no agreed definition of what exactly

constitutes sexual abuse. A broad agreement exists

amongst professionals however, that essentially it

involves the exploitation of a power relationship over

children for the sexual gratification of the adult. One

definition states that this pertains:

> 'whether or not this activity involves explicit
> coercion by any means, whether or not it involves
> genital or physical contact, whether or not initiated
> by the child, and whether or not there is discernible
> harmful outcome in the short term' (SCOSAC, 1984,
> cited in Glaser & Frosh, 1988, p5).

In other words, specific acts and effects are not relevant

to the definition, in which power and intention (the

sexual gratification of the adult) are the central

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elements.

Such a definition is not uniformly accepted and conflict continues over specific acts. Such conflicts reflect the context of male dominance, in which it is in men's interests as a group and as the main perpetrators of sexual violence to ensure that the definitions of sexual violence are as limited as possible (Kelly, 1988c). For women and girls to define their own experience as abuse is a difficult and complex process, because of the myths and stereotypes which surround sexual violence, the coping strategies they adopt of forgetting and minimising, and the need to challenge dominant definitions (Kelly 1988c). The difficulties for mothers in defining their child's experience as abuse reflect the further complexity of women's contradictory position as mothers. While they are in a position of power to define their child's experience and often have to do so on the basis of limited evidence, their difficulties in doing so reflect their position as women for whom dominant definitions require that sexual violence is minimised and further their frequent sense of powerlessness as mothers. Women who were able clearly to define their own experiences as sexual violence (including everyday harassment, the use of pornography by partners as well as childhood experiences) and who had a sense of their own power as adults were clearer in defining their child's abuse and understanding its implications.

For several mothers the term 'sexual abuse' had been imposed by others and its meaning was vague. 'Abuse' is by definition wrong and those who had a clear definition

tended to talk in terms of right and wrong behaviour (i.e. the transgression of moral rules) and to recognise the issues of power involved. However, not all of those who saw the abuse as clearly wrong recognised its implications for the child. Two questions merit consideration therefore: first, what factors inhibited the definition of the behaviour concerned as wrong; and secondly, for what other reasons it was defined as wrong other than the abuse of power involved.

For several women their own subjective sense of powerlessness was reflected in lack of recognition of the power of adults and vulnerability of children and consequent confusion over the implications of abuse. The age of the abuser could also influence the definition of abuse, abuse by teenage boys being seen as 'not as bad' as that by adult men by virtue of their lesser power and responsibility for their own actions. The apparent intentions of the abuser were also significant. Thus, one woman had accepted her husband's definition of his behaviour as sex education and still accepted his insistence that he had not intended harm. The justification of abusive behaviour as sex education to children is a common part of the victimisation process (Berliner & Conte, 1990). Perceptions of the abuser's intention to harm are also significant influences on women's definitions of themselves as battered (Sedlak, 1988; Bograd, 1988b) and on professional definitions of parental behaviour as physical abuse (Herzberger & Tennen, 1988).

The effects on the child were a further source of clarity or confusion. One mother's child had told her saying her father did things she did not like. This enabled her to confront him with clarity that it was wrong to be doing anything she did not like. Another interpreted her daughter's refusal to tell her as 'because she liked it'. A third (BM) expressed ongoing confusion about the relationship between 'abuse' to pleasure and/or harm, reflected in her instructions to her husband to do nothing the children did not like and exacerbated by the fact that similar activities had affected two children quite differently, one reacting with obvious and long-term distress (although not evident until some time after the abuse had stopped) and the other seeming apparently unaffected. The age of the child was also referred to as a defining factor in abuse and it is likely that the older the child the less the significance of the power relationship is evident. Finkelhor's study of a random sample of families in Boston which explored lay definitions of abuse found whether the child resisted or not to be a significant factor influencing definition, along with the age of child and abuser and the nature of the act (Finkelhor & Redfield, 1984c).

The relationship context of the abuse also influenced definition of behaviour, which was complicated not only by the context of male power but by the privacy of family life and the secrecy surrounding much of the abuse. Mothers thus had little information on what happens in other families and often limited evidence on what was

happening in their own. The confusion some expressed

about what is normal sexual behaviour between fathers and

daughters was a real difficulty, illustrating Johnson's

argument that such relationships involve a continuum in

which seductiveness and manipulation are common and incest

the extreme end (Johnson, 1982). Different rules are

often applied to behaviour in family relationships to

those outside and one woman defined her husband's abuse of

a visiting child more clearly as abuse partly because of

the lack of an ongoing relationship within which if things

went wrong, you could make up for them later. The

emotional context of the relationship also influences

women's definitions of themselves as battered (Sedlak,

1988). For this reason, mothers' definitions may not

necessarily be in accord with the common perception

thought to exist that abuse by a biological father is more

serious than abuse by anyone else (La Fontaine, 1990).

One commonly used definition of 'sexual abuse' which

attempts to come closer to specific behaviour than that

given above refers to activities which 'violate the social

taboos of family roles' (Schechter & Roberge, 1976).

This however implies both knowledge of and consensus about

such taboos which may not exist. The account of one women

suggested widespread support amongst a middle-class

parents' support group for practices such as breastfeeding

alongside or having children witness their parents having

sex, which many professionals would consider abusive or at

least borderline.

Further sources of confusion were similar to those

expressed in academic and public debate. One woman had read of practices in other cultures which were not regarded there as abusive (such as stroking male babies' genitals to calm them in Japan) and questioned the definition of her children's abuse on this basis. She also expressed the common concern about where 'good touch' becomes 'bad touch'. Having wanted her husband to become closer to her children and include physical intimacy in that, she was still confused about differentiating what was positive and negative in his response.

Only one mother (BM) in this study knew about her husband's abuse of their children (touching their genitals) while it was going on, over a period of years. For her too, there was a process of discovery, since although she knew of the events and had sometimes been present, she was uncertain about their meaning and did not see them as abusive at the time. The distinctive factor about the incident which prompted her concern was that her daughter (aged 11) had complained. BM stopped her husband touching any of the children after this, but explained her failure to do so earlier, 'I didn't know what sexual abuse was, you see...' and previously had instructed him only not to do anything the children would not like. She still however (eight years later) expressed considerable confusion about what abuse was.

Many of the sources of her confusion have been discussed above - the indirect relationship between abuse, visible effects and pleasure/harm, a sense of powerlessness which obscured the power difference between

adults and children, exacerbated in her case by a child-rearing style that deliberately minimised the guidance role of parents in the interests of children defining their own needs. However, her own background seemed also to contribute to inability to recognise abuse, through the confusion she expressed about sex, intimacy and violence, which seemed all rolled together for her. She expressed continuing conflict about her own childhood, describing it initially as happy, and later talking of her separation from her parents as the type of abuse she suffered. She had had little experience of family life herself, and little experience of any form of intimacy prior to her marriage. She had been single until she was 29 and talked of marrying largely as an attempt to resolve her anxieties about sexuality and gain social acceptability. She said that her sex education had started with her marriage, and from the beginning sex and violence were intertwined. Her husband had proposed to her saying that he was afraid he would rape her if they did not marry quickly. This conflation continued since she talked of his friendship with another woman later in terms of whether he 'would assault her', meaning whether it would become a sexual relationship. Marriage seemed equated with sex for her, since when asked questions about her experience of marriage she replied almost entirely in terms of sex. She was consequently engaged in a battle for control with her husband in which she talked of 'making him wait' for sex, while at the same time regarding it as part of her role to contain his sexual 'needs' within the marriage.

Her marriage was characterised by similar struggles and conflict over most areas, in particular child-rearing about which both her husband and his mother had claimed to know a great deal more than her. She had not in fact accepted her husband's definitions of his actions as sex education uncritically but her attempt to challenge them was ineffectual, given her own confusion over what was right and wrong in child-rearing. Her account of this was charged both with this history of conflict, and with her desire to give her children what she had never had herself, intimacy and physical closeness with their parents. Her own experience of intimacy having been restricted to sex seemed to inhibit her from considering alternative ways of achieving this.

> 'I wasn't quite sure what sexual abuse was, you see, I mean if it was, my mother-in-law thought it was wrong to kiss babies, and it was wrong to cuddle them after they were 6 months old, and it was wrong to ... you know, what was right? I was a bit confused about what was right and how to instruct my husband as to how to treat them, you see ... he said oh children have their sexuality and they ... I said it was wrong to arouse it, and he said well why is it wrong, you know. I mean he was just about as ignorant as me as to, what was, what was right, I suppose incest is obviously wrong but I didn't know exactly where to tell him to stop ... where to draw the line with the touching, you see.'

Even when full information about events is available, a rare occurrence in cases of incestuous abuse, the difficulty of defining what is normal and what is abuse recurs.

BM's account comes nearest of all the women in this sample to the common perception of a mother colluding with the abuse of her children, since she knew about it and

made no attempt initially to protect her children from her husband. However the concept of collusion does not adequately encompass either the changes in her perception over time, or the constant and continuing conflict with her husband over the meaning of his behaviour. Her husband had continued to define what he had done as being 'too loving', a definition which she disputed, and her own process of redefining these incidents, in response either to her daughter's behaviour or to outside information, had involved a continual and ineffective struggle with him, in which she seemed locked, still trying to change his understanding of what he had done, to achieve a shared definition. This is similar to the need to achieve a shared version of events when the mother has not been present, discussed earlier under 'Suspecting', and illustrates the difficulty women have in establishing and sustaining an independent reality within such a family context.

This section has illustrated the factors that may inhibit the definition of abusive behaviour as wrong. However, defining it as wrong does not necessarily reflect a recognition of the abuse of power involved. Three mothers reacted with horror and anger to the abuse but yet had little sense of their own power as adults or their children's vulnerability, speaking of them as equals. One of these blamed her daughter as 'the seducer'. The other two expressed little empathy for their children, and one of the children had been taken permanently into care. For these women, the problem was defined primarily as sex

rather than power. Their own lack of any control over their sexuality (one had been raped consistently by her husband, another 'knew you couldn't say no' and the third expressed guilt that she did not 'have sex often enough') was reflected in fear and hatred of sex. The abuse was therefore particularly threatening to them, reflected in anger at the abusers being 'perverts/nonces'. In this context, anger at the abuser does not necessarily indicate empathy for the child(1).

These issues suggest that it is not enough to offer mothers evidence of specific activities on which to define their children's experience as abuse, since their own feelings of powerlessness and lack of control over sexuality may inhibit their ability to understand the meaning and implications for the child.

* * * * *

The analysis presented in this chapter suggests that the answers to the question 'do mothers know or not?' are likely to be far from simple. There are multiple possible combinations of awareness where a child is being sexually abused in the family, and it cannot be concluded that because a child thinks the mother knows she does, or because a child thinks the mother does not know that she does not. The question of knowing itself is oversimplistic since as the last section has shown it is possible to know of events without understanding their meaning, to be confused over the boundaries between normal

and abusive behaviour but open to help which clarifies

definition. For most mothers, with much less direct

access to information about events, there are further

issues of the interpretation of evidence which often has

no obvious direct relationship to abusive events.

Evidence which seems an indicator of abuse to

professionals may well seem subject to a number of other

interpretations to the mother.

Understanding discovery in terms of changing awareness

contexts, which are the product of interaction influenced

by the balance of losses and gains for each individual

involved, and within which evidence has to be obtained,

interpreted and evaluated by the mother, suggests a number

of ways in which mothers may be helped to believe abuse

has occurred which will be explored further in the

concluding chapter. Here however it is worth noting that

both dimensions to this process - the availability,

interpretation and evaluation of evidence on the one hand

and the losses and gains involved in increasing awareness

on the other - need addressing. If believing a child has

been abused results only in further loss, presenting and

explaining information is unlikely to be enough in itself

to overcome mothers' inability to believe and may well

trigger coping strategies which redefine the evidence

instead. The mother discussed above who came closest to

'denial' (CL), for instance, had redefined the concerns of

social workers as due to their own anxieties, covering

themselves for their past mistakes.

Finally, while the discovery process was a central

preoccupation in mothers' accounts, and establishing

communication with the child at least was vital to

rebuilding that relationship, to suggest that open

awareness of itself is enough to stop further abuse is

misguided(2). As the next chapter will illustrate,

several mothers made attempts to prevent further abuse

once they suspected and/or confirmed their suspicions.

Not all of these were successful. One had herself fallen

into the trap of believing that once the abuse was 'out in

the open', it would not recur. Secrecy is not however the

cause of sexual abuse, but may be one strategy amongst

others used by abusers to control information in order to

protect their ongoing access to the child or children.

Notes

1. Myer (1984) found that the angrier women were towards
the perpetrators, the more likely they were to protect
their children and engage in treatment.

2. Welldon, who adopts a family systems approach to
incest, implies that secrecy itself is the problem,
arguing that 'it is irrelevant when paternal incest has
occurred whether mother acknowledges the possibility of
incest or not; had she been able to acknowledge it in the
first place, incest would never have happened' (1988,
p133).

CHAPTER 5:
WORKING IT OUT:
THE CONTEXT AND PROCESS OF RESPONSE

When the sexual abuse of a child is discovered (or
'diagnosed') by professionals, it is a common requirement
that perpetrator and victim should be separated (CIBA
Foundation, 1984; Bentovim et al, 1988a; O'Hagan, 1989).
Mothers are therefore commonly faced with a choice between
partner (if the known or suspected abuser) or other
resident family member (e.g. son) on the one hand and the
abused child on the other. If they are unwilling to eject
and exclude the former from the household, the abused
child is likely to be received into care. Whether
temporary or permanent separation from the abuser is
expected depends on the treatment available for abusers
and the degree of optimism about its effectiveness. In
general the less the possibility of rehabiliting abusers
with the rest of the family (if all wish this) is
considered, the greater the expectations of mothers to
make a long-term choice between abuser and child.

In this study, the mother's discovery and hence her
process of response had in most cases preceded the
involvement of agencies. Mothers did not necessarily
start from the premise that a choice between abuser and
child was necessary and several attempted, with varying
degrees of success, both to keep the family together and
to prevent the abuse recurring. Neither did they always
assume that the abuse should be reported to agencies. It

is sometimes assumed that mothers who do not separate immediately from an abusive partner (Faller, 1988b) or who do not report to agencies (Wilk & McCarthy, 1986) are thereby colluding with the abuse. This implies there is only one correct course of action to take on the discovery of sexual abuse in the family and ignores both the complexity of the situation and the risk-taking nature of child-rearing in general. As Freeman argues, in many situations there are 'a band of possible reasonable decisions' in child-rearing (Freeman, 1983, p245) and the discovery of child sexual abuse is no exception. Mothers face a similar task to professionals who must both assess the risk to the child of further abuse, and take some risks since predictions based on such assessments can never be 100% certain (Cooper & Ball, 1987). Mothers of course have less information on which to base their judgements and considerably more to lose. This chapter aims to describe the mothers' responses within their context, identifying factors which influenced them, and to elaborate the process of response.

There was a strong sense in which the concept of choice was of limited relevance, given the structural constraints on women's options, the losses the discovery of sexual abuse entailed and their own struggles for survival. Choices are always made within a social, economic and political context and hence raise questions about how that context is constructed. The social context in which childcare is by and large women's private business (New & David, 1985), economic dependence on men

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the structure expected to support this, and lone parenting penalised socially and economically (Millar, 1987), combine to constrain women's choices and perpetuate disadvantage for those who separate from abusive partners. To choose 'for the child' means women are likely to exchange economic dependence on men for dependence on state benefits and low-paid work (Joshi, 1987) or alternatively to replace dependence on one man with dependence on another. The low levels of public daycare (New & David, 1985; Frost & Stein, 1989) and its stigmatised nature in Britain increase the degree of responsibility women must take on if they 'choose' to parent alone. Furthermore, their ability to protect children from further contact with abusive men is limited by the common failures of the legal system to back the efforts they make.

Economics, social policy and the law all reflect and are reinforced by dominant ideologies concerning marriage, motherhood and family. By and large these structures act to constrain mothers from protecting children from violent men rather than to facilitate such action. However, since human beings act purposefully within structures (Giddens, 1979), there are variations of response. The sources of these are the focus of the first section of this chapter.

Women's responses are influenced by personal as well as public constraints. Their difficulties in making a decision in such a situation of moral conflict reflect not only the social and economic costs involved but the effects of male dominance on women's psychological

development. Mothers faced with the sexual abuse of a child by a partner are sometimes immobilised, unable to make a choice (Myer, 1984; Gomes-Schwartz et al, 1990). The second section examines three broad approaches taken to the problem of choice, reflected in the way women talked about themselves and others, drawing on Gilligan's (1982) analysis of concepts of self and morality. Immobility is located within a survival-oriented response in which the women's own needs were too overwhelming for choice to be meaningful.

While the contexts of mothers' choices involve both public and personal constraints, the process is considerably more complex than the concept of a choice between separate individuals suggests. Mothers in this study talked in terms of conflicting relationships and responsibilities, and were concerned with a network of interconnected relationships far wider than the abuser and the abused child extending over time. The 'choice' was not one focussed around a single event or point in time but made in the context of both a history and an anticipated future of relationships. In response to the discovery of the sexual abuse of a child by another family member, mothers may want continuing relationships with both individuals involved, with only one or with neither. Furthermore, their response was best understood as an ongoing process, in which changing circumstances led to changing judgements and actions, and in which the attempt to negotiate conflicting relationships involved the taking of some risks with the child's safety.

There were certain points at which the concept of decisions seemed appropriate (when mothers decided to separate from the abuser, for instance). However, much of the process of response was less explicit and conscious than this implies. Finch (1989) suggests that the idea of taking decisions, with its implication that someone consciously and rationally weighs up the pros and cons, is almost certainly inappropriate for most situations concerning family obligations, and a similar argument applies where sexual abuse in the family is involved. Negotiation is a more useful concept for two main reasons. First, it indicates that conflicts of interest between individuals are involved and where more than two people are concerned implies the possibility of coalitions - two members joining together to increase their negotiating strength or power. Both conflicts of interest and coalitions (or alliances) were important aspects in the process of response. The degree of conflict between the relationships with an abusive partner and child meant risk was involved in attempting to negotiate them both. Secondly, the concept of negotiation incorporates the implicit and unconscious aswell as the explicit and conscious. Negotiation may be seen as one of the ways of 'getting things done' amongst alternatives such as coercion, persuasion and manipulation, with which it is often entwined (Finch, 1989). The third section of this chapter elaborates the process of response, as an ongoing one of negotiating conflicting relationships.

The context of response: social and economic factors

The social context of response bears some similarities to other family decisions. Studies examining the decision to care for an elderly relative note that carers are often unable to talk in terms of a conscious decision, either because there would have been serious problems of conscience and perceived public disapproval had they not cared (Marsden & Abrams, 1987) or because caring for one's own mother was regarded as 'natural' (Lewis & Meredith, 1988). One study noted the even greater social pressure where caring for a spouse is concerned, given the ideology of marriage as the supreme caring relationship, 'in sickness and in health', to the extent that other options were largely excluded and it was not possible to discuss a choice (Ungerson, 1987).

Maternal love or at least protection, was certainly regarded as 'natural' by all the mothers interviewed, although this did not preclude conflict. The one mother who had ended up hating her daughter bitterly spoke of herself as unnatural:

> 'I hate her, I literally hate her and she's my own flesh and blood, there's not many mothers can say they hate their kids but I hate her, I do ...' (LH)

Two others who anticipated or had experienced conflict between a long-term commitment to the abused child and remarriage expressed their ambivalence about the costs the child might impose on their own lives only indirectly or with great difficulty.

There are differences as well as similarities with the decision to care - first a direct choice between two

family members is involved, which therefore entails conflicting imperatives between mothering and marriage (where a partner is the abuser). In this context, it seemed more possible to talk of decision-making in relation to marriage (where more, if still limited, options are open) than to do so in relation to the child. Secondly, it is even less acceptable to consider alternative options for a child's care than for that of an elderly relative. The emphasis on the primacy of the mother-child bond for child development means that the mother is held directly responsible for the child's welfare, whoever has actually abused the child. Several respondents had relied on temporary alternative sources of care for the child while attempting to resolve the situation, but the consideration of long-term alternatives was not discussed as an option, only as a possible outcome of failure.

This section focusses primarily on those cases where the abuser was a member of the household at the time of the abuse, including the two mothers who had separated before they discovered it. While the context of choice is particularly problematic when a partner is the abuser, involving the material and ideological constraints associated with marriage/men, this may not in fact be the most difficult circumstance for mothers. The one mother whose son abused her daughter had not overcome her horror at having to choose between them, and it is possible that the conflicts involved in this situation are in some ways worse. While there are not the constraints imposed by

economic dependence, neither is there the ideological plus
available of being a good mother by excluding the abuser.

i) Men and mothering

Marriage and mothering - 'having a family' - remain the
main career for most women (Burgoyne et al, 1987). They
are combined however in various ways with different
implications for response to the sexual abuse of a child
by a partner. Graham (1977) has distinguished between
women for whom motherhood is central to their life plan
and marriage the institutional framework for it and women
who reverse the order and for whom childbearing is the
consequence rather than the reason for marriage. Despite
the recent increase in cohabitation and lone mothering,
the broad distinction was useful in understanding the
varying significance of conflicting relationships. Those
women for whom children were the consequence of marriage
(or relationships with men) were more likely to attempt to
hold on to those relationships despite the sexual abuse,
and to feel resentment to the child if they could not do
so. The degree to which women victimised themselves by
their partners become 'entrapped' has also been related to
the value accorded marriage (Strube, 1988). Psychological
entrapment refers to a decision-making process whereby
individuals escalate their commitment to a previously
chosen, though failing, course of action, in order to
justify previous investments.

It was not possible to separate two groups clearly by
their priority to men or mothering, partly because life

plans had changed over time. For one woman the sexual
abuse itself had provoked a change in priorities.
Chronological order also did not necessarily indicate
priority. Six of the 15 mothers had had children before
they married. However, for three of these mothering had
been a way of achieving adult status and independence from
their families of origin and marriage though later was
equally important. In each case the first child became
the reason for marriage (for economic support and 'normal
family' status), and further children also the
consequence.

Moreover, children were not simply the consequence of
marriage but in several cases were almost the cost, in
that they were expected to be women's contribution to the
marital bargain (to bear and care for children in exchange
for economic support), to the extent of self-sacrifice
where necessary.   For one woman whether she could provide
children had been an issue from the first mention of
marriage. For several others there was an element of
self-sacrifice in providing children for the marriage, to
the extent of bearing another child despite strong medical
advice against it. In this context one mother described
feelings of betrayal and rivalry when her husband 'took
over' the child from birth (many years before he sexually
abused her), since she had 'done this thing for him...'
(EJ).

While some women expected themselves to provide
children as proof of their commitment to the marriage - to
the extent that, for one, children seemed fairly

interchangeable and she talked of the temptation to snatch

a child from someone else when hers was taken into care -

for others their attempts to control their own fertility

were a site of marital conflict. As Kelly (1988a) notes,

forced pregnancy has received little attention in the

research on sexual violence. Control over reproduction

was discussed in chapter 3 as a site of marital conflict.

It seems likely to have implications for the way in which

women respond to a partner's abuse of a child if they were

pressured or forced by him into having the child in the

first place. Unplanned conceptions have been found to

increase the likelihood of mothers abusing or neglecting

children themselves, although these were attributed only

to problems in using contraception (Zuravin, 1987). There

is some evidence that women who have been sexually abused

themselves as children are at particularly high risk of

teenage pregnancy, and not only through the direct

consequences of forced sexual intercourse (Gershenson et

al, 1989). The lack of self-esteem and sense of

powerlessness that are often consequences of sexual abuse

may lead both to vulnerability to further coercive sexual

experiences, and to self-neglect and consequently high

levels of risk-taking in contraceptive behaviour.

Ideas of duty in marriage, which appeared to be linked

both to class and religious beliefs, were also

significant. Three mothers referred to the duty to make

marriage for life, for better or worse. Two of these had

in the end separated but one had had four years of

suspicion before confirming the abuse and deciding to

leave, and one stayed for a year before separating. The

third had stayed with her husband and still saw this as a

choice, based however on the view that:

> 'I've undertaken to be his wife for life, that's what
> marriage is ... if one marries thinking that marriage
> is only working if it is producing happiness, then no
> wonder marriage doesn't work for so many people' (BM).

This view of marriage and the stigma attached to divorce

was expressed by all the middle-class women in the sample

(including those whose husbands were not the abusers but

with whom there were other problems) and by one of the

working-class women (for religious reasons). The working-

class women described their marriages more explicitly in

terms of a bargain, in which husband's unemployment, drink

problems, failure to provide for them and the children

financially all reduced the worth of the marriage to them.

The dominant familial ideology was reflected in

recurring references by many of the mothers to the desire

to be a 'normal family', i.e. with both partner and

child(ren). As CL who was unwilling to choose between her

husband and child said: 'Well I wanted the four of us, cos

that's what I wanted more than anything, just like a

normal family'. One striking difference however, was that

neither of the two Afro-Caribbean women who participated

in the study used this phrase but spoke more separately of

their relationships with partners and children, both

having decided to have children first, then later married

or cohabited. One described her decision to marry:

> 'I wouldn't, even if I'd reached 25 and didn't have a
> baby, I wouldn't marry. I'm the type of person who
> believe you should have a baby before you marry
> because for me child is important ... If I couldn't
> have any kids, I don't see the point in me getting

married, that's how I look at it anyway...' (RD)

Although she also described marriage as 'the natural thing to do' rather than a conscious choice, she separated it both in time and mind from mothering. It is possible that this orientation entails less conflicting values when faced with a choice between partner and child on the discovery of sexual abuse. The numbers in the present study are too small to demonstrate this, but it is one possible explanation for the finding of an earlier study that black children who were sexually abused were more likely than white children to be believed and supported by their mothers. However, it is equally possible that this is attributable to the relationship of the perpetrator since the same study reported that black children were less likely to be abused by biological fathers than white children (Pierce & Pierce, 1984, cited in Faller, 1988c). It is also contradicted by another study which found non-white mothers somewhat more likely to be punitive than white mothers, suggesting however that this could be due either to poverty and stress or different attitudes to child-rearing (Gomes-Schwartz et al, 1990). The possibility that such a value orientation is significant should not be taken to reinforce the stereotype of strong, all-coping Afro-Caribbean women(1).

The relationship of the abuser to the child also affected mothers' responses. In the context of childrearing as an ongoing site of marital conflict, women had slightly more leverage with stepfathers than with biological fathers, since against the former they could

say 'She's my daughter and I'll say'. In cases with biological fathers, this source of authority was removed, although clarity about the sexual abuse as wrong reestablished it for EJ:

> '... he had constantly told me that I had no business interfering between him and his daughter ... but over that one particular I thought I had, but over a lot of other things I thought I hadn't'.

This may in part account for Faller's (1988b) finding that women still living with the child's biological father were less able to protect the child from abuse than women living with stepfathers/live in partners, since shared parenthood may reduce their leverage in an unequal relationship.

The way in which men and mothering are combined varies over the life cycle, and the length of time women have already been with an abusive partner and the anticipated length of time that the child will remain in their care are part of the context of their response. Number of years in a relationship has been found significant in women's decisions to leave a relationship abusive to themselves (Strube & Barbour, 1983). The longer the relationship the more the investment may have to be justified by staying, contributing to entrapment. However, a long relationship may also be a deteriorating one, and in the present study this was a counterbalancing influence, resulting in no clear connection between decisions to separate and length of relationship.

Similarly, it is not possible to establish a connection between the age of the child and response. One

study has found that younger children were more likely to be believed (Sirles & Franke, 1989), and their mothers were more likely to divorce (Sirles & Lofberg, 1990). However, while young children may have closer relationships with their mothers, they also indicate a longer period ahead of caring for a victimised child (possibly alone) which may influence decisions. Two women also referred to the fact that children left you anyway, whereas husbands were expected to stay for life. Fear of the 'empty nest' syndrome may thus influence response, especially with an older child. Backett's study of middle-class parents noted the implicit assumption that whereas spouses would probably live with each other for life, children's full-time presence was relatively temporary. Parents commonly held an image of the child as 'a transient being, a full-time visitor to the spousal relationship for probably only about twenty or so years of its total existence' (Backett, 1982, p22).

Perceived options for remarriage were an issue for ten respondents (including one whose relationship had ended shortly after the discovery of abuse although her partner was not himself the abuser), and one that was complicated for most by the effects of the abuse on themselves and/or the child. The value attached to remarriage varied according to stage in the lifecycle, the way in which men and mothering were combined, and the mother's economic options, but only one expressed no desire for a further relationship. In general the greater the value attached to remarriage, the more ambivalence resulted from the

conflict that might or did arise between the abused child
and a new partner.

ii) Economic status

While Sirles & Lofberg (1990) did not find the mothers'
employment status significant in their decisions to
divorce, studies of women's decisions to leave partners
violent to themselves indicate that women who lack the
economic means to establish independent living
arrangements are more likely to remain with their partners
(Strube, 1988). It is difficult to establish whether
economic dependence was a significant factor in objective
terms in the present study, partly because of the size of
the sample. In addition, if employment outside the home
is taken as an indicator, as Strube & Barbour (1983) do,
this may attribute more 'independence' than is real to
women, such as AN, who worked outside the home but whose
husband assumed total control over her earnings(2).
Similarly the small degree of independence women may
achieve (as FP and RD in this study did) through homework
may be discounted. It seems reasonable to assume however,
that any source of income other than the abusive man
mitigates against dependence to some degree.

Both the women still living with abusive partners at
the time of the interviews were wholly dependent on them
financially, although one had been working full-time
herself at the time of the discovery but had later given
up her job to be at home 24 hours a day hoping that this
would help to prevent the child being taken into care.

All those women (six) who had and maintained a source of
independent income, however small, did leave their abusive
partners. Three women who were fully economically
dependent also separated, although one remarried within
six months.

In subjective terms, there were two different ways in
which women described money influencing their decisions to
leave, distinguished along class lines. The two middle-
class women whose husbands abused their children both
talked of their economic status in terms of the effects on
their dependence/independence. The working-class women
however talked more in terms of the effects of money on
the state of the marital bargain.

BM had been married for 23 years at the time of the
interview, and had been economically dependent throughout
her marriage, bar a short period of part-time work in a
factory in the early years. She was middle-class in terms
of her family background, her own occupation before
marriage and her marriage. She had never enjoyed working
before her marriage, and marriage and mothering had
provided her with an alternative to paid work. She had
therefore decided to have a large well-spaced family in
order to stay at home. Cohen (1977) found this pattern
common amongst wives of upwardly mobile young executives,
who given the alternative of low status local jobs, often
chose pregnancy and the extension of the caring phase
rather than face re-entry into the labour market.
Similarly, taking on the care of an elderly relative may
provide some women with an alternative to paid employment,

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an option that would not be conceivable for men (Ungerson, 1987).

While BM felt herself lucky in not having to work outside the home, and was grateful to her husband for being a good provider, knowing she would be poorer if she were on her own with the children, she missed having any source of income of her own and described clearly the effects of her years of economic dependence on her sense of options:

> 'I mean I've been dependent on him for so long, and I'd hate to have to go to work and support myself. I wouldn't mind having to go, if I had the sort of job I liked doing and I wouldn't have to make a lot of money out of it, it wouldn't be so bad, but to have to go out to work just to keep body and soul together, I would hate that ... Cos I've got so dependent on him for everything you see, for everything I am, for what I eat and drink and wear, it all has to come from him, even if I want to buy him a present it has to come out of his money. I don't know, it doesn't bear thinking about ...'

EJ had been economically dependent on her husband for ten years while she brought up four children. Again middle class herself in all senses, she had not felt able to leave the marriage despite physical, psychological and sexual violence to herself partly because of her economic status. By the time she discovered her daughter's abuse she had retrained as a teacher and been working for a year and felt that this enabled her to consider leaving:

> 'You see, prior to that I hadn't any real qualifications and really, no means of earning a living as such ... I think that it did something to me. Because I was actually not just mixing with housewives and mothers and people who were doing, putting up with the same sort of thing, you know, the usual domestic bit when not all of them wanted to ... I think it sort of helped, the fact that I could earn a living, which was not as much as my husband's. But there were men on the staff who could keep a wife and

children on the kind of salary that I was getting.'

These two examples illustrate the effects of paid work and economic independence on self-worth, as well as on material options. Given the significance of paid work in protecting women with children against depression (Brown and Harris, 1978), the connection found between father-daughter incest and depressed mothers is likely to operate by restricting women's options to leave abusive or potentially abusive situations.

Four women in the study, all from working-class backgrounds, had been the breadwinners for their families themselves (three in low paid, unskilled part-time jobs and one in full-time clerical work), while their husbands were long-term sick or unemployed. The significance for them of their wage-earning was less concerned with 'independence' - a concept of limited relevance given the low level of their wages and, for one, her husband's control over them - than with its contribution to their sense of betrayal at the discovery that while they had been out at work, their husbands had been abusing their children. Two expressed the significance of money in their decisions to separate in terms of feeling cheated, their marriages having become a very bad bargain, in which they did everything and got nothing in return, rather than in terms of independence. It was in this context that PE, having supported her partner for many years while he was out of work, and with him in full-time work again at the time she discovered the abuse, decided to 'use him for his money' for a while, giving up work herself to protect the

child but getting him to pay the mortgage until he got fed up and left.

iii) Social support

Given the fear of being alone expressed by many women and the traumatic and stigmatised nature of the circumstances, support from others outside the immediate family was also an important influence on the mothers' decisions to stay or leave. Studies of divorce suggest that supportive links with parents after marriage offer some protection from divorce (Thornes & Collard, 1979). However, where child sexual abuse is involved and divorce becomes a positive rather than negative outcome, it seems that this factor may work in reverse - i.e. the support that enables women to hold together a marriage in some circumstances may also enable them to leave it when the need arises.

The two mothers who had stayed long-term with abusive husbands both pointed out the significance of their isolation from alternative sources of support. BM commented that her mother's death before she had married had increased her dependence on her husband from the start, comparing herself with other women who commonly receive help from their mothers after childbirth whereas she had received criticism from both her husband and his mother with whom they initially lived. CL, who described the state of her marriage in the aftermath of the abuse as being 'like a brick wall between us', yet valued her husband being around 'because I've got noone else'. Her relationships with her family of origin had involved a

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great deal of conflict and they had rejected her totally

after the abuse was discovered.

Of those mothers who separated from abusive partners,

either before or in response to the discovery of abuse,

all except two had close and supportive relationships

either with a relative or with friends outside the family,

to whom they confided their plans to separate and from

whom they got practical help, although they had not always

told of the child's abuse. The two who did not have such

sources of support, both in regular but conflict-ridden

contact with their own mothers, had both had relationships

with other men before separating from their husbands,

which had helped to overcome their fear of being alone.

Both also wanted to be independent and did not move

straight into another cohabiting relationship, but had

gained from these relationships a sense of other options.

MG had started a new relationship before she

discovered the child's abuse, when her husband was

imprisoned for another offence. She described this as

helpful in overcoming her ambivalence about separating

despite his violence against her:

> 'But when he actually went to prison I thought good,
> this is it now, this is the final break so I had no
> choice but be on my own, I didn't like it at first but
> then after a while I was sort of, well I'm happy now
> on my own, cos I've got really independent now ...
> when I had no choice, when he was in the nick, I
> thought oh this is really good, and I started going
> out. And I haven't stopped since!'

Her husband had repeatedly told her, in his attempt to

secure control over her, that with three children under

five, no one else would have her. Going out with other men

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while he was in prison proved him wrong. This indicates one limitation to the argument commonly put about the negative impact of imprisonment on 'the family' (Glaser & Spencer, 1990).

Given the social context in which marriage and family are for the majority of women their main career and expected to meet all needs for affection and community, it is not surprising that some women, especially those without a sense of belonging to their families of origin or other sources of support, explore options for a new marital relationship before leaving their marriages. As Linda Gordon (1989) suggests, the more powerless the woman, the more likely that only another lover can provide a way out of an abusive marriage. Social isolation is an important source of powerlessness, and it has often been noted that families in which father-daughter incest has occurred are unusually socially isolated (Finkelhor, 1979a; Russell, 1984b). This study suggests that it is the quality of the informal contacts that contribute to powerlessness as well as the quantity.

The context of response: male dominance and women's psychology

The situation women face on the discovery of sexual abuse in the family may raise extreme conflicts between former obligations and relationships. The accounts of these mothers suggested that women's psychological development in a male dominated society is significant in understanding the difficulties some women experience in

making a choice in such a situation, to the extent that some are immobilised and unable to take any action.

Carol Gilligan (1982) has argued that women have commonly been judged (and found wanting) against a model of decision-making in situations of moral conflict derived from the psychological development of men. She suggests that while men commonly appeal to rules, a hierarchy of rights and an ethic of justice when faced with conflict, women tend to adopt a more pragmatic and contextualised approach, based on an ethic of care, in which rules may be bent in the interests of preserving relationships over time. Gilligan's argument has been criticised for extrapolating from one particular group of women to present an ahistorical (if not essentialist) notion of woman, and for emphasising differences between men and women at the expense of overlap and greater complexity to imply a dichotomous view of the two sexes, fixed in eternal opposition (Eichler, 1988; Scott, 1988). It is not intended to use her model in such a way here. It is highly possible that there would be many similarities in men's responses faced with a similar situation of conflict. People commonly make judgements in the family arena on different bases from those in the public sphere, adopting particularistic rather than universalistic criteria. However, the intensity of the conflicts mothers face when a child is sexually abused by another family member is a product of women's identification with family in contemporary society, responsibility for childcare and dependence on men. Moreover, if women's thinking about

morality reflects the hope that 'in morality lies a way of solving conflicts so that noone will be hurt' (Gilligan, 1982, p65), this is likely to be related to status more than gender per se. Women in positions of power (as parents, for example) commonly appeal to rules (Hare-Mustin, 1987). In conflicts with men, however, women usually have more to lose. It is in the context of their lack of power in society and dependence on men that they express diffidence, an unwillingness to deal with choice and a tendency to avoid confrontation.

Mothers in the present study commonly described themselves as unconfident and their descriptions of their response often demonstrated uncertainty as to the validity of their judgement of the situation and hence to appropriate action, an uncertainty which had frequently been manipulated and exploited by the abusers. The desire not to cause harm (to the abuser, the abused child, other children and other relatives, in varying degrees of priority over time) was a recurring theme in their accounts, impossible though this became in most circumstances. Fear of conflict leaves women unprepared for a situation in which someone has to be hurt and it is their role to pick the victim. This could result in immobility.

The fear of causing harm does not of course mean that women avoid causing it. On the contrary, reluctance to face conflict may seriously inhibit mothers from meeting their children's needs where they are being sexually abused by another family member. There is also an

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apparent contradiction. Alongside the fear of causing

harm, there were expressions of homicidal rage and an

attempted murder. These are likely however to be linked.

The injunction not to harm and fear of conflict that

permeates everyday thinking, along with a sense of

powerlessness to influence events, may lead to situations

so desperate that only violent measures seem feasible or

uncontrollable rage is expressed without calculated

intention. While care and concern for others may, as

Gilligan (1982) argues, have a positive side, this is only

likely to be the case where women have enough self-worth

to recognise their own needs and agency as well as the

conflicting needs of others and to approach choice on that

basis.

There were three broadly distinct approaches to choice

discernible in these mothers accounts. These reflected

different approaches to the relationship between the

needs of self and others. Some spoke only or primarily in

terms of their own survival (although masked behind an

image of selflessness). Others expressed anxiety about

the 'selfishness' of their motivations reflecting a desire

to be selfless and 'good'. Others (a small minority)

spoke openly of balancing their own needs with those of

their children and others. These distinctions follow

Gilligan's (1982) analysis of women's psychological

development. She argues that as women develop a more

complex understanding of the relationship between self and

other, they are able critically to reinterpret the

conflict between selfishness and responsibility that

conventional femininity imposes. Hence, their moral

judgement moves through a sequence of three perspectives,

from concern with survival to concern with goodness to

concern with the truth of their own agency and needs.

Transition between these perspectives hinges on the

development of their own self-worth and the injunction to

care that permeates women's moral thinking has to be

extended to include care for self to achieve

responsibility for choice.

> 'Once obligation extends to include the self as well
> as others, the disparity between selfishness and
> responsibility dissolves' (Gilligan, 1982, p94).

Each of the three approaches is discussed and

illustrated below. They are stages in a process along

which women may progress and/or regress and it is not

therefore intended to place each women categorically in

relation to her psychological development. Within each

approach, a range of different outcomes in relation to an

abusing partner and abused child are possible. This

conceptualisation offers a more complex and dynamic

framework for understanding response than the apparently

static typology sometimes adopted of self, child or

offender oriented responses (de Francis, 1969). Again it

is worth noting that such distinctions may well be noted

in the moral thinking of men too, and they are not adopted

here as essentially female, but because they pointed to

differences in the way in which these women understood and

approached the situation and the significance of the

notion of choice to them.

i) Surviving

It is frequently noted that many mothers, when the sexual abuse of a child by their partners is disclosed to agencies, are more concerned with the effects of the abuse on their own lives than on their children's. It has also been argued that those mothers who stay with partners who are sexually abusing their daughters and tell no one, are implicitly saying 'for my own survival, I must leave you to your own devices' (Herman & Hirschman, 1977, p746).

The majority of the mothers in this study talked of their response and decisions primarily in terms of their own survival although this did not necessarily rule out concern for the child's needs and in no case did it mean they were indifferent to the abuse. On the contrary, for women whose very limited self-worth derived largely from their family roles, the losses involved in the discovery of abuse could be particularly devastating reducing their resources to respond in any mode other than survival. Nor did their concern with their own survival mean that they all stayed with the abusers as their own survival sometimes dictated that they left as other options arose or as the costs of the marriage became intolerable.

LH's story is perhaps the most extreme example of a woman whose sense of loss at the sexual abuse of her daughter by her husband combined with her low self-worth made her own needs too overwhelming to consider the perspective of others at all. Her response was discussed briefly in chapter 3 but is introduced again here to illustrate a survival-oriented response. LH perceived the

relationship between her husband and her daughter as a
love affair, for which both were equally to blame since
both had denied it to her and her daughter had herself
suggested, at the age of 18, that LH leave the home, which
she did three years later. She felt rejected by both of
them, and though she dated her 'knowledge' varyingly back
to her daughter being between 14 and 16, she was still
seeking proof five years after leaving the home.

Her response to her suspicions had been alternately to
seek proof and to fight for her own survival, staying out
of the house as much as possible, 'cos I couldn't stand to
be anywhere near him', walking the streets in tears, and
confronting her daughter with questions such as 'why do
you have to have sex with your dad, why don't you go and
get a boyfriend, why spoil my life?' and 'why are you
following your dad? why don't you come out with me any
more?'. She saw herself entirely as a victim, one who had
looked after others all her life and been repaid with
ingratitude and rejection. She had continued, during the
time she stayed, to perform her role as she saw it as part
of her struggle for survival:

> 'I used to just go in and do the shopping, make sure
> he's got a packet of cigs every day, make sure he
> doesn't need any shirts nor socks, make sure
> everything was clean, did all the jobs, but every
> night I used to work till half past six, and then, I
> was on six while ten, but I always used to find
> somewhere to go because I couldn't stand to be in with
> him, you know ...'

When her daughter became pregnant at 16, despite her
rage at this 'proof' of their relationship, which both her
husband and her daughter continued to deny, she looked

after the baby too, expressing her own needs indirectly in

an excess of (not always appropriate) giving:

> 'I thought well the poor soul's not asked to be born
> ... I worked like mad, because she was having a baby,
> and I bought her a pram. He had everything, when that
> child was born ... he wanted for nothing, I can
> promise, he even had his own toothbrush and he wasn't
> even born ... all my wages went on baby things ...'

She was aware that this response would be interpreted by

others as condoning the relationship but that was

certainly not her perception of it and she continued to

fight with her husband and daughter while finding some

consolation in looking after the baby.

When she finally left the home, she did not see it as

a choice but spoke with bitterness of the house she had

left behind of which she had been proud, and of her

husband helping her out of the house. Leaving represented

a defeat to her, and she talked of having stayed so long

with no guilt, 'five years I stuck it', as her way of

resisting rejection and clinging to a sense of herself as

someone who could keep her family together. She seemed to

have been enabled to leave largely by starting new

relationships with men which had given her back some small

sense of self-worth and helped to overcome her fear of

being alone. She had started these relationships in

response to her feelings about the abuse,

> 'I wasn't going to have him messing with my daughter
> and having no fella, and I mean I went out, and I mean
> I can go out, honestly I mean I've always been able to
> go out and get a fella...',

and talked of the relief that going out for a drink with a

man had given her, 'it made me feel so good you know, to

have somebody company'.

LH had been the eldest girl in her own family of

origin and been the carer of all her seven siblings. Her

mother had opposed her marriage, wanting her to continue

this role and although she had married and left home, she

had continued for many years to visit her mother every day

to look after her and her younger siblings, and still

continued to visit her mother regularly although she felt

continually rejected by her mother and only able to visit

if she took presents.

The limited self-worth she had gained in her life

relied primarily on her marriage, which had seemed to

offer a way out of poverty and deprivation. When she met

her husband at 18, she thought he was

> 'smashing ... I mean they had a telly and they had a
> car, and I mean I'd never had a telly I thought it was
> posh, you know what I mean? I'd never had a telly and
> a car, I'd never even had a carpet, we had board in
> our bedrooms, I mean I scrubbed boards, we had coats
> on our beds, us lot...'

Having become pregnant, without knowing how, she 'had to

get married' but enjoyed it primarily for the social

status it gave her,

> 'I loved being married ... we had a smashing life, I
> mean everybody used to envy me, you know, everybody
> used to say ooh I wish I had a husband like hers ...'

She had had seven children herself, of whom three had

died, and had poor health, but she prided herself on

having been a good mother and on always keeping herself

smart-looking. Her devastation at her sense that her

daughter had both turned against her and robbed her of her

marriage, and at the loss of her marriage, a threat to her

self-worth compounded by a psychiatrist who suggested that

her husband had needed a younger figure as a result of her
ageing, left her with no resources to think beyond her own
needs, which she continued to express through compulsive
looking after others. Although she was aware that her
daughter who was still living with her father was not
happy, she hated both of them and wished them dead.
Despite her active responses, in terms of choice she had
been immobilised by her own struggle for survival.

ii) Doing the right thing

Three respondents expressed their dilemmas more in terms
of goodness than survival, expressing concern over what
was the right thing to do, lack of confidence in their own
judgement of the situation and anxiety about their own
needs. In this context the judgements of others became
extremely important and could either induce further
conflict and guilt, or facilitate action if they provided
backing for the mothers' own judgements and needs. The
first outcome was illustrated by a mother (AN) caught
between conflicting messages when her child returned to
live with her after 18 months in care and her disturbed
and demanding behaviour brought difficulties in her new
relationship. One professional involved was telling her
that 'this child needs her mother', that she must reassure
the child that she was back with her for good and that if
she lost her relationship, it was not worth much anyway.
Another, who she felt knew her better, said that she would
not be happy as a single parent, that the child perhaps
needed someone with greater strength than AN who had been

psychologically abused, raped and harassed herself by her
husband and that for her own sake she should consider
letting the child go. These different messages
exacerbated the conflict with which she was struggling
between selfishness and responsibility, and she expressed
her own ambivalence about the child and sense of her needs
with great difficulty.

The alternative outcome, in which the judgements of
others facilitated action by incidentally legitimating the
mother's own needs at the same time as instructing her in
relation to the child's, is illustrated by EJ. EJ's
account of her attempts to leave her husband when she
discovered his abuse of her daughter, a process which took
a year from discovery to separation, illustrates her
concern with goodness as defined by others, as well as her
fear of a violent husband. Her initial response was to
threaten to leave her husband, but after he threatened her
with murder of the whole family, she retracted, persuading
him to go to a psychiatrist instead, hoping that the
psychiatrist would 'tell him to get lost... because I
couldn't do it and make it work on my own'. The
psychiatrist's disbelief of her and support for her
husband left her 'defeated' and it was not until a year
later, when she took her daughter to see the Medical
Officer at school, who said 'you must get her away' and
also a solicitor who told her she could have him
prosecuted, that she was able to decide to leave. Both
these incidents made her feel that she was right to go,
and together with the child's trust in her to sort it out,

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that she was not alone. Her self-worth was enhanced by

this response allowing her to trust her own judgement 'I

felt as though I could do something right for once...'

She talked of being brought up in a strict and

respectable middle-class home with a strong emphasis on

pleasing others and on doing 'the right thing'. Later in

life she had come to realise that what was right in some

circumstances was not in others, but at the time she

discovered the abuse:

> 'I had to be doing the right thing, and I think I
> hadn't left before because I felt I hadn't got
> sufficient reason to do so... I didn't know what the
> right thing was to do, the right thing to do was to
> make my marriage work. That was the right thing to
> do. And I think that suddenly seeing that it wasn't
> the right thing to do, to stay, decided me to go ...'

EJ felt guilty about the year it had taken her to

leave, insisting that 'you always have a choice' and that

she was responsible for her actions. She still however

expressed anxiety about the 'selfish' motivations which

she felt had allowed her to leave. She had never doubted

her daughter's word about the abuse but said 'maybe I

wanted something big enough, you know, for a reason to

leave'. Despite 15 years in a marriage to a man who was

jealous and possessive, and physically, sexually and

psychologically abusive to her, her recognition of her own

need to leave was expressed in a self-deprecating fashion

through insistence on her selfishness (a clearly negative

concept):

> 'I didn't know what to do. I felt panicky, but to be
> honest I was selfish in that I thought I've really got
> something on him now ... You know, it was selfish
> because I felt that all my efforts, in every
> direction, had gone for nothing ...'

In the context of feminine virtue as self-sacrifice, the protection of the child provided a new moral imperative to leave, whereas the protection of herself from her husband's violence had never done so. Once she had made the decision however, the relief it brought her overcame her anxiety about her own needs since there was no longer a conflict between them and 'doing the right thing':

> 'I didn't have this sort of torment, am I doing the right thing or should I do that, or if I do so and so will such and such happen or, you know, I had all that going on before, and all of a sudden that stopped you see, which was, which made it easy.'

iii) Working it out

The transition to full responsibility for choice involves an acknowledgement of the needs of self as equal to those of others and the overcoming of the apparent conflict conventional femininity imposes between selfishness and responsibility. Only two mothers in this study had achieved the necessary self-worth to talk clearly, if somewhat defiantly, about working out what they wanted for themselves, at the same time as taking responsibility for their daughters' protection and rebuilding their relationships with them.

PE's account illustrates an approach to decision-making which accorded equal value to her own needs and the child's, and which demonstrates the positive role of an 'ethic of care' in resolving conflicting relationships. She decided not to report her partner to the police when she confirmed his abuse for several reasons. She did not wish to hurt him, feeling he needed help. She wanted both

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to protect the child from further abuse and to rebuild her own relationship with her, and felt that involving the police against the child's expressed wishes would further damage her trust. She also felt she still loved her partner and wanted to work out what she wanted for herself. She first separated her partner and child and rebuilt her relationships with both - arranging for the child to stay with friends and visiting her every day - then later when she felt her own relationship with her partner had improved, brought the child home, trusting her partner's promises of reform.

As he then continued to attempt to sexually abuse the child and, thwarted by her protection, became physically violent to R, the conflict between the two relationships became irreconcilable, and she started to hate him.

> 'When he started to become violent towards her, that was it. He wrote his own sentence out as far as I was concerned...'

and she decided to 'get rid of him'. She had eventually done so, and had achieved what she wanted, a close and confiding relationship with her daughter again and no regrets over separating from her partner. She did not talk with guilt of having stayed this six months although she did express anxiety, 'I know this might sound terrible' at having decided to use her partner for his money for a while and try to get him to leave rather than kick him out immediately and risk losing the house because she would not be able to pay the mortgage payments. She felt however that she had made her own choices, attending to both her own needs and the child's throughout:

'I thought I loved him, which I didn't. I was scared
of losing my home, my daughter and that was it. And I
didn't quite know how to keep it all together, and
that was the only way I knew how. And that's what I
done. And it did work out, I mean what I done did
work out right'.

Working through this process meant that it took her
six months from confirming the abuse to separating from
the abuser. She was clear that had she done 'the right
thing' as defined by others, i.e. to call the police
immediately, she would not have stood a chance in
regaining the child's trust, which had been badly damaged
by the abuse, nor would she have been able to work out for
herself what she wanted with her partner.

This approach is reminiscent of a woman quoted by
Gilligan who, seeing the world as comprised not of
separate individuals with competing rights but as an
interconnected network of relationships in which 'the fact
that someone is hurt affects everyone who is involved',
describes a moral decision as one which involves working
through everything involved in the situation and taking
responsibility for choice:

> 'It is taking the time and energy to consider
> everything. To decide carelessly or quickly or on the
> basis of one or two factors when you know that there
> are other things that are important and that will be
> affected, that's immoral. The moral way to make
> decisions is by considering as much as you possibly
> can, as much as you know' (Gilligan, 1982, p147).

It is not intended to imply, as Gilligan's argument has
sometimes been read, that women have some innate moral
superiority to men. It is an empirical matter to
ascertain whether an ethic of care and interconnectedness,
as opposed to justice and individual rights, characterises

men's response to situations where family relationships

conflict. It is likely however that women's dependence on

relationships with men both for feminine identity and

economic survival intensifies the perception of the world

as involving interconnected networks more than separate

individuals.

The implications of the range of approaches presented

here are twofold. First, delays in taking action when the

abuse of a child is discovered may be the product of quite

different processes. The mother may have been immobilised

by her own struggle for survival and unable to consider

action to protect the child. Alternatively, she may have

been confused over what the right thing to do was in the

context of the conflicting needs of others and her own

conflicting obligations, and have been further inhibited

by lack of confidence in her own judgement and/or

ambivalence about her own needs. Or finally, she may have

been working through the conflicts between her own needs

and those of others attempting to find a solution which

reconciles the relationships involved. It is important to

recognise the different processes since instructions from

professionals in relation to the child's needs will have a

different impact depending on the meaning choice has for

the mother. Mothers preoccupied with surviving may resist

intervention as a further threat to their own identity as

mothers. Those confused about what the right thing to do

is are likely to be more receptive to intervention, which

however may reinforce anxiety and confusion if it focusses

only on their responsibilities, or alternatively

facilitate choice if the mother's own needs are recognised (deliberately or accidentally). Mothers who have been working out the conflicting relationships may resist intervention if professionals fail to recognise the integrity of their own process of response.

Secondly, choice has little meaning to women in these circumstances unless they have some sense of their own self-worth, the legitimacy of their own needs and of their agency and power to influence events. Those who were immobilised, i.e. expressed no sense of having made a choice, were those preoccupied with their own survival in the face of loss. Immobility in relation to choice, like failure to confirm in relation to discovery, is linked to the inability to resolve the grieving process (see chapter 3). Becoming stuck in unresolved grief inhibited mothers both from resolving the discovery process and from making choices. Hence, their own needs for self-worth and empowerment should as far as possible be met before long-term choices are expected. While this is a small sample and the distinctions not clearcut, it suggests that those women with a clear sense of their own needs as legitimate as well as the child's were more likely to choose to separate from an abusive partner than those without.

The process of response

The process of response mothers engaged in has four central features. First, they tended to consider a far wider network of relationships than the abuser and the child, and to perceive the problem as one of conflicting relationships and responsibilities extending over time rather than one of separate individuals in a hierarchy of competing rights. Secondly, an ongoing process of negotiation meant that their response changed as one or more elements of the situation changed, the perceived risk to the child, their own relationships with the abuser or others, or the success or failure of earlier attempts to resolve the situation. Thirdly, the process of negotiating potentially and actually conflicting relationships necessarily involved a degree of risk-taking. Fourthly, most attempted to resolve conflict via communication-based strategies, at least initially.

To illustrate the process of negotiating conflicting relationships, one relatively straightforward case in which the mother had no significant relationship herself with the abusers, who were not members of the same household as the child, is outlined below. JT's five-year old daughter K was abused in two separate incidents, both times while in the care of her father from whom JT was separated. The father, S, was now living with his sister and her children and took K to their house when he had access visits with her. The first incident occurred there, and the abuser was K's 13 year-old cousin, a boy who JT described as 'backward' with a mental age of 6, and

who she knew had been sexually abused himself. She also knew that the boy had a social worker, and she first tried to contact the social worker, who she felt should be able to deal with the boy. Since she was unable to do so, she then told his mother, who agreed to deal with it, and felt that the situation had been 'sorted out'. She had been shocked and distressed by the discovery but her knowledge of the boy's problems affected her response, 'because I knew that he'd got a problem... I seemed to sort of cope with it'. She reassured K that it would not happen again.

However shortly after, K was abused again in similar circumstances (while in the care of her father) by the boy's older brother. This time JT was more angry and distressed and gave three reasons in explaining why this incident was worse. First, the abuser's characteristics were different, and hence his responsibility for his own actions different, 'he was 15 so I mean he knew what he was doing and there was nothing wrong with him, you know'. Secondly, her own relationship with her daughter felt threatened - she had told K that it would not happen again and it had. She had not been able to prevent it and felt the child's trust in her would be damaged. Thirdly, she was furious with her husband for not taking the problem more seriously, for leaving the child unattended with her cousins again and for not sharing her sense of responsibility for preventing the recurrence of abuse.

This time her husband said he would sort it out with the family and JT talked to her health visitor about what had happened, wanting to have K seen by a doctor to check

for any physical damage. On the health visitor's advice she also reported the incident to the police, feeling it was right to do so because of his age and the possibility of him doing it to someone else, although she also told the police she did not mind about him being charged 'because he was family'. Via this process she also had contact with a social worker, and with his backing, reassured K that she would never see the abusers again and agreed with her husband that he would prevent this happening. She also spoke to the abuser's mother again who this time did not believe her, thinking she was 'having a go' at the whole family now.

Two months later, her husband took K on an access visit again and although he did not take her to the house where she had been abused, she did see both cousins while out with him. Again, JT was furious with her ex-husband, for his failure to take responsibility for K and for the threat to her own relationship with K, as well as the risk to K herself:

> 'Cos I thought what can I say, what can I say to her, there wasn't anything else to say then, there was nothing left, I couldn't turn round and say you can trust me K, because you know, she trusted me and he still took her ... luckily enough nothing did happen'.

She was also angry with the social workers involved who had only spoken to her about K and not to her husband, feeling that they should share the responsibility for making him take her protection seriously. Up until this point she had not considered refusing her husband access to K, feeling that he loved her in his way, although he was much less protective than herself, and that K's

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relationship with her father should be maintained for her

to make her own decisions about when she grew up. However

she now consulted a solicitor in order to draw up

conditions of access and threatened him that if he ever

allowed K to see her cousins again, his access would be

stopped.

While JT was clear about the need to protect the child

from further contact with her abusers, she also worried

about the network of family relationships extending into

the future. If the child is to go on seeing her father,

is she never to see his relatives, her cousins, ever

again, and what implications will this have for her

relationship with her father?

> 'What happens, what happens in time, does she see
> them, does she sort of see them? You know, I mean
> there are occasions when perhaps there might be
> something, and he wants to take her to, you know, there
> might be a wedding in the family or something,
> mightn't there in time? You know, what does she do,
> does she never see them again? ... I mean that's
> where I wish that they, they hadn't been family
> because, you know, they're always going to be there
> aren't they, in the background, unless she never sees
> him again, and what'll happen to her then, you know?'

While her concern extends to the maintenance of a network

of family relationships over time, her approach is

essentially pragmatic, recognising that she can only make

judgements on the basis of a particular context, and that

negotiation of conflicting relationships is therefore an

ongoing process:

> '... although I'm thinking of these things, what's
> going to happen in the future, I sort of think to
> myself well you're going to have to sort that out when
> it comes to it, you know. So I'm not sort of
> desperation or anything, you know, I just, I mean I
> wonder about it, but I think well you'll have to cope
> with that when it comes to it, you know, you'll have

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to sort that out ...'

One further incident illustrates the extended network of relationships involved and the way in which within this child-rearing is a risk-taking process. During the investigation process, K had become confused over names and at one point implied that her mother's new cohabitee had abused her. Although this suspicion was cleared up, the social worker had reportedly said to JT,

> 'well obviously you're not going to leave them
> together sort of thing, you're not sort of like
> putting it into a situation where it might happen ...'

She was horrified at the suggestion that she must now be suspicious all the time in her own home and never leave her partner and the child alone together. At first she did feel she could not trust him and tried not to leave them together but after a while started to do so occasionally when she went out to the shops:

> '... now I've just sort of ... put it out of our mind,
> you know, and sort of tried to carry on as a normal
> family. Because I think you've got to, I mean alright
> if anything is going to happen, you know, I hope to
> god it wouldn't ever, you know, I hope to god it
> wouldn't ever ... that she'd come out with it, you
> know ... but I've got to sort of, you know, I've got
> to trust him and sort of think, you know, that he
> wouldn't ... I just don't know if I'm doing the right
> thing, you know, but I've got no suspicions ... and B
> [the cohab] and I do sort of talk honestly and openly
> and everything ... But you know, I just sort of, you
> have to go each day by day really, you know, I think
> you've just got to carry on, haven't you, you've got
> to carry on sort of as a normal life really, and just
> try and forget about it ...'

There is no basis to suggest that this women was putting her partner above her child by relaxing her vigilance. She was quite clear that she would be devastated if anything at all further happened to the

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child, and had insisted on checking out fully the suspicions that had fallen on her cohabitee during the investigation, despite feeling that her world was falling apart. What she was doing however afterwards, was taking a chance in the interests of maintaining a network of relationships over time, relying on communication to resolve potential conflicts and expecting some shared responsibility for the child's protection with her new partner. Her response throughout involved negotiating her own relationship with the child, the child's relationship with her father, the child's relationship with other relatives, and her own and her daughter's relationships with her new cohabitee, as well as consideration of the relationship between the abusers and her daughter.

The conflict the discovery of abuse by a partner raises between the mother's relationships with the abuser and the child is far more acute than that in the case described above. Nevertheless, there is similarly a wider network of relationships involved extending over time, including the abuser's relationship with other children, the children's relationships with the mother's new partner if she remarries, the mother's relationships with other children as well as the mother's and her partner's families of origin and other sources of support or conflict. And similarly the process of response, attempting to negotiate potential and actual conflict between relationships, is an ongoing one. Categorising response by outcome assuming a straightforward choice between child and abuser does not adequately represent the

complexity, variability and ongoing nature of mothers'
responses. It also assumes mothers have available to them
at the beginning of a process information, that the abuser
will abuse again, that only becomes available at the end.

The rest of this section discusses the process of
response for the nine mothers who discovered abuse by
resident partners only during the period from discovery to
separating (or not) from the abusive partner, i.e. as they
considered the alternatives of attempting to prevent
further abuse within the family or separating. During
this period particularly, there was an important
additional influence on the process - fear: fear of
violent repercussions against themselves and/or their
children if they confronted their partners and fear of
being alone if they left them. Of these nine cases, in
five the child was abused again after her discovery. In
none of these cases however did the mothers condone the
abuse and three of them had gone to great lengths in their
attempts to prevent recurrence, including separating the
child and abuser for periods and accompanying the child
full-time where possible. Furthermore, in four of these
five cases, the mothers had by the time of the interviews
resolved the situation, separating from their partners and
maintaining their relationships with their daughters. In
the fifth case, the mother had lost both relationships,
finally leaving her husband and daughter still living
together.

The inability of some mothers to prevent recurrence of
sexual abuse in the family is better understood as the

product of risk-taking, than as collusion with the abuse itself. PE, who had decided not to inform the police on her initial discovery, and been criticised by her sister for not doing so, expressed this:

> 'She'd have to admit herself what I done sort of worked out right, she said but it could have worked out wrong, I said well that was the chance I took, it was something I had to sort out myself, and I took that chance and it worked out fine.'(3)

Three of these nine mothers were unable to develop strategies to prevent further abuse at all. For those who were not so immobilised, their responses were influenced by their assessment of the risk that the abuse would recur and of the worth of the marriage to them, and their interaction with others outside as well as within the family. Interaction with those outside the family is discussed further in the next chapter. Factors affecting the assessment of the risk of recurrence and the worth of the relationship are discussed here, followed by the issue of responsibility which affects both. As Sgroi (1982) has noted, the ability to be an effective ally for a child depends on allocating responsibility clearly to the abuser.

Mothers' assessment of the risk of recurrence was influenced by a number of factors: primarily the abuser's response to confrontation, the mother's way of explaining the abuse, her perception of the father-daughter relationship, her sense of her own capacity to protect the child and her knowledge of the extent of abuse. Abusers who confessed when confronted, professed remorse and promised reform. Many mental health professionals working

with sexually abusive men (with far less investment in their relationships with them) have been fooled by similar strategies (McGovern & Peters, 1988). Those who denied the abuse nevertheless attempted to win round their wives with promises of better behaviour generally, presents and so forth. Mothers were reluctant to lose all trust in men they still cared about as well as depended on, although three who hoped for reform did not rely on trust alone to prevent recurrence.

The two who did rely on trust alone both blamed themselves for the abuse. Self-blame suggested that if the mother herself 'did better' in some way, the abuse would not recur. An explanation of abuse as illness on the other hand implied the possibility of a cure, and two mothers had sought psychiatric help for their partners on that basis. Hopes of reform lasted longer for two who thought their partners had relationships of special favouritism with the children than for one who felt her husband had always been hostile to the child.

Two initially believed (as have many child abuse experts in the past) that 'breaking the secrecy' and rebuilding communication between all parties would prevent the recurrence of abuse. As PE put it, 'I thought once it was out, he'd lay off...' As evidence of their partners' persistence recurred, despite their efforts to restrict access and build closer relationships themselves with their children, their assessment of the situation changed and they sought ways to separate.

Women's assessment of the worth of the marriage to

them was influenced by the social, economic and psychological factors discussed earlier in this chapter, and involved reference to love and hate, violence, conflict and fear, and their partner's contribution to the marital bargain. For no mother was the child's abuse the sole reason for separating. The five who made decisions to separate permanently from their partners in response to the discovery of sexual abuse had all considered separating before, either on account of violence against themselves or in one case because of an earlier incident of child sexual abuse, and four had actually done so and returned in the past. This is a common pattern in women's response to domestic violence and other marital problems, recurring hopes and promises of reform, together with self-blame and the desire to make marriages work, bringing women back until the relationship deteriorates further (Dobash & Dobash, 1979; Burgoyne et al, 1987). For all these, the abuse of the child was one of, if not the, 'last straw(s)' in a deteriorating marriage, and separation a relief. Violence to the child gave them a reason to leave in a way that violence to themselves had not, and only one expressed any regret at separating.

The single factor most predictive of decisions to separate was a previous separation. This is consistent with the findings of research on women's decisions to leave relationships violent to themselves, which suggests that those who stay tend to have suffered less severe abuse and to have separated from the abusers less often in the past (Strube, 1988). The 'last straw' factor may also

explain Sirles & Lofberg's (1990) finding that previous violence against the mother was significantly related to decisions to divorce.

None of the three women who were immobilised nor the one who considered no further decision was necessary once she had stopped the abuse recurring had ever considered separating from their partners before. These four women's fears were expressed primarily in terms of fear of being alone. 'Company' whatever its quality, and for two of them the social acceptibility attached to being married, appeared to be the overriding benefits of their relationships, illustrating their extremely low expectations and self-worth. Being unmarried for them meant being alone, reflecting the social context in which marriage and family are expected to meet all needs for community (Breines & Gordon, 1983) and the lack of legitimacy accorded other sources of companionship such as female friendship (Raymond, 1986).

A key factor enabling women to leave abusive husbands was a clear sense of the abuser's responsibility for the abuse. While mothers have often been observed to blame children for abuse, self-blame is also a problem. Two of the mothers who were immobilised still blamed themselves at the time of the interview, as did both women who were still living with the abusive partner. Overcoming self-blame had played an important part in enabling effective action for others.

The question of responsibility was related to the explanations women adopted for the abuse, and confounded

by confusions that also permeate public debate: are abusers sick and in need of treatment or criminals deserving of punishment? and are they victims of their childhoods or adults abusing their power? These questions are interrelated and both influence the degree of responsibility accorded abusers for their actions. Illness is generally regarded as outside the individual's control, and therefore not deserving of blame, although taking the necessary action to ensure recovery is seen as the individual's responsibility (Cornwell, 1984). Hence abusers who promised to seek help were accorded diminished responsibility until they proved they had no serious intention of doing so. Illness also implies the possibility of cure and hence affected women's judgement of future options. Similarly the abuser's own childhood experiences of abuse or violence also diminished responsibility either via a disease model or by shifting the responsibility back a generation. One mother (not in this nine) referred to abuse by a boy who had been sexually abused himself as his own experience 'coming out', rather like a rash. Another blamed her husband's mother for his difficult childhood.

While such explanations may diminish responsibility and those women who focussed on conscious action ('he knew what he was doing') and the moral responsibility ('old enough to know right from wrong') attached to adult status were clearer about the individual abuser's responsibility, they do imply individual as opposed to family explanations. The adoption of familial explanations based

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on patriarchal ideas about marriage and the family were major sources of guilt and confusion over responsibility, which clearly inhibited action. There were three main variations on these. First, the 'he wasn't getting enough' explanation, when accompanied by assumptions of men's rights to sexual access in marriage, induced self-blame where the abuser was the woman's partner. Secondly, the idea that women are the rightful monitors of all family relationships through their 'natural' aptitude for caring left one women unable to allocate responsibility for any family problem clearly to her husband. Thirdly, another woman blamed herself and had been blamed by others for going out to work and leaving her husband to look after her children, an explanation clearly relying on ideas of a patriarchal sexual division of labour as 'natural'. The absence of her partner at work could never seriously be suggested as an explanation for a mother abusing her child.

Only one woman blamed her daughter explicitly, partly because the child, a teenager of about 15 when LH's suspicions first arose, had appeared to her not only not to resist but to defend the relationship with her father by denying it when questioned. Children's delay in telling about abuse has been found to increase the likelihood of negative responses from mothers (Gomes-Schwartz et al, 1990). Others also commonly attribute blame to children who have not resisted abuse (Broussard & Wagner, 1988). In two other cases, women expressed some ambivalence in the observation that the abuse would not

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have happened if the child had not been there. Women commonly blame themselves for their own experiences of sexual violence on the basis of 'being there', demonstrating the power of the ideology that women are responsible for male violence (Kelly, 1988a). The significance of this ideology is further indicated by evidence that mothers tend to be more protective and less punitive when the victimised child is a son than a daughter (Gomes-Schwartz et al, 1990). One recent study found that in two cases where children of both sexes in the same family had been abused, the mothers regarded the girls but not the boys as culpable (Dempster, personal communication, 1990). There are also cases of sibling incest in which abused daughters are blamed by their mothers for the behaviour of their brothers (La Fontaine, 1990). Unless this dominant ideology is challenged, the options mothers face where abuse by partners is concerned are likely to be blaming themselves or their children.

While self-blame for the abuse itself was immobilising, those women who were most able to take action emphasised their own responsibility for their response. To some extent this is a form of self-blame, which comes down ultimately to 'being her mother', but one which may have a more positive and enabling function once responsibility for the abuse itself is clearly located with the abuser. Self-blame for 'being her mother' on one level reflects the avoidance of male responsibility for sexual violence and for child protection. On another, examining their own behaviour (for example, wishing they

had stood up to their husbands more strongly, been less
trusting of them, or been more aware of the children) also
provided a way of considering changes they could make to
lessen the risk of the situation recurring. This process
of examining their own behaviour however carried the risk
of being highly destructive unless culpability for the
abuse itself had first been resolved. The issue of self-
blame is complex. The total absence of recognition of
their own behaviour as an issue left women only with the
status of victims and no sense of being able to effect
change in their own lives and their children's. However,
the timing of such self-examination is crucial. It can
only be enabling after responsibility for the abuse itself
is clearly located with the abuser and the guilt
associated with loss for mothers resolved.

Allocating responsibility for the abuse clearly to the
abuser, while it helped to enable separation, did not
necessarily reflect an understanding of the nature of
abuse. As discussed in chapter 4, for some mothers
'abuse' was defined as wrong more in response to sex than
in recognition of the abuse of power involved. Two
mothers in this study expressed their aversion to further
contact with their partners primarily as a desire to
distance themselves from sexual deviance. In this
context, separation for one had more to do with the desire
to find a better, 'normal' man than to do with the child's
need for protection, expressed: 'I mean I won't go with a
man that's interfered with my own daughter, I'm not that
type of person'(NF). In this context, separation is not

necessarily a positive outcome for the child, and her
child had been taken into care despite the mother having
no further contact with the abuser.

* * * * *

Overall, the choice between abuser and child often
expected of mothers is a complex and conflictual matter
with long-term implications, and response involves an
ongoing process of negotiation and risk-taking involving a
network of family relationships extending over time. The
greater the value accorded the marriage (or relationship
with the abuser) and the fewer the alternative options
perceived, the greater the risks that may be taken with
the child's safety, but it may well not be possible for
mothers to eliminate all risk of abuse recurring. Mothers
are more likely to decide to separate if they perceive the
risk of recurrence of abuse to be high. This in turn is
more likely if they do not blame themselves for it, but
hold the abuser clearly responsible, if they regard it as
an intentional act rather than a disease, and as part of a
long-term pattern rather than a single, out of character,
incident. They are also more likely to separate if they
perceive their own relationship with the abuser as
unsatisfactory, which in turn depends on self-worth,
social and economic resources, and the options perceived
for (and/or value accorded) remarriage. No mother in this
study made the decision to separate on the basis of the
child's abuse alone.

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This analysis suggests a number of ways in which mothers'
decisions may be influenced. It is also important however
that mothers' own actions and judgements are understood in
the context of the meaning of the situation to them and
their assessment of options at the time, rather than
evaluating their behaviour only in terms of its outcome or
against the assumptions of professionals. All but one of
the mothers in this study had talked to others outside the
family about the abuse prior to their involvement in the
research. These interactions influenced their responses
as well as the interactions with family members, too often
resulting in a sense of invalidation and defeat which
inhibited rather than facilitated their ability to protect
children. It is this interaction with others outside the
family, in informal networks and professional agencies,
that the next two chapters address.

Notes

1. Such a stereotype was evident in the response of
social workers to the Tyra Henry case, and appears to have
resulted in unreasonable expectations of what the maternal
grandmother would be able to cope with (Channer & Parton,
1990).

2. See Pahl (1989) for discussion of the different
patterns of control over resources within households.

3. There are similarities with the situation of women
with unwanted pregrancies. The failure to use effective
contraception has often been attributed to psychological
conflicts about pregnancy. Luker (1975) suggests however
that it is the product of 'taking chances' in the context
of the costs and benefits of contraception and pregnancy
as perceived at the time of intercourse.

Going public where the sexual abuse of a child is suspected or discovered combines many of the difficulties associated with help-seeking for other family problems, together with the further complications that secrecy and conflict within the family and stigma outside it add. It is not only fears of prosecution of the abuser or of losing the child into care if state agencies become involved (although these may be important factors) that prevent mothers seeking help. The reluctance of battered women to seek help for themselves reflects cultural ideals of family privacy and results from the sense of shame and guilt consequently involved in admitting to marital problems, pressure from the abusive husband to preserve privacy, and expectations of the response of others (Dobash & Dobash, 1979). Battered women often do seek help or leave violent relationships 'for the sake of the children', and for mothers in the present study the abuse of the child sometimes gave a sense of entitlement to help that they had not felt in relation to their own experience of violence.

However, for others the abuse of the child also added a further sense of shame and failure on top of the recognition it involved of serious marital problems. Backett's study of middle-class couples found that parents usually went to great lengths to resolve any problems with

children within the nuclear group before outside help was sought, and that about a third indicated that to resort to outside advice was 'somehow an admission of failure to cope with something that they should have been able to manage themselves' (1982, p102). The difficulty of asking for help is exacerbated both by feelings of personal inadequacy and by a sense of sole responsibility for dependents. Thus, women caring for elderly relatives may feel that asking for help threatens their role as primary carer (Lewis & Meredith, 1988). Similarly, mothers who above all expect themselves to cope (Graham, 1982b), experience conflicting feelings about needing help.

This chapter describes first the many factors which mothers felt inhibited their ability to seek help. It is important to consider these in understanding mothers' responses since reporting to agencies is often seen as an indicator of protective behaviour (O'Hagan, 1989). One study of the attitudes of protective service workers in the USA found that 22% favoured the arrest of the mother in a vignette involving a mother who had delayed reporting her husband's abuse of her daughter (Wilk & McCarthy, 1986). However, as in the case of marital difficulties, mothers' responses commonly involved a 'help-seeking career' (Brannen & Collard, 1982), and contact with those agencies with statutory duties for child protection was rarely the first attempt to seek help. Most of the mothers who sought help themselves approached members of their informal networks, extended family and friends, first. The chapter outlines the aims with which mothers

did seek help, when and from whom, and their experience of informal sources. Voluntary organisations without statutory responsibilities for child protection are included in this chapter. The NSPCC, which does have statutory duties is included in the next chapter, since its social control function makes it more akin to statutory agencies in relation to mothers' experience.

Factors inhibiting help-seeking

The factors inhibiting help-seeking for the mothers in this study derived from their own stage in the processes of discovery and decision-making, pressures from the reactions of family members, including but not only the child and abuser, their sense of obligation to family members and feelings about the abuse, their expectations and experience of others' reactions outside the family (informal and formal), attitudes to help in general and lack of information about available sources of help.

Clearly, not knowing either that abuse has occurred at all or that it is recurring inhibits seeking help, although two mothers had sought help for the child's behaviour problems over periods of two and more years without any suspicions arising, either for them or the professionals involved, that sexual abuse might be the cause. Once suspicions of sexual abuse had arisen, mothers were inhibited from seeking help by their own horror, self-doubt and self-blame at their thoughts. As PE said:

> 'I thought to myself I must be sick to be thinking anything like it, and I sort of kept it to myself for

a little while, until eventually I went and told my, I
said to my friend about it ...'

In these circumstances women were afraid that others might

disbelieve them and/or that if they reported to the

police/SSD no action would be taken if there was no proof

to substantiate their suspicions. These fears were well

justified. Most of the mothers had experienced disbelief

at some point either from informal contacts or

professionals even when they did have evidence. Three of

the mothers had contacted agencies about suspicions. In

one case an investigation including medical examination

found insufficient evidence and despite a case conference

no further action was taken. In the other two cases the

mothers were told that nothing could be done without

proof. Glaser & Frosh (1988) have noted that half-hearted

investigation followed by withdrawal may be construed by

the family as society's expression of trust and confidence

in the family and abuser. It is likely to be construed

differently by different members of the family however,

and by mothers as indicating that should they want it,

help may not be available.

Visible evidence or a complaint from the child seemed

to offer the mother some protection from the anticipated

disbelief of others. In the absence of such validation

for her own suspicions and concerns, and a reality shared

at least with the child, the fear of others' reactions

could be overwhelming. Confusion over the definition of

abuse further exacerbated the fears attached to lack of

proof for KV:

'I didn't feel I had grounds enough to go to the SS, I

didn't know what they considered abuse to be. I mean there's abuse which is obviously where a husband, or father, has intercourse with his daughter, I didn't realise there was other degrees of sexual abuse that they would be interested in ...'.

Ambivalence about confirming suspicions may also inhibit help-seeking. Mothers may both seek the proof to resolve uncertainty and still hope that it will not be forthcoming. A further reason that three mothers did not seek help was feeling that they had resolved the problem themselves and prevented the abuse recurring and therefore did not need outside help. For one, in addition to this, her expectations of what involving agencies would entail meant that seeking help conflicted with other aims, namely finding out more of what had happened herself, rebuilding the child's trust and taking the time to work through her own feelings and decide what she wanted in relation to her partner. For two mothers, their understanding of the problem - that their partners were sick and needed help - contributed to their not reporting to the police. Both consulted GPs and arranged for their partners to see psychiatrists.

The factors above derived from the mothers' own stage of discovery and preferred strategy of response. Pressure from others was also important however. Most of those mothers who confronted their partners with their suspicions or knowledge came under pressure from the abusers not to tell anyone outside the family, including threats of violence to themselves and the children, and various more subtle strategies of manipulation. Fear of violent repercussions meant that two mothers, when they

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did seek help, did so secretly. One managed to leave with four children without her husband suspecting anything, but was inhibited from pressing charges for fear that he would spend his time in prison planning revenge. The other confronted her husband after the police and SSD were involved. She informed him of their investigation, but he was unimpressed, replying 'well, when are you coming home then, I want my dinner'. His judgement of the likely effects of her attempts to seek help proved correct - he denied the allegations and no further action was taken against him.

Two of the children had also specifically asked their mothers not to involve the police when they told them of the abuse, and having promised them they would not do so, both mothers were reluctant to betray the child's trust, knowing that it had already been badly damaged by the abuse. Fear of harm to the child, even where no promise was involved, inhibited others from and during help-seeking. Some of the children also expressed a desire in the aftermath for no one to know about the abuse, which inhibited mothers from seeking support for themselves from informal networks. On the other hand, one child told everyone, limiting her mother's ability to control who knew.

Pressures came from the involvement of other family members aswell, either to protect the abuser by not reporting or to 'clear' him by going through a court case. However, it was not only actual pressures from other family members that influenced mothers. Their own sense

of obligation to family members also inhibited some from reporting to the police and contributed to the sense of unspeakableness surrounding the abuse. Particularistic rather than universalistic role expectations often inhibit the reporting of crimes by family members, and even their definition as crimes (Burgess et al, 1977). However, the dilemma this creates is likely to be intensified for mothers by the effects that women's identification with family, rooted in the sexual division of labour and the widely held belief that men and women naturally have different roles, has on women's citizenship. Pateman (1985) argues that the formal equality of citizenship is contradicted by the current structures of women's subordination whose logic suggests rather that women's political obligation constitutes a duty of obedience acknowledged in the public sphere through the actions of fathers or husbands. In this context, it is not surprising that women may have great difficulty in reporting crimes committed by their husbands/partners to the police. The sense of obligation mothers had to the abuser and the child, and to other family members who might be harmed by going public, contributed to the complexity of feelings surrounding such a decision. For one mother, this resulted in a pattern of help-seeking similar to that exhibited sometimes by sexually abused children who attempt to have the abuse discovered but at the same time to disguise their hints so as to claim not to have violated assailants' demands for secrecy (Gordon, 1989).

PE felt unable to report the abuse herself but asked

her sister to phone the SSD for her. When they came to

visit her, she felt unable to tell them the whole story

(involving seven years of abuse, including buggery and

rape) but told them her partner was violent and had sexual

tendencies towards her daughter:

> 'I wanted them to find out, I couldn't tell them but I
> wanted them to tell me, you know well look this has
> gone on. I couldn't, I felt like I was betraying him
> and betraying her, and I couldn't open my mouth, I
> couldn't, it was just stuck there and I couldn't say a
> word. And I wanted them to say to me, well look, this
> has gone on in here, and we know it's gone on, but
> obviously they didn't'.

A case conference was held and she had some continuing

contact with the SSD, including taking the child to them

when she had been hit by her stepfather and had bruises on

her face, but still could not bring herself to tell them

about the sexual abuse, wanting them to demand an

examination or somehow to take the responsibility for

breaking through her own sense that the abuse was

unspeakable. She finally called the police herself, after

her partner had decided to leave anyway, and had been

violent to the child again, but still found it difficult

to tell them the full story:

> 'I just couldn't get it out of my mouth, it was like a
> bloody lump that was stuck there, I wanted to and it
> was stuck ...'

She had however previously been able to tell doctors in

hospital who had asked her the reason for a suicide

attempt, perhaps finding it easier to speak when out of

the home and away from the presence of family members.

She also attempted to tell the police by showing a

doctor's letter describing what she had told them. When

pushed, she did in the end tell the police herself.

The testing tactics and ambivalence that may operate

on both sides of the help-seeking relationship illustrate

the contradictory forces at work where information about

family violence is concerned, and where both clients and

professionals may be wary of breaching the privacy

accorded family life at the same time as seeking to tackle

the problem in public (Borkowski et al, 1983).

Obligation to the children also affected decisions

about reporting since their future financial security

would be affected if their father went to prison. This

did not necessarily mean staying with the abusive partner.

Although it was a consideration in that decision for one

mother (whose own financial security was as influential an

inhibiting factor), another divorced but withdrew from

prosecution partly because she would get no maintenance

payments for the children if her ex-husband was unable to

earn.

Mothers' own feelings on finding out about the abuse,

of shock, confusion, shame, self-blame and isolation, also

contributed to not seeking help and to a sense of

unspeakableness. Shame, derived from ideals of family

privacy (fear of 'hanging the dirty washing out'), the

mother's own relationship with the abuser and associated

sense of contamination, and from the effects on the child,

also continued to influence experience of intervention.

RD whose daughter had had a baby as a result of the abuse,

felt ashamed and embarrassed when taking her to the

hospital for a post-natal check up:

> 'I felt if the whole hospital could just open and just
> push me in it ... I felt if they would just open a
> little bit of ground and pull me through it'.

Another mother, whose child was seeing a therapist known
to specialise in sexual abuse was embarassed that the
other mothers waiting at the day hospital had guessed from
this that her child had been sexually abused, and had
pretended to them that there was another reason.

Guilt and self-blame also inhibited some mothers from
seeking help. BM who felt the abuse of her daughter was a
responsibility shared between her and her husband did not
seriously consider reporting him to the police. To
recognise behaviour as criminal involves a concept of
personal responsibility which she did not have, although
when her husband abused a child outside the family and she
consequently attributed responsibility more clearly to
him, she was also clearer about considering reporting to
the police.

The losses the discovery of sexual abuse involved
(especially loss of trust), and the sense often expressed
that no one could understand who had not been through
this, contributed further to ambivalence about help.
Several mothers also said that they had tried to block it
out and forget about it in the aftermath and that it was
too painful to talk about. Several mothers had sought and
obtained practical help and some emotional support from
friends and family without telling them the details of
what had happened. As illustrated above with PE's
account, it was less possible to achieve any helpful

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response from agencies in this way.

Expectations of the reactions of others, both in informal networks and agencies, also inhibited mothers from seeking help. They feared disbelief and blame from friends and family. Some also feared that relatives (especially their own mothers) would be shocked and distressed, and sought to protect them by not telling them. Or that others (especially brothers) would be so angry that they would cause further trouble by attacking the abuser personally. They also feared loss of control and privacy if others became involved and did not treat the information as confidential, or started telling them what to do and taking over.

Some similar fears inhibited contact with agencies, especially regarding blame, the loss of privacy and control. Class and ethnic background influenced the extra fears and expectations with which women approached or attempted to avoid professionals. Fears of losing the child into care were expressed only by working-class women in this sample, reflecting the reality that children in care come almost exclusively from working-class families (Frost & Stein, 1989). The middle-class women had not thought of this risk at the time of seeking help, although it is likely that events in Cleveland in 1987 have brought more awareness of this possibility to middle-class parents. The middle-class women were less likely to have had any previous contact with SSDs however and more likely to see them as stigmatising.

One Afro-Caribbean woman who did not want the police

involved had previous experience of police brutality against her own mother and described herself therefore as 'no lover of the police'. However it would be wrong to assume that ethnic minority women necessarily wanted to avoid police involvement and the protection and recognition that prosecution can offer (or appear to offer). The other Afro-Caribbean woman in this study did, after initial confusion, want the police involved but the doctor who she told did not contact them, possibly influenced by that borough's policy of not automatically involving the police in abuse cases, which had been developed partly in response to the black community's experience of police harassment.

Experience of agency involvement is discussed further in the next chapter. There were a number of ways however in which this could inhibit further help-seeking. The experience of disbelief and/or blame from both informal and formal sources, intensified fears of going (or staying) public. Lack of effective action (especially prosecution) undermined the legitimacy of state agencies, leaving two mothers talking of independent action against the abuser as the solution. Some mothers' sense of disillusion perhaps reflected unrealistic expectations of professionals, who were thought to have the power and resources to solve a problem they were unable to resolve themselves. However, the likelihood that agencies will take effective action is an important consideration for mothers in seeking help since to go public with no confidence that protection will result often means

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increasing the risk of violence to themselves and the child. Loss of control and the lack of validity accorded their own experience and wishes, contributed further inhibitions to their ongoing contact with professionals.

The mothers' past experience of help and sense of identity also influenced their attitudes. Two mothers had past experience of social work involvement with the abused or other children and regarded it positively, as relieving them from sole responsibility. They expressed no ambivalence about seeking help, expecting to share responsibility again although both became disillusioned at the ineffectiveness of the legal response. Several others expressed pride in never having needed help before, and being used to standing on their own two feet. The assumption agencies made that they needed ongoing help or monitoring, when they had sought help for particular purposes, was therefore threatening indicating to them that they were seen as having failed to cope.

Feelings of personal inadequacy sometimes emerged in resentment at the help others (both from informal and formal sources) attempted to offer the child. Where mothering was women's sole source of power and identity, and they had been used to defending this against critical partners, some mothers expressed ambivalence about the involvement of others (including schools and doctors as well as social workers) over other issues of child welfare as well as the abuse. They were both angry and unhappy at the total responsibility they held, wanting relief, and at the same time threatened by the fear that others might

perform their role better than they could. This meant that the boundary between home and the outside world became a problematic one to negotiate in relation to their children and battles with professionals had taken on the tone of a defence of their own (limited) sphere of influence.

While resentment sometimes focussed on the helper, it could also focus on the child, who was being given or offered help to which the mother felt no sense of entitlement for herself. Very few of these mothers felt their own needs were legitimate. Most were used to being the giver, the helper of others, and not to being listened to for themselves. They worried about imposing on friends and agencies, and some talked of agencies being too busy and having more important things to do. Several wanted to use their experience to help others and were willing to talk about it for that purpose, but found it extremely difficult to obtain help for themselves.

Two further factors inhibiting help-seeking were lack of information about sources of help and/or the unavailability of appropriate sources of help. The publicity accorded Childline meant that most mothers felt they would now, in similar circumstances, have known of somewhere they could phone. However obtaining help from voluntary organisations, other then for immediate crisis needs, often involved costs (phone calls, bus fares, childcare costs and arrangements) and energy that made it problematic in the aftermath. As one mother said 'I've

been offered organisations, but you know, you get too
tired to be bothered to trek around...'.

Aims and patterns - who, why and when

Despite the considerable pressures inhibiting mothers from seeking help, all except one of the mothers in this sample had talked to someone outside the family prior to participating in the research. They were not always the initiators of help-seeking however - three of the children had told someone else first (in two cases another relative, in one a school nurse) who then involved authorities before telling the mother. In none of these cases had the mother known or suspected that the abuse was happening, although one mother had herself reported an earlier incident, and another herself reported a subsequent incident. This section describes the sources from whom mothers sought help, and their varied and changing aims in doing so.

Most of the mothers who sought help themselves approached members of their informal networks, family or friends, before approaching agencies, a pattern similar to that observed in women's response to battering (Dobash & Dobash, 1979; Kelly, 1988a). Three mothers however told doctors first, where no known and trusted informal contact was available at the right time. When contact was made with professionals, the choice of first contact depended largely on the immediate circumstances, the perception of the problem and past experience of help-seeking for other problems. Doctors were the most common choice. Five of the mothers had told doctors before any other professional (two of these only after seeking informal help) and a further one who reported to the police did so because she

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had discovered the abuse at night and the doctor was not available. In four of these cases, immediate circumstances seemed the overriding factor in the choice however, since two of the children were pregnant, one mother already had an appointment with the doctor for another child's problem and took the opportunity to tell about the abuse, and a fourth told the hospital doctors when they asked why she had attempted suicide.

Other factors influencing the choice of doctors however were the belief that they could determine the harm to the child and/or the belief that the abuser was sick and therefore needed medical/psychiatric help. There may also have been a more generalised belief in the power of doctors to solve problems. Cornwell (1984) notes that the lengthy training of doctors and scientific status of medical knowledge gives clients expectations that they have objective solutions, whereas the knowledge base of social work is regarded as life experience, and their help seen as more personal subjective advice.

Of the three mothers who made their first contact with agencies via the police, two had had previous contact with them, one over an earlier suspicion of abuse and one for another offence of her ex-husband's during which she had found one of the policemen friendly and helpful and hence contacted him personally on her discovery of abuse. Similarly one woman contacted a solicitor first, who had advised her during an earlier plan to divorce (subsequently abandoned) and the one mother who contacted her social worker first was already in regular contact

with her in relation to the child's behaviour problems.
Two others sought help from professionals with an existing
interest in the child - one from a health visitor, the
other from a school headmistress.

While first contacts involved a range of different
people, mothers also sought help with a range of different
aims, which changed over time. Cavanagh (1978) has
suggested that battered women's help-seeking follows a
pattern of initial contacts within informal networks for
'supportive help' to increasing contacts with formal
agencies for 'challenging help'. This pattern seemed
broadly similar for the mothers in this study. Some
however had also sought 'challenging help', to help them
remove the abuser from the household, from relatives,
although none received it, before contacting agencies.
Some also contacted agencies only for support and advice,
having already taken the action necessary to prevent
further abuse, and were taken aback by the series of child
protection procedures that such an approach triggered off.

Kelly (1988a) noted a pattern similar to Cavanagh's
model amongst battered women, adding that the process
started when women defined the violence as abuse and
wanted to end it, and that initially women wanted to talk,
to have their feelings validated and to discuss ways of
ending the violence but not the relationship. As
discussed in chapter 4, defining the violence as abuse is
no simple matter where child sexual abuse is concerned
since the mother is rarely present at the abuse and may
have to rely on limited information open to a variety of

interpretations. Hence help-seeking may start at an earlier stage, before the problem is clearly defined as abuse.

The aims with which mothers sought help varied according to their own stage in the processes of discovery and decision-making as did the difficulties they perceived. While the distinction between supportive and challenging help is a useful theme, it runs through a wide range of aims. While suspecting abuse, mothers sought validation of their perceptions that something was wrong, primarily from others (friends or family) with knowledge of both abuser and child. They sought help to interpret the child's and/or the abuser's behaviour, and to evaluate the evidence and define it as abuse, 'cause for concern' or otherwise. They also sought help to obtain further evidence, for example information about the suspected abuser's past from his relatives against which to assess their suspicions or medical help to provide visible physical evidence. Two sought 'challenging help' from agencies to overcome the denials of the abuser and help them to resolve the conflict between their own perceptions and the accounts of family members but not to remove the abuser. Two sought practical help from friends, a safe place for the child to stay, while they attempted to confirm their suspicions by confronting the abuser. Three sought validation of their discovery from friends or relatives, asking them also to hear the child's and/or abuser's account.

Once they had confirmed the abuse, there were a

further range of aims in seeking help. Four mothers

sought help to protect the child from further contact with

the abuser (still in the household), not having yet

decided about their own relationship with the abuser

(their partners). Three mothers sought help to stop the

abuse, not necessarily the same as separating the child

and abuser, although one mother pursued both strategies

simultaneously. Three mothers (with some overlap but not

the same three) sought help to get rid of the abuser.

Again this was not necessarily the same as help to stop

the abuse. PE sought help initially hoping to stop the

abuse and keep the relationship with the abuser and only

after this failed sought help to get him out. None of

these three women achieved the help they needed at the

first attempt. All made at least two attempts to obtain

'challenging help' of this kind, both from informal

networks and from doctors, while failed them before they

found the help they needed. Gelles (1976) has argued that

a major contributing factor keeping women in violent

marriages is the failure of helping agencies to offer any

practicable help when asked - the present study suggests

this may well be true for mothers of sexually abused

children too. One of these mothers had initially given

the SSD and her GP only hints of what was happening, but

all three had at some point given a doctor (GP or

hospital) a full account of the problem with no action

being taken in consequence.

Mothers also sought 'challenging help' from agencies

to prevent further access of the abuser to the child once

the abuser was out of the household. Three mothers sought help for the welfare of the child in the aftermath of abuse (wanting advice on the child's needs and/or a shared responsibility for looking out for problems), having already prevented further contact with the abuser. Two contacted agencies in order to prevent the abuser abusing others where he had no further contact with their own child. Two wanted justice, and recognition that a crime had been committed, again although the protection of the child was not an issue. Others sought advice on what to do and information on their options (primarily from solicitors), and advice on housing, financial support, divorce and access. They also sought advice on how to help the child in the aftermath.

The mothers' own needs for emotional support in finding out about the abuse, coming to terms with it and deciding what to do, were rarely if ever expressed as an explicit aim in seeking help from agencies, although they clearly influenced their experience of agency response. They did seek help from friends and family for themselves, primarily wanting someone to talk to, and allies in the conflict that often surrounded the discovery, 'someone on my side'. One also contacted a confidential voluntary organisation (the Samaritans) for reassurance that she was 'doing the right thing'. In the aftermath, none had sought or expected support for their own feelings from agencies either, looking rather to friends, family, new relationships and the Church if they sought help at all.

Studies of help-seeking for domestic violence commonly

end with separation from the abuser. This is by no means the end of the problem for many women, even if they succeed in avoiding further harassment from the abuser. Although some may experience nothing but relief at the end of the relationship, others still need to mourn its loss (Turner & Shapiro, 1986). Where child sexual abuse is involved, this may be even more the case if mothers have separated from the abuser 'for the child's sake' without feeling that it would have been their own choice, and there are the ongoing difficulties that secondary victimisation involves.

While the needs the mothers felt for help, outlined in this section, at certain times outweighed the inhibiting factors and thus facilitated help-seeking, the influence of the inhibiting factors did not disappear altogether. Rather, the balance could tip backwards and forwards, reflected in ongoing ambivalence about the seeking and receiving of help.

INFORMAL SOURCES OF HELP

The responses of those in informal networks were important in a number of ways. First, negative reactions from kin and friends (both anticipated and actual) seemed to indicate (and could entail) the loss of their support, and hence of another valued relationship, if the mother acted on her suspicions or knowledge of abuse. Alternatively, they could represent further obstacles to be overcome when she went public, when she could already be dealing with considerable conflict within the family.

Secondly, validation from others played an important part in the discovery process and where this was not forthcoming, belief could become precarious and doubts recur. PE, for example, sought validation for her suspicions that something was wrong between her partner and her daughter from her partner's father, 'but he didn't seem to think what I was saying made any sense, so that was that'. It was another four months before she made a similar attempt again. If the mother herself remained convinced, she could become engaged in a 'battle for belief' to convince others similar in some ways to that often encountered by professionals (Campbell, 1988). The negative reactions of others could thus become a focus of further needs, for vindication of the mother's own experience and reality, a need 'to set the record straight'. Three mothers, all of whom felt their immediate family had not taken their anger at the child's abuse seriously, that they had been disbelieved and/or accused of overreacting, expressed this by writing to

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newspapers, wanting to go on television to tell their story or confronting directly individuals they encountered. This need however was not easily satisfied, where the responses of those involved in the abuse and/or close relatives remained unresolved.

Thirdly, given the fear of being alone expressed by many women and the traumatic and stigmatised nature of the circumstances, support from informal networks was an important factor in the mothers' decisions to stay with or leave an abusive partner. Mothers' ability to be an effective ally for a child, especially against a partner, is determined partly by the type of support they have outside the nuclear family (Orten & Rich, 1988). The significance of social support in enabling mothers to separate from an abusive partner was discussed in the last chapter.

Fourthly, as stated above, most of these mothers approached members of their informal networks, family or friends, before approaching agencies. These first contacts therefore influenced further help-seeking, whether by advising the mother to report to agencies, by meeting or failing to meet her current need for help themselves, or by allaying or increasing fears of the reactions of others.

For these reasons it is important to locate mothers' responses in the wider context of their informal networks. The range of negative responses which mothers experienced is discussed first below. Kin, friends and other sources of help are then discussed separately, since although some

of the responses from all sources were similar, the expectations women had of them and thus the impact of their responses were somewhat different as were the limitations to their help.

Negative responses

Dobash & Dobash (1979) noted that the responses of others to battered women's requests for help commonly both reflected and reinforced the sense of inviolability of marriage, and women were rarely given help to challenge their husbands' authority and control. Similarly mothers in the present study who sought help from relatives to challenge their partners did not receive it, although they were sometimes listened to sympathetically and/or offered temporary refuge. There was, however, a further range of negative responses experienced by mothers, all of which reinforced their sense of isolation and stigma. These derive from the threat that child sexual abuse raises to people's ideas of childhood as a time and the family as a place of safety and the complex emotions it therefore arouses. They also derive from divided loyalties in kin and community networks, and from the attempts people commonly make to distance themselves from those they consider to be deviant (Freeman, 1983). These responses were not necessarily experienced in relation to direct requests for help, but are important in that they represent the social context in which mothers respond, one of continuing conflict and denial over the scale and appropriate response to the problem of child sexual abuse.

Negative responses took four main forms: blame, disbelief, indifference and rejection.

Blame was experienced both directly and indirectly. Direct blame - counter-accusations - included blame for allowing the child to visit the abusive relative, for being 'an unfit mother' and for dividing the family by reporting to the police. More subtly, there were a number of ways in which people indirectly implied blame with responses of an 'it couldn't happen to me' type. These included warnings not to let the authorities know of certain parenting practices (such as having the child in bed with the parents in the morning), assertions that the person concerned would have noticed earlier or acted differently herself and inappropriate advice ('I'd kill him', for instance). All these responses could exacerbate the mother's feelings of guilt, isolation and anxieties about their own parenting, although at the same time, they were often recognised as ways in which the person concerned was protecting themselves from their own and the mother's feelings. An acquaintance told KV that she was sure if she had been in that position she would have noticed earlier:

> 'and I thought you stupid woman, because I mean I wasn't depressed that day and it was alright, but if it hadn't, I'd have come home and felt awful, cos you suffer enough guilt anyway. I thought you silly, silly woman, to say that, because she wouldn't of, she was trying to be clever...'.

Disbelief was also a common response. Two mothers whose partners were the abusers were disbelieved by their partner's parents (their in-laws) who accepted the

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abuser's denial. One of these, when the abuser did

eventually confess, then reportedly advised him to stay

with the mother until the child was 16 so she could not

have him prosecuted. A third was disbelieved by her son

who was unable to accept his father's abuse of his sister

as the reason that his parents had separated. Another

mother was disbelieved by her cohabitee whose relatives

had abused their child. Others were disbelieved both by

relatives and friends primarily on the basis that 'but he

looks normal', and for one mother on the basis that she

looked normal. It seemed to be assumed that so great an

infringement of social rules (or experience of disaster)

should be visibly identifiable - if 'normal' people turn

out to be abusers it is no longer possible to maintain

this assumption or the confinement of the problem to a

deviant subgroup.

The disbelief of others is particularly distressing

for mothers. As MG said, 'everyone makes you feel a

liar'. However it is not the only way in which abusers

are protected by others and belief is not necessarily

unproblematic. Several mothers had also experienced 'so

what?' type reactions of indifference, variations of this

being along the lines of 'oh dear, never mind', 'I knew it

all along' and 'I thought so but I didn't like to say'.

One mother considered that there was so much child sexual

abuse in her area that people were simply indifferent to

it. Both disbelief and belief with no further response

can serve further to isolate mothers by creating a sense

that they are abnormal, overreacting if they take the

abuse seriously.

The desire of others to maintain distance from deviance, and a sense that other members of the family are contaminated by contact with the abuser, lead sometimes to the rejection of the mother and/or child. Several mothers were rejected by friends and/or family who refused to speak to them when they found out about the abuse and cut off further contact. Two mothers had found relatives or friends would no longer allow their children to play with the abused child and/or siblings.

Where they were not rejected themselves, some mothers found others' rejection of the abuser himself supportive, feeling their own anger was validated by threats to go and beat him up, for instance. Others however felt this involved a further loss of control for them and did not want their anger expressed in this way. In addition, for one mother who stayed with her husband (the abuser), such a response, involving harassment by neighbours, windows broken and so on, increased her isolation and dependence on her husband.

Clearly, informal networks are by no means a reliable source of help to mothers. The negative reactions that mothers encountered from members of the immediate and extended family, from friends, neighbours and acquaintances often added considerably to their distress. Since these increase the costs to mothers of believing and supporting their children, it would be surprising if they were not sometimes passed on in feelings of resentment against the child.

While some similar responses were encountered from
relatives, friends and neighbours (and from
professionals), there were also different expectations and
limitations attached to different groups and these
therefore merit some separate discussion.

Kin

Members of the mother's own family of origin were looked
to and valued particularly for partisan support, a sense
of permanence/continuity, care/love for the mother herself
and a shared interest in the children. Although not
always the first contact chronologically the availability
and responses of such kin clearly carried primary
significance in all the mothers' experiences of help.

Partisan support, 'someone on my side', was
particularly important in the context of the conflict
being experienced within the immediate family, the fears
women had of being alone and the choices they were facing.
Its presence meant both loyalty to the mother (an ally in
what had sometimes become a battlefield) and sharing and
validating their choice. For EJ, it was particularly
important that 'I'd got my family in the background who I
knew were on my side' and she had appreciated her sister
saying firmly to her ex-husband when she saw him after
they had separated, 'I'm sorry but she's my sister and I
won't interfere' and refusing to discuss it further. To
several women, relatives who also rejected the abuser were
appreciated similarly for indicating clearly whose side
they were on. Relatives who simply withdrew or attempted

to sit on the fence left mothers feeling insecure at not knowing whose side they were on. As PE said,

> 'I don't know how my other sister feels, cos she's never said, she's never commented to me, she's never said who was right, never said who was wrong - she's just sort of kept well out of it'.

The hoped-for family loyalty was not always forthcoming however, since divided loyalties spread far and wide through extended family networks. The problem of divided loyalties is commonly seen as one experienced by mothers, torn between the abuser and child (Burgess et al, 1978c). It is also experienced by the child's siblings, and a far wider network of kin from both the mother's and abuser's families of origin. This may be expressed in disbelief, attempts to prevent the mother reporting, or in withdrawal of all support. DK's cohabitee (whose relatives had abused their child) disbelieved her, accused her of trying to ruin his family and became violent to her in response. HS's sisters attempted to prevent her pressing charges against their father, on the grounds of loyalty (despite her plea 'what about loyalty to me?') and furthermore warned their father before the police could approach him. CL's family of origin withdrew all support from her when she stayed with her husband. These responses had implications for the abused child and siblings, who sometimes lost contact with siblings, aunts, uncles and grandparents, and for mothers who both lost valued relationships and attempted to protect the children from their losses.

A sense of permanence/continuity and of belonging

somewhere was also much valued by those mothers whose kin supported them at a time when everything seemed to be changing. This was expressed in comments about family such as 'they're always there...', 'if I need them, I'll always have them...', 'you've always got your family...', even where the type of support was not always what they wanted. The loss of this for women whose kin rejected them, was difficult to counter even if more immediate support was found elsewhere. HS who had felt rejected by her family from childhood but had maintained contact up until their refusal to support her over her child's abuse, was no longer prepared to accept their terms for contact (silence about the abuse) but was left with a sense of not belonging anywhere and continued distress at their estrangement, 'deep down they're still my blood and they're still my sisters that I've known all my life'.

Love and care for the mother herself was equally valued and meant that longer term support could be expected from relatives than friends. However this degree of involvement sometimes had negative aspects, meaning for example that the mother had to deal with the relative's anger as well as her own, with attempts to take over, or with worries about the effects of her own needs on the supporting relative. The overall reassurance provided by the feeling that 'they'll always be there' does not mean that unlimited support could be expected or asked for. Finch (1989) has noted that in all areas support between kin is by no means automatic and that procedures for asking for, offering and accepting it are in practice

quite tricky to handle and subject to ongoing negotiation. While kin support can be seen as reliable in the sense of providing a safety net (to fall back on in the last resort), it is rarely appropriate as a first resort since it has to be handled carefully within the context of ongoing relationships and in order that each party retains a proper independence from the other. It should not be assumed therefore that even where supportive kin relationships exist, they will automatically provide for mothers' extra needs for support when a child has been sexually abused.

A further limitation to support from parents for some mothers was that either because of their stage in the life cycle or because that had always been the pattern in their family they regarded themselves as givers of help to their parents rather than receivers. Where the former reason was the case, one mother was able to take her mind off her own problems by taking care of those of her parents. However in the latter case it meant that ongoing contact with parents could not be seen as supportive but was rather a further source of demands. This pattern of parent-child relations is as much a part of the traditional patriarchal family as is the subordination of women to men (Gordon, 1989). The effect on children of being expected to meet their parents' needs have been noted, as have the effects on abused children's later ability as mothers to meet their own children's needs(1). This pattern also affects the availability of help to mothers from their parents, an important source of

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support.

Kin also have their own ongoing relationship with the abused child and other children. One mother therefore felt able, after she had left her husband, to talk through problems and decisions relating to the children with her mother. Given that she had rarely been allowed to make decisions on her own by her husband and her confidence had been severely undermined, sharing this aspect of parenting was important. However the interests of kin in the child also have their negative side. One mother whose child was taken into care lost the remaining contact she had had with her mother which had been maintained primarily because of the child.

Friends and neighbours

Friends were looked to for some of the same types of help as relatives. They were a source of loyalty to themselves for some mothers, sharing their response to the problem and making them feel less alone, and sometimes of further betrayal where they withdrew or seemed to take sides with the abuser. They were also valued for caring about the mother herself, and allowing her to talk through her feelings, including providing a 'safety valve', as one mother expressed it, for their anger. Except for one mother, however, whose close friend also had severe family problems and could therefore reciprocate, there were limits to the extent to which friends could be imposed on in this way. Some women were afraid of being seen as 'going on' too much about their own problems and of

consequently losing friends if, as one put it, people started to think 'oh here we go again' every time they saw her. This reflects both assumptions about the degree of obligation and permanance attached to friendship, and the value placed on cheerful stoicism. The sense that dwelling on one's problems is morbid is also common in relation to health problems (Cornwell, 1984).

Friends were appreciated too for humour and diversion and a greater degree of detachment than kin. They provided practical help (as too did kin sometimes), including a safe place to stay temporarily for the mother and/or child and help with childcare in the aftermath. Friends were also valued for shared beliefs, especially in relation to marriage and children. KV, for instance, whose social worker was encouraging her to go out and start a new relationship very shortly after her separation, found this unhelpful since it failed to appreciate the seriousness of divorce according to her religious beliefs. Friends who shared those beliefs provided some relief from pressure to remarry. PE, whose social worker took the opposite line, suggesting that she should have no men in the house for two years, similarly sought and received backing from friends for her feeling that she needed her own life (including a relationship) alongside protecting her daughter. One consequence of telling friends was that they often responded with stories of their own abuse as children. For most mothers this was helpful as it reduced their isolation and in some cases allayed fears about long-term consequences if the friend

herself seemed 'normal'. The other side of that coin of course was that fears about consequences could also be increased by such revelations.

Those mothers who had close female friends valued them particularly for the feeling of 'not being alone'. Those who did not have close female friends but described themselves as getting on better with men than women, talking of women more negatively than men and/or as competition for men, tended to be more dependent on further relationships with men for any sense of companionship. Several women, including those who did have female friends, saw male friends and/or new lovers as providing some form of protection against the abuser if they had excluded him and feared further harassment. Two mothers however had withdrawn from or felt inhibited with male friends, one because the child became extremely distressed with a man in the house, and the other because she found the child's sexualised behaviour with men embarassing.

Loss of trust, anxieties about confidentiality and privacy, and fear of others' reactions limited the extent to which most mothers involved friends at all. Furthermore, not all the mothers had friends they could turn to (as not all had kin). Three had been deliberately isolated from friends by their husbands. Three had seen their paid employment as their main source of social support and for all, this had become problematic in the aftermath of the abuse. For two it was a source of guilt, one blaming herself for being out at work while the abuse

took place, and the other giving up work in response to
intervention, attempting to prevent her child being taken
into care by being available 24 hours a day. The third
had also given up paid work in order to care for her
daughter's baby.

Neighbours, unless redefined as friends(2), were
primarily a source of fear, since they could not be
trusted to keep the knowledge of the abuse confidential.
Most mothers therefore tried hard to avoid neighbours
finding out for fear of triggering off further negative
reactions to themselves and/or the children. One mother
who had initially told everyone in her anger and desire to
'get a nametag on him', felt it was 'the worst thing I've
ever done'.

Voluntary organisations

Further informal sources of support included voluntary
organisations of various kinds. Religious groups were the
most commonly used, followed by telephone counselling
lines. The latter were valued above all for 24 hour
availability. They were appreciated also for listening to
what the mother herself was saying and feeling, including
her difficulties with the child. Ong (1985a) has
described the disjunction between mothers' views of
physically abused children and the professional ideology
of 'wonderful children', and appreciation of the
difficultness of the child for them was rarely mentioned
in the mothers' accounts of contact with professionals.
Contact with professionals had tended to focus exclusively

on the child's needs and advice on how to meet them, and while individual workers vary in the degree and quality of support they give to mothers, their statutory role in assessment of the mother's capacity to protect the child was an additional factor inhibiting some mothers from raising their own worries and fears.

There is no necessary correlation of course between ideologies or beliefs and voluntary organisations or professional groups. Some professionals had shown appreciation of the mother's difficulties. Moreover, one voluntary organisation (Childline) appeared to have adopted a more extreme version of the 'wonderful child' model, extended to 'children' well into adulthood, than would many professionals. LH had written describing her distress and anger at the continuing relationship between her 26-year-old daughter and her husband and her suspicion that her second daughter aged 23 was also involved, wanting them to help her stop it. The reply she received ignored altogether her account of the relationship between M and her father, which M herself (for whatever reason) defended and for which her mother hated her, suggesting only that she reassure the younger daughter that she still loved her and would always be there if she needed her. This gave no validity to her own feelings of rage and betrayal at her children aswell as her husband, and furthermore accorded her a power she did not feel she had over her now adult children:

> 'Let her know that I still love her and I'm there if
> she needs me. I thought it was a big load of bull.
> How can I let her know that I love her if she won't

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come and see me?'

Voluntary organisations run by other mothers of sexually abused children are now recognised to have an important contribution to make to intervention in child sexual abuse since contact can give hope quickly that others have survived similar crises (Craig et al, 1989). None of the mothers in this study had received such help but two had relied heavily on a voluntary organisation run by incest survivors and indicated another benefit to such groups. Both had, while in contact with this group, considered becoming counsellors for it in the future, although neither had actually done so at the time of the interview. As well as breaking down the division between helper and helped which is firmly maintained by many professionals, the sense of future participation gave them a sense that their experience could be put to use to help someone else which in itself offered some positive meaning:

> 'I can't leave it, it's been too tragic ... why just
> let it waste ... if there's something I can do, I'll
> do it'. (AN)

* * * * *

The contacts mothers made in informal networks were important both in influencing further help-seeking behaviour and as alternative sources of support from professionals in the aftermath of abuse. In many areas of policy, there is increasing emphasis on the 'informal sector' replacing statutory provision (DoH, 1989b).

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Although this is less explicit where child abuse is concerned because of the statutory concern with child protection, there is nevertheless a trend towards identifying the high-risk on whom intervention will focus and providing little if any support for the rest (Parton & Small, 1989). In this context, those mothers who exclude abusive partners from further contact with the child are likely to receive no further statutory involvement (Woodcraft, 1988; Campbell, 1988; Parton & Parton, 1988/9). The experiences of mothers in this study however suggest that while support from informal networks was valuable to those who received it, it is by no means a reliable resource for mothers.

Voluntary organisations, both telephone counselling lines and self-help groups, do fill an important gap. With counselling lines, the anonymity of phone contact and the absence of an assessment role enabled mothers to talk more freely about their worries, and their availability provided a lifeline for mothers with no other support. Self-help groups gave mothers the knowledge that they were not alone in their experience, and the opportunity to reciprocate help. Neither should be seen as a substitute for statutory provision and professional help however. Unless outreach work is included, they only provide a service for those mothers who approach them and thus are limited by all the factors inhibiting mothers from seeking help already discussed, aswell as the cost of telephone calls and the inconvenience of attending groups. Even those who had used telephone lines extensively felt there

was a limit to the length of time they could legitimately

do so before worries about the needs of others being

greater intervened. Statutory services therefore play a

vital role in provision for mothers as well as children

and the next chapter considers the mothers' experiences of

such formal sources of help.

Notes

1. See, for example, Courtois & Sprei (1988) for
discussion of 'parentification' on sexually abused
children.

2. See Willmott (1986) for the difficulties of
differentiating between the role of friend and neighbour,
and the importance of recognising as 'local friends' those
who are sometimes categorised as neighbours. In the
present study, the women's own definitions were followed.

This chapter examines the mothers' accounts of contact
with the child protection and criminal justice systems.
While the majority of mothers sought help from informal
networks first, and the responses they met with have been
described in the last chapter, statutory agencies also
became involved in all cases but one. Not all of this
'help' or intervention was actively sought by mothers.
The child herself or others who found out about the abuse
also reported to agencies, and where the mother herself
made the first contact, she often had little control over
who became involved after this. Whether they sought
intervention themselves or had it imposed upon them,
mothers approached agencies with specific goals in mind,
although often with continuing ambivalence. They did not
necessarily abandon either their goals or their
ambivalence once the 'referral' was made but continued to
negotiate with social workers over both aims and
responsibilities. The social control role of statutory
agencies however both added to their aims (the hope of
control being exercised against the abuser) and fears (the
expectation and experience of control exercised against
them).

Two themes stood out in mothers' accounts of statutory
intervention. First, that 'no one listens to mothers' was
a recurring complaint. Secondly, they often expressed

anger and disillusionment at the failures of agencies to
provide help or to exercise authority at the appropriate
time or with the appropriate person. While they wanted
statutory help (and often legal action), they often
contested the degree of responsibility expected of them
and resented the stigma and loss of control intervention
could involve, usually in the absence of any effective
control exercised against the abuser. These issues entail
consideration of the social control role in relation to
child protection and the significance of attention to
mothers' needs within this.

Once agencies with statutory duties for child
protection are involved, their purpose is to secure the
safety of the child and the degree to which meeting the
mother's needs is seen as a route towards this is
contested. The changing context of child protection work
was discussed in chapter 1. All the mothers in this study
experienced intervention prior to the Cleveland crisis.
At that time, social work with child abuse was strongly
influenced by a series of inquiries all of which
criticised social workers for focussing too much on
parents at the expense of attention to the child's needs.
Since the Cleveland inquiry, there has been greater
emphasis on working with parents for the sake of the child
(Secretary of State for Social Services, 1988; DHSS,
1988). The Children's Act 1989, to be implemented in
1991, incorporates a new emphasis on partnership between
professionals and parents. Many social work
practitioners now emphasise the need to build alliances

with mothers of sexually abused children to enable them to support their children (Craig et al, 1989; O'Hagan, 1989) rather than receiving the children into care, and considerably more attention is being paid to mothers' needs (DoH, 1989a; Baghramian & Kershaw, 1989; Parton C, 1990; Wright & Portnoy, 1990; Brodie & Weighell, 1990). Such alliances between welfare professionals and mothers are not of course new (cf Donzelot, 1979). These changes suggest that a similar study undertaken now might well report more positive experiences of social work intervention.

It is unlikely however that all the problems have been overcome. There are various positions regarding the trade-off between child protection and family autonomy, and the dilemma of balancing the primacy of the child's interests with the need for work with parents for the sake of the child is a complex and ongoing one for social work (Stevenson, 1989b). It is not yet clear how the changes introduced in the Children's Act 1989 will be interpreted, either in more detailed government regulations or by the courts. The idea of partnership however relates to children in need, rather than children in general, and is accompanied by a new, and perhaps higher, threshold for compulsory state intervention in family life. In the context of scarce resources, such a partnership with parents may represent increased expectations and surveillance of mothers as primary carers, as much as increased support.

Where the use of authority is concerned, the different

positions of abusing and non-abusing parents are frequently not considered. Hence, for example, Dale (1989) stresses the use of 'therapeutic control' with 'sexually abusive families'. Government policy too recognises the dilemmas of care and control only in relation to the family as a unit (DoH, 1988). However, the power relations within families mean that children and women often want controls exercised to counter the abuses of the more powerful members (Gordon, 1986; Frost, 1990). Social work intervention involves two-way negotiations between clients and social workers, albeit that agencies have the greater power in such interactions (Gordon, 1989).

Professional ideologies also differ over what form work with mothers should take. The dominant ideology in relation to child abuse emphasises 'child-centredness' as central to policy and practice (cf Wattam et al, 1989). Child-centredness is a concept with inherently positive connotations, but one which, like community, is open to various interpretations. The effectiveness of 'child-centred policies' which involve mothers only in terms of instructing them on how best to meet their children's needs has been questioned. A feminist perspective indicates that attention to women's own needs can benefit children as well as mothers (Lane, 1986). A social work approach to child abuse focussing on women's inadequacies as mothers may reinforce the entrapment of women with abusive men and therefore exacerbate the problems of child abuse, whereas expanding women's options for autonomy

outside the family could enable them to leave, thereby
benefitting both themselves and their children (Stark &
Flitcraft, 1988).

In the aftermath of sexual abuse, attention to
mothers' needs can benefit children in further ways. Most
children want to tell their mothers (Glaser & Frosh,
1988). Several of the children in the present study had
said little or nothing about what had happened at the time
of the investigation. Some had said more later to their
mothers when the pressure was less. Some had not but
might well do so at later points in life. Their ability
to do so in their own time depends partly on the mother
coming to terms with her own feelings since children are
commonly inhibited from talking by fear of their mothers'
distress. One child for instance had refused to give a
statement until he was promised that it would never be
shown to his mother, attempting to protect her. He had
later told her that he thought she had been more upset by
it all than he was, yet the focus of therapeutic help had
been to relieve his guilt by increasing hers ('getting it
back onto (her) shoulders' as she put it).

If mothers are caused further distress by the
intervention process then children will be further
silenced as well in their attempts to protect them. If
their distress is eased, then children are likely to
benefit as well. The guilt children feel derives not only
from the abuse itself but the consequences for their
families - the greater the costs involved for mothers in
protecting them, the greater the guilt they are likely to

suffer. This has implications not only for social work
intervention but for the social and economic position of
single mothers. One mother reported her child expressing
guilt when she could not afford things they needed because
her income had fallen without her husband.

Attention to mothers' needs is not an alternative to
direct work with children. Professional involvement
requires attention to the child both as an individual and
as a dependent person in her social context, although the
two are clearly interrelated (Glaser & Frosh, 1988).
However, the possibility of direct work with children
depends a great deal on mothers both facilitating
professional access to the child and encouraging the child
to accept the available help. The isolation and
resentment engendered by the feeling that 'no one listens
to mothers' may affect the mother-child relationship
and/or the mother-worker relationship which itself may
affect the worker's access to the child. On the other
hand, some of the mothers interviewed wanted more
independent professional help for their children, but even
where it was available were unsure how far to push when
the children were ambivalent about taking it up, and
uncertain about what their children's needs were in the
aftermath (to forget or to talk, for special treatment or
normal life).

The accounts discussed in the rest of this chapter
came from mothers who contacted agencies in different
boroughs and different periods in time. They cannot
therefore be used to evaluate specific agencies' policies.

Where possible, tentative connections with different policy approaches are drawn. There were two main issues on which policies differed. First, the degree to which cooperation with and support for non-abusing parents was an explicit aim of policy, as the best route towards protecting the child, varied. Secondly, the relationship established between police and social work agencies for child sexual abuse work also varied. One borough had a blanket policy of joint investigation, an approach which is spreading throughout the country (Creighton, 1990). Another had a more flexible approach with a clear priority placed on child protection, involving the police only where this was considered to further that aim. The relationship between policy (as outlined in departmental guidelines) and practice (the personal interaction between worker and client) is anyway not a direct one. Changes in policy often take time to filter through to individual workers, and their translation into practice depends both on training and the different personal perspectives brought into practice in piecemeal fashion by individual social workers. Practice is also developed through the consideration of individual cases, and varies considerably within one borough and even within one team. Much of what the mothers had to say is relevant to good practice generally as much as specific policies.

THE CHILD PROTECTION SYSTEM

Since 1974, there has been a strong emphasis in the policy
response to child abuse on inter-agency cooperation in the
management of cases, involving the coordination of local
authority social workers, NSPCC, doctors (in hospitals
and general practice), health visitors and police. Other
agencies including schools and day nurseries are often
involved in particular cases. This emphasis continues in
inquiry reports and government guidelines (to the extent
that, as one commentator has put it (Frost, 1990), one
could be forgiven for reading DoH reports and circulars as
arguing that lack of coordination causes child abuse).
Since local authorities have the primary responsibility
for the care and protection of children at risk of abuse
(DHSS, 1988), mothers had the most contact with them, and
this section therefore primarily concerns contact with
local authority social workers. This is not to say that
their contact with other professionals, solicitors,
doctors and teachers in particular were unimportant to
them however.

Overall, mothers described some similar negative
responses from professionals as those discussed in the
last chapter, including both blame and disbelief. Clearly
professionals have their own needs to distance from
deviance, but such responses could be particularly
devastating, given the perception of professionals as
powerful arbiters of good motherhood (Ong, 1985a). Some
of the aspects of intervention mothers described
positively were also similar to aspects of informal help,

but for the same reason could have greater significance.
In particular mothers appreciated feeling someone was on
their side and shared an interest in the children.
Although most of the mothers had no sense of entitlement
to help for themselves, the value accorded it when
received was reflected in their accounts of contacts with
others, both negative and positive. Any indication that
others had recognised their own suffering and the attempts
they had made to meet their children's needs were
remembered gratefully. Several mothers referred to
someone saying 'I don't know how you haven't cracked up'
or something similar, with some pride in the recognition
of their strengths it represented.

The DoH guidelines (DHSS, 1988) identify three stages
of work in cases of child abuse: recognition and
investigation, assessment and planning, implementation and
review, although it is noted that there is overlap between
them. Books on social work practice describe varying
frameworks, depending partly on how far the sexual abuse
of children is seen to require a significantly different
approach from that previously established for child abuse
cases. One which lays particular emphasis on the secrecy
surrounding sexual abuse and hence the problems of
collecting evidence describes suspicion and disclosure,
validation and decision-making and therapeutic
intervention (Glaser & Frosh, 1988). Another, more
dismissive of the new issues child sexual abuse raises,
stands by a pre-established framework described as
referral, investigation, intervention and case-conference

phases (O'Hagan, 1989). The case conference however is not a phase but a mechanism geared primarily to facilitating inter-agency cooperation at any stage of intervention.

The discussion below is organised according to the way mothers experienced and described intervention, which was considerably less ordered and clearcut than any of these models suggest. For them there were three main phases: the negotiation of discovery of the abuse between them and agencies, how the problem was then investigated and assessed, and what was done about it. These do not fit exactly with the phases of child protection work from a worker's perspective. Referrals may come from mothers and hence the negotiation of discovery may be involved then. Alternatively if suspicion or a referral arises from elsewhere, a decision has to be taken about at what stage during investigation to involve mothers (Peace & McMaster, 1989). Assessment, experienced as 'being investigated' may be part of the initial investigation phase, and clearly should be (DoH, 1988), but is also an ongoing process, linked with planning for protection and treatment needs.

Handling discovery: mothers and agencies

First contacts between mothers and agencies - once one or the other party suspects or has evidence of abuse - involve a two-way process of negotiating discovery. Like mothers, agencies go through a process of discovery where sexual abuse is suspected or 'disclosed' and then

validated through further investigation. The interaction between this and the mother's discovery took various forms for mothers in this study, but their experience of agency response depended largely on how far it accommodated and fitted with their own process of discovery and response.

AN, who went through a joint process of discovery with her social worker, found professional confirmation that abuse had taken place supportive, a sharing of the responsibility for interpreting the child's behaviour which had previously been incomprehensible to her, and therefore a relief. However, the abuser had already left the household and she was therefore able to take nine months coming to terms with the discovery and the professionals similarly took months and then years considering their assessment, without decisions to be made about her own relationship with the abuser at the same time.

KV, who sought help to validate her suspicions, also found the SSD response helpful, in saying 'yes, you've got cause for concern'. She contacted them anonymously first, however, in order to retain some control. Later, when she felt unable to protect the child alone any more, but had still not confronted her husband about her suspicions, let alone decided what she wanted to do, she reported officially. This time she was distressed by the expectation that she make decisions relating to prosecution (giving permission for her children to give statements) within a few days, at the same time as she was still attempting to resolve the conflicting accounts from

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her daughter and husband. While she had moved out of the
house temporarily her husband was phoning her regularly to
deny the abuse,

> 'and in my mind that's what I wanted to believe. I
> didn't know what to believe in the end, I was so
> screwed up inside I didn't know what to do'.

In the midst of this confusion she felt unable to respond
to the police request but felt that had they come back to
her later she would have given her consent. No one did so
however, and she felt punished for that period of
uncertainty, and that as a consequence 'I had to go
through it the difficult way', i.e. via child protection
procedures and the courts, with no backing from a criminal
prosecution.

Clashes of timing between the mother's and the
agency's response may contribute both to the breakdown of
cooperation between the mother and agencies and ultimately
to less effective protection of children. In this case,
the abuser was still living in the area, with another
woman and her children, and no action had been taken to
prevent or deter him from further abuse. It may well be
the fact that referrals in some authorities tap into a
uniform set of procedures that contributes to mothers
withdrawing from or resisting further contact with
agencies as much as a theoretical approach to abuse that
pathologises mothers (cf Dominelli, 1986).

Mothers who continued to discover more about the abuse
through the investigation process also found this
distressing and sometimes felt that the implications for
them of the investigation were unappreciated. Reading

statements, watching videoed interviews and sitting in on interviews could all involve absorbing new and painful information, although in retrospect it could seem helpful to know what had actually happened.

PE's attempt to get the SSD to find out about the abuse, described in the last chapter, was unsuccessful. While they had clearly been suspicious, their response had been confined to recommendations of self-control to her partner, and monitoring of her and the child. Her account gives a clear illustration of the help mothers sometimes wanted from agencies to control their violent partners and the inadequacy of a response that focusses only on mothering in child protection work:

> 'And all the time they're going round this, 'has he done it', and obviously R wouldn't tell them, I couldn't say anything because I didn't want to betray her, and I thought for god's sake, you know, just do something, take her and examine her, do something. And they just didn't ... The SS never used to come round here, that is what I wanted basically, I wanted them to be snooping about in here so that he didn't know when they was going to turn up, and they never, they just, never see them for fortnights, weeks, then it was only me and R that had to go round and see them. To me that wasn't good enough, that wasn't what I wanted, I wanted them to keep coming in here, to frighten the life out of him ...'

Two mothers found out about the abuse only after professionals knew, having had no suspicions themselves. One was told directly and the other was refused information and treated with suspicion. Neither had felt their own feelings about the discovery were considered. The approaches made by workers to mothers, when they suspect child sexual abuse, involve balancing the possible advantages of establishing an alliance by sharing

information at an early stage against fears that the mother will silence the child by her own reaction and/or attempt to protect the abuser (Glaser & Frosh, 1988; Peace & McMaster, 1989). Such fears are undoubtedly justified - examples can be cited of the mother's horror at suspicions of sexual abuse being expressed in anger against the child (cf Peace & McMaster, 1989), and if a child is present at the telling she may be silenced by awareness of her mother's distress. However, if such reactions are expected as normal responses to loss, and time, privacy and support allowed to work them through before the mother again sees the child, their impact may be lessened.

While there are many factors to take into account in how and at what stage approaches are made, the way in which mothers experience them should be an important one as it may well determine the possibility of further access to the child as well as the support the mother is able to provide for her. The two mothers in this position responded very much on the basis of their previous knowledge and experience, yet both had been faced immediately with instructions and told that they had no say in what happened. FP had known of a previous incident of abuse, and the discovery that the abuse had recurred was the 'last straw' in her marriage. Hence the investigation and prosecution of her husband which followed was in accordance with what she wanted, no further contact with him, and she established a friendly and cooperative relationship with the social worker.

CL however had not had any previous knowledge or

suspicion, and finding out that her husband had already been arrested, before she had been involved, was a profound shock. The effects of her exclusion from the intervention process in which everyone had seemed to know before she did, which exacerbated her sense of loss and inhibited her from resolving her own discovery, have been described in chapter 4. This practice may be less likely today. The Cleveland inquiry report noted that the practice of deferring contact with parents who might be regarded as potential abusers until initial inquiries had been made by the police contributed to parents' feelings of isolation and lack of information. A more careful evaluation of the child's needs within the family context was recommended, involving parents rather than alienating them (Secretary of State for Social Services, 1988). However, it is also important that the different issues for non-abusing parents and the complexity of mothers' discovery process and responses within the family are recognised if cooperation is to be established.

Being investigated

Being investigated for mothers involves both the initial investigation to establish whether sexual abuse has occurred and the ongoing process of assessment of the family as a whole to consider whether the child should be removed or not. Local authorities vary as to whether inter-agency cooperation involves a formal policy of joint investigation between police and social workers or a more informal policy for collaboration which is open to

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different interpretations in different cases (Peace & McMaster, 1989). There is however a trend towards the formalisation of joint investigation, whose advantages are seen to be twofold: avoiding repetition for the child and ensuring therapeutic input from the start. Investigation commonly involves interviews (one or more, which may or may not be videoed or tape-recorded), a medical examination where appropriate, and assessment.

Three of the mothers in this study had told professionals, not realising that they would then tell the police. One had told the police without expecting social workers to be involved. For all of them the involvement of others against their will or without their knowledge added to their loss of control and anxieties. One mother thought she was going to be prosecuted herself when the police became involved. Another felt that her whole family were being seen as criminals and reacted with guilt at aspects of their life that had formerly seemed normal, tearing down pictures of scantily-dressed women from her eldest son's bedroom wall, for instance. Another thought that the involvement of social workers meant her children were going to be taken into care (although the abuser had already left home). Most of the mothers had not felt consulted or informed about what was happening. Since the Cleveland inquiry, authorities now tend towards a slower planned response, but it is still common that referrals to either SSDs or police are passed on immediately to the other. As Glaser & Frosh (1988) argue, listening to mothers' fears at this point and explaining the purpose of

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procedures is a prerequisite for gaining their
cooperation.

Some of the complaints mothers made - for example, of
unnecessary medical examinations - were highlighted by the
Cleveland inquiry and recent guidelines now stress that
medical examinations may be necessary only if the abuse
has occurred within the last 48 hours and that children
should not be subjected to repeated medical examinations
but referred initially to a doctor with appropriate
special expertise (DHSS, 1988). One further issue was the
confusion that arose for two mothers from the weight
attached to medical evidence as 'proof'. Both had
reported incidents of suspected abuse but medical
examinations had found no proof and no action had been
taken. No other help had apparently been offered to
confirm their suspicions and they were left with recurring
doubts about what had happened. Many forms of abuse, such
as oral-genital contact or masturbating over a child's
body, leave no forensic evidence, and it is increasingly
recognised by professionals that the medical examination
can comprise only a small part of the investigation
process. However, given the power accorded by lay people
to doctors as possessors of objective, scientific truth
(Cornwell, 1984), this needs careful explaining to
mothers.

Another source of concern was the limited scope of the
'investigative interview' with children. Video interviews
had been done with two of the children and four had been
interviewed unrecorded and given their statements to the

police. Two others had also been assessed in unrecorded interviews with psychiatrists, one as part of ongoing therapeutic work. The two video-ed interviews based the verbal evidence of the child on a single interview in which the children had each said very little, presumably made anxious by the significance attached to this occasion and possibly also by the presence of male interviewers. In order to avoid investigative work replicating the abusive situation (with the pressure it involves on children associated with sexual matters), Frosh (1988) has argued for the exclusion of men from such work unless they are known and trusted by the child, or the child is known to have a strong positive non-sexual relationship with a man, or known to trust and like men more than women. One of the children in this study had refused to talk with a man in the room but had given her statement to the policewoman when he went out. There are improvements constantly being made in the sensitive interviewing of children. However, children also tell more when they feel safe, e.g. after the abuser has left the home, and in their own time, and one mother was angry that when she told the SSD of more things the child said months after the interview, she was told nothing could be done with the evidence, since it was too late.

Assessment of parents is generally seen as a crucial part of social work investigation in child abuse work. In practice however, many assessments are not very elaborate or painstakingly constructed (Corby, 1987) and they are sometimes omitted altogether (Secretary of State for

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Social Services, 1988; DoH, 1988). New guidelines on assessment for social workers have been issued in an attempt to redress this gap, although these do not differentiate between abusing and non-abusing parents (DoH, 1988). They suggest for example that showing remorse and taking responsibility for the abuse are positive indicators. For mothers of sexually abused children, allocating responsibility clearly to the abuser is likely to be a more positive sign.

Mothers in the present study seemed to have experienced very different approaches to assessment. One had been required to give a full history of her marriage and family relationships at the first interview, before the police investigation took place. Another had apparently not been assessed at all before the child was taken into care on a Place of Safety Order.

One mother (CL) had experienced assessment as both traumatic and unjust. This was not an assessment in the early stages of the case but after a period of some months in which the abuser and child had been kept apart but the mother had maintained relationships with both of them. They had been asked to attend as a family for a meeting with a hospital psychiatrist. In this meeting he had asked her to explain to her daughter what her husband had done. CL had never confirmed the abuse herself but still felt confused about what had happened. She had asked her husband repeatedly and he had denied it and asked the child once who also denied it. She was thus in the position of trying to explain to her daughter something

she did not know about herself, in the presence of her husband who was the one adult who did know. She was also embarrassed at having to talk of sexual matters, about which she was shy, with a male doctor, her husband and her son. In retrospect, CL also felt that it was unfair that the subsequent court decision, that the child should be taken permanently into care, was apparently based on observation of one meeting and that she had not realised the full significance of the meeting before it.

Two related issues that emerged from accounts of assessment were the need to interview mothers alone and to state clearly the sole accountability of the perpetrator for the abuse. For the former, it was not enough simply to offer the opportunity of a private discussion. CL above said she would not have wanted to speak to the doctor alone for fear of being blamed, a fear based on experience. She had felt unable to ask to see other professionals alone for the same reason, but felt they had misunderstood this, interpreting it as choosing her husband over her child. AN had been offered the opportunity to speak alone to the psychiatrist assessing the case before a court hearing to consider her daughter's possible return home, but felt unable to take up the offer knowing that her new cohabitee would object. Later she had appreciated another psychiatrist insisting that he speak to her alone, despite her partner's objections. This is another example of the authority women sometimes wanted professionals to exert on their behalf to counter the dominance of their partners.

Social work action: a) being case conferenced

The case conference provides a forum for all professionals involved with a child and family, from different agencies, to pool information and discuss its implications. There are increasing moves to promote parental attendance at case conferences, although this is still a contentious issue amongst professionals. The Cleveland inquiry report recommended that parents should be informed of case conferences and invited to attend for all or part of the conference

> 'unless, in the view of the Chairman of the conference, their presence will preclude a full and proper consideration of the child's interests' (Secretary of State for Social Services, 1988, p246).

This formula, repeated in the latest DoH guidelines (DHSS, 1988), clearly leaves considerable scope for discretion. It is a significant change, however, from the draft guidelines which stated that it was not appropriate for parents to attend case conferences

> 'which are professional meetings focussed on the details of interagency cooperation to protect the child and plan for the future' (DHSS, 1986, p19).

Professionals who oppose parents attending case conferences argue that they are consultation meetings of professional workers, not decision-making bodies, that professionals might be inhibited from sharing important information about families if parents were present and therefore make less effective recommendations and that parents might incriminate themselves and/or find conferences threatening (Corby, 1987). An experimental scheme involving parents in review conferences in

Greenwich however found that parents were sometimes able
to provide information not known to professionals at the
conference and that their presence meant professionals
were less likely to introduce irrelevant personal details
and unsubstantiated judgements (Greenwich Directorate of
Social Services, 1986). Where good practice and honest
relationships already existed, they were strengthened by
parental participation. Civil liberties or parents'
rights (Corby, 1987) are not the only arguments for
parental participation since it may also be in the child's
interests if better social worker-parent relationships are
thereby established.

Two main issues emerged from the accounts of mothers
in the present study: first, that developing participatory
working relationships clearly demands more than simply
attendance at a conference, and secondly that mothers'
participation may be limited if their views are not heard
separately from the presence of an abusing partner. The
majority of the mothers in the present study had not been
invited to case conferences, but felt that they should
have been and would like to have gone, two adding that
even if they had not spoken they would like to have been
able to listen. The three mothers who had been invited,
were allowed to attend only the ends of conferences, to
hear the decisions made, and to give their opinions. For
none of them did this feel like participation. The Family
Rights Group has outlined a series of steps that can help
towards participation, pointing out that both parents and
professionals need preparation for this (Gieve, 1989).

The current DoH guidelines (DHSS, 1988) now state that parents' views should be sought before conferences.

The second issue raises the question of distinguishing between abusing and non-abusing parents, which neither the Cleveland inquiry report not the government guidelines do. Stevenson (1989b) has suggested that one of the differences that child sexual abuse may raise from other forms of abuse in this context is the difficulty a man may have in speaking openly about sexually abusive activities in front of a group of strangers, and his partner. Another is indicated by the inhibitions expressed by a mother in the present study at speaking openly in front of her partner, who was violent to her as well as her daughter. While it may be appropriate that participation includes both abusing and non-abusing parents, there is a strong case for ensuring that the views of non-abusing parents are heard separately, since in the presence of an intimidating array of professionals parents may be more likely to present a united front and disguise conflicts between them which may be highly significant for the future protection of the child.

Other complaints were similar to those presented to the Cleveland inquiry. Some mothers had not been informed of case conferences being held, nor informed quickly of their decisions. It is now recommended practice that parents be kept informed at all stages and have the outcome of case conferences confirmed in writing (DHSS, 1988). This is particularly crucial in sexual abuse cases where mothers are confused by the scale of

disruption occurring in their lives. Some expressed

uncertainty as to what they had been told in retrospect,

because 'so much was going on', and 'everything happened

so fast', it was difficult to remember.

Social work action: b) being registered

All areas covered by SSDs are required to keep a central

register the purpose of which is

> 'to provide a record of all children in the area who
> are currently the subject of an inter-agency
> protection plan and to ensure that the plans are
> formally reviewed at least every six months' (DHSS,
> 1988, p27).

It is expected to list children who have been abused or

who are considered to be at risk of abuse. The

information is intended to be concerned primarily with

future protection of the child rather than past abuse and

its name has therefore been changed from the 'child abuse

register' to the 'child protection register'.

There has been a considerable lack of clarity

surrounding the purpose of registers since their

introduction into central government recommendations in

1974 (Freeman, 1983). Corby's study (1987) found that

placing a child's name on the register served a variety of

functions for case conference participants: i) a tangible

expression of concern, satisfying people that something

had been done, ii) an attempt to rank cases in some order

of assessed seriousness (not always successful), iii) a

rationing function whereby it was sometimes argued that

registration would ensure continuing social work

involvement and access to scarce resources, e.g. day

nurseries, which might otherwise not be available, and iv)

a way of ensuring regular reviews of the case, and the

social worker's practice, where the chairperson had doubts

about the social worker's competence. Corby is critical

of the latter two reasons as ethically dubious, and

comments that they were fortunately rare. It could well

be argued however that these are the reasons which bear

most relation to clients' needs. The first two reasons

serve primarily bureaucratic needs and are thus likely to

foster an approach to registers which sees them as an end

in themselves, rather than as a working tool raising the

more crucial question of what is made available to the

families on them (Freeman, 1983). Whether the register

should have a role in giving families entitlement to

priority in the allocation of resources is clearly a

disputed question. Corby (1987) takes it for granted that

this should not be part of the register's function. Brown

(1986) in contrast assumes that it is. The DoH guidelines

(DHSS, 1988) do not address this question.

Parents' perceptions of the register vary depending in

part on the question of exactly what its function is. In

Brown's study (1986), of 20 parents who had some knowledge

of the register, 18 described only its surveillance

functions and only two had any notion that being placed on

the register indicated to agencies that the family should

have priority attention and help. Similarly, in the

present study, although most of the mothers perceived the

register as surveillance, and hence stigmatising, two

attached positive meanings to it. One of these felt it

gave her a sense of entitlement to help. The second felt

it gave her backing in excluding her husband from the

house:

> '... cos I feel, in myself I feel a bit better, cos if
> he going to ask me if he can see them, I can always
> tell him they be on the danger list, without feeling
> that I'm telling lies, you see ...' (AD)

A related issue is the common perception that the

register implies current risk or danger. Several mothers

therefore contested the professional construction of 'at

risk', where the child had no further contact with the

abuser:

> 'I said to them, well why does she have to go on a
> register when I've already told them that these people
> are not going to have any contact with my children
> again...' (DK)

This suggests the need for greater clarity to be

communicated to parents as to whether the register is

being used to record children who have been abused, or

those perceived as 'at risk', and where the latter is the

case, for clear information on how risk has been assessed.

Corby's study highlighted the need for social workers to

develop clearer criteria themselves for assessing risk,

noting that this received little attention in case

conferences (Corby & Mills, 1986).

Alternatively, the register was sometimes seen as

implying they themselves were at fault for the abuse. Two

parents in Brown's study (1986) complained of the stigma

and loss of confidence registration involved for them when

it was not them who had abused the child. Several mothers

in the present study felt similarly, and two experienced

the register decision as similar to a criminal conviction

against them, contributing to a sense of injustice at the intervention process and exacerbating feelings of guilt:

> 'They might aswell put me in Holloway for a year, I'll do my time there' (GR)

> 'I felt as if I had committed a crime, as if I had failed to protect my children... I kept thinking to myself well what else, what could I have done, I shouldn't have made him babysit for her, I shouldn't have trusted him you know, I shouldn't have trusted anybody with my children...' (DK)

Such comments further emphasise the need to consider the different implications for non-abusing parents and abusing parents of register decisions, where no risk of further contact with the abuser is involved. As noted above, where there is a risk of further contact, the register may be perceived positively. The mother who saw it in this way, as providing backing for her own attempts to protect the child, was in an area where the SSD had an explicit policy of support for non-abusing parents. Clearly, the meaning of procedures to clients is affected by the policy context within which social workers explain them.

Social work action: c) follow-up contact

This section discusses the women's experience of social work intervention in the aftermath of investigation and decision-making. The focus is on three particular aspects which are significantly different in cases of sexual abuse from other forms of child abuse. First, the attempts of social workers to combine their care and control functions have different implications for non-abusing parents from abusing parents, and mothers' experiences were further affected both by power relations within the family and the losses attached to secondary victimisation. Secondly, mothers commented on the timing of help. Again, sexual abuse with the secrecy that surrounds its occurrence, and its long-term implications for children and consequently for mothers, raises different issues from other forms of child abuse. Thirdly, mothers encountered conflicting perceptions of the problem. While all definitions of child abuse are socially constructed and contested (Dingwall, 1989), the construction of sexual abuse is one particularly rife with contested areas. All these issues are affected by the dual and contradictory aims of child protection work, both to preserve family autonomy on the one hand and to protect children on the other, the latter often best achieved by helping mothers to leave violent partners. Within this double bind, workers take varying positions, but the contradiction is reflected in the forms of social control, in the timing of intervention and in the solutions offered to mothers and children.

i) Care/control

Ongoing social work involves combining the functions of
support and monitoring (or care and control). In relation
to mothers of sexually abused children, the social work
task has been described as

> 'both to provide as much support and counselling to
> the mother as possible, and to monitor the success
> with which the mother keeps to her declared
> intentions' (Glaser & Frosh, 1988, p113),

where her declared intentions are to exclude the abuser
from further contact with the child.

Mothers' responses to the dual roles of social
workers, both monitoring and supporting, varied. Of the
ten mothers who had ongoing contact with social workers,
four felt mainly positive about them, emphasising their
support functions, four felt mainly negative, seeing them
primarily in terms of control functions and two expressed
mixed feelings. While this no doubt related partly to
different personalities and practices, it also related to
the circumstances of the case. All four who expressed
primarily negative feelings had also been faced with
choices by their social workers which they would not have
made themselves, whereas the four who found their social
workers supportive had either made their own decisions to
separate from the abuser quickly (on the last straw basis)
or no such decision had been necessary. For two of the
first group, the decisions concerned their continuing
relationship with the child's abuser (one her son, one her
husband). The other two had been threatened with losing
the child (or not regaining her from temporary care) on

the basis of relationships with other men.

Clearly in some circumstances instructions and/or choices are necessary. However, an over-reliance on instructions has particular dangers with women who are victimised themselves and/or faced with severe loss. Some mothers felt they had been treated as children and issued with apparently arbitrary rules. One mother, whose social worker objected to her new relationship and threatened to take the children into care if the man moved into the house with them, compared this professional control to her ex-partner's behaviour, 'I'd lived long enough under threats, I didn't need it ...' (PE). In contrast to the view sometimes expressed that battered women passively submit to their husbands (Truesdell et al, 1986; Waldby et al, 1989), they are often used to resisting their partner's control and fighting to maintain some of their own in a variety of ways (Kelly, 1988a). Where agencies simply take on the role of another authority setting rules for them, rather than attempting to help them gain control of their own lives, they may not only reinforce the women's 'entrapment' (Stark & Flitcraft, 1988), but become the focus themselves of similar types of resistance strategy. Two mothers, both with histories of resisting battering men themselves, described their relationships with the social workers in similar terms, focussing largely on proving themselves in order to 'beat the system' rather than on the child's welfare. For both, the absence of any other source of self-worth in their lives than their roles as mothers, made the threat social work

intervention posed to themselves of overriding concern.
This suggests that the empowerment model proposed by Stark
& Flitcraft (1988) focussing on expanding women's options
for autonomy outside the family would assist the
instruction role of social workers even if it were not to
replace it entirely.   It further suggests that an
approach to authority and control which fails to
disaggregate parents in cases of sexual abuse (cf Dale,
1989) is likely to be counterproductive.

As well as their experience of victimisation, their
stage in discovering and responding to the child's abuse
also affected their experience of instructions. PE
expressed anger with the response of social workers when
her husband was allowed out on bail and they threatened to
take the child into care for this reason. She felt that
they failed to take into account the fact that she had
found out about the abuse six months before they did after
two years of suspicion, had done her best to prevent it
recurring since then and had worked through her own
feelings to the extent of knowing what she wanted. It is
clearly vital if alliances are to be built between mothers
and social workers to listen carefully to what they are
saying about themselves, and that their own stage in
finding out about and coming to terms with the abuse,
their attempts to prevent recurrence and to seek help are
considered.

Another mother illustrated the effects of instructions
on the process of coming to terms with loss. CL who had
been required to keep her husband and daughter apart when

she had not made a choice to separate herself, did not dispute the necessity of this instruction. Nevertheless she had found it hard to carry out, since both the child and her husband wanted to see each other, and given the conflict within the family and her own losses, she had ended up feeling 'like I was fighting everybody'. Her experience of intervention had not helped her to regain control of her own life, and the reliance on instructions, which she had followed, left her confused as to what she had done wrong when the child was received into care.

Where mothers experience intervention primarily as a process of (not always consistent) instructions, they may become unable to seek help when they, and the child, need it. AN was aware that some of the experts she had encountered were 'for the fathers' and others 'for the mothers'. The pressure she felt came from those who appeared pro-mother, where this involved taking the child's needs as the only consideration, as well as those who appeared pro-father, and despite ongoing difficulties and ambivalence over her commitment to the child she felt she could not 'admit defeat' to anyone.

Control is not only manifest in instructions, but is implicit in the norms on which therapeutic intervention is based. CL had been referred for joint therapy with her husband on the basis that if they could resolve their sexual relationship it might stop him abusing again. She had complied with this on the basis of doing anything to keep her daughter but such coercive therapy is unlikely to be effective without other sources of motivation, even in

terms of the most limited objectives and in these
circumstances is tantamount to state-ordered rape. She
described the experience as 'going through hell' and
stopped it immediately the child was received into care on
other grounds.

It is difficult to assess to what extent the lack of
support some mothers felt offered was due to the social
worker's individual approach or to their own anxieties
about being monitored. Even where the social worker was
regarded as supportive, mothers commonly kept some things
back in recognition of the monitoring role, one for
example telling the social worker she had not been abused
herself as a child when she had and was in fact coping
with painful memories brought back by her child's abuse.
Two mothers commented on the difficulty of expressing
their own anger, one for fear that she would be seen as an
unfit mother, the other commenting that you could not get
angry with someone who was trying to help you.

Other criticisms reflecting the monitoring function of
social workers were similar to those noted in Brown's
study (1986): failure to treat mothers as equals, to
recognise their strengths and to inform them fully about
what was going on. Several mothers remarked 'they don't
tell you anything'. These aspects of practice, and the
pressure that monitoring of mothers' behaviour involves,
may contribute to mothers feeling blamed as much as the
theoretical understanding social workers' have of child
sexual abuse. PE who objected to the lack of action taken
against her partner when she first sought help and the

focus of monitoring on her both then and after, and had

felt that no one had listened to her or involved her in

what was happening, said: 'they make you feel like you're

... as bad as him, type of thing, that's the impression I

got anyway'.

The control role of social workers was not always

unwelcome to mothers. On the contrary they often wanted

it used more effectively to back up their own efforts

rather than turned against them. JT was particularly

angry that the social workers had talked only to her about

needing to protect the child from further contact with the

abusers, since the abuse had occurred when the child was

in her ex-husband's care. The key person influencing

decisions about further contact with the abuser is usually

the person with the closest relationship to him (Burgess

et al, 1977). In this case, that was the child's father

not her mother. Similarly she was upset when the social

worker said the child should not go to her cousins home

again because the boy's mother (who had not believed the

allegation) thought that best. This instruction seemed to

her to be presented as an attempt to keep the peace

between adults rather than clear backing for her in the

child's interests. Consequently, she expressed

disillusion with social workers and anger at the amount of

responsibility expected of her:

> '... to me it seems as though they, that I have to
> sort it out all the time on my own, that it is all the
> responsibility is on me, I mean I don't mind that ...
> I know your children are your responsibility, but when
> you don't have the authority and those in charge are,
> you can't do their job unless you know it. And
> they've got the authority which I didn't have, and
> that is where it sort of affects you, and you think oh

god I can't you know, I can't cope ...'

Two of the mothers whose partners were the abusers
were also angry at the inadequate use of control against
the men. In both cases, case conferences had made
recommendations to prevent further abuse while allowing
the abuser to stay in the household by appealing to the
man's self-control. One abuser was told to put a lock on
the child's door, about which the mother (KV) remarked,
'and before he'd put a lock on that door he was in and out
of the bedroom see?' The other mother (PE) was similarly
dismissive:

> 'they said he could remain in the house but if he felt
> that he was going to get violent towards R, or towards
> (me) then he should get up and leave. I mean I think
> that's pathetic, I mean as if he's going to go 'oh
> yeah, I'm really going to beat them up now, I'm going
> to go ...'

It was in the context of such limited action against
abusers that mothers felt the focus of control and
monitoring on them was unjust, and sometimes contested the
degree of responsibility expected of them.

Supportive work with parents in child abuse cases may
include the provision of financial/material aid, casework
of a number of varieties (including marital work,
psychodynamic work, individual counselling), instruction
in childcare and household skills and a more nebulous
generalised form of 'support' (Corby, 1987). Those
mothers who found their social workers supportive in the
aftermath appreciated practical help with information and
financial aid, someone to talk to about everyday worries,
and someone who took an interest in the child, so that

they felt less alone. Practical help was important both of itself and in building up trust in the social worker. One mother was annoyed by the continual offer of talking when nothing was done about her needs for both a washing machine (as the child was enuretic) and for money for phone bills (as her mother, her only source of support, had moved some distance away). Although social workers tend to be more enthusiastic about casework (Wootton, 1959; Mayer & Timms, 1970; Corby, 1987), failures to provide material help seemed in this study to have more to do with the very limited resources to which social workers have access than their training or preferences. All the mothers who needed financial aid reported social workers attempting to help, for instance by approaching charities, though not always with success.

Resource limitations and statutory duties mean that social workers rarely have the time to do therapeutic work (Corby, 1987; Masson & O'Byrne, 1990). Corby noted that consequently the use of casework skills was often somewhat opportunistic, i.e. that as occasions arose, social workers would use them to make a point designed to increase the client's insight into their own behaviour. He points out that it is questionable whether such an approach has a great deal of effect and it may be difficult for clients to view such approaches as helpful particularly if they see social workers as social control figures. Two examples from the present study support this argument and suggest further that this type of approach may actually add to clients' problems. MG who had talked

to her social worker of her worries about her daughter's

sexualised behaviour perceived his focus on her as meaning

that he thought she was 'a bit of a nutter ... he tries

making out it's all in my head, you know, I'm just doing

my head in over it'.

HS had been told that her own feelings about her son's

abuse, and about her own as a child, were self-

destructive. Since she had been offered no help to deal

with them, this simply added a further cause for self-

blame:

> 'I mean all those feelings ... the anger, the
> bitterness, the loneliness, the frustration, the guilt
> ... they're still there, they're still there, but, you
> know, I've got to overcome them because they're self-
> destructive aren't they? ... Well I'm only repeating
> really what I was told, through sort of the odd social
> worker I saw, or the NSPCC worker, she said OK you
> feel guilty, lonely and all the rest of the things,
> but they're just self-destructive feelings, they're
> not going to get you anywhere'.

When asked if this piece of advice had helped her to

overcome these feelings, she replied:

> 'Oh no, I mean nothing's ever going to take this lot
> away, ever, and I knew that the minute J opened his
> mouth and said it's grandad'.

The guilt attached to her own emotions was further

increased by the advice she received in response to her

husband's and eldest son's refusal to have the abuse or

her feelings about it mentioned in the house. Again her

own distress was seen as the problem and she was told to

'get back to a normal life, get it out of the house, if

I've got the problem get it out ...' and advised to 'take

it' to a self-help group. This curious concept of

emotions as fleas, that can so straightforwardly be purged

with an instant solution, resulted in further self-blame when she continued to feel the same.

Other mothers appreciated emotional support in the form of opportunities their social workers had given them to express their own feelings without judgement or advice, including their ambivalence towards the child, and to talk through everyday worries and past hurts that had been brought into mind by the discovery of abuse. In relation to the children, one mother appreciated the social worker visiting her at home and also talking direct to the children 'cos you know someone's interested'. Another whose children were required to attend day hospital expressed resentment that 'they're only interested in the kids', feeling that if they were really interested in them they should visit her at home. Another mother, who found her social worker helpful still felt professionals did not fully recognise her own part in the child's care and emphasised:

> 'you are the one who is coping with that child ...
> nobody else is there to help you at night, or during
> the day...'. (AN)

Mothers needed help to understand their children's needs as well as directly for their own. For this to be helpful demands attention to both mother's and child's experience. MG felt the reassurance given her about the effects on the child, which had taken the form of 'oh it's natural ... nothing to worry about' ignored the impact on her of the child's behaviour and further indicated that the social worker did not know what he was talking about. He had apparently told her the child probably only behaved

inappropriately with men when her mother was there and she therefore felt safe. This did not seem particularly likely since the child had been abused while living with her mother at an age too young to understand that her mother had not known, and would not necessarily have felt safe in her presence. Nor had it proved accurate, since she had found out that the child had behaved similarly when she was not there. AN, on the other hand, had been told that her child did not trust her because she had not protected her which, while probably true (again the child was too young to understand that her mother had not known), added to her feelings of guilt for something she could now do nothing to change. It is a difficult balance to strike to help mothers understand the response of the child in all its complexity without adding to their own guilt. Nevertheless to do so requires a simultaneous awareness of both mother's and child's perspective, an understanding of the paradoxical relationship between them, and of the potential for conflict. This is a structural issue affecting all mothers and children, not just an exceptional circumstance which can be resolved by bringing in an extra worker (Glaser & Frosh, 1988). In each of the last two examples, the social worker appeared to have focussed only on one perspective, first the mother's need for reassurance, and second the child's need for protection. The long-term needs of neither mother nor child are likely to be served by conflating their perspectives or needs.

ii) Timing

Problems with the timing of help appeared to derive from attitudes to the privacy of the marital relationship, from resource and organisational factors and from professional priorities. Three mothers complained of the lack of help they had received while their abusive partners were still in the home, and in all cases SSDs had known of at least some of the problems. Maynard (1985) has noted that social workers commonly pay little attention to women's complaints of their partners' violence against themselves focussing only on their capacity to protect the child. In these cases however the mother's capacity to protect the child was limited by the continued presence of the child's abuser and they had all sought help because they felt unable alone to protect their children from their partners. The reluctance of social workers to intervene in these cases seems likely to derive from the same source, an unwillingness to intervene in the marital relationship even when expressly asked to do so, although fears of confronting the abuser themselves (O'Hagan, 1989) and lack of systematic attention to degree of risk (Corby & Mills, 1986) may also contribute. All these mothers felt badly let down and this contributed to the sense of injustice attached to monitoring of them once their partners had left. As PE said:

> 'But it wasn't until after ... that they started becoming very forceful and everything and it's too bloody late then, it's all over and done then ... it was all just a bloody mess really'.

The involvement of agencies once family breakdown had

occurred was not necessarily followed through with support in the aftermath, when mothers were on their own coping with their own feelings and the child's. Earlier research has noted that too much emphasis is sometimes placed on the investigatory machinery for child abuse, and too little on what comes after (Packman & Randall, 1989a). The danger that inter-agency communication may become an end in itself and obscure the aim that cooperation is designed to foster has also been noted (La Fontaine, 1990). Several mothers whose cases had been dealt with by a borough experimenting with a new approach to child sexual abuse based on joint police and Social Services investigation, were critical of the balance of agency effort and the lack of follow-up services once investigation was over. Furthermore, social work contact seemed to these mothers to stop and start according to social workers going on holidays, sick leave and training courses and changing jobs, more than in accordance with their own or the child's needs. For one mother, two changes of social worker left her feeling it was not worth trying to establish another relationship when it would probably again last only a short time. Another was left with no contact for four months while her social worker was off sick.

In two cases, no social worker had been allocated for follow-up work. In both of these, the child had been abused by a relative outside the immediate household. There were thus three possible reasons for lack of ongoing social work involvement: first, that both mothers were

middle class and hence may not have fitted the image of social work clients; secondly, that the protection of the child from further abuse was not regarded as a problem; and thirdly, that the joint police/social work investigation took place in the area of 'the scene of the crime' in accordance with criminal investigation procedures. The third appeared to have been the explicit reason since both mothers had been told that no ongoing support could be provided since they were outside the catchment area of the investigating social workers. Clearly this could be overcome by referring cases on to different teams/areas for follow-up. This had happened in another case, but was also problematic as the mother had established a positive relationship with the social worker involved in the investigation and was then allocated to a different social worker for follow-up. When the painful disclosure of personal information had been involved and some trust established during the investigation, this was unfortunate for both mother and child.

iii) Conflicting definitions of the problem

Workers bring a range of personal and professional beliefs into their practice (Peace & McMaster, 1989; Stevenson, 1989d) and some of the problems these mothers described derived from conflicting ideas on the nature of the problem and/or the appropriate solution, either between different professionals or between themselves and their social workers. The lack of control some mothers expressed made them particularly vulnerable to confusion

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resulting from conflicting messages from different professionals. These conflicting messages derived partly from the contradictory nature of child protection work and women's position. Two mothers had been encouraged either to work out their marriage or to remarry, and then told that by doing so they had chosen the man above the child. Conflicts also derived from the different values and strategies workers adopt within this overall contradiction. One mother had been told that her daughter needed to grow up in a 'normal family' and the child therefore needed to learn to accept another man in the house with her mother. Another had been told that her daughter needed to be protected from any contact with men at home.

Conflict arose between PE and her social worker both over what her daughter's needs were and over how to balance them with her own. She felt her daughter needed a normal life, which included having boyfriends as her friends at school did, and men other than the abuser in the house. She was angry at the social worker's idea that R should be protected from all contact with men, arguing that they were going to make her feel more different than she already did from other children, and also wanting her own life which included a new relationship with a man and male friends:

> 'I said that child's got, to my way of looking at it
> was that she had to lead a decent life, a proper life
> as quick as possible. They were making her frightened
> of men, they was at, she's got to be scared of men,
> and I said well the way you're carrying on, I said
> you're going to make her scared of men. You're going
> to make her nervous of another man. The way I looked
> at it was the sooner she got back to proper, like the

reality of living a normal everyday life, the better
for everybody. There's no good you putting her away
from men for two years, and then all of a sudden say
right R, go out into the world and see these men ... I
mean if anything, I thought that would be the best
thing, to sort of let her know that not all men are
like that, he was just, a one off thing, you know what
I mean?'

She also needed to share some of the responsibility for

protecting the child and to trust again herself. The

social workers had advised her not to leave the child

alone with her new cohabitee when she went into hospital

and she had concurred the first time. The second time

however, she decided to leave them together despite some

anxiety, feeling that she had to be able to take that risk

again.

Two mothers described conflicting perceptions between

them and their social workers in relation to the timespan

involved in the problem. MG had felt her long-term

worries, that the child (now aged six) might become

promiscuous in adolescence, had been dismissed. She had

been told not to worry about the future, it was too early

to tell. This may have been true but it had not stopped

her worrying. Rather it had left her feeling that the

social worker had implied she was 'cracking up' to be

thinking such things. JT had been told that her child

(aged five) should never see the abusers (her cousins)

again. While she agreed and complied with this

instruction, she was left wondering what exactly 'never'

meant and what the implications might be for long-term

family relationships and events.

Another mother's criticism of the way her daughter had

been treated was based both on conflicting ideas of childhood and of the proper balance between herself and her child. RD felt her daughter, aged 12, had been treated as an adult because of her abusive experience (including pregnancy and childbirth). She wanted her to have a proper childhood and felt she should not be made an adult because of sexual knowledge which had been imposed upon her. She also resented people writing direct to the child with details of appointments, for instance, since although she realised they did this because they concerned the child's experience, she was still the one who took her daughter to appointments and felt cut out by this, 'like I'm not her mother...'. Such conflicts indicate the importance of social workers' being critically aware of the influence of their own values about family life on their practice (Stevenson, 1989d).

Social work action: d) losing children into care
Parents who are no longer caring for their children are likely to be low priority for social work attention where resources are limited. The Children's Act 1989 however places an increased emphasis on maintaining contact between parents and children in care, where this is practicable and consistent with the child's welfare (Schedule 2(15)). The present study indicated two reasons for attention to the needs of mothers in this situation: first, they may resume care of or contact with the child in the future, and secondly, other children in the family may be affected by the loss of a sibling into care.

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Four of the mothers in this study had children in care, one voluntarily and three on compulsory orders (including one whose son, the abuser, was in care). The one mother who had placed her child in voluntary care for a while particularly appreciated recognition that she had not 'abandoned' her child, but had done her best in extremely difficult circumstances and felt this was in the child's interests as well as her own.

It is not possible to comment in any depth on how the other decisions were reached or handled since the mothers' accounts were more charged here than anywhere else with an unresolved sense of loss. None of these three mothers felt they had had any support for their own feelings about the decision to remove the child. This may be an impossible role for social workers to play given the perception of them as the cause of the problem in these circumstances but it is a need that merits attention. In the absence of alternative solutions, mothers' distress was either channelled into fighting the system to regain the child (although in one case this was followed by considerable ambivalence when it actually became likely that the child might return), or into dependence on the remaining child.

The latter result is illustrated by CF, who had had to cope with her son's distress at losing his sister, as well as her own at losing her daughter. She had had no help in how to tell her son and had born the brunt of his distress alone, exacerbating the guilt which both the discovery of abuse and experience of intervention had left her with:

'see, half the time I feel that I've ruined his life by not having his sister at home ...'. During the intervention process she had also given up her own paid work, previously a source of pride and autonomy for her, in an attempt to keep the child by being a 24 hour mother. She continued to attempt to meet her son's needs in this way which did nothing to relieve her depression and was consequently highly unlikely to benefit him. Her shame at the abuse of her daughter and her removal into care made it extremely difficult for her to seek help herself and she needed someone to approach her.

THE CRIMINAL JUSTICE SYSTEM

The many factors inhibiting mothers from reporting to agencies were discussed in chapter 6. Several of these related to the possibility of prosecution: fear of the negative effects of imprisonment on the abuser, anticipation of the loss of their own livelihood if he was unable to earn, fear of violent repercussions once he came out of prison, fear that no effective action would be taken leaving them and the child more vulnerable to victimisation, fear of the effects of the legal process on the child, as well as a general sense of obligation to protect family members. This section, however, focusses on the positive meanings mothers attached to prosecution, since these are often omitted from debate (cf Glaser & Spencer, 1990).

Most importantly, the possibility of prosecution gave a clear message about criminality and hence the individual

culpability of the abuser. EJ, for example, felt that being told by a solicitor that she could and should prosecute her husband had helped clarify for her that the right thing to do was to leave him, even though she then decided not to involve the police for fear of the consequences. Given the systematic undermining of their own perceptions and capacities mothers have often undergone from the abusers, this message can be extremely important.

Prosecution also represented the possibility of justice, although its performance rarely lived up to the promise. As Scutt notes, despite the male dominated character of the legal system(1), ironically women simultaneously have a strong sense of 'fairness' and tend to continue to believe its ostensible aim,

> 'namely that it seeks to dispense justice, rather than replicating inequities, inequalities and injustices existing in the world outside' (1988, p515).

Twelve of the cases had been reported to the police. In three of these the mother had not wanted to press charges, although in two there were also other reasons for no prosecution to be brought. Of the other nine (including three where the mother was initially ambivalent but later did want prosecution), five of the cases were dropped for lack of evidence when the abuser denied the allegation. Of the four abusers who were charged, three pleaded guilty (although two of these continued to deny the abuse elsewhere). One received a probation sentence, one was imprisoned for a month, and one who pleaded guilty to minor charges in exchange for the dropping of the five

most serious charges (including two carrying maximum life
sentences) received a four year sentence of which he was
likely to serve less than two. Only one of the abusers,
who against all legal advice pleaded not guilty to the
last, was convicted of the crimes committed and given a
substantial prison sentence, seven years of which he would
probably serve five.

Sentencing may well reinforce inequalities of class
and race, and it is not intended to imply that any
particular sentence represents justice in some neutral
way. Of the two abusers sentenced to imprisonment, the
Afro-Caribbean man received seven years (for offences over
a period of several months involving vaginal rape of an 11
year old girl) and the white man received four years (for
continuous abuse of a girl aged five to 12, involving
anal, vaginal and oral rape). Moreover, imprisonment
alone is undoubtedly no solution for the abusers (Cowburn,
1990). Nevertheless the absence of action to constrain
abusers' access to children in this way leaves that role
to mothers, increasing their responsibilities for
protecting children from an abuser often still living in
the neighbourhood, and leaving other children vulnerable.

There were a number of other consequences too for
mothers of involving a legal system, the response of which
was felt to be inadequate by most. FP, whose husband was
put on probation twice for separate incidents of abuse
felt that nobody was taking the abuse very seriously and
that perhaps she had overreacted herself. Hence she
modified her own evaluation of its seriousness. Several

mothers considered other means of attempting to ensure that the abusers got their just deserts when the legal system failed them. HS wished she had not told anyone but had 'knocked hell out of him' herself, although she was also aware that such private solutions would be unsatisfactory, 'it's not really revenge I want, it's justice'. Others said they would not report similar incidents in future since it was not worth it. Two mothers felt particularly angry that the child had gone through an investigation for nothing, one a medical examination and the other a video interview. In both cases it could have been determined beforehand that no prosecution would be brought, one because of the abuser's age, and the other because the child had already been examined by her GP who did not think penetration had taken place. Given that the video interview was conducted in a borough experimenting with new techniques of investigation, it seemed that the interests of the experiment may well have overridden the interests of the child.

Prosecution also offered a clear statement that the mother's and child's suffering were not socially sanctioned. A further consequence of the failure to prosecute then was the feeling expressed by three mothers that their own and/or the children's statements had been seen as 'rubbish', invalidated, since they were not enough to take action. The feeling that 'no one listens' was exacerbated in these circumstances. This was also the feeling generated by plea-bargaining. One mother and her

daughter were extremely distressed and shocked by this, to find that their accounts of what had happened were of so little significance in the system of justice. Filing a lesser charge to encourage the father to plead guilty is often seen as sparing the child the trauma of giving evidence (Ryan, 1986). However, as Berliner has pointed out, children understand the concept of punishment to fit the nature of wrongdoing, since it is part of their own experience, and appearance in court can sometimes have therapeutic value if experienced as recognition of their suffering(2).

One mother had achieved this sort of recognition from the legal system. Although her ex-husband had not been prosecuted and she had consequently fought a long and exhausting battle to refuse him access, she found the judge's comment at the end of this, that no woman or child should have to suffer such violence, extremely helpful, despite the absence of a criminal conviction:

> 'What gave me more comfort than anything was that acknowledgement, the verbal acknowledgement at the end, of what we'd been through. If I hadn't had that I think I'd have been agitated'. (AN)

* * * * *

The sense this last quotation gives of the mother's own experience and perspective having been continually invalidated was a recurring theme throughout mothers' accounts of contact with statutory agencies. In part this represents the extent of their losses and own emotional

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needs, the connections the abuse raised with their own

histories and the conflict that often surrounded them in

their own families. However, if statutory agencies are to

build alliances with mothers, they need also to consider

their own role in relation to mothers. The next chapter

will examine the possible sources of invalidation - and

hence the barriers that may inhibit the establishment of

a social worker/mother alliance - from 'the other side',

the perspective of social workers with statutory duties

for child protection.

Notes

1. For example, the view that husbands have undisputed
rights over their wives' sexuality is commonly reflected
in the mitigating factors used in cases of father-daughter
incest. A study of sentencing practice found that
breakdown in sexual relations between husband and wife led
to reduction of sentence in over 80% of cases (Mitra,
1987).

2. In discussion at Conference on Intervening in Child
Sexual Abuse, University of Glasgow, June 1988.

CHAPTER 8:
THE OTHER SIDE: SOCIAL WORKERS' PERSPECTIVES ON MOTHERS

The last chapter noted that mothers often felt their own experience was invalidated in their contact with statutory agencies (as well as in other contacts). Sometimes this took the form of feeling blamed, directly or indirectly, for the abuse. More often it involved a broader sense of not being listened to or of contesting the degree of responsibility expected of them. This chapter draws on a study of 13 social work cases involving child sexual abuse in an attempt to illuminate influences on social workers in their interaction with mothers which may contribute to this feeling.

The relevance of the analysis to social workers with statutory responsibilities for the protection of children depends on two assumptions. First, that building supported alliances with mothers in order to enable them to protect the abused child where possible is in the best interests of the child (Ann & Price, 1988). While this strategy is still contested, the alliance part of it is increasingly being advocated (Craig et al, 1989; O'Hagan, 1989), if not always the support. Secondly, if this is to be achieved, social workers need to start by accepting mothers' own definition of their situation and understanding its interactional context. This assumption draws on the work of Kadushin & Martin (1981) with parents who physically abuse their children. They suggest that

unless this approach is take - meeting parents on their own ground in order to engage with them - no dialogue can be established that will lead to change. This does not assume that mothers' definitions of the situation are unproblematic in terms of the child's needs, but that they are important to understand as a starting point. The conceptualisation of mothers of sexually abused children as secondary victims (see chapter 3) adds further weight to this argument.

> 'The secondary victim <u>must</u> feel supported and understood to be able to comprehend and let in the experience of the primary victim; a difficult, frustrating and sometimes threatening task' (Remer & Elliott, 1988b, p393, emphasis in original).

It is therefore important to consider whether there are aspects of social work that contribute to mothers feeling invalidated, and what obstacles there may be to the development of a practice with mothers that is experienced as non-blaming.

A survey of child protection workers conducted in the USA offers one way of understanding such workers' attitudes to mothers in cases of father-daughter incest. This survey found that while 78% reported assuming a common association with wife abuse, 87% believed that mothers gave unconscious consent to incest and 65% believed that mothers were equally responsible with fathers for its occurrence. They suggest that workers' belief in unconscious consent may be an effort to reduce cognitive dissonance. Given the societal expectation that they take strong action to prevent sexual abuse and the reality that they may be able to do little to meet this

goal, blaming mothers protects social workers' image of
themselves as effective and capable (Dietz & Craft, 1980).

The present study supports the view at the root of
this analysis that where social workers and mothers are
the main alternative sources of protection for the child,
anxiety and frustration at the difficulty of the task is
likely to run along this channel (in both directions)
resulting in contested responsibility and blame. The
limitations on social workers' ability to protect children
come from a number of sources:

- contradictory societal expectations both to maintain
family privacy and independence and also protect children
from parents,

- the difficulties of gaining direct access to children
and to evidence of abuse,

- uncertainty about both the definition of abuse and often
the appropriate solution,

- inadequate knowledge to predict accurately those mothers
who will be able to protect the child from further abuse
and those who will not,

- relatively low status in the professional networks
involved in child protection compared with the medical
profession and police,

- inadequate legal action against abusers,

- inadequate resources for therapeutic work with families
and individuals,

- and the reluctance of some families and individuals to
participate in what treatment is offered.

The result is high levels of anxiety. As one social

worker interviewed put it, 'My protectiveness to her is like an Aertex vest ... total protection is a myth'.

However, there are two main problems with Dietz & Craft's (1980) focus on cognitive dissonance for an analysis of social work practice. First, attitudes and beliefs reported in questionnaires cannot be taken as direct indicators of action. While such attitudes may be held and not translated into direct blame, the cases reviewed for this chapter suggested that practices which can be categorised as mother-blaming can occur despite the adherence of the social worker to a feminist perspective on child sexual abuse and a commitment to non-discriminatory practice. Such workers would not have said in a questionnaire they believed mothers colluded. However given specific contexts, their behaviour was likely to have been experienced as blaming by the mothers. Secondly, Dietz & Craft's argument that where mothers are victimised themselves, a belief that they 'unconsciously consent' can only be attributed to irrational thinking, underplays the contradictory position of mothers who may be both victimised themselves and potential or actual victimisers of their children (Gordon, 1989), and the significance in social work with mothers of issues of parental responsibility given the structural position of mothers as primary carers of children.

Attempts to enforce parental responsibility overall are to some extent a grey area as to whether they can be categorised as blaming. A feminist approach summarised as 'mothers are not to blame' (Reid, 1989) which does not

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also recognise the contradictions of mothers' position, goes against the ethos of social work as much because of social work's emphasis on personal and parental responsibility as it does because of adherence to family systems theory or sexism. In several of the cases reviewed, the past involvement of social workers had been geared to pushing against the mother's externalisation of responsibility, whether she saw the children themselves as the source of her problems, or marital breakdown as entirely her ex-husband's fault, or had focussed only on financial and practical problems as the source of all her difficulties. Parents were sometimes seen as unable to recognise the effects of their own conflicts or individual actions on their children and their desire for solutions to children's behaviour which did not involve them was a source of frustration to social workers.

The appropriate degree of responsibility accorded parents for their children's behaviour and welfare (as opposed to other factors such as diet, poverty, abuse by others) is not easily determined. However if the question is seen as involving a continuum from total parental responsibility for all child problems at one end to children as totally independent from their parents at the other, it was clear that mothers and social workers were often pushing in opposite directions along this. Social workers sometimes failed to see the contradictions of mothers' position, seeing them only as protectors of children and showing little understanding of the effects of their own victimisation and/or economic dependence.

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However, mothers were often criticised for seeing themselves only as victims and failing to recognise or exercise their parental responsibilities. In this context, it often went against the grain to absolve mothers of all responsibility. The sometimes unspecific demand that the mother should take some responsibility for the abuse having happened seemed to derive more from a long-term aim of enforcing parental responsibility than from the actual circumstances of abuse.

The sample on which this chapter draws and the methodology employed were outlined in chapter 2. The analysis of points in the social work process at which mothers' perspectives appear to have been lost or overridden is informed by two sources. First, reading case histories gives the benefit of hindsight since it is possible to see what strategies or assumptions preceded mothers withdrawing from contact with SSDs or expressing anger. Secondly, the analysis presented in earlier chapters based on the interviews with mothers highlighted the complexity of the processes of response which was often misrepresented in social work accounts.

This chapter is organised in two main sections. The first outlines some key features of the policy context in which social workers currently operate, indicating the way in which they influence their work with mothers of sexually abused children. The second examines more closely the dynamics of the social worker-mother interaction in the context of stages of social work intervention. Both sections draw on the 13 cases examined

for illustrative purposes, but it is not intended to
suggest causal links between practice and outcome.
Outcomes are the result of complex negotiations between
all those involved, different family members and
professionals, and this is far too small a sample to make
such judgements. The aim of this chapter is merely to
illuminate influences on the process which may lead to
mothers experiencing it as invalidating or blaming and
hence inhibit the building of alliances. It is not an
analysis of mother-blaming. That mothers experience
intervention as blaming them does not mean social workers
necessarily intend it to do so. Some of the points
identified involved a clear attribution of blame for the
abuse to the mother, but others involved greyer areas.
Even where responsibility for the sexual abuse is located
clearly with the individual perpetrator, this does not
resolve all the issues of responsibility for child
protection, which are often contested between parents and
social workers.

THE POLICY CONTEXT OF SOCIAL WORK

Procedures and practice

The policy response to child abuse over the last twenty years has been primarily managerialist, focussing on procedures for the identification and management of individual cases. Local authorities have the primary statutory responsibility for the care and protection of abused children and children at risk of abuse (DHSS, 1988). Central government policy is expressed in guidelines and circulars issued to local authorities, within which they have a certain amount of discretion. Local authorities write their own guidelines for social workers and within these individual social workers too have a certain amount of discretion.

By and large, local authority guidelines are handed down without negotiation for practitioners to work with. Such guidelines are often felt to be inadequate to the practical and ethical dilemmas raised by individual cases, but adherence to them is strongly encouraged in the climate of anxiety within which social work currently operates (Corby, 1987). In practice, procedures are sometimes adapted or ignored. Social workers in Corby's study expressed concern about the clumsiness of invoking procedures as a response, the stigmatising effect on clients, and a concern to protect their own professional autonomy and control. Consequently, they operated an informal screening process, keeping some cases out of the arena of formal procedures.

In the borough studied, new guidelines for sexual

abuse had been developed by field social workers, from the bottom up, although not all had been involved in this process. While the SSD concerned had a long-standing commitment to working cooperatively with mothers in childcare cases to keep families together where possible, the guidelines for child sexual abuse cases aimed to remove the abuser and support the mother. They incorporated a theoretical introductory section based on feminist analysis and stressing that mothers are not to blame for sexual abuse. A separate section describing procedures lays a strong emphasis on parental responsibility for the protection of children. There is no discussion of how this apparent contradiction is to be reconciled in practice. The cases studied suggested that mothers often felt blamed or punished by the expectations made of them to protect their children in the aftermath of abuse, and that social workers showed varying degrees of interest in attempting to separate out responsibility for the sexual abuse itself, which lay with the perpetrator, and the responsibilities expected of mothers as parents. They appeared to find it easier to respond to mothers' feelings of guilt than other reactions to the discovery of child sexual abuse (such as denial or anger). Feelings of guilt seemed sometimes to represent an opportunity to the social worker, from which a greater sense of responsibility might result, and some attempts to release mothers from them were distinctly half-hearted.

The degree to which the new policy was actually influencing practice was questionable. While one of the

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social work teams involved in the research had also been involved in developing the new guidelines, none of the workers had received any training on them, not all had read them and awareness of the policy aims therefore varied. Research being carried out simultaneously on the extent to which workers understood the philosophy of the new policy suggested that most had little idea of its principles (personal communication, Kelly, 1988). This lack of awareness was thought to indicate resistance to feminist analysis. However, interviews for the present study suggested two other possible explanations. First, that many social workers were already working in a supportive way with mothers in other childcare cases and the feminist theory outlined offered no significant change to this and was consequently given little attention. Secondly, social workers may simply have been uninterested in theory, as found in Corby's study (1987). Whatever the reason, by and large they discussed the new guidelines primarily in terms of procedures, for minute-taking, chairing of case conferences and so on.

As in Corby's study, social workers did not always follow procedures, which were simply not adequate to the complexity and variability of individual cases. Several social workers emphasised the difficulty of knowing what the 'right thing to do' was, and one emphasised the inadequacy of both legalistic and procedural responses with their focus on rules and justice, where long-term relationship issues are at stake. In this context, social workers, like mothers, have to negotiate potentially

conflicting relationships, with both parents, with children, and with substitute carers, in an attempt to preserve a network of relationships extending over time. In one case this involved overriding the department's rule that parents should be fully informed of the reasons for a child coming into care, in the interests of maintaining the child's trust in the SSD. The child had asked to come into care and that her parents not be informed that she had told anyone of her abuse. The social worker discussing this made a distinction similar to that discussed in chapter 5 between the right thing as defined by others and the judgement required in a specific situation. She felt that the decisions, including not informing the parents, had been made in good faith and that:

> 'they may not have been right procedurally but I think
> they were the right decisions ... I felt that, as I
> often do when working with real cases and get to know
> people, it sometimes seems like the rules don't fit
> all the individual people concerned'.

Training and supervision

Clearly procedures of themselves (feminist or otherwise) do not resolve the problems with which child abuse, and particularly child sexual abuse, face social workers. The Cleveland inquiry noted that inadequate training and supervision quickly led to a loss of confidence amongst social workers and feelings of being overwhelmed by the complexity of the problems (Secretary of State for Social Services, 1988). In the offices studied, the majority of the social workers had had no training specific to child

sexual abuse, and in one office a team with roughly 60 years of practice experience between them had received only a total of a few hours training on child abuse overall. While lack of training contributes to the stress involved in child abuse work and is likely to be passed on in impatience with mothers, the form of training may also encourage lack of attention to mothers' perspectives if an oversimplified view of 'child-centred practice' is adopted.

An increased willingness to talk and listen to children is one of the positive by-products of the increased recognition of child sexual abuse. However, a child's eye view on parents is a limited one, and the implications of too close an identification with children are illustrated by the report of a short course on working with mothers of sexually abused children run for professionals (all already working with abused children) in Australia (Ann & Price, 1988). The report records comments made by workers evaluating the course such as:

> 'I had never really thought very deeply about the mother's reactions. I had always concentrated on the child's reaction ...',

> 'My focus was on the child - can now see the logic of helping the mother who will then be more able to support the child ...',

> 'I had never thought of mothers as having the same feelings as us ...'.

Training programmes such as that run by the Bexley experiment in this country which aim to develop 'child-centredness' by taking workers back to memories of their own childhoods (Metropolitan Police & Bexley Social

Services, 1987) may well exacerbate rather than counter this blindness to mothers, encouraging child's eye idealised expectations, unless they also include attention to the complexity of mothers' position and perspectives.

There was evidence in the cases studied that the emotional impact of child sexual abuse work influenced practice with mothers. Social workers, like mothers, often cope by blocking out some or all of its aspects (Metropolitan Police & Bexley Social Services, 1987; Secretary of State for Social Services, 1988). Two other responses were to distance from the entire family and to express unrealistic expectations of mothers which owed more to childhood fantasies of mothers as all-powerful protectors (Chodorow & Contratto, 1982) than to the realities of the situation. The need to distance was expressed in speculation on the unconscious psychological processes of mothers or the use of labels implying pathology but without specific meaning. One case for example was described as 'obviously quite a dysfunctional family'. When the worker was questioned about what this meant, she replied 'perhaps just making an assumption that any family where sexual abuse can happen, relationships are not normal'. In this case (unusually) there was no evidence of either overt marital conflict or of estrangement between mother and child.

Child's eye images of mothers were evident in two cases where workers expressed expectations of mothers (for example, for instant belief and protection) that they had clearly failed to meet themselves, and/or were able to

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offer no explanation for the reactions of mothers that were not directly in accordance with the child's needs. Their impatience and anger with the mothers had resulted in the mothers withdrawing quickly from cooperation. The impact of such emotional responses on social workers' interaction with mothers indicates the vital role of intensive supervision in child sexual abuse cases (Peace & McMaster, 1989), not only for the protection of social workers from stress, but also for effective practice and the well-being of clients (Moore, 1989).

Resources

While training and supervision are vital, social workers in this SSD who had received training in other aspects of childcare work pointed out that they did not have the resources to implement the recommendations for good practice. The closing of children's homes made it difficult to find placements for children even in emergencies, let alone in other circumstances. Shortages of staff meant inadequate supervision and failures of protection for those children in children's homes. Specialist resources judged necessary, for example an intensive therapeutic environment for an adolescent boy abusing his younger brother, were simply not available. And staff turnover meant that establishing the trust necessary to work with families was difficult. In 1988, there were at least 600 registered cases of child abuse with no allocated social worker in London due to staff shortages (Social Services Committee, 1988). In this

context, there were clearly problems of morale and social workers talked in terms of survival, alongside continual efforts to plug the gaps in provision.

Where social workers can offer little to mothers but a place on the child abuse register, their role becomes increasingly one of surveillance without the ability to offer change on which its legitimacy relies. Hence they are likely to meet with greater client resistance. The alternatives they are able to offer children also affect their expectations of mothers. Hence, the discovery that foster parents were under suspicion or that placements had resulted in reabuse increased social workers' anxiety about their own ability to protect children and hence the pressure on mothers to take responsibility for the child's needs, as did the limited places available in children's homes. On the other hand, social workers' anxiety about their inability to ensure the child's protection at home sometimes resulted in a preference for bringing children into care. In one case this was achieved by deliberately placing a degree of responsibility on the mother which social workers anticipated (rightly) she could not sustain - hence the failure of the protection plan provided grounds for a Place of Safety Order. If childcare is reserved only for children in the worst conditions, there is an incentive to worsen conditions in order to ensure a child's access to care facilities.

The effects of social workers' own degree of responsibility and stress on their attitudes to mothers was illustrated by two quite different accounts of the

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same interview which had been conducted jointly with the mother by the two workers concerned. One was still a field social worker, described by colleagues as 'burnt out', the other had recently been promoted to a training post and was no longer involved in practice. The former was dismissive of the mother's difficulty in believing the abuse and uninterested in considering her feelings, describing her response as 'total denial'. The latter however was considerably more tolerant of the mother's own needs and difficulties, understood her response in terms of guilt and said that despite her ambivalence she had been able to hear the abuse when told it was not her fault.

Social workers are also of course affected by the broader policy context affecting their clients' lives, most of whom are poor and increasingly marginalised (Frost, 1990). In most of the cases studied, there were many other problems, housing, poverty, debts, criminal convictions, ill-health and more, affecting the family alongside the abuse of the child, and affecting the mother's ability to focus on and meet the child's needs. Social workers often regard help with practical problems as an important first step in establishing a relationship with clients. The fewer resources there are to meet the material needs of clients' lives therefore, the less likely clients are to be receptive to social work intervention and the harder the social work task becomes. In one case a mother with four children was still waiting for a housing transfer two years after her husband's abuse

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of her daughter was discovered and he had left the home.
There had been continuing harassment from neighbours
throughout the period, including physical attacks on her
and the children. The social worker commented 'it's
impossible to work when the whole environment is affecting
them'.

Similarly attempts to build women's self-esteem
through retraining and return to work ran up against the
lack of childcare facilities and low pay and poor
conditions attached to the work available which often led
women to conclude that it was not worth it. Six of the 12
mothers concerned had been physically victimised by their
partners themselves, and although in some cases this
seemed to have been ignored, in others social workers
attempted to encourage women to leave men who were violent
to them, but with limited success. While Maynard (1985)
criticised the apparent blindness in social work ideology
to women's own victimisation other than as a risk to their
children, the flipside of this is that women will often
leave 'for the sake of the children' (Dobash & Dobash,
1979; Strube, 1988) or accept help 'for the sake of the
children' (Bowker et al, 1988; Gordon, 1989) when they
feel unentitled to do so for themselves. Hence social
workers sometimes threatened to take children into care in
the absence of more effective methods of encouraging women
to leave violent men.

This section has illustrated some of the ways in which
the policy context of social work affects the social

worker-mother interaction. The next will discuss the

interaction in the context of the process of intervention.

THE SOCIAL WORK PROCESS WITH MOTHERS

There are a number of reasons why social workers
necessarily work with mothers when a child has been
sexually abused. First, as primary carers they are most
likely to be able to ensure protection from reabuse and to
protect other children from abuse if they also have
contact with a known abuser. Secondly, the mother's
response to the abuse is a major factor in the child's
healing process and the discovery of abuse itself may
cause problems in family relationships which need to be
resolved. Thirdly, the child's attendance at individual
or group therapy or availability to social workers may
depend on the mother's agreement or provision of access.
And fourthly, the effects of the abuse on the child may be
difficult to separate from the pre-existing family
relationship context through which they are mediated,
indicating a need to address other family problems. In
other words the family dynamics affect the meaning of
abuse to the child, while not being either a cause of it
or 'diagnostic' of abuse (Masson & O'Byrne, 1990).

Social workers commonly did not make these
distinctions however in their discussion of cases, tending
to roll different needs and problems together under the
general heading of mothers being crucial or central. In
effect, the discovery of sexual abuse commonly acted as a
trigger to increased expectations of mothers and to a
focus on all other family problems, which often
contributed to mothers feeling blamed and punished. The
extent to which this is justifiable in the interests of

children is clearly a matter for debate. The concern of the analysis presented here is with whether and how social work responses sometimes contribute to mothers' feelings of invalidation and hence their resistance to cooperating with social workers.

This section describes the types of interaction with mothers that occurred at different stages of the intervention process. It is difficult to organise material from case files around the types of stage the DoH sets out, recognition and investigation, assessment and planning, implementation and review (DoH, 1988), since the suspicion or discovery of sexual abuse often arose in a case where the SSD were already involved with the family for other reasons. Hence the recognition of sexual abuse could merge with the review of intervention for other concerns. Similarly, as noted in the last chapter, assessment is an ongoing process, influencing recognition and review. However these stages have been followed below in an attempt to link the problems identified with particular aspects of the social work process. There is overlap between them and the allocation of certain points to one stage or another has seemed somewhat arbitrary.

The intention is to illuminate the influences on the mother-social worker interaction, and a number of themes recur throughout. First, the expectations of mothers are continually changing, defined in relation to child needs (Graham, 1982b). Child needs are influenced by a number of other factors. In general, the trend towards greater pessimism about the possibility of rehabilitating abusers

(Craig et al, 1989) and the lack of resources for their treatment means that mothers are increasingly being expected to separate permanently from abusive partners, whereas formerly temporary separation only may have been expected. Secondly, social workers are juggling their supportive and monitoring roles throughout, and both between individuals and over time took varying attitudes to the use of authority. In some cases the first approach to the mother when sexual abuse was suspected was primarily supportive, in others it was confrontative, assessing her response immediately. Third, the time allowed mothers to come to terms with the meaning of abuse to them and to indicate their capacity to meet the child's needs varied enormously. Social workers also have to juggle the mother's timing with the child's. Overall this SSD made great attempts to maintain the mother-child relationship long-term, with periods of voluntary care for respite. Within this, the degree to which the mother's needs were the focus of work varied. Fourthly, sexual abuse work, even more than other child abuse work, is characterised by uncertainty - in the first place over whether abuse itself has occurred, and thereafter over the best course of action to follow.

Recognition and investigation

This stage may involve either a direct allegation of abuse or suspicions arising from a variety of possible sources, followed by investigations by social workers and other professionals intended to validate the occurrence of

abuse. Recognition is rarely straightforward in cases of

sexual abuse, surrounded as it commonly is by secrecy.

Rather it involves a discovery process very similar to

that described for mothers in which evidence is often

inaccessible and open to varying interpretations and

evaluation. One social worker described the difficulty of

sexual abuse work:

> '... a lot of it seems so intangible somehow. If
> children have been injured or neglected there's more
> to go on. I mean you can't tell by looking at a child
> that she's been sexually abused. I've not been
> involved in any diagnostic interviews so I've not
> heard a child tell...'

Despite the language of diagnosis commonly used, sexual

abuse is not a disease with clearly identifiable

characteristics which separate those who have experienced

it from those who have not. The sexual abuse of a child

involves interaction between individuals and its discovery

is the product of further interactions, between social

workers and the child, the abuser (if known or suspected),

other family members and others such as neighbours who may

have varying degrees of access to information and

motivations to reveal or conceal it, and between

professionals who may differ in their interpretations and

evaluations of the evidence available(1).

For social workers, as for mothers, reality is

constructed through this interaction and the sense of

uncertainty expressed in the extract above is an

expression of its complexity. The social worker quoted

above had in fact been involved in one of the rare cases

in which clear medical evidence (a diagnosis of gonorrhea

in a three year old child) existed, yet the uncertainty that is nearly always present to some degree in sexual abuse cases was still not entirely resolved as neither the identity of the abuser nor the circumstances of the abuse were certain, and nor had the child spoken of her abuse. Like mothers, social workers in these cases showed a reluctance to accept evidence reported by others (including medical evidence) on its own, preferring communication with those most directly involved.

In another case a full account had been given by a child (aged 14) and judged truthful, yet neither the father (the abuser) nor mother had been told of this or talked to the social worker about it and there was therefore a sense of continuing uncertainty, expressed (inaccurately) by the social worker 'if it's denied on all sides, it always remains a query doesn't it?' This is reminiscent of the precariousness of reality that mothers sometimes described. Contrary to the image perpetrated by the media reporting events in Cleveland, the social workers in these cases showed considerable reluctance to reach the conclusion that sexual abuse had occurred. In addition they were sometimes anxious about asking questions on such a 'delicate subject', and when they did the involvement of others meant they were sometimes unable to confirm their suspicions (e.g. where the mother was reluctant to involve the child in a series of interviews for 'diagnostic' purposes), and/or were faced with conflicting accounts (e.g. from abuser and child). Simple formulae such as 'children never lie' do not resolve the

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complexity of discovery for social workers, partly because children often say nothing or attempt to tell indirectly for fear of breaking the secrecy imposed on them (Summit, 1983).

Children who did tell had always been taken seriously in recent cases, although files with a long history showed that this had certainly not been the case in the past. However their accounts were still questioned on the basis of motivation and/or the family relationship context. In a recent case, a child's account was considered initially to be possibly 'manipulation ... to get into care'. Although it was recognised that this in itself indicated a serious problem, whether or not sexual abuse was the cause, the requirement that social workers prevent reception into care where possible is reflected in this suspicion.

Social workers face many of the same dilemmas as mothers, of defining 'normal' sexual behaviour in a child, 'normal' affectionate/sexual behaviour in a parent, and the correct level of awareness/suspicion since behaviour that would otherwise be seen as normal becomes evidence of abuse once suspicions are raised. Some of the myths which have been noted to hinder effective investigation into physical abuse were evident in these case files - that abusing parents will be conspicuously different from ordinary parents, that all must be well if there are not external pressures evident on the parents, that the presence of an unharmed child in a household indicates all children are safe there, and that abused children are

unlikely to be able to offer any critical information (Charles, 1983). These had all contributed to the missing of evidence of sexual abuse in the past, in one case despite a child's repeated attempts to tell over a period of several years, in which her account had been dismissed with such observations as that the stepfather was 'quite obviously a very caring father'. This case also showed a clear preference for the evidence of adults over children, since the accounts of teachers and parents on her general behaviour and well-being had continually been given more weight than her own. This is likely to be less common today with the increased emphasis on listening, hearing and validating the experiences of children (Wattam et al, 1989), although it is highly possible that such attitudes persist, given the low status of children.

The difficulties of coping with the uncertainty surrounding recognition seemed to have three main effects on work with mothers. First, there was a tendency for suspicion to spread. Secondly, the invisibility of the abuse itself could result in a focus instead on what was visible. And thirdly, the interpretation of evidence was both influenced by and further influenced assessments of mothers.

To some extent spreading suspicion is inevitable and necessary. Where behavioural signs indicated sexual abuse but neither the child nor mother could explain their origin, social workers necessarily explored all possibilities. These included considering whether the child had witnessed her mother having sex and therefore

entailed inquiry into the mothers' sexual relationships, and also whether age-inappropriate sexual knowledge could have been acquired from pornographic videos or books. Further, in one case, information was received from a neighbour that an abusive husband was back in the household. Although the mother herself had told social workers she had no further contact with him, the report had to be investigated, necessarily focussing suspicion on her, although no evidence was found to substantiate the allegation.

A certain amount of suspicion focussed on mothers seems unavoidable. However there were also instances where the degree of suspicion which spread to the mother seemed rather to reflect a need to pin it on someone and the mother's availability. For example, when a child's sexually inappropriate behaviour and language and a story written expressing her fear of a man clearly indicated a male abuser, the possibility was nevertheless raised that she might be being abused by her mother. Despite their small numbers, workers have to be open to the possibility of female perpetrators (Wilkins, 1990) where no evidence exists as to the identity of an abuser. However, in this case, the evidence there was seemed to have been overlooked. Suspicions had recurred over a period of years but never been resolved. During this time the mother also expressed concerns about the child's sexualised behaviour, suggesting that her ex-husband might be the cause, and had herself devised a system of supervised access in response to her concerns. Her

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suspicion of her ex-husband did not seem to have been taken seriously, and no one had ever interviewed him. Her suggestion was attributed to the presumed tendency of ex-partners inevitably to blame each other, which implies that their evidence can therefore be dismissed, a clear example of where mothers are likely to feel not listened to. The continual suspicion focussed on the mother in this case meant that when social work concerns were raised again after a gap, they were not revealed to or discussed with her. Instead she was given a confrontative assessment interview to find out what she knew before being told what the social worker knew. The social worker concluded that the mother herself still did not know the cause of the child's problems, but the result of this strategy was that the mother became angry at being excluded from concerns about the child, expressed feeling picked on and withdrew from further contact.

Spreading suspicion was also expressed in the labelling of behaviour in retrospect and the different meaning attached to behaviour once concerns of abuse had been raised. Hence the discovery that children habitually got into bed with their parents or that a mother knew her four-year-old child wore makeup and nail varnish became evidence against the mother in the process of fitting together a picture of family relationships. The difficulty of defining what is normal and what is abuse is part of the discovery process for social workers. However these examples suggest that the stresses of coping with uncertainty contribute to the attribution of what would

otherwise be seen as normal to part of an abusive pattern.

Another response to the inaccessibility of information about sexual abuse itself was to become impatient with the process of investigation and to focus instead on what was visible. Two comments from social workers illustrate this process:

> '... we don't have clear evidence of sexual abuse but we do know this family misuse relationships ...'

> '... she was showing sexualised behaviour anyway – whatever – whether it happened or not ...'

Social workers concerned with the overall welfare of the child may feel that if suspicions of sexual abuse become a trigger to concerns about other family problems this is within their remit and legitimate. However where the instructions to mothers are based on suspicions of sexual abuse (for example, the requirement to prevent access of a particular man or of all men to a child), no action is taken to confront the abuser (whether due to lack of evidence or the diversion of attention to other problems), and all intervention is focussed on their own relationships with the child, mothers may well feel blamed and punished. In effect, family dynamics are being used inappropriately as diagnostic of abuse (Masson & O'Byrne, 1990), and risk factors being accorded the status of abuse.

The way in which assessments involved the interpretation of evidence about the past will be discussed further in the next section. One point seems to belong more under investigation however, which is the interpretation of what children say about their mothers

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during investigation. Three children had given similar accounts of having told their mothers and their mothers having told off the abusers. In two cases, this was interpreted as the mothers 'knew' of the abuse (which in all cases had recurred), thereby increasing the case against them, but not in the third. This may have been due to the differing skills and attitudes of the social workers but it also seemed relevant that in the third case the mother was currently providing the desired response and cooperating with the social workers, and worse interpretations were attached to those mothers who were currently denying the abuse and/or resisting intervention.

All these responses to uncertainty may affect decisions about whether to share suspicions with mothers when they arise or withhold them, by influencing the response anticipated from the mother.

Assessment and planning

This stage is primarily concerned with assessing the degree to which the family (in practice the mother) can meet the child's needs for protection and deciding what statutory intervention, if any, is necessary. In all cases but one (in which the child had run away from home and was adamant she would not return), the discovery of sexual abuse raised concerns about the mother's future ability to protect the abused child and/or other children. In six cases this involved some judgement on the mother's own actions, whether relating to the circumstances of the abuse itself or to prior failures of supervision which if

repeated might increase the risk of reabuse and in several cases the mother's depression and/or experience of domestic violence were thought to have impeded her ability to protect the children or increased their vulnerability. However the expectations of mothers also commonly changed once sexual abuse was suspected, leading to concerns as to whether they could meet them, although this distinction, between past 'failures' and new needs, derived from the child and/or the abuser, was rarely made explicit.

The child was often seen as having an increased need for safety because of her distress, including the exclusion of men unknown to her from the house, or for supervision because sexualised behaviour might entail increased risk, and in one case other children needed protection from the 'acting out' of an abused child. The identity and whereabouts of the abuser also affected expectations of the mother. An abuser already in prison removed the pressure on mothers to exclude him. An unknown abuser increased the pressure on mothers to exclude all men. The social workers' understanding of and approach to abusive men also affected the expectations of mothers. The more permanent the status of abuser is seen to be, the greater the expectations of mothers. Judgement of whether abusing fathers could be rehabilitated with their families had changed over time, social workers becoming less optimistic as they saw cases of reabuse occurring and the expectations of mothers - to separate permanently rather than temporarily - changing accordingly. Their judgement of the risk contact with an

abuser posed to children other than those already abused
had also increased over time. The approach to abusers
also varied with age. In one case only, the mother was
not required to separate the abuser and the abused child,
where the two were brothers. The social worker said they
had judged she would be able to prevent the abuse
recurring once she knew about it. However such a
judgement was not made in any other circumstance and it
seemed likely that it was affected by reluctance to accord
a child the permanent status of abuser and fear of
punishing either child by removal since abusing children
are commonly seen as victims too. In other words, the
expectations against which mothers are assessed are
socially constructed and continually changing.

As mentioned above, assessment is an ongoing process
throughout intervention. McCarty (1981) has argued that
initial assessments should focus on the mother's ability
to protect the child in the present, not on past tellings.
Cooper & Ball (1987) too argue that while child abuse in
general is an interactional event involving past, present
and future it is arguably the future that is most
important. Most accounts of assessment however lay great
emphasis on the circumstances surrounding the abuse,
including the mother's response (Sgroi & Dana, 1982;
O'Hagan, 1989; Smith G, 1990). At some point in the
aftermath, mothers' needs too are likely to involve
reconsidering past events. It is therefore important to
consider the way in which social workers interpreted
evidence of the past. One of the most direct forms of

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mother-blaming seemed to be a result of reinterpreting information about the past in the light of knowledge about subsequent events, and focussing on the outcome of mothers' actions (the recurrence of abuse, for instance), with little if any attention to the processes involved.

Family systems theory is in one form a subcategory of this broader phenomenon. There was little evidence of a family dysfunction model of incest affecting social work practice except via referral of one case to a specialist agency whose treatment programmes for child sexual abuse were based on family systems theory. The analysis outlined in the therapist's reports illustrates this form of mother-blaming. There was no suggestion that the mother in this case had known of her husband's abuse of her daughter before the child told a teacher, and professionals became involved. However therapy, focussing on the family as a unit, required her to acknowledge her 'part in the situation'. Her depression and loss of interest in sex following her own severe health problems and her husband's unemployment, were described as 'the background of factors which may well have triggered the abuse'. Another extract illustrates the sense of inevitability that is accorded all events and interactions preceding the abuse:

> 'poor communication <u>leading to</u> the difficulties which eventually <u>led to</u> the abuse of T when Mrs B became depressed ...' (emphasis added).

In effect this sort of analysis takes the risk out of risk factors (since while many women become depressed, not all of their husbands sexually abuse their daughters) and

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turns them into triggers. It thus imposes a meaning on past events which is derived from present knowledge, and attributes a role to mothers which bears no relation to their knowledge, intentions and actions at the time.

Social workers too showed a tendency to reinterpret the past according both to later knowledge of events and to stereotypes, and to misrepresent the evidence on mothers' responses available to them accordingly, either in written summaries in case files or in interviews. One form this took was to resort to oversimplified dichotomies between knowing and not knowing, believing and disbelieving, showing a lack of attention to the mother's process of discovery. In one case a mother who had expressed doubts about her husband's denial when interviewed alone about the social workers' suspicions, was later subsumed under 'both parents deny'. This common tendency to lump parents together meant that the fact that mothers may have different reasons for 'denying' than fathers was not recognised.

In another, the social worker reported 'the mother didn't believe (her daughter) whatever', when the file revealed that the mother had taken the child to the police station to report the abuse when her daughter first told her but when the child, faced with the threat of a medical examination, retracted, the mother assumed she had been lying, since she had a history of behaviour problems which included lying. The confusion generated by children's patterns of telling and by the denial of abusers (for social workers as well as mothers) was not seen as

relevant here. Both these mothers later on indicated belief or moves towards it - their dismissal by social workers as disbelievers therefore represented a missed opportunity to work with them as well as a misrepresentation of their response.

In another case, the firsthand account of the child, aged 13 and abused over several years by her stepfather, indicated that she had told her mother of an incident three or four years before she spoke outside the family. Her mother had confronted her husband, told him never to do it again and told her daughter to tell her if he did and she would go to the police. The abuser had then refused to speak to the girl for two days, after which he continued to abuse her, accusing her of being a baby and a grass for telling. This sequence of events was later reconstructed in a number of ways. In one instance it was reported that the child had told her mother and 'the mother disbelieved her'. There was no evidence to suggest disbelief however - rather the mother had apparently believed her daughter but not considered further action necessary. Another summary described the mother as 'aware the abuse was happening'. This interpretation relies either on the suggestion that mothers should assume that one incident of abuse accords the man a permanent and irredeemable status of abuser, or on the conflation of knowing of one incident with knowing everything that happened subsequently. Either way, it resulted in comments on the mother's actions such as that she had continued to go out to work every morning, 'leaving her

cohab plenty of opportunity' and 'leaving (her daughter) with no protection'. If however, she trusted her husband not to repeat the abuse, leaving her daughter in his care would not appear to be leaving her with no protection. A third example noted that the child did not tell her mother again because her mother had not protected her the first time. Again this interprets the mother's actions in the light of later events, since if the abuser had responded to the mother's confrontation, she would presumably have succeeded in protecting her daughter. There was no evidence to suggest that the mother knew her attempt to prevent the abuse recurring had been unsuccessful. Furthermore, it is equally likely that the pressure placed on the child by the abuser was the reason she kept silent about later incidents.

These issues of interpretation clearly affected practice as the social worker described attempting to 'impress the seriousness' of the situation on the mother by pointing out that the child had not been safe from assaults in her own home and had not felt able to tell a second time, adding 'what did that say about the degree of trust in the family?' In other cases social workers tended to try to help mothers understand why the child may have felt unable to tell (including fears, threats etc) rather than to use this as an indication of their failure.

Another case illustrates the importance of taking seriously the way mothers, and other family members define their situation and judge their actions. In this case, the mother had taken protective action, acting together

with her eldest daughter as guardians to the abused

daughter once the child told and preventing further abuse

by her husband. While it had been one of the most

difficult cases from the SSD's point of view, involving

breaching department procedures, the women in this family

had in fact achieved a solution satisfactory to everyone

(a rare outcome in these cases). The abused daughter had

gone to live with her elder sister and had no further

contact with her father (the abuser). The mother

continued to live with her husband but visited both her

daughters regularly and maintained close relationships

with them.

Other examples of retrospective reinterpretation

included two cases in which the social workers appeared

dismissive of the mothers for having had a sexual

relationship with the abusers themselves, implying some

form of collusion as if they had known that the men were

potential abusers of their children and were therefore

implicated or contaminated by their contact. Again, this

involves a lack of attention to chronology and process and

had meant that there had been no recognition that the

mothers' own relationships with the abuser might be an

issue for them in accepting the abuse of their children.

In all the above cases, there was sufficient

information obtained firsthand to indicate that the

reconstructions involved misrepresentation. This is not

always the case and it is likely that such resort to

stereotype is more common when uncertainty prevails. The

social work process involves gathering information from a

variety of sources, other agencies involved with the
family, different members of the family, neighbours and
friends. Much of this is secondhand or further removed
from its original source and some of it is unreliable and
hence workers often have to attempt to construct a version
of events from incomplete information. In one case, the
difficulty of obtaining an accurate account of the
mother's response seemed to contribute to a lack of
interest in the process and the suggestion that outcome
spoke for itself, that 'events show she didn't do enough
to protect them'.

The lack of interest social workers often showed in
mothers' responses, except in so far as they met or failed
to meet children's needs, reflects a definition of
motherhood involving culpability and responsibility for
ever-changing child needs (Graham, 1982b). This, together
with anxiety over child protection and the role of social
workers and mothers as the main alternative sources of it,
resulted in judgements that 'she knew' or 'she
disbelieved' being reached despite evidence to the
contrary, as shorthand for 'not doing enough'. The
implicit assumption in most assessments of the past was
that mothers should have dropped all else and responded
only to the child's needs. Meeting this expectation was
rarely possible however since such needs were defined with
the benefit of hindsight, and seemed often to ignore the
necessarily risk-taking nature of child-rearing.
Similarly, attaching the judgement 'failure to protect' to
a mother on the basis of sexual abuse occurring involves

blaming by retrospective reinterpretation, unless the mother's actions in the light of her knowledge at the time could be seen as negligent, whether or not the sexual abuse had occurred.

Assessment of the events surrounding the abuse was only one factor affecting social work planning and decision-making. Social workers' response, like that of mothers, needed to be understood in the context of the individual case and the conflicting relationships involved. While overall policy aimed at maintaining children with and supporting the non-abusing parent in cases of sexual abuse, such an aim does not resolve the problems of decision-making in individual cases. In relation to all forms of child abuse, workers' decisions are based less on general principles than on 'what is believed to be best for this child and this family at this time' (Stevenson, 1989b, p154, emphasis in original). Such decisions are invariably complex, and rarely made lightly (Packman & Randall, 1989b). Despite the common caution against the removal of sexually abused children, other problems sometimes justify placement in themselves, children sometimes want to live away from their families and the issue of placement has therefore to be decided individually (Borgman, 1984). The action taken in the present sample of cases was influenced by the previous history of contact with the family, the whereabouts of the abuser, the mother's response to the abuse and to intervention, and the child's expressed wishes.

In ten of the 12 cases examined for the present study

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the SSD had previously been involved with the mother because of other childcare concerns, and in two of these the children were already in voluntary care when the sexual abuse was discovered. None of these previous concerns indicated participation in the sexual abuse, which in all cases where the circumstances were known had happened in the mother's absence, nor did they necessarily indicate an unprotective response when the sexual abuse was discovered. However they did affect the SSD's judgement of the mother's ability to meet the child's increased needs in the aftermath and to protect the child from further abuse. In two cases the mother had rejected the abused child in the past and in two others there were long-term problems of neglect and lack of supervision. The more common problems however were the mothers' inability to control the children and sometimes fear of harming them, affected by their own experiences of domestic violence and depression, and SSD concerns about the effects of marital conflict on children.

In six cases where the children were not already in care, a Place of Safety Order, voluntary care order or wardship proceedings were instituted shortly after the discovery of sexual abuse. In one case, the child herself requested voluntary care. In another the mother requested care for her abusing son who she felt unable to control. In three cases some form of alternative care for the child was already under consideration (boarding school, wardship or voluntary care) and the sexual abuse heightened existing concerns about the need to establish a secure

base for the children. In only one case was the sexual abuse and the mother's response the sole reason for removing the child from home. In this case the abuser (the child's stepfather) was also removed, charged and prosecuted but the mother continued to visit him every day and declared her intention to stand by him. The reasons for the child's temporary removal, despite the absence of the abuser, were to protect her from pressure to retract her statement and to 'impress the seriousness' of what had happened on the mother. While the approach to the mother was confrontative rather than supportive and smacked of punishing her for her continued commitment to her husband, the situation did show that removing the abuser does not necessarily resolve the dilemma of whether or not to remove the child.

Both past history and future expectations influenced the approaches social workers made to mothers. Where the children were already in care, in one case the SSD had already decided to go for full care and control and the social worker made no attempt to work with the mother about the sexual abuse or to consider her feelings about it. She was confronted with it, denied knowledge and was not believed. From the social worker's account, the sexual abuse had seemed to be the 'last straw' in his relationship with the mother, whose promises in relation to her children had rarely been matched by performance. Little work was done with her at all at this time, although later it was resumed when the SSD's application for full care and control was refused by the court and

plans for rehabilitation were ordered. In the other of these cases, the mother's distress at the discovery of the sexual abuse, for which she was offered support, seemed to trigger a turning point and plans for permanent fostering were dropped as she became more actively involved in therapeutic work on other family problems geared to rehabilitation.

The inconsistency of decisions to place children's name on the child protection register has been noted (Corby, 1987) and the last chapter noted that mothers sometimes felt these were unjust. The present sample of social work cases suggested that some inconsistency was accounted for by the attempt to negotiate conflicting relationships. Some decisions to place the abused child's name on the register appeared to be made simply on the basis of abuse being confirmed or the child being considered to be at risk, but other factors mentioned included the message registration would give to the mother (concern at a negative effect where the mother was cooperating with the social worker, or the possibility of a positive effect in increasing motivation to cooperate with plans for therapy, for instance), to the child (showing her her complaint had been taken seriously) and to a new authority where one family were moving (attempting to ensure allocation of a social worker). Wise (1990) too notes that the register needs to be understood in its context within a complex set of social processes.

The need to balance conflicting relationships also

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affected other decisions, for example, not to go for
wardship because the mother was already cooperating with
treatment plans, and not to push for prosecution for fear
of dividing a mother and child further.   The negotiation
of conflicting relationships carries the risk of not
always prioritising the immediate interests of the child,
for social workers as for mothers (Cooper & Ball, 1987).
It may also sometimes impede the building of alliances
with mothers, since for example the mother may feel
punished by registration by misreading the intention of
it.   Careful explanation of the basis of such decisions to
all concerned could minimise this problem.

Implementation and review

This stage may involve therapeutic work with families (in
practice mothers and children in all but one of the cases
studied). Alongside this the social worker's role
involves combining support and monitoring.   In the
aftermath, the expectations of mothers in situations in
which they themselves had not committed the abuse and in
which the abuser had disappeared from the scene were not
always clear.   Concerns about protection seemed almost an
excuse for some continued involvement and monitoring.   One
social worker in these circumstances admitted

> 'it's difficult to be absolutely clear about what has
> to be different for the family to be dealing with it
> properly'.

Another social worker with a similar case expressed the
same vagueness about what change was expected, implying a
sort of irrevocability and a very negative definition of

her role:

> '(with physical abuse and neglect) you can get
> alongside, appreciate the difficulties of a single
> mother with 4 children. The mother can say well I
> didn't hit them this week. With sexual abuse you're a
> constant reminder that it's happened, that she's
> failed as a parent'.

In the absence of greater clarity about the source of
concerns about protection - whether they derive from
perceived failures in the past which could be improved or
from changed needs - mothers may well feel punished.

Both the approach taken by social workers to mothers'
disbelief or uncertainty (supportive or confrontative) and
the time allowed mothers to consider the information are
important influences on the ability to build alliances.
Difficulty in believing the abuse had happened seemed to
have been conflated sometimes with unwillingness to
protect, ignoring the losses involved for mothers and
leading to an approach which allowed only a one-off
assessment of belief. One mother, whose response was
assessed in a single interview, with her daughter, at
which she was unable to accept the abuse, later
reconsidered her response on the basis of new evidence.
By that time the social workers were no longer interested
and the mother unwilling to communicate further with them.
In another case the social workers were still discussing
the mother's ambivalence about belief with her six months
after their own discovery, the children having been in
voluntary care in the meantime but with rehabilitation
planned. In another, the mother's belief was resolved
over a period of a few months with little discussion,

primarily it seemed as a result of improvements in the mother's overall circumstances and in the child's wellbeing which made the abuse less threatening to her.

While disbelief is clearly linked to the mother's capacity to protect (and to the way in which family context influences the effects of abuse on the child) the two issues should be kept separate. Two mothers who had difficulty believing the abuse initially were yet protective to their children. On the other hand, two mothers who believed the sexual abuse were yet not able to meet the child's needs for protection.

Support for mothers' feelings where the abusers were their current partners was also impeded by the lack of legal action taken against abusers and the pressure the mothers were under to prove their commitment to excluding them. In only one case had the mother been given support for her own feelings about an abusive partner. In this case he was temporarily absent from the household (in prison for another offence) and the immediate protection of the children was therefore not an issue. This mother had also been considering permanent separation already and decided on this shortly after the discovery.

Family and/or individual work was often necessary to address the consequences of the abuse on all family members. Issues included mothers' feelings of hurt that the child had not told them, children"s age-inappropriate positions of responsibility in the family, children's need to express anger at not having been protected, and mothers' needs for help with the abused child's and other

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children's responses. In some cases it was clearly impossible to separate the effects of the abuse on the child from the effects of other family problems, for example where marital conflict was exacerbated by the discovery of sexual abuse even though the abuser was not the mother's partner, or the abuse was one in a series of traumatic events for the child. In these circumstances social workers attempted to address other problems and/or to refer the whole family to other agencies for family work.

However it was not always clear that such a reason existed and this response, whereby the sexual abuse became a trigger to focussing on other family 'pathology' seemed sometimes the result of the crisis sexual abuse precipitated being used as an opportunity to build a relationship with mothers and motivate them to work on other pre-existing problems. Where the mother accepted professional involvement because of the child's abuse social workers and specialist agencies were keen to address all observed problems before they or the family withdrew. In one case the crisis did prompt the mother to do intensive therapeutic work which social workers had been attempting to encourage for years, and in another the mother's own feelings of loss made her more receptive to counselling for herself than she had been before. In others however mothers resisted the attempt to get them and the children or the whole family into therapy, the purpose of which did not seem clear.

The discovery of sexual abuse did often trigger the

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recognition of other problems, which might have increased the child's vulnerability, which affected the mother's ability to respond to the child's current needs and/or which mediated the effects of the abuse on the child. However, unless their significance is explained and a clear separation made from responsibility for the abuse, the expectation that mothers show 'willingness to change' may well feel like blame for the sexual abuse. These problems may be necessary to address in the interests of the child, but it should be noted that similar problems are likely to exist in many families where abuse does not take place. Elmer's study comparing physically abused and non-abused children found unanticipated pathology among most families in all groups and evidence of considerable psychological damage in many of the children, and concluded that the common factor contributing to these difficulties was poverty and all that went with it, poor education, inadequate housing, menial jobs, poor health and environmental violence (Elmer, 1977).

In two cases referral to a specialist agency for family work seemed to represent a response to uncertainty, the need for 'some intervention', and in one this was presented as an alternative to registration which was judged impossible 'when everything seems so vague'. Social workers (as well as mothers) were sometimes uncertain about the child's needs, whether a safe environment or therapy were more important, a normal life or special needs, forgetting or talking. Those mothers who cooperated with family work did so either to regain

children from voluntary care or to facilitate the return of an abusive husband.

The need to get help to the child clearly affected the work done with mothers. Mothers were often in a position to interfere with social work plans for the child, either by not turning up to appointments made or by showing their own distress in front of the child so that social workers feared the child would be further inhibited from talking about their experience. Two mothers were resistant to individual work with the child, one feeling she was being singled out for special treatment over the other children and the other resenting the child talking to someone else when he would not talk to her. In one case where the children were already in care when concerns about sexual abuse arose, they were not fully communicated to the mother for fear that her reaction would silence the children. One reason social workers sometimes favoured children being in care was to have unimpeded access for therapeutic work.

It is increasingly recognised that therapeutic intervention for children is unlikely to be successful unless the needs of mothers are also addressed (Wright & Portnoy, 1990). The local authority studied did not at the time have any group or special facilities available for mothers of sexually abused children. Neither did it have the resources to allocate more than one social worker to a case. Hence, social workers were struggling to address the child's needs and the mother's in relation to sexual abuse, commonly in the midst of a host of other

problems affecting the family aswell as in the context of large and varied caseloads. The discussion of the social worker-mother interaction above is intended to illuminate its difficulties from social workers' perspective as well as indicating points at which mothers most likely felt invalidated and/or blamed.

* * * * *

This chapter has illustrated the complexity of social work intervention in cases of child sexual abuse and some of the dilemmas involved in the attempt to build a practice which is non-blaming to mothers. In some ways the position of social workers and mothers is similar. Both have responsibilities for child care and child protection but lack the power and resources to fulfil this task effectively in a society which in many ways condones male violence and certainly fails to take effective action to prevent it, and assigns childcare to the unpaid and undervalued work of women. Mothers of course are usually considerably more powerless than social workers. Most social work clients' lives are characterised by poverty, limited education, racism, poor mental and physical health, early marriage and childbirth, unemployment etc, and too much should not be made of similarities. Neither are the similarities there are simply a result of the gender of workers, as some accounts of feminist social work suggest (Nice, 1988). Although women social workers are commonly at the bottom of the social work hierarchy,

and gender affects many aspects of practice with child

sexual abuse (Frosh, 1988; Stevenson, 1989c; Hearn 1990),

and with other problems (Hartman & Vinokur-Kaplan, 1985),

the issues discussed here are connected with the field

social worker's role and tasks as much as the gender of

the worker. The social work role and gender are not

wholly separate issues however, since social work itself

is culturally defined as female, and that is reflected in

its low social status and frequent scapegoating by the

media in the wake of child deaths (Wise, 1990). It is

undoubtedly difficult for social workers to empower

clients, when social work itself is not empowered by the

wider society.

On the broadest level, it is the lack of collective

responsibility for childcare which results in pressure on

social workers both to restrict access to limited public

resources and to protect children, and hence to pass as

much of the buck as possible on to mothers. According

sole responsibility to mothers for the needs of children

is particularly inappropriate in relation to child sexual

abuse by family members where mothers have so much

themselves to lose. On a more immediate level some of the

problems identified are pitfalls which could relatively

easily be avoided. Care could be taken to assess mothers'

responses in the context of the complex processes involved

rather than imposing an interpretation based on hindsight.

Adequate supervision for social workers would lessen the

likelihood of the stress involved in child sexual abuse

triggering unrealistic expectations of mothers or

resulting in impatience with the slow and difficult work

of investigation which again rubs off on mothers.

Training could complement a 'child-centred' perspective

with recognition of the complexity of mothers' position.

Resources for both material aid and therapeutic work would

mean social workers had more to offer mothers than

surveillance. But it must also be recognised that many of

the dilemmas - the balancing of conflicting interests and

timing between mothers and children, for example - do not

have easy answers. The final chapter will draw out in

more detail the implications of the studies described in

this and preceding chapters for policy and social work

practice.

Notes

1. See the Cleveland inquiry report for examples of
differing interpretations of children's behaviour
(Secretary of State for Social Services, 1988).

CHAPTER 9:
DISCUSSION

This study has explored the responses of mothers to the
sexual abuse of a child by another relative or member of
the household from their own perspectives. Previous
research on this subject has categorised mothers'
responses by outcome. The present study offers a
reconceptualisation of mothers' responses, based on the
identification of four key processes, which may overlap in
a variety of ways in individual cases. First, mothers'
responses involve a grieving process, of coping and coming
to terms with the multiple and ongoing losses the abuse
involves for them. Secondly, their degree of knowledge
depends on an interactive process of discovery, involving
others within and outside the family, and influenced by
the availability, interpretation and evaluation of
evidence as well as by their response to loss. Thirdly,
working out what to do involves the negotiation of
conflicting relationships within which it is almost
unavoidable that some risks with the child's safety are
taken, although the extent of the risks tolerated varies
according to the worth of the other relationships
involved. And fourthly, the decision to 'go public'
involves a help-seeking career in which a range of aims
and inhibiting factors are reflected in the timing of
help-seeking, the source from which help is sought and the
mother's experience of others' responses, both from

informal networks and professional intervention. The factors influencing these processes were identified and their implications for the way in which mothers' responses may be influenced are discussed further below.

The preceding two chapters have examined the interaction between mothers and social workers from both sides. Mothers commonly felt their own experience was invalidated in their contact with statutory agencies, and the analysis of the social work process in chapter 8 suggests sources of this feeling other than the adherence to a 'family dysfunction' model of child sexual abuse and/or sexism, which have been the focus of earlier critiques (Nelson, 1987; MacLeod & Saraga, 1988; Dominelli, 1989). This final chapter discusses issues of theory, further research, social policy and social work practice in the light of the findings of the study.

THEORY AND RESEARCH
The family systems/feminist debate revisited
A currently popular position with regard to the explanation of child sexual abuse is to sit on the fence, arguing that no one theory or perspective is enough (DoH, 1989a) and that 'a multi-faceted approach to child abuse' is necessary (Rogers & Rogers, 1989, p50). It is undoubtedly true that explanation is a complex and as yet unresolved issue. Furthermore, no perspective or theory has all the answers to the complex dilemmas that practitioners face. However, this position is not entirely satisfactory.

The issues raised by feminism - the need to
disaggregate the 'family' to examine the different
experiences of individuals within it, the significance of
gender and power in family/household relationships, and
the interconnectedness of conflict and inequity within the
family/household with structural inequalities in the wider
society - are always relevant. Recognition of this is a
prerequisite for an understanding of child sexual abuse
and for an appropriate response. It is never appropriate
to talk of 'family meaning systems' (cf Bentovim, 1988b)
without considering the meaning of abuse to the child
(Bagley & King, 1990; Parton N, 1990), to siblings and to
the mother separately from its meaning to the abuser.
The term 'sexually abusing families' to refer to families
in which one individual abuses another (cf Fawcett, 1989)
is both inaccurate and stigmatising. References to
'parents' denying abuse (cf Dale, 1989) frequently ignore
the different access to information of abusing and non-
abusing parents and the different reasons for denial.

Mothers' actions need to be understood within the
constraints imposed by a society which undervalues the
unpaid work of childcare assigned to women, inhibits
women's ability to participate on equal terms with men in
the labour market and reinforces dependence on men as
preferable to dependence on state benefits. This is not
to deny the significance of individual factors in women's
responses, since patriarchy is reproduced at the
psychodynamic as well as the social level (Hearn, 1990).
It is to stress however that policy responses need to

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address the social context as well as the individual.

If family systems thinking addresses these issues, it may be reconcilable with feminism. If not, but continues to lay claim to scientific neutrality free from ideological purpose (cf Sturkie, 1986), it is likely to reinforce the oppression of women and children in families. Therapeutic work is fundamentally about change. As such it cannot avoid the question of what values are implicit in the direction of change sought.

Family systems thinking has potential for understanding the meaning of abuse to the child (Masson & O'Byrne, 1990). It also has potential in treatment for shifting the interpersonal power dynamics of family relationships, by enabling women to challenge 'one-up/one-down' relationships for example (Smith G, 1989b). If the interaction of patriarchy at the social and the psychodynamic level is recognised to be complex, there is a place for 'second-order change' on the basis that 'equality cannot be externally assigned until it has been internally perceived' (Schaef, 1985, p74).

Family systems thinking also has a number of pitfalls however, aside from the functionalist view of the family which underlies some versions, its accompanying sexism and the consequent potential for confusing issues of responsibility. The focus on fixed and repetitive roles can result in lack of attention to the meaning and sequence of interactions which are of central importance in understanding mothers' experience. The lack of attention to sequence can further lead to interpreting

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mothers' actions with the benefit of hindsight, focussing
on outcome rather than process, possibly the most common
form of mother-blaming. This study has illustrated the
complexity of the processes involved in mothers'
responses. These need to be taken into account if
understanding of mothers' experiences is to form a basis
from which to work.

Secondly, where an assumption of circular causality is
adopted, there is a danger that all family interactions .
are lumped together indiscriminately in the causal net.
This carries the risk of wrongly assuming that if other
problems are resolved, the abuse will not recur. Thirdly,
the focus on communication in family systems theory has
sometimes led to the suggestion that secrecy or failures
of communication are at the root of abuse (cf Welldon,
1988). This explanation may both misrepresent the
sequence of family interactions in which secrecy is
commonly constructed by the abuser to protect his actions,
and again lead to ignoring other problems. If the roots
of abuse in the offender's motivation are not resolved, he
may simply reconstruct the secrecy. Fourthly, there is a
danger of conflating the abuse itself with the
circumstances in which it occurs, if the language of
'sexually abusive syndromes' and so on is adopted (cf
Bentovim, 1988b). This, as well as sexism, may contribute
to mother-blaming by increasing the scope for confusion
over issues of responsibility. The present study
indicates the need for a clear distinction between the
sexual abuse itself on the one hand, the accountability

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for which should be located with the perpetrator, and in relation to which mothers' guilt and self-blame was debilitating, and on the other, the circumstances in which it occurred and might recur, for which taking responsibility could be experienced positively by mothers despite the losses it involved. The family systems conflation of all family interactions does not accord with the way mothers experience them.

Future research

Research on mothers' responses needs to seek to reflect the range and complexity of responses rather than to dichotomise into supportive and nonsupportive or protective and unprotective groups. Such categories obscure the way in which mothers may respond differently in relation to different processes, for example believing the abuse has occurred but not preventing it recurring, or being unable fully to believe but yet stopping all further contact with the suspected abuser. There is a need for larger-scale research which can assess more fully the influence of mothers' economic and social resources on their responses, and for longitudinal research which can pick up the long-term impact of the sexual abuse of a child for the child and other family members. There is a need to look too at the differences for mothers made by the gender of the abused child. The present study was too small to accommodate this, but it is likely to be a significant issue particularly over the long term where the risk may be greater of boys 'acting out' or becoming

abusive themselves in response partly to their own experience. There is also a need to examine in more depth the difficulties that face mothers in cases of sibling abuse.

Research should address the responses of other family members as well as mothers to child sexual abuse. The abuse of a child may have effects on siblings, and the responses of siblings may affect the experience of the abused child. Furthermore, where the child's father or stepfather is the closest relative to the abuser, his response may be more important in influencing the future protection of the child than that of the mother. It is important however that the way in which the experience of parents or carers is gendered is kept in mind, and the similarities and differences between the responses of non-abusing mothers and non-abusing fathers are the subject of study.

There is a need too for research on the interaction of different forms of family violence, in particular the relationship between domestic violence and the various forms of child abuse. Attention needs to be paid in such research to the influences of gender on definitions of abuse (Gordon, 1989). Current evidence that mothers predominate in cases of neglect (emotional and physical) (Parton C, 1990) may in part be the result of the different social expectations of mothers and fathers. Since there are fewer expectations of fathers to care, they may be less likely to be judged culpable of neglect.

POLICY AND PRACTICE ISSUES

The discussion that follows elaborates the implications of the present study for child protection policy, social work practice, criminal justice and other social policies. These areas all interact, and particularly in relation to the first two it was not always clear in which section to raise which issues. As a rough guideline, issues discussed under the heading of child protection policy are those which concern management levels in local authority social services departments as well as national policy-makers. Those discussed under social work practice are those which field workers involved in individual cases might draw on.

Child protection policy

There is a need for guidelines which recognise the different issues that child sexual abuse raises from other forms of child abuse, and the different positions of abusing and non-abusing parents. Not all local authorities yet have these (Smith G, 1990).

i) Loss, timing and resources

The specific issue that the secrecy surrounding sexual abuse and the losses involved in discovery raise mean that a different approach to timing and to assessment are necessary for mothers in these circumstances from that in other cases of child abuse. Mothers commonly have the most to lose as well as being the child's primary source of support, and it may sometimes be appropriate to look to

other family members - older non-resident siblings, for example - for immediate protection, as well as working to increase mothers' own resources for coping.

Given the analysis of mothers' responses as involving a grieving process, the question commonly asked is 'how long does it take to get over?' There is no real answer to this, as each person differs. The question is more one of resources, how much is to be provided to meet mothers' needs for emotional and material support in the aftermath of abuse, and children's needs for therapeutic help and good quality alternative care when necessary. Two other points should be noted. First, conflicting, mismatched stages of recovery between mother and child should be expected as more the rule than the exception, and as far as possible, time should be allowed for the mother's needs to be addressed before long-term choices are required or judgements made on her ability to protect the child. While the mother's timing has to be balanced with the child's, it is likely that the longer the abuse has been going on without the mother's knowledge, the longer it may take her to adjust to the discovery, since this may involve reassessing a substantial period of her past life.

Secondly, secondary victimisation is a long-term and non-linear process (Remer & Elliott, 1988a). The ongoing difficulties of caring for a sexually abused child described in chapter 3 demonstrate that mothers who take immediate action to prevent further abuse should not be assumed to have no long-term needs for support. The recognition that non-abusing parents may 'need help to

adjust to the changes in their lives' (DoH, 1989a, p29) suggests only short-term support geared to a quick return to full private parental responsibility. However, a recent study of cases of child sexual abuse by family members and others found that only 9% of families needed no further support after a 12-session crisis intervention period, and concluded that the classic crisis intervention model was applicable only to a limited range of cases (Gomes-Schwartz et al, 1990).

ii) Alliances, resources and rationing

Given the significance of mothers' support for the child's healing (Conte & Berliner, 1988; Everson et al, 1989), the trend towards building alliances with mothers of sexually abused children, aiming to enable them to protect their children where possible is likely to be beneficial to both mothers and children. However, there is a danger, in the context of scarce resources and an inadequate care system, that this aim will simply operate as a system of rationing, i.e. mothers who protect their children will get no further help. The redefinition of mothers as non-abusing parents may perversely contribute to this, facilitating a view of mothers only as resources for children and not as clients themselves. The recognition of mothers' own experiences of victimisation, both primary and secondary, is therefore an essential complement, indicating the mothers' own needs for support. The concept of victimisation also emphasises that responsibility for the onset of the problem lies

elsewhere, with the perpetrator, while not removing

responsibility for the solution (Janoff-Bulman & Frieze,

1983).

Support for mothers (including daycare provision,

facilities for shared care, information about sexual

abuse, counselling/therapy as appropriate and

material/financial aid) has obvious resource implications.

Without it, the attempt to build alliances is unlikely to

work. Mothers in the present study often contested the

degree of responsibility expected of them and while they

often wanted some help, they resented the control

exercised against them (often in the absence of any

effective control against the abuser). If social workers

have nothing to offer but a place on the child protection

register and further expectations, they are likely to meet

with increased resistance.

Attention to mothers' own needs, and the sources of

their difficulties in responding to those of children,

should not however be at the expense of direct work with

children, who need resources other than their mothers.

Moreover, it should not be assumed that all children want

to stay with their mothers, and support for mothers needs

to be developed alongside improvements in alternative

care, not as a substitute. Nor should work with mothers

divert attention from the increasing recognition of the

need to include fathers in work geared to child

protection. They are commonly the source of the problem

in cases of sexual abuse and often also in cases of

physical abuse. The more that is done about abusers, the

less needs to be expected of mothers.

There is also a need for intervention for all families of victimised children, not only those where the abuser is a member of the household. Since family relationships may affect the meaning of abuse to the child (whether or not a family member is involved) and are an important factor in their recovery, there is a need to assess and increase family members' understanding of child sexual abuse, of the needs of victimised children and of ways they can help (Conte & Berliner, 1988). There is also a need for support for parents' own grief as secondary victims and to work through their own memories of abuse that may be triggered by the child's abuse and/or affect their response. Child sexual abuse remains a 'family problem' in the aftermath, despite the inadequacy of familial explanations.

iii) Child-centeredness, training and supervision
The child's needs are the central purpose of intervention. However, 'child-centeredness' as a principle does not resolve the issue of how children's needs are best met or who should bear responsibility for them. The significance of mothers' responses in mediating the effects of sexual abuse on children suggests that social workers need training that increases understanding of the perspectives and needs of mothers as well as those of children. This should pay less attention to consideration of mothers' contribution to the occurrence of child sexual abuse, and more to the contribution they can make to the child's

recovery. It needs both to recognise that the majority of
mothers are able to offer their children at least some
support, and to identify the reasons they are not always
able to do so. It also needs to increase understanding of
the roots of mother-blaming in both the myth of
uncontrollable male sexuality and the unequal
responsibilities expected of women as parents. Mothers
commonly suffer considerable guilt and self-blame without
any prompting. Any indication that others blame them is
likely to lead to quick withdrawal from contact with
agencies.

Social workers need intensive supervision to avoid
passing on their own anxieties in unrealistic expectations
of, distancing mechanisms from or spreading suspicion to
mothers. Both the emotional impact of child sexual abuse
work and the uncertainty that commonly surrounds it create
extra needs for supervision over and above those of other
child abuse work.

iv) The use of authority in social work
In debates on the tension between care and control in
social work with child abuse, it is important to note the
impact of authoritative intervention on different members
of the family. It should not be assumed that control is
necessarily experienced negatively, nor that the tension
can be eradicated either by equating care with control (cf
DoH, 1988) or by divorcing them by organisational change
(cf Kerslake & Cramp, 1988). Workers need to be aware of
the ways in which weaker members of the family may want

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controls exercised against the more powerful and to direct
their authority accordingly. If women seek help to
challenge abusive men and receive only instructions set
for their own behaviour, they may well resist intervention
in the ways they are used to resisting the rules set by
their partners. If social workers are to establish a
partnership with mothers, they need as far as possible to
avoid replicating the role of the abuser (if a dominant
partner) as an authority figure, and to attempt instead to
enable women to regain control of their lives. Resources
are also relevant to the question of care and control,
since the less social workers have to offer mothers in
terms of material aid, shared childcare and emotional
support, the more they are likely to be experienced solely
as a form of policing and resisted accordingly.

v) Procedures and discretion

There is a case for allowing more discretion for social
workers in negotiation with mothers as to whether the full
force of child protection procedures are invoked when a
referral is made. Given the loss of control the discovery
of child sexual abuse involves for mothers, care should be
taken not to exacerbate it more than is necessary in the
interests of the child concerned. Negotiating such a
decision would also be a concrete demonstration of the
intention of partnership.

vi) Removing and/or rehabilitating abusers

It is now widely recommended that abusers (where known to

be members of the household) should be removed rather than children. While this is likely to lead to less guilt for children, it is important in relation to mothers to distinguish between removing abusers at the time of disclosure and allowing for the possibility of rehabilitation or reconciliation later on. This possibility depends on the availability of effective treatment for abusers, which again demands extensive resources. However to adopt a policy of removing abusers without consideration of this possibility is simply a cheap option, leaving all the responsibility for the protection of children from men's violence with mothers. During the crisis period the responsibility for meeting children's needs can also be shared by moving a caseworker into the home (Conte & Berliner, 1988).

Although ruling out rehabilitation altogether is an unsatisfactory solution, the protection of children and empowerment of children and women must be the first priority. The possibility of rehabilitation should not be driven by the social and economic disadvantage experienced by lone mothers. Treatment programmes which offer rehabilitation commonly claim to do so only if all members of the family wish it (cf Fawcett, 1989). The reality of this choice is limited however unless women have the possibility of independence as an alternative. Chapter 5 demonstrated the influence of social, economic and psychological constraints on women's sense of options. The choices of mothers and children are clearly interconnected in such a situation although they are not

necessarily the same. It is in part women's financial
dependence that makes it difficult for children to tell
their mothers (La Fontaine, 1990). If mothers wish a
continuing relationship for similar reasons, children are
likely to continue to feel constrained in their own
choices. Only if women have experienced the ability to
live independently, are they likely to be able to make a
meaningful choice about their own relationship with the
abuser, and to enable children to do likewise. Whether or
not women wish to continue their own relationship with an
abusive partner, experiencing their own capacity for
autonomy, with increased self-esteem and expectations of
others, would reduce their vulnerability to relationships
with men violent to themselves and/or their children in
the future.

vii) The allocation of social workers
It has been recommended that mothers and children should
have separate social workers (MacLeod & Saraga, 1988) or
alternatively that each member of the family should have
separate representation (Driver & Droisen, 1989). This is
likely to be desirable partly because of the amount of
support that may be required in the early stages of
intervention, and also because of the conflicting
interests of different individuals. The latter should be
seen as inherent in the situation rather than an
exceptional circumstance (cf Glaser & Frosh, 1988).
However, separate social workers should not be seen as the
sole solution to conflicting interests. All social

workers need to be aware of these and their roots in
structural inequalities alongside working with
individuals, dyads or the family as a whole. The
allocation of separate social workers has obvious resource
implications.

Social work practice

Many of the issues highlighted by the accounts of mothers
in this study are salient to good practice generally.
Women wanted to be treated as equals, to be kept informed
as to what was going on, and for their strengths to be
recognised. Accounts of feminist (or woman-centred)
social work practice also suggest ways of working relevant
to all women clients - the need to recognise the social
dimensions of their situation and the validity of their
emotional responses (Dominelli & McLeod, 1989) and both to
recognise commonalities between workers and clients as a
cornerstone and to explore diversity within that (Hanmer &
Statham, 1988). There is also a need for ethnically
sensitive practice, which recognises, for example, the
greater dilemmas about seeking help that may be involved
for women of ethnic minorities (Channer & Parton, 1990).
Sensitivity to the issues of gender and race does not
however provide easy answers to the problems of child
abuse work, the complexity of which was illustrated in
chapter 8.

This section explores issues specific to mothers of
sexually abused children at different stages of
intervention. There is overlap however between the

different stages and some of the issues discussed in
follow-up work may well be relevant to investigation and
vice versa.

i) Investigation: first contacts
Social workers need to work with mothers during
investigation both to elicit their support if possible and
because mothers are likely to know more about the child,
if not about the abuse, than they do. The Child
Assessment Order, introduced in the Children's Act 1989,
may have an important role to play in child sexual abuse
cases where mothers do not know about the abuse and/or are
resistant to investigation. The Child Assessment Order is
intended to enable assessment without removing the child
from home. This is likely both to cause less distress to
the child than removal via an Emergency Protection Order
(which replaces the Place of Safety Order), and to be less
threatening to mothers, holding open the possibility of
cooperation when further information is obtained.

The point at which investigation is initiated, if
suspicions arise from a source other than the mother,
clearly depends on the circumstances of the individual
case. However, when mothers are approached, they should
be assumed to want the best for their child (given the
support and resources to achieve it) rather than assuming
they have failed. It has been argued that the risk of
suicide attempts means mothers 'facing a sexual abuse
accusation' should be asked about prior sexual abuse in
their own childhoods and about prior suicidal thoughts and

behaviour (McCarty, 1981). There are two problems with this argument. First, it is important to avoid the connotations of 'accusation' which imply blame and are likely to alienate mothers immediately. Whatever the evidence available to others, it should not be assumed that mothers either know about or have condoned the abuse. Secondly, it should be possible to explore prior suicidal thoughts and make clear the worker's concern for the impact of such a distressing discovery without asking at this stage about the mother's own experience of sexual abuse. Given the subjective appeal of cycles of abuse in the early 'why me? why her?' confusion of discovery, such a question may well trigger an assumption of guilt by repetition which will inhibit mothers' capacity to respond to the child. A clear statement of the accountability of the perpetrator alone for sexual abuse needs to be made. At this stage mothers should be interviewed alone, with time and support allowed for their own feelings.

ii) Assessment

Assessment procedures should distinguish between abusing and non-abusing parents. The dominant approach to assessment in cases of child abuse focusses on the viability of the marital relationship as a key focus (Dale et al, 1986b). In cases of child sexual abuse, it is the mother's willingness to separate (if the abuser is her partner) that is crucial. The purpose of assessment should be explained as considering the mother's ability to respond to the child's needs in the aftermath of abuse and

what forms of help they may both need, and not as implying

blame for the abuse itself. It is also essential to

interview the mother alone, as well as observing her

relationship with the child and with the abuser (if she

has a continuing relationship with him).

The difficulties of making accurate predictions in all

cases of child abuse are well-known (Dingwall, 1989;

Parton & Parton, 1989). However, professional judgements

have to be made and are made on the assumption that human

behaviour has some consistency. Two questions are raised

by this: across what similar or different circumstances

can behaviour be expected to be consistent, and what

weight to accord to the past in relation to the present

and future (Stevenson, 1989b). The present study suggests

a number of factors to be borne in mind in relation to

mothers of sexually abused children. First, the social

work study found no clear evidence that mothers who had

had previous childcare problems were necessarily unwilling

to protect children sexually abused by others. The

dynamics of sexual abuse itself, planned and committed in

secret, and the implications of its discovery for mothers,

are a quite different set of circumstances to those

associated with stress-related forms of abuse, such as

physical abuse or neglect. It is likely that the mother's

long-term relationship with the child is of more

importance than specific incidents of abuse. Gomes-

Schwartz et al (1990) found that women who had generally

hostile attitudes to their children or felt overburdened

by them were more likely to respond negatively to the

discovery of sexual abuse, but dependency on children did not seem to impede appropriate reactions.

Secondly, it should not be assumed that women who have left and returned to violent partners in the past will necessarily do so again. As chapter 5 demonstrated, the role of sexual abuse as the 'last straw' means that the reverse is more likely to be the case. Studies of battered women have shown that they are more likely to seek help (Bowker et al, 1988) and to leave violent men (Strube, 1988) if child abuse is present than if it is not. Women who have never previously considered leaving their partners may be more likely to have difficulty deciding to do so.

Thirdly, women who report having been sexually abused themselves as children should not be assumed to be any less able to protect their children than those who do not. Rather, as discussed in chapter 3, the broader experience of childhood attachments are more likely to be significant in their ability to come to terms with loss. Gomez-Schwartz et al (1990) found no evidence that mothers who had been sexually abused themselves responded any differently to a child's sexual abuse than those who had not. Moreover, the present study found that women drew on their own experiences of sexual abuse as a resource with which to understand their child's, and they could therefore have some positive value.

It is important to counter the stigma attached to past experiences of child sexual abuse. One study of professional attitudes demonstrates its influence. Kelley

(1990) argues that professionals should hold the abuser solely responsible, and notes that professionals with a history of child sexual abuse themselves were more likely to do so than those without. She nevertheless ends with the recommendation that professionals who were themselves abused as children need to resolve their own feelings about past victimisation if to intervene successfully. This is probably true but an equally appropriate conclusion might have been that professionals who have not been abused themselves might have something to learn from those who have.

Finally, in interpreting evidence about mothers' responses to the child's abuse, care needs to be taken to recognise the complexity of the processes of discovery and response, outlined in chapters 4, 5 and 6. Clearcut dichotomies between knowing and not knowing are likely to be impossible. Neither evidence of past tellings, the failure to prevent abuse recurring or reluctance to seek help or report it to agencies should be taken as indicative of mothers condoning the abuse or being unwilling to protect the child.

iii) Case conferences
There is a case for considering the different positions of abusing and non-abusing parents in relation to participation in case conferences. Mothers' views need to be heard separately from those of an abusive partner since in tandem they may be intimidated into presenting a united front and disguising conflicts which may be highly

significant for the potential protection of the child.
While it may seem unjust to exclude abusing fathers from
equal parental participation, it has also been argued in
relation to child custody that formal 'equal rights' may
often perpetuate women's disadvantage and further not
necessarily be reconcilable with the principle of
prioritising the child's welfare. A proposed solution has
been to operate with a 'primary carer principle' which
attempts both to address children's needs and to achieve a
more substantive form of equality (Smart, 1989a). A
similar solution may be appropriate in relation to case
conferences - that participation for the primary carer
and/or non-abusing parent should be considered to take
priority over the participation of the abusing and/or non-
caring parent.

iv) The child protection register
Having a child's name placed on the child protection
register was not always perceived as stigmatising by
mothers. Given a policy context of aiming to support
mothers to protect children, mothers may experience this
positively as giving entitlement to priority help and/or
backing for excluding abusers. It is also important
however to give clear reasons to mothers for their child
being placed on the register, especially where there is no
risk of further contact with a known abuser.

v) Follow-up work with mothers
Working on grief: The sources of loss for mothers when a

child is sexually abused are many, various and ongoing.
It should not be assumed that if the abuser is not her
current partner, there is no loss involved. The analysis
of mothers' responses to child sexual abuse as involving a
process of secondary victimisation (outlined in chapter 3)
has a number of implications. First, conflict should be
expected between mothers' and children's needs as
conflicting impulses between resistance and adaptation are
part of the normal process of working through grief.
Judging or condemning this because it is not what the
child needs at this time can seriously inhibit the
process. Secondly, as far as possible time should be
allowed for the mother to work through this in her own
time. Thirdly, it should be recognised that uncertainty,
either regarding the circumstances of abuse or the
identity of the abuser, makes the losses for the mother
more difficult to resolve.

The fact that mothers commonly experienced the sexual
abuse of a child by a partner (or ex-partner) as having a
coercive and humiliating meaning to themselves, and hence
as a form of sexual violence against them as well as the
child, means that particular care needs to be taken to
avoid explaining it with reference to marital sexual
problems (cf Friedman, 1988). Given the common lack of
control women already had over their sexuality, this
reinforces that experience. Rather, their own right to
sexual autonomy needs to be emphasised, and only after
that is fully established (and felt, not simply stated),
may it be appropriate to consider therapeutic work to

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improve the marital sexual relationship if the mother and partner are to stay together. Workers also need to be aware that mothers have commonly been victimised in other ways themselves.

The issue of explaining abuse needs to be treated with due recognition of its complexity and with sensitivity to the implications of particular explanations for the mother, as well as clarity about the abuser's personal responsibility. For example, the idea that some abusive men are motivated by the search for eternal youth may be appealing to psychoanalysts but profoundly threatening to a mother in a societal context where femininity is associated with youth.

Particular care also needs to be taken to avoid guilt being triggered by circumstances such as the mother being out at work or visiting friends when the abuse happened. Should this result in the mother giving up these parts of her life, her resources for coping with loss may be severely depleted. Maintaining continuity in areas of life not directly affected by the abuse is an important factor in coming to terms with loss. Grieving also involves retying the threads of continuity in the mother's own life. Even if separation from an abusive partner is a quick decision, mothers may need the time to work through their feelings in the aftermath. Self-esteem is also important in coming to terms with loss and can be fostered by recognition of mothers' strengths. It is particularly important to avoid further damaging it by interpreting mothers' actions with the benefit of hindsight and

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focussing on the outcome of their responses without

adequate attention to the complex processes involved.

While the time to come to terms with loss is

important, increasing mothers' resources is equally vital.

Mothers are likely to develop more positive ways of

coping, the greater their psychological, social and

economic resources. The need to forget or redefine

circumstances is likely to disappear as women's sense of

their ability to influence events increases. One of the

greatest sources of loss is the anticipated or actual

effects on the child. Mothers should be informed both of

the significant difference that their response can make to

the child's recovery and of the other resources to be made

available to help the child. Emphasising the damage to

the child and long-term effects in an attempt to 'impress

the seriousness' of it on mothers is likely to exacerbate

their losses. Evidence of long-term effects from adults

may not necessarily indicate the future prospects for

children abused today if adequate therapeutic programmes

are made available.

Working on belief: The analysis presented in chapter 4 of

mothers' discovery process suggests a number of levels on

which workers may contribute to mothers' ability to

believe that a child has been sexually abused. Strategies

may focus on increasing the availability of information,

for example working with the child to enable her to tell

the mother, helping her to write a story that can be shown

to the mother, or using an existing statement if there is

one. Alternatively they may address the interpretation of
evidence, for example helping mothers to understand
children's silence or denial. Children's reluctance to
tell of abuse should not be interpreted as indicating
fault in the mother for 'unavailability' or failures of
communication. To adopt such an explanation is to
underestimate the difficulties of telling inherent in the
experience of child sexual abuse (Summit, 1983), the way
these are exacerbated by the loyalty children often feel
to their abuser especially if a natural parent (Gomes-
Schwartz et al, 1990), and the complexity of the discovery
process. While general information, such as the
infrequency of false allegations from children, may be
useful, at least as much if not more attention needs to be
paid to interpreting the behaviour of the individual child
(and possibly abuser) in their specific context.

A third level involves the evaluation of evidence,
i.e. the definition of abuse. It should not be assumed
that this is self-evident. There is room for confusion in
a number of areas: the relationship between pleasure and
harm if the child appeared to enjoy the sexual contact,
the significance of the power relationship between adults
and children in defining abuse, the indirect relationship
between harm and visible effects. In particular mothers
are more likely to be able to define abuse in terms of the
child's experience if they have a sense of their own power
as adults and of a right to control over their own
sexuality.

The analysis of discovery in terms of changing

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awareness contexts which are the product of interaction indicates both the complexity of obtaining, interpreting and evaluating evidence, and the overall context of losses and gains involved. In helping mothers to believe it is necessary to address both these dimensions. If awareness involves only further losses, addressing belief via the availability, interpretation and evaluation of evidence may not be successful, rather triggering coping strategies which redefine the available evidence. Hence, stressing the devastating effects of disbelief on the child (cf Gomes-Schwartz et al, 1990) may well be counterproductive, if the mother has already disbelieved her. Indicating the positive effects the mother's belief and support can still have is likely to be more helpful. The association of femininity (and especially motherhood) with selflessness appears to make some workers dismissive of the need mothers have for hope that things can improve in order to give them a 'reason to believe'. Recognition of their strengths, of the contribution they can make to the child's recovery, and a clear statement of the perpetrator's sole accountability for the abuse can all help to counter the sense of loss.

Working on protection: There is evidence from this study and other accounts (Koch & Jarvis, 1987; Orten & Rich, 1988) that mothers who accord their own needs legitimacy as well as their children's are better able to meet their children's needs than those who, following the dictates of traditional femininity to be selfless, either deny or

express anxiety about their own needs. Hence the empowerment of mothers, in the sense of increasing assertiveness and personal strengths as well as social and material resources, should not be seen as an alternative to working towards parental responsibility. Rather it is a vital part of such an aim.

Workers need to be aware that the process of working out what to do for mothers (outlined in chapter 5) is an ongoing one of negotiating conflicting relationships, a conflict rooted in the structures of heterosexuality and mothering. Where a choice between child and partner is necessary, a choice 'for the child' should not be expected to be automatic. No woman in the present study decided to leave an abusive partner on the basis of the child's abuse alone. The decision to leave an abusive partner entails consideration of either finding another man, or enduring the social and economic disadvantages of lone parenthood. If mothers reenter another heterosexual relationship in these circumstances, conflicts are likely to recur given the loss of trust in men both child and mother may have experienced. Probably the most important factor that could enable more mothers to decide to separate from abusive men would be changes in social policy which lessened the social and economic disadvantages of lone parenthood. These are outside the scope of social workers in individual cases, but within broader social constraints attempts to encourage women towards some degree of economic independence and to increase their social networks are vital.

While social support is important, chapter 6 demonstrated that it cannot be assumed that informal networks will meet all mothers' needs. The degree of support that can legitimately be asked of relatives always involves delicate negotiation (Finch, 1989) and mothers often expressed fears of upsetting their relatives with the news, as well as of being further upset themselves by their relatives' reactions. In the absence of wider community education about sexual abuse to counter the fear of deviance it arouses, informal networks are unreliable sources of support for mothers and often present further obstacles for them to overcome. Groups for mothers of sexually abused children can play a vital role in breaking down isolation and enabling mothers to accord validity to each others' needs (Baghramian & Kershaw, 1989; Wright & Portnoy, 1990). Such groups could draw on the experience of groupwork with depressed women generally (Corob, 1987). Cognitive therapy may also be useful in countering the sources of debilitating self-blame.

The expectations of mothers in the aftermath need to be made clear by outlining what exactly the concerns about protection are, especially where the abuser has no further contact with the child. It should also be borne in mind the way these are influenced by factors other than the mothers' behaviour, such as the possibility of prosecution or effective treatment for abusers, and alternative ways of meeting children's needs for protection given at least as much attention as attempts to reinforce the responsibilities of mothers.

There is also a need to recognise mothers' long-term concerns as valid. In receiving instructions that the child must not have any further contact with the abuser, for instance, mothers may be thinking of the ongoing nature of family networks over years or decades. Concerns for the long-term future should not be dismissed as irrelevant even if they are unlikely to be resolvable in the present.

vi) Keeping case files

It is important that records reflect and maintain the complexity of mothers' responses to child sexual abuse. There is a tendency to resort to stereotypes such as 'she knew', 'she disbelieved' as shorthand for not doing enough, despite evidence which suggests their inaccuracy. Such distortions may not necessarily be reflective of practice, but are nevertheless important in themselves, since future workers will base their approach to mothers on what they have read.

The criminal justice system and other social policies

Further changes to rules of evidence to facilitate more frequent prosecution of child sexual abuse offenders have recently been proposed, including arrangements for children to give evidence before the trial, thus avoiding the distress currently caused by long delays (Pigot Committee, 1989). However, it has also been argued that the courts' current use of imprisonment for convicted offenders could mean this makes things worse for the child

and family. Glaser & Spencer (1990) therefore suggest
that such changes should be accompanied by the greater use
of non-custodial sentences, i.e. probation orders with
conditions of treatment under a named psychiatrist, and
with conditions of residence away from home.

Some points should be borne in mind in this debate.
First, it is commonly argued that imprisonment does not
stop abusers reoffending except by the obvious means of
restricting their access to children. It is highly likely
that imprisonment alone does not prevent reoffending,
given the current organisation of prisons (Stern, 1987)
and the limited treatment facilities within them (Cowburn,
1990). However, imprisonment and treatment are no more
mutually exclusive options than are probation orders and
treatment. Punishment and treatment can be combined in a
number of different ways (Tilley, 1989). The increasing
recognition of the difficulty of effective therapeutic
work with abusers (Spencer & Nicholson, 1988; Wyre, 1989)
should not mean the task is abandoned, but that there is a
case, in the interests of child protection, for
imprisonment while it is undertaken. The role of
imprisonment in restricting the access of abusers to
children should not be underestimated. If no one else
performs this role, the burden falls more heavily on
mothers (and social workers) and their capacity to perform
it effectively is limited. Moreover, ordering the
offender to live away from the child he has already abused
does not restrict him in any way from abusing others.

Treatment programmes need to demonstrate their

effectiveness both in identifying those abusers who are unlikely to offend again while in treatment, and in preventing recidivism, before non-custodial alternatives can be a safe option. When that is the case, their success is likely still to rest on the informal controls operated by the family (i.e. women) aswell as court orders on treatment and residence (Wolf et al, 1988). Hence, they may be appropriate for certain groups of abusers, where mothers and children wish this, and where their own needs have been sufficiently addressed to make this a genuine choice. In the meantime, many of the criticisms made of the prison system apply equally to other prisoners - the distress caused to family members by separation and the removal of all responsibilities from offenders, for example (Stern, 1987) - and could with more benefit be tackled by changes within the system.

Secondly, the case against imprisonment rests partly on the effects of family breakup and the loss of a breadwinner in creating additional distress to 'the family' and hence to the abused child. This is undoubtedly a real issue. However, the analysis presented in chapter 7 indicated that prosecution and imprisonment have positive as well as negative meanings for mothers, and this may well be true for children too. While justice should perhaps not be equated with imprisonment (Glaser & Spencer, 1990), non-custodial solutions leave women and children more vulnerable to the ongoing harassment that commonly occurs when women separate from violent men (Dobash & Dobash, 1979). The removal of abusers can give

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an opportunity for women to discover their capacity for independence, as well as indicating that their suffering is not socially sanctioned. Some women in the present study were deterred from seeking help by anticipation of the penalties their partners might suffer. Others however were deterred by fears that nothing effective would be done to protect them and their children from violent men. For these, decreasing the sanctions of the law carries the risk of increasing their sense of isolation and powerlessness within the family.

There is a tendency in such debates to present women's economic dependence on men as universal, natural and inevitable. In this debate as elsewhere, however, 'the family' needs to be disaggregated and alternative options considered which would promote women's autonomy, and hence their ability to protect children (aswell as themselves) from violent men. Despite the 'myth of the male breadwinner', only a small minority of households actually are fully dependent on a male wage (Millar & Glendinning, 1987). The assumption that dependence on a male wage protects women from poverty has been consistently shown to be fallacious by studies examining the distribution and control of resources within households (Pahl, 1983; Graham, 1987). While women often have less access to income when they separate, they also sometimes have more control over it (Graham, 1987). However, the inadequacy of social security benefits, and in particular the freezing of child benefit, reinforce dependence on men, which in turn increase the difficulties mothers face in

protecting children. The conflicts entailed by women's

position could be significantly reduced by social policies

which detached women's entitlement to income from the

presence or absence of a partner, and related them to

labour market participation and caring responsibilities

only (Lewis, 1989).

The evidence of the present study and a larger one of

physical child abuse (Stark & Flitcraft, 1988) suggests

that tackling men's violence against women as well as

children has the greatest potential for preventing child

abuse. Violence against the mother commonly precedes the

abuse of children, and children are used by violent men

both to extend their control over mothers and to extend

their domain of control to someone with less power to

resist. Currently policy on child abuse and domestic

violence are developed quite separately. There is a need

to bring the two issues together in response as they are

in reality.

The difficulties women have in leaving violent men are

compounded not only by economic dependence, but by low

wages, lack of childcare and lack of affordable housing.

Greater collective responsibility for childcare and other

caring work could expand women's options for both identity

and economic survival beyond marriage or men and

mothering, and lessen the likelihood of mothers both

overinvesting their own needs in men and/or children and

being unable to meet their children's needs when conflicts

arise between relationships. The question of

responsibility needs to be located within the broader

context of societal responsibility for children. There are two possible strategies for protecting the vulnerable: reducing preventable vulnerability, and protecting those already vulnerable (Goodin, 1985). More attention needs to be paid to the first, to reducing children's vulnerability to their parents, and especially their mothers. It is unrealistic in terms of children's needs as well as oppressive to women to expect mothers to bear the entire burden of protecting children in circumstances which perpetuate their social and economic disadvantage.

Increased pre-school provision would increase the resources of children and mothers. The marked increase in registered cases of child sexual abuse involving under five year olds indicates a need for provision which would facilitate detection (Creighton, 1990). Social workers' task would also be considerable eased by greater collective responsibility for childcare, since their crossing of the public-private boundary would become less charged. It is the view of childcare as rightfully the private business of parents, that makes social work intervention an implied 'statement of mistrust' of parents (Glaser & Frosh, 1988), and hence so threatening to mothers.

There is an important role for voluntary and self-help organisations in work with women victimised by men themselves and mothers of abused children. Twenty-four hour counselling lines offer the benefit of availability at the point the mother needs it (a rare occurrence in statutory services), although their lack of funding and

generally overstretched resources limit the extent to which their performance matches this promise. They also provide a place for women to check out their suspicions and concerns and talk through their options without fear of unleashing an uncontrollable bombardment of intervention. Refuges too provide vital temporary accommodation, although again their lack of funding restricts the role they can play. It is, as Kelly (1989) points out, a bitter irony that while concern about child sexual abuse is at such a high level, those feminist projects which worked for its recognition, such as rape crisis centres and Women's Aid refuges are losing their funding despite continuing and escalating demand for their services.

There is also a need for education about sexual abuse. Some schools have introduced education programmes on sexual abuse for children, but this needs to be extended. The government view that the primary responsibility lies with parents is unrealistic (DHSS, 1988). A study of parents in Boston found that the vast majority did not provide information for their children in an accurate and useful way despite widespread awareness of child sexual abuse as a problem (Finkelhor, 1986b). The common difficulty parents have in talking about sex with children, the tendency to think it could not happen to their child, and their anxiety at the thought of it, all seemed to contribute to this. Parents therefore need education too if they are to fulfil this function. They also need education to recognise the signs that a child

may be being abused and to understand children's responses and difficulties in telling. Children who tell are most likely to tell a parent or caretaker (Gomes-Schwartz et al, 1990), and parents need to know how best to respond, and how to cope with their own feelings.

However, a parent may also be the child's abuser. Children need direct education themselves. They need to know that they can tell someone if something happens that they do not like, and they also need help to recognise abuse. This means going further than the good touch/bad touch distinction and teaching children they can 'say no'. Children, especially young children, find it difficult to 'say no' to adults and are not generally encouraged to do so in the rest of life. Being taught that they should say no may also induce guilt or self-blame in those who have been sexually abused if they did not. In addition, children who are sexually abused sometimes do say no, with little effect. To empower them therefore involves giving them information which clearly locates responsibility with the abuser to recognise the ways their vulnerability can be used against them. Berliner & Conte's (1990) study of the process of victimisation, which is based on the accounts of children themselves, could provide a useful basis for this. Children also need to learn about their own bodies to gain a sense of awareness of them and autonomy in their sexuality, and in adolescence to learn about consensual relationships.

On a broader community level, adults - parents, potential parents and others - need to learn not only how

to recognise signs that a child is being sexually abused but to understand what it is and why it is wrong. This should not be assumed to be self-evident. Adults too need to learn about consensual relationships. The current consideration of making rape in marriage a crime is welcome (if overdue), but such legislative action (if implemented) needs to be backed up with education and other social changes that counter the current association between masculinity and violence and ways in which the use of coercion in personal relationships is sanctioned. Linking child sexual abuse to the widespread practice of coercive sexuality and to structural power relations of gender and age would help also to counter its allocation to the sphere of incomprehensibly deviant activity. If such an understanding were fostered, mothers would face considerably less obstacles in seeking help from informal networks when they discover that a child has been sexually abused.

There is a case too for change to the laws on the parental right to remove children from the education system. Gordon has noted that one form of child sexual abuse, the 'domestic incest pattern' declined after the 1930s partly because compulsory education through high school prevented adolescent girls being kept at home and allowed children more time with their peers to become aware. It is currently possible for parents to elect to educate their children at home. There is a danger in this of reducing children's resources outside the family. Parents who wish to have full control over their

children's cognitive development may also have problems in accepting or promoting their children's autonomy in other ways.

Overall any policies which break down the allocation of childcare to the supposedly private world of the family, and women's associated dependence and isolation within that world, will contribute to the protection of children from sexual abuse by family members. It is by and large children's dependence on their parents and women's dependence on men that hold both in situations of family violence. Increasing the access of both groups to other resources for material and emotional well-being would replace a dangerous degree of dependence with a safer and more equitable balance of autonomy and interdependence.

Please reply to:
PO Box No 309,
London N16 7XD

Dear Parent,
     As you will know, there has been increasing
recognition recently of how widespread a problem the
sexual abuse of children is. I think there is a real need
for more understanding of the difficulties that face
mothers when they discover that their child has been
sexually abused. I am doing a study of the experiences
and needs of mothers whose children have been sexually
abused which I hope will contribute to this. Would you be
willing to help me by talking about your experience?
     Several local authorities have agreed to pass on this
request for me to mothers who have been in this position.
I have not asked them to give me your name and address or
any information about you. If you contact me it will be
entirely your choice how much you tell me, and everything
you say will be treated with the strictest
confidentiality.
     To tell you a bit about myself, I have worked for five
years in a group of women counselling around rape and
sexual abuse - working with women who had been sexually
assaulted themselves and with mothers whose children had
been abused. Over the years I became aware that there is
almost nothing that you can read based on mothers speaking
for themselves about what it was like to find out that
their child had been sexually abused, how they felt, what
they did, and what they found helpful or otherwise in
their contact with agencies and professionals.
     I would like to learn from you what your experience
has been, and how it has affected the rest of your life.
I'm asking each woman who considers taking part to meet
with me for a preliminary interview in which I will
explain in more detail the purpose of the study and answer
any questions you may have. If, after that, you decide to
participate, this would involve meeting for an interview
of 1-2 hours and then once again a month or two later. I
hope this work will be useful to other mothers whose
children have been sexually abused and those working with
them.
     If you think you might be willing to help me, please
fill in the form attached and return it to me and I'll
contact you (confidentially) to arrange a time and place
to meet. If you do contact me, noone will know about it
but me, and everything you say will be in complete
confidence.
     I do hope that I'll hear from you,
Yours sincerely,

Carol-Ann Hooper

Please fill in enough for me to contact you (e.g. first
name and phone number) and return to: Carol-Ann Hooper, PO
Box No 309, London N16 7XD

Name:

. . . .

Address:

. . . .
. . . .

Would you prefer to be contacted by:
Letter .....
Phone ...... (please tick)

If phone please give number:
Home ....
Other ....

[Best time to phone
. . . .]

If you are not willing to meet, but would like to say
something about your experience, please write to me
anyway.

APPENDIX 2:   BRIEF CASE DETAILS FOR MOTHERS INTERVIEWED

1)   AN
Aged 36 at time of interview, white, working-class.   In process of divorce.   No paid work currently (part-time manual work in past when married).
Abuser of child: AN's ex-husband (child's father), no longer co-resident (separated before abuse discovered).
Abused child (B): girl, aged 7, 2nd child of two, sexually abused from age 2(?) to 5, when abuser co-resident and later on access visits.   Living with foster parents (voluntary care), due to return to mother shortly.

2)   BM
Aged 52 at time of interview, white, middle-class. Married.   No paid work currently (administrative work before marriage, stopped at birth of first child, brief period of part-time manual work in early years of marriage).
Abuser of child: BM's husband (child's father), still co-resident.   Abuse stopped when defined as such by mother.
Abused child (C): girl, aged 19, 2nd child of four, sexually abused from age ? to 11, abuser co-resident.   All 3 siblings also sexually abused by father.   Continued living with both parents until left home.

3)   CL
Aged 35 at time of interview, white, working-class. Married.   No paid work currently (skilled manual work and clerical before and during marriage, stopped after abuse of child discovered).
Abuser of child: CL's husband (child's father), still co-resident.
Abused child (D): girl, aged 8, 1st child of two, abused from age 4(?) to 5, abuser co-resident.   Living with foster parents (on care order granted 18 months after discovery of abuse).

4)   DK
Aged 30 at time of interview, Afro-Caribbean, working-class.   Single.   No paid work currently (clerical work in past, stopped at birth of first child).
Abuser of child: DK's ex-cohabitee's relatives (uncle and half-brother to child), no contact since discovery of abuse.
Abused child (E): girl, aged 10, 2nd child of 4, sexually abused on two separate occasions, aged 5 and 8.   Still living with mother.

5)   EJ
Aged 50 at time of interview, white, middle-class. Married.   Professional occupation (retrained after 10 years out of paid work from birth of first child).
Abuser of child: EJ's ex-husband (child's father), separated one year after abuse discovered, and divorced.
Abused child (F): girl, aged 27, 1st child of 4, sexually abused from age 12 to 15, when abuser co-resident. Continued living with mother until left home.

6) FP
Aged 55 at time of interview, white, working-class. In process of divorce. No paid work currently (homework in past while married).
Abuser of child: FP's ex-husband (child's father), separated temporarily immediately after first discovery of abuse, permanently 7 years later, shortly after discovery of recurrence.
Abused child (G): girl, aged 15, 3rd child of 3, sexually abused at age 7, then again from 9 to 14, when abuser co-resident. Still living with mother.

7) GR
Aged 33 at time of interview, white, working-class. Married (but husband currently in prison). No paid work currently (none since birth of first child).
Abuser of child: GR's son (child's half-brother), living with relatives on care order.
Abused child (H): girl, aged 3, 3rd child of 3, sexually abused from age 2 to 3, abuser co-resident. Still living with mother.

8) HS
Aged 38 at time of interview, white, middle-class. Married. Clerical occupation.
Abuser of child: HS's father (child's grandfather), no contact since abuse discovered.
Abused child (J): boy, aged 11, 2nd child of 2, sexually abused from age 5 to 9, on visits to abuser's house. Still living with mother.

9) JT
Aged 27 at time of interview, white, middle-class. Cohabiting. No paid work currently (clerical work in past, stopped at birth of child).
Abuser of child: JT's ex-husband's relatives (cousins to child), no contact since abuse discovered.
Abused child (K): girl, aged 5, only child, sexually abused on 2 separate occasions, aged 4 to 5, on visits to abusers' house. Still living with mother.

10) KV
Aged 32 at time of interview, white, working-class. In process of divorce. No paid work currently (clerical work before marriage, stopped at birth of first child).
Abuser of child: KV's ex-husband (child's father), separated shortly after abuse confirmed.
Abused child: girl (L), aged 13, 1st of 2, sexually abused from age 8 to 12, when abuser co-resident. Still living with mother.

11) LH
Aged 49 at time of interview, white, working-class. Cohabiting. Part-time manual work currently (and throughout most of marriage).
Abuser of child: LH's ex-husband (child's father), separated after about five years of suspicion. Abuser still living with 'child', now aged 26.

Abused child: girl (M), aged 26, 2nd of 4, sexually abused from age 13(?), ongoing, abuser co-resident. Living with father.

12) MG
Aged 22 at time of interview, white, working-class. Divorced. No paid work currently, but planning part-time manual work.
Abuser of child: MG's ex-husband (child's stepfather), separated before abuse discovered.
Abused child: girl (N), aged 6, 1st of 3, sexually abused from age 2 to 5, when abuser co-resident, and later on access visits. Still living with mother.

13) NF
Aged 39 at time of interview, white, working-class. Married. No paid work currently (part-time manual work before married, stopped at birth of first child).
Abuser of child: NF's ex-cohabitee (not child's father), separated shortly after abuse discovered.
Abused child: girl (P), aged 6, 3rd of 3, sexually abused aged 5 over period of months when abuser coresident. Living with foster parents (on permanent care order).

14) PE
Aged 35 at time of interview, white, working-class. Cohabiting. Clerical work currently (and throughout most of prior cohabiting relationship).
Abuser of child: PE's ex-cohabitee (mother's cohabitee to child), separated six months after abuse confirmed.
Abused child: girl (R), aged 13, only child, sexually abused from age 5 to 12, when abuser co-resident. Still living with mother.

15) RD
Aged 35 at time of interview, Afro-Caribbean, working-class. In process of divorce. No paid work currently, but planning part-time manual work.
Abuser of child: RD's ex-husband (stepfather to child), separated shortly after abuse discovered.
Abused child: girl (S), aged 13, 1st of 3, sexually abused from age 11 to 12, when abuser co-resident. Still living with mother.

APPENDIX 3: INTERVIEW SCHEDULE

SHEET 1 - fill in by hand

NUMBER ....
Age last birthday ....

Married/divorced/separated/widowed/single
No of times married ....
Age got married (each time) ....

Age left school ....
Qualifications...
What did immediately after school ....
Jobs in past, length of time in them ....
Training ....
Other qualifications ....

Where lived during childhood ....
Where lived when working/training ....
Why living in present town ....
Where parents live now ....
Still see parents regularly ....
Mother: age ....
         job ....
Father: age ....
         job...................
No of siblings, age and sex ....
Your place in family ....
In contact with siblings ....

Housing - rented flat/rented house/council flat/council
house/owned flat/owned house/other ....
Tenancy - own name/partners name/joint/shared with others
Living with husband/male partner/relatives/others/on own

Husband/male partner (including ex-husbands)
Age ....
Age left school ....
Qualifications ....
Job ....

Children, number, ages and sex ....
Living with you ....

Involved in a stable relationship ....
Heterosexual/lesbian/bisexual/celibate ....

White/Afro-Caribbean/Asian/other descent
Born in UK .... If immigrant, when came to UK ....

Source of income ....

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CHILDHOOD
1. Who brought you up?
2. What was relationship with her like? [as child under 11/during adolescence]
3. Did she work outside home? what job? did she like it?
4. What sort of relationship did you have with your father? [as child/during adolescence]
5. What was your parents relationship with each other like?
6. Your relationship to brothers and sisters?
7. How did you all get on as a family?

8. School/education - how felt about it
9. Friendships

10. Adolescence - sex education, where came from
11. Sexual messages - in family
           - in school/peer group

12. When left school - what did you want to do? what did mother want you to do? father?

13. Work - what did you do? did you like it? If changed jobs, what job did like best? why?

14. When did you start having relationships with boys? how did you feel about them? early sexual experiences?

15. When did you first leave home? why?

MARRIAGE

16. How old were you when you met your husband?
17. How did you meet?
18. Husband's occupation/yours at time?
19. How long did you go out together before getting married?
20. How did you spend your time together when going out?
21. What made you think you'd like to marry him?
22. Why did you decide to get married when you did?
23. How felt about getting married/what expected it to be like?
24. What were other people's reactions - your parents e.g.?/anyone else?
25. Do you think you'd always thought you would get married one day, or not?
26. Did you expect to work when you were married?

27. Afterwards - was it what expected?
28. Did you change? did he?
29. Who did what about the house?

30. What sort of things did you and your husband do together [at home/out]?
31. What did you expect of him as a husband?
32. What did he expect of you as a wife?
33. Did you have rows? What were they over? How did you resolve them? [specific e.g.]

34. Did you go on working outside the family? occupation?
35. How did you organise money between you? [whole wage/allowance/pooling/independent]
36. Who made decisions about what you spent it on? [housekeeping/other]
37. What about other decisions - did one of you tend to make them or both?
38. Did you have friends you still saw on your own?
39. Did you still see much of your family?
40. Who did you talk to about things that troubled you? [husband/other]
41. Did you see as much as you would like of other people or would you have liked it to be different?
42. If there were problems between you and your husband, was there anyone you would talk to about them?

43. How well did you feel you knew your husband?
44. How well did you feel he knew you?
45. Did you talk to him about things that were worrying you?
46. Were there things you would not talk to him about? why?

47. What was sexual relationship like?
48. Did you feel able to choose when you had sex?
49. Was he affectionate/able to talk about his feelings?
50. Did husband ever use physical force or threat to try to have sex with you? (if yes, when did that start?/any pattern to it? - give e.g. of what happened, how you felt/responded)

51. Did he ever hit you? (if yes, when did that start, how often, any pattern to it)
52. Did he threaten or intimidate you in any other way? - verbally e.g.
53. If yes, could you tell when it was likely to happen?
54. Did you have ways of avoiding it?
55. e.g. of incident (first/worst)
- events leading up to
- what he did
- what you did
- feelings during/after
56. Did you ever tell anyone about it? what was their reaction?
57. Did you have contact with any agencies
- police/dr/hospital/social worker/solicitor/courts/any other?
Were they helpful?
58. Did you ever think of leaving? ever leave? why did you go back?
59. Who did you feel was responsible for the violence?

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why do you think he did it?
60. How do you think it affected the children?

61. What did you like best about living with him?
62. What did you like least?

MOTHERHOOD
63. Did you always want to have children? why?
64. How long had you been married when had first child?
65. Was that your choice/his/just happened?

66. Was it what you expected it to be like, having a baby?
67. Who looked after the child - all your responsibility or shared?
68. Did you stop working outside the home? If YES, did you miss it?
69. How did you feel about the actual work involved in looking after your children? did you enjoy it?
70. Was there anything you particularly liked or disliked?
71. What age have you enjoyed best with the children? why?
72. What age do you like best?
73. What were the best things about being a mother for you?
74. What were the worst things?
75. Did it change you?

76. "Many couples find that, when they have children, they have a feeling of growing apart from each other because the husband and wife live in separate worlds. Others find that having children brings them closer together because they share a common interest and concern." Did you find either of these situations in your marriage?

77. How do you think your relationship with your husband changed when your children were born? [closer/more distant]
78. Was your husband supportive? Did you discuss problems and difficulties with him? Was that helpful?
79. Did he understand what it was like for you to be a mother with young children?
80. How involved was he with the children? [tasks, time, responsibility, decisions] from what age? different with different children?
81. Was that what you wanted?
82. What did you expect of him as a father?

83. Were there any particular difficulties with this child? how did it change as s/he grew up/why? Was s/he a good/easy child?
84. Did you have any help from anyone else with the children [mother, friends, other mothers]?
85. Did you talk to anyone outside the family about worries you had about the children?

86. Were there differences with second child/others?
- father's involvement

- your relationship with child
if so, why do you think that was?

87. Did father ever hit any of the children? which/when?
88. Did you ever hit any of the children? which/when?

WORK AND MOTHERHOOD
89. While not working outside the home, what did you do for money?
90. Did it bother you having to ask your husband for it?
91. Was it difficult in any way?

92. Did you go back to work after having the children? why did you decide to do that? what did you do? did you enjoy it? what did you like most about it? was there anything you didn't like about it?

93. What do you feel in general about mothers working?
94. Did your husband agree with you?

95. Was the money you earned your own as far as your husband was concerned?
96. Could you decide what to do with it?
97. What did you usually spend it on?

98. Overall, before the sexual abuse happened, would you say you were generally satisfied or generally dissatisifed or neither in particular with your life?
99. Were there things you would rather have been doing?
100. Did you feel you had enough say in things to do with the house and the children?
101. Did you feel in control of your life? of what happened in the family?

ABUSE OF CHILD
102. Can you tell me briefly what happened when your child was sexually abused?
Including - who was abuser
          - what happened
          - how old was child when it started
          - how long had you been married/living together/known him then
          - when did it happen (e.g. when out at work, in hospital ...)
          - how long did it go on before you found out/began to suspect

FINDING OUT
103. How long ago now was it that you found out?
104. How did you find out?
105. Had you had any suspicions before that? if so, what had you done then?
106. Before that, had the possibility ever occurred to you?
107. If so, had you talked to the child about the possibility?

REACTIONS/FEELINGS
108. How did you feel at the time?
- yourself
- towards the child
- towards the abuser

109. Did you believe what had happened straight away?
If not, how did that change over time?
110. How important did it seem to you at the time?
111. Who did you think was responsible?

112. What did you do?
113. Did you confront abuser?
IF NOT IMMEDIATELY: Why not?
Did he know you knew? Was it ever acknowledged (with
him/with child)?

IF DID: what was his response?
Did he move out?
How did that make you feel?

114. Did you feel able to cope/handle it yourself?
115. What sort of decisions did you feel you had to make
immediately?
116. Did you feel unsure about what was the right thing to
do?
117. Did you feel it was your responsibility to stop it
happening again?
118. How long did you think it would affect you for?
119. How long did you think it would affect your child
for?

120. Did you tell anyone else?
IF YES: who/why did you choose them?
What was their response - to you/to the situation?
How did that make you feel?
What had you wanted them to do/say when you talked to
them?

IF NOT: why was that?
Did you ever think of telling anyone? [police/social
worker?]
What reactions did you expect if you did?
What might have been helpful to you then do you think?

121. Was there anything else you did to try and stop the
abuse?
122. What was the result?

123. Why do you think he did it?

124. Did finding out what had happened to your child bring
back any memories of your own childhood?

OWN EXPERIENCE OF SEXUAL VIOLENCE
125. Have you ever been sexually assaulted yourself?
[rape, attempted rape, flashed at, harassed]
126. If so, when - how old were you?

- by who
- once or ongoing
- police involved
- any support/talk to anyone?
- feelings/how affected your life?
127. Why do you think it happened?

128. Did you have any negative sexual experiences as a child?
- what
- by/with who
- talked to anyone
- feelings/effects on life

129. IF YES: Do you think your own experiences affected your response to your child, if so how?

130. Do you see any connections between what happened to you and what happened to your child?

131. Did your husband/the abuser know about your experiences of abuse?

CONTACT WITH AGENCIES
132. IF YOU INITIATED INTERVENTION:
Who did you tell first?
Why?
What did you want them to do?
What was their response?

ALL:
133. How did social services get involved - direct contact from you, or someone else called them in?
134. Had you had any contact with social services before?
135. What happened?
136. Did you attend any of case conferences?
- if YES, were you able to put your point of view?
        - were you happy or unhappy with the conference as a whole?
        - did you understand what the decisions were?
- if NO, would you have liked to?
        - how were you informed of their decisions?
137. Have you had the same social worker throughout? man or woman?
138. What was their attitude, to you?/to the child?
139. What action did social services take?
Did you understand why?
140. What help were you offered [housing, finances, family therapy, individual therapy, injunctions/legal help]?
141. Was that what you wanted at the time?
142. Looking back now, was it helpful?
143. Was there anything else that would have been more helpful?
144. Did you know about Women's Aid refuges?
Did anyone tell you about them?

POLICE:
145. Were the police involved? was that what you wanted?

what child wanted (if old enough)?
146. What was their attitude like, to you, to child?
147. Charge brought? if not, what happened?
Man remanded - in custody?
148. Trial? did you testify?
Convicted? Sentenced?
149. How long did the whole process take?

150. How did you feel about legal action? at the time?
now?
151. Do you think it was right that he was/wasn't put
away?
152. How did the legal process affect you and the child?
153. How did the outcome [sentenced/acquitted etc] affect
you and the child?

VOLUNTARY AGENCIES/GPS etc.
154. Did you contact anyone else for help? voluntary
agencies/doctors?
155. What did you want from them?
156. What was their response - to you/to child?
157. What help were you offered - practical/emotional
support?
Was it what you wanted?

158. Overall, what/who have you found most helpful?
159. Was there anything else that would have been more
helpful?
160. What did you most need help with (e.g. housing,
financial support)?
Did you get it?

161. Was the child abused again, after contact with
SSDs/police?

EFFECTS ON LIFE/CONSEQUENCES
162. How has your day-to-day life changed since you found
out about the sexual abuse of your child?

163. How did the sexual abuse of your child affect your
relationship with your husband? - short-term/long-term
                    - feelings - trust, anger, love, jealousy
                    - feelings about sex
                    - any other changes (positive/negative)
Were you able to talk freely with him about the abuse?

IF STAYED TOGETHER:
Did/does it cause tension between you?
Did you ever think of leaving him?
Can you envisage what kind of things would have to happen
for you to feel you couldn't go on living with him?
Overall, is your relationship better now or worse than
before?
Do you have more or less support outside the family
[friends, relatives] now than before the abuse?

IF SPLIT UP:
How have you felt about splitting up?

How have you felt about yourself since?
Has it affected your relationship with other men since
[sexually/emotionally]
If living alone, do you like it?
What material changes have been involved [housing/loss of
income/loss of job]?
Would you consider marrying again?
Did he want custody/access to child?
Does s/he want to see him?
Do you have more or less support generally [friends,
relatives] now than when you were together?

164. How did it affect your relationship with your child?
Changes for worse/for better?
Did her/his behaviour towards you change?
                        - towards her/his father?
                        - in other ways?
Were you able to talk with her/him about the abuse?
Did it cause tension between you?
Do you think her/his attitudes to things like sex, love,
marriage, were/will be affected by the sexual abuse/
Does that worry you?
[IF SPLIT UP: what contact does s/he have still with
her/his father?
How does it affect her/him? How does it affect you?]

165. How did your husband's relationship with your child
change?
Her/his relationship with her/his siblings?

166. Did it affect your health?
Did you experience any of the following symptoms:
- sleeping difficulties
- serious weight change (gain or loss)
- beginning to drink (or drink more)
- difficulties with concentration
- difficulties with work
- tendency to weep/cry unexpectedly
- tendency to neglect yourself (how?)
How long did the symptoms last?
How had your health been before this?
Did you see anyone for yourself - GP, social worker?
Have you ever been treated for depression?

167. Did it affect how you felt at work/with friends/with
family?
[diffs men/women]
168. Did it affect how you felt about yourself?

169. Are there any other ways in which your life was
affected?
170. What would you say was the major effect on your life?
171. In what ways has your life changed since the abuse?
172. What has helped you most?

173. Comparing the time before the abuse/you found out
about the abuse, with now, would you say you were happier
now or happier then or neither in particular?

174. Looking back over your life, thinking of other distressing and difficult things that have happened to you, how does the sexual abuse of your child compare?

LIFE NOW
175. How do you feel now about what happened?
176. Why do you think it happened?
177. Who do you think was responsible?
178. Looking back, do you regret anything you did/didn't do at the time?
If so, why do you think you made that choice at the time?
179. What sort of things (if any) do you think you've learned from it?
180. If you had the last 10/20 years over again, what would you do differently?
181. How do you see your child's life developing from here, what are your hopes for her/his future?
182. Have you any particular hopes or plans for your future?

183. Do you have anyone you can talk to about your experience?
184. Have you ever wanted to?
185. Do you have any close friends outside the family?
186. Where do you get most support from now?
187. Where or what do you get the most strength from?
188. Do you know any other mothers who have had similar experiences?
189. Why do you think children are sexually abused generally?
190. What do you think can be done to prevent it?
191. Do you think mothers can prevent it?

192. Were your ideas about marriage changed by your experience?
193. Were your ideas about being a mother changed?
194. Are there any particular strengths you feel women have?
195. Do you think women are equal to men?

196. Do you think men should be punished for the sexual abuse of a child?

197. What advice would you give to another woman who found out that her husband had sexually abused her child?

END:
198. Have you ever talked about your experience like this before?
199. How do you feel about it?
200. Are there any questions you feel I should have asked and didn't?
201. Are there any things you feel you haven't said enough about?

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