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The Lived Experience of Non-Offending Mothers in Cases of Intrafamilial Child Sexual Abuse:

Towards a Preliminary Model of Loss, Trauma and Recovery

This thesis is presented for the degree of

Doctor of Psychology (Forensic)

Amanda Jean Thompson

Edith Cowan University

School of Arts and Humanities

2017

USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

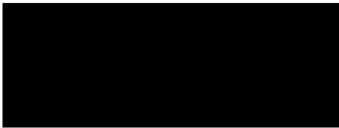
ABSTRACT

The non-offending mother in cases of intrafamilial child sexual abuse has received limited empirical attention in comparative to the considerable body of literature examining victims and perpetrators of child sexual abuse. There is growing evidence that demonstrates that non-offending mothers' experience significant loss and trauma following the discovery of their children's sexual victimisation by a family member, particularly where the perpetrators are their partners. An understanding of the non-offending mother's experience is crucial to guiding statutory agencies and therapeutic interventions when working with these families. However, there is currently not a model or framework that conceptualises mothers' post-discovery experience, and the factors that might impede or facilitate their recovery. The aim with the present study was to address the gap in the existing literature, by conducting an exploratory investigation of the lived experience of non-offending mothers in order to generate a preliminary model outlining their recovery journey in the aftermath of discovery, drawing from existing theories of loss and trauma. The present study comprises two stages; in the first stage, qualitative interviews were conducted with a sample of eleven mothers. Data derived from the interviews were analysed using qualitative thematic analysis, from which a preliminary model was generated. The model proposed the non-offending mother's recovery journey comprises three primary phases; the Acute Phase (Discovery and Destabilisation), the Transition Phase (Loss and Disempowerment), and the Transformative Phase (Taking Control and Accommodation). The preliminary model identified unique aspects of the maternal experience not sufficiently accounted for by many of the existing theoretical conceptualisations. The second stage of the study utilised a Delphi methodology to seek feedback on the proposed model from a panel of 18 key experts in the field of intrafamilial child sexual abuse. The input from the Delphi panel was utilised to further refine and validate the preliminary model. The panel confirmed the preliminary model provided a valid representation of the non-offending mother's post-discovery experience with minor alterations. The findings of the present study are an important progression towards developing a more comprehensive and unified conceptualisation of the experiences of the non-offending mother in the aftermath of discovery. This in turn has important implications for the intervening professionals from both statutory and therapeutic orientations who work with this population.

DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

i. incorporate without acknowledgment any material previously submitted for a degree or diploma in
ii. any institution of higher education;
iii. contain any material previously published or written by another person except where due reference is made in the text of this thesis; or
contain any defamatory material

Signature 

Date: 15th May 2017

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TABLE OF CONTENTS

Use of Thesis **ii**
Abstract **iii**
Declaration **iv**
Acknowledgements **v**
Table of Contents **vi**
List of Tables **ix**
List of Figures **x**

CHAPTER 1: INTRODUCTION **1**
Structure of the Thesis **5**

CHAPTER 2: LITERATURE REVIEW **7**
Non-Offending Mothers: The Historical Context **7**
Early Theoretical Formulations of Incest **8**
Empirical Findings on the Non-Offending Mother **10**
Maternal Childhood History 10
Maternal Personality Functioning 12
The Maternal Response: Belief, Support and Protective Ability 13
Factors relating to belief, support and protection 16
Ambivalence 21
Traumagenic Symptomatology 22
Factors influencing post-disclosure response 23
The Process of Discovery 24
Impact of Discovery: The Qualitative Findings 26
Shock and disbelief 26
Anger 26
Betrayal and distrust 27
Fear and uncertainty 27
Grief and loss 27
Guilt and shame 28
The maternal identity 29
Tangible impact 29
Contextual Factors Impacting on Maternal Response 30
Culture 30
Social support 30
Systemic intervention 31
Interventions for Non-Offending Caregivers 34
Theoretical Conceptualisations of Trauma, Recovery and Growth **36**
Theories of Grief and Loss 37
Theories of Trauma 39
Stress response theory 39
Assumptive worldview theory 40
Trauma and disempowerment 43
Post-traumatic growth 44
Secondary traumatisation 46

CHAPTER 3: STAGE ONE METHOD **49**
Research Design **49**

Participants **50**
Materials **51**
Demographic Questionnaire 51
Interview **51**
Procedure **52**
Data Analysis **54**

CHAPTER 4: STAGE ONE FINDINGS AND INTERPRETATION **55**
Demographic Data **55**
Qualitative Findings **59**
Discovery 60
Source 61
Emergent awareness 62
Factors inhibiting awareness 63
Destabilisation 66
Shock 66
Belief 67
Protection 70
Seeking help 71
Anger 72
Betrayal 73
Uncertainty 73
Retraumatisation 74
Avoidance 74
Loss 76
Hopelessness 76
Tangible losses 77
Relationships 78
Trust 83
Ambivalence 84
Disempowerment 87
Seeking understanding 87
Sense of agency 87
Helplessness 88
Self-blame 89
Self-worth 90
Self-doubt 91
Contextual response 92
Taking Control 96
Reconstructing identity and worth 96
Assertiveness 97
Reappraisal 97
Acceptance 98
Autonomy 100
Self-regulation 100
Active coping 101
Reinstating normality 101
Support 102
Resolution 104
Integration 104
Perspective 105

Growth 106
Meaning 108
Connectivity 109
Ongoing recovery 111

CHAPTER 5: STAGE ONE DISCUSSION **112**
A Preliminary Model of Maternal Experience **112**
The Acute Phase 113
Discovery 113
Destabilisation 114
The Transition Phase 117
Loss 117
Disempowerment 119
The Transformative Phase 120
Taking control 121
Resolution 122
Summary **124**

CHAPTER 6: STAGE TWO **125**
Method **125**
Design 125
Participants 126
Procedure 127
First Delphi round 127
Second Delphi round 127
Results **128**
Round One Panel Feedback Regarding the Preliminary Model 128
General feedback 129
Acute phase 130
Transition phase 133
Transformative phase 136
Round Two Panel Feedback Regarding the Preliminary Model 137
Discussion **141**

CHAPTER 7: FINAL CONCLUSIONS **150**
Implications **150**
Clinical Implications 151
Implications for Statutory Agencies 153
Limitations **155**
Directions for Future Research **157**

REFERENCES **159**

APPENDICES **178**

LIST OF TABLES

Table 1	Perpetrator’s Relationship to Participant	55
Table 2	Perpetrator’s Relationship to Victim	56
Table 3	Reporting of the Sexual Abuse Disclosure	58
Table 4	Overview of Main Categories, Themes and Sub-Themes	59
Table 5	General Round One Panel Feedback and Corresponding Amendments Made	129
Table 6	Panel Feedback and Amendments Made to the Acute Phase of The Preliminary Model	131
Table 7	Panel Feedback and Amendments Made to the Transition Phase of the Preliminary Model	133
Table 8	Panel Feedback and Amendments Made to the Transformative Phase of the Preliminary Model	136
Table 9	Round Two Panel Feedback and Amendments Made to the Preliminary Model	138

LIST OF FIGURES

Figure 1. A preliminary model of non-offending mothers' perceived experience following discovery of child sexual abuse. 113

Figure 2. Revised preliminary model of non-offending mothers' perceived experience following discovery of child sexual abuse. 142

CHAPTER 1: INTRODUCTION

The issue of intrafamilial child sexual abuse (CSA) has been identified as a significant social issue (Hooper & Humphreys, 1998). Conservative estimates suggest that 13 to 16 percent of males and 27 to 32 percent of females will experience some form of sexual abuse during their childhood (Berliner & Elliot, 1996). The empirical literature frequently differentiates between intrafamilial and extrafamilial CSA according to the nature of the relationship between the victim and perpetrator. Of interest to the present study is intrafamilial CSA, which may be defined as the sexual abuse of a child by a biological relative such as the child's father or sibling, or non-biological relative such as a step-father (Barrett & Trepper, 2004). Prevalence rates for intrafamilial CSA often suggest it is the most common form of sexual abuse, although the inherent secrecy surrounding this form of sexual abuse largely precludes reliable estimates (Arata, 1998). Numerous studies have found that children are less likely to disclose sexual abuse by a relative than sexual abuse by a stranger (e.g., Arata, 1998; Sorensen & Snow, 1991). Factors contributing to lower disclosure rates include perpetrator manipulation or coercion, dysfunctional family dynamics, the victim's fear of being blamed, the victim's silence to protect other siblings or attempts to keep the family unit intact, disbelief of disclosures or the victim's inability to communicate to others in a language that will be understood (Alaggia, 2004; Alaggia & Kirshenbaum, 2005; Alaggia & Turton, 2005; Crisma, Bascelli, Paci, & Romito, 2004). Thus any statistical representations are likely to underestimate the true prevalence of intrafamilial CSA.

The short and long-term traumagenic impact of sexual abuse on child victims is a field of research that has generated considerable attention. It has been well-established that CSA is a traumatic experience with significant and enduring ramifications for victims across a range of domains, including their psychological, emotional, cognitive, behavioural, physical, sexual, interpersonal and academic functioning (e.g., Finkelhor, Hotaling, Lewis & Smith, 1990; Paolucci, Genius, & Violato, 2001). A large body of literature also exists seeking to elucidate the factors which may mediate the impact of CSA on child victims. While an in-depth exploration of the mediators of victim outcomes is beyond the scope of this thesis, one notable finding relevant to the current study pertains to caregiver response. Caregiver response, and in particular, maternal response, has been consistently identified as a key variable influencing post-abuse adjustment and outcomes for child victims (Barker-Collo & Read, 2003; Elliott & Carnes, 2001; Kendall-Tackett, Williams, & Finkelhor, 1993; Tremblay, Hebert, & Piche, 1999; Yancey & Hansen, 2010). For instance, higher levels of parental support

have been linked with lower ratings of children's depressive symptomatology (Deblinger, Steer, & Lippman, 1999; Feiring, Taska, & Lewis, 1998; Morrison & Clavenna-Valleroy, 1998), internalising symptoms (Feiring, Coats, & Taska, 2001), externalising and delinquent behaviours (Bolen & Lamb, 2007; Deblinger et al., 1999; Tremblay et al., 1999), and post-traumatic stress symptomatology (Deblinger et al., 1999), as well as higher ratings of self-worth and self-esteem (Morrison & Clavenna-Valleroy, 1998; Tremblay et al., 1999), greater resilience (Spaccarelli & Kim, 1995), and lower levels of shame (Feiring et al. 2001). Caregiver support, particularly maternal support, has been demonstrated to be a more significant predictor of emotional and behavioural adjustment in victims than are abuse-related factors and the relationship between victim and perpetrator (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Tremblay et al., 1999). CSA victims who receive greater levels of maternal support have also been found to have improved recovery outcomes longitudinally (e.g., Morrison & Clavenna-Valleroy, 1998; Wyatt & Mickey, 1988). Therefore, it is a robust conclusion that the non-offending parent, typically the mother, occupies a critical role with regards to mediating recovery outcomes for CSA victims.

Though the impact of CSA on child victims in general has been the subject of extensive focus, the empirical investigation of the impact of intrafamilial CSA on non-offending caregivers remains in its relative infancy. Historically, much of the focus on non-offending caregivers has centred on their post-disclosure response and individual characteristics, particularly in terms of the subsequent implications for victim outcomes. Thus considerable attention in the literature has pertained to the non-offending mother's potential role and potential culpability in the onset and perpetuation of intrafamilial CSA dynamics within the family unit (Hooper, 1992; Tamraz, 1996). Various theoretical formulations subsequently emerged that either incorporated or focused on the role of the mother in the development and maintenance of intrafamilial CSA. This generated empirical interest in possible indicators of psychopathology in the non-offending mother, focusing particularly on individual characteristics such as personality functioning (Muram, Rosenthal, & Beck, 1994; Myer, 1985; Peterson, Basta, & Dykstra, 1993; Salt, Myer, Coleman, & Sauzier, 1990; Smith & Saunders, 1995; Zuelzer & Reposa, 1983), maternal history of CSA (Deblinger, Stauffer, & Landsberg, 1994; Hiebert-Murphy, 1998; Leifer, Kilbane, & Kalick, 2004; Leifer, Shapiro, & Kassem, 1993). However, despite the proximal focus on issues of maternal psychopathology and protective response, much of the empirical investigation into non-offending mothers has been limited in

generalizability due to widespread methodological issues that have also yielded largely inconsistent findings (Elliot & Carnes, 2001).

With findings consistently demonstrating the mediating role of maternal response on CSA victim outcomes, clinical and empirical interest has also turned towards evaluating maternal post-disclosure response in terms of whether the mother believes the disclosure, acts supportively, and protects the child from further harm (Alaggia, 2002; Elliot & Carnes, 2001). Indeed a substantial portion of the non-offending mother literature to date is devoted to this topic. Much of this focus also stems from the implicit assumption that mothers serve the primary protective function in cases of intrafamilial CSA (Hooper, 1992). Thus evaluations of maternal protective ability typically guide professional decision making and intervention, ultimately including child custody arrangements. In this sense the non-offending mother's needs are often overlooked while the focus is on the primary system intervention goals of ensuring the safety, care and wellbeing of the victim, the prosecution and punishment of the perpetrator, and the mitigation of future risk of harm.

More recently, empirical attention has turned to exploring the psychological impact of intrafamilial CSA on non-offending mothers, with increasing recognition that mothers also experience significant trauma, loss and emotional distress in the aftermath of disclosure (Cyr, McDuff, & Hebert 2013; Davies, 1995; Deblinger, Hathaway, Lipmann, & Steer, 1993; Deblinger et al., 1994; Green, Coupe, Fernandez, & Stevens, 1995; Hiebert-Murphy, 1998; Kim, Noll, Putnam, & Trickett, 2007; Lewin & Bergin, 2001; Manion et al., 1996; Newberger, Gremy, Waternaux, & Newberger, 1993; Timmons-Mitchell, Chandler-Holtz, & Semple, 1996; Wagner, 1991). The mother's emotional attachment to both the victim and the perpetrator arguably generates a host of unique issues and challenges. The discovery process, in itself typically an emotionally distressing and potentially traumatic experience for mothers, is often compounded by a number of contextual issues. The non-offending mother may face significant externally-driven stressors across multiple domains including practical, financial, relational and legal issues (Massat & Lundy, 1998). Mothers are often subject to numerous and, at times, conflicting expectations and demands from within their own family, their broader social networks, as well as intervening authorities. Perhaps most proximal are those concerning decisions surrounding their involvement with the perpetrator, while still trying to comprehend and grasp meanings relating to the abuse (Elbow & Mayfield, 1991). Mothers have also been identified as facing increased social isolation and alienation stemming from the actual or

perceived attributions of blame and negative attitudes of family and social supports. In the midst of the traumatic impact of discovery, involvement with statutory agencies, whether voluntary or mandated, is often an added and prolonged stressor many mothers must contend with. They need to collaborate and cooperate with a range of agencies such as the police, courts and child protective services, each with their own mandate. Increased scrutiny and punitive, blaming responses may be experienced or perceived from these professionals who are actively intervening with the family (Alaggia, 2002; Carter, 1993; Hill, 2001; McCallum, 2001; Plummer & Eastin, 2007b). Within the context of these challenges, the mother must still undertake to negotiate the needs of the victim in addition to her own. Evidently, all of these factors have important implications for the non-offending mother's own personal journey in the aftermath of discovery.

Despite the significant and wide-ranging issues unique to the post-disclosure experience, to date there is no unified conceptualisation that provides insight into the experiences of non-offending mothers following the discovery of their children's sexual victimisation by a family member. While previous authors have made references to existing theoretical literature pertaining to grief and bereavement (e.g., Dwyer & Miller, 1996), and trauma and secondary victimisation (e.g., Strand, 2000) to inform the maternal experience, it is apparent from a review of the literature that gaps remain when trying to apply these formulations to the experiences of non-offending parents. This population possesses inherently unique characteristics and qualities which the available theoretical literature, as it stands, is yet to adequately capture. The aim of this study is to contribute to the limited knowledge base on non-offending mothers by developing a model to account for the lived experience of a sample of mothers with whom qualitative interviews were conducted. This preliminary model of maternal experience will also draw upon existing theoretical conceptualisations of trauma, loss, coping and growth to generate a framework that depicts this journey following disclosure of intrafamilial CSA.

The present study consists of two stages. In the first stage, the post-disclosure experiences of non-offending mothers of children sexually abused by a family member are explored. Due to the limited body of qualitative research that has been conducted to date investigating various aspects of the non-offending mother's subjective experience, the present study is exploratory in nature. A qualitative design was chosen to best capture the complexities of the non-offending mothers' post-disclosure journeys, from a

phenomenological perspective. The emergent themes from the qualitative interviews were used to develop a preliminary model that provides an overview of the central features of their journey from discovery to recovery. These findings prompted the second stage of the study, in which the aim was to further refine and validate the preliminary model utilising the Delphi survey technique (Skulmoski, Hartman, & Krahn, 2007) to obtain feedback from key experts in the field of intrafamilial CSA.

The present study has several potential clinical and forensic implications. Clinically, it is anticipated the findings will contribute to support service provision by enhancing understanding of the proximal issues and needs of mothers in their recovery journey and how these can best be addressed. Such knowledge also has the potential to indirectly improve victim outcomes, given consistent evidence these are significantly shaped by maternal responses (Barker-Collo & Read, 2003; Bolen & Lamb, 2007; Deblinger et al. 1999; Elliott & Carnes, 2001; Feiring et al. 1998; Feiring et al. 2001; Kendal-Tackett et al. 1993; Kim et al., 2007; Leifer et al., 1993; Morrison & Clavenna-Valleroy, 1998; Spaccarelli & Kim, 1995; Tremblay et al., 1999; Wyatt & Mickey, 1988). Forensically, the present findings may inform child protection and legal processes and policies, and facilitate improved understanding of the psychological impact of statutory interventions on affected families. Understandably, the primary focus of intervening agencies is on issues concerning child protection and the investigation and prosecution of perpetrators. In the midst of this, the needs of the non-offending mother can be overlooked or minimised. However, by increasing awareness of their experiences and needs, there is potential to improve agency response, particularly given the mother typically represents an integral figure in the investigatory and intervention process.

Structure of the Thesis

The present thesis is organised into seven chapters and comprises two stages of research. Chapters 2 to 5 outline the first stage of this research. Chapter 2 provides a literature review of the pertinent studies investigating the topic of non-offending caregivers, with a proximal focus, where possible, on those that address intrafamilial CSA. The review will first describe the existing research on non-offending caregivers, with a focus on their post-disclosure experience. Following this, the major theoretical conceptualisations of trauma, grief and loss, as well as coping, will be reviewed in terms of their relevance to the experience of non-offending mothers.

Chapter 3 outlines the methodological design of the first stage of the study. A sample of 11 mothers was interviewed in relation to their post-discovery experience. Qualitative analysis of the interview data yielded five core categories central to the participants' journey, labelled Discovery, Destabilisation, Loss, Disempowerment, Taking Control and Resolution. These major themes (categories) were used to generate a proposed model of the non-offending mother's post-disclosure experience, which is outlined in Chapter 4. The preliminary model proposes that the mother's post-discovery experience can be organised into three distinct phases: the Acute Phase, the Transition Phase, and the Transformative Phase. An overview of the major findings from the first stage of this study is provided in Chapter 5.

Chapter 6 provides an overview of the second stage of the present study, which extends from the findings from the first stage. A Delphi methodology was utilised to obtain feedback from a panel of key experts in order to further refine the preliminary model generated by the first stage findings. Details of the Delphi methodology used in the second stage of the study are discussed. A panel of 18 experts participated in two rounds, drawing from their professional experience and knowledge of non-offending mothers to provide their feedback on the preliminary model. An overall summary of the Delphi panel expert feedback is outlined. Chapter 7 summarises the final conclusions of both Stage One and Stage Two of the present study. It discusses the amended model and its contribution to the current literature base on non-offending mothers. Forensic and clinical implications of the current findings and future directions for research are discussed.

CHAPTER 2: LITERATURE REVIEW

Non-Offending Mothers: The Historical Context

Historically, the focus within the clinical, empirical and theoretical literature on intrafamilial CSA has primarily been the mechanisms of father-daughter incest. The perceived role of the non-offending mother in contributing towards the onset, development and maintenance of the abuse dynamics within the family has concordantly been subject to continued scrutiny and analysis (Hooper & Humphreys, 1998; Joyce, 1997). Pervasive in the early discourse on incest were frequent *mother-blaming* references with assertions of maternal culpability, through mechanisms of collusion and complicity by the mother, dominating the literature (Justice & Justice, 1979; Tamraz, 1996; Zuelzner & Reposa, 1983). Such studies frequently purport that maternal collusion operates either via conscious or unconscious processes, thus serving to precipitate and perpetuate sexual abuse, typically through denial mechanisms.

Another pertinent theme in the early literature on father-daughter incest relates to the individual psychopathology of the non-offending mother, particularly her perceived defective personality structure (Corcoran, 1998; Joyce, 1997; Tamraz, 1996). Early reports frequently portrayed mothers as passive, dependent, emotionally weak and immature, hostile and punitive towards (typically) their daughters (e.g., Cohen, 1983; Justice & Justice, 1979). The mother's alleged emotional immaturity and dependent interpersonal style were seen to facilitate role reversal between mother and daughter, and exacerbate a sense of powerlessness against the domineering father. The mother's perceived failure in her nurturing role was thus viewed as leading to the emotional abandonment of both her partner and child. Also frequently implied was the mother's sexual inadequacy or frigidity, which was purported to contribute to her failure to meet and fulfil her partner's sexual needs and expectations, who thus turned to his daughter to meet these sexual needs. If the mother herself had a history of prior sexual abuse victimisation, she was considered to repeat these abusive relational patterns through her choice of partner and her relationship to her daughter. Insecure maternal attachment style was also highlighted as contributing to the manifestation of CSA, through the mother's purported emotional unavailability.

Despite these persistent and prevailing conclusions, subsequent comprehensive reviews of the early literature examining non-offending mothers revealed many of these

assumptions were based entirely on clinical case studies and anecdotal reports (Corcoran, 1998; Elbow & Mayfield, 1991; Joyce, 1997; Tamraz, 1996). Though rarely investigated in their own right, broad generalisations and conclusions were subsequently drawn in relation to the perceived role of mothers in the development or maintenance of intrafamilial CSA. Such conclusions were subsequently influential in shaping the pervasive and enduring societal and professional attitudes and practices towards these families affected by sexual abuse, and in particular the non-offending mother (Crawford, 1999; Joyce, 1997).

Early Theoretical Formulations of Incest

Various theoretical conceptualisations have emerged seeking to elucidate the prominent notion of the collusive and pathological mother, each emphasising different mechanisms as influential in shaping maternal role and function. Early psychodynamic theorists formulated maternal collusion as indicative of individual psychopathology, typically in the form of unresolved childhood attachment needs and oedipal conflicts (Herman & Hirshman, 1981). Such issues were seen to shape the mother's initial choice of partner, as well as her role in the initiation and continuation of the abuse. These theorists purported that maternal sexual and interpersonal dysfunction was seen to drive the father to seek a sexual relationship with his daughter. Conversely, the mother's emotional rejection or withdrawal from her child, or reversal of the mother-child relationship, drives the father to seek out his daughter as his sexual partner.

Two schools of thought have since dominated the discourse in the incest literature; family systems theory and feminist-oriented perspectives. Family systems theorists conceptualise father-daughter incest primarily as a product of dysfunctional familial communication and interactional patterns, with the sexual abuse itself often viewed as a secondary response to pathological familial relations (Justice & Justice, 1979; Hooper, 1992; Hooper & Humphreys, 1998). Proponents of family systems theory emphasise the presence of clear and specific roles for each family member (e.g., father-breadwinner, mother-caregiver and sexual provider) and thus divergence from these roles is considered indicative of dysfunction. Specifically, the mother in the incest family is conceived as interpersonally avoidant and emotionally unavailable, while the father (and typically perpetrator) actively works to maintain the secrecy of the abuse, usually employing divisive methods that seek to split mother and daughter (Gelinas, 1987). While not strictly attributing responsibility for the abuse to the mother, the mother is viewed as playing a contributory or even central role

through a number of mechanisms, such as her compulsion to collude with the abuse in order to maintain marital and family unity (Cohen, 1983; Zuelzer & Reposa, 1983). However, a major criticism of family systems theories is that such formulations fail to adequately answer why men typically become perpetrators nor why familial dysfunction manifests in sexual abuse specifically, and they continue to maintain a mother-blaming paradigm (Breckenridge & Berreen, 1992; Hooper, 1992).

Feminist-oriented analyses of CSA emerged to remedy the mother-blaming trend and place responsibility for the perpetration of sexual abuse on the perpetrators themselves (Hooper & Humphreys, 1998; Joyce, 1997). Feminist-informed theory views oppressive societal forces and subsequent gender inequality in a dominant patriarchal society as contributing to the experience of unequal power relations (Green, 1996; Hooper & Humphreys, 1998; Solomon, 1992). Within this paradigm, CSA is reconceptualised as a form of sexual violence, reflective of these broader societal conditions of gender inequality, with perpetrators predominantly identified as male. Instances of maternal collusion are interpreted primarily as the consequence of these gender and power imbalances. Further, while dysfunctional family dynamics are still acknowledged, they are reconceptualised as symptomatic rather than causative factors in the manifestation of intrafamilial CSA. Thus, responsibility for the abuse is clearly assigned to the perpetrator. However, a common critique of feminist theory is that it fails to adequately account for why CSA occurs in some families and not others, given that the broader societal conditions seen as contributing to the manifestation of sexual abuse are argued to be so pervasive (e.g., Green, 1996).

In seeking to redress some of these limitations, Finkelhor (1984) developed a multi-factorial model to account for CSA that has become widely influential. Finkelhor's comprehensive model identifies four preconditions of abuse, comprising a range of situational, contextual and individual factors deemed necessary for CSA to be perpetrated (Finkelhor & Browne, 1985). The first precondition posits that there needs to be motivation on behalf of the perpetrator to engage in the sexual act. Secondly, the perpetrator must overcome internal inhibitors against the urge to engage in sexual acts with the child. The third precondition relates to overcoming external obstacles, and thus creating opportunity. Lastly, the perpetrator must overcome any resistance by the child. It is proposed in the model that each precondition must be met successively in a temporal sequence in order for CSA to occur (Finkelhor & Browne, 1985). From this perspective, maternal interpersonal processes could be

seen as contributory to some extent, at the third and fourth stages, but the mother is not in and of herself perceived as a causal factor (Hooper & Humphreys, 1998).

Empirical Findings on the Non-Offending Mother

While early clinical reports frequently portrayed non-offending mothers in a predominantly negative light, emerging empirical evidence suggests these mothers are a much more heterogeneous population than previously believed, with regards to personal characteristics such as personality functioning and the presence and degree of psychopathology, and maternal post-disclosure response (e.g., Corcoran, 1998; Crawford, 1999; Elliott & Carnes, 2001; Tamraz, 1996). Empirical investigation of this group of women, however, is still in its relative infancy when compared to the expansive body of knowledge that exists in relation to perpetrators and victims. Obscuring the picture is the lack of clarification and consistency of definitions used to operationalise the phenomena under investigation, as will be illustrated in the proceeding discussion. Another key issue, affecting this field of study overall, is that many of these studies do not differentiate between intrafamilial and extrafamilial CSA samples, or utilise varying definitions of these terms.

Review of the available research on non-offending mothers demonstrates particular interest and emphasis on three main topics: pre-abuse factors, such as maternal childhood history including sexual victimisation; maternal psychological characteristics and functioning; and maternal post-disclosure response, with particular emphasis on the issues of maternal belief and protective ability (Crawford, 1999; Elliott & Carnes, 2001). A brief overview of these major research areas and their overall findings is provided below.

Maternal Childhood History

Early reports suggesting that non-offending mothers of intrafamilial CSA victims have significantly higher rates of childhood sexual victimisation than comparison populations (e.g., Zuelzer & Reposa, 1983) led to the proliferation of empirical studies examining this association. Numerous studies have found that a significant proportion of non-offending mothers in cases of intrafamilial CSA were themselves subject to sexual abuse or victimisation as children (Daigneault, Collin-Vezina, & Cyr, 2007; Deblinger et al., 1993; Deblinger et al., 1994; Faller, 1989; Hebert, Leifer et al., 1993; McCloskey & Bailey, 2000; Myer, 1985; Oates, Tebbutt, Swanston, Lynch, & O'Toole, 1998; Salt et al., 1990; Zuravin, McMillen, DePanfils, & Risley-Curtiss, 1996). Though this finding is consistently reported, however, many of these

studies have been limited by their small sample sizes and lack of comparison group data. Additionally, many do not differentiate between intrafamilial and extrafamilial CSA. In a more recent comparative study of non-offending mothers and a normative control, Leifer, Kilbane, Jacobsen and Grossman (2004) found non-offending mothers were more likely to report significantly higher rates of childhood maltreatment than control mothers, and to also describe poorer relationships with their own mothers. Also seeking to address some of the aforementioned limitations, Kim et al. (2007) conducted a prospective, multi-generational study which included a matched comparison group. They found non-offending mothers were more likely to have a history of emotional and/or sexual victimisation than the comparison group, providing support for the link between infrafamilial CSA and the abuse histories of non-offending mothers.

Despite the breadth and consistency of evidence supporting an association, the possible mechanisms underlying the intergenerational transmission of CSA remain unclear, with few studies seeking to elucidate possible contributing factors (Crawford, 1999; Kim et al., 2007; Tamraz, 1996). Though much research has been conducted into victim-to-perpetrator violence, much less is understood about victim-to-victim cycles of abuse. Kim et al. (2007) speculate that a maternal history of CSA may impair mothers' ability to judge the potential risk of victimisation, subsequently increasing their children's vulnerability to CSA. An alternative explanation offered by Leifer, Kilbane and Kalick (2004) emphasises the role of impaired attachment relationships and subsequent development of internal working models in mothers with CSA histories as associated with the increased potential risk to their children. These authors found healthier adult attachments were linked with more positive adult functioning and increased resilience in non-offending mothers; whereas fearful attachment styles were associated with greater risk of intergenerational transmission of CSA.

Seeking to further understand the mechanisms of intergenerational transmission of CSA, Leifer, Kilbane, and Kalick (2004) sought to identify the factors contributing to either a vulnerability or resilience to this phenomenon. The authors compared 196 African American mothers and their children, classified into four groups: *abuse discontinuity* (mother abused, child not abused), *abuse continuity* (mother abused, child abused), *no abuse discontinuity* (mother not abused, child not abused) and *no abuse continuity* (mother not abused, child abused). The study demonstrated that secure attachment styles and overall healthier adult functioning were linked to greater resilience (i.e. abuse discontinuation) whereas more

disturbed functioning and impaired attachment styles were associated with greater vulnerability (abuse continuity). The study also highlighted the importance of substance abuse as a risk factor for the intergenerational transmission of CSA.

Maternal Personality Functioning

Despite prevailing assumptions about the pathological personality structures of the non-offending mother in the literature, studies seeking to empirically examine maternal personality profiles have yielded inconsistent results. Peterson et al. (1993) examined the Clinical Analysis Questionnaire (CAQ; Krug, Cattell, & Delhees, 1980) profiles of mothers across three groups (intrafamilial CSA, extrafamilial CSA, and non-abused children). They found no significant difference between the intrafamilial and extrafamilial CSA mothers. Overall, however, mothers of abused children scored significantly higher on several scales of the CAQ including Hypochondriasis, Low Energy Depression, Guilt and Resentment, Paranoia, Schizophrenia, Psychasthenia and Psychosocial Inadequacy, compared with mothers of non-abused children. By contrast, several comparative studies utilising the Minnesota Multiphasic Personality Inventory (Schiele, Baker, & Hathaway, 1943; Hathaway, McKinley, & Butcher, 1989) have found no measurable difference in personality profiles between non-offending mothers and comparison samples of women (e.g., Friedrich, 1991; Scott & Stone, 1986).

Several studies have utilised the Millon Clinical Multiaxial Inventory (MCMI; Millon, 1983; Millon, 1987) to investigate the personality functioning of non-offending mothers. Salt et al. (1990) sought to test the prevailing assumption that non-offending mothers are characteristically passive, dependent and lacking in self-esteem. Findings demonstrated the wide variability of maternal personality profiles, classified into five categories: Submission, Emotional Lability, Socially Withdrawn, Reality Distortion and Negativism. Participants' scores in each cluster ranged from nil symptoms to major symptoms, with the authors concluding "the majority of mothers did not have serious emotional problems that would immediately identify them as candidates for psychiatric treatment" (Salt et al., 1990, p. 121). In another study, Myer (1985) categorised non-offending mothers in cases of intrafamilial (specifically father-daughter) CSA into three groups according to their MCMI profiles. The majority of participants were identified as protective (56%), with a significant portion in this group generating profiles consistent with dependent personality disorder. Nine percent of the sample was classified as immobilised (i.e. taking no action), with all participant profiles in this group consistent with borderline personality disorder. Thirty five percent were classified as

rejecting, with their MCMI profiles consistent with narcissistic personality disorder. Myer's findings provided further supportive evidence that non-offending mothers do not represent a homogenous group, characterised by pathological personality patterns, as per early clinical depictions, but rather vary considerably in personality structure and response.

The Maternal Response: Belief, Support and Protective Ability

The empirical and clinical literature on non-offending mothers has undergone an overall shift from a focus on maternal culpability and psychopathology to investigations of their post-disclosure protective ability (e.g., Bolen, 2002). A considerable portion of the non-offending parent literature has focused on three elements of maternal response: their belief in the allegation of CSA, their emotional support of the victim, and their ability to protect the victim from further harm, as well as the factors that may predict or mediate these responses. Much of this interest has been stimulated by the demonstrated link between parental response and victim outcomes (e.g., Everson et al., 1989; Feiring et al., 1998; Gomes-Schwartz, Horowitz & Sauzier, 1985; Wyatt & Mickey, 1988). More specifically, non-offending caregiver support has been consistently associated with more positive post-disclosure adjustment in child victims according to comprehensive reviews of this literature base (Corcoran, 2004; Elliott & Carnes, 2001; Kendall-Tackett et al., 1993; Yancey & Hansen, 2010). Another key contributor to the attention ascribed to these variables stems from the obvious implications for decision making processes, policies and interventions by child protection authorities (Bolen & Gergely, 2015). For instance, child victims of less supportive or less protective parents are more likely to be removed from their care (Elliott & Briere, 1994; Everson et al., 1989; Hunter, Coulter, Runyan, & Everson, 1990; Massat & Lundy, 1999). Recent findings also suggest that maternal supportiveness may be positively associated with the amount and quality of relevant abuse-specific information elicited from child victims during investigative interviews (Alonzo-Proulx & Cyr, 2016). From a forensic perspective, this has important implications for investigative outcomes.

As previously highlighted, early reports frequently purported that a significant number of non-offending mothers did not believe their child's disclosures of sexual victimisation by a family member, and they were portrayed as responding in rejecting or complicit ways (e.g., Crawford, 1999; Joyce, 1997). However, a growing body of empirical research provides consistent evidence that the majority of non-offending parents believe their children's allegations and respond in at least partially supportive and/or protective ways following

disclosure (Alaggia & Turton, 2005; Deblinger et al., 1993; deYoung, 1994a; Elliott & Briere, 1994; Everson et al., 1989; Heriot, 1996; Jinich & Litrownik, 1999; Leifer et al. 1993; Lovett, 1995; Pintello & Zuravin, 2001; Sirles & Franke, 1989). Some evidence does appear, however, to suggest that the consistency of maternal response may vary considerably over time (Heriot, 1996). This fluidity may have contributed to mixed findings, with maternal reactions perhaps best conceptualised as dynamic and thus liable to change over time (Elliott & Carnes, 2001). Hence the point at which maternal reactions are assessed is likely to generate considerable variability in conclusions about maternal response.

A further major limitation in the literature assessing the constructs of belief, support and protectiveness in non-offending parents is the lack of consistency and clarity of operational definitions (Bolen & Lamb, 2002; Elliot & Carnes, 2001). These terms have often been poorly defined and utilised interchangeably, which also stems from the overlapping nature of these constructs. Measures of belief, support and protectiveness have also been obtained through a variety of sources, including child, parent and clinician ratings. This has likely contributed to some of the variability in rates of identified supportiveness in mothers of sexually abused children (Everson et al., 1989; Heriot, 1996; Faller, 1988; Salt et al., 1990; Sirles & Franke, 1989). Further, many studies have operationalised these constructs in unidimensional form, grounded predominantly in child protection policy and practice, as opposed to broader multi-dimensional conceptualisations (Bolen, 2002). For instance, many measures of support and protectiveness focus solely on immediate maternal actions that indicate a prioritisation of the needs and interests of the victim over the perpetrator. In reality, measures of maternal compliance, including the willingness to separate from the perpetrator, and reporting the abuse to the authorities perhaps do not adequately capture the complexity of maternal responses in relation to these domains.

A number of studies have subsequently sought to develop and employ more multi-dimensional and standardised measures of maternal support and/or protection. Frequently utilised measures of these constructs are the Parental Response to Incest Disclosure Scale (PRIDS; Everson et al., 1989) which assesses parental support across three domains; emotional support, belief of the disclosure, and action taken towards the perpetrator. Similarly, the Parental Response to Abuse Disclosure Scale (PRADS; Everson, Hunter & Runyon, 1989), a refinement of the PRIDS, assesses parental engagement with intervention in addition to the three areas of measurement utilised by the PRIDS. The Needs-Based Assessment of Parental

(Guardian) Support (Bolen, Lamb, & Gradante, 2002) is strongly correlated with the PRIDS, though less widely used. Despite gains in capturing the breadth of maternal response in relation to belief, support and protective ability, many of these measures still lack evaluative data on their psychometric properties (Smith et al., 2010). Thus, given the differing definitions and measures they employ, this raises the question of the relative construct validity and reliability of these instruments and the constructs they seek to measure.

In recognition of the limitations of this area of investigation, Alaggia (2002) sought to further delineate the components of maternal belief and support in an effort to generate a multi-dimensional framework for assessing maternal supportiveness. On the basis of the analysis, seven levels of belief, ranging from total disbelief to complete unconditional acceptance of the child's disclosure, were generated. Alaggia's analysis also differentiated between affective and behavioural components of supportive response. Furthermore, the fluidity of the construct of support was highlighted, emphasising a distinction between initial and enduring responses in relation to maternal supportiveness, as mothers were observed to shift in their demonstrated levels of supportiveness over time and in both directions. Alaggia suggests the framework to be a useful guide for re-assessing maternal support over the course of time in order to best formulate an appropriate intervention response. Though based upon a small sample, this study adds considerable value to the field, seeking to provide a more comprehensive framework that has considerable utility for professionals providing treatment and intervention to families affected by intrafamilial CSA.

In another more recent study, Bolen, Dessel and Sutter (2015) attempted to generate a theoretically-driven conceptualisation of non-offending caregiver (i.e. mothers and fathers) support. Using a grounded theory approach to analyse their qualitative interviews with non-offending caregivers, these authors identified eight components of caregiver support. These were classified as *basic needs* (environmental, support and financial), *safety and protection* (protecting the child from the perpetrator, monitoring/supervision, planning/creating sense of safety, and protecting the child from self-harm), *decision making* (relating to evidence supporting or not supporting the child's disclosure), *active parenting* (parental responsibility, self-awareness, maintaining child-parent boundaries, and discipline and guidance behaviours), *instrumental support* (accessing formal and informal support for the child victim), *availability* (being physically, emotionally and communicatively available), *sensitivity to the child* (awareness of the effects of the abuse, awareness of victim's perceptions, acting in child's best

interests), and *affirmation* (bolstering child's self-esteem, praise, expression of love). The authors concede their findings represent a preliminary attempt to capture the multi-dimensional quality of non-offending caregiver support, but their study provides a more comprehensive illustration of this construct than many of the studies previously discussed.

Factors relating to belief, support and protection.

Much focus has also been given to delineating the predictors or mediators of maternal belief, support, and protectiveness. These have typically been comprised of factors relating to the victim, the abuse, the perpetrator, and the non-offending mother. However, these studies have mostly yielded inconsistent findings (Bolen, 2002; Bolen & Lamb, 2004, 2007; Cyr et al., 2003; Elliott & Carnes, 2001; Kim et al., 2007; Plummer, 2006b). For example, it is unclear whether belief is a prerequisite for subsequent protective and supportive responses by the non-offending parent (Bolen & Lamb, 2004). In seeking to test this assertion, Heriot (1996) found that maternal belief did not necessarily correlate with supportive or protective responses in all non-offending mothers. That is, disbelief, or at the very least, ambivalence did not necessarily imply a lack of supportive or protective behaviours by the non-offending mother. In contrast, Coohey and O'Leary (2008) found protective responses in mothers to be most consistently demonstrated when belief remained constant.

Factors relating to the non-offending mother.

Several factors have been investigated for their possible mediating impact on maternal belief, support and protectiveness. The non-offending mother's own history of sexual abuse has generated some empirical interest, with early clinical reports suggesting unresolved sexual abuse may impede a mother's capacity to attend to the support needs of her own child in the aftermath of CSA (e.g. Friedrich, 1991). However the majority of studies to date have found no significant relationship (Deblinger et al., 1994; De Jong, 1988; Heriot, 1996, Leifer, Kilbane, & Grossman, 2001; Salt et al., 1990). One study that did report a significant association found that non-offending mothers with a history of prior sexual victimisation were rated as *more* supportive by their daughters than mothers without an abuse history (Morrison & Clavenna-Valleroy, 1998).

Where significant associations between victimisation and support have been reported, maternal variables linked to greater support and protectiveness include consistency in belief of the sexual abuse allegation, attribution of responsibility to the perpetrator, emotional lability,

positive parental relationship, positive mother-victim relationship, secure attachment style, availability of positive social support, higher socioeconomic status, and fewer life stressors (Bolen & Lamb 2004; Coohey & O'Leary, 2008; deYoung, 1994a; Salt et al., 1990). With regards to family-of-origin variables, Myer (1985) proposed that a lack of emotional nurturance during childhood rendered non-offending mothers less capable of developing and fostering such nurturing relationships with their own children. Studies examining the association between maternal alcohol and substance use, family-of-origin dysfunction and domestic violence, and supportive and protective maternal responses, have yielded inconsistent findings (Coohey & O'Leary, 2008; Heriot, 1996; Leifer et al., 1993; Myer, 1985; Tamraz, 1996).

Few studies have conducted comparisons of maternal and paternal supportiveness among non-offending caregivers in the aftermath of CSA disclosure. A recent study, conducted by Cyr et al. (2014) compared non-offending mothers and fathers across multi-dimensional measures of abuse-specific and generalised support. Their sample comprised both intrafamilial and extrafamilial CSA cases. The study found no significant difference in the level of abuse-specific support provided by mothers and fathers, as measured by PRADS (Everson, Hunter, & Runyan, 1989). Thus rates of belief in the disclosure, provision of emotional support, prioritisation of the child victim over the perpetrator, and attitudes towards professional services did not significantly vary between non-offending mothers and fathers across these domains. However, the authors found that mothers were more likely to offer more generalised (termed *abuse non-specific)* support than fathers.

Factors relating to the abuse.

Abuse-related characteristics have also been examined in connection with maternal response, again with conflicting findings. Some studies have found greater maternal belief and supportiveness to be associated with abuse type, with more severe forms of abuse linked with less supportive maternal reactions and lower rates of belief (Leifer et al., 1993; Heriot, 1996). Sirles and Franke (1989) found that mothers were less likely to believe more serious abuse reports, such as cases of sexual penetration, attributing this to a difficulty in comprehending the possibility or plausibility of such heinous acts within the family home. The impact of abuse frequency has yielded inconsistent results, with some studies finding no significant difference (de Jong, 1988; Sirles & Franke, 1989). Other studies have found mothers' responses to be less supportive and less protective when the frequency and duration of the abuse was greater (Coohey & O'Leary, 2008; Elliott & Briere, 1994). Parental belief and support have been

demonstrated as greater when the parent learns of the allegation directly from the victim, as opposed to from a third party (Bolen & Lamb, 2002). How mothers learn of the abuse was also identified as associated with maternal response in Coohey and O'Leary's (2008) multivariate study, with fewer sources of information correlated with lower levels of protectiveness. Length of time between abuse and disclosure has also demonstrated variable impact, with some studies finding a positive correlation with parental belief and support (Salt et al., 1990) while others report an inverse relationship (Elliott & Briere, 1994).

Proximity to the abuse is also highlighted as a significant factor impacting maternal belief, with mothers less likely to believe disclosures indicating the abusive incidents took place while they were physically present in the home (Sirles & Franke, 1989). These authors propose such a notion challenges a mother's view of her own protective ability and awareness of what is going on in her home. In another study, mothers who demonstrated consistent protectiveness were less likely to have been at home at the time of the abuse (Coohey & O'Leary, 2008). Concomitant physical abuse has also been examined in relation to parental supportiveness. Children with a concomitant history of physical abuse by the perpetrator were less likely to be believed and supported by their parents than intrafamilial CSA-only child victims (Bolen & Lamb, 2002; Sirles & Franke, 1989). Sirles and Franke (1989) posit that dysfunctional family dynamics may contribute to such findings.

Factors relating to the perpetrator.

Numerous studies have investigated the association between maternal response and perpetrator variables, with inconsistent findings (Elliott & Carnes, 2001). Some investigations have found no significant link between maternal belief and their relationship to the perpetrator (de Jong, 1988; deYoung, 1994a). In a large comparison study of non-offending mothers comparing intrafamilial-father, intrafamilial-other relative and extrafamilial perpetrators, Deblinger et al. (1993) found no difference in belief levels between groups, nor any significant difference in the demonstrated ability of mothers to support and advocate for their children. Where significant differences have been reported, these have been somewhat contradictory. For instance maternal belief (Sirles & Franke, 1989) and supportiveness (Gomes-Schwartz, Horowitz, & Cardarelli, 1990) have been found to be more likely where the perpetrator was the biological father or relative versus a step-father or boyfriend. Such findings may suggest a possible reluctance by mothers to end another relationship, or a perception that the victim's motives regarding the allegation may stem from feelings of

resentment towards the mother's partner (Sirles & Franke, 1989). Conversely, Lyon-Kouloumpos-Lenares (1987) and Salt et al., (1990) found mothers were less likely to believe their children's disclosures when the perpetrators were related than when they were unrelated. Similarly, Mian, Marton, and LeBaron (1996) found maternal belief and supportiveness to be lower where the perpetrator was a relative compared to a non-relative.

Maternal supportiveness and financial dependency on the perpetrator have also been shown to be correlated (Leifer et al., 1993) with greater dependency associated with less supportive responses. The link between perpetrator response and maternal supportiveness has also been investigated with conflicting outcomes. Cyr et al. (2013) and Everson et al. (1989) found maternal belief, support and protectiveness to be less likely in cases where the perpetrator denied the allegation, however, others have concluded no significant association (Pintello & Zuravin 2001; Sirles & Franke, 1989). Mothers have also been demonstrated to be less likely to believe allegations of sexual abuse if the perpetrator abused alcohol (Sirles & Franke, 1989).

The status of the relationship with the perpetrator at the time of disclosure has also been demonstrated to have a significant effect on maternal response, with less consistent protectiveness (Coohey & O'Leary, 2008) and less supportive responses evident when the perpetrator was the mother's current partner (Elliott & Briere, 1994; Everson et al., 1989; Faller, 1988; Pintello & Zuravin, 2001). It has been postulated that allegations against a current partner may be more threatening and destabilising, due to the potentially greater impact on the mother emotionally and financially, which may thus impede her capacity to respond to the victim in a supportive manner (Everson et al., 1989; Faller, 1988; Leifer et al., 1993; Lyon-Kouloumpos-Lenares, 1987; Mian, Marton, & LeBaron, 1996; Salt et al., 1990; Sirles & Franke, 1989). Hooper (1992) argued that the greater the value or importance the mother places on her relationship, and the fewer options she perceives herself as having in this sense, the less protective or supportive she may act towards the victim, particularly where choosing to remain in that relationship. However, Hooper also suggested that the mother's appraisals of future risk may be a key factor in her decision making regarding the relationship. That is, mothers who consider the risk of future perpetration of abuse by their partners to be high are more likely to end the relationships.

Factors relating to the victim.

Studies examining the link between victim characteristics and maternal response have typically focused on static variables such as victim age and gender, with conflicting results. Several studies have found evidence of mothers being more likely to believe and respond supportively to the disclosures of younger victims (Feiring et al., 1998; Heriot, 1996; Lyon & Kouloumpous-Lenares, 1987; Salt et al., 1990; Sirles & Franke, 1989). Implicit in such findings are maternal perceptions that younger children are perceived as less likely to fabricate allegations than adolescents, or that older adolescents have the capacity to stop the abuse, potentially resulting in more angry and punitive maternal responses (Heriot, 1996; Salt et al., 1990). By contrast, other studies have found no significant association between victim age and maternal belief and support (de Jong, 1988; Everson et al., 1989), particularly in multivariate investigations (Bolen & Lamb, 2002; Pintello & Zuravin, 2001).

Likewise, investigations into the association between victim gender and maternal response have yielded inconsistent results. Some studies have found victim gender to be a significant predictor of maternal response. For instance, early studies found male victims reported greater parental belief and supportiveness than females (Lyon-Kouloumpos-Lenares, 1987; Salt et al., 1990). Others have found no significant relationship between victim gender and maternal supportiveness (De Jong, 1988; Everson et al., 1989; Heriot, 1996). Furthermore, when subject to multivariate analysis, victim gender has been found to be an insignificant predictor of maternal response (Pintello & Zuravin, 2001). Post-disclosure child symptomatology has also been examined in relation to maternal belief, with Deblinger, Taub, Maedel, Lippmann and Stauffer (1997) finding that mothers who reported a greater frequency of post-traumatic stress symptoms in their children were more likely to believe their children's allegations. The authors postulate that the absence of trauma symptoms reported by some mothers may have reflected their incapacity or unwillingness to recognise these emotional and behavioural indicators in their children, as opposed to reflecting the non-existence of such issues.

In seeking to further delineate the mechanisms of maternal response, Coohey and O'Leary (2008) utilised an information processing framework, drawing from Crittenden's (1993) conceptualisation of child neglect. Within this model, the mother must first perceive the abused child to have an unmet need; or specifically, that the child is in need of protection. This perception is externally driven, such as from an admission, allegation or disclosure, or via

direct means such as observation. The mother may attend to this information and thus continue with the information processing, or ignore it. This is followed by a process of interpreting the meaning of this information. Two key factors are identified at this stage; that is, whether the mother believes the allegation, admission or disclosure, and the attribution of responsibility. A mother who ascribes responsibility for the abuse wholly to the perpetrator is thus posited to be more likely to respond protectively. Several variables identified as likely to mediate maternal information processing ability include the context, source and timing of the disclosure received, the mother and child's relationship with the perpetrator, the nature of the sexual abuse, and additional psychosocial stressors such as substance use, mental health and domestic violence.

Ambivalence.

As evidenced by the previous discussion on maternal support and protectiveness, many studies have suggested that not all maternal samples demonstrate consistent support towards the victim in the aftermath of disclosure. For many of these studies, the vacillation of maternal support, or ambivalence, is typically considered to be less than optimal, and has been shown to have important implications regarding child protection interventions and outcomes (Everson et al., 1989; Leifer et al., 1993). However, numerous authors contend that ambivalence may be more appropriately construed as a normal response to the emotionally overwhelming and destabilising impact of disclosure (Everson et al., 1989; Hooper, 1992; Hooper & Humphreys, 1998). Drawing from the trauma literature, ambivalence may be reflective of the approach-avoidance coping style often inherent in individuals who have encountered a traumatic experience (Bolen, 2002). Parallels of the maternal experience with stress- and trauma-theoretical orientations will be examined further in the subsequent sections.

Further confounding the issue is the lack of clarity surrounding what constitutes ambivalence, and how it should be best measured. In light of this, Bolen and Lamb (2004) sought to address this gap in the literature and drawing from a range of disciplines, they defined ambivalence as follows:

> *Postdisclosure ambivalence is defined as the experience of tension, or dissonance, in the parent's positive and negative valences between the perpetrator and child. Ambivalence may be motivated interpersonally (such as when the nonoffending guardian has a close relationship with the perpetrator while also wanting to protect*

the child) or intrapersonally (such as when the guardian is asked to choose between the child and perpetrator). Further, ambivalence may be experienced both cognitively (e.g., when the parent is unsure of whom to believe) and affectively (e.g., when the parent has conflicted emotions about the perpetrator and child). This ambivalence may be a precursor to attitude-congruent behaviors or behavioral intentions, with nonoffending parents who experience postdisclosure cognitive or affective ambivalence being more likely to vacillate in their behavioral intentions or behaviours. (p. 194)

In an exploratory study, Bolen & Lamb (2007) proposed a hypothetical model of the association between maternal support and ambivalence, utilising the above definition. These authors found maternal supportiveness to be unrelated to ambivalence, proposing that mothers can be simultaneously ambivalent and supportive of the victim post-disclosure. While they caution the generalizability of the findings owing to the preliminary nature of the study, their findings suggest that support and ambivalence may in fact represent independent constructs. This has implications for child protection responses, such as care and custody decisions, that may be based on assumptions of their correlation.

Traumagenic Symptomatology

Increasing quantitative evidence lends support to the traumatic impact of discovery on the non-offending mother. Several studies have investigated traumagenic symptomatology in non-offending mothers following disclosure, focusing primarily on measures of symptom distress, post-traumatic stress and symptoms of depression and anxiety. These studies have consistently found that mothers frequently experience moderately to significantly elevated levels of depression, anxiety and general symptom distress in the aftermath of disclosure (Davies, 1995; Deblinger et al., 1993; Forbes, Duffy, Mok, & Lemvig, 2003; Hebert et al., 2007; Hiebert-Murphy, 1998; Lewin & Bergin, 2001; Newberger et al., 1993; Santa-Sosa, Steer, Deblinger & Runyon, 2013; Wagner, 1991) as well as symptoms consistent with post-traumatic stress responses (Davies, 1995; Green et al., 1995; Manion et al., 1996; Timmons-Mitchell et al., 1995). Utilising a longitudinal design, Newberger et al. (1993) found that although non-offending mothers' depression and distress symptomatology declined over a 12-month period post-disclosure, many still remained within the clinically elevated range. The authors concluded that non-offending mothers "suffered severe and extensive emotional distress following disclosure" (Newberger et al., 1993, p. 7). While the authors acknowledged the potential confounding impact of pre-existing stressors, given the lack of a comparison control

group, the observed reduction in measured distress levels over time lends support to an association with the traumatic impact of abuse discovery.

Factors influencing post-disclosure response.

Some of the factors that account for the variation in degree of maternal distress that have been explored to date include maternal history of CSA and domestic violence, coping style and attributional style. These will be addressed separately in the following section.

Attributional style.

Two known studies have explored the mediating role of attributional style on post-disclosure distress in non-offending mothers. Kress and Vandenberg (1998) found that a negative attributional style corresponded with higher depressive symptomatology in mothers. That is, mothers who displayed an overly pessimistic outlook, attributing adverse events to internal, stable and global causes, reported higher depressive symptoms in the aftermath of disclosure. In a more recent study, Runyon, Spandorfer and Schroeder (2014) sought to expand on these findings, examining the mediating role of both general attributional style and specific abuse-related beliefs on maternal post-disclosure distress, such as mothers' views surrounding the perceived impact of CSA on the child victims. The authors found that both attributional style and abuse-specific beliefs were predictive of self-reported depressive symptomatology. That is, mothers who anticipated their children would experience enduring adverse effects as a result of the abuse were more likely to report depressive symptoms. However, only attributional style was found to be significantly associated with self-reported traumatic stress symptomatology. The authors posited that a pessimistic outlook in addition to beliefs surrounding self-blame were the primary contributory mechanisms towards elevated traumagenic symptomatology among non-offending mothers.

Maternal history of abuse.

The impact of a prior history of victimisation on maternal post-disclosure functioning has also been examined in a number of studies. Mothers who have a prior history of abuse (including sexual) have been shown to experience greater levels of distress and post-traumatic stress symptoms following discovery of their children's abuse, compared with mothers who did not have such a history (Cyr et al., 2013; Deblinger et al., 1994; Hebert et al., 2007; Hiebert-Murphy, 1998; Kim et al., 2007; Timmons-Mitchell et al. 1996). A possible explanation for this elevated distress reaction is that the disclosure activates a re-experiencing of the mother's

own abuse memories. Providing further evidence of this link, a qualitative case-study analysis conducted by Green et al. (1995) found mothers with a history of sexual victimisation experienced a range of post-traumatic stress symptoms, including intrusive memories, re-experiencing painful affect, hyper-arousal and psychological numbing post-disclosure. The authors likened the nature and severity of symptoms their participants displayed as consistent with Herman's (1992) conceptualisation of complex PTSD, a cluster of symptoms typically prevalent in individuals who have been exposed to prolonged childhood trauma.

Coping style.

Few empirical studies have been conducted specifically investigating the impact of maternal coping style on subsequent post-disclosure response. However, several studies have demonstrated a link between avoidant (emotion-focused) coping styles and greater post-disclosure psychological distress in non-offending mothers (Cyr et al., 2013; Hiebert-Murphy, 1998). Cyr et al. (2013) found a link between maternal coping style and subsequent post-traumatic stress symptomatology, with mothers who predominantly employed avoidant coping strategies self-reporting moderate levels of post-traumatic stress symptoms in the aftermath of disclosure. These mothers were also found to be less supportive than those who demonstrated greater emotional resilience, highlighting the potential impact of coping ability on subsequent parental functioning. Hiebert-Murphy (1998) further found that reliance on avoidant coping strategies was predictive of greater levels of maternal distress after controlling for other variables, such as a prior history of victimisation and lack of social support. Conversely, mothers who utilised problem-focused coping styles that incorporated cognitive and behavioural strategies reported lower rates of emotional distress. Plummer (2006a) examined the role of ruminative coping styles on female caregiver post-disclosure adjustment, and found reliance on ruminative cognitive styles to be a predictor of poorer maternal emotional and behavioural outcomes. Rumination was also found to mediate other proximal and distal variables pertaining to abuse characteristics, maternal history of CSA, and current life stressors.

The Process of Discovery

As noted previously, historically the incest literature has been dominated by the prevailing assumption that the non-offending mother possesses some degree of awareness about the sexual victimisation of her child (e.g., Hooper, 1992). Even where it is reliably established that mothers were in fact not aware of the abuse, they have frequently been subjected to significant scepticism (Alaggia, 2002). Indeed the mother's failure to recognise the

signs of the abuse may generate equal, if not greater, scrutiny and blame than that which is directed towards the perpetrator of the abuse (Bell, P. 2003). However, empirical studies have consistently found the majority of mothers report they were not aware of the abuse prior to disclosure (Elliot & Carnes, 2001).

Qualitative investigations have revealed the complexities surrounding the discovery process for non-offending mothers. Discovery can take shape in one of three ways: accidental, purposeful or elicited/disclosure (Alaggia, 2004; Sorenson & Snow, 1991). Evidence suggests that the majority of mothers learn of the abuse through the victims, either through their children's disclosures or via observations of their behaviour (Plummer, 2006a). However, other sources of discovery are also prevalent, including intervening professionals and statutory agencies. For many mothers, discovery does not represent a discrete moment of awareness, and many often report a period of prior suspicion or doubt (e.g., Carter, 1993; Hooper, 1992). Several studies have revealed that the process of discovery often represents an extended, dynamic and multifaceted process, shaped by a number of interactive forces impacting maternal awareness (Hooper, 1992; Sorenson & Snow, 1991). Factors such as limited evidence or contradictory information, which may stem from a variable range of sources, impact on the mother's ability to make sense or meaning of their discovery (Bell, P. 2003; Elbow & Mayfield, 1991; Jenny, 1996; Sorenson & Snow, 1991). Thus mothers may be required to interpret or reconcile contradictory or incomplete information in order to arrive at their own conclusions and respond accordingly (Elbow & Mayfield, 1991).

Maternal awareness of CSA can be impeded by a range of factors. Commonly these relate to the perpetrator's denial or minimisation of the allegation or disclosure, as well as active and deliberate efforts to maintain secrecy (Calahane, Parker & Duff, 2014; Hooper, 1992). These behaviours can range from engaging in grooming behaviours to gain the victim's compliance and trust, to more coercive methods of threats and intimidation. Victims may also seek to maintain secrecy or deny the abuse for reasons such as fear of not being believed, of provoking anger, blame or rejection, or of outright harm to either themselves or their family. For some children, the belief that their mothers must already know about the abuse, and thus the assumption they are complicit, precludes disclosure. Siblings may become aware of the abuse, and actively assist in facilitating secrecy. Some children may lack the ability to communicate what happened or is happening in a manner that can be understood by their mothers, or their efforts to disclose may be misinterpreted or overlooked entirely. There is

some evidence to indicate that the majority of victim-disclosures are accidental (discovered by chance), rather than purposeful (deliberately disclosed), with the latter more frequent in adolescent victims as opposed to younger children (Sorenson & Snow, 1991). Research has also demonstrated that children who have been abused by their biological father are less likely to disclose (Gomes-Schwartz, Horowitz, & Cardarelli, 1990). Further adding to this are the interpretations mothers ascribe to the information available to them (Dwyer, 1999). For instance, mothers may have observed a shift in their children's behaviour or functioning, but may not attribute this to their children being sexually victimised. Overall, Hooper's (1992) caution that discovery is not best captured as a discrete variable appears valid.

Impact of Discovery: The Qualitative Findings

Discovery typically represents a point of crisis for most mothers, as evident by the range, intensity and enduring nature of affective responses reported (Elliott & Carnes, 2001). Findings suggest the intensity of these affective responses are generally greater where the mother's partner is the perpetrator of the sexual abuse (Carter, 1993; Hill, 2001; Humphreys, 1995).

Shock and disbelief.

Research has consistently identified shock and disbelief as a significant and common initial reaction of mothers to CSA disclosure (Carter, 1993; Davies, 1995; Deblinger et al., 1993; Humphreys, 1995; McCallum, 2001; McCourt, Peel, & O'Carroll, 1998; Pretorius, Chauke, & Morgan, 2011). Such findings lend support to the previously discussed evidence that mothers often possess limited or no knowledge of the CSA prior to disclosure.

Anger.

Anger is a frequently documented response by non-offending mothers in the qualitative literature, and is typically reported as being directed towards the perpetrator of the sexual abuse (Carter, 1993; Davies, 1995; Humphreys, 1995; Levenson, Tewksbury & DiGiorgio-Miller, 2012; McCallum, 2001; McCourt et al., 1998; Pretorius et al.,2011). Some studies have found mothers also report feelings of anger towards the victim (e.g., Levenson et al., 2012; McCourt et al., 1998). Some of the reasons cited for this anger include victim-directed blame for the abuse, particularly in instances where the victim is an older adolescent, as well as anger and frustration pertaining to the challenging behaviours exhibited by the victim, such as sexualised behaviour (Plummer & Eastin, 2007a). Victim-directed anger has also been reported

in relation to the victim's delayed disclosure, or disclosure to a third party (Deblinger & Heflin, 1996), as well as the adverse consequences stemming from the disclosure, such as the breakdown of the marriage and family unit (McCourt et al., 1998).

Betrayal and distrust.

Also consistently reported in the intrafamilial CSA literature are maternal reactions involving distrust and betrayal (Davies, 1995; Levenson et al., 2012; McCallum, 2001; McCourt et al., 1998; Plummer & Eastin, 2007a; Pretorius et al., 2011). Predominantly, a loss of trust is linked with the realisation that the perpetrator has violated an implicit expectation to ensure the safety and wellbeing of the child. Such research has often demonstrated non-offending mothers experiencing an added sense of betrayal due to this violation of trust when the perpetrator is a partner. Davies (1995) also found parents reported a loss of trust in the adolescent victim, though it is noted this study comprised both intrafamilial and extrafamilial CSA.

Fear and uncertainty.

Fear is also a prevalent theme identified by researchers in the qualitative literature investigating maternal post-disclosure response (Calahane, Parker, & Duff; 2013; Hooper, 1992; McCourt et al., 1998). Non-offending mothers have reported a fear of losing custody of their children in the aftermath of discovery, relating to concerns they had failed to act protectively and were perceived to have known about the sexual abuse (Carter, 1993). Researchers found mothers may also possess fear of further retribution by the perpetrator towards the mother and victim. Linked with this fear is the uncertainty of what their future now holds (Calahane et al., 2013), including the potential long-term ramifications of the sexual abuse on the victim.

Grief and loss.

The experience of grief and loss is a prominent theme to emerge from several studies of non-offending mothers' post-disclosure response (e.g., Dwyer, 1999; Dwyer & Miller, 1996 Hooper, 1992; McCourt et al., 1998, Myer, 1985; Womack, Miller, & Lassiter, 1999). Some studies have found mothers' commonly reported responses of denial, guilt, depression, anger and eventual acceptance are consistent with a grief or bereavement response (Myer, 1985; Womack et al. 1999). Similarly, McCourt et al. (1998) likened their participants' reported affective reactions of disbelief, guilt, anger, blame, low mood and isolation as being consistent

with a bereavement response. Within this context, the initial disbelief and denial characteristic of maternal post-disclosure response may be conceptualised as reflecting a defence mechanism within the context of acute grief, as opposed to an indicator of maternal pathology or inadequacy (Myer, 1985; Hooper, 1992).

Increasingly, the literature on non-offending mothers has recognised the pervasive nature of losses many of these women encounter in the aftermath of their discovery. Disclosure frequently results in significant relational losses pertaining to their partnerships, family unit and broader social networks (Dwyer, 1999; Dwyer & Miller, 1996; Hooper, 1992). Most proximal is the sense of loss that occurs when the mother is required to exercise a choice between the perpetrator and child. Anticipatory grief of future expectancies is also commonly reported by non-offending mothers following discovery. These studies have also found mothers often experience a sense of loss in relation to fundamental beliefs and expectations about themselves and their social world, as a result of these being undermined by the discovery of intrafamilial CSA. The subsequent impact to maternal sense of self-worth and identity has also been established (Dwyer, 1999; Dwyer & Miller, 1996).

Guilt and shame.

A core maternal response reported in the literature, particularly in qualitative investigations, pertains to the experience of guilt and shame (Carter, 1993; Finkelhor, 1984; Hill, 2001; Hooper, 1992; Humphreys, 1995; Levenson et al., 2012; McCallum, 2001; Plummer & Eastin, 2007b; Regehr, 1990). Studies have consistently demonstrated that mothers frequently experience guilt in response to a sense of inadequacy, self-blame and perceived failure as a parent to protect their child from sexual victimisation (Hill, 2001; Hooper, 1992; Massatt & Lundy, 1998; Plummer & Eastin, 2007b; Pretorius et al., 1996; Regehr, 1990). Davies (1995) found that a proportion of mothers in their sample experienced feelings of guilt over not seeking retribution towards the perpetrators on behalf of their children. Mothers have also been found to experience self-recrimination for failing to become aware of the abuse earlier (Hooper, 1992; Plummer & Eastin, 2007b). In cases of CSA where the perpetrator is the mother's partner, mothers also report a sense of failure for their choice of partners (Plummer & Eastin, 2007b). Mothers have also reported subsequent guilt in response to their feelings of anger and frustration when dealing with the victims' challenging behaviours arising from the abuse (Plummer & Eastin, 2007b). Maternal feelings of shame and guilt have also been linked

with external factors such as negative judgement, ostracism and blame by social networks (Carter, 1993; Massatt & Lundy, 1998; McCallum, 2001).

The maternal identity.

A prevalent theme to emerge from qualitative enquiries into the experience of non-offending mothers pertains to the impact of discovery on the mother's sense of identity. Several studies have highlighted how the sexual victimisation of her child by a family member challenges fundamental beliefs concerning maternal identity, particularly implicit assumptions surrounding maternal competence in light of the mother's perceived failure to protect her child (Bell, P. 2003; Hooper, 1992; Humphreys, 1995; McCallum, 2001). Pre-existing notions of maternal ability are thus threatened, resulting in feelings of inadequacy, self-doubt and loss of confidence (Hooper, 1992). Mothers have described a process of reappraising their maternal identity in the aftermath of discovery and when perceived as required, reconstructing their fundamental beliefs regarding their self-concept, of which motherhood often represents a significant and defining aspect (Bell, P. 2003).

Tangible impact.

Along with the substantial emotional impact arising from the discovery of CSA, non-offending mothers may encounter numerous economic, vocational and residential implications associated with the aftermath of disclosure (Carter, 1993; Levitt, Owen, & Truchess, 1991; Massat & Lundy, 1998; McCallum, 2001; McCourt et al., 1998). Massat and Lundy (1998) described these tangible changes or losses as *reporting costs*, which may further exacerbate the trauma of discovery particularly in cases of intrafamilial CSA. These authors purported that families incur, on average, three major changes or costs in the aftermath of disclosure. Disclosure may significantly impact the economic stability of families, particularly where the non-offending mother is financially dependent on the perpetrator as the primary breadwinner, whose economic contribution may be lost or diminished due to relational dissolution or perhaps imprisonment (Carter, 1993; Massat & Lundy, 1998; McCallum, 2001). The non-offending mother's own earning capacity may also be impeded by the ongoing demands of intervening statutory and therapeutic agencies, increased child caring responsibilities, as well as the mother's own inability to cope post-discovery. In cases where disclosure necessitates residential relocation, this can generate additional load and stress for the non-offending mother, as well as further erode her sense of security and stability. These studies also highlight

the time constraints many of these factors place on the non-offending mother, who must navigate these competing demands (Carter, 1993; Massat & Lundy, 1998; McCallum, 2001).

Contextual Factors Impacting on Maternal Response

Culture.

Few studies have empirically examined the impact of culture on maternal post-disclosure response. One notable qualitative study conducted by Alaggia (2001) examined the role of cultural and religious influences on maternal response, including supportiveness. Alaggia found that both culture and religion influenced the meanings mothers ascribed to the sexual abuse, and the subsequent actions they took. Specifically, mothers from ethnic and religious cultures possessing rigid patriarchal values voiced difficulties surrounding issues of family preservation and torn loyalties between their perpetrating partners and their children. These mothers reported significant anxiety and fear of alienation and ostracism from their families and communities. Thus balancing the cultural community expectations to maintain family unity with the repercussions of marital dissolution in the aftermath of discovery were identified as an additional source of stress for these women.

Social support.

While considerable empirical attention has been given to the impact of maternal support on child victim outcomes, research on the impact of social support for non-offending mothers is limited. Hiebert-Murphy (1998) conducted one of the few known investigations into maternal outcomes, with social support one of the factors examined. It was found that, after disclosure, non-offending mothers with stronger support networks reported less emotional distress, whereas mothers who reported fewer social supports reported greater levels of distress. As the study utilised a correlational methodology, it could not be ascertained in which direction these factors influenced each other. That is, support may have positively impacted on distress levels by bolstering psychological resilience, or mothers who demonstrated less distress may have been better equipped to develop and maintain more extensive supportive networks. Hiebert-Murphy identified the need for further research into the mechanisms of social support for mothers, including the means by which it is accessed, the most beneficial forms of support, and whether support needs vary across the recovery process.

Another study, by Kinard (1996), compared offending and non-offending mothers of maltreated children on longitudinal measures of social support, evaluations of self-worth and

depressive symptomatology. Types of maltreatment included physical abuse, sexual abuse and neglect. Kinard found perceived low social support to be the strongest predictor of more negative evaluations of self-worth and greater reports of depressive symptoms regardless of mother group. At re-test 12 months later, social support from friends was shown to remain the only significant predictor on these measures whereas family support no longer demonstrated a significant association.

Several qualitative studies have found that non-offending mothers report significant interpersonal losses in the aftermath of discovery (Lipton, 1997; Massat & Lundy, 1998). The concomitant loss of social support through the dissolution of important family and social relationships (Carter, 1993; Hill, 2001; McCallum, 2001) often produces a sense of isolation and alienation. Several factors have been identified as influencing these observed outcomes. Humphreys (1995) observed that the usual sources of social support utilised by mothers often become inaccessible due to the inherent stigma associated with intrafamilial CSA . Compounding the issue is the loss of the, typically, primary support person in cases where the partner is the perpetrator (McCallum, 2001). Further, the non-offending mother's post-disclosure decision concerning her relationship with the perpetrator has been demonstrated to be subject to much scrutiny and judgement. Disapproval and alienation from familial and social networks have been common themes identified by non-offending mothers, with some mothers reporting loss of social support for remaining connected with the perpetrator; by contrast, other mothers report social disapproval for ending the relationship (Dwyer, 1999). Davies (1995) found that some mothers encountered negative responses from others for choosing to involve statutory authorities. Alienation and isolation can also result from mothers' deliberate self-withdrawal from social supports in seeking to protect the privacy of the child victims (Massatt & Lundy, 1998).

Systemic intervention.

Arguably unique to the non-offending mother's experience is the breadth and degree of involvement by external agencies in the aftermath of disclosure. The lives of many mothers and their families are frequently subject to the processes and outcomes of various agencies and support services, including the police and judicial system (including Family Court systems), child protective services, schools, medical professionals, and an array of supportive agencies providing therapeutically-oriented services. Many of these agencies vary in terms of their primary mandate and responsibilities (e.g., child protection versus prosecution of

perpetrators), and in many cases, the family will be simultaneously involved with several agencies at any given time. The nature of this multi-agency response is quite unique to intrafamilial CSA cases, relative to many other forms of criminal victimisation. The process by which statutory authorities become involved with the family can vary widely (Calahane, Parker & Duff, 2014). Several studies have demonstrated that in the majority of instances it is the mothers who initiate contact with external agencies following discovery of their children's sexual victimisation (Plummer & Eastin, 2007a). For many, involvement with the authorities is almost immediate following their discovery, although in some instances, discovery may result when these agencies seek to intervene with the family (for instance where discovery or disclosure involves a third party).

Maternal perceptions of system interventions have been explored in a small number of qualitative studies. Some evidence exists to suggest that most mothers identify some form of involvement by authorities such as the police and/or child protective services as both necessary and appropriate. Rivera (1988) found that maternal evaluations of statutory involvement following CSA disclosures were predominantly positive. Linked with this, the investigatory process can serve to validate the mother's concerns in relation to her suspicions surrounding her child's possible victimisation (Hooper, 1992).

However, more frequently reported in the available literature are findings that pertain to negative maternal perceptions of system interventions. A consistent theme to emerge relates to mothers' perceived lack of control in these statutory processes. Even when mothers initiate involvement with the authorities, they often have little control over the nature of this involvement beyond the outset (Hooper, 1992). Perhaps most overwhelming are the expectations placed on the mother to make significant decisions concerning her partner and child, often within a short time frame. A perceived lack of voice in the pursuant process and outcome has been linked with experiences of disempowerment and disenfranchisement, with mothers reporting a sense of powerlessness and helplessness, fear and resentment; as well as an overall sense of intrusion into their lives (Hooper, 1992; McCallum, 2001). Resentment has also been linked with maternal resistance to engaging cooperatively with intervening authorities (Plummer & Eastin, 2007a).

A second major theme identified by mothers relates to perceived system shortcomings and the failure to adequately address their needs (Hooper, 1992; Massat & Lundy, 1998).

Maternal respondents across several studies have reported that the initial surge of attention by statutory agencies is frequently followed by a subsequent lack of through-care, often combined with insufficient feedback and information-sharing to aid these mothers in what effectively remains a time of crisis (Calahane et al., 2014; Rivera, 1988). Such a withdrawal of intervention when investigatory processes conclude has been linked with a sense of anger, abandonment, disillusionment and invalidation (Hooper, 1992). Mothers may experience uncertainty and confusion regarding statutory processes and expectations, and lack understanding regarding how to obtain the information and guidance they require. A major issue consistently reported is the requirement for guidance and support for dealing with the challenges of abuse-related parenting concerns (Plummer & Eastin, 2007b). Often exacerbating these issues is the lack of consistency in agency staff, with women encountering a change in officials who are managing their cases. The time and cost of meeting intervening agency requirements is further disruptive to the lives of these women and their families during a period of crisis and upheaval.

Several qualitative studies have found that many non-offending mothers experience blaming attitudes and negative scrutiny by intervening authorities (Carter, 1993; Hill, 2001; McCallum, 2001; Plummer & Eastin, 2007b). Such systemic responses have been associated with increased feelings of maternal guilt, resentment, and distrust of intervening authorities (Carter, 1993; Hill, 2001; McCallum, 2001; Plummer & Eastin, 2007b). Negative system responses have also been demonstrated to trigger self-doubt and undermine beliefs about parental competence in non-offending mothers (Humphreys, 1995). Historically, such professional attitudes have been linked with pervasive assumptions surrounding maternal attentiveness to the signs of CSA, and subsequent protective ability, as well as the pathologizing of non-offending mothers and their post-disclosure responses (Alaggia, 2002). Calahane et al. (2014) posit that some negative maternal perceptions of statutory authorities may stem from fear and insecurity at the implicit (or explicit) suggestion of their impaired competence as mothers, thus posing a threat to their mothering identity. Indeed mothers may experience heightened suspicion towards intervening statutory agencies and their perceived agenda (Stitt & Gibbs, 2007). However, the consistency of negative response across studies suggests there is some objective basis for these reported findings, which may in part derive from these services failing to adequately address the needs of non-offending mothers (Massat & Lundy, 1998). Mothers are often only a consideration insofar as their protective and supportive capabilities with regards to the victim (Hooper, 1992). Considering the historical

context and the breadth of the mother-blaming literature, much of which was subsequently influential in shaping professional attitudes and practices responding to intrafamilial CSA (e.g. Crawford, 1999), the perception of negative scrutiny and attitudes as reported by non-offending mothers appears to be a valid concern.

Interventions for Non-Offending Caregivers

The previous overview of the impact of CSA disclosure on maternal functioning has highlighted the array of needs identified by mothers across a number of domains, with perhaps most notable the need for more professional support. The majority of treatment studies to date typically examine intervention needs of mothers as an adjunctive component to victim intervention. The rationale for this stems primarily from a robust body of findings demonstrating that the inclusion of maternal intervention components improves treatment outcomes for the child victims (e.g., Cohen & Mannarino, 2000; Corcoran & Pillai, 2008; Deblinger, Lippman, & Steer, 1996; Deblinger, Stauffer, & Steer, 2001; Elliott & Carnes, 2001; Hiebert-Murphy, 1998; Stauffer & Deblinger, 1996). Comparatively few studies have focused solely on identifying the non-offending mother's intervention needs and evaluating maternal treatment outcomes (Banyard, Englund, & Rozelle, 2001). Several intervention types for non-offending caregivers have been developed and empirically examined, including information-based, peer support, psycho-educational, and structured therapeutic interventions (typically comprising of adjunctive victim and caregiver intervention) (van Toledo & Seymour, 2013). The mode of delivery includes group-based versus individually-based interventions.

Overall, reviews of the treatment outcome literature suggest that maternal intervention is beneficial to both non-offending mothers and child victims (Corcoran & Pillai, 2008; Elliott & Carnes, 2001, van Toledo & Seymour, 2013). Regarding information-based interventions, there is some evidence to demonstrate that simply providing information to mothers may yield positive results. Jinich and Litrownik (1999) found that caregivers who viewed a video about the common effects of CSA and how to respond appropriately demonstrated increased supportiveness for the child, greater understanding of investigatory processes, and decreased stress levels. This study highlighted the potential benefits and importance of early maternal intervention following discovery or disclosure.

Peer support groups have also been demonstrated as critical to the non-offending mother's recovery in the aftermath of disclosure. Due to the characteristically idiosyncratic nature of support groups the content of these groups is typically varied, though they

commonly address issues such as maternal responses to disclosure and the challenges they face in the aftermath of CSA, including parenting the victimised child and dealing with external intervening authorities (van Toledo & Seymour, 2013). Rivera (1988) found caregivers who participated in crisis support groups reported these groups as being beneficial in assisting them to cope in the aftermath of disclosure, and in developing parenting skills such as dealing with challenging victim behaviours. In a qualitative analysis of a peer support group for non-offending mothers, Hill (2001) identified several central themes viewed as contributing to mothers' overall sense of benefit from participation in the groups. These included access to a non-judgemental and safe environment, a sense of unity and strength through shared experience, the opportunity to re-evaluate and make sense of the trauma, a sense of empowerment, and a perception of reinstating a sense of control. Other studies have emphasised the benefits of peer support in reducing the sense of isolation by increasing maternal support networks which are often compromised in the aftermath of discovery (Carter, 1993; Humphreys, 1995).

Combined treatment interventions have also been investigated in relation to maternal outcomes, with generally positive findings. Winton (1990) sought to evaluate the combination of group support with psycho-educational interventions for non-offending caregivers (including fathers). Pre- and post-treatment assessments revealed parents reported an increase in their coping skills and parenting confidence; however, they demonstrated no significant change in distress levels. In a study by Hernandez et al. (2009), a pilot group program for non-offending parents incorporated trauma-focused cognitive behavioural therapy (CBT) as well as psycho-educational and supportive interventions. These authors found a significant decrease in parent-reported post-traumatic stress symptomatology and improved family functioning. Parents also disclosed a general sense of benefit from the opportunity to focus on their experience in supportive groups. Forbes et al. (2003) conducted a pilot early-intervention program for non-offending caregivers and CSA victims (the majority being intrafamilial CSA cases) which included the following components: 1) empathy, 2) psycho-education about CSA, its impact and the investigatory process, 3) reinforcement of parental competence, and 4) advice on child behavioural difficulties. Pre- and post-intervention assessment of child and caregiver distress and symptomatology was conducted, and the study found a demonstrated reduction in both child and parent symptomatology.

A limited number of more rigorous treatment efficacy studies have investigated structured therapeutic interventions for non-offending caregivers, typically comprising adjunct parent and child treatment components. A series of studies performed by Deblinger and colleagues (e.g., Deblinger et al. 1996; Deblinger et al. 2001; Stauffer & Deblinger, 1996) have sought to assess the efficacy of CBT interventions for non-offending female caregivers (biologically and non-biologically related) and child victims. The victim samples in all of these studies comprised a mixture of intrafamilial and extrafamilial CSA cases. These studies have typically incorporated randomised, comparison treatment groups, which implement standardized assessment, as well as pre-treatment, post-treatment, and follow-up evaluations. The focus of these studies has been predominantly on the child-related outcomes, however, positive treatment outcomes for non-offending caregivers have been demonstrated consistently. Preliminary treatment outcome investigations have demonstrated significant improvements in caregiver ratings of parenting ability (Deblinger et al., 1996; Stauffer & Deblinger, 1996), although these findings have been inconsistent regarding the maintenance of treatment gains at follow-up. Nevertheless, CBT interventions have been shown to significantly reduce caregiver distress, as well as the avoidance of abuse-related affect and cognitions (Stauffer & Deblinger, 1996). In a comparative analysis of support-based versus CBT interventions for female caregivers and child victims, Deblinger et al. (2001) found that while caregivers in both conditions experienced significant benefits, caregivers assigned to the CBT group demonstrated greater reductions in intrusive thoughts and fewer negative affective responses. It was postulated that this difference in reduction of distress may have been attributable to greater abuse-specific discussion in the CBT group in comparison to the support group. These treatment gains were maintained at a 3-month follow-up, however, at this time the support group mothers demonstrated additional improvement with regards to negative affective responses. The authors interpreted this finding as possibly a delayed benefit, enhanced by the ongoing contact maintained by group participants.

Theoretical Conceptualisations of Trauma, Recovery and Growth

Overall, the available research on non-offending mothers has yielded several important conclusions. Primarily, non-offending mothers have been demonstrated to represent a heterogeneous group with diverse and arguably unique issues and needs. A consistent trend in the available literature to date is that these mothers face significant loss, emotional upheaval and trauma in the aftermath of their discovery of the sexual abuse of their children. Their post-disclosure response and recovery is shaped by a range of factors

pertaining to both intra-psychic factors, such as individual coping responses and needs, and external contextual factors, such as social support and system interventions. Thus it is useful to draw from the broader body of theoretical literature on trauma, loss, stress and coping to provide further insight on the maternal post-disclosure journey.

Theories of Grief and Loss

Traditional theories of grief and loss can be typically classified into *stage* or *phase* versus *task* models. One of the earliest and most prominent stage conceptualisations of grief is the work of Kubler-Ross (1969). Her empirically derived model of the stages of dying by a person who is terminally ill, consisting of denial, anger, bargaining, depression and acceptance, have nevertheless been consistently misrepresented in the grief and loss literature. In particular, the stage of denial, considered by Kubler-Ross to be a healthy psychological protective mechanism to the overwhelming discovery of impending death, has frequently been misconstrued as a stage which needs to be addressed and resolved via therapeutic intervention. Further, though Kubler-Ross emphasised that progression through the stages may not occur in a linear fashion, this caveat is often overlooked. In terms of phase-based models, two other seminal offerings by Bowlby (1980) and Parkes (2001) have identified several key stages of mourning and grief, encompassing shock and emotional numbness, yearning and searching, despair and disorganisation, and reorganisation and resolution. Again, however, these authors do not purport the course of grief and mourning to adhere to these stages strictly or in a linear fashion, but rather suggest that there are a number of universal phases inherent to the grieving process. In contrast, task-oriented models of grief emphasise the critical functions inherent in the recovery process. Often implicit in such models is the role of the individual as an active agent in the recovery process (Worden, 2009). For instance, Worden's task-oriented theory of grief outlines four proximal tasks of recovery from grief: 1) accepting the reality of the loss, 2) processing the pain of grief, 3) adjusting to a world without the deceased, and 4) finding an enduring connection with the deceased in the midst of embarking on a new life.

Differentiating from task-oriented models of grief, Stroebe and Schut (1999) developed a dual-process model of loss which identifies two primary dynamics as central to recovery from grief: loss-oriented stressors and restoration-oriented stressors. Loss-oriented stressors pertain to the lost person and associated issues such as the intrusive symptoms and concordant emotional distress, as well as the sense of meaning ascribed to the loss. A resistance to, and avoidance of, the changed world in the context of loss is also an inherent

component. Restoration-oriented stressors denote an emphasis on rebuilding and adjustment in the aftermath of the loss. This may incorporate mastering new skills and reconstructing identity and fundamental worldviews in the context of the lost object. The model thus emphasises the vacillation between loss and restoration-orientation, which is perceived to serve a self-regulatory function in recovery from grief (Stroebe & Schut, 1999).

While many existing models of grief and loss pertain to the actual physical loss of a person significant to the griever, broader conceptualisations are emerging which extend beyond the traditional emphasis on death or physical absence. Ambiguous loss denotes circumstances where there is ambiguity surrounding the object of loss, for instance the physical absence but psychological presence of a loved one whose whereabouts remain uncertain or unknown (e.g., missing persons) (Boss, 2006). A second form of ambiguous loss pertains to circumstances where the object of loss is physically present but psychologically absent (e.g., dementia). A defining feature of such situations is often the lack of external recognition of the loss itself, a potentially invalidating experience. The very nature of these losses are such that they remain unresolved, complicating the experience and expression of grief and precluding the capacity for ultimate resolution.

While links have been made between the discovery of CSA and a grief or bereavement-type reaction (Dwyer, 1999; Dwyer & Miller, 1996; Hooper, 1992; McCourt et al., 1998; Myer, 1985), it may be argued that a range of intrapersonal, interpersonal and contextual issues surrounding intrafamilial CSA potentially compound and complicate the loss experience of these mothers. In their work with non-offending mothers in incest families, Dwyer and Miller (1996) found that features of maternal grief evident in their post-discovery experience could indeed be differentiated from normal grief reactions. They found for instance that the qualitative nature of the losses encountered, the frequent guilt and self-blame experienced by mothers, and their reported social alienation compounded mothers' experience of grief and loss so profoundly that the maternal experience was akin to Doka's (1989) notion of disenfranchised grief, which may be defined as follows:

> *The grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially sanctioned. The concept of disenfranchised grief recognizes that societies have sets or norms – in effect, "grieving rules" – that attempt to specify who, when, where, how, how long, and for whom people should grieve. (p. 4)*

Doka (1989) argued that in certain conditions grief may not be socially validated, and is thus considered *disenfranchised* due to the lack of recognition for the grieved, the griever, or the loss itself. Lazare (1979) differentiated between *socially negated losses* and *socially unspeakable losses* as two proximal contributors to disenfranchised grief, both of which are associated with an inherent stigma attached to the source of the loss. Dywer and Miller (1996) thus argued that the inherent issues surrounding intrafamilial CSA serve to complicate and disenfranchise mothers' grief and loss reactions. Mothers may encounter social and professional (but perhaps also internalised) expectations that their partners' offending behaviour should automatically nullify any emotional attachment, with the subsequent demonstration of grief over these losses attracting negative judgement, invalidating and thus compounding their experience of grief. Thus the relationship with the perpetrator is no longer recognised, in the context of their offending behaviour. The loss of the partner is therefore also dismissed within the context of perceptions that the mother is better off without the perpetrator. Hence social and professional responses may serve to confound the sense of grief and loss experienced by mothers.

Theories of Trauma

The previous review of the non-offending mother literature has clearly established the post-disclosure experience to be consistent in many ways with a trauma-type response. The psychological impact of trauma and mechanisms of recovery have yielded considerable attention in the empirical and clinical literature, with numerous theories and formulations depicting these phenomena. Underlying many current theoretical conceptualisations of the psychological processes inherent in response to a traumatic event is the notion that exposure to a traumatic event disrupts our fundamental assumptions and beliefs concerning the world (McCann & Pearlman, 1990). Such theories typically emphasise the process of assimilating new information into existing schemas or internal representations as a fundamental process of recovery from trauma.

Stress response theory.

Horowitz's (1986) stress response theory represents one of the earliest and most widely cited efforts to conceptualise the impact of trauma on individuals. Using a cognitively-oriented theory incorporating psychodynamic principles such as the role of psychological defence mechanisms, Horowitz purported that an individual possesses internal representations or beliefs about themselves and the world, which subsequently shape and influence the interpretation of external information and events. Within this conceptualisation,

individuals are fundamentally driven to achieve congruence between these internal schematic representations and external information, in a process referred to as the completion tendency. Following a traumatic experience, the individual is confronted with information that conflicts with existing internal representations, generating a stress response. This initial stress response prompts an attempt to reconcile the new trauma information within existing schemas. An inability to assimilate this information successfully produces a state of psychological distress. Psychological defence mechanisms are thus activated to cope with the overwhelming impact produced by the trauma information, including denial, psychological numbing, or active avoidance.

Competing with this process of suppression, however, is the fundamental psychological need to reconcile the trauma with existing beliefs (Horowitz, 1982; 1986). Intrusive symptoms, such as flashbacks, seek to bring the trauma memory into conscious awareness and thus prompt active cognitive processing and, potentially, resolution. Thus Horowitz's theory emphasises the opposing approach-avoidance mechanisms at play in the aftermath of trauma, with the individual said to vacillate between these two response-sets. Alternating between avoidance and re-experiencing cycles is thought to enable the individual to regulate their processing of the traumatic experience within long-term memory towards a point of successful integration. As the process of assimilation progresses, the intensity and frequency of intrusive symptomatology is postulated to decrease over time. Conversely, an inability to successfully process the trauma information with existing internal representations is thought to result in enduring avoidance and intrusive symptomatology, as the trauma information remains in the individual's active memory.

Assumptive worldview theory.

While Horowitz's (1986) stress response theory postulates the process by which an individual's internal schematic beliefs are impacted by a traumatic event, his theory does not elucidate the qualitative nature of these beliefs. An often-cited theory that offers a conceptualisation of the nature of these fundamental beliefs and how they are impacted in the aftermath of trauma is Janoff-Bulman's (1979; 1992) assumptive world view theory. Originally coined by Parkes (1975), the term *assumptive world* describes the core beliefs an individual possesses about himself or herself and the external world; a set of organising principles that guide expectancies, interpretations and subsequent responses. Expanding on this notion, Janoff-Bulman proposed three primary assumptions or internal schematic representations

generally held by individuals that are likely to be impacted by a traumatic event. The first relates to the belief of the *benevolent* nature of other people and the world. That is, the belief and expectation that the world is generally a good place, people are kind and caring, and bad luck or adversity is rare. Such beliefs serve a protective function from the undermining of the individual's sense of safety and security, and resultant fear and anxiety that something bad could happen. The second assumption that can be impacted by traumatic events pertains to the *meaningfulness* ascribed to the world, which encompasses the principles of controllability, predictability and sense of justice (Janoff-Bulman, 1979; 1992). Meaningfulness is associated with an expectation of invulnerability due to the belief of being able to minimise the likelihood of negative outcomes by taking precautionary measures. It argues against chance outcomes (i.e. a belief in fate or destiny) and assumes that justice will be afforded in accordance with one's behaviour (i.e. getting what one deserves). Thirdly, Janoff-Bulman postulates that most individuals assume a sense of self-worth; of being basically "good, capable and moral individuals" (Janoff-Bulman, 1992; p11). Hence they perceive themselves as undeserving of victimisation as they possess reasonable competence, can adopt rational judgement and typically engage in appropriate behaviour. The experience of trauma consequently undermines their sense of self-worth and perception of not deserving to be victimised.

Viewing the non-offending mothers within this assumptive worldview conceptualisation, the discovery of their child's sexual victimisation could threaten all three fundamental assumptions about themselves and the world, producing a state of psychological crisis. For instance, the non-offending mother's beliefs surrounding the benevolence of the other is threatened when a loved and trusted partner or family member betrays her trust and inflicts harm on the victim through his offending behaviour. For the mother who had no prior knowledge of the sexual abuse of her child, discovery may be unforeseeable and the abuse thus perceived as unpreventable, undermining central beliefs surrounding a sense of power and control. The sexual victimisation of her child can also threaten the mother's sense of self-worth by challenging her perceptions of maternal competence.

In the face of a traumatic experience, these fundamental assumptions about the benevolence and meaningfulness of the world, and the self as worthy, are challenged, resulting in a state of acute psychological crisis (Janoff-Bulman, 1979; 1992). Individuals may be confronted with information that contradicts their previous assumptions: that they are vulnerable, helpless and weak, that the world is malevolent and unjust, and/or that events are

random and meaningless and thus uncontrollable. The individual is faced with either maintaining the previous assumptions, which conflict with the current state of awareness in light of the traumatic event, or reappraising and revising these assumptions in order to incorporate the new information which is likely to be negative and undesirable in nature. Janoff-Bulman (1979; 1992) argued that successful recovery entails the cognitive processing and reconstructing of the individual’s views about the self and the world in a way that integrates the traumatic experience, through a process of assimilation or accommodation. That is, either the trauma information is assimilated into existing assumptions, or if not possible, these core beliefs are revised and rebuilt to accommodate the new information in order to restore a sense of benevolence, meaning and self-worth.

Janoff-Bulman (1992) thus postulated that a central coping task, and indicator of successful recovery, is the restoration of a sense of meaning and comprehensibility in the world. Three core coping processes are considered central to this reconstructive process. Akin to Horowitz’s (1986) conceptualisation, the first consists of automatic responses, such as denial and psychological numbing (avoidance strategies), and intrusive re-experiencing symptoms (approach strategies). These opposing mechanisms represent protective versus confrontational functions. Protective, avoidant strategies serve to “transform a massive onslaught of powerful, incongruous, threatening data into a more gradual, manageable confrontation” (Janoff-Bulman, 1992; p. 99). Denial processes effectively seek to switch off an individual’s cognitions regarding the trauma, whereas psychological numbing processes switch off affective responses. Intrusive re-experiencing symptoms represent an inherent drive to confront and process the traumatic event.

The second core coping process identified by Janoff-Bulman (1992) pertains to the individual’s attempts to re-appraise the trauma event and restore a sense of balance and internal equilibrium. Several strategies are posited as commonly utilised in this cognitive reinterpretation process. Social comparisons, and in particular *downward comparisons*, may serve to foster a sense of wellbeing by comparing one’s relative standing to others perceived as encountering greater hardships, whether real or imagined. Self-blame is construed as an important coping strategy when viewed in the context of the individual’s attempts to make sense of the trauma event. While not implying the trauma victim is to blame, it reflects the importance of self-attributions surrounding a sense of control. That is, self-blame may serve to re-establish a sense of personal agency, or self-control, by mitigating the perceived

randomness of the event, thus restoring a sense of meaning. Distinction is made here between two forms of self-blame, characterological self-blame, which is directed towards the self and perceived defective or lacking personal traits; and behavioural self-blame, which relates to the individual's actions or lack thereof and his or her contribution to a particular event or outcome. The latter is seen as a more adaptive self-attributional strategy, by reinstating a sense of control without implicating the individual's flawed or defective character, thus representing a quantitatively measurable and thus alterable outcome. Positive reinterpretation is also recognised as an important re-evaluative strategy commonly utilised to restore beliefs surrounding benevolence, self-worth and meaningfulness. The individual may perceive a sense of benefit from the traumatic event, for instance in relation to a newfound appreciation of self and/or life, a re-ordering of priorities, or a construal of the trauma as character-building.

Thirdly, Janoff-Bulman (1992) emphasised the integral role of external or contextual factors in recovery from trauma and the rebuilding of a viable, integrated assumptive worldview. The external world provides a vital role in supplying feedback to the trauma victims about themselves and the world, with social support viewed as particularly critical in shaping this experience (Herman, 1992). The supportive or unsupportive responses of others will have the capacity to either foster or erode the trauma victim's sense of self-efficacy, control and worth.

Trauma and disempowerment.

A central element amongst many theoretical conceptualisations of psychological trauma is the inherently disempowering impact of the trauma on the individual (Herman, 1992). Disempowerment may be defined as the deprivation of power, authority or influence which would otherwise enable an individual to make personal choices and decisions, thus enabling them to generally have control over their own life (Zimmerman, 1995). Inherent to the experience of interpersonally-derived trauma or victimisation are feelings of helplessness, meaninglessness and disconnection from the self and from others (Herman, 1997). At a fundamental level recovery from trauma can therefore be argued to necessitate the re-establishment of a sense of safety, empowerment and social connectivity. Thus such theories emphasise that a critical component of successful recovery and adjustment from trauma and loss may involve making sense of the event and its implications (e.g., Davis, Nolen-Hoeksema, & Larson, 1998; Janoff-Bulman, 1992).

Post-traumatic growth.

While the negative effects of trauma have been well-established, increasing attention has been directed towards the potential for positive change arising from exposure to a traumatic experience, event or crisis (Calhoun & Tedeschi, 1998). The potential for positive outcomes in relation to traumatic experience has long been recognised and documented, however, the phenomenon has only garnered interest in the psychological sphere in more recent times (Calhoun & Tedeschi, 1998). Indeed a growing body of research suggests survivors of traumatic events can experience positive psychological change following a traumatic experience (Zoellner & Marrcker, 2006). Several theories depict this notion of positive change, including post-traumatic growth, meaning-making, benefit-finding (Affleck & Tennen, 1996), thriving (O'Leary, Alday & Ickovics, 1998), stress-related growth (e.g., Park, Cohen & Murch, 1996) and adversarial growth (Linley & Joseph, 2004). Post-traumatic growth has been defined as "the experience of significant positive change arising from the struggle with a major life crisis" (Calhoun, Cann, Tedeschi, & McMillan, 2000, p. 521). Hence there is emphasis on the positive transformational aspect of recovery, with the individual not merely returning to a pre-trauma state of psychological functioning, but demonstrating improved outcomes (Zoellner & Maercker, 2006). Post-traumatic growth is a multi-dimensional construct in which growth can be evidenced in a number of domains. Five dimensions of growth frequently identified in the literature are perceptions of increased strength, identification of new possibilities, improved relationships, enhanced spiritual meaning, and increased appreciation of life and re-evaluating one's own priorities (Tedeschi, Park & Calhoun, 1998; Tedeschi & Calhoun, 2004).

A central component of post-traumatic growth appears to be related to benefit-finding; a cognitive reappraisal process relating to deriving a sense of significance in the traumatic event (Zoellner & Maercker, 2006). This process is seen to promote the review of important life values, goals and objectives and thus development of greater insight. A sense of meaning is thus derived from obtaining a sense of benefit from the traumatic event (Davis et al., 1998). Proponents of post-traumatic growth emphasise that this growth does not override or minimise the typical psychological distress inherent in response to a traumatic experience and its associated adverse impact, but rather seeks to elucidate the potential positive shifts that can occur simultaneously. Indeed it has been observed that symptoms of PTSD can co-exist together with perceived growth experiences (e.g., Frazier, Conlon, & Glaser, 2001). Theories of post-traumatic growth essentially differ from each other in their conceptualisation

of the phenomenon according to whether growth is indicative of a process or is an outcome variable. That is, whether the perceived growth reflects a coping response for dealing with the traumatic event itself, or is a direct outcome of the trauma experience (Zoellner & Maercker, 2006). Furthermore, growth is not typically representative of a linear process and can fluctuate over time (e.g., Davis et al., 1998).

Tedeschi and Calhoun's (1995; 2004; 2007) model of post-traumatic growth offers one of the most comprehensive conceptualisations of the potential for positive transformation following traumatic experiences. Similar to Janoff-Bulman's (1992) assumptive world view theory, Tedeschi and Calhoun's model is based on the premise that traumatic events undermine existing schemas and subsequent coping resources, thus prompting a cognitive restructuring process. The authors acknowledge that personality factors play a critical role in the individual's evaluation of, and response to, the traumatic event, both initially and throughout the entire recovery journey. They construed this as a reciprocal process, with the trauma having the potential to subsequently shape personality in a positive way, thus resulting in growth. The model also emphasises the role and influence of external supports in this process.

According to Tedeschi and Calhoun's (2004) model, the individual initially appraises the trauma event within their existing schematic map and personality structure. Affectively, the individual encounters significant emotional distress, and cognitively, their existing schematic beliefs are threatened and rendered incomprehensible. Their initial behavioural coping mechanisms are largely rendered ineffectual. This is postulated to trigger a secondary response, characterised as a process of rumination, thus prompting the review of existing schemas and the primary reliance on emotion-focused coping strategies. Initial growth is said to occur when the individual revises his or her schematic beliefs, develops acceptance of the unalterable reality of the situation, and generates the establishment of more realistic and attainable goals, all generating a new sense of meaning regarding the event, and a reduction in emotional distress. This generates a perception that the trauma event is indeed manageable and comprehensible, which in turn fosters a sense of inner strength and resilience. Further growth is evident through the demonstration of increased wisdom, emotional tranquillity, and a newfound appreciation for life. A recognition of the inherent vulnerability yet internal strength of the self is also developed, with a greater appreciation for the paradoxical nature of life. Increased relational intimacy and capacity for empathy are evident and an overall sense of

meaningfulness of life is attained. Thus the potential for growth stems from the individual's struggle to comprehend, and cope with, the traumatic event which taxes his or her functional resources, prompting re-evaluation and restructuring, as opposed to the traumatic event itself.

Secondary traumatisation.

There is increasing recognition that traumatic events not only affect those who are directly victimised, but that people close to the victim can also be significantly impacted in a psychological sense (Remer & Ferguson, 1995). Secondary victimisation refers to the development and experience of trauma-related symptoms as a consequence of close affiliation to the primary victim (Figley, 1983). It is based on the premise that trauma produces a contagion effect, and that one does not necessarily have to be directly victimised in order to experience the significant impact of a trauma (Balakrishna, 1998; Herman, 1992). Figley (1995) coined the phrase *secondary traumatic stress response* (STSR) to describe the psychological impact of indirect traumatisation that may be experienced by individuals who are personally or professionally involved with the primary trauma victim. STSR has been defined as "the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person" (Figley, 1999, p. 10).

Much of the available literature examining this phenomenon explores the impact on health professionals who work with traumatised individuals, termed *vicarious traumatisation* (Salston & Figley, 2003). Much less attention has been given to the impact of traumatic experiences on the family and friends of direct victims (Feldman & Kaal, 2007), such as in cases of criminal victimisation. Where research exists, much of the focus to date has been oriented towards partners of sexual abuse and assault victims (Ahrens & Campbell, 2000; Balakrishna, 1998; Remer & Ferguson, 1995; Riggs & Kilpatrick, 1990) and relatives of homicide victims (Davis, Taylor, & Bench, 1995; Riggs & Kilpatrick, 1990).

Model of secondary survival.

While evidence demonstrating the impact of secondary victimisation exists, few attempts have been made to develop a framework to delineate the proximal features of this experience. One of the most notable attempts is Remer and Ferguson's (1995) model, which seeks to explain the process of recovery and adaptation for secondary victims or survivors of trauma. It was developed to parallel a similar conceptualisation of recovery and healing

processes undertaken by direct or primary victims, previously developed by Remer (1984, cited in Remer & Ferguson, 1995). The model consists of six stages: 1) pre-trauma, 2) trauma awareness, 3) crisis and disorientation, 4) outward adjustment, 5) reorganisation, and 6) integration and resolution. While the first two stages are considered to occur in a linear fashion, the latter four are postulated as cyclical; thus survivors are thought to oscillate back and forth between the stages.

The first stage of Remer and Ferguson's (1995) model, the pre-trauma stage, refers to the contextual, environmental and prior learning experiences of the secondary victim that will subsequently shape their recovery journey. Thus the pre-trauma level of functioning is seen to have significant influence on the individual's progression through the latter stages of the model after secondary traumatic victimisation takes place. The second stage, trauma awareness, essentially denotes the point of awareness of discovery in relation to the primary victim's experience of a traumatic event, followed by a period of crisis and disorientation. Several factors may influence the secondary victim's experience during the trauma awareness phase. There may be considerable delay between the point of primary victimisation and the subsequent secondary victim's awareness of the incident. Information may not necessarily be completely forthcoming, for reasons such as the primary victim's unwillingness or inability to disclose the full extent of the event. The secondary victim's awareness may also be restricted by internal processes such as intra-psychic defence mechanisms activated to process incoming data. Secondary victims may return to this stage repeatedly as their awareness of the traumatic incident increases (Remer & Ferguson, 1995).

Once aware of the traumatic event, secondary victims enter the third phase of crisis and disorientation (Remer & Ferguson, 1995), manifesting in the acute experience of shock, denial and confusion. The intensity and duration of the secondary victim's experience will be shaped by the individual, interpersonal and situational pre-trauma factors unique to the victim, which together contribute towards a period of disequilibrium. Outward adjustment refers to the attempts of the secondary victim to utilise previously effective coping strategies; where this is effective the secondary victim appears to have returned to a pre-trauma state of psychological equilibrium. However, this is considered to be only a temporary improvement in functioning. This temporary shift operates across two dimensions, the intra-psychic and the interpersonal. At the intra-psychic level, established defence mechanisms dominate, whereas at the interpersonal level, characteristic role behaviours resume. Remer and Ferguson (1995)

argue that this stage provides secondary victims with a period of reprieve in order to marshal their psychological resources for the purpose of achieving more enduring adaptation and healing.

Remer and Ferguson (1995) postulate that a significant disruption to this status quo, either at the intra-psychic or interpersonal level, generates an internal shift, thus prompting the secondary victim into a state of reorganisation. During this phase, individuals are said to be engaged in a process of integrating the experience at a cognitive and emotional level by overcoming unhelpful defences and forming new and adaptive interaction patterns. Progressing towards the integration and resolution phase of the model implies that the individual has successfully accepted and integrated the traumatic event into his or her personality structure at both the emotional and cognitive levels.

Conceptualisations surrounding secondary traumatisation, such as that postulated by Remer and Ferguson (1995), offer a potentially enlightening framework for understanding the experiences of non-offending mothers. Several authors have referred to non-offending mothers from a secondary victimisation perspective (e.g., Hooper, 1992; McCourt et al., 1998; Strand, 2000), particularly in noting the extent of trauma and loss they endure in the aftermath of discovery. However, it can be argued that non-offending mothers, particularly in cases of intrafamilial CSA, occupy an especially unique position for a number of contextual reasons. The mother's intimate emotional connection with both the victim and perpetrator, the pervasive and destabilising losses and changes brought on by discovery, her primary role as protector and caregiver of the victim and subsequent self-blame for failing to fulfil these functions, and the subsequent impact to her sense of identity, are some factors that may differentiate mothers from other secondary victims (Hooper, 1992). Hence non-offending mothers occupy a complex position whereby they must attend to the needs of the direct victim while also negotiating their own needs, which may not mirror those of the direct victim.

CHAPTER 3: STAGE ONE METHOD

Research Design

A qualitative research design was chosen in order to explore the lived experience of non-offending mothers whose children had been victims of intrafamilial CSA. Qualitative methodologies afford the opportunity to attain a deeper understanding of the issue under investigation. Because the study sought to capture the subjective experiences of the participants, an empirical phenomenological approach was utilised (see Moustakas, 1994). This approach focuses on identifying and depicting the meaning of an experience or phenomenon as perceived by the individual experiencing it, in order to develop a composite description of the collective experience. The various modes of qualitative enquiry acknowledge the typically active role of the researcher in identifying the main themes and inter-relationships within the data set, highlighting information of perceived significance and subsequently reporting these to the reader (Taylor & Ussher, 2001). It is thus recognised that the researcher's own experiences, values, and biases will inevitably shape and influence the process of data interpretation. Phenomenological enquiry aims to minimise the subjectivity of this process through the concept of *bracketing*, whereby "investigators set aside their experiences, as much as possible, to take a fresh perspective towards the phenomenon under examination" (Creswell, 2003, p. 59). Similar to this is Patton's (1990) notion of *empathic neutrality*, which acknowledges the presence of the researcher's subjective biases and influences and seeks to minimise them in the process of enquiry.

The present study was also guided by Guba and Lincoln's (1989) principles for ensuring the methodological validity and rigour of qualitative enquiry. These principles include credibility, transferability, dependability, and confirmability. Credibility refers to the degree to which the results are a reliable and valid depiction of the participant's beliefs or statements. One method of promoting credibility is through regular peer debriefing, to ensure the validity of the inferences and conclusions being made about the data (Lapan, Quartaroli & Riemer, 2012). In the present study, this was undertaken through regular reviews of the data analysis process with the research supervisor in order to minimise researcher bias. A research diary that reflected on the author's interpretive thought processes was also utilised. The principle of transferability relates to the degree to which the results are applicable to or representative of other population samples (Guba & Lincoln, 1989). This was addressed in the present study by providing a thorough description of the participants and research context. Dependability refers

primarily to the replicability of results and consistency in measurement (Guba & Lincoln, 1989). In the present study, this was addressed by ensuring the documentation of any changes in the research process, and keeping tabs on the researcher's response to these changes. Finally, the principle of confirmability relates to the notion of objectivity and the inherent assumption of the researcher's subjective bias when conducting qualitative analysis, and thus the degree to which the findings may be confirmed by others (Guba & Lincoln, 1989). In the present study, an audit trail was maintained to document the analysis process and eventual research conclusions made. By also incorporating illustrative excerpts from the participant interviews, the reader can directly see the evidence supporting the conclusions made.

Participants

Participants comprised 11 adult females. Ten identified themselves as Caucasian and one as Australian Aboriginal. The sample consisted of ten biological mothers of the victims and one legal guardian who was also the biological great-aunt of the victim. All were the non-offending caregivers of children who had been sexually abused by a family member (e.g., father, step-father or sibling). While recruitment was open to both mothers and fathers, the sample consisted of only mothers. In general this was because the father was the perpetrator of the abuse in this particular sample.

Participants were recruited through a community-based not-for-profit organisation that provided psychological treatment services to families affected by sexual abuse. In a prior agreement with the agency, only those participants who had completed a significant portion of the treatment program, or were at the follow-up phase of the treatment program, were approached to take part in the study. This was done in an effort to minimise the potentially distressing impact participants may experience, particularly in the early stages post-disclosure where distress levels would be high and possibly exacerbated by any involvement in a research study. Also, it was hoped that a more longitudinal perspective of the participants' experiences would be enabled, as opposed to capturing mothers in the initial stages of their post-discovery experience. Initially, the present study sought to only comprise non-offending caregivers whose child had been sexually abused by a partner or spouse, to ensure a more homogenous participant sample. However, due to a lack of participants, the scope of the study was widened to include mothers of sibling sexual abuse victims.

Materials

Prospective participants were given a letter from the support agency (see Appendix A) through which they were recruited, which introduced the author and the study and noted the agency's consent for the study to take place. Interested individuals were also provided with an information sheet (see Appendix B) which outlined the nature of the study and details of their involvement should they choose to participate. Attached with this was a Consent Form (see Appendix C) which participants were asked to sign once they agreed to participate. Participants were also provided with a list of independent psychological support services (see Appendix D), and in the recruitment process were invited to seek the support of their agency counsellor if and as required. Also provided was a referral letter to the Edith Cowan University Psychological Services Centre should the participant not wish to discuss any particular concerns with agency staff (see Appendix E).

Demographic questionnaire

Participants were asked to complete a demographic questionnaire, which elicited details about the participant, victim and offender, the nature of the offence, and offence-related outcomes (see Appendix F). Details regarding any involvement with criminal justice processes were also sought, and the participants' personal views on this process. In the absence of any legal intervention processes, the participants' views on this absence were also explored. Participants were also asked to complete the PTSD module of the Composite International Diagnostic Interview (CIDI; World Health Organisation, 1993). This portion of the CIDI was used as a screening tool to identify any participants who might have been unsuitable to participate in the study due to confounding traumatic experiences. None of the participants were considered unsuitable based on these responses. The demographic questionnaire utilised a code to identify each individual participant to ensure confidentiality of recorded information. This same code was utilised for the proceeding interview transcripts as discussed below, and any other associated documentation. While some participants opted to complete these questionnaires personally, others requested the author complete them on their behalf during the interview.

Interview

Participants took part in an in-depth semi-structured interview (see Appendix G for a list of example questions). By predominantly utilising open-ended questions, participants were invited to share their story with the author. This non-directive style allowed participants to

discuss what they felt were the most pertinent issues related to their experience. Prompts were then used to glean more specific details, and to touch on pre-identified topics of interest to the researcher, generated from prior reading of the literature that highlighted the major themes relevant to the non-offending mother's experience. This included questions and prompts pertaining to the details of the abuse, the discovery process, their reactions to discovery, their perceived needs and experience of intervening agencies, and coping responses. Each interview was unique according to the individual participant's perspective, which in turn shaped subsequent interviews as the author integrated questioning about issues raised by prior participants. The interviews characteristically ended with the opportunity for the participant to raise any other information or issues that may not have been discussed, but which they found important.

Procedure

Participants were informed about the study by their counsellors, and if they expressed interest in taking part were provided with documentation explaining the research project and inviting them to take part in the current study. Those who wished to participate either contacted the researcher directly, or gave permission for their contact details to be forwarded to the researcher via their counsellors. No further feedback was given to the agency as to details of involvement in the study, unless individual participants elected to do so personally.

Initially the author, during phone contact with the prospective participant, provided further details about the study as requested or required, including information about the voluntary nature of participation and confidentiality issues. It was also reinforced that due to the potentially distressing nature of the subject matter, the participants could opt to withdraw their involvement in the study at any time. A time and location for an interview was then negotiated at the convenience of the participant. Eight participants opted to conduct the interviews at the agency location, which was approved by the director. This was the most convenient location for most participants who were still actively involved with the agency, and interviews often took place concurrently with their children's counselling or group sessions. Two participants chose to have the interview held at the researcher's office at the Edith Cowan University (ECU) campus, and one participant elected to conduct the interview in her own home.

Upon meeting in person, the purpose of the study was re-stated and participants were provided with and asked to sign the written consent form, and were given the opportunity to ask any further questions before doing so. All participants were agreeable to the interviews being digitally recorded and later transcribed, in order to afford the interviewer the greatest opportunity to focus solely on the participant and their story. The majority of participants commenced the interview process with the completion of the demographic questionnaire and CIDI which afforded an opportunity to build rapport and assist the participant to become more comfortable in the interview process. For one participant, due to time constraints, the documents were taken with them post-interview for completion at a time more convenient and returned to the author the next time they attended an agency appointment. Participants were encouraged to advise the interviewer if they were feeling distressed or uncomfortable with any line of questioning at any point in the interview and told that, if so, they were under no obligation to respond. Where participants demonstrated distress at points during the interview, they were afforded the opportunity for a break but all declined this offer, giving assurances they were fine and insisting on continuing with the interview.

The interviews with participants ranged from 50 minutes to three hours in duration. Two interviews were conducted over two separate occasions due to time constraints, in both instances at the request of the participants who indicated their interest in sharing more of their experiences. On these occasions, an overview of what had been previously discussed and a re-statement of where the prior interview left off was provided as a prompt to the participant. Interviews were semi-structured in format. Participants were invited to tell their stories, and prompts were utilised to obtain more specific or detailed information about certain areas of interest. Upon completion of the interview, participants were offered an opportunity to reflect on any other issues that they may have felt were relevant but not overtly discussed. The interviewer debriefed with each participant at the close of each interview and reassessed the need for any further follow-up with the various support services provided to them, and it appeared this was not warranted in any of the cases. All participants described their involvement in the study as positive, restating the importance of such research for further ascertaining the experiences and needs of non-offending mothers and their families.

Data Analysis

Consistent with an empirical phenomenological perspective (Neuendorf, 2002), content analysis was used to analyse the participant interview data. The present study drew from principles of grounded theory methodology developed by Strauss and Corbin (1998) to guide the data analysis process. Prior to commencing analysis, each interview transcript was transcribed verbatim by the researcher manually, in order to facilitate immersion within the data set. The analysis commenced with the researcher's familiarisation with the data, achieved through reading and re-reading each transcript several times. Following this, initial codes were generated and assigned to the relevant excerpts. Excerpts could be assigned several codes as relevant. This process was repeated for each transcript, until a list of codes was created for each interview transcript. These codes would be continually revisited and revised throughout the process of data analysis. A summary of each transcript was also generated for each participant which provided an overview of the major points raised in each interview. The next stage of analysis involved the identification of broader themes, through the process of organising and collating the codes. Tables and mapping techniques were used as visual representations of the data to aid in the process of refining the data, as suggested by Braun and Clarke (2006), and differentiating core themes from sub-themes. These themes underwent further review and refinement, with inconsistent or contradictory themes revisited and re-organised within the data set where appropriate. Connections between core themes and sub-themes were generated in order to provide an overall map of the inter-relationships between them that was considered to best represent the overall data set. Final labels were assigned to the themes that best captured their meaning. The final list of core and sub-themes was also subject to peer review by an independent postgraduate researcher and the research supervisor. These are discussed in detail in the following chapter.

CHAPTER 4: STAGE ONE FINDINGS AND INTERPRETATIONS

Demographic Data

The demographic questionnaire completed by the participants yielded the following descriptive information. The 11 participants ranged in age from 35 to 47 years at the time of interview. Table 1 outlines the relationships between participants and perpetrators. Several participants disclosed two separate incidences of intrafamilial CSA, involving different perpetrator-victim dyads. This is distinguished in the table as Time 1 and Time 2. Specifically, three participants disclosed that their sons, who represented victims at Time 1, had subsequently perpetrated sexual abuse against their female siblings at Time 2, with a fourth participant's great-nephew, who was initially a victim, reported as going on to offend. Of the eight participants whose partners were the perpetrators, seven were married or in de facto relationships at the time of discovery, and one mother was separated from the perpetrator prior to discovery of the abuse. Five participants separated from their perpetrator partners following discovery and two remained in their relationship. In all but one case, both the perpetrator and participant were residing in the family home during the time of abuse. One participant was in the process of relocating inter-state, with the perpetrator remaining behind with the victim at the time of the abuse.

Table 1

Perpetrator's Relationship to Participant

Time 1	*n*	Time 2	*n*
Husband	6	Son	3
De facto	2	Great-nephew[a]	1
Son	1		
Nephew	1		
Other (Family friend)	1		

[a]Participant is legal guardian.

Table 2 shows the relationship of the perpetrator to the victim, again distinguishing between Time 1 and Time 2 offences. At Time 2, three of the adolescent perpetrators offended against their female siblings, and the fourth offended against several cousins.

Table 2

Perpetrator's Relationship to Victim

Time 1	*n*	Time 2	*n*
Biological father	4	Brother	3
Step-father	4	Cousin	1
Brother	1		
Uncle	1		
Family friend	1		

Seven participants identified one child victim, and four participants identified two of their children as victims, with one of these a case of recurrent sexual abuse for the same victim. One participant held strong suspicions a second child had also been sexually victimised, although this remained unsubstantiated at the time of interview. In the majority of cases, the primary victim was female (n = 8), while in five cases, the victim was male. Two female victims were abused at both Time 1 and Time 2. In both instances, the father was the perpetrator at Time 1 and a brother at Time 2. Five participants reported the perpetrator was also confirmed as, or strongly suspected of, offending outside of the immediate family. Known extrafamilial victims ranged from one to four children. Clear estimates of victim ages at the time of abuse were difficult to ascertain, as several participants possessed only partial or incomplete details surrounding the onset and duration of the abuse. However, where this information was available, participant estimates of age at onset of abuse ranged from 2 years to 12 years, with the longest estimated duration reported at 6 years. One victim was identified as undergoing psychiatric evaluation post-abuse, however, a diagnosis was tentative at the time of interview.

Similarly, the nature and duration of the sexual abuse was not clearly established in all cases. Substantiated sexual behaviour included sexual touching and fondling, masturbation

(perpetrator-to-victim and victim-to-perpetrator), as well as full sexual penetration (vaginal and anal). Estimations of time elapsed since the offences took place ranged from 12 months to 6 years. However, in many cases participants remained unclear on exactly when the abuse commenced and when it ceased. Likewise, estimates of how long the abuse spanned ranged from single incidents to a period of up to 6 years, and for similar reasons the age ranges of the victims were in many cases difficult to establish. The lack of clarity concerning the duration and exact nature of the abusive incidents were attributable to a number of factors including the victim's young age and inability to communicate details of their victimisation. These factors will be elaborated on further in the qualitative findings.

All of the participants indicated that they had needed psychological or psychiatric treatment at some point following their discovery of the abuse, with eight participants still actively engaged in therapeutic interventions at the time of their interviews. One participant reported requiring medical intervention post-discovery for stress-induced illness. Two participants disclosed a pre-existing mental health diagnosis prior to their discovery (both mood disorders), and three participants reported a mental health diagnosis post-discovery (mood disorders). Ten participants reported that the victims underwent psychological or psychiatric intervention post-abuse; one participant whose children were not in her custody was not certain.

Table 3 provides an illustration of the disclosure process, including to whom the initial report was made, and by whom it was initiated. In ten cases, the abuse allegation was reported to either the police or child protective services, and in three cases participants approached the treatment agency in the first instance. Of the reports made to the statutory authorities, six were initiated by the participant personally, and four by a third party (e.g., extended paternal relative, another extrafamilial victim's parent). Six participants reported dual involvement by police and child protective services. For participants who initiated the report, the primary reasons cited pertained to a desire to see the perpetrator prosecuted, to protect the victim from further harm, and to seek treatment for the offending behaviour. The four third-party reports were instigated without participants' prior awareness of the abuse. Of the ten cases that were reported to the police and/or child protection services, one complaint was not pursued at the victim's request. The remainder resulted in the perpetrator being arrested and charged. At the time of interview, six court cases had taken place, one of which was still in progress at the time of interview. One participant reported the court case against

the perpetrator was yet to commence. Five perpetrators were convicted, including two sibling perpetrators (Time 2 offences).

Table 3

Reporting of the Sexual Abuse Disclosure

Initial Report	Participant-initiated	Perpetrator-initiated	Third party-initiated
Police	*n* = 2 (Time 1) *n* = 1 (Time 2)		*n* = 2 (Time 1)
Child protective services	*n* = 2 (Time 1) *n* = 1 (Time 2)		*n* = 2 (Time 1)
Specialist treatment agency	*n* = 1 (Time 2)	*n* = 2 (Time 1)	

Where criminal proceedings took place, three participants reported that they attended the court case. For the remainder who elected not to attend, the primary reasons cited included emotional distress and physical illness. Those who attended reported doing so to support the perpetrator (typically in cases of sibling sexual abuse) and to achieve a sense of closure. Participants who attended reported the experience as stressful and distressing, with the latter particularly in reference to learning explicit details of the abuse. However, all participants reported that they would make the same decision again. None of the participants testified, and the majority did not believe they would do so if requested, citing the limited utility due to their lack of awareness of the abuse. Many participants expressed difficulty determining if they felt a sense of satisfaction pertaining to the outcome (if known) and described a sense of ambivalence, while two participants reported they were satisfied with the outcome. In instances where there was no court case (n=5), several participants expressed uncertainty or ambivalence as to whether they would have hypothetically attended, though indicated a desire to demonstrate their support for the victim in this eventuality. Several participants also expressed a desire to support the perpetrator. In the three cases where the

perpetrator was their son, participants indicated they would have attended court as a support person

Qualitative Findings

The rationale for the first stage of this study was to capture the lived experience of non-offending mothers, whose children were victims of intrafamilial CSA. Based on available data, a preliminary model to account for the experiences of non-offending mothers was generated from the thematic analysis of interviews conducted with this sample of non-offending mothers. Analysis of the data yielded six major categories as follows: Discovery, Destabilisation, Loss, Disempowerment, Taking Control, and Resolution. The present chapter provides an overview of these categories, providing a description of the main themes within each, as illustrated by relevant excerpts from the interviews conducted.

Table 4

Overview of Main Categories, Themes and Sub-Themes

Category	Theme	Sub-Theme
Discovery	Source	
	Emergent awareness	Factors relating to the mother
	Factors inhibiting awareness	Factors relating to the victim Factors relating to the perpetrator
Destabilisation	Shock	
	Belief	Factors facilitating belief Factors impeding belief
	Protection	
	Seeking help	
	Anger	
	Betrayal	
	Uncertainty	
	Retraumatisation	
	Avoidance	
Loss	Hopelessness	
	Tangible Losses	
	Relationships	Losses relating to the perpetrator Losses relating to the victim

	Losses relating to social & familial networks Trust Ambivalence
Disempowerment	Seeking understanding Sense of agency Helplessness Self-blame Self-worth Self-doubt Contextual response
Taking Control	Reconstructing identity & worth Assertiveness Reappraisal Acceptance Autonomy Self-regulation Active coping Reinstating normality Support
Resolution	Integration Perspective Growth Meaning Connectivity Ongoing recovery

Discovery

The category Discovery outlines the proximal themes central to how participants came to be aware of the sexual abuse of their children, and the factors identified as shaping their experience of awareness. As per Hooper's (1992) conceptualisation, the term 'discovery' was utilised as opposed to other frequently applied labels such as 'disclosure', as it was deemed to

better capture the inherent mechanisms and process of awareness described by participants in the sample. Disclosure also implied a singular point in time, whereas for some mothers, becoming aware of the abuse was a gradual process. Analysis revealed three main themes relevant to the discovery process: Source, Emergent awareness, and Factors inhibiting awareness. Each theme is detailed individually, with illustrative excerpts provided.

Source.

The means by which participants came to be aware of the sexual victimisation of their children were established to be diverse, and included purposeful and accidental disclosures or a combination of both. Three of the participants reported they had been informed of the abuse via officers from statutory agencies (police or child protection services). In two of these cases, the victim had disclosed the abuse by a step-father to her paternal relatives, who then had gone on to report to either the police or child protection services:

She [child protective services officer] said, "We've had a complaint from your daughter". And I said "oh what about?" Completely like, whoosh, straight over the top of my head. P03

Participant 1 learned of the abuse from the perpetrator (her husband) after detectives had established contact with the family in relation to complaints originating from other victims' families:

And it turned out this guy who'd rung was actually a detective and wanted to speak to (perpetrator). And so I met (perpetrator) at home and he just says, "You're not going to like this", and said "the police want to talk to me about fondling girls". I didn't even think at that stage it was (daughter). I don't know what I thought. And it turned out one of the neighbour's kids had tried to touch her mum's partner, and he said "oh no, you can't do that", and she turned around and said, "Well that's what (perpetrator) does". And that's where it all started. P01

For participant 1, it hadn't initially been apparent that her own child had also been victimised by her father until she questioned her directly, resulting in her daughter's confirmation:

I mean you just run on these instincts, so I turned around and I said to her, "Well, has anybody ever done it (touched her on her genitalia) and it felt really nice?" And she just looked at me with tears streaming down her face and said, "Yes, Daddy did". P01

For three participants, the victims disclosed directly to their mothers:

For some reason alarm bells went off in my head as to why (victim) was so upset. Because then she started crying, and I said "what's wrong?" And then she told me that "(perpetrator) tried to finger me last night". P08

Participant 6 spoke of her discovery of incriminating evidence on the family computer, which revealed past conversations on internet chat forums her husband had accessed, which also implicated him in engaging in indecent dealings with her daughter:

So this guy was saying like, pull her pants down. Yeah, and (perpetrator) was replying, you know, that as he was doing it, he was getting aroused. P06

Two participants disclosed directly witnessing inappropriate sexual behaviour taking place between victim and perpetrator:

It was a bit quiet, so I went upstairs, and (perpetrator) had actually put a towel behind the door and had (victim) in the shower. And I went to open the door and I saw them. (Perpetrator) was getting (victim) to do oral sex on him. P05

Participant 10 recounted independent incidents she construed as clear evidence pointing towards sexual misconduct between her husband and her son:

I'd come home one night, and (victim) and (perpetrator) were awake in the lounge room, on mattresses on the floor. And (victim) wanted to go to the toilet and … well he tried to wee and it hurt. So I had a look and it was red. And I knew what had happened. P10

Participant 10 also recalled physical symptoms exhibited by her daughter as indicative of inappropriate sexual contact by her husband:

I turned around and said to him "What did you do?" Because (victim) was bleeding where she shouldn't be bleeding. P10

Emergent awareness.

Analysis of the interviews revealed the process of awareness to be a complex unfolding of awareness for the majority of participants. For several participants, discovery was pre-empted by a complete lack of prior knowledge that any form of abuse or inappropriate behaviour had been taking place:

Yeah so we'd been together oh I don't know, about 23 years I suppose. And I had no idea. P01

However, several participants acknowledged vague suspicions and doubts they had possessed prior to discovery or disclosure, that something was not right within the family unit:

She did mention to me that he had rubbed her arm and did weird things to her and I just didn't see it for what it was….I used to say what are you doing? And I just...I realise now that I must have known, because I remember my head spinning quite a lot... but I couldn't put my finger on all this, I wasn't informed. P04

Some participants identified a sense of growing unease prior to discovery, observing a shift in the relationship dynamics with the victims. However for many, the possibility this could be attributable to their children's sexual victimisation was not an initial consideration. In cases where participants did observe an emotional distancing by the victims, the cause of this shift was often attributed to internal factors:

She'd sort of closed off from me. I mean, I'd seen her but I could see the change....You just, I mean, they're your kids, you know there's a change, with a little bit of friction happening there where it wasn't before. And you think oh well, you know, what have I done? And I'd always go back to what have I done wrong? What have I said that has upset her or... made her think oh I don't want to talk to Mum today? P03

For some participants, there was no finite conclusion to the discovery process in which they possessed all of the facts concerning the extent of the perpetrator's offending behaviour. The following excerpt illustrates how this mother had to exist within a state of ongoing ambiguity due to the young age of her children, and her subsequent inability to determine if they too had been victimised:

Has he touched the other children? I don't know, they're too young to tell me. P08

Factors inhibiting awareness.

A number of factors were identified by participants as obstructing or delaying their awareness of the abuse that was taking place. These were categorised according to those which related to the mother, the victim, and the perpetrator.

Factors relating to the mother.

Several participants internalised their failure to identify indicators of the abuse, perceiving this to be a reflection of their own naivety and ignorance:

I really didn't pick up anything at all. No signs at all from (victim). I mean that was me being green I guess. P08

For participant 8, her self-described obliviousness was also driven by her interpretation of the apparent closeness between the victim and her step-father, which she had viewed as a positive sign of bonding and growing attachment:

He took on my kids no problems at all. You know, he's so faithful, so I thought…. That's what disappoints me, is that those two had really started to bond. P08

Factors relating to the victim.

As previously discussed, some mothers spoke of experiencing a mounting sense of unease about the nature of interactions they observed between their children and their partners. However, for some participants, direct attempts to gain clarity about the situation were often met with denial or assurances by the victims that everything was fine:

And I'd say to the older one ..."You want to tell me anything?" "No, no everything's good". So, the older one would reassure me that everything's good, but it wasn't really good. P04

In cases where the victim had sought to preserve the secrecy of the abuse, participants typically recognised the pervasive role of fear in their children's silence or active denials. The fear experienced by the victim was attributed to a number of concerns, including the anticipated adverse reaction of the mother or caregiver:

She was scared that I was going to reject her because of what she'd said. P03

Some mothers expressed their distress in learning the victim's silence had been prompted by their expectations of not being believed if they did disclose the abuse:

And then what cut me the most was (victim) then, straight after she told me, said to me, "I didn't think you would believe me." … I mean that cut me straight then and there. P08

Another concern identified as maintaining victim silence pertained to the anticipated negative consequences for the perpetrator should the victim speak out:

All (victim) wanted to do was not get (perpetrator) in trouble. So that was torture for her.... she didn't want to dob. And the police officer said that it took a lot of persuading for her to come forward.... my girls didn't want him (perpetrator) to go to jail. P04

Additionally for participant 4, the victim's reluctance in disclosing the abuse was also ascribed to concerns about the anticipated destabilising effects that her allegations would have on the family:

And I think that's when, she said "Well I'm going to say something after Christmas." So the poor kid didn't want to spoil Christmas. And she told her sister not to say anything til after Christmas. So it was sort of quite a lot for the poor girls to go through you know? P04

Factors relating to the perpetrator.

For the majority of participants, the grooming and manipulative actions of the perpetrator in seeking to maintain the secrecy of the abuse by inhibiting victim disclosure became apparent post-discovery. For some, this took the form of utilising bribes to ensure secrecy:

Apparently he had said to her "Promise you won't tell your mum, you can have anything you want." P08

In several cases, participants noted the successful grooming and manipulation tactics employed by the perpetrator, which often extended to their wider familial and social circle:

I think not only did he groom the children, but we as adults were groomed as well.... this is what he did. He was the one that people turned to and you know, if they needed some help with something, he was always willing to do that. P01

Also evident in some cases were the manipulative actions of the perpetrators in seeking to alienate the mothers from the victims, likely contributing to and prolonging their lack of comprehension about the true nature of the allegations:

He would make arrangements with taking the children somewhere without including me. P04

He put a wedge between (victim) and I… He tried to manipulate (victim) not to come to me. P08

In one instance, it was discovered the perpetrator had employed more coercive tactics to maintain the victim's silence, including overt threats of harm. In this instance, the family unwittingly carried out the threat made by the perpetrator relating to euthanizing the family dog, which subsequently solidified the victim's silence:

I actually found out that the blackmail was that if (victim) said anything, (perpetrator) was going to get (victim's) dad to shoot his dog. But as it turned out, (victim's father) shot the dog anyway. We didn't know what was behind all that. Because at the time the dog had started to attack all the animals. And we couldn't afford that… it had started to attack our animals, and he'd go onto the other farms and he'd start attacking their animals as well. But if we had known of the situation, it would never have happened. P07

Destabilisation.

This major category comprises the themes relevant to the initial reactions described by participants in response to the discovery of their children's sexual abuse. Destabilisation was chosen as a descriptor as it was considered to best reflect the acutely disorienting psychological crises apparent in the participants' stories, in the aftermath of discovery.

Shock.

The predominant initial reaction experienced by participants centred on their sense of intense shock upon discovery or confirmation of the sexual victimisation of their children. For most, the intensity of reaction was still evident despite often significant elapses in time since the initial disclosure. In many cases there was also a significant physiological component to this internal affective state:

Obviously shock and I don't know that I actually believed it... it was like a mirror shattering. When something like this happens, it's like a freight train hits you. P01

And then as soon as they confirmed it, I nearly had a heart attack, and thought... oh my God. P04

I was just like... phew! In shock, just like my whole heart stopped. P08

Even for participants who acknowledged some prior awareness of inappropriate behaviour taking place between victim and perpetrator, discovery and confirmation of what was then recognised to be much more serious resulted in intense feelings of shock:

But at that stage I thought it was just the fondling. I was mortified to see what I saw, but I thought that's all that it was.... It was just really devastating. P05

Belief.

All of the mothers spoke of their initial responses to discovery with regards to belief and disbelief. For many, the expression of disbelief reflected an immediate and spontaneous reaction to discovery:

I just... I didn't believe him. When they told me what was going on in our home, I just thought no. You're making it up. I know what you guys are like, it's all crap.... Nope. I didn't believe it. P07

Many participants articulated their difficulty reconciling this new information within their existing frame of reference. This was often evident in their seemingly incongruent reactions. For instance while voicing difficulty comprehending and accepting the allegation at one level, participant 1 simultaneously demonstrated a response consistent with belief, in the form of her compulsion to take immediate protective action:

I don't know that I actually believed it.... Yeah, just complete disbelief. He was saying these words and I just couldn't believe it, I just could not believe it. I don't think it really sunk in... I went with him to the lawyer, and then I went to the police station with him. And again, still not believing but thinking... I thought, you know, this is a crisis. You know, you're married, you stick together, but not processing it properly if you know what I mean? And yet, I knew that he had to be kept away from the children. I knew that. P01

For some participants, belief was forthcoming in relation to certain aspects of the disclosure, but not others. For instance, participant 7 admitted her difficulty believing the more serious allegations against her son, only partially accepting the veracity of the claims. It took confirmation by a police detective for her to belief the full extent of the allegations:

I believed he might have done something, but to the extent...no. He wouldn't do that. And it wasn't until the detective rang me and it was like, oh God yes he has. P07

While the issue of belief was particularly central during the initial stages of discovery for all the women, it was demonstrated to be an ongoing issue for many participants throughout their recovery journey. Mothers who had otherwise evidenced fairly steadfast belief in the allegations from their initial discovery acknowledged intermittent periods when their belief fluctuated:

> *It's like you wake up and think someone's going to jump out and go....candid camera! P01*

> *Because it was still, to me, surreal. It was not happening; this was not happening. I still, even now, wake up at night and think, at 3 o'clock in the morning, think, nah, that didn't happen. P08*

Factors facilitating belief.

Several factors were identified as facilitating or strengthening participants' belief. In cases where the mother was confronted by unequivocal evidence, such as directly witnessing the abuse as it occurred. However, participants often expressed difficulty comprehending the reality of the situation they were witnessing, which was consistent with the traumatic impact of their discovery:

> *I caught both of them in the bath, in the shower. And I was just...I don't know, I think you just go blank. It's just a total head spin. P07*

Another factor identified as influential to maternal belief pertained to pre-existing familial dysfunction such as domestic violence. For participant 10, the context of ongoing physical violence and intimidation within her marriage served to reinforce her belief of the sexual abuse of her two children by her husband, following discovery of physical evidence suggestive of sexual interference:

> *I knew what had happened. But I knew with his Dad I had to shut up. Because if I said anything I would cop it and so would (victim). He has seen a gun pointed at my head because of what his Dad did. He has seen him choke me. He has seen him have a knife to my throat. He has seen all the arguments. And when it happened to (daughter), which was a few weeks later, I didn't think, and I turned around and said to him what did you do? And I just turned around and walked out, walked away.... I knew what was going on. I couldn't do anything about it. P10*

The perpetrator’s response post-discovery also played a role in shaping maternal belief for some participants. For instance, in cases where the perpetrator didn’t deny the allegations when confronted by the mother, this served to facilitate maternal belief:

Just the look on his face, I knew straight away that obviously it had happened and he didn’t deny, he had no denial at all. He just looked at me, and he just closed his eyes and he cried, because he knew. P03

I asked him straight out and at first he was going I don’t know what you’re talking about, I don’t know what you’re talking about, because he wasn’t expecting (victim) to tell me. And then I just started packing the kids bags. I was just... I could tell by the look on his face that he was standing there lying... And he came into me crying, just saying sorry, I don’t know why I did it. P08

Factors impeding belief.

Several factors were implicated in contributing to reactions of disbelief by participants. For some mothers, their inability to cognitively process the disclosure and thus reach a state of acceptance was initially exacerbated by the perpetrator’s outright denial of the allegations:

He actually sat there and said to them “oh I haven’t touched them”. Like…I just didn’t know what to think. P04

For a number of participants, their expressed difficulty in comprehending the perpetrator’s capacity to offend centred on the direct lineal relationship between the perpetrator and the victim:

I couldn’t believe that their own father could do something like that. P10

Difficulty in accepting their partners’ capacity to offend contributed to participants’ inability to reconcile existing perceptions about the perpetrators. Where participants had previously held positive opinions about the character of the perpetrator, these had been profoundly threatened by this incongruent new reality:

Yeah and I couldn’t comprehend it. I mean, he owned his own business, he had university degrees, he was articulate, he was intelligent, he was helping out at the school, you know, he coached the kids sport. He was like, the pillar of society you know. P01

Several participants voiced their difficulty accepting how the abuse could have taken place without their awareness in the proximity of their own home. Discovery was seen to challenge the fundamental expectations implicit for many mothers concerning their capacity to detect discord or dysfunction within the family unit:

And when they told me, I said nah. My first gut reaction was no way. It couldn't have happened. It was in my house, I would have known. P03

For participant 2, her vacillation between complete disbelief and uncertainty remained evident at the time of interview. This appeared heightened by numerous factors, including the lack of direct disclosure by victim and the lack of legal response pertaining to charges/convictions against her partner. Though she could speculate why her daughter may not have disclosed directly to her, she remained ambivalent about the veracity of the allegations, despite the fact that her children had been removed from her care by child protection services:

It was, confusing, because if it did happen, why didn't my daughter come and tell me what was going on and say mummy, look... daddy has done this to me....I would say she was scared, frustrated…I would say he told her not to say anything to mum... I just don't know. I still don't know what's going on. Still undecided. Because, you know, it's pretty hard because he's not been charged or anything like that. Why wasn't the police involved? Why wasn't he charged? Why wasn't he thrown in jail? P02

Protection.

In the midst of the emotional turmoil generated by their discovery, the majority of participants demonstrated clear and immediate concern for the welfare of the victims, with the victims' perceived needs consistently remaining the sole focus. Accordingly, several participants identified their automatic tendency to put their own needs on hold to attend to the victim:

As the mother…You immediately think of the victim. You don't think of yourself, you don't think of him (perpetrator), you don't think of their family or your friends or anything. P01

A protective response typically extended to their cognizance of the need to ensure the immediate physical protection and safety of their children, either by removing the victims or the perpetrators from the situation:

I just wanted to break it off, and him never ever see the kids again, and that would protect them. P06

Protective action was often still evident even where participants still lacked a definitive understanding of the situation, either due to vague or inconsistent information about what had transpired or due to their difficulty internalising the reality of the discovery:

I'd taken my daughter out of it because I didn't know at that time what exactly had happened. My first reaction was I wanted to know (victim) was okay. P03

Seeking help.

In the midst of the crisis and disorientation associated with discovery, participants were confronted with the issue of seeking assistance from external sources, both formally and informally. Of the 11 participants, four only learned of the abuse after statutory intervention had already been instigated; three with the police and one with child protection services. Of the remaining seven participants, four initiated contact with the police upon disclosure, one spoke with her drug and alcohol counsellor and was referred to a specialist counselling agency, and one participant's partner (the perpetrator) initiated contact with child protection services.

For many of the participants, making decisions about where to seek assistance was an overwhelming task, exacerbated by a lack of information and uncertainty about appropriate courses of action or where to seek help. As participant 8 disclosed, this difficulty was exacerbated by reluctance and inability to approach social networks for advice and guidance:

I didn't have had a clue who to turn to, what government agencies to speak to or… it's not something you just go and ask your mate, hey do you know where to go when your daughter's been sexually abused? So I was lucky in the fact that (perpetrator) had actually contacted (child protective services). And they put him on to (specialist counselling agency). P08

For the three participants who reported subsequent disclosures of sibling sexual abuse, reports were also made to the police in each of these instances. For all of these participants, their decisions to make reports to the police were driven by ensuring their sons took responsibility for their offending behaviour and faced the appropriate consequences:

Both times, when (son) was charged, I took him in to the police. Because with the first, it could have been swept under the carpet. But (son) would never have learnt. He

would never have learnt that hey, what his Dad did to him, he may have gotten away with it, but (son) had to learn the hard way that you don't do that. And I had to teach him the hard way. He had to understand he had to take responsibility. And that what he did was wrong. Totally wrong. And he knows that. P10

Service accessibility.

Help-seeking attempts were also commonly reported to be hindered by the limited availability and accessibility of support services, which served to contribute to mothers' sense of frustration and feeling overwhelmed:

I found out (discovery) at the end of November, and they wanted to wait until January before anyone would even speak to (victim). And I was really pissed off at that because you just can't put something off for two months and then start fresh. In the end we immediately went to (children's hospital) and got a statement and everything filed out there, and then I went back to (child protection services) and had the interview with the police officers and all that sort of stuff. But from there on it was just a waiting game… P08

I tried to access (non-government organisation) and all these other places. But (NGO) don't do the area I live it. So that was really difficult. Thinking, what do I do now? P09

Anger.

Anger was a frequent affective response expressed by all of the participants. Much of this was directed towards the perpetrator, with the following excerpt illustrating the typically intense nature of the expressed emotion by many of the participants:

I wanted to punch his lights out. I actually said to the (child protection officer) lady, if I had a gun I'd shoot him. There was a lot of anger when I realised that it was actually true what had been said. There was a lot of anger. P03

For some participants, their anger was heightened by the perception of the perpetrator's offending behaviour as a selfish act of personal gratification:

I was angry that he had basically stuffed up our lives for his own selfish reasons. P01

The intensity of participants' anger was also reflected in the enduring quality of this affective response. For many, the inability to contain and resolve intense and prolonged feelings of anger and a desire for vengeance towards the perpetrator was clearly apparent:

> *It is very strong. I have never hated anybody in all of my life more than what I hate him.... And I've just felt this anger for years. And I've always said, every dog has his day, and he's going to have his. And as far as I'm concerned, all I want to do is kill him. I won't do it, only because I don't know what will happen to my kids if I did. But I don't know what I will do if I see him on the street. I really don't. P10*

Betrayal.

A sense of betrayal was a common theme expressed by the majority of participants. For many, the experience of betrayal manifested in expressions of profound anger and disillusionment over their partners' offending behaviour:

> *And rage went through me because I had trusted him so much with my kids and what not.... how could he have done this to my kid and done this to our family? P08*

The sexual abuse of their children was viewed by most mothers as a gross violation of their trust, based largely on expectations of their partner's conduct as a partner and father, which combined with the deceptiveness of the perpetrators' actions, also contributed to the experience of betrayal:

> *Horrible. Just... yeah, betrayed and ...yeah, because it was our house and he sort of came and shat in it. And like, well I was lied to... I trusted him, you know what I mean? And my whole family trusted him and everything. I felt....felt really childish and stupid and ripped off and I felt like a fool. P04*

Uncertainty.

The discovery of their child's victimisation prompted a state of abject uncertainty, confusion and insecurity in many of the participants. Discovery often brought immediate and significant change and upheaval to participants' lives. Some of the most proximal concerns to emerge centred on the uncertainty over the status of their relationships with the perpetrators and subsequent insecurity about the present and future:

> *I was thinking Oh my god. What's going to happen? Is that the end of the relationship? Oh my god what am I going to do? How're we going to cope, what about the kids? Oh*

my god, another relationship, another family, you know, more drama, how am I going to explain this one? P04

And I was still just like, oh God what am I going to do now? Now me and the kids are displaced, we haven't got a home and, you know, what am I going to do with them? P08

Retraumatisation.

A clear theme to emerge centred on the influence of participants' prior sexual abuse experiences. Six of the participants interviewed disclosed their own childhood and adolescent histories of sexual abuse, all of an intrafamilial nature. For several, the discovery of their own children's sexual victimisation had a retraumatising effect, triggering intrusive memories and difficulty coping:

I actually didn't cope very well at all. It brought up my own issues from my own childhood, and I actually ended up becoming a drug addict after it occurred and completely abandoning my children and being a pretty bad junkie really. P09

Disgusted. I felt disgusted. It brought memories back from when it happened to me as a kid. P10

For participant 9, there was a degree of insight into how her own abuse history had impacted on her protective ability as a mother. She acknowledged the presence of blind spots that contributed to her obliviousness to potential signs and symptoms of similar abuse dynamics in her family:

Because of that I do have these blind spots that allow me to ignore the stuff that is going on right in front of me. P09

Avoidance.

As outlined, discovery for many women was accompanied by a state of acute psychological crisis, manifest in a diverse array of cognitive, affective and behavioural responses. In the early stages post-discovery, as these cognitive and affective responses became too overwhelming for these participants' individual resources, many reported a reliance on utilising avoidant coping strategies. Distinct from the participants' initial difficulties comprehending the discovery, manifest in disbelief, the following excerpts provide

an illustration of the ongoing approach-avoidance conflict evident in the cycle of vacillating from denial to despair:

> *I would go into denial and pretend it didn't happen. Like "oh, he wouldn't do that." Yeah. I could go from one extreme to the other. Like continually, it was just a rollercoaster. P06*

Several participants spoke of their reliance on emotional numbing strategies to contain and minimise the affective upheaval they encountered:

> *Emotionally, you shut yourself off to everything that is going on around you. At one stage I thought I was going absolutely crazy. And you kind of... I don't know... you block it. Your mind blocks it, or you block it...I don't know it's so hard to explain. You just... well I just shut it all down. Just shut everything down. P07*

> *Well it completely blew my world apart.... Yeah, I was just pretty numb actually. But I just went through the process that I had to go through. I shelved all my emotions and reactions and stuff like that. I just didn't want to feel. It was just too hard P09*

A number of participants admitted to increasing reliance on and misuse of substances including alcohol, illicit drugs and prescription medications as a means of coping with the emotionally overwhelming nature of their situation:

> *Straight afterwards I was drinking, even when I was pregnant. I was drinking, you know, just to try and numb it all, and I was taking (antidepressants) like they were going out of fashion, 'cause I just wanted to sleep, and get all the pain to go away and, you know, honestly trying to make it all as unreal as possible. P08*

For participant 5, her escapist coping strategies also took the form of seeking out social interactions that were devoid of any triggers or reminders of her current reality:

> *But yeah, I started to drink a bit. I was drinking during the week and going to work and having hangovers and stuff like that....Yeah and then I started to want to go out all the time and just escape from the whole lot. You know, like go and meet people that really knew nothing about that or about me. P05*

The majority of participants who reported reliance on avoidant coping strategies recognised, in time, the maladaptive impact of their actions:

Virtually the only way I coped at that time was to self-medicate. I used to smoke quite a lot of marijuana, a lot of over the counter medication. When this all first happened, I sought help with the wrong people in my life, and I ended up with a severe drug habit.… I really reacted badly, you know, I behaved badly as well. I just hated… like, the more I used drugs the more it fed on my anger, and I just was self-destructive. P06

Loss

The experience of loss was a central theme to emerge from the participants' journeys. This category details the nature of the losses encountered by many of the participants, and their grief experience in response to these losses. For the majority of participants, the nature and extent of the losses they encountered was extensive and touched on many facets of their lives, including more tangible losses pertaining to homes and finances, as well as significant interpersonal losses concerning important relationships. These losses had a profound impact on participants emotionally and cognitively, as evidenced by the depth of their reported hopelessness and despair in response to these losses. The intense betrayal depicted in the previous section had important implications for participants' ability to trust themselves and others. The pervasive nature of these losses was elucidated clearly by this excerpt from participant eight:

Now this has happened to me, I don't trust my own judgement, I don't trust anyone else around me. So it's a loss of trust, financial losses, loss of you know, my friends and stuff. Because I don't want to see my friends because I don't want to lie to them. P08

Hopelessness.

As participants' feelings of shock and disbelief evolved into a greater cognizance of the allegation or disclosure, for many this triggered often intense and enduring feelings of hopelessness and despair:

Going back then it's... I'm a nothing. I was a nothing. I had nothing to live for. I just lived day by day. P07

And I cried every day for God knows how long. Everyone thought I was... 'cause I was pregnant at the time all this happened, and I think I cried up until (daughter) was about maybe 3 and a half months old. I must have cried every day… and everyone thought I had post-natal depression. I thought I had post-natal depression. I thought I was going insane. P08

For many participants, their sense of hopelessness and despair derived from an observation that their world had been fundamentally transformed, a shift which for several was perceived to be irreversible. The subsequent impact of participants' experience of grief and loss was observed to be persistent and prolonged:

It's pretty devastating.... I went internal then, and had a bit of a breakdown. It was horrible, I just couldn't function. I had to pretend. The hardest thing was having to pretend in front of my children that everything was alright when it wasn't. I knew that it wasn't in my head. It just wasn't right, and would never be right. I went through that process… that whole cycle of grief and anger and frustration went round and round and round. *P11*

Tangible losses.

The aftermath of discovery typically brought with it a host of quantifiable or tangible losses for many of the participants. For those participants whose discovery led to the subsequent dissolution of their relationship with the perpetrator, significant financial hardship due to the loss of primary income was often an associated consequence:

That's one thing I will say is the financial side of it is very difficult. Because I didn't actually go back and live with (perpetrator), so I've been on a pension. P03

Part of the maintenance agreement was that he would pay the mortgage on the house so that we, you know, we had five kids, so… anyway, he got a new girlfriend and stopped paying everything. So I had to go bankrupt. P09

For several participants, the dissolution of their spousal relationships post-discovery also resulted in residential relocation, or the loss of the family home. Participant 10 and her two children had no immediate alternatives, after leaving what was also an abusive relationship, than to seek emergency accommodation:

The three of us went into the refuge. They like you in there for four weeks maximum, and then they start pushing you to find somewhere else to live. But they knew everything that happened. And I was in there for 13 weeks. Because they knew I was on the phone to (housing welfare) every day. P10

For several participants, the refusal to accept financial assistance from their partner post-discovery contributed to increased financial strain:

Financially, forget it. As far as I'm concerned, I don't need the help. And I won't accept it because I don't need it. Yes I could do with it but no I won't take it. I think that's where you've got your standards and your morals and everything. P07

I don't want anything from him. I don't even want maintenance from him. All the presents that he buys the kids, they'd be drug money. And I'm not having my kids having anything to do with drug money at all. P10

Additionally, these financial constraints also had significant implications for their relationships. For instance, participant 3's ability to remain connected with the victim who resided with her paternal family in another town was impacted by her financial hardship:

I can only keep as much contact as I can. I'm on a pension and phone calls and petrol cost money. P03

Relationships.

The majority of participants experienced loss with regards to significant relationships in the aftermath of discovery. For many, this sense of loss pertained to one of the initial tasks they faced, which entailed having to make a choice between the victim and the perpetrator. Irrespective of the choice made (if indeed they possessed choice), for many participants this resulted in the dissolution of the family unit. The experience of loss for many participants was not restricted to either the victim or perpetrator, but also wider familial and social networks.

Losses relating to the perpetrator.

Given the intimate association with the perpetrator for most of the participants interviewed, the experience of loss within the context of these partnerships was significant, and typically generated a multitude of related issues. Five of the participants in active relationships at the time of discovery separated from their perpetrator partners. Of these, some voiced a sense of mourning for the loss of their relationships, and the joint history they had shared as a couple and family:

I think what was hardest for me was the fact that one minute he was there then he wasn't…. I mean yeah, it's really difficult to sort of think, well the last 23 years have been for nothing. And that's when I realised that this is life and I'm on my own and, you know, he went to jail. P01

Participant 1 also reflected on the projected loss of a future she had anticipated sharing with her husband, which encompassed their shared goals and aspirations:

You know, I thought I'd grow old and this is what we'd be, and we talked about travelling to Europe when the kids got older and all this sort of stuff. And you have all these plans and all of that has just been washed away by this tidal wave of crap. P01

A sense of loss was not only encountered in a physical sense with the ending of the participant's relationship. For some, discovery challenged existing beliefs and assumptions concerning their partners and their relationships. Learning of their partners' offending behaviour in these cases prompted the re-evaluation of previous meanings ascribed to their relationships. This was particularly evident for participants who had previously viewed their marital union in highly positive terms:

I think too, the disbelief in him, and knowing someone for so long and sharing like, half your life with somebody, and finding out it's not who you thought it was... I think of it like a stained glass window with each little bit just falling off. P01

And so I just don't know… even our whole marriage. Was our whole marriage...and our relationship, based on not the person I thought he was? P08

For some participants, discovery also cast into doubt prior perceptions of the perpetrator-victim relationship. Participants who had once held positive impressions about the formation of close attachment bonds between their partners and children were threatened. These mothers subsequently questioned whether they ever existed, or purely reflected the manipulative intentions of the perpetrator:

And I don't know now whether that bonding was based on his grooming her. Or if that bonding was based on a step-father's love, and getting to know her. P08

A sense of loss was also evident for mothers of sibling CSA victims. In cases where the adolescent perpetrator was removed from the family home, these participants evidenced clear grief and loss reactions:

When they put (son) in the juvenile detention centre… when they charged him for (daughter's abuse), I was more devastated for that…. But they had to put him in, because (child protection services) didn't have anywhere for him to go… under the law he had to do it. But he has never been away from me, apart from school camp or cadets. P10

Losses relating to the victim.

Numerous and significant losses were also encountered by the majority of participants with regards to the victim. For some mothers this pertained to the physical loss of their children due to their removal from their care. Three participants had their children removed from their care at varying points following discovery. For two women, their children were apprehended and placed into alternative care (either family or formal foster care arrangements). A third mother lost custody of her son following Family Court proceedings instigated by his paternal grandparents. In all three cases, a profound sense of loss and disconnection from the victims was apparent, even where the mothers regained custody of their children:

> *It was really hard when I first got those kids back. I didn't know them, and the youngest, I hadn't even seen them take their first steps you know... and I'd missed out on their first words and stuff like that. So it was really… and those kids were angry, and damaged. And it took a lot of work…. I had to basically relearn to be a mother. P09*

Several mothers of adolescent female victims described a sense of loss resulting from the emotional disconnection with their daughters. Though it is impossible to determine whether this estrangement was attributable solely to their sexual victimisation, it was nevertheless a common theme raised in a number of the participants' narratives:

> *But I find there's a brick wall. Like every time I try to talk to her about something, she either doesn't want to know, or she doesn't want me to know or like, it's too hard at the moment, I'd rather not talk about it. P03*

For some participants, the sense of loss and disconnection appeared to be related to difficulties in dealing with the victims' challenging behaviours:

> *Yeah, she's gone the other way. She's smoking a lot of marijuana. Well she was, she's not now. Started drinking, taking lots of… like this is all normal teenage stuff too. But I kept trying to protect her. Like I was driving out at night, grabbing her from parties, or in cars with 18 year old boys. It was just insane, trying to control her. I just… in the end I've had to let her go. She became quite abusive. And hates (perpetrator). Like, it does affect her.... I love her, she can always come back home, and that she knows. I always tell her that. But I have to also live my life. P06*

For participant 8, the emotional disconnection experienced with her daughter was attributed in large part to the manipulative actions of the perpetrator in actively seeking to create an emotional divide between mother and daughter:

> *For me it was more the loss of… the fact that he put a wedge between (victim) and I… he tried to manipulate (victim) not to come to me. P08*

For some mothers, there was a sense of the irrevocability of the harm inflicted on the victims, and subsequent mourning of the victims' lost childhood innocence:

> *So I mean, if I could go back and change anything, the only thing I would do would be to let (victim) have a really normal childhood. And no amount of counselling and no amount of talking or anything can ever get that back. P01*

> *I fear that they're going to be damaged for life. P06*

> *It's never anything that's going to go away, I'm not going to kid myself that it's not going to crop up again and again in the future, when things change. Life… boyfriends, girlfriends, marriages, births, that sort of thing. P11*

Losses relating to social and familial networks.

Many participants encountered significant losses in their social and familial networks. In many cases, the post-disclosure decisions and actions of mothers bore significant scrutiny and even negative judgement from others. This led to a further sense of loss for several participants as they felt alienated and ostracised from their family and social networks. This was particularly apparent in situations where mothers' actions were not in line with others' expectations:

> *In the meantime my family had disowned me once that happened. They wanted to know why I didn't move out of the house and take the children and abandon everything. And I said well I'm not going anywhere. I've got to stay here, I've got the kids you know? Now they don't talk to me, it's all over. For me. I don't have them...They've disowned me, everyone I know, because I stood by (perpetrator). P04*

Participant one spoke of how she and her children were ostracized by the wider community when they were perceived by others to be supporting the perpetrator:

You really find out who your friends are. I mean it might be a cliché, but it's true…. Because we own our own business, I mean when (perpetrator) was in jail I ran the family business, so I guess that was seen to be supporting (perpetrator) by these people. But it was supporting the children because that was our only source of income, otherwise I'd have to go out and get a full time job and put them into care. And I thought, you know, they've just lost enough, they don't need to lose me as well…. But a few people had trouble understanding, and therefore made (victim's) life really miserable…. I was being seen to support (perpetrator) and so therefore that was deemed by these people not to be good, and so they took it out on (victim). P01

A loss of social connection led to a subsequent sense of isolation for several participants. Isolation could be internally driven, for instance due to the mother's inability or reluctance to engage her family or friends for support. This was often driven by an underlying sense of shame, stigma and expectation of harsh negative judgement, leading to social and emotional withdrawal from family and friends:

You know you're not alone, but you do feel alone. It's not like you can go out with your friends and talk about it, and at work, I just don't want the lady at work asking any questions, because I wouldn't like anyone to know anything. Because I'd be frightened that they'd start judging me. P04

Social disconnection and isolation was particularly evident for participants who remained in an active relationship with the perpetrator:

It's hard talking to people because they think, oh well she's a bit screwed 'cause she's still seeing the bloke. P03

It's not like you could tell one of your best friends, they'd go "fucking hell! Get rid of him!"... So yeah I couldn't really go to anyone, I felt, within the family or friends, and some agencies as well. P06

I don't want to see my friends because I don't want to lie to them. P08

For participant 4, her reluctance to end her relationship with the perpetrator, resulting in her estrangement from close family and social contacts, inadvertently resulted in an increased reliance on her partner as her sole source of support:

Because I'm left isolated anyway, and he's my only companion now because I haven't got any companions apart from my kids, and kids are kids. P04

For several participants, a sense of alienation from social supports was internally driven out of fear and expectation of the stigma and ostracism surrounding the abuse:

I didn't tell my family, my sisters, or my parents, or his parents or anything like that. I didn't think it would be beneficial to the children. I didn't want them to view (victim) any differently than they had. And I didn't want them to view (perpetrator) any differently than they had....I don't think they need to (know). I don't think it's necessary. Because I don't think it would be helpful to either one of them. I don't want my son to be ostracised, and I don't want my daughter to be helped to be feeling like a victim as such. P11

Trust.

Trust was a major loss-related theme expressed by nearly all of the participants in the aftermath of discovery. For many, discovery of their partners' offending behaviour shattered previously held assumptions about the perpetrators. This resulted in participants' expressions of complete distrust in the perpetrator and his underlying intentions:

I question his motives... I think why did you do that, to make you look good? I just question everything he says now. I don't believe anything that comes out of his mouth. P01

Several participants voiced an acute sense of the enduring nature of their distrust towards the perpetrator and his ongoing and persistent risk of re-offending:

He's always going to be a risk. I'm always going to have to keep my eyes open. The trust is gone. P08

For some mothers, their responses implied the development of a more pervasive sense of distrust in the aftermath of discovery, extending beyond the perpetrator towards men in general:

But it has had an impact on my life, with trust, with males. Definitely.... yeah, that trust factor with men definitely is quite hard. P06

Some participants described how their sense of distrust encompassed a distrust of the world as a whole:

The only thing that it's changed me as a person is, I don't have a lot of trust in people. And it's really... I don't like being like that. P01

A seed's been planted in my mind, I no longer have trust. I no longer trust anyone. P08

Participant 7's perspective on trust was consistent with a cost-benefit analysis. Though voicing some regret in choosing not to trust others, she perceived the protective benefits of maintaining a position of distrust to be preferable to opening up herself to the risk of further betrayals:

And no, I won't trust anyone. Not ever again. Not in that respect, it's not worth it. Maybe in one respect that's sad, but it's not worth the consequences. At the end of the day, it's not worth it. P07

Ambivalence.

A significant theme and factor confounding the experience of loss for many participants was ambivalence. The intrafamilial nature of the abuse meant that, for all of the women, there were strong emotional ties to both victim and perpetrator. While cognitive ambivalence was previously discussed in terms of participants' vacillating belief post-discovery, here the focus is primarily the affective dimensions of ambivalent response demonstrated by some of the participants. Affective ambivalence was evidenced by participants in two ways, interpersonally and intrapersonally. Interpersonal ambivalence was demonstrated by several participants who spoke of feeling torn between the perpetrator and the victim. For participant 3 her attempts at maintaining an impartial stance between both parties generated significant emotional turmoil:

I wanted to be a neutral party...because it had hurt me both ways you know? It was my daughter but he was also my husband that I trusted. And you know it was really hard both ways, either way you looked at it... I've been through so much with both of them that I couldn't just switch off completely and I felt really… I felt guilt over that. P03

Intrapersonal ambivalence was also a strong theme to emerge, typically characterised by participants' conflicting feelings about the perpetrators. In seeking to resolve this

dissonance, participant 1 sought to distinguish between her partner and his offending behaviour:

> *I hate what he's done, I really do, but you don't hate people... I hate the act. Most of the time I don't really like him at the moment. You know, and I don't know that I ever will like him, but I can't actually say that I don't still love him.... I don't know if I will ever fall out of love with him. P01*

Feelings of ambivalence were also particularly evident for mothers whose sons had gone on to perpetrate sexual abuse; for them supporting their sons was just as crucial as also supporting the victims and their other children:

> *With (son), I only allowed myself to be angry with him just recently. But I supported him 100%, just like I did all my other children…. Because I mean, how are you supposed to choose? P09*

For some participants, their feelings of ambivalence were exacerbated by a sense of obligation to support the perpetrator:

> *I was still trying to emotionally support him. That's the thing, he had nobody. Half of his family disowned him.... And so he had no one else, there was no one else. There was only me and the children... So I guess I felt obligated to still be that emotional support for him. P01*

For participant 4, there was clear recognition that her emotional connection to the perpetrator would potentially impact on her response, and thus the subsequent need for agencies to intervene as a result of her ambivalence:

> *I did sort of kick him out. Like, he had to go because the government made him but.... Yeah, well, they had to; they have to step in because you get so emotionally involved. And then they're (perpetrator) going "I didn't do anything" so they (child protection services) have to like, step in. For the children's sake. Because what are you going to do, listen to them? P04*

Ambivalence regarding the current and future status of the relationship with the perpetrator was evident in several participants' reports of fluctuating feelings over time. Some women considered reconciliation with their partner and followed through with these plans at various stages, only to make a decision to end the relationship afterwards:

We did have a time where we got back together, but then I went to rehab and got clean. I realised… what had happened. And I caught him with some pornography I found. And I just threw them out straight away…. Then my head went off, what if they were, you know (child pornography)? And then it sort of dawned on me, Oh God, I've got to live with this for the rest of my life? P06

Ambivalent feelings regarding the future of their relationships with the perpetrators remained evident for some participants even at the time of the interviews. Participant 8, despite outlining her plans for reconciliation, admitted to some ongoing doubts about this prospect. Her increased sense of self-efficacy in her capabilities as a single mother appeared particularly influential in reconsidering her alternatives:

And so for now, our goal is to have, all going well with (victim), and all going well with (perpetrator's) course and the recommendation they give us, that in five years' time we'll all be together as a family. But to tell you the truth I try and take it one day at a time now… I know there's going to be changes along the way that I am going to have to adjust to. Or think I am going to go here, and I turn and go there. And it's particularly now that (perpetrator) has been away, I now have the confidence in knowing that I can do the parenting thing on my own. And I do start having thoughts of maybe having the family on my own, and not getting back together. P08

In a few cases, participants' hopes or expectations for reconciliation with their partners appeared to be predominantly motivated by feelings of loneliness and isolation and a perceived lack of alternative options:

That's the only person really that there is now. But he's not very good at listening or anything. So I'm thinking maybe it's not going to work out, I don't know anymore. I'm thinking oh what am I going to do? P04

In participant 8's case, her questioning of whether to reconcile with her partner seemed largely driven by her own childhood experiences. Having been raised in an environment where her own father was absent, she recognised this as contributing to her sense of uncertainty and wanting a different family life for her own children:

I was raised without a father, and I don't want my kids to experience that… and (victim) was raised pretty much without a father too. And even she said she doesn't want to see

the (younger) kids raised without a father. So you know, you do start weighing up your options and what not. P08

Disempowerment

The category Disempowerment outlines the major themes relating to this defining aspect of the post-discovery experience for the majority of the participants. In this context disempowerment is construed as an individual's perceived lack or loss of power or control in relation to their personal circumstances and capacity to exercise choice (Zimmerman, 1995). The experience of disempowerment is associated with participants' beliefs and expectations surrounding personal control over their internal and external environment. Hence the concepts of self-esteem and self-efficacy were also considered as closely associated with this construct. Though also clearly loss-related concepts, these elements of the participants' experience are addressed separately due to the implicit notions of power and control inherent in these aspects of the maternal experience.

Seeking understanding.

Attempts by participants to make sense of the abuse frequently generated questions like "why me", triggering a sense of powerlessness and helplessness:

But I would sit there sometimes and just think, what am I doing here? Why am I sitting here? Why am I going through this with these people when we did nothing… we're the ones being punished, but we did nothing to bloody start this off? P08

Sense of agency.

For many participants, a sense of disempowerment was inherent in the discovery of the sexual abuse of their child, which undermined pre-existing implicit beliefs and expectations about their sense of agency or personal control, and associated personal invulnerability to victimisation:

It's not something I ever expected to happen to us, so I didn't know where to turn to or what to do. P08

Embedded in the stories of several participants were pre-existing notions that risk could be mitigated or eliminated through personal control measures. Thus discovering their own child had been sexually victimised severely challenged these underlying assumptions about internal locus of control and subsequent invulnerability to external threats. Participant 5

elucidated how her belief that putting protective measures in place could effectively minimise or preclude the risk of her child's sexual victimisation was shattered with the realisation her child had not been protected from harm:

> *It was just really devastating in a way, because you feel you put everything in place, as far as you know, getting them to play appropriately, and to look after themselves. Because in my job too, you tend to hear all about that sort of stuff and you come across it quite often. And I'd think, God I'm so lucky that (victim)'s not experienced any of that. So to find out it actually had crept in… I was just devastated about that more than anything…. And that was the hardest thing, it was like, God, in my backyard. In my backyard that I thought I kept clean, you know? P05*

Helplessness.

Several participants conveyed a strong sense of helplessness in the aftermath of discovery. In several instances, this was tied into perceptions of impaired parenting capability arising from an inability to cope with parenting tasks:

> *I just felt that, I wasn't coping at like, 3 or 4 months after the disclosure. I was just... the kids were just running riot and I just didn't have the strength to pull them back into line. And they were all over the place, and I was all over the place. It was just a nightmare. P09*

In several cases, participants' feelings of helplessness were intensified by not knowing how to deal with the victim's dysfunctional and self-destructive behaviours which arose in the aftermath of the abuse:

> *And (victim), at the moment, well since it happened, and since it come out, she's on a downward spiral. And I don't know what to do. Apart from being there. Being firm but gentle. That's all I can do I guess. P10*

For many participants, this sense of helplessness and consequent futility manifested in an underlying sense of personal failure and subsequent hopelessness:

> *It's like you walk around in this circle and after a while, you get you know, the rut becomes bigger and you keep moving and moving.... And I went through a really low period of mothering. You know, I couldn't cook dinner; I couldn't do just the basics. And we'd sort of live on take-out and I'd rush to do the ironing at the last minute and*

get their school clothes ready and stuff like that. And I think that was all part of, well I've failed so what's the point in trying? P01

For some participants, financial dependency on the perpetrator increased their sense of helplessness in the aftermath of discovery. For participant 2, her financial reliance on her partner in part influenced her decision to remain in the relationship, at the cost of losing custody of her children:

And I thought well what do I do, you know? Because sometimes he leaves me in the lurch with, you know, bills. If he goes away I've got to pay the bills and I've only got so much amount of money coming in from (welfare) and I can't cope to pay for the bills and so on…. I couldn't cope, and there's no way I could work anymore because of my back…. He's the one bringing in the money and it's very frustrating. P02

Self-blame.

In seeking to generate some sense of understanding and meaning surrounding the abuse, many participants' interpretations of the precipitating causes of the abuse led to conclusions that they were at least partially to blame. Such self-directed attributions of responsibility for the sexual abuse of their children were a central theme inherent in the majority of the women's stories, further contributing towards the disempowering nature of their experience. Two forms of self-blame were evident in participants' interviews, consistent with Janoff-Bulman's (1979) distinction between characterological and behavioural self-blame. Characterological self-blame, in which the mother viewed some element of herself as defective or flawed, was evident in a number of cases. Most commonly, this surrounded self-evaluations of being a poor judge of character due to her choice of partner, and consequently introducing the perpetrator into the family unit against which he would later go on to offend:

Well yeah, because I obviously let him in. P04

I think self-blame, yes, initially....Yeah for sure, because I had exposed her to him. I had left her over there with him, you know. P08

Several participants also described characterological self-blame (see Janoff-Bulman, 1979) with regards to their lack of prior awareness of the abuse. A perceived failure to detect the signs of abuse was commonly viewed as indication of their own personal inadequacy:

And it was not til then you start to put everything together. You know, why he has been so nice to him, why he bought him these presents and why he did this. And you look like a real idiot. Because you think, the signs are all there.... I should have known.... This is all the stuff happening and it's like... you do, you feel like a real idiot. P07

Self-blame was also particularly evident in the context of the close physical proximity in which it was occurring, which represented a challenging reality for many mothers to accept:

It happened in my house! Why didn't I know about it? No way, it couldn't of happened in my house, but if it did it's obviously my fault, because I let it happen....You just blame yourself because you shouldn't have been so blind that you didn't see it. P03

Behavioural self-blame also emerged in the narratives of some of the women interviewed, in which their actions or omissions were perceived in some way as contributing to the sexual victimisation of their children. Guilt was a frequent emotional response, where participants viewed themselves as instrumental in setting up the conditions for the abuse to take place:

Yeah I did feel guilty. Because I felt that I created a lot of the opportunities, especially with having (perpetrator) here. Because I wanted to give (perpetrator) some sort of really nice family unit, life, where we could sit at a table and eat with a knife and fork, and he wasn't amongst five hundred other kids and just left to fend for himself. So yeah…and allowing (perpetrator and victim) to sleep together too, like head to toe, and just look at it like brothers. P05

Self-worth.

The disempowering impact of maternal experience was also evident in the extent to which participants' sense of self-worth was damaged in the aftermath of discovery. For many, their sense of self-worth was closely tied with the importance they ascribed to their maternal identity and role. As such, perceptions of themselves as attentive and protective mothers were challenged by the discovery of the abuse, thus causing injury to their sense of self-worth. Though rationally being able to recognise the unrealistic expectations set by themselves (i.e. that they should have known), this was typically overridden by the overwhelming sense of failing in their maternal duty and responsibility:

As a mother, I feel like I've failed in the fundamental role of a mother, which is to keep your kids safe. And I couldn't do that. And as much as people say well, you didn't know,

and I acknowledge that and I understand that I didn't know, but as a mum, it doesn't make any difference. P01

Additionally, participant 1's reflection on her compulsion to hide from society revealed the intensity of her shame and the low self-worth inherent in many of the participants' narratives:

You know, once the kids would go off to school, I hid in the house. I did the drop and run. I didn't go in and I didn't go out… I mean, (town) is so small, everybody knows. Every time I walked into the supermarket or something, you know… I used to shop for an hour, and then I would shop for like half an hour. Then I'd just zip in and out. P01

Previously noted was the use of drugs and alcohol as a means of coping with the emotionally overwhelming reality of discovery. In the longer term, substance use also represented a form of escapism from the intensity of the low sense of self-worth experienced by a number of participants:

I don't even think that I knew I was feeling guilty in the first instance. I don't think I identified it as that. I just wanted to squash it, and get rid of it. But I can see now, that that was a huge trigger towards me becoming an addict. P09

Self-doubt.

For several participants, a sense of disempowerment emerged through their feelings of self-doubt in the aftermath of discovery, in particular a loss of confidence in their own judgment. Having formed relationships with men who went on to perpetrate sexual abuse against their children, several mothers subsequently questioned their ability to make sound and reasonable life choices:

Just constantly asking questions and second guessing your own judgments… Now this has happened to me, I don't trust my own judgment. P08

For some participants, with their own childhood history of abuse, the discovery of their children's victimisation shattered pre-existing assumptions about their ability to foresee potential risk, generating a loss of confidence and self-doubt in their judgement ability:

And a lot of times you think you'll know because you've been abused and the abuse has touched your life directly. But I still don't trust myself that I would know if one of the other kids had been. P08

Contextual response.

The influence of external forces, namely social and intervening agencies, contributed to the inherently disempowering experience of the post-disclosure journey for many of the mothers in the present study. These are discussed separately below in relation to social, child protection, and legal responses.

Social.

Further contributing to a sense of disempowerment for many mothers were the attitudes and responses of their wider social networks. Many participants encountered significant societal expectations and pressures from their extended families and friends, particularly surrounding important decisions concerning their relationships and families. In many instances there was clear pressure to immediately make decisions that would prioritise the interests of the children over that of the perpetrators:

> *Some people said to me, oh you know, you should have cut him off. Moved out. Moved inter-state… you know, done all this stuff within the first three days. And I think well, you know, the kids have lost their father, to take them away from their friends and their home, the only home they've known, the only school that they've known... I mean it's been traumatic enough. P01*

Child protective services.

For many participants, child protective services were a primary response and intervention agency to become involved in the family following allegations or disclosures of CSA. Disempowerment was evidenced in a number of ways, but especially those involving custody and placement decisions, which were often depicted as undermining participants' sense of personal agency and autonomy. For mothers who lost custody of their children after discovery of the sexual abuse, the experience of powerlessness was particularly apparent:

> *I was so angry at (child protective services) 'cause they took my kids away, and they said well, you know, that would be the best thing I could do for my kids. And I didn't know what to do…. And it hurts me to see my kids go into another person's car instead of coming home with me you know? To their own environment where I can be a proper mother to those kids. P02*

Disempowerment was not only evident in relation to outcome variables, such as the removal of children from their mothers' care, but also inherent in process variables and

participants' experiences of case management practices utilised by intervening officials. Several mothers voiced pressure arising from being confronted by expectations of compliance with swift and immediate action. Implicit in this process was the limited opportunity to address and potentially resolve feelings of confusion, uncertainty and ambivalence:

> *When I got there, my family was there. And they all marched me into this office and made me sign a document, and started talking about what had happened. And it had nothing to do with anyone. That's where it all started. The (child protection) officer did it all. And she dragged all of these people into this office without even asking my consent or anything, and I didn't even know what was happening. And the document said that if I let (perpetrator) come into the house or be with the children, I will have the children taken off me. P04*

Participant 4 also recounted how her resistance to engage with the authorities was viewed as obstructive, further contributing to her sense of powerlessness:

> *There was like a lady from (child protective services). She turned out to be not a very nice lady at all. She was nasty. And she judged me from that moment. She said all you wanted to do was go home and give your baby a bottle. But I was there for six hours and I was just so highly strung, I just needed to leave. P04*

A sense of disempowerment was also experienced due to exclusion from important decision making processes, such as the decision to formally charge the perpetrator:

> *When I got home from town there was this note on the back door from the detective to ring him. And I rang him and he said look, (victim)'s laid charges, and I went I beg your pardon? Because there was no talk of it. No one had let me know it was going to happen. P03*

Systemic issues, such as a lack of availability and continuity of care by child protection and related services were also seen to contribute to participants' sense of feeling dismissed and overlooked, increasing their experience of disempowerment:

> *I've had, in just over a year, I've had three or four different case workers. And I find that really frustrating, especially when the last one… I didn't know the lady was leaving or anything. And they just rang me up and left a message saying I'm your new case worker. Yeah, I kind of found the lady that took over the first one… like, she didn't read*

the files for months and it was very difficult to get things moving. And I was pushing and pushing, and I just had to keep ringing her constantly. P09

Participants' experiences of disempowerment were often exacerbated by perceived blame or negative judgment for either their failure to notice the signs of sexual abuse, or, at worst, to be considered collusive or complicit in the abuse itself. In some cases this punitive and accusatory response was experienced from external agencies who questioned the capacity of the mother to parent protectively:

It was the most excruciating... It was like I was in the wrong. They like treat you like you are in the wrong, but they had no choice because I was the mother and they had to put you out there. But it was just a shocking feeling. P04

To me, they did nothing for me. But they didn't hesitate in coming out and telling me that I was neglecting my kids. They were on that so bad, and I thought, but I'm not... They didn't hesitate coming out and sussing out my house, because that accusation went in. And the accusation was made by the guy who molested my son! P06

In some cases, participants' feelings of powerlessness and disillusionment were fuelled by a perceived lack of responsiveness from the various authorities whom they approached for assistance in the wake of discovery. Participant 7 explained how she felt her concerns for her son had been dismissed, citing this as a primary contributor to his ongoing and escalating behavioural problems:

I think my biggest disappointment was with (child protection services). They should have just stayed with him and worked on him, and I don't think I would have had as much grief as what I did have, if they had persisted. But they didn't. They didn't persist with him. And they just virtually told me he'll be fine, he'll be okay. P07

Legal interventions.

For participants who disclosed involvement with the judicial process and intervention in the aftermath of discovery, the inherently disempowering impact was apparent for many. In several cases, legal involvement was still ongoing, and protracted in nature. Participant 10 recounted how her attempts to be heard by the various authorities when she discovered her children were sexually abused were dismissed:

Anger towards myself, for not making enough noise. Anger at (child protection services), for not listening to me. Anger at (children's hospital) for not listening to me and believing me. And angry at the police, because they wouldn't do anything either, because there was no physical evidence. And now that it's come out with what (son) has done, that hey, everyone believes me now. Why couldn't have they believed me back then when it happened? And I am really angry. I have got so much anger in me. P10

For participant 10, her experience of disempowerment was also evident in her challenging the Family Court to prevent the perpetrator from having contact with the children, which she could see was having a traumatic impact on the children:

I fought through family law court for him to stop having access. No access at all. Because the kids were too traumatised. They didn't want to go. But the Judge ruled for supervised access and all that... And (son), he blew me away, he turned around and said to me, he said Mum, you're putting us in danger again. And it's like well (son), it's not me. I have to do it, otherwise I'll have you kids taken off me. P10

Mothers of adolescent perpetrators, while voicing recognition of the need for punishment-oriented outcomes, evidenced the belief that there was too much emphasis on this and insufficient focus on rehabilitation and care. Subsequently these mothers viewed the legal system as a negative process that contributed to the added distress of the family unit, while being powerless to influence the process. Participant 11 in particular viewed the process as retraumatising:

How is this helping my children? It's not. I mean (perpetrator) was in the witness box, and he was like this scared… here he is crying… I mean, I have no idea what was going through his head. And it was just completely, utterly unprofessional, and uncaring. It's wrong. The way they treat these children. It's wrong….More stress is on me and (perpetrator) basically, because I had to deal with that and I still had to be supportive of him. Yes he did the wrong thing. I mean, it's a pretty serious thing that he did that was wrong. But he's just a kid himself. P11

This excerpt further highlights differing expectations concerning appropriate intervention and response towards adolescent perpetrators. For some mothers there was a greater perception of the need for treatment and rehabilitative interventions than was evident

for mothers whose partners were perpetrators. In several cases, a perceived mitigation of responsibility due to perpetrator's status as a juvenile was apparent.

Taking Control

In the aftermath of discovery, the narratives of many participants revealed a notable internal shift from a primarily reactive response to a more conscious and proactive response. Within this context, many participants revealed an underlying need and drive to understand and integrate their experience, and in doing so, restore a sense of self-worth and personal agency that had been previously compromised, in what was seen to represent a positive reconstructive process. The major themes within this category highlight the commonly identified cognitive, affective and behavioural mechanisms described by participants. Thus this section encompasses the following themes: Reconstructing identity and worth, Assertiveness, Reappraisal, Acceptance, Containment, Reinstating normality, and Seeking support, and excerpts illustrating each of these themes will be discussed.

Reconstructing identity and worth.

A key task in participants' reinstating of a sense of empowerment and control pertained to a process of psychological reconstruction that was two-fold. As previously seen, for many participants, the aftermath of discovery impacted on their self-identity and sense of worth. Thus the restoration of a sense of control consisted of the central process of reclaiming the self-esteem that had suffered considerable damage in the aftermath of discovery, which was invariably linked with perceptions of worthlessness, self-blame and a sense of failure as mothers. For many participants, rebuilding their self-esteem was attained through the reconstruction of their identity as individuals as well as mothers. Aligned with this process was the restoration of their sense of self-worth, which, as previously discussed, was frequently shattered in the aftermath of discovery:

> *I needed to learn to be (participant's name), because I was (perpetrator's wife), (son's) mum, (victim's) mum, you know, the lady that ran the canteen. To deal with me becoming an independent person. And find out who she is, rather than being somebody's mum or whatever. Because that's the thing, mums tend to get lost and I think that that's... if you can learn anything, it's not to get lost.... just to have a sense of identity and have a sense of being a worthwhile person. P01*

Assertiveness.

Participants' efforts to rebuild their sense of control were also apparent in attempts to reconstruct their sense of self-worth. For some, this was demonstrated by their recognised need to assert themselves, as both individuals and as mothers, particularly in relation to their decision-making capabilities. The capacity to establish their own point of view and re-establish and maintain personal boundaries generated a newfound sense of internal strength and self-worth:

Bang, like wow, I've got to really grow up now. Like shit I've got to actually make decisions and like try and protect my family, and make a decision for myself and stand up and be strong. And I'd never done that before. I'd never said it's my decision and mind your own business. I'd always try to make excuses... for what I was doing. And I actually stood up for myself and said no, this is my decision, it's got nothing to do with anybody else.... I tell you what, I feel like a liberated person. P03

For several mothers, this newfound assertiveness also manifested quite explicitly in their interactions with the perpetrators. This often represented a significant shift in relational dynamics with the perpetrator from previous interactions that had been primarily characterised by maternal submissiveness:

I always had this really low self-esteem in myself, and I always thought he was much better than me. He could be quite nasty verbally. And it's taken me a long time to finally say "don't speak to me like that". Yeah, he could talk so much that I just felt it easier to give in. Where now I can go "Stop. What's your point? Yeah okay, well I don't agree with that. I understand that's your way, but I do it this way". Now I just say "I know what you're saying, that's your point of view, but mine's different". P06

Reappraisal.

Reappraisal refers to one of the cognitively-oriented processes described by some participants in their attempts to regain a sense of personal agency. For the mothers in this study, reappraisal primarily entailed seeking understanding of their experience through the revision and reconstruction of meanings surrounding it. Such reformulation strategies were commonly cognitively-driven, such as applying reality-testing strategies to one's own prior thoughts, beliefs and assumptions:

But I know now, like "okay, hand that over, your thinking's a little bit warped there." What's really going on? AT06

As seen in previous sections, reflection and analysis of their perceived role and contribution towards the conditions that may have facilitated the abuse led many mothers to experience self-blame and feelings of failure in the aftermath of discovery. While recognising their own behavioural dynamics, and how they may have contributed to the situation, participants' efforts at taking control also entailed assigning responsibility for the abuse with the individual responsible, the perpetrator:

> *Part of me would go like "oh yeah, it's all my fault". But no, this was him. He had a problem, he needed help. But my behaviour... yeah that's it. My behaviours and the way I was at that time gave him the opportunity to get there. Do you know what I mean? Because I wasn't well. I was on medication and stuff like that. So that would be the reason why it would happen. You know, my judgement in people. Because of my low self-worth it gave that opportunity. But yeah... it's not my fault. Definitely not yeah. I can say that now. P06*

Reconstructing meaning could also be externally driven, for instance as demonstrated by mothers who sought to understand the abuse primarily from the perpetrators' actions. Mothers of adolescent perpetrators demonstrated a greater capacity for empathy towards the perpetrator, by seeking to understand the underlying precipitating factors which may have contributed to the offending behaviour:

> *And I see him as being a victim, in as much as what they are. And that there are reasons behind what he did. Part of that may be my drug addiction, the trauma that that caused him. The trauma of his father's sudden death. Because he was 12 when he started doing it, and he must have been such a confused person. Because he would have known that what he was doing was wrong, but unable to control it. And that is something that I understand, through drug addiction and stuff like that. And I see it as being a lot different to if he was an adult. P09*

Acceptance.

Acceptance was one of the key processes underlying participants' attempts to reinstate a sense of control. Acceptance appeared to operate on a number of levels; in several instances participants demonstrated the need to accept circumstances that could not be changed, and thus accept the limits to their control. Recognising the futility, for instance, of remaining consumed by a state of anger over an event that could not be undone appeared to facilitate an active drive and sense of capacity to move forwards in a positive direction:

Well I feel like "damn you" but, you know, it's happened…. it's pointless to harp on about it, it's in the past now….I have to move on, for my sake, and for my kids. P04

The development and practice of self-directed acceptance was also demonstrated by several participants. This typically entailed a capacity to adopt a more balanced and forgiving perception of themselves and a more realistic assessment of the factors which may have contributed to their role in the abuse. This does not seek to imply that mothers were to blame for the abuse due to their perceived inherent faults or failures. Rather, several participants identified a sense of utility and benefit in being able to recognise the intra-psychic factors or dynamics which may have contributed towards, or fostered, the conditions in which the abuse could take place:

So the guilt, whilst it's immense, and whilst it's still there, I don't believe that I am guilty. I think that there are circumstances in my life that caused me to overlook the same circumstances in my children's lives. And not see stuff that maybe someone who hadn't been sexually abused as a child, they might have seen it. And that's not my fault. P09

The ability to practice self-directed acceptance appeared concurrent with developing new personal insights:

Like I know now, that I've just gone from one relationship to the other… they've always been toxic. Because I've never known myself. So it ended up in quite a lot of violence, and the children were quite endangered as well, physically.... But I've just let that go now. That's what I did then. I don't do that today. If I could change it I would, but I can't you know? And I've learnt from that and it's okay. P06

For some mothers of adolescent perpetrators, a sense of acceptance manifested in an increased ability to cope with internal feelings of dissonance surrounding the perpetrator and his offending behaviour. For instance, participant 11 articulated her eventual ability to cope with her feelings of ambivalence and convey support for her son, despite experiencing difficulty in comprehending his offending:

I said to (perpetrator), I said look, I'll never understand what you've done, but I still love you. And I gave him a hug. And that was the hardest thing as a mother I've ever had to do in my life. It was the hardest thing. And mean it. Because I did mean it. P11

Autonomy.

Further evidence of participants' attempts to reinstate a sense of control in the aftermath of discovery was reflected by the theme Autonomy. For some mothers, there was a recognised need for establishing and maintaining a sense of autonomy and emotional independence, rather than seeking out a relationship:

> *I don't need to run to another relationship now. This is the first time I've sort of been on my own. And made a decision that we're better off apart.... I feel that yeah, we both need to just be on our own paths at this time in our lives. P06*

Self-regulation.

Several participants spoke of their recognised need to contain or regulate the more intense and potentially disabling aspects of their emotional experience. In many cases, this pertained to the overwhelming sense of anger and rage towards the perpetrator for his offending behaviour and the subsequent hurt it had caused. These participants demonstrated an awareness of the potential destructiveness and limited utility of allowing their anger and hostility to dominate their inner emotional landscape:

> *I wanted to punch his lights out too, but it doesn't get you anywhere. It just releases a lot of pent up tension but it doesn't solve anything. P03*

How affective containment or regulation was achieved appeared to be influenced by a number of factors or strategies adopted by participants. One participant's coping strategy was demonstrated by her process of actively compartmentalising her internal-psychological processes into more manageable portions that could be revisited, processed and eventually resolved:

> *And then you take one little bit out at a time. And you deal with it, and then you throw it away... You try to shut everything that's gone on, you just put it to one side. And then each day you take a little bit out. You think like, this is what's happened, and now what do I do? And okay, this is what I have to do. You start putting it all in proper order. And you work it all out. P07*

Regulation of externally-oriented emotions, such as anger and hostility towards the perpetrator, appeared to generate more evaluative strategies of assessing the use or value of holding on to such emotions. In these cases, there was a demonstrated awareness of the deleterious effects of harbouring such emotions, not only personally, but also on the children. Being able to establish perspective, for instance by recognising and empathising with the

children's needs and desires to maintain active relationships with their fathers, in some cases aided this process:

That's one thing I've tried to do is to not bag him in front of the children and not to make him anything less in their eyes. I mean, I think he's done enough of that himself, I don't need to add to that. And that is just living on anger, and I can't live like that. It's just self-destructive and it's destructive for your kids and it's destructive for everybody around you…I mean…I'm not saying I don't get angry and I'm not upset about it...I can't afford to get chewed up and stressed and all that... what's done is done, what's the point of getting angry about it you know? It's only going to cause more problems. So, I think that's also helped me... to keep the kids' thoughts and feelings in perspective in that, they still want their dad, they still want to see their dad. P01

For some participants, a greater sense of insight brought an ability to relinquish feelings such as guilt that they previously struggled with:

I can actually let go of all this guilt and pain that I've been through with all that. Like, I know now. Whereas last year would have been a different story, I probably would be here crying and crying, and that would have brought up too much for me…. But I've got more insight now. I'm really glad. P06

Active coping.

Another important theme relevant to taking control is related to a shift in participants' coping style. As previously discussed in the Destabilisation category, many participants engaged in avoidant coping strategies in order to mitigate the intense emotional upheaval generated in the aftermath of discovery. The theme Active Coping thus reflected a shift towards approach-oriented coping responses in participants. That is, rather than employing denial or minimisation strategies, they began to actively confront issues as they arose:

That, I suppose, has been my life. I run away from a lot of things, rather than go towards them. Not so much now. Now I will confront, rather than run. But only because I've learnt that if I don't confront, something else could be behind it. P03

Reinstating normality.

For several participants, attempts to regain a sense of control closely tied in with a need to reinstate a sense of normality in their daily lives. For participant 1 this was evident in

the form of resisting the urge to resort to protective isolatory behaviours, by re-establishing a sense of the ordinary and regularity for her and her family:

> *And just be normal, that's want you need to do too... as much as you can. Even though everything else is like going off like fireworks, you still need to, not so much for me, but I thought for the children, they needed that continuity, they needed to still see their friends, they needed to still go to school. I mean as much as I would have just closed the door on the world and said right that's it, we're never going anywhere ever again; that would have been really easy. And trust me, I still feel like doing that sometimes. Yeah, I think that need, above anything, was probably the greatest, to keep the impact on them as minimal as possible. P01*

Support.

As previously discussed, the impact of negative social and familial forces impacted significantly on the mothers' post-discovery journey, often fuelling experiences of isolation, alienation and disempowerment. Conversely, the experience and accessibility of positive supportive influences from both formal and informal sources had a demonstrably beneficial impact on mothers' capacity to take charge of their personal situation and progress in their healing journey.

Though the previous category of Disempowerment highlighted the negative aspects of mothers' involvement with statutory agencies and how these could contribute to the experience of disempowerment for many mothers, there were exceptions to this. Positive experiences with intervening authorities were seen to contribute immensely to fostering participants' sense of personal agency and worth. For example, participant 9 described how her case worker, who was receptive to her willingness to engage in services, had bolstered her sense of self-worth:

> *Like, if she hadn't had faith in me, and felt that we were worthwhile as a family and helped me, then she wouldn't have done it. Because I know a lot of case workers are like that. If the family are resistant or they don't have initiative in the healing process, then (child protection services) can put them on the backburner. And I think… what she did for me, was because I had shown her that I was committed. P09*

Participation in therapeutic support groups for non-offending parents frequently emerged as a consistent and influential factor in the recovery of participants. For most participants, re-establishing a sense of control was assisted by overcoming the sense of

isolation fuelled by the stigma and shame attached to intrafamilial CSA, by connecting with others in similar situations. Feeling understood and validated by others in shared circumstances was thus an important facilitator of positive recovery:

It was great to know that you weren't the only one in that situation for a start, that there was other people that had experienced the same, or more or less or whatever, and had the same, exact feeling of guilt. 'Cause you think wow, I'm not alone. And that was important I think. P03

It's nicer knowing you can come here and know that it happens to other people....it feels like you're the only one, but knowing.... you're not alone, but you do feel alone. It's not like you can go out with your friends and talk about it. 04

For some mothers, their post-discovery experience and subsequent reactions had led them to feel in some way abnormal; thus engagement in the support group provided a sense of normalisation:

And I guess...the clarification and the acknowledgement that what you're feeling is not a sign that you're going insane. P08

A critical component of positive support experiences pertained to overcoming participants' sense of shame and stigma through non-judgement and acceptance. Thus these counselling and support groups were seen to provide a vital mechanism of rebuilding the participants' sense of self-worth which had often been so critically damaged:

With (counsellor), I know that she knows the whole lot, you know. She knows me in and out, and so there's no secrets, and I can just sit and tell her everything, and I don't feel judged and I know that confidentiality is there. P05

So I kind of just internalised it all I guess. Until I came to the group... Yeah, and other people who weren't going to look at me or my family like we were freaks as well. And had an understanding of the pain of it. Even though some of our situations were completely different, I think the understanding, and the feeling, is the same. P09

For several mothers, the emotionally cathartic experience of participating in support groups and therapeutic interventions were seen to be of immense value:

And also just to get it out. If you don't talk about it then you do just keep layering it up and pushing it back down and it will manifest. And I reckon it would manifest in me being angry at home. Angry at myself, but also I'd be taking it out on the kids…. So yeah, definitely the opportunity to offload. P08

Resolution

Resolution represents the sixth and final major category, comprising the themes of Integration, Perspective, Growth, Meaning, Connectivity, and Ongoing Recovery, which illustrate the various aspects of this part of the maternal post-discovery journey. Underlying these themes was evidence of the trauma having been to some degree internalised and integrated into participants' self-construct and personal narrative. The themes were also indicative of the positive transformative nature of some participants' experiences at both a cognitive and affective level. Resolution does not seek to imply the absence of the adverse impact of mothers' post-discovery journey, but rather focuses on the restoration of a sense of meaningfulness and hope that evolved concurrently in the narratives of many of the participants.

Integration.

Characteristic of those who achieved a sense of resolution was the recognition and acceptance of the reality of their children's sexual victimisation, and incorporation of this experience as a significant but no longer defining aspect of their personal reality. Overall, there was a sense of moving forward with their lives and no longer being cognitively and emotionally consumed by the trauma:

It's not so bad today. I don't very often think about it. That's back then, this is now. This is a different time, a different stage of our lives. We don't need to live in the past. Yes, it's still there but… it's no longer everything. P07

For several participants, there was an apparent recognition of the two-fold nature of resolution. While acknowledging the adversity that has been endured, some reflected on the perceived positive shifts that accompanied it:

So even though I wouldn't wish this whole experience on anyone, I've found that in a strange sort of way, I am possibly the better person for it. Like, looking back at it all now, I don't think I would be the person I am today… I wouldn't be where I am today, if

I hadn't gone through this whole experience. What doesn't kill you makes you stronger as the saying goes I guess. P03

Perspective.

A prominent resolution-oriented theme to emerge pertained to participants' altered sense of perspective in the aftermath of discovery. In several instances this engendered adopting and maintaining a more optimistic outlook in general:

I hope I continue to get through it really well. I think I will. I've got a more positive outlook on things. There's no use in being a pessimist, it doesn't get you anywhere... To me, thinking about it now, I really don't think there's any negatives. I think it's a positive thing that it's come out. P03

For some mothers, adopting a positive perspective represented a conscious and deliberate choice, driven by recognition of the potential advantages of maintaining such a mind-set:

And yeah, I could see the benefits of having a positive attitude and not a negative attitude. And that's what it boils down to. You've got to find that positive place, and work towards it. Yeah definitely. P07

While acknowledging that the abuse experience was not a welcomed one, some participants reflected on the opportunities that had indirectly arisen as a result of their experience. Inherent in this was a sense of opportunity to pursue different avenues of interest to the participants that they had not been cognisant of prior to discovery:

And I mean I've been given, I guess, a second chance or, I don't know… not that I wanted to, but to explore, you know, different things. P01

For some participants, this altered sense of perspective was more specific and internally directed, entailing a significant shift in perceptions surrounding personal identity. For participant 8, this manifested in her reformulating her self-construct, which had been primarily victim-oriented, to one that emphasised strength and survival. The construction of herself as a survivor as opposed to a victim appeared to play an important role in reinstating core assumptions surrounding personal agency that had been previously lost or damaged, thus aiding in overcoming the sense of hopelessness and helplessness triggered by discovery.

Participant 8's emphasis on survival rather than victimhood also demonstrated the shift to active volition regarding her personal responsibility for recovery and growth:

> *But I'm not going to let it get me down. I'm going to try and minimise the impact that it has on (daughter) so that … and I often say to her too, without trying to be too bloody down at her... you can be a victim or a survivor babe. You know, this is, it's up to you the actions you take, and there's going to be times when you feel really down. But at the end of the day you're the one who's going to have to try and make this work for you. P08*

While not a common finding, some participants also described a change in perspective with regards to their views towards sexual offending. For some, this emerged in an increased sense of empathy and compassion towards some of the underlying mechanisms of offending behaviour, orienting more towards a belief in rehabilitation and treatment as opposed to strictly punishment and retribution:

> *All this whole experience has taught me about myself. Yeah definitely. And also my views on men and paedophilia…I'd be like "kill the bastards" you know… "castrate them all." But the thing is as well, is that, if there isn't any help there, they're not going to learn about…. So I've actually got compassion now for it. Before it would be "fucking sick cunts", but now it's like… I can get that insight of, something's definitely wrong there. P06*

One of the noted mechanisms by which a change in perspective was garnered in some participants was via social comparison. Comparing their own circumstances to that of others appeared to provide a sense of reassurance for some participants. For these mothers, the view that their personal circumstances were not as bad as what others had to endure appeared to serve as an important coping strategy in fostering recovery:

> *I can honestly say there's worse things than what happened to my kids. And I think that's pretty bad what happened. P11*

Growth.

A key resolution theme pertained to the experience of personal growth, which was identified by a number of participants across several domains. Growth was chosen as the theme descriptor as it best depicted the transformative change described by these participants, extending beyond what they perceived to represent their pre-discovery level of functioning. For participant 3, confronting the trauma of her child's sexual victimisation and its

aftermath was perceived to have contributed towards positive changes in her personality, specifically, a newfound sense of calmness and maturity:

I'm a calmer person than I ever was which is probably hard to believe after all I've been through. But it just makes you a different person I think, it changes you.... I just felt a change in me, I felt a change in me that maybe I'd grown up. P03

Personal growth was demonstrated by some participants in the form of greater self-awareness. For instance, participant 6 spoke of developing an understanding of the dysfunctional interpersonal dynamics that developed with her partner, and the mechanisms by which these negatively impacted on her self-esteem:

I've actually learnt more about me with all this stuff that's happened with (perpetrator). You know, my behaviours and stuff like that. It really helped me identify… like I had a drug and alcohol problem. You know, I needed to seek help with that...And all the past stuff of how he's treated me or spoken to me, or how I've let him, you know, I always had this really low self-esteem in myself, and feeling like I always thought he was much better than me. I never had that even thing. And I even put myself down as well by letting him. P06

For some participants, an observed positive outcome of their recovery was a perception of increased personal strength and confidence. Developing greater conviction in one's own inner strength and capabilities was seen as an integral component to overcoming the pervasive sense of helplessness and hopelessness that was demonstrated by many participants earlier in their recovery journey:

Now... totally different. I am totally different to 2 years ago. Two years ago, or 18 months ago, my life changed dramatically. I became a lot stronger person. More outgoing.... I came from this very quiet sort of person, now I can stand back and say... yeah. I can do it. I know I can. P07

Participant 8 expressed a growing sense of confidence and self-efficacy in ensuring the future protection of her children:

I feel much more capable of keeping my children safe. P08

A sense of personal strength was also identified as being fostered through participants' access to professional supports, as well as the confidence derived from functioning autonomously:

But being on my own and with the help of people that I had been seeing at this stage, through them I got stronger and stronger. P10

Several participants also cited their children as their primary source of strength and determination in continually facing ongoing challenges directly:

It's just my kids that keep me going. Knowing that hey, we might be going through hell, but we'll get out the other end. Every time a brick wall comes up, that brick wall gets broken. P10

Meaning.

Inherent in the narratives of some participants was the capacity to reconstruct the meaning they ascribed to the discovery of their children's victimisation. Some participants reflected how, over time, they were able to reflect on their experiences in a more positive manner, in particular by focussing on the opportunity for growth stemming from the trauma of the situation. Implicit was a sense of trust or faith in some form of meaning or purpose that could aid in facilitating comprehensibility and sense of the experience:

But with all this stuff coming up it's been a real blessing in both our lives I think. I wouldn't have said that last year or the year before. Its only now, I'm starting to go oh yeah all this stuff has happened for a reason and it's all okay. Yeah it took quite a long time. P06

While some mothers commented on this sense of greater meaning in generalist terms, as seen above, for several mothers meaning was derived more specifically through their spiritual or religious faith. For these participants, a sense of comfort and strength was derived from a belief in a higher power and order, generating a sense of meaning and purpose to the traumatic experience that was endured. In these instances, participants' spiritual or religious convictions appeared to mitigate the perceived meaninglessness of the trauma, thus bringing a degree of comfort and solace:

I prayed a lot. My poor old knees. Not that you need to kneel but I just yeah a lot of the time I did. And I found that helped. That belief that obviously he's up there and he's doing what he's doing for a good reason. Like there's obviously a reason for everything

he's done and if this is the way he wants to go well I'm just gonna put my trust in him and let him do his job P03

For one participant, social action by means of seeking wider social change represented an integral part of achieving a sense of resolution in the aftermath of discovery. Participant 5 derived a greater sense of meaning from speaking out about her experience and educating others from her culture about intrafamilial CSA:

So now, I just look at the whole kinship thing completely different. And I'm trying to teach other family members the same. And I'm constantly saying to all Aboriginal people that I talk to... and that start to bring up this type of conversation, it's those times that we've got to stop. You know, we've got to change.... So I told everybody. Everybody knew about it, all the family. They were all saying, oh you talk too much, and I said I don't care. While I'm talking, you're listening and, you know, things can change. But we can't just go into denial. P05

Connectivity.

As previously discussed, external supports were seen as a critical factor in assisting many participants to reclaim a sense of personal agency. Connectivity refers to the perceived value and importance of these supportive relationships, and participants' increased sense of emotional intimacy with and connection to these supports. Participant 8's excerpt highlights the positive contributory role her family provided towards positive outcomes for her and her children. Seemingly unique to her situation was her family's support in the face of her decision to seek reconciliation with her partner:

I'm really lucky that I've got a supportive family like that, whereas from what I hear a lot of the other families aren't. Particularly if you're, like in my situation where I've chosen to try and work our marriage out and you know, try and see why he did it in the first place. My parents have been fantastic, my whole family has been fantastic. They have respected my decision. P08

Participant 8 also expressed a sense of value in what she termed her therapy family, the other women in her support group whom she credited with fostering her personal learning and insight:

I consider (support group) like my family, because they are the ones who are teaching me to know myself. And I look forward to coming back to the meetings. P08

While it was previously noted that, for some participants, disconnection and/or alienation from others was a prominent experience in the aftermath of disclosure, over time some participants reported an increased sense of connectivity and emotional intimacy with others, particularly the victim. Some participants attributed this increased emotional connectivity to a sense of being united through their shared adversity. Awareness of the perpetrator's previous efforts to alienate mothers from the victims also appeared to be a contributing factor to overcoming this previous emotional divide:

> *And in a way, as much as I wish this has never happened, it really has brought (victim) and I closer together now. Whereas when it first happened, there was a big wedge there so... I guess because I was oblivious to what was really happening. P08*

Participant 1 spoke of how the dynamics of her relationship with her daughter, the victim, had improved, with a more mature way of relating being observed:

> *I think that (victim) and I are closer. I mean she's only 9 going on 10. Closer in a way, that I would expect when she's 15 or 16...She still needs guidance and she still needs boundaries and she still needs to be told what's right and what's wrong. But we talk a lot deeper than you would with a 9-year old. P01*

Participant 9 reflected on outside supports as particularly critical in rebuilding and improving her relationships with her children:

> *I think my relationship with them now is really good... We're all functioning a lot better, in a less chaotic household that has very firm boundaries. But yeah, we wouldn't have got that far without help that's for sure. P09*

For participant 7, a sense of increased connectivity with the victim was perceived as a result of the victim acknowledging his feelings of blame towards his mother, for her failure to protect him against the abuse. In doing so, this opened up new lines of communication and restored an increased sense of emotional connection:

> *I think the biggest impact of the whole lot, was (victim) actually telling me that he blamed me for what did happen. Which I could understand, because I should have been there to protect him, and I wasn't in his eyes. He blamed me… and it's like yeah, that was the good part, as it broke the barrier. It broke what he had been feeling for, I don't know, 10 years? And I was relieved I supposed. It sounds weird but I was relieved he*

was actually able to tell me I was at fault. It was my fault. And yet, it's opened up a little bit of a chapter for us, which was good. Yeah, that was the good part. P07

Ongoing recovery.

This final theme embodies the overall experience of mothers' post-discovery as being an ongoing and fluid process. Resolution was not deemed a conclusive end-point to the maternal experience, but rather best represented as an ongoing and recursive process. As demonstrated by the following excerpt, recovery was also not a uni-directional process for participants, but typified by vacillation between progression and regression:

That was what it was like for the first 12 months, you know you're sort of like climbing up, climbing up, climbing up, you just sort of get your fingers on the top ...and you fall all the way back down again. P01

Participant 1 also conveyed a sense of her recovery process being interspersed with periods of plateauing, in which little discernible change was experienced:

I see myself at a point where I'll probably be for a while now. Insofar as like a lot of the ripples have started to settle, like you dropping a stone into a pond and all the ripples... And sort of starting to calm down and the kids are settled. P01

Overall, the majority of participants recognised that the process of their recovery was an ongoing journey of learning, healing and growth:

It's an ongoing thing…. It's not…okay the counsellor has fixed it all and they'll be okay now. It's got to be ongoing. P05

CHAPTER 5: STAGE ONE DISCUSSION

The first stage of the present study was exploratory in nature, with the researcher's aim to gain understanding of the subjective experiences of non-offending mothers following the discovery of their children's sexual abuse by a family member. Semi-structured interviews were conducted with 11 women whose child or children had been sexually abused by a relative. The interviews generated a complex and detailed picture of participants' post-discovery experiences. Based on these findings, it appeared they could be organised into a preliminary model representative of the maternal post-disclosure experience. The emergent themes from the Stage One interviews were organised into the six core categories of Discovery, Destabilisation, Loss, Disempowerment, Taking Control, and Resolution, each of which encapsulated the central elements of participants' phenomenological experience. Discovery outlined the mechanisms and processes relevant to how participants came to be aware of the sexual victimisation of their children. Destabilisation delineated the immediate cognitive, emotional and behavioural impact of maternal awareness of the abuse. Loss centred on the grief and loss-oriented aspects of their experience. The category of Disempowerment provided an overview of the power and control-related themes central to the maternal experience. Taking Control depicted the mothers' active attempts to develop or reclaim a sense of personal agency over their experience. Finally, Resolution described the themes central to their ability to integrate and resolve their experience, and the potential transformative elements of their respective journeys.

A Preliminary Model of Maternal Experience

Utilising these six core categories and the sub-themes within each category, a preliminary model was generated to provide a more organised conceptualisation or framework that elucidates the common aspects of maternal experience in the aftermath of discovery. As illustrated in Figure 1, the preliminary model proposes that the maternal post-discovery experience comprises three distinct phases. Each phase consists of what appear to be the central stages characterising the maternal experience at each respective stage of their journey. Figure 1 provides a diagrammatical representation of the preliminary model as arranged into these core phases and corresponding stages, and their proposed inter-relationships with each other. It should be emphasised that the preliminary model offered here is not intended to portray a one-directional process of progression through discrete stages that mothers must resolve before progressing to the next in a linear fashion.

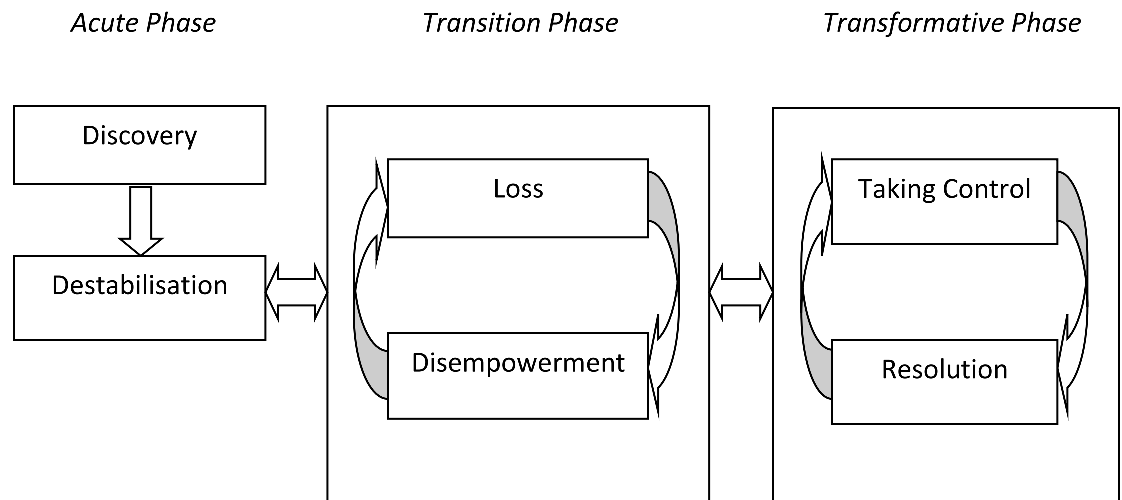

Figure 1. A preliminary model of non-offending mothers' perceived experience following discovery of child sexual abuse.

The Acute Phase

The preliminary model commences with the Acute Phase and is comprised of the stages Discovery and Destabilisation, which encapsulate the initial responses and experiences of mothers as they become aware of their children's sexual victimisation. The term *acute* was chosen as the descriptor for this phase of maternal experience as it was seen to best reflect the intensity and severity of their subsequent response post-discovery.

Discovery.

The preliminary model commences with the mother's discovery of her child's sexual victimisation. How mothers become aware of the abuse typically resembles a multi-dimensional process, shaped by a range of individual and situational factors. The mechanisms by which mothers become aware of the sexual abuse of their children are often diverse. The mother may learn of the abuse of her child through a variable array of sources, including the victim directly or via third parties, such as family or intervening authorities. Consistent with previous findings (e.g., Sorenson & Snow, 1991) discovery may take various forms, via either purposeful (e.g., victim disclosure), prompted, or accidental means (e.g., directly witnessing event). Discovery may be characterised as a discrete event, but for many mothers it may represent a gradual emergent awareness over a period of time. Many mothers have no prior knowledge of the sexual abuse, as found in previous empirical investigations (Elliott & Carnes, 2001); however, awareness may be preceded by prior periods of uneasiness or suspicion. For instance, mothers may observe discernible behavioural changes in the victim or to relational dynamics within the family unit, without attributing these shifts to sexual abuse. As noted by

Hooper (1992), awareness may not be adequately construed as a dichotomous notion of either knowing or not knowing, but rather best represented on a spectrum.

The Discovery stage of the preliminary model shares similarities to Remer and Ferguson's (1995) trauma awareness stage of their model of secondary survival. As with Remer and Ferguson's conceptualisation, in the present model discovery may be delayed and does not necessarily parallel the child victim's experience. For many mothers, the discovery process may be characterised by considerable ambiguity caused by a lack of clear, consistent information; conditions which may be enduring and remain unresolved. As also explicated in Remer and Ferguson's model, a range of dynamics potentially impact on the timing and extent of maternal awareness, which in the present model may include a variety of maternal, victim and perpetrator factors. Maternal factors, which may include the internal appraisals and attributions ascribed to the available information and observations, have been similarly documented in the literature previously (e.g., Bell, P. 2003; Elbow & Mayfield, 1991). Victims may be unwilling or unable to fully disclose the details of the abuse, and attempt to maintain the secrecy of the abuse through active denials and reassurances even when directly questioned. Such behaviours may be attributable to the victim's fears surrounding not being believed, of being rejected or blamed, or of anticipated negative consequences for the perpetrator and family unit. Perpetrator actions impeding maternal awareness may incorporate denial or minimisation of the offending behaviour. Additionally, perpetrators may employ active attempts to manipulate and groom the victim and mother, including psychologically splitting and alienating family members, bribery, and the use of coercion and threats in order to maintain the secrecy of the abuse, all of which have been consistently reported in the empirical literature (e.g., Calahane, Parker, & Duff, 2014). It is under these conditions that mothers are required to piece together incomplete, vague and at times inconsistent information, which may preclude them from attaining full awareness of the exact circumstances of their children's sexual victimisation. Such mechanisms may mean that full awareness is never attained.

Destabilisation.

The Destabilisation stage of the preliminary model depicts the initial responses of the mother following the discovery of her child's sexual victimisation. This stage of the mother's journey is proposed to represent a state of acute psychological crisis, with the nature and intensity of maternal reactions often consistent with an acute trauma or stress response.

Feelings of shock and disbelief are frequently reported initial reactions, and mothers may experience difficulty reconciling the abuse-information within their existing worldview (Janoff-Bulman, 1992). The present model identifies belief as a central and multifaceted issue for mothers post-discovery, shaped by a complex interplay of intervening variables. Belief may be fragmented and inconsistent; mothers may believe certain aspects of the abuse event, while simultaneously struggling to reconcile other elements. Some mothers may demonstrate consistent belief in the allegation or discovery, whilst for others, belief may vacillate over time, highlighting the fluidity of this construct. This is perhaps best surmised by Hooper's (1992) depiction of belief as operating along a continuum, in which mothers fluctuate between cognitive belief and emotional acceptance. Variables such as the perpetrator's post-disclosure response (e.g., admission versus denial), the mother's proximity to the abuse, pre-existing familial and relational dynamics (e.g., domestic violence), and outcomes pertaining to statutory investigations (e.g., whether allegations are substantiated and charges laid against the perpetrator) may serve to either facilitate or impede maternal belief.

The cognitive and affective reactions and internal dissonance, often characteristic of maternal response at this Destabilisation stage of the preliminary model, share features with Remer and Ferguson's (1995) crisis and disorientation stage. Similarly, Tedeschi and Calhoun's (2004) model of post-traumatic growth highlights the emotional distress which arises from a traumatic event, irrespective of whether this even challenges or is congruent with existing core assumptions. However, perhaps unique to the non-offending mother's experience are the additional challenges they may face post-discovery. One of the most immediate considerations and challenges for mothers at this stage of the preliminary model pertains to having to make important decisions concerning their children and their relationships. The mother must try and make sense of the situation in the midst of considerable uncertainty and confusion, and often in the absence of clear and consistent information about what has transpired. Despite this, many are compelled to take protective action; for instance, seeking to ensure the safety of their children, even as they struggle to emotionally and cognitively process the reality of the situation. This is often evidenced by their clear and immediate concern for the welfare of the victim, and recognition of the need to attend to the victim's physical and psychological safety and wellbeing. As with previous findings, belief and protective ability may not necessarily be strongly correlated, with mothers evidencing a capacity to respond protectively and supportively even in the absence of certainty regarding the allegation (e.g., Bolen & Lamb, 2007; Elliott & Carnes, 2001).

Such issues, when combined with the role of mother and primary source of support for the child victim, may further exacerbate the secondary traumatic stress response (Figley, 1983; 1995) that they experience. The traumatic impact of discovery is highlighted by the intensity and range of affective responses typically evidenced by mothers at this stage of the preliminary model. Anger and betrayal, often in response to the perpetrator's deception and breach of trust, is likely intensified due to this intimate association between mother and perpetrator, and may further impede the mother's ability to resolve her disbelief. The immediate and often significant upheaval experienced by many mothers often generates considerable uncertainty, fear and confusion. Furthermore, the preliminary model recognises that pre-existing factors, such as maternal history of sexual abuse or victimisation, may compound mothers' traumatic stress reactions following discovery of their children's victimisation, and further erode their coping resources.

At the Destabilisation stage, psychological defense mechanisms such as denial, avoidance and emotional numbing may be activated in mothers in an attempt to cope with the overwhelming emotional despair and turmoil experienced. Avoidant coping strategies may also manifest behaviourally, such as self-medicating with alcohol, prescription medications and illicit substances. Such processes appear congruent with Horowitz's (1986) initial stress response and Janoff-Bulman's (1992) conceptualisation of avoidance coping strategies, which serve a protective function to inhibit intrusive symptoms that threaten to overwhelm the individual's coping resources. These coping processes are similarly identified in the outward adjustment stage of Remer and Ferguson's (1996) model, as indicative of attempts by the secondary victim to return to a state of pre-discovery functioning.

Further confounding the maternal experience at this stage of the preliminary model are the challenges associated with mother's initial help-seeking attempts. Primarily victim-oriented, efforts to source help may often be complicated by uncertainty as to where to enlist such assistance or guidance. Mothers may also face additional issues such as a lack of service availability and accessibility. This adds to the existing burden and stress mothers endure in the aftermath of discovery. Alternatively, expectations associated with attending various appointments associated with statutory processes and support services may be significant for many and thus cause undue pressure, impeding the mother's capacity to cope.

The Transition Phase

The second phase of the preliminary model, the Transition Phase, represents mothers' shift from the intensely disorienting crisis of the Acute Phase towards a deeper awareness and processing of their experiences at a more fundamental level. The preliminary model posits that the constructs of loss and disempowerment represent the central elements of the maternal experience at this point in the post-discovery journey. Though representing overlapping constructs, with disempowerment essentially the loss of power or control, the model separates these aspects of maternal experience in order to better delineate the inherent processes within each. The Transition Phase is viewed as representing the precursor to transformative elements of the maternal experience discussed in the third and final phase of the proposed model. It is postulated that in order to integrate their experience, mothers must first achieve a degree of understanding of their experience, which also begins to occur during this stage.

Loss.

During the Loss stage of the Transition Phase, the preliminary model proposes that acute reactions such as shock, disbelief, confusion and anger evolve into a more depressive response, characterised by a sense of hopelessness and despair. Underlying this is the mother's sense of trust which has been significantly compromised. This may not only pertain to the perpetrator for his actions, but potentially extend beyond this to a more pervasive level towards men or society in general. It is proposed that underlying these affective responses and appraisals is the recognition for some women that existing assumptions regarding their reality have been undermined, prompting mothers' attempts to reconstruct new meanings (Janoff-Bulman, 1992). This process appears to mirror the ruminative processes outlined in other trauma response models (e.g., Janoff-Bulman, 1992; Tedeschi & Calhoun, 2004)

In the preliminary model, the experience of loss is purported to represent a central component of maternal experience in the aftermath of discovery, with the nature and extent of the losses encountered being frequently pervasive, multifaceted and enduring. Non-offending mothers face a number of potential tangible losses, including employment and income, place of residence, and financial support and autonomy. Losing the primary source of income that the perpetrator previously provided may result in added financial hardship; conversely having to relinquish or cut back on work obligations due to additional child care demands are issues many mothers encounter. Engaging with interventions, either in a

voluntary or mandated capacity, is one of the additional frequent “costs” associated with discovery, which has also been documented previously (e.g., Massat & Lundy, 1998).

Mothers may also face numerous relational losses post-discovery, with respect to the perpetrator, the victim, and wider familial and social networks. Losses pertaining to the perpetrator may include the physical and emotional loss of the relationship, with many mothers immediately having to choose between their partners and their children, or in cases of sibling-abuse, between their children. This sense of loss also extends to expectations regarding a shared future previously anticipated in the relationship. Loss may pertain to the meanings formerly ascribed to these relationships, which are now threatened, as existing perceptions of the perpetrators are challenged in the context of the offending behaviour. Mothers may also experience a sense of loss around existing beliefs and assumptions regarding the family unit and in particular, the relationship between the victim and perpetrator. Similarly significant losses are evident with respect to the victim. This may take the form of a physical loss, in cases of a loss of child custody, but also the emotional disconnect which may arise. Many mothers mourn the perceived loss of their children’s innocence, believing that they have been irrevocably damaged by their sexual victimisation. With regards to wider social networks, the mother’s sense of loss may be heightened by the consequent alienation and ostracism arising from the stigma of intrafamilial CSA. Linked with this, pre-emptive expectations of negative judgement, scrutiny, and blame by others may further intensify their existing sense of social disconnection and isolation.

Further confounding the experience of loss for many mothers is the issue of ambivalence. The intrafamilial nature of the sexual abuse in many instances means the mother possesses strong emotional ties to both the perpetrator and the victim. This can generate significant inner discord as the mother feels conflicted by her attachment to both the victim and the perpetrator. Mothers may seek to resolve this conflict in a number of ways, such as by seeking to remain neutral, or attempting to differentiate between the perpetrator as an individual and the offending behaviour. Beliefs and expectancies surrounding possibly conflicting roles and responsibilities as mother and wife also contribute to a sense of obligation that can further impact on the complicated nature of this loss experience for mothers. While previously touted as a problematic maternal response in the empirical literature, trauma-oriented perspectives recognise ambivalence to represent a normal response to the overwhelming impact of discovery, particularly given the relational conditions within which

intrafamilial CSA exists (Bolen, 2002; Everson et al., 1989; Hooper, 1992; Hooper & Humphreys, 1998).

The parallels between the non-offending mother's journey and grief or bereavement reactions is evident in the nature of the losses encountered by mothers, and grief-type reactions outlined previously. However, conceptualising the maternal experience as akin to grief overlooks many aspects of their experience. For instance the extent of guilt, shame and self-blame evidenced by mothers, and inherent distrust and betrayal associated with their discovery, may not be inherently indicative of a typical grief reaction (McCourt et al., 1998). Elsewhere, authors have drawn upon the construct of disenfranchised grief to describe the post-discovery experiences of the non-offending mother (Dwyer & Miller, 1996; Dwyer, 1999), and the formulation of loss as a central feature in the current model shares many consistencies with Doka's (1989) conceptualisation of disenfranchised grief. Within this formulation, disenfranchised grief stems from an absence of social recognition or validation of the mother's losses in relation to the perpetrator, given his offending behaviour. In the current model, the mother may be subject to expectancies that the perpetrator's actions by default override any existing emotional attachment to the perpetrator. The non-offending mother thus has little opportunity to grieve the loss of her relationship or openly acknowledge the continuing love she may feel towards the perpetrator. Even circumstances where she experiences feelings of ambivalence may have significant repercussions when viewed as possible collusion or lack of protective ability.

Disempowerment.

Disempowerment also represents a central and defining aspect of the maternal post-discovery journey according to the preliminary model. Although closely aligned with the notion of loss, disempowerment reflects facets of the maternal experience involving perceived or actual loss of a sense of personal agency and control, and a compromised sense of self-worth. For many mothers, discovery may undermine previously existing beliefs and perceptions concerning their relationships and their self-identity. Mothers seek to comprehend their experience while beliefs about their perceived control and immunity to such events are threatened, contributing to a sense of powerlessness.

The preliminary model proposes that difficulties coping with the maternal role while psychologically compromised, and the associated sense of failure at not protecting their

children from abuse, may contribute to a sense of helplessness in non-offending mothers. Feelings of self-blame are likely to result from self-perceptions of personal inadequacy and defectiveness, particularly for mothers who perceive themselves as instrumental in facilitating the conditions that enabled the sexual abuse of their children to take place. Closely linked to their maternal identity is their sense of self-worth, which may be negatively impacted as perceived ideals ascribed to maternal competence (i.e., protectiveness, attentiveness) are challenged by the victimisation of their children. A sense of self-doubt and shame may also be exacerbated by their loss of trust and confidence in their judgement, decision making ability, and maternal competence.

Also compounding this disempowering aspect of the maternal experience is the influence of broader contextual forces, including the mother's social networks and intervening agencies. The non-offending mother is often subject to the demands of a myriad of intervening authorities and professionals in the aftermath of disclosure, including statutory agencies such as the police, child protection, and the judicial system, in addition to social influence and pressures from social networks. With a primary focus on outcomes such as ensuring the safety of the child, or the prosecution and conviction of the perpetrator, the impact on mothers may be viewed as secondary to these objectives, potentially resulting in their needs going unnoticed or unrecognised. Perceptions of dismissive and exclusionary processes, negative judgement, scrutiny, and blame by intervening authorities are likely to contribute to existing feelings of self-doubt and powerlessness in mothers. Furthermore, the explicit and implicit reactions of social networks and intervening agencies, particularly expectations that the mother will automatically wish to terminate her relationship with the perpetrator, may further erode mothers' sense of agency, and exacerbate feelings of shame and guilt. Perceived pressure or coercion may be reality-based, for instance, in the event of threatened or actual removal of the mother's child from her care.

The Transformative Phase

The third and final phase of the preliminary model is the Transformative Phase. Encompassing the categories Taking Control and Resolution, it reflects the process of integration and psychological adaptation. Here mothers begin seeking to integrate their conceptualisation of the trauma experience and its impact within their existing belief systems, and where necessary, revising and adapting these fundamental beliefs to accommodate their experiences in a meaningful and consolidated way. Where perceived as successful, the mother

is deemed to have achieved some degree of resolution. While the Taking Control stage appears to be primarily a reconstructive process, it is postulated that during the Resolution stage, mothers may continue to extend beyond these initial gains, potentially generating positive psychological growth. This process may operate at both a cognitive and affective level to produce a transformative and enduring impact.

Taking control.

Taking Control represents a point in the post-discovery journey where the mother begins to re-establish a sense of personal agency and control. It is proposed that at this stage, mothers demonstrate a shift from an essentially reactive response, evident in the earlier stages, to a more proactive response. Taking control is viewed as a reconstructive process, whereby mothers begin to generate a more coherent sense of meaning and appraisal of their experiences. Corresponding with this is the process of rebuilding an identity which also integrates the trauma experience. As mothers become more attuned to their own needs this may also facilitate the rebuilding of their self-concepts.

Numerous behavioural, cognitive, emotional and contextual mechanisms are proposed as underpinning this reconstructive process inherent in taking control. Mothers may begin to implement more adaptive coping strategies, such as developing increased assertiveness and autonomy, and seek to restore a sense of normality to their daily lives. Emotional regulation strategies may be employed with greater effectiveness to contain the previously overwhelming affective reactions experienced in response to the trauma discovery. For some mothers, a greater capacity to situate themselves within an ambiguous reality may also be indicative of this process. This could be evident in their intrinsic drive towards seeking an understanding of the precipitating mechanisms for the perpetrators' offending behaviour. For instance, mothers of adolescent perpetrators may ascribe particular significance to the perpetrator's own history of victimisation and its contribution towards later offending behaviour. This may subsequently shape perceptions surrounding the need to incorporate treatment and rehabilitation versus adopting strictly punitive responses. For others, an inability to resolve and relinquish overpowering negative affective responses, such as anger and rage, towards the perpetrator was perceived as an obstacle to achieving some form of resolution and moving towards recovery.

At this stage, mothers may engage in more conscious cognitive re-appraisals of their internal dialogue, and where identifying faulty or unhelpful thought processes, seek to adopt more adaptive conceptualisations of meaning surrounding the trauma. It is proposed that, associated with this, mothers also undergo identity reconstruction and reclaim a sense of self-worth by seeking to reframe the experience and their role in more adaptive ways. This is demonstrated through greater self-acceptance and personal insight, particularly regarding their own limits of responsibility. Particularly fundamental in the process of reclaiming control is the availability and utilisation of positive social supports. Two underlying aspects of social support are especially critical: the external validation of the maternal experience, and a sense of connectivity and shared experiences to others enduring similar circumstances. Both factors are key components in the process of overcoming the profound sense of hopelessness and helplessness demonstrated in the aftermath of discovery, and of regaining a sense of agency and self-worth.

The Taking Control stage has some similarities to the reorganisation stage of Remer and Ferguson's (1995) model of secondary survival. As with their conceptualisation, an internal shift is proposed to take place within the individual, thus prompting a process of integration of the trauma through the development of more adaptive coping mechanisms. This stage of the preliminary model also corresponds with the process of deliberate, reflective and constructive rumination in Tedeschi and Calhoun's (2004) post-traumatic growth model, in which the individual begins to reconstruct a narrative around the traumatic event. It is here the individual is proposed to integrate these new narratives into their schematic representations, thus beginning the process of developing a more cohesive sense of meaning.

Resolution.

It is proposed that mothers who reach the Resolution stage of the preliminary model demonstrate a strengthening and consolidation of the previous gains they made during the earlier stages of the journey, and an integration of the overall trauma experience within their self-constructs. Overall, there is a greater sense of acceptance of the trauma and the often significant and enduring change this has brought to their lives. Affectively, this may be demonstrated by greater tolerance for overwhelming negative emotions that previously contributed to a sense of pervasive hopelessness and helplessness. New meanings about their experiences have been developed, generating greater understanding of the trauma and being incorporated into their revised worldview (Janoff-Bulman, 1992).

The Resolution stage of the preliminary model bears resemblance to the integration and resolution stage of Remer and Ferguson's (1995) model of secondary survival. The final stage of their model denotes the acceptance of the traumatic event and its incorporation at a cognitive and affective level. Analogous to Remer and Ferguson's conceptualisation, Resolution does not seek to imply that all aspects of the trauma will be resolved, nor the absence of distress. Indeed for many mothers feelings such as anger, betrayal and distrust will likely endure. However, within the current model, Resolution proposes the capacity to co-exist with these internal cognitive and affective states, without becoming all-consumed by their existence. In accordance with Remer and Ferguson's resolution and integration stage, the current model proposes that any setbacks that do occur, whether internally or externally precipitated, are less likely to return mothers to the acute level of distress evident in the earlier stages of the model. Rather, at this point in the journey mothers have developed, and can draw upon, more adaptive internal resources and coping skills to deal with challenges as they arise.

The Resolution stage also emphasises the potential for the positive transformative growth previously depicted in the literature (e.g., Zoellner & Maercker, 2006). Within this process mothers may not necessarily return to their pre-discovery level of functioning, but rather perceive themselves to be transformed by their experiences; identifying substantive and lasting changes to their self-constructs. Such changes may include a sense of greater perspective, optimism and inner strength. Relationally, there may be an increased sense of emotional intimacy and connectivity, particularly with the victim. These transformative experiences and renewed sense of wellbeing are consistent with the various domains of post-traumatic growth previously identified in the literature (see Tedeschi & Calhoun, 2004). It is not suggested that such positive outcomes are standalone features at this stage of the mother's experience. Rather, it is proposed that these changes can and do co-exist with the ongoing challenges and difficulties that have been present throughout the post-discovery journey. It is postulated that, at this stage, the negative and overwhelming aspects of the experience evident during the earlier stages of the process no longer dominate the maternal experience. Growth in the aftermath of the trauma of intrafamilial CSA is perceived to be fluid and ongoing in nature as mothers are continually confronted with, and required to overcome, related challenges and obstacles.

Summary

The first stage of the present study explored the subjective experiences of non-offending mothers in the aftermath of their discovery of the sexual abuse of their children by relatives. Analysis of the emergent themes obtained from interviews with a sample of mothers yielded six major categories. These categories were organised into a preliminary model which seeks to provide an organisational framework of the maternal post-disclosure experience. The preliminary model delineated aspects of the non-offending mother's journey that have not been well understood in the empirical literature to date. As such, the model draws upon the broader theoretical base pertaining to loss, trauma, coping and growth, integrating these concepts into a framework that elucidates the multifaceted nature of post-disclosure processes for these women.

Though the data derived from the interviews yields a complex picture of these participants' experiences in the aftermath of their discovery, the generalisability of these findings is limited due to the small and select nature of the sample. The participants interviewed had all participated in interventions that included both individual counselling and non-offending parent support groups. Thus the proposed model may not be representative of the broader population of non-offending mothers. Hence a second stage was undertaken in order to build upon these findings by seeking further clarification and refinement of the proposed model, and its perceived representativeness of the maternal experience according to experts working with non-offending mothers.

CHAPTER 6: STAGE TWO

Stage One of this study identified six major categories deemed central to the lived experience of non-offending mothers whose children had been victims of intrafamilial CSA and who were involved with a treatment and support agency for intrafamilial CSA. These categories and their sub-themes were organised into a preliminary model to offer an overall explanatory framework for the maternal post-discovery journey. As the model was a preliminary account of this maternal experience, Stage Two was conducted to build upon the findings of Stage One and determine the representativeness of the model in explaining this phenomenon. Further refinement of the model was achieved by seeking informed feedback from professionals who possess expert knowledge on the topic of intrafamilial CSA. As with the rationale for Stage One of this study, the overall aim was to expand current knowledge and generate a valid representation of the non-offending mother's post-discovery experience. In doing so, the current study may contribute towards the development of more appropriate and responsive clinical and forensic interventions that target specific needs and issues identified as common in this group of women.

In order to obtain expert opinion and feedback on the preliminary model, a modified Delphi technique (Hasson, Keeney, & McKenna, 2000) was chosen as the principal research methodology for Stage Two of the study. It was anticipated that feedback from a panel of experts in the field of intrafamilial CSA would aid in further refining and validating the preliminary model. Thus the focus of Stage Two was to seek panel input into the explanatory power and relative utility of the model generated in Stage One, by drawing from participants' professional knowledge and expertise in this field.

Method

Design

The Delphi method was originally developed and utilized by the RAND Corporation in the 1950s in relation to a United States military project (Skulmoski et al., 2007). The original Delphi method has since been expanded and undergone numerous modifications to be utilised in a range of sectors including health, business, education, information technology and engineering (Keeney, Hasson, & McKenna, 2001). The Delphi technique is an iterative, multi-stage group-facilitation technique that seeks to obtain consensus on a particular topic by a panel of participants identified as experts in the field (Hasson et al., 2000). It is considered an

adaptable research tool particularly useful in its applicability to phenomena for which there are gaps in knowledge (Skulmoski et al., 2007). Participants provide responses to a series of questionnaires or surveys conducted over a number of rounds. With each subsequent round, responses are synthesized and reported back to the panel who are invited to provide further comments (Keeney, Hasson, & McKenna, 2001). Utilising successive rounds allows participants to re-evaluate their responses in relation to the overall panel feedback, facilitating a refinement of key opinions and ideas. While there are no clear guidelines for determining what constitutes expertise, in the present study expertise was assessed according to the following conditions: knowledge and experiences of the issue under investigation, effective communication ability, willingness and capacity to participate in the study, and sufficient time to participate in the study (Rotundi & Gustafson, 1996; Ziglio, 1996).

Determining the appropriate number of rounds is essentially dependent on the purpose of the Delphi study. The traditional Delphi technique typically utilises four rounds, but more recently two to three rounds has been considered sufficient in most studies (Delbeq, Van de Ven, & Gustafson, 1975), though this is influenced by the heterogeneity of the panel and the degree to which group consensus is sought. Typically the process ceases when it is felt that sufficient information has been gleaned on the topic at hand, or theoretical saturation has been reached. The traditional Delphi method incorporates the following four principles: anonymity of participant response, an iterative process allowing response refinement, a process of controlled feedback of participant responses thus allowing opportunity for participants to clarify or alter their views, and statistical analysis of group data (Rowe & Wright, 1999). Several modified forms of the original technique have subsequently been developed, and have come to be widely used in medical and health research (McKenna, 1994).

Participants

The initial Delphi panel consisted of 18 experts from government, community-based and private organizations. The prospective participants were identified via an internet search of relevant professional agencies, organization and publications in Australia and New Zealand. Potential participants were also identified through the author's professional contacts. Prospective participants were approached on the basis of their identified experience as practitioners, researchers or academics, working with non-offending caregivers of intrafamilial CSA victims. A total of 47 individuals was contacted and invited to participate in the study. Upon identification of prospective individuals, initial invitations to participate in the study

were sent via email (see Appendix H). Consent was obtained by written email response. Participants identified themselves as the following: Professor of Social Work, Psychologist, Clinical Psychologist, Criminologist, Executive Officer/Clinical Director, Coordinator and Counsellor.

Procedure

First Delphi round.

The Delphi panel was sent an email outlining the expected process (see Appendix I), a participant information letter outlining the study (see Appendix J) and a summary document of the preliminary model (see Appendix K). Participants were asked to read the summary document and to provide written responses to the questionnaire (see Appendix L) and return the completed questionnaires to the author via email. The initial questionnaire comprised three open-ended questions seeking feedback about the preliminary model, its limitations and any general comments that might be relevant.

Participants were requested to complete and return the questionnaire within two weeks of receiving it. Following this requested deadline, reminder emails were sent to participants who were yet to respond. Of those yet to respond, two participants indicated their inability to further participate due to professional commitments, and one requested additional time to complete the questionnaire due to personal matters. In total, of the 18 participants who initially agreed to take part in the Delphi study, 10 provided responses to the questionnaire.

First round responses were analysed qualitatively, using content analysis to identify the primary themes relevant to the preliminary model. These themes were summarised and consolidated into table format (see Appendix N). The themes, where relevant, were organised into the respective stages of the preliminary model.

Second Delphi round.

In the second round of the Delphi study, participants were sent an email (see Appendix M) and participant feedback about the preliminary model obtained in the first round. This feedback was collated and summarised in table form, and where applicable, organised into the main phases of the preliminary model (see Appendix N). The table also documented the proposed amendments to the relevant aspects of the model where appropriate, that is, where

such changes were supported by the findings from Stage One of the study. In cases where it was ascertained such amendments could not be justified, the rationale for this was also provided in the corresponding section of the table, for example, where the suggestion was not supported by the qualitative findings obtained during the first stage of the present study. Additional information about the model was also presented to provide further context to the findings, such as information about the original participant sample of mothers interviewed for the study.

In addition to the table of feedback, a summary document outlining the proposed model with the included amendments was also forwarded to the panel members (see Appendix O). This incorporated the changes to the model made in line with participant feedback. Panel members were asked to read through both the table of feedback and the amended model (see Appendix M) in order to provide responses to the second round questionnaire (see Appendix P). The questionnaire sought participant feedback on the summarised findings captured in the first round of the Delphi study, and comments on the amended model. These were sent to the 10 participants who provided written responses in the first Delphi round, and they were again asked to respond in writing via email within a designated two week period. Again, reminder emails were sent out after this period of time. Five participants provided feedback during the second round, which was collated in table form (see Appendix Q). Due to the low rate of participant response and minimal additional feedback obtained, it was decided that a third round would not be conducted.

Results

Round One Panel Feedback Regarding the Preliminary Model.

The first round of panel feedback generated a number of suggested changes or additions to the preliminary model, which will be outlined in the following sections. Each section of the model (Acute Phase, Transition Phase, and Transformative Phase) has been addressed separately, with the feedback corresponding to each phase of the model outlined in the respective tables below. Each of the following tables provides an overview of the specific panel feedback and the associated response or amendment concerning each issue. An overview of the general feedback received in relation to the preliminary model as a whole will firstly be provided.

General feedback.

Table 5 provides an overview of the general feedback received from the panel in relation to the preliminary model. It was generally contended that the diagrammatic representation and overall depiction of the maternal post-discovery process lacked emphasis on the recursive nature of their recovery, which was viewed as representative of the typical nature of the maternal experience. The enduring nature of recovery was suggested to be given greater weight and recognition as a characteristic response as opposed to an atypical trend. One panel member questioned the utility of the preliminary model in accounting for different typologies of intrafamilial CSA. Further detail concerning the nature of the sample and the subsequent generalizability of the findings was thus added.

Table 5

General Round One Panel Feedback and Response/Amendment

Issue	Panel Feedback	Response
Diagram	The diagram depicts too linear a process, it does not adequately illustrate the recursive nature of the mother's experience. The model needs to highlight this movement as a central rather than peripheral characteristic of their experience.	The diagram incorporates bi-directional arrows to reflect the cyclical nature of the participants' recovery journey, the recursive nature of which is agreed as being representative of their experience. Revisiting through the stages could be prompted by a range of internal and/or external factors. For example, as new information regarding the abuse came to light, the participants could find themselves in a state of cognitive and affective dissonance, thus returning to a point of destabilisation.
Enduring response	Reinforce maternal experience is likely to be a life-long process, and will differ in intensity and duration.	The findings support that recovery from trauma is an enduring journey, with many fluctuations and regressions in the participants' capacity to cope and function along the way. Each participant's journey is unique. This model aims to elucidate the common elements that may be characteristic of their experience. The intense and enduring nature of participants' experiences was consistently supported.
CSA typologies	Questioning the ability of model to account for different intrafamilial CSA	The model primarily depicts the dynamics associated with intrafamilial CSA where the perpetrator is the participant's partner. A

	perpetrator-relationship dynamics, e.g., Sibling sexual abuse specific issues.	small number of participants reported sibling sexual abuse; as such, interpretation was restricted by this small sub-group. However, some tentative findings suggested that the mothers in sibling sexual abuse (SSA) demonstrated a tendency to respond in a more supportive manner towards the perpetrator. Feelings of ambivalence, or the notion of torn loyalties, were quite characteristic of participant responses. An appreciation of victim-offender pathways, for instance viewing the perpetration of sexually abusive acts as a re-enactment of the adolescent's own abuse history was an emerging theme, which could perhaps be construed as rationalisation. While the intensity of affective responses such as anger was consistently apparent regardless of relationship to the perpetrator, the sense of betrayal was less evident in the SSA mothers. A proactive focus on seeking treatment and rehabilitation over punitive responses was fairly typical for the mothers of SSA cases, though there was generally recognition of the importance for adolescent perpetrators to take responsibility for their offending behaviour.
Terminology	Change *victim* to *survivor*.	The mothers I interviewed all referred to themselves and their children as victims as opposed to survivors, hence it was deemed appropriate to adopt this terminology.

Acute phase.

Several issues were raised by panel members in relation to aspects of the Acute Phase, as outlined in Table 6. Comments on the impact of prior maternal history of abuse were made with respect to how such unresolved experiences may impact on mothers' awareness of boundaries, recognition of the abuse indicators in their children, and their capacity to protect their children. While prior abuse history was a notable issue in the participant sample, conclusions regarding the impact of such victimisation were noted to be restricted on the basis of the available data. Inclusion in the model of pathways for mothers who deny the abuse of their children, and of mothers who maintain silence as a protective response in the context of domestic violence were suggested, though the ability to comment on either of these issues

was limited by the available data. In line with panel feedback, the processes of maternal denial and minimisation as coping strategies employed were given greater emphasis. Similarly, greater emphasis was placed on the impact of practical issues on mother's post-discovery. Additional explanation was also generated with respect to the role and influence of the perpetrator, particularly at the point of discovery. Though one panel member suggested the preliminary model reference the separate healing process that co-exists in the mother's relationship with the victim, there were no direct findings from the first stage of the study from which to draw such inferences.

Table 6

Panel Feedback on the Acute Phase of the Preliminary Model and Response/Amendment

Issue	Panel Feedback	Response
Impact of maternal history of abuse	Mothers with their own unresolved abuse histories often lack awareness of appropriate boundaries, what constitutes abuse, and possess blind spots which compromise their protective ability. Mechanisms such as dissociation can preclude mothers from adequately recognising and acknowledging the abuse of their children.	While clearly a valid point, interpretation of this issue is limited to the available data. Several participants identified their failure to recognise their vague suspicions as indicators that things were not right. Many attributed their lack of awareness to factors such as the perpetrator's grooming behaviour, their personal naivety, and in some cases of step-father/de facto partner perpetrators, their misinterpretation of the perceived closeness between perpetrator and victim as a positive sign of bonding.
Mothers who deny the abuse	The model lacks a pathway for mothers who deny the abuse has occurred.	All participants demonstrated at least partial belief that the abuse had occurred. Hence while an important consideration when examining non-offending mothers, comment on this issue is not possible on the basis of available data from the present study. Certainly future research seeking to generate a model to account for such groups of women would be valid and important.
Denial and minimisation	More emphasis is needed on the processes of denial and minimisation as characteristic of maternal	Denial and minimisation were common coping mechanisms exhibited by participants, particularly during the early stages of awareness, and were given

	response.	greater emphasis. Denial as appeared to be more of a transient state for most mothers in the initial post-discovery stages. More commonly, participants utilised more conscious avoidant coping strategies such as affective numbing as they struggled to comprehend the overwhelming reality of discovery/disclosure.
Protective silence	The model needs more discussion of where maternal silence is a protective response, such as in cases of domestic violence.	While not a prominent issue to emerge in the data, domestic violence was identified as a factor in why participants may not report, maintaining protective silence out of fear of the anticipated consequences if they did report.
Impact of practical Issues	The model needs greater acknowledgement of practical concerns such as financial, transportation, availability and accessibility of supports, and their potentially overwhelming impact.	Practical concerns such as financial, employment, residential issues and access to supports were significant stressors that some participants had to contend with in the aftermath of discovery and were given greater emphasis. Lost sources of income, having to be financially self-reliant, residential relocation, seeking employment or cutting back due to additional demands, were some of the identified costs associated with discovery. Limited access to supports (both formal and informal) were also identified as significant challenges for many participants. Time and financial constraints associated with meeting requirements associated with statutory processes, and accessing support services were significant for many, causing added pressure.
Perpetrator role	The role of the perpetrator lacks discussion, in particular their grooming behaviour and attempts to exert influence at discovery.	The grooming, manipulation and coercive actions of the perpetrator in seeking to maintain the secrecy of the abuse were pertinent issues for some participants, particularly at the time of disclosure when actively trying to interpret the information available to them, and make decisions/judgements on the basis of limited and at times, contradictory information.
Mother-victim relationship	Model lacks indication of the separate healing process in mother's relationship with the victim.	While a pertinent point, there was no direct data in the present study to discuss this issue.

Transition phase.

Table 7 provides an overview of proposed alterations and general comments made by the panel in relation to the Transition Phase of the preliminary model. Several panel members highlighted the need for greater reference to external and contextual factors and their impact on the maternal experience. More detail was subsequently added regarding various social and environmental factors and how they were influential in shaping maternal response and recovery. Reference to the expression of empathy towards the perpetrator generated disagreement among some panel members, who viewed it as reflective of more collusive and avoidant behavioural patterns. Further clarification was provided in relation to the mechanisms considered to underlie more adaptive responses, typically in connection with a more accepting stance pertaining to the ambiguity of the maternal experience. The role of anger was given greater clarification to better differentiate affective responses which may serve functional and adaptive responses from those which may be more indicative of growth-inhibiting processes.

Table 7

Panel Feedback on the Transition Phase of the Preliminary Model and Response/Amendment

Issue	Panel Feedback	Response
Centrality of experience	Themes of loss, trauma and power-related issues represent the central components of the mothers' experience.	It is agreed these elements were central aspects of the participants' experience, and are addressed accordingly in the Loss and Disempowerment section of the Transition Phase.
External/ contextual Issues	The model is overly individualistic and focused on internal-psychological aspects of the mothers' experiences. The role of external and contextual factors on maternal experience and recovery process is lacking and requires more emphasis, including the mothers' experience of statutory	It is recognised that the participant's experience is embedded within the broader social and environmental context. In the present study, the impact of the various intervening statutory agencies, as well as professional and social support were important considerations to the experience of these mothers and their respective journeys. Perceptions of blame, negative judgement and punitive attitudes experienced from authorities such as child protective services

	agencies/processes such as the police and legal system, as well as formal/informal supports; in particular the impact of negative responses on the mothers' healing.	often promoted feelings of guilt and shame for many participants. The perception of a lack of responsiveness when seeking professional intervention, at times contributed to a sense of powerlessness, and disillusionment regarding how the legal system manages cases was often evident; The court process was identified by several participants as a retraumatising experience for the entire family involved. Support services were an important factor precipitating participants' experience of personal growth and recovery. The primary mechanisms identified as contributing to the perceived benefit of support services included a sense of connectivity with other families in similar circumstances, validation and non-judgement. Many identified a strong need for guidance in navigating the aftermath of discovery and its implications for the whole family. Support derived from social networks was also a significant factor impacting on participants' recovery. Some of the mothers experienced negative scrutiny, judgement and isolation from their social networks, particularly when they were viewed as supporting the perpetrator, which often exacerbated their sense of alienation and shame. Alternatively perceptions of positive social support in many cases served as a protective buffer. Self-imposed isolation and selectivity of support-seeking were protective strategies often employed by participants as either an anticipatory or reactionary response to perceived negative external feedback.
Control	Model needs more emphasis on control issues, i.e. feeling of a loss of control, resulting in obsessive thoughts and behaviours about future protection of child.	The Transition Phase, which encompasses the major themes of Loss and Disempowerment, identifies the experienced loss of control as a central theme that emerged from mothers' journeys. For many participants, discovery threatened their pre-existing schemas around controllability and meaning, and where there was a perceived inability to recapture this sense of control, disempowerment was evident. The safety and protection of their children became paramount concerns for many participants, often linked with a

		pervasive distrust of other people's motives and actions. The Transformative Phase, in particular, Taking Control, highlights the processes many participants exhibited to regain control and overcome their sense of powerlessness.
Empathy for perpetrator	Questioning perpetrator empathy as a more adaptive coping response as it is more likely an indicator of possible collusion and an avoidant coping strategy.	Although not evident in all participants, for some there was acknowledgement of their feelings of ambivalence towards the perpetrator post-discovery. While not intending to suggest they condoned the perpetrator's actions, for some, there was a perception that the perpetrator's engagement in treatment was a positive development. Their ability to experience empathy, while still holding the perpetrator fully responsible and accountable for his actions, was seen as a balanced response as it demonstrated greater comfort with situating themselves in an ambiguous and complex reality.
Anger as normative response	Anger is not a negative affect, but a normal and important part of the healing process as linked with the recognition the abuse is wrong.	It is acknowledged that the representation of anger as a negative affect was inaccurate. Anger is recognised as a common affective response integral to the healing process for the majority of the participants. Where it is considered potentially more problematic is where mothers become stuck in their anger which demonstrated an all-consuming, destructive quality, perhaps better represented as rage and a desire for vengeance.
Channelling anger	Anger, when focused on channelling change through social action can lead to growth.	Where participants demonstrated greater ability to modulate or regulate their anger, there appeared more scope for channelling it and achieving some affective balance, and this was where personal growth was often most evident.
Projecting anger	Anger at self can be projected onto men and society in general.	While a valid observation, I was unable to draw any direct evidence from my data to support this point.

Transformative phase.

Panel feedback in relation to the Transformative Phase, as outlined in Table 8, primarily pertained to the notion of resolution, and the need to acknowledge it is not an outcome that will be reached by all mothers in their post-discovery journey. Furthermore, the need to equally represent those who will not be considered as attaining resolution was proposed. Greater clarification was given regarding the resolution stage of the preliminary model, highlighting that it will not be an outcome for all mothers. Consideration was given to alternative labels to Resolution to better encompass the phenomenological experience of this category. It was suggested by one panel member that the possibility for post-traumatic growth would be hampered in instances of sibling sexual abuse unless the perpetrator demonstrated observable change, however, given the lack of relevant data, this could not be addressed. The notion of recovery as a journey of meaning-making was affirmed as consistent with the study's findings.

Table 8

Panel Feedback on the Transformative Phase of the Preliminary Model and Response/Amendment

Issue	Panel Feedback	Response
Resolution as outcome	Not all women will achieve resolution, especially mothers who try to support both the victim and perpetrator.	The model does not seek to assert that resolution will be an outcome for all non-offending mothers.
Positive and negative outcome trajectories	Need to equally acknowledge positive and negative outcome possibilities so as not to risk stigmatising mothers who do not feel they can grow and learn from the experience.	The resolution stage captures those participants who demonstrated a degree of acceptance and perceived having integrated the experience into their sense of self in an adaptive manner. Greater emphasis has been added to better elucidate that resolution does not imply the absence of adversity in the participants' post-discovery journeys. Concurrent with the expressions of hopefulness about the future, renewed strength and perceived self-efficacy evident in these participants' stories, there remained a clear desire to have never endured the trauma of CSA. With this in mind, alternative labels for Resolution were proposed, including Accommodation or Integration, which are perhaps less suggestive of the finite nature

		and overly-positive connotations Resolution portrays.
Post-traumatic growth	Post-traumatic growth/resolution is difficult in situations of sibling sexual abuse unless significant change/recovery evident in the perpetrator.	An interesting point, however, I did not have any direct evidence of this to be able to comment or incorporate into the model.
Meaning-making	The post-disclosure experience of non-offending mothers is primarily a journey of meaning-making.	The post-discovery journey was experienced as a process of meaning-making for some participants, demonstrated by a drive to make sense of events by reconstructing their meaning.

Round Two Panel Feedback Regarding the Preliminary Model

For the second round of the Delphi study, participants were invited to provide feedback on the revised preliminary model as well as suggestions for any other amendments to the model. Table 9 collates the second round feedback provided by the expert panel to the revised preliminary model. Only five respondents provided feedback at round two. The only recommended amendment was to change the label *Resolution* to *Accommodation*. One respondent indicated that the diagram remained too linear in its representation of the maternal post-disclosure journey. A comment was made pertaining to the use of language and labels, and how these should be guided by the client when intervening therapeutically, to foster therapist insight and the capacity of the client to integrate her experience and develop a sense of meaning. The importance of distinguishing feelings of confusion and doubt from denial and minimisation responses was also highlighted by one respondent, emphasising that these feelings are not necessarily indicative of a lack of maternal protectiveness of the victim, as is often believed by intervening authorities. This respondent argued that greater recognition should be given to the vacillating nature of maternal belief and protective response, given the significant potential implications for the family unit, including decisions regarding child custody placements. This was accommodated in the revised model. The importance of the mother having the opportunity to process her emotional response without punitive consequence was discussed, noted to be a theme identified in the present study's findings, and incorporated in the newly named Accommodation stage of the model.

One panel member proposed that the model should incorporate an alternative pathway for mothers who returned to denial. However, this was not considered possible as it was not an outcome reflected in the qualitative findings from the first stage, from which the preliminary model was generated. Another critique of the model was the lack of reference to the mother-victim relationship, in view of the unstable and evolving nature of these relationships in the aftermath of disclosure and the issues this can subsequently generate. Reference was also made to the opportunity this may provide the perpetrator to continue utilising manipulative tactics, particularly splitting behaviours. The latter was noted to be a theme identified by mothers, particularly prevalent during the Discovery stage. Lastly, it was highlighted that mothers are often expected to act decisively, at times on the basis of limited information. In this respondent's professional experience, mothers who had access to clear and definitive information about the abuse demonstrated more resolute belief in the disclosure, with this demonstrating the impact of information on the maternal journey overall. It was noted that the present sample of women from which the preliminary model was generated represented a select group given their involvement in interventions which required acceptance that the sexual abuse of their children had occurred.

Table 9

Round Two Panel Feedback and Response/Amendments Made to the Preliminary Model

Issue	Panel Feedback	Response
Diagram	Model still looks very linear, a dynamic diagram would be more accurate with clearer recursion in the feedback loops.	A decision was made not to alter the existing diagram as it was felt that the bi-directional arrows adequately conveyed the recursive movement between the stages of the model.
Language	Language and labels can always be seen to be problematic by some and not by others. The language the client uses is what guides me as the therapist and it is crucial to follow the client's lead with this, as an opportunity to deepen my understanding of her process and her struggle. Not doing so will interfere with her capacity to reach a point of integration that is meaningful to her.	The use of labels in the present study was guided by the language used by the participants.

Consequences of disclosure	Perhaps it could be named more clearly that disclosure results first and foremost in the family unit being split or broken, followed by all the other factors, financial, residential etc.	For many mothers in the study, discovery represented the major precipitant for a range of subsequent consequences.
Confusion and doubt	Doubt and confusion are key responses to sexual abuse that are deserving of unique mention as they are different to denial or minimising but can often be misconstrued by statutory authorities as some sort of evil intent by the mother to protect the perpetrator's needs over the child's. Doubt and confusion can be present for many years. Feeling overwhelmed is another strong experience of mothers, i.e. in response to the process that kicks in once abuse has been named and reported, reinforcing doubt and confusion. A mother can act protectively in the initial instance, then, depending on the age of the child who has spoken up, be beset by doubt and confusion about the accuracy of what the child had disclosed, this can be perceived by statutory authorities as an incapacity on her part to act protectively toward her children. This may result in further family breakdown with siblings being split apart and placed in care leaving the mother feeling punished and unsupported with no place to give voice to her doubt, confusion, guilt or fear. Mothers need a safe place to process doubt, (doubt about what has occurred, doubt about their relationships (partner and child) and self-doubt), that does not result in punitive responses or condemn them.	Doubt, confusion and feeling overwhelmed were identified as key features of maternal experience, highlighted particularly during the Destabilisation Phase of the preliminary model. Greater emphasis was given to distinguishing doubt and confusion from denial and minimisation responses to highlight that vacillation of belief and protective ability is a normative process when the maternal experience is viewed from a loss or trauma perspective. For some of the participants, this had real consequences in terms of decision making processes, and blame, scrutiny and a sense of feeling punished were identified by some in the sample. Many of the women identified their need for validation and a safe place to express and process their experiences. This featured primarily in the Resolution stage of the model.
Resolution label	Change Resolution to Accommodation.	Amended.
Resolution pathways	Model does not recognise mothers for whom resolution may involve a return to denial, or where mother values importance of relationships with men over relationships with their children (this is also part of the grooming	While acknowledged as a possible trajectory for non-offending mothers, this was not reflected in the current sample. It is noted these women were recruited through a support

	process). Need to be clear about the limitations of the sample if this is outside of their experience.	agency, reflecting an inherent bias of overall belief in the allegations of abuse. Prioritisation of relationship with partner over child was a minor finding in the first stage, though not a prominent theme to emerge, thus was not incorporated into the model.
Relationship with victim	Mother's relationship with the victim does not feature strongly. What is happening in this relationship may significantly affect the journey. It is often a quite volatile, changing relationship post-discovery – e.g. children and young people's behaviour may become more difficult, they may blame their mothers, mothers may be over-protective or under-protective. It is fertile territory for the abuser to keep putting doubts in her ear.	This is considered a truism based on available data from the present study. Some mothers noted significant changes to their relationships with their children in the aftermath of abuse. For others, this was less discernible, in part due to delays in discovery and a lack of understanding of the actual abuse. Several mothers reflected on how the perpetrator employed splitting tactics to create an emotional divide between mother and child. This featured in the discovery stage of the model.
Role of information	Many women are given very little detail of the child sexual abuse and yet are being asked to completely turn their lives upside down almost on an act of faith. Again, as women were drawn from a particular sample where this may not be the case it may not come through strongly in the sample. Or is it under-played in the model? In interviews I have undertaken with mothers of sexually abused children, those who had detailed statements and other evidence were in a better position to believe and continue to hold to their belief that the CSA had occurred in the face of perpetrator denial. This again affected the journey.	Indeed, the current sample likely reflected a select group on the basis of how they were recruited for the study. Their involvement in treatment, from which they were sourced, implied a level of belief and acceptance that is not likely to be replicated in a more generalised sample of non-offending mothers.

Discussion

This section discusses the feedback received from the Delphi panel of experts in the second stage of the study. Of primary focus will be critiques of the model and feedback seeking additional information or clarification around aspects of the preliminary model. Overall, the majority of the feedback received from panel members suggested a general consensus with the overall conceptualisation of maternal experience in the aftermath of discovery, but some members sought the inclusion of more detail regarding specific mechanisms outlined in the model. This was understandable given the overview provided to Delphi panel members for their feedback was a less comprehensive summary of the model. While many valued insights were raised, the scope of the present study to incorporate these issues into the preliminary model of maternal experience was restricted to those which were supported by the findings from the first stage, from which this framework accounting for the non-offending mother's post-disclosure experience was derived. At both rounds, it was reiterated that the model could only be based on the qualitative data obtained from participants in the first stage of the study. Figure 2 provides a visual representation of the revised preliminary model, reflecting the change of the Resolution stage to Accommodation in accordance with panel member suggestions.

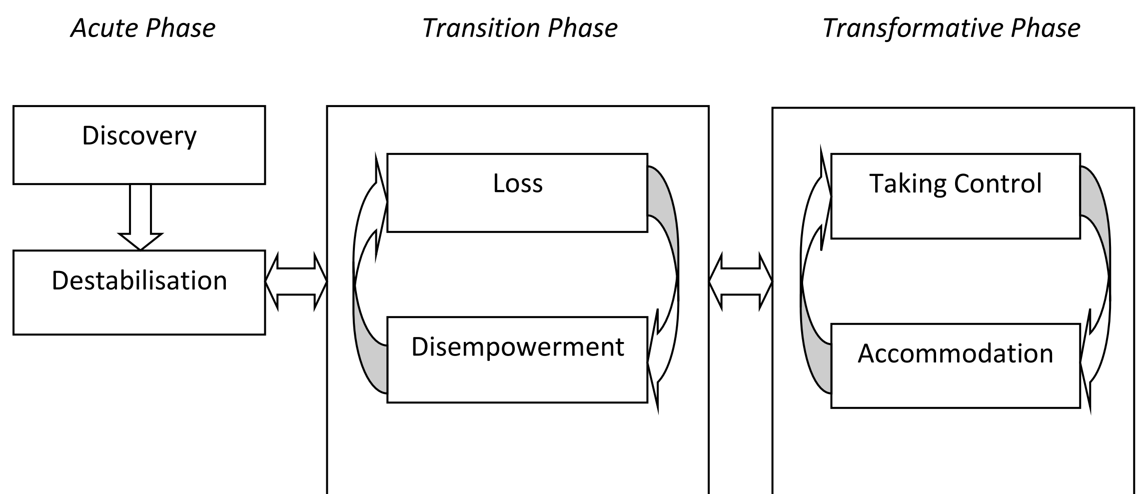

Figure 2. Revised preliminary model of non-offending mothers' perceived experience following discovery of child sexual abuse.

One criticism that arose in the Delphi panel feedback pertained to the insufficient delineation of the recursive nature of maternal experience. The preliminary model recognises the potential for mothers to cycle through the stages, however, there was limited explicit evidence of this on the basis of the qualitative findings derived from Stage One. Nevertheless, consistent with other frameworks such as Remer and Ferguson's (1996) model of secondary survival, it is considered likely that the post-discovery journey is characterised by progression and regression through the stages identified as reflecting the core elements of this journey. On a related point, suggestions were made by the Delphi panel to emphasise the enduring and life-long nature of the post-disclosure journey to recovery. Indeed such suggestions carry intrinsic value given much of what has been established in the trauma literature about the enduring impact of traumatic experiences and the comparative experiences of non-offending mothers. Again, however, while the present model afforded a somewhat longitudinal perspective of maternal experience, it was limited to the available data obtained in the first stage of the study.

The capacity of the preliminary model to account for different typologies of intrafamilial CSA was another element of feedback obtained from the Delphi panel. While the participants from Stage One of the study had experienced various subtypes of intrafamilial CSA, including sibling sexual abuse, limited generalisations could be drawn from these qualitative data subsets. Some minor themes pertaining to maternal feelings of ambivalence, perceptions of adolescent offending behaviour as primarily a re-enactment of their own abuse experiences, and the emphasis on treatment and intervention over punitive responses were noted in the first stage findings. However, it was beyond the scope of the present study to incorporate these into the preliminary model as indicative of maternal experience. Indeed, with comparatively little known about the inherent issues of sibling sexual abuse for non-offending mothers, this represents an area for further empirical investigation into the distinct issues they may face.

An issue raised in the panel feedback pertained to the issue of maternal history of CSA, and the impact this has on women's boundaries, their capacity to recognise possible indicators of abuse, and traumagenic symptomatology such as dissociation. The role of mothers' own history of CSA was highlighted in the preliminary model in relation to the potentially retraumatising impact of discovery, a theme that emerged in the narratives of several women with their own abuse histories in Stage One of the study. This appeared to support previous research findings that link prior sexual victimisation to higher levels of distress and trauma-related symptoms in mothers following discovery (e.g., Cyr et al., 2013; Deblinger et al., 1994; Green et al., 1995; Hebert et al., 2007; Hiebert-Murphy, 1998; Kim et al., 2007; Timmons-Mitchell et al., 1996). However the negative impact of maternal CSA history on mothers' perceived capacity to detect signs of abuse represented only a minor finding in the Stage One data, with one participant referring to experiencing "blind spots". Thus the mechanisms underlying this identified association were not clearly established in the Stage One findings.

To the author's knowledge, no empirical investigations have yet been conducted on whether a maternal history of CSA affects the ability of non-offending mothers of CSA victims to recognise boundaries and become aware of CSA indicators. Research does exist highlighting the association between a maternal history of CSA and parenting capability in a more generalised sense, with findings suggesting the presence of the former can have a detrimental impact (Tarczon, 2012). In the only known comparative study of parenting practices in non-offending mothers with and without a history of CSA, Kim, Trickett and Putnam (2011) found a maternal history of CSA to be associated with greater use of punitive parenting practices. Furthermore, these authors reported a positive association between maternal dissociative symptoms and more punitive parenting. It can therefore be surmised that the stress-inducing effects of discovery may precipitate avoidant symptoms in mothers with unresolved issues concerning their own history of CSA. This may subsequently impact on mothers' ability to attune to the needs of their children and respond in a protective and supportive manner (Dwyer, 1999). Evidently this is a significant issue that requires further empirical investigation.

As previously noted, panel feedback referred to the lack of a pathway which delineates the experience of mothers who deny the abuse and the requirement of further emphasis on the process of denial and minimisation as definitive of maternal response. The preliminary model highlights the presence of avoidant coping mechanisms, such as disbelief and minimisation, as a common reaction to the overwhelming impact of discovery. These were

purported in the model to represent protective transient reactionary states in line with an acute grief or trauma response (e.g., Dwyer & Miller, 1996; Hooper, 1992; Massat & Lundy, 1998). However, the participant sample from which the preliminary model was generated comprised only non-offending mothers engaged with a support service for families affected by CSA. Thus their involvement in this programme denoted some degree of recognition and acceptance of the presence of sexual abuse. Hence denial, in the sense of an enduring refusal to believe the veracity of the child's victimisation, could not be contextualised as a potentially normative response in the preliminary model. In the empirical body of literature, while much was made in earlier reports about maternal denial (e.g. Crawford, 1999; Joyce, 1997), subsequent findings have consistently demonstrated the majority of mothers do at least evidence partial belief in their children's disclosure of CSA (Alaggia & Turton, 2005; Deblinger et al. 1993; deYoung, 1994a; Elliott & Briere, 1994; Everson et al. 1989; Heriot, 1996; Jinich & Litrownik, 1999; Leifer et al. 1993; Lovett, 1995; Pintello & Zuravin, 2001; Sirles & Franke, 1989). Much less appears to be known about the mechanisms underlying maternal denial of the disclosure when this occurs; such responses evidently warrant further investigation of the precipitants and perpetuating factors.

The notion of mothers who remain silent in the aftermath of discovery as a protective function in situations of danger or threat, such as domestic violence, was identified as meriting further delineation in the current model. The concurrent presentation of domestic violence was not a strong theme to emerge in the first stage of the study, though reference to the associated sense of helplessness to respond to the discovery of the child's sexual victimisation in this context was noted by one mother involved in a domestically violent relationship. While it makes intuitive sense that a mother may subsequently maintain silence out of fear of retribution, and as an attempt to protect both the victim and herself from the threat of consequent physical harm, the preliminary model could not account for this in the absence of supportive data. Furthermore, there is some conflicting evidence as to the impact of domestic violence on the protective capabilities of non-offending mothers. While some findings suggest these mothers are equally as protective as those who are not in a domestically violent relationship (Runyan et al. 1992; Heriot, 1996; Tamraz, 1996, some evidence suggests that consistent protectiveness is less likely in non-offending mothers who are also in a violent relationship (Coohey & O'Leary, 2008). Cleary more research into the impact of concurrent domestic violence on maternal post-disclosure response is needed.

Another contribution from the Delphi panel suggested that the model should be more explicit in highlighting the impact of disclosure as principally resulting in the dissolution of the family unit, from which other practical and tangible losses arose. As previously noted, the impact of discovery on relationships was identified as a key issue, with many mothers facing pervasive losses in terms of their relationships with the perpetrating partner, the victim, and other family members. Even in cases where the mother and perpetrator were no longer together at the time of discovery, the eventual disclosure of CSA can prompt further estrangement and weakening of familial ties. Overall, the model recognised the family breakdown as a key issue in the mothers' post-discovery journeys.

The impact of practical concerns on mothers, such as financial, transport, availability and accessibility of supports was identified as requiring further emphasis by the Delphi panel. Consistent with previous empirical findings (e.g., Massat & Lundy, 1998), these issues were frequently identified in the first stage of the present study. Reference to such practical concerns were thus incorporated in the Destabilisation stage of the preliminary model in view of the recognised added stress and burden these issues presented, particularly early on in the mothers' journeys. In relation to financial issues, the model highlights the potential loss of income in the absence of the perpetrator's contributions, particularly in cases of him representing the family breadwinner. Additional costs may also be incurred as a result of engagement with additional support services. Mothers may also commonly be required to relinquish work, and therefore income, in order to attend appointments and engage in mandated processes by intervening statutory agencies. The preliminary model also recognises the potentially destabilising impact of significant and unexpected changes, such as the requirement to relocate homes and schools, which may be prompted by economic and also social factors, such as the existence or avoidance of anticipated stigmatisation.

A further issue raised in the Delphi panel feedback pertained to the lack of weight given to the impact of external and contextual factors on the maternal post-disclosure experience, including the impact of intervening statutory agencies and both professional and informal forms of supports. The preliminary model highlights the significance and impact of these broader contextual factors at various stages of the maternal journey. For instance, negative systemic experiences, such as a perceived lack of system responsiveness, blaming attitudes and negative judgement, are recognised as likely to intensify feelings of guilt and shame, and possibly engender a sense of powerlessness and disillusionment and resentment in

mothers. Consistent with previous findings (Plummer & Eastin, 2007), the subsequent resentment and resistance to engagement that may arise for mothers represent important implications. These issues were addressed at the Disempowerment stage of the model and support previous qualitative findings (e.g., Carter, 1993; Hooper, 1992; McCallum, 2001). The potential for the legal process to be retraumatising to the family was also highlighted at this stage of the model.

Similarly, experiences of social networks exhibiting blame, negative judgement and scrutiny were also depicted in the model as linked with the experience of isolation, shame and alienation. The model depicted how mothers who anticipate such reactions may employ protective actions, such as self-imposed isolation and guardedness, with the aim of avoiding such experiences. Conversely, the model highlights the impact of positive perceptions regarding support and intervention in promoting maternal recovery and growth, which was addressed particularly in the Transformative Phase. A sense of connectivity, validation of experience, and access to guidance and positive social support are suggested to be critical in promoting recovery and growth by empowering mothers, consistent with the fundamental process of recovery from trauma (Herman, 1998).

A perceived loss of control was an issue identified in the panel feedback as requiring more emphasis in the preliminary model, particularly with emphasis on the ruminative fixations mothers may develop in regards to protecting victims from future harm. It is argued that this issue was addressed as central to the maternal experience and thus reflected in the Loss and Disempowerment stages of the Transition Phase of the model. It is proposed that, where discovery of their children's victimisation threatens existing core beliefs or schemas in relation to perceived control and meaningfulness, a sense of disempowerment may ensue. The distrust evident in the narratives of many of the participants interviewed in the first stage of the study is thus closely associated with preoccupations regarding the safety and protection of their children.

The role of the perpetrator was identified in the panel feedback as lacking sufficient attention, particularly in relation to the mechanisms surrounding attempts to groom and exert influence before discovery. This issue was noted as a prominent theme in relation to factors which may inhibit maternal awareness, particularly at the Discovery stage of the preliminary model. Perpetrator grooming tactics were identified as targeting not only the victim, but often

their wider social networks in order to preserve the secrecy surrounding the offending behaviour. The model highlighted the process by which many perpetrators sought to alienate the mother from the victim. More coercive approaches were also identified by mothers in the first stage of the study, such as the use of blackmail and threats. The impact of perpetrator dynamics were also detailed in relation to the mothers' attempts to make sense of the information available to them. This information was at times marked by inconsistencies and incomplete information, from which they had to formulate their own understandings and make decisions concerning how to respond. Overall, however, the explicit nature of the perpetrator's role in the present model was limited to the insights possessed by the mothers who were interviewed in Stage One of the study.

The preliminary model's lack of reference to the separate healing processes of mother and victim was identified in the panel feedback as lacking. Commentary on this issue was limited due to the lack of qualitative evidence obtained in the first stage of the study. However, as per Remer and Ferguson's (1995) conceptualisation of secondary victimisation, the current model acknowledges that the recovery process of mother and victim may be distinctly different. One of the issues identified in the model was the potential time delay that could occur between when the abuse took place and when the mother became aware of it.

A concern raised in the panel feedback pertained to the construal of perpetrator empathy as an adaptive coping response rather than an indicator of maternal avoidance and collusion. It is clarified that some Stage One participants expressed feelings of ambivalence towards the perpetrators. Furthermore, while not condoning the offending behaviour, some mothers perceived their motivation and engagement to participate in therapeutic intervention to address their offending behaviour, as positive. These mothers' ability to situate themselves within an ambiguous and complex reality was posited as likely to be indicative of an adaptive response. However, it is entirely accurate that where a mother sympathises with the perpetrator's behaviour, this would be indicative of collusion.

Panel feedback proposed greater emphasis on anger as a normal and fundamental part of the maternal healing process. Anger was a theme that featured strongly in the reactions of all participants from Stage One. The intensity of this affective response was still apparent even in cases where lengthy periods of time had elapsed since the mother's discovery of the abuse, and was predominately associated with feelings of betrayal and violation of trust. In some instances, self-directed anger was evident for mothers, which

appeared to be associated with a sense of failure in not protecting a child from harm. The model highlighted the potentially deleterious impact of unresolved anger when participants remained emotionally stuck and consumed by this affective response. In cases where they were able to channel their anger into avenues such as promoting awareness, participants did appear able to achieve some sense of resolution and possible positive transformation.

One element of Delphi participant feedback put forward is that not all non-offending mothers will achieve resolution, particularly in cases where the mother attempts to support both victim and perpetrator. It is foreseeable that desiring or attempting to provide a supportive role to both victim and perpetrator would add considerable stress and burden to the maternal experience. This was perhaps more prevalent in cases of sibling sexual abuse. However, this was not necessarily indicative of a mother's failure to attain a sense of resolution. Linked with this, one panel suggestion asserted the need for the preliminary model to acknowledge the possibility of both positive and negative outcomes for mothers, citing the risk of otherwise stigmatising mothers who do not feel they can learn and grow from their experience. However, while incorporating transformative growth as a potential outcome for mothers who do attain a degree of resolution, the model emphasises that resolution does not imply the absence of distress or difficulty. This notion appears consistent with Tedeschi and Calhoun's (2004) conceptualisation of traumatic growth. Likewise, the preliminary model, proposes that resolution and growth involves generating a sense of meaning and comprehensibility about the experience, and an integration of the trauma into a coherent narrative.

A comment pertaining to mothers' relationships with the victims suggested this issue was not given sufficient representation in the preliminary model, with the potential volatility and evolving relationship dynamic an important consideration in maternal experiences. The model gave some account of the changes observed by mothers with respect to their relationships with the victims at the Loss stage, given the centrality of this theme with respect to these relationships. Mothers reported a sense of disconnection from the victims, particularly in cases where victims were removed from their care. Difficulty dealing with the challenging behaviours of the victim, particularly sexually promiscuous and endangering behaviour, was an issue identified by Stage One participants. Another important dynamic highlighted in the first stage findings pertained to the impact of the perpetrator's manipulative attempts to preclude discovery of the abuse by promoting an emotional disconnect between

mother and victim. While these challenges were inherent in the mother-victim relationship, several mothers reported a sense of an increased bond with the victim over time, which was depicted in the Resolution (Accommodation) stage of the model. Interestingly, for one participant in particular, the victim's ability to verbalise the blame he felt towards his mother was seen as a restorative moment that facilitated the rebuilding of their relationship.

A criticism of the preliminary model referred to the lack of recognition of mothers who may return to a state of denial, or where mothers prioritise relationships with men over their relationships with their children. Such processes were not reflective of the participant sample from which the preliminary model was derived. The researcher acknowledges the subsequent limitations of the model in affording any explanatory value to such issues.

A final comment by the Delphi panel highlighted the expectations placed on non-offending mothers to respond to allegations which may have limited substantiation. The preliminary model notes the implicit and explicit expectations placed on these women to act decisively, often on the basis of limited and incomplete information, and as has been delineated, often at considerable cost and upheaval to their lives. In addition, a panel member identified the value of mothers having access to any available evidence in aid of strengthening their belief in the allegations of abuse. As previously noted, the current model highlighted the mechanisms which may promote, or alternative, impinge on maternal belief. Undoubtedly, the more confirmatory evidence available which supports the disclosure, the greater the likelihood that it will assist mothers to maintain consistent belief.

CHAPTER 7: FINAL CONCLUSIONS

The aim of the present study was to obtain further insight into the lived experience of non-offending mothers of intrafamilial CSA victims, in the aftermath of their discovery of the abuse, given the paucity of empirical investigation into this topic. The first stage of this study comprised qualitative interviews with 11 mothers whose children had been sexually abused by a family member, in order to gain a representation of their phenomenological experience. From these interviews, the major categories encapsulating the themes central to the maternal experience were identified, namely Discovery, Destabilisation, Loss, Disempowerment, Taking

Control and Resolution. These categories were organised into three distinct phases: the Acute Phase (incorporating Discovery and Destabilisation), the Transition Phase (incorporating Loss and Disempowerment) and the Transformative Phase (incorporating Taking Control and Resolution). Based on these findings, it was evident that the central elements of the maternal post-discovery experience were best organised into a preliminary model that provided a framework capturing their post-discovery journey, particularly its recursive nature. The aim with the second stage of this study was to further refine and validate the preliminary model through the utilisation of a Delphi method (Hasson et al., 2000). A panel of experts was consulted and asked to provide feedback the model. The feedback obtained from the expert panel yielded some minor amendments to the preliminary model, such as changing the label Resolution to Accommodation; however, the overall structure of the proposed model remained intact.

Implications

The findings from the present study illuminated the complexity of the non-offending mother's post-discovery experience, which was shaped by a range of intrapersonal, interpersonal and contextual factors. Non-offending mothers occupy a wholly unique position compared to others who are exposed to trauma, victimisation and loss. In a sense, they can be considered both primary and secondary victims, as they encounter numerous stressors and a multitude of losses in the aftermath of discovery; in situations that can only be described as complex, and often marked by confusion, uncertainty and trauma. Thus the proposed model generated in Stage One provided an organising framework of typical elements of maternal response, drawing upon existing theories of trauma, loss and recovery. These findings emphasised that the maternal experience cannot be adequately captured by a single existing theoretical conceptualisation, and represents a dynamic journey. It is hoped that this framework will encourage better understanding and contextualisation of maternal responses, potentially informing both statutory and therapeutic interventions. This is important not only in relation to interventions for mothers as an adjunct to victim-oriented interventions, but for the wellbeing of non-offending mothers in their own right.

Clinical Implications

The findings from the present study highlight the potential traumagenic impact of intrafamilial CSA on non-offending mothers following discovery of their children's sexual abuse. Further compounding this potential traumatic impact, is that for many mothers the

aftermath of discovery is replete with multiple and enduring stressors and losses. Thus non-offending mothers may possess unique therapeutic needs in their own right, which are distinct and independent from the identified needs of the child victims (Hooper, 1992). The provision of psycho-education regarding trauma and grief reactions may therefore be of benefit to non-offending mothers. Trauma-informed therapeutic intervention that targets mothers' trauma symptoms and assists them to develop more adaptive coping strategies may be the primary intervention strategy. Therapists working with these mothers should recognise the intensity of guilt, shame and self-blame reactions frequently evident in non-offending mothers, and their close association with maternal identity and subsequent appraisals of self-worth (Manion et al., 1996). Furthermore, the present findings reinforce the need for therapists to recognise reactions such as denial and disbelief to be more indicative of a grief or trauma reaction than pathology, collusion or passivity. In addition, the current study highlighted the intensity of mothers' feelings of anger and betrayal; hence mothers may require assistance in processing these emotions and finding more constructive avenues for directing them (see Plummer, 2006b). Assistance in processing and ideally resolving feelings of confusion and ambivalence is another likely treatment target based on the results of the present study.

The findings from the present study also highlight the significance of prior abuse experiences in non-offending mothers, and the potentially compounding impact this may exert on their post-disclosure functioning; for instance, in re-triggering unresolved trauma symptoms. Unresolved trauma may also impact on maternal functioning, particularly the mother's capacity to identify and respond adequately to the needs of her child. Thus the presence of prior victimisation is an important consideration for therapists working with these women, and has implications for optimising the child's recovery (Dwyer, 1999). It is therefore recommended that therapists assess for prior trauma in mothers, including but not limited to childhood sexual abuse.

For many non-offending mothers, challenges may arise with regards to parenting the child victim. Assisting them in coping with challenging behaviours, arising directly or indirectly from their sexual victimisation, may therefore be an important intervention target. Furthermore, the mother's treatment needs may evolve over time in accordance with the developmental progression of the victim. Mothers may also require therapeutic support to repair and rebuild relationships with the victim. Such relational impairments may be the result of factors such as the perpetrator's manipulative or coercive tactics designed to split the

mother and child, or the victim's perception that the mother knew about the abuse. Assisting mothers to discern potential risk and behavioural indicators in their children, as well as how to respond protectively and supportively, may represent further goals for treatment. Additionally, the centrality of the maternal role in shaping the mother's identity and sense of self-worth, which is inevitably impacted by discovery of abuse, highlights the importance of restoring a sense of competence in parenting ability.

A prominent theme to emerge from the present study pertained to the central experience of loss encountered by many non-offending mothers. The disenfranchised nature of their grief in many instances means that typical avenues of support are no longer available. This may particularly be pertinent where the perpetrator is the non-offending mother's partner and the usual source of emotional support for the mother. The stigma surrounding intrafamilial CSA, and consequent alienation from social networks, may intensify the sense of isolation these mothers encounter and thus make them even more reliant on professionals for practical and emotional support (Dwyer, 1999; Hooper, 1992). Thus a significant finding in the present study related to the importance of peer support groups. While also targeting many of the aforementioned treatment needs, for many mothers the operant mechanism in recovery was the opportunity for a sense of connectivity and shared experience with other non-offending parents. Support groups assisted many women to overcome the sense of isolation, alienation and shame that predominated their post-disclosure experience. Hence this appeared to represent a crucial mechanism for mothers' recovery and psychological growth.

Implications for Statutory Agencies

The findings from the present study have important implications for statutory authorities who intervene in cases of intrafamilial CSA. For instance, decisions by child protection services concerning child custody arrangements typically rely on the initial reactions of the non-offending mother, which guide assessments of her perceived protective capabilities. Perceptions of insufficient maternal protectiveness are associated with an increased likelihood of removing the victim from the family home (Everson et al., 1989). Limited tolerance for indecisiveness and ambivalence is common, with these responses likely to be interpreted by authorities as indicative of the mother's incapacity to respond protectively and supportively. The findings from the present study lend support to existing

findings (e.g., Bolen & Lamb, 2007) that maternal disbelief and ambivalence represent normative responses in the aftermath of discovery, and are not necessarily indicative of inadequate protective or supportive capabilities. Increasing awareness of the impact of discovery on mothers in terms of the range of cognitive, affective and behavioural responses, and conceptualising these responses within the grief and trauma framework outlined in the preliminary model, is thus critical.

The current findings also have important implications regarding the impact of mothers' involvement with statutory interventions and the difficulties associated with various constraints. Fear, confusion and uncertainty over where to turn for assistance were common themes identified by mothers in the first stage of the study. Furthermore, exclusionary and alienating agency responses and processes were often identified as contributing to their sense of disempowerment and disillusionment. Such experiences, whether merely perceived or reality-based, may generate resentment and resistance to decision making processes and outcomes. This can have significant consequences for the victim as well, given the central role of the non-offending mother in ensuring the victim's wellbeing. The provision of information around processes and procedures may help to overcome the fear, uncertainty and resistance caused by this lack of understanding.

As previously discussed, the impact of a maternal history of CSA may also pose important implications for statutory authorities. It is thus useful for statutory agencies to recognise that a history of prior victimisation may render it difficult for mothers to engage with intervening authorities. Specifically, their prior experiences in disclosing or reporting abuse, whether their allegations were believed and the subsequent responses or outcomes in relation to statutory interventions may be linked with considerable fear, resistance and guardedness. It is therefore important to assess mothers' prior abuse histories and for professionals to be mindful of the potential impact to their engagement as a result.

Additionally, intervening authorities should be aware of the potential obstacles or challenges facing mothers, and how this may impact on their cooperation and engagement with statutory agency expectations. As identified in the current study, many women face considerable losses and practical challenges in the aftermath of disclosure, such as financial and accommodation-related issues. They therefore may require additional support in addressing these practical issues. In addition, seeking to avoid unnecessary intervention whilst

still balancing child protection requirements may be an important issue for consideration. Furthermore, the disenfranchisement that these women experience can mean ordinary sources of social support are not available, whether due to the mother's reluctance or inability to access them, or the alienation and ostracism that she may encounter (Dwyer, 1999). Thus their reliance on agencies for emotional support and guidance is likely to be high. Statutory agencies should be aware of this and promote access to such sources of support.

In accordance with Hooper's (1992) recommendations, an empowerment-oriented approach when working with non-offending mothers may be effective. Inherent in this approach is recognition of the initial and enduring impact of statutory processes and outcomes on these mothers. Understanding the ambivalence potentially experienced by mothers, and recognising the need for support while they emotionally and cognitively process the situation, are important factors underlying an empowerment-based approach, with the aim of assisting mothers in their decision making and maximising protective and supportive parenting. Considerations regarding the degree to which the mother should be involved in the investigatory process, particularly when she is not the primary source of the allegation, may be a difficult issue to navigate when considering issues of victim safety and wellbeing. Adopting a more collaborative approach would allow statutory agencies to draw upon mothers' relational attachment with the child victim. Inclusive practices are also less likely to generate resentment or resistance to statutory policy and processes.

Finally, the findings of the present study highlight the potentially retraumatising impact of legal processes, which may generate considerable distress for the entire family. For instance, participating in police or child protection investigations, providing witness statements and participating in pre-trial and procedures, as well as outcomes pertaining to convictions and sentencing, may retraumatise the victim, non-offending mother and other family members. Again, the promotion of a collaborative process and keeping mothers informed about anticipated procedures may help to mitigate some of this impact and better prepare them for the ensuing process. Furthermore, the current findings highlight potential issues where the mother may have expectations or preferences that differ from legal expectations. This appeared particularly prevalent with regards to adolescent perpetrators, where in many cases the preference was for treatment-oriented intervention as opposed to punishment.

Limitations

Several methodological limitations of both Stage One and Stage Two of the present study warrant addressing. Firstly, the retrospective design of the Stage One interviews must be acknowledged. For some participants, the sexual abuse of their children and their subsequent discovery took place a number of years prior to their involvement in this research. However, due to the sensitive nature of the subject matter, a retrospective design represented the most ethical approach. One of the inclusion criteria utilised in participant recruitment was the minimum 12 month period from the time of discovery. This was applied given the degree of distress potentially experienced by participants in discussing their experiences and the consequent psychological harm that could be generated. It is worth noting, however, that despite the extended intervals of time that existed for some participants between time of discovery and involvement in the present study, the intensity of their experience was not lost. This suggests that the essence of their experience was still accurately captured and represented in the Stage One findings.

Participant recruitment and retention represented an ongoing challenge during both Stage One and Stage Two of the present study. Such difficulties recruiting participants for investigations of this nature are commonly noted. For Stage One, the sensitive nature of the subject matter necessitated stringent recruitment procedures, and this resulted in a small sample of women. It is worth noting, however, that those who did participate voiced a strong drive to do so. Commonly cited was their need to give their voice to the issue of intrafamilial CSA, its impact and participants' needs and issues in the aftermath of discovery. As previously noted, many participants expressed hope that their involvement in the present study would provide further insight into the maternal experience and thus help future mothers in similar circumstances.

Similarly, although a comparatively large prospective pool of participants was generated for Stage Two of the present study, challenges in securing active participation in the study were evident. Furthermore, retaining participants was difficult, as evidenced by the low response rate of Delphi panel members during the second round. During the first round of feedback ten respondents returned feedback; in the second round, the number of respondents reduced to five. Due to the low number of second round respondents a decision was made not to conduct a third round. A high attrition rate is an inherent issue with the Delphi methodology given the requirement for prolonged participation over a period of time (Borg & Gall, 1983).

While numerous unforeseeable factors could be the reason for the low level of response, it may be postulated that the low rate of response could be attributed to a lack of particular objections or criticisms of the model.

A further limitation pertained to the representativeness of the sample of participants in Stage One. All of the participants were recruited via a community organisation, through which these women and their families received specialised therapeutic intervention. This may limit the generalisability of the model derived from the qualitative findings of the Stage One interviews, given questions concerning the representativeness of these participants relative to the broader non-offending mother population. As discussed, however, the sensitivity of the topic under investigation prevented the recruitment of participants with a wider range of experiences and characteristics. Further, the recruitment of non-offending mothers engaged in therapeutic intervention afforded a potentially unique perspective that was subsequently reflected in the preliminary model. Much of the previous research on non-offending mothers has focused on the immediate aftermath or relatively short-term post-disclosure response. Comparatively limited empirical research exists that has examined the lived experience of mothers who have engaged with therapeutic interventions, and that has delineated this experience longitudinally. Given the exploratory nature of the findings from Stage One, Stage Two of the present study employed a Delphi method with the aim of giving further strength and validity to the proposed model.

Directions for Future Research

The present study involved an exploratory investigation into the lived experience of non-offending mothers, from which a preliminary model was generated to provide a framework depicting the central elements to this post-discovery journey. As the study was qualitative in nature, further quantitative investigation would be useful to confirm the themes identified in the present study and provide validation of the proposed model. Furthermore, the mothers who took part in Stage One of the study were at various stages of their post-discovery experience. Thus further research of a longitudinal design could offer valuable insights into the recovery journey over an extended period of time.

The preliminary model generated in the present study was unable to elucidate the potentially unique issues arising from different types of intrafamilial CSA, and the impact these may have on maternal experience. Indeed, comparatively little is known about lesser

examined subtypes of intrafamilial CSA, such as sibling sexual abuse, and specifically the impact to the non-offending mother. Arguably, a mother whose child has offended against his or her sibling faces unique challenges distinct from other forms of intrafamilial CSA. While the present study touched on some of these issues for this sub-group of mothers, further research is warranted examining the post-disclosure journeys of these women in their own right.

While it is noted that the majority of reported intrafamilial CSA is perpetrated by the father, or father-figure, there are obviously incidents where the victim's father constitutes the non-offending parent. Comparatively little empirical research exists that is inclusive of non-offending fathers in the participant cohort (McCourt et al., 1996). Furthermore, no known studies have investigated fathers' experiences specifically, which is grounds for future investigation. Studies examining the lived experiences of non-offending fathers in the aftermath of discovery, and the possible issues distinct to their post-discovery trajectory, would thus be a valuable contribution to the empirical literature.

A proportion of the women interviewed in Stage One of the present study indicated a childhood history of sexual abuse. The intergenerational transmission of risk for CSA has received some attention in the empirical literature, though as previously noted, the mechanisms of victim-to-victim cycles of abuse remain less clearly understood. Unresolved childhood trauma such as sexual abuse has been well-established as likely to have enduring implications on adult attachment relations (e.g., Leifer et al., 2004) and there is some limited evidence of its impact on maternal functioning, including mothers' capacity to interpret available indicators of victimisation in their own children (Kim et al., 2007). This highlights a clear need for future empirical investigation of the impact of unresolved trauma on maternal functioning in the aftermath of disclosure as well as responsiveness to abuse-related cues and indicators. Comparative studies of mothers with and without their own history of CSA to delineate the impact of this variable on maternal post-disclosure functioning and response would also be valuable.

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APPENDICES

Summary of Appendices

Appendix A	Stage One - Letter from SafeCare	180
Appendix B	Stage One - Participant information sheet	181
Appendix C	Stage One - Participant consent form	182
Appendix D	Stage One - List of independent support services	183
Appendix E	Stage One - Letter from ECU Psychological Services Centre	184
Appendix F	Stage One - Demographic questionnaire	185
Appendix G	Stage One - Sample interview questions	193
Appendix H	Stage Two - Email invitation to participate in Delphi study	194
Appendix I	Stage Two - Participant information letter	195
Appendix J	Stage Two - Delphi study first round email to participants	197
Appendix K	Stage Two - Preliminary model summary	198
Appendix L	Stage Two - First round Delphi questionnaire	203
Appendix M	Stage Two - Delphi study round two email to participants	205
Appendix N	Stage Two - Delphi study round one table of participant feedback	206
Appendix O	Stage Two - Revised preliminary model summary	213
Appendix P	Stage Two - Stage two round two Delphi questionnaire	219
Appendix Q	Stage Two - Delphi study round two table of participant feedback	220

Appendix A
Letter from SafeCare

Counselling • Education • Research

P.O. Box 1627, Fremantle WA 6959 V: 08 9335 9411 or 1800 356 177 (WA Only) F: 08 9335 9488 E: admin@safecare.com.au W: www.safecare.com.au ABN: 71 812 248 795

15th June 2005

To whom it may concern

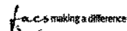
I am writing to confirm that the SafeCare Organisation is happy to allow Amanda Thompson to approach our clients from the Families Program inviting them to participate in her Doctoral Research Project.

Kind Regards,

Christabel Chamarette
Clinical Director
SafeCare

Gwenda Kelso
Program Director – Families Program
SafeCare

SafeCare gratefully acknowledges the financial support of:



Appendix B
Stage One Participant Information Sheet

Participant Information Sheet

Secondary Victims Study

Thank you for responding to the invitation to participate in this study. My name is Amanda Thompson and I am a Doctor of Forensic Psychology student at Edith Cowan University. The study I am inviting you to participate in today, examines the emotions people experience when their child is the victim of sexual abuse and how they perceive the aftermath of such an experience. This is part of a larger study that a research team of staff members and students of Edith Cowan University is undertaking. We hope to use the findings of this study to inform the general public, therapists and the justice system of the experiences of secondary victims.

Today I will be specifically asking you to give me information about

- Some details about yourself, the victim, the offender, the offence and what happened to the case if there was one;
- How you reacted and the impact this incident has had on you psychologically;
- How you coped in the aftermath of the abuse;
- Your specific needs during your recovery;
- I will also ask you to complete a short questionnaire.

There is a possibility that you may feel upset by talking about this and therefore your participation is voluntary and you are free to withdraw at any time without any penalty. The data that has been collected will be destroyed if you withdraw from the project. This session should take about one to one-and-a-half hours.

The study conforms to guidelines produced by the Edith Cowan University Committee for the Conduct of Ethical Research and has been approved by the Ethics Committee at Edith Cowan University.

Any information that you provide will be held in strict confidence by the research team. Your name will not appear on any document and no person other than I will know your name. I will use the information you provide to write a thesis, and it may also be used in articles for publication in scientific journals, and a media release. The media release will be an attempt to give you and other participants an opportunity to read what the findings of the research team were.

Any questions concerning this study can be directed to myself, Amanda Thompson, on (08) 6304 5098, Professor Alfred Allan on (08) 6304 5536 (Supervisor) or Professor Alison Garton on (08) 6304 5110 who is independent of the project.

Thank you for your time and consideration. I have attached a list of organisations that provide counselling services free of charge should you require support.

Please retain this information sheet for your own records

Appendix C
Stage One Participant Consent Form

Participant Consent Form

I ____ confirm that:

- I have read the information sheet that forms part of this document
- I was given an opportunity to ask questions
- All my questions were satisfactorily answered
- I understand this information
- No pressure is being put on me to participate and I realise that I can withdraw at any time
- I agree that research gathered for the study may be published, provided I am not identifiable, and
- I voluntarily sign the consent form

____ ____________________
Participant Date

____ ____________________
Researcher Date

Appendix D
List of Independent Support Services

Counselling support services

Below is a list of counselling services available to West Australians who have experienced, or are experiencing, difficulties in their lives. Please call one of the numbers if you feel that you are having trouble coping, or simply need someone to talk to.

Victim Support Services

Freecall – 1800 818 988

Lifeline

Freecall – 13 11 14

"Someone to talk to"

Freecall –1902 22 1902

Salvo Careline

Telephone – (02) 9331 6000

Salvo Suicide Prevention Line

Freecall – 1300 36 36 22

Alternatively, if you wish to make an appointment with a Registered Psychologist, please contact

The APS Psychologist Referral Service

Freecall – 1800 333 497

Appendix E
Letter from ECU Psychological Services Centre

EDITH COWAN UNIVERSITY
PERTH WESTERN AUSTRALIA

PSYCHOLOGICAL SERVICES CENTRE

Joondalup House
8 Davidson Terrace, Joondalup
Western Australia 6027
Telephone (08) 9301 0011
Facsimile (08) 9301 0014
email: psychology@ecu.edu.au

27 March 2003

Amanda Thompson
School of Psychology
Edith Cowan University
100 Joondalup Drive
JOONDALUP WA 6027

Dear Amanda

This confirms that the ECU Psychological Services Centre would be one of the counselling resources available for participants in your research, should it be required.

Yours sincerely

Clare Wilson
Director, ECU Psychological Services Centre

JOONDALUP CAMPUS
100 Joondalup Drive, Joondalup
Western Australia 6027
Telephone (08) 9400 5555

MOUNT LAWLEY CAMPUS
2 Bradford Street, Mount Lawley
Western Australia 6050
Telephone (08) 9370 6111

CHURCHLANDS CAMPUS
Pearson Street, Churchlands
Western Australia 6018
Telephone (08) 9273 8333

CLAREMONT CAMPUS
Goldsworthy Road, Claremont
Western Australia 6010
Telephone (08) 9442 1333

ECU SOUTH WEST CAMPUS (BUNBURY)
Robertson Drive, Bunbury
Western Australia
Telephone (08) 9780 7777

Appendix F
Demographic Questionnaire

Unique identifier

F	L	d	d	m	m	Y	Y	d	d	m	m	y	y
Participant		Interviewer Code						Date of the incident[1]					

1. Information about participant

Gender ☐ F ☐ M

Age in years _______

Age at time of incident(s) _______

Have you received any psychiatric diagnosis:

a) prior to the incident(s)? ☐ Yes ☐ No

(If yes, provide details)

____

____

____

b) since the incident? ☐ Yes ☐ No

(If yes, provide details)

____

____

____

Have you undergone any treatment or therapy since the incident?
☐ Yes
☐ No

Are you currently undergoing any treatment or therapy?
☐ Yes
☐ No

If the answer is yes, consider whether it is appropriate to proceed with the interview

[1] Give the date the offence stopped if it was something that took place over a period of time.

End of part 1

Part 2.

2. Information about victim (Do not record the name of the victim)

Gender ☐ F
☐ M

Age in years _______

Age at time of incident _______

Has the victim received any psychiatric diagnosis:

a) prior to the incident(s)? ☐ Yes
☐ No

(If yes, please provide details)

____

____

b) since the incident(s)? ☐ Yes
☐ No

(If yes, please provide details)

____

____

Has the victim undergone any treatment or therapy since the incident?

☐ Yes
☐ No

3. Relationship between participant and victim. I am the victim's:

Biological mother ☐
Stepmother ☐
De facto mother ☐
Female guardian ☐
Grandmother ☐
Other ☐
(Please Specify) ____

Did victims live/share a house with you at time of incident?

☐ Yes
☐ No
☐ Other

(Please Specify) ____

4. Offender

The offender was known to me	☐	Yes
	☐	No
	☐	Uncertain
The victim knew the offender	☐	Yes
	☐	No
	☐	Uncertain
Estimated age of offender	_______	

5. Nature of offence

Rape[2] (penetration without consent) ☐

(Specify) ____

Penetration involving person U16 ☐

(Specify) ____

Indecent acts involving sexual behaviour ☐

(Specify) ____

Other sexual offence ☐

(Specify) ____

Was the victim injured? ☐ Yes

☐ No

(If yes, give a short description) ______________________________

____

[2] All cases where there was penetration except those where the relationship was consensual but the victim was younger than 16, in which case penetration under 16 must be ticked.

6. **Sequelae**

Did the victim require medical treatment?
- ☐ Yes
- ☐ No

Did the victim require counselling?
- ☐ Yes
- ☐ No

Did you require medical treatment?
- ☐ Yes
- ☐ No

Did you require counselling?
- ☐ Yes
- ☐ No

Did anyone else in the victim's family require medical treatment?
- ☐ Yes
- ☐ No

(If yes, please specify who)

____

Was the crime reported to the police
- ☐ Yes
- ☐ No

Was the complaint withdrawn
- ☐ Yes
- ☐ No

Was the offender arrested
- ☐ Yes
- ☐ No

Was there a court case
- ☐ Yes
- ☐ No

The accused was
- ☐ Acquitted
- ☐ Convicted

Can you tell me why the crime was/not reported to the police?

____

____

____

Can you tell me why the complaint was withdrawn/ pursued?

____

____

____

7. Did you attend the court case?

- ☐ Yes
- ☐ No
- ☐ There was no court case

8. If you did not attend the court case/ If you attended the court case

Can you explain why you made this decision?

____

____

____

____

Can you tell me how it made you feel?

____

____

____

____

Can you tell me how you feel about your decision today?

____

____

____

____

If you could turn the clock back, would you make the same decision?

____

____

____

9. Victim impact statement

Can you explain to me what you think a victim impact statement is?

____

____

____

Was a victim impact statement offered?

- ☐ Yes
- ☐ No
- ☐ Don't know what a VIS is

If yes or no, can you explain this decision?

____
____
____
____

Who made the decision?

____
____

How do you feel about the decision?

____
____
____
____

10. Did you testify?

- ☐ Yes
- ☐ No
- ☐ There was no court case

If you testified, can you tell me how that made you feel?

____
____
____
____

If you did not testify, would you have liked an opportunity to testify?

- ☐ Yes
- ☐ No

Can you explain why?

____
____
____
____

11. If there was no court case

Would you have attended the case if there was one (forced choice question)

☐ Yes
☐ No

Can you explain why?

____

____

____

____

12. Are you satisfied with the outcome of the case?

____

____

____

____

13. Is there anything you would like to add that I did not ask you about?

____

____

____

____

14. Previous History of Trauma

Now I would like to ask you about extremely stressful or upsetting events that sometimes occur to people

Did you ever have direct combat experience in war?	Yes No
Were you ever involved in a life-threatening accident?	Yes No
Were you ever involved in a fire, flood, or other natural disaster?	Yes No
Did you ever witness someone being badly injured or killed?	Yes No
Were you ever raped, that is where someone had sexual intercourse with you when you did not want to, by threatening you, or using some degree of force?	Yes No
Were you ever seriously physically attacked or assaulted?	Yes No
Have you ever been threatened with a weapon, held captive, or kidnapped?	Yes No
Have you ever been tortured or the victim of terrorists?	Yes No
Have you ever experienced any other extremely distressful or upsetting event? (Give a short description)	Yes No

____

____

____

____

Thank you for your participation

Appendix G
Sample Interview Questions

1. Can you tell me why you agreed to take part in this study? What you felt may have motivated you to take part?
2. Can you tell me what happened?
3. What were your initial reactions?
4. Can you describe some of your thoughts and feelings towards the perpetrator?
5. How do you think this whole experience has been for your child?
6. What sources of support were available to you? What things did you find helpful/unhelpful?
7. What have been some of your needs?
8. In what ways has life changed for you in the aftermath of finding out what happened?
9. What have been some of the things you have done or tried in order to cope?

Appendix H
Email of Invitation to Participate in Delphi Study

Subject: Invitation to participate in Doctoral research on the experiences of non-offending mothers in CSA cases

Good afternoon,

I am writing to invite you to participate in my Doctoral research that explores the lived experiences of non-offending mothers whose child has been a victim of intrafamilial sexual abuse. Specifically, the goal of the study is to develop a model that best accounts for the mother's experience in her journey towards recovery. I am approaching you to be involved in this study due to your expertise in the area of child sexual abuse, and specifically, the issues faced by the non-offending mother or caregiver. I believe your knowledge would prove valuable in refining and validating the preliminary model I have developed.

I have attached a letter of invitation that provides some more details about the study and what would be asked of you, should you be interested in taking part. Please read at your convenience and contact me with any questions you may have. If you would like to participate in this study, please indicate your consent to do so via this email. I hope to commence the process of seeking feedback in the next few weeks once I have established a panel of participants. I would greatly appreciate if you could forward this invitation to any other Psychologists, Social Workers or Counsellors whom you consider would be appropriate and possibly interested in contributing their expert feedback.

I would like to take this opportunity to thank you in advance for your consideration of this invitation.

Kind Regards

Amanda Thompson
School of Psychology and Social Sciences
Edith Cowan University
Perth, Western Australia
M: +61414 319 869
E: ajthomps@our.ecu.edu.au

Appendix I
Stage Two Participant Information Letter

LETTER OF INVITATION TO PARTICIPATE IN RESEARCH STUDY

THE LIVED EXPERIENCE OF NON-OFFENDING MOTHERS IN CASES OF CHID SEXUAL ABUSE: A PRELIMINARY MODEL

Dear Colleague,

My name is Amanda Thompson and I am undertaking a Doctorate in Forensic Psychology at Edith Cowan University, Western Australia. As part of the requirements of this degree, I am completing a research project that explores the experiences of non-offending mothers in cases of intrafamilial child sexual abuse, seeking to generate an explanatory model that accounts for their experience.

As part of the second stage of this study, I am kindly requesting your participation in an expert panel to further refine the model I have generated from interviews previously conducted with a group of non-offending mothers whose children were sexually abused by a family member. I have identified you as a potential panel participant on the basis of your professional knowledge and expertise in this area. My intention is to conduct a series of feedback questionnaires about the model, utilising the Delphi technique. In using this approach, I will present to you a brief overview of the preliminary model, and invite your feedback with a short series of open-ended questions. Your participation would involve providing responses to two or three rounds of questionnaires, in which you will be provided with a summary of the panel's overall feedback and invited to provide further comment.

It is anticipated the findings of this study may assist agencies and supporting professionals responding to, and working with families affected by intrafamilial child sexual abuse, particularly by providing further clarity to the non-offending mother's experience. This is an area that has received relatively little empirical attention.

If you choose to participate, all correspondence will take place via email, and the responses you provide will be anonymous, only identifiable by the Chief Investigator. Responses will be coded, removing any identifying information, and only general themes/summaries of responses reported back to the participating panel of experts. You will be free to withdraw your involvement in the study at any time. This study has been approved by the Edith Cowan University Human Research Ethics Committee.

If you are interested in participating, or have any further questions about the study, please contact me on the details provided below. If you have any concerns or complaints about the research project and wish to talk to an independent person, you may contact:

Research Ethics Officer
Edith Cowan University
270 Joondalup Drive
JOONDALUP WA 6027
Phone: (08) 6304 2170
Email: research.ethics@ecu.edu.au

Kind Regards,

Amanda Thompson
Chief Investigator
School of Psychology and Social Sciences
Edith Cowan University
M: +61414 319 869
E: ajthomps@our.ecu.edu.au

Research Supervisors:

Prof Alfred Allan
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Ph: 6304 5536
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Dr Ricks Allan
School of Psychology & Social Sciences
Edith Cowan University
Ph: 6304 5048
Fax: 6304 5834
Email: m.allan@ecu.edu.au

Appendix J
Delphi Study First Round Email to Participants

Subject: Delphi Research Study - first round

Dear Participant,

Thank you for agreeing to participate in my research project as an expert panel member. Your input in this research project is highly valued.

Attached are two documents that you are requested to read as part of the first round of feedback. The first is called 'The Lived Experience of Non-Offending Mothers of Intrafamilial Child Sexual Abuse Victims: A Preliminary Model'. This document provides an outline of the preliminary model generated from the first stage of this research project, and will need to be read before completing the second document. This second document is the initial questionnaire and contains some open-ended questions which seek to obtain your initial input and feedback on the preliminary model.

Please complete the attached questions, save as a document, and return to me via email attachment (ajthomps@our.ecu.edu.au). The requested deadline for return your first round of responses is the 7th of July 2013. Once all responses are received, I shall collate and analyse the findings, of which a summary overview of responses will be send to each panel member for further input.

I thank you in advance for taking the time to read through and respond to the documents provided. Please remember that your participation is voluntary, and you can request to be removed from the panel at any time without penalty. If you have any questions or concerns, please don't hesitate to contact me via the contact details provided.

Kind Regards,

Amanda Thompson
School of Psychology and Social Sciences
Edith Cowan University
M: +61414 319 869
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Appendix K
Preliminary Model Summary

The Lived Experience of Non-Offending Mothers of Intrafamilial Child Sexual Abuse Victims: Revised Preliminary Model

In the first stage of this study, semi-structured interviews were conducted with a group of non-offending mothers whose children had been sexually abused by a family member. An analysis of the data generated a complex picture, from which the main themes were used to generate a preliminary model to best account for this experience. Figure 1 gives a diagrammatic representation of this model. The model is divided into three main phases: the Acute Phase (comprising Discovery and Destabilisation), the Transition Phase (comprising Loss and Disempowerment), and the Transformative Phase (comprising Taking Control and Resolution). It should be noted that this model does not imply that the maternal post-discovery journey follows a one-directional path to recovery. Rather, it is recognised that mothers may continually vacillate between these phases of the model in a non-linear fashion. However it is felt that providing an organisational framework to this experience may further assist in understanding this comparatively under-examined group of women and potentially inform and improve both support and adversarial services working with them.

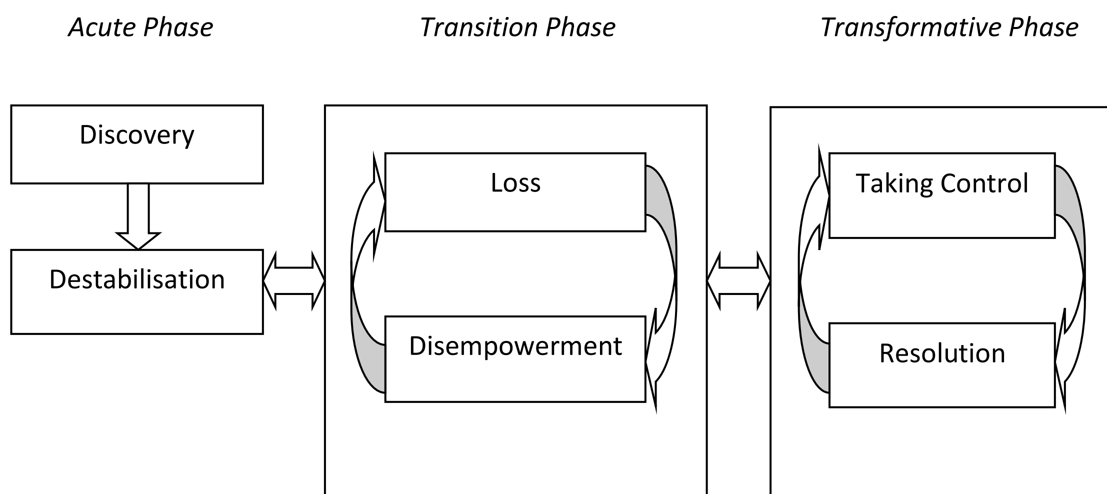

Figure 1. A preliminary model of non-offending mothers' perceived experience following discovery of child sexual abuse.

Acute Phase

Discovery

The Discovery Phase accounts for the various mechanisms by which the non-offending mother becomes aware of the abuse. Numerous factors are influential in shaping the nature of this discovery. Discovery may be a discrete process, but can also be a gradual one, and at times full awareness is never attained for reasons ranging from the victim's inability or unwillingness to fully disclose the abuse, active attempts to maintain the secrecy, to the perpetrator's denial or minimisation of what took place. The means by which the non-offending parent becomes aware are variable, ranging from directly witnessing the abuse, to disclosure by the victim or another third party. Although many non-offending parents may have no prior awareness the abuse, in some instances, there can be a period of mounting suspicion and doubt. Thus actual awareness may be preceded by feelings of vague unease and uncertainty.

Destabilisation

A range of initial affective and cognitive reactions are commonly experienced by mothers in response to the discovery of the sexual abuse of their child. Shock, disbelief, uncertainty, anger and betrayal are frequent immediate affective and cognitive responses. For mothers who themselves have a history of sexual abuse victimisation, the awareness their child has been similarly victimised can be deeply distressing and retraumatising. Though initial disbelief and difficulty comprehending the reality of the situation is typical, the non-offending parent may still demonstrate a protective behavioural response, for instance putting protective measures in place or immediately removing the child or the perpetrator from the situation until further confirmation is reached. Avoidant defence mechanisms such as denial, minimisation and affective numbing, may be utilised by mothers particularly in the early stages of awareness, as mothers struggle to comprehend the overwhelming impact of discovery/disclosure. Mothers may resort to self-medicating with alcohol, prescription drugs and illicit substances, when the shattering reality of their situation overwhelms their coping resources.

Transition Phase

Loss and Disempowerment

Loss and Disempowerment are identified as the critical processes which capture the core challenges confronted as mothers move from the destabilising impact of discovery towards a deeper level of processing and search for meaning. Parallels with grief and trauma reactions are evident as discovery of the abuse results in multiple and often pervasive losses and threatens previous perceptions of relative stability and security. The notion of disenfranchised grief affords some explanatory value in describing the nature of losses inherent for non-offending mothers, particularly surrounding the stigma and alienation associated with intrafamilial CSA (Dwyer & Miller, 1996). The observation of trauma symptomatology in non-offending mothers also shares features consistent with secondary victimisation (Strand, 2000). However the experience of non-offending parents can be considered to extend beyond a typical grief or secondary victimisation response due to the nature and extent of the losses encountered, the emotional attachment to those involved, and the inherent issues of betrayal and trust (Hooper, 1992). Ambivalence is a factor complicating mothers' post-discovery journey as their emotional ties with both the victim and the perpetrator can generate significant inner turmoil and guilt. The emotional attachment to both the victim and the perpetrator also intensify feelings of self-blame as can the mother's perceived sense of failure at not recognising the signs and preventing the abuse from having occurred.

The feelings of failure as a mother to protect their child from harm, contribute to associated guilt, shame, and thus adversely impact their sense of self-worth. The experience of betrayal by a loved one contributes to issues of trust, and may extend beyond distrust of the perpetrator to a pervasive distrust in the world as a whole. As these prior beliefs about the self and others are challenged or threatened, the inability to reconcile this new reality with pre-existing ideals can generate a profound sense of helplessness and hopelessness (Janoff-Bulman, 1992). A sense of disempowerment may stem from the non-offending mother's experience of profound doubt and uncertainty. This may be further compounded by perceived

or actual negative judgement, scrutiny and blame from external sources, including family and intimate support networks in addition to intervening professionals.

Transformative Phase

Taking Control

Taking Control refers to the point at which non-offending mothers demonstrate their attempts to re-establish some sense of control and equilibrium; representing a shift from an essentially reactive to a more proactive response. Mothers begin to question and evaluate their internal dialogue, and where identifying and recognising unhelpful processes, may seek to adopt more adaptive coping strategies. In doing so, there is evidence of the beginnings of identity reconstruction and reclaiming or generating a sense of self-worth, often by seeking to reframe the experience, in more adaptive ways. Emotional containment strategies, as well as accepting their own limits of responsibility and adopting more accurate perceptions of personal limitations are evident. For some mothers, a capacity to experience empathy towards the perpetrator, while still holding them fully accountable for their offending, appears to represent an attempt to adopt a more positive coping strategy. While anger is recognised as a normative affective response integral to the mothers' healing process, the capacity to contain or regulate this emotion appears to facilitate the channelling of this affect towards more constructive avenues. A critical component in reinstating a sense of control is access to and utilisation of positive social support. A sense of connectivity with other families in similar circumstances, validation and non-judgement are influential mechanisms for contending with the often experienced stigma and shame attached with CSA and thus generating or reclaiming the mother's sense of empowerment and control.

Resolution

The Resolution phase represents the stage in recovery whereby non-offending mothers demonstrate some degree of integration of the trauma experience within their self-construct. For mothers at this point in their journey, this is indicated by an increased level of acceptance, and a capacity for emotional containment. An aspect of this phase is the potential for post-traumatic growth, which underpins the transformative nature of this point in the

journey. Mothers demonstrating such growth do not appear to return to the pre-abuse status quo of functioning, rather they consider themselves transformed or changed by the experience, recognising there is something qualitatively different about themselves, generally in positive ways. While critics have argued the validity of the concept of post-traumatic growth (McCann, Sakheim & Abrahamson, 1988), the current model merely highlights the perception of this experience rather than seeking to assess whether such growth is accurate. Mothers who demonstrate a degree of resolution may experience a sense of renewed perspective, optimism, inner strength and self-efficacy in light of their post-disclosure experience. Seeking to make meaning of their experience is represents a fundamental aspect at this point. Some mothers may experience an increased sense of emotional connectivity with the victim. The notion of growth is not intended to suggest that any positive outcomes are standalone features of the post-victimisation experience, but rather can co-exist with the negative consequences associated with the trauma of sexual abuse. In both positive and negative terms, at the resolution stage there is recognition of the fundamental and enduring nature of change. Overall, the resolution phase of the model emphasises the ongoing and fluid process of recovery and growth.

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Appendix L
First Round Delphi Questionnaire

Initial Delphi Questionnaire

Preliminary Model Feedback

The questions below pertain to the attached document entitled *The Lived Experience of Non-Offending Mothers of Intrafamilial Child Sexual Abuse Victims: A Preliminary Model.* In order to complete the following questions, you are asked to review this preliminary model that has been outlined in the attached document. The questions are open-ended to seek your initial thoughts and comments on the preliminary model. This feedback will be utilised to refine the preliminary model which will be sent to you for further comment, along with additional questions seeking your input.

1. **How well does the preliminary model encapsulate your understanding of non-offending mothers' post-discovery experience?**

2. **What changes to the model would you suggest to more accurately depict non-offending mothers' experiences? Why?**

3. **Are there any other comments or feedback on the model that you would like to provide, or aspects of the model that require further explanation?**

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Appendix M
Delphi Study Round Two Email to Participants

SUBJECT: Delphi Study Second Round Feedback and Questionnaire

Dear Panel Member,

Firstly, I wish to thank you all for taking the time to provide your feedback to the preliminary model, your comments and insights were very valuable and greatly appreciated. While care was taken to address all the contributions made, I apologise if it appears I have overlooked any of your comments. Please note, while there were many valid and insightful comments received regarding the experience of non-offending mothers, in the absence of data from my research explicitly addressing these issues, it was not always possible to incorporate this feedback into the model. While these issues may not have been specifically addressed in the second round, your comments are very useful in highlighting additional issues to be considered whilst writing up my study. I wish to emphasise that the preliminary model I have developed is based on the perceptions and experiences of the group of non-offending mothers I interviewed to ascertain their lived experience of the post-disclosure journey.

The first round of feedback from the panel group has been summarised in table format – please see attached document titled *Delphi Panel Round One Table of Feedback*. The third column of the table provides my response to the panel feedback. Where possible, the panel feedback has been incorporated into the revised preliminary model summary document – please refer to attached document titled *Revised Preliminary Model* for the changes that have been made to the model. I have also added some information in the revised model document about the original participant sample to give some context to the model that was subsequently generated from my analysis.

For the second round, could you please read the attached table of feedback and amended model, and provide your feedback to these changes in the S*econd Round Delphi Questionnaire* (please see attached). Once again, could you please save this as a word document, and return it to me as an attachment via email (ajthomps@our.ecu.edu.au). The requested deadline for returning your second round of feedback is**Monday the 4th of November.**

Thank you in advance for taking the time to participate in this study.

Kind Regards,

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Appendix N

Delphi Study Round One Table of Participant Feedback

ISSUE RAISED	FEEDBACK/COMMENT	RESPONSE
GENERAL		
Representativeness of the maternal experience	The model has intuitive value in its description of the common elements identified in participants' recovery journeys, and is consistent with experience of the issues prevalent in working with non-offending mothers.	
The limitations of model conceptualisation	Encapsulating the 'ideal' representation of mothers' recovery processes, runs the risk of over-simplifying the experiences of those who do not fit within the confines of this conceptualisation. Any model must be flexible and informed by the client, seeking only to offer a set of 'guiding principles'.	I agree that any conceptualisation runs the risk of failing to capture the complexity of the phenomenon under investigation. The preliminary model I have developed is based on the lived experience of these non-offending mothers, that is, it seeks to capture and conceptualise their subjective views of their recovery journeys post-discovery, and provide a map of the common themes central to their journey.
Cyclic nature of maternal experience	The diagram depicts too linear a process, it does not adequately illustrate the recursive nature of the mother's experience. The model needs to highlight this movement as a central rather than peripheral characteristic of their experience.	The diagram incorporates bi-directional arrows to reflect the cyclical nature of the participants' recovery journey, the recursive nature of which is agreed as being representative of their experience. Recycling through the stages could be prompted by a range of internal and/or external factors. For example, as new information regarding the abuse came to light, the participants could find themselves in a state of cognitive and affective dissonance, thus returning to a point of destabilisation.
Enduring nature of recovery	Reinforce maternal experience is likely to be a life-long process, and will differ in intensity and duration.	The findings support that recovery from trauma is an enduring journey, with many fluctuations and regressions in the participants' capacity to cope and function along the way. Each participant's journey is unique. This model however, aims to give some sense to the common elements that may be characteristic of

		their experience. The intense and enduring nature of participants' experiences was consistently supported.
CSA typologies	Questioning the ability of model to account for different intrafamilial CSA perpetrator-relationship dynamics. E.g. Sibling sexual abuse specific issues.	The model primarily depicts the dynamics associated with intrafamilial child sexual abuse (IFCSA) where the perpetrator is the participant's partner. A small number of participants solely consisted of cases of sibling sexual abuse, as such interpretation was restricted by this small sub-group. However, some tentative findings suggested that the mothers in sibling sexual abuse (SSA) demonstrated a tendency to respond in a more supportive manner towards the perpetrator. Feelings of ambivalence, or the notion of 'torn loyalties' were quite characteristic of participant response. An appreciation of victim-offender pathways, for instance viewing the perpetration of sexually abusive acts as a re-enactment of the adolescent's own abuse history was an emerging theme, which could perhaps be construed as rationalisation. While the intensity of affective responses such as anger impressed as a consistent feature regardless of relationship to the perpetrator, the sense of betrayal was less evident in the SSA mothers. A pro-active focus on seeking treatment and rehabilitation over punitive responses was fairly typical for the mothers of SSA cases, though there was generally recognition of the importance for adolescent perpetrators to take responsibility for their offending behaviour.
Terminology	Change "victim" to "survivor"	The mothers I interviewed all referred to themselves and their children as victims as opposed to survivors, hence it was deemed appropriate to adopt this terminology.
Relationship with perpetrator	Explains the recovery process from the trauma in the relationship with perpetrator partner well	
ACUTE PHASE		
Impact of maternal history of abuse	Mothers with their own unresolved abuse histories often lack awareness of appropriate boundaries, what constitutes abuse, and	While clearly a valid point, interpretation of this issue is limited to the available data. Several participants identified their failure to recognise their vague suspicions as indicators that 'things were not right'. Many attributed their lack of

	possess blind spots which compromise their protective ability. Mechanisms such as dissociation can preclude mothers from adequately recognising and acknowledging the abuse of their child.	awareness to factors such as the perpetrator's grooming behaviour, their personal naivety, and in some cases of step-father/de facto partner perpetrators, their misinterpretation of the perceived closeness between perpetrator and victim as a positive sign of bonding.
Mothers who deny the abuse	The model lacks a pathway for mothers who deny the abuse has occurred.	All participants demonstrated at least partial belief that the abuse had occurred. Hence while an important consideration when examining non-offending mothers, comment on this issue is not possible on the basis of available data from the present study. Certainly future research seeking to generate a model to account for such groups of women would be valid and important.
Denial and minimisation	More emphasis is needed on the processes of denial and minimisation as characteristic of maternal response.	Denial and minimisation were common coping mechanisms exhibited by participants, particularly during the early stages of awareness, and were given greater emphasis. Denial impressed as more of a transient state for most mothers in the initial post-discovery stages. More commonly, participants utilised more conscious avoidant coping strategies such as affective numbing as they struggled to comprehend the overwhelming reality of discovery/disclosure.
Protective silence	The model needs more discussion of where maternal silence is a protective response, such as in cases of domestic violence.	While not a prominent issue to emerge in the data, domestic violence was identified as a factor in why participants may not report, maintaining protective silence out of fear of the anticipated consequences if they did report.
The impact of practical issues	The model needs greater acknowledgement of practical concerns such as financial, transportation, availability and accessibility of supports, and their potentially overwhelming impact.	Practical concerns such as financial, employment, residential issues and access to supports were significant stressors that some participants had to contend with in the aftermath of discovery, and were given greater emphasis. Lost sources of income, having to be financially self-reliant, residential relocation, seeking employment or cutting back due to additional demands, were some of the identified "costs" associated with discovery. Limited access to supports (both formal and informal) were also identified as significant challenge for many participants. Time and financial constraints associated with meeting requirements associated with statutory processes, and accessing support services were

		significant for many causing added pressure.
Perpetrator role	The role of the perpetrator lacks discussion, in particular their grooming behaviour and attempts to exert influence at discovery.	The grooming, manipulation and coercive actions of the perpetrator in seeking to maintain the secrecy of the abuse were pertinent issues for some participants, particularly at the time of disclosure when actively trying to interpret the information available to them, and make decisions/judgements on the basis of limited and at times, contradictory information.
Mother-victim relationship	Model lacks indication of the separate a healing process in mother's relationship with the victim	While a pertinent point, there was no direct data in the present study to discuss this issue.
TRANSITION PHASE		
Centrality of experience	Themes of loss, trauma and power-related issues represent the central components of the mothers' experience.	It is agreed these elements were central aspects of the participants' experience, and are addressed accordingly in the Loss and Disempowerment section of the Transition Phase.
External/Contextual issues	The model is overly individualistic and focused on internal-psychological aspects of the mothers' experience. The role of external and contextual factors on maternal experience and recovery process is lacking and requires more emphasis, including mothers' experience of statutory agencies/processes such as the police and legal system, as well as formal/informal supports; in particular the impact of negative responses on the mother's healing process.	It is recognised that the participant's experience is embedded within the broader social and environmental context. In the present study, the impact of the various intervening statutory agencies, as well as professional and social support were important considerations to the experience of these mothers and their respective journeys. Perceptions of blame, negative judgement and punitive attitudes experienced from authorities such as child protective services often promoted a sense of guilt and shame for many participants. The perception of a lack of responsiveness when seeking professional intervention, at times contributed to a sense of powerlessness, and disillusionment regarding how the legal system manages cases was often evident; The court process was identified by several participants as a retraumatising experience for the entire family involved. Support services were an important factor precipitating participants' sense of personal growth and recovery. The primary mechanisms identified as contributing to a personal sense of benefit from support services included a sense

		of connectivity with other families in similar circumstances, validation and non-judgement. Many identified a strong need for guidance in navigating the aftermath of discovery and its implications for the whole family. Support derived from social networks was also a significant factor impacting on participants' recovery. Some of the mothers experienced negative scrutiny, judgement and isolation from their social networks, particularly where they were viewed as supporting the perpetrator, which often exacerbated their sense of alienation and shame. Alternatively perceptions of positive social support in many cases served as a protective buffer. Self-imposed isolation and selectivity of support-seeking were protective strategies often employed by participants as either an anticipatory or reactionary response to perceived negative external feedback.
Control	Model needs more emphasis on control issues. I.e. feeling of a loss of control, resulting in obsessive thoughts and behaviours about future protection of child	The Transition Phase, which encompasses the major themes of *Loss* and *Disempowerment*, identifies the experienced loss of control as a central theme that emerged from mothers' journeys. For many participants, discovery threatened their pre-existing schemas around controllability and meaning, and where there was a perceived inability to recapture this sense of control, disempowerment was evident. The safety and protection of their children became paramount concerns for many participants, often linked with a pervasive sense of distrust concerning other people's motives and actions. The Transformative Phase, in particular, *Taking Control*, highlights the processes many participants exhibited to regain a sense of control and overcome their sense of powerlessness.
Empathy for perpetrator	Questioning perpetrator empathy as a more adaptive coping response as it more likely an indicator of possible collusion and an avoidance coping strategy.	Although not evident in all participants, for some there was acknowledgement of their feelings of ambivalence towards the perpetrator post-discovery. While not intending to suggest they condoned the perpetrator's actions, for some, there was a perception that the perpetrator's engagement in treatment was a positive development. Their ability to experience empathy, while still holding the perpetrator fully responsible and accountable for their actions, was seen as a balanced response as it demonstrated greater comfort with situating themselves in an ambiguous and complex reality.
Anger	Anger is not a negative affect, but a normal	It is acknowledged that the representation of anger as a negative affect was

	and important part of the healing process as linked with the recognition the abuse is wrong.	inaccurate. Anger is recognised as a normative affective response integral to the healing process for the majority of the participants. Where it is considered potentially more problematic is where mothers become stuck in their anger which demonstrated an all-consuming, destructive quality, perhaps better represented as rage and a desire for vengeance.
Channelling anger	Anger, when focused on channelling change through social action can led to growth.	Where participants demonstrated greater ability to modulate or regulate their anger, there appeared more scope for channelling it and achieving some affective balance, and this was where personal growth was often most evident.
Projecting anger	Anger at self can be projected onto men and society in general	While a valid observation, I was unable to draw any direct evidence from my data to support this point.
TRANSFORMATIVE PHASE		
Resolution	Not all women will achieve resolution, especially mothers who try to support both the victim and perpetrator Need to equally acknowledge positive and negative outcome possibilities so as not to risk stigmatising mothers who do not feel they can grow and learn from the experience.	It is agreed that the model does not seek to assert that resolution will be an outcome for all non-offending mothers. The resolution stage captures those participants who demonstrated a degree of acceptance and perceived having integrated the experience into their sense of self in an adaptive manner. Greater emphasis has been added to better elucidate that resolution does not imply the absence of adversity in the participants' post-discovery journeys. Concurrent with the expressions of hopefulness about the future, renewed sense of strength, self-efficacy, and overall sense of greater balance evident in these participants' stories, there remained a clear desire to have never endured the trauma of CSA. With this in mind, alternative labels for Resolution were considered, including "Accommodation" or "Integration", which are perhaps less suggestive of the finite nature and overly-positive connotations "Resolution" infers.
Post-traumatic growth	Post-traumatic growth/resolution is difficult in situations of sibling sexual abuse unless significant change/recovery evident in the	An interesting point, however I did not have any direct evidence of this to be able to comment or incorporate into the model.

	perpetrator	
Meaning-making	The post-disclosure experience of non-offending mothers is primarily a journey of meaning-making	The post-discovery journey impressed as a journey of meaning-making for some participants, demonstrated by a drive to make sense of events by reconstructing their meaning.

Appendix O
Revised Preliminary Model Summary

The Lived Experience of Non-Offending Mothers of Intrafamilial Child Sexual Abuse Victims: Revised Preliminary Model

In the first stage of this study, semi-structured interviews were conducted with a group of non-offending mothers whose children had been sexually abused by a family member (typically a spouse/partner, or a son). The participants were recruited through a community-based organisation that provides support and counselling to families affected by intrafamilial child sexual abuse. The organisation offers psychological treatment intervention to all of the family members, including the perpetrators, non-offending partners, victims and siblings. The focus of these interviews was to ascertain the participant's perceptions of their experience, in the wake of their discovery of the abuse. An analysis of the data generated a complex picture, from which the main themes were used to generate a preliminary model to best account for this experience. Figure 1 gives a diagrammatic representation of this model. The model is divided into three main phases: the Acute Phase (comprising Discovery and Destabilisation), the Transition Phase (comprising Loss and Disempowerment), and the Transformative Phase (comprising Taking Control and Resolution).

Participants' recovery journeys were typically complex, multifaceted and enduring in quality, rarely following a one-directional, linear path. Hence the model recognises that these mothers may continually vacillate between these phases in a recursive motion, prompted by both internal and external influences. For instance, as new information regarding the abuse comes to light, mothers may find themselves returning to a point of Destabilisation. This new information must be processed and incorporated into their existing awareness, which may subsequently generate considerable cognitive and emotional dissonance. While any attempt at conceptualising human experience runs the risk of over-simplifying the complexities of the phenomenon, by providing a qualitative map of the non-offending mother's experience it is hoped to further our understanding of this relatively under-examined group of individuals and seek to inform both support and adversarial services who work closely with them in the aftermath of child sexual abuse.

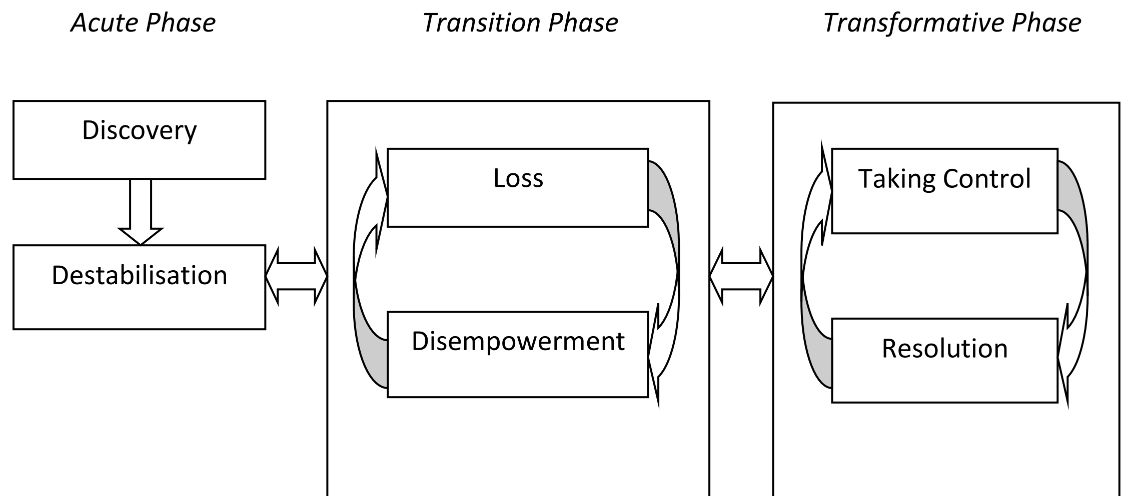

Figure 1. A preliminary model of non-offending mothers' perceived experienced following discovery of child sexual abuse.

Acute Phase

Discovery

The Discovery Phase accounts for the various mechanisms by which the non-offending mother becomes aware of the abuse. Numerous factors are influential in shaping the nature of this discovery. Discovery may be a discrete process, but can also be a gradual one, and at times full awareness is never attained for reasons ranging from the victim's inability or unwillingness to fully disclose the abuse, active attempts to maintain the secrecy, to the perpetrator's denial or minimisation of what took place. The grooming, manipulative and coercive actions of the perpetrator in seeking to maintain the secrecy of the abuse may represent significant issues, particularly when mothers are actively trying to disseminate and make judgements and decisions on the basis of limited, or at times, contradictory information. The means by which the non-offending parent becomes aware are variable, ranging from directly witnessing the abuse, to disclosure by the victim or another third party, each carrying their own implications for how the information is processed and responded to. Although many non-offending parents may have no prior awareness the abuse, in some instances, there can be a period of mounting suspicion and doubt, thus actual awareness is preceded by feelings of vague unease and uncertainty. Such issues highlight the often complex nature of the discovery process, which in turn shapes the rest of the mother's journey.

Destabilisation

A range of initial affective and cognitive reactions are commonly experienced by mothers in response to the discovery of the abuse of their child. Shock, disbelief, uncertainty, anger and betrayal are frequent immediate affective and cognitive responses. For mothers who themselves have a history of sexual abuse victimisation, the awareness of a similar fate befalling their child can be deeply unsettling. Though initial disbelief and difficulty comprehending the reality of the situation is typical, the non-offending parent may still demonstrate a protective behavioural response, for instance putting protective measures in place or immediately removing the child or the perpetrator from the situation until further confirmation is reached. Avoidant defence mechanisms such as denial, minimisation and affective numbing, may be utilised by mothers particularly in the early stages of awareness, as mothers struggle to comprehend the overwhelming impact of discovery/disclosure.

Practical concerns such as financial, employment, residential issues and access to services are significant stressors that many mothers must contend with in the aftermath of discovery. Losing the primary source of income the perpetrator provided may result in the need for mothers to seek financial autonomy; conversely having to relinquish or cut back on work obligations due to additional child care demands are some of the frequent "costs" associated with discovery. Such financial concerns, in addition to psycho-social factors such as the stigma of child sexual abuse, may result in the need for residential relocation. Limited access to supports (both formal and informal) can also become a significant and ongoing challenge for mothers to contend with. Time and financial constraints associated with attending various appointments associated with statutory processes and support services may be significant for many and thus cause undue pressure impeding the mother's capacity to cope.

Transition Phase

Loss and Disempowerment

During the Transition Phase, Loss and Disempowerment are identified as the major themes which capture the core challenges confronted as mothers move from the destabilising impact of discovery towards a deeper level of processing and seeking understanding of their experience. Parallels with grief and trauma reactions are evident as discovery of the abuse results in multiple and often pervasive losses and threatens previous perceptions of relative

stability and security. The notion of disenfranchised grief affords some explanatory value in describing the nature of loss inherent with the stigmatising and isolating impact of CSA (Dwyer & Miller, 1996). The consistent observation of trauma symptomatology in non-offending mothers has also resulted in their reference as secondary victims (Strand, 2000). However the experience of non-offending parents can be considered to extend beyond a typical grief or secondary victimisation response due in part to the nature and extent of the losses encountered, the emotional attachment to those involved, and the inherent issues of betrayal and trust (Hooper, 1992). Ambivalence is a factor complicating mothers' post-discovery journey as their emotional ties with both the victim and the perpetrator can generate significant inner turmoil and guilt. The emotional attachment to both the victim and the perpetrator also intensify feelings of self-blame at failing to recognise the abuse as occurring. The intensity of feelings of failure as a mother and a parent to protect their child from harm, contribute to associated guilt, shame, and thus adversely impact their sense of self-worth. Pre-occupation with the safety and protection of the child become paramount concerns for mothers, often linked with a pervasive sense of distrust concerning other people's motives and actions. As these prior beliefs about self-worth, personal control and invulnerability are threatened, the inability to reconcile their reality with these pre-existing ideals can generate a profound sense of helplessness and hopelessness (Janoff-Bulman, 1992).

Across the entirety of their journey, the non-offending mother's experience is embedded within the broader social and environmental context. External factors, such as the various intervening statutory agencies, as well as professional and social support play a critical role to the experience of these mothers and their respective journeys. Their sense of shame, guilt and self-doubt may be heightened where a mother experiences blame, negative judgement and punitive attitudes from intervening authorities and support networks. The experience of a lack of responsiveness and availability when seeking professional intervention, may also contribute to a sense of powerlessness. The management of such cases by the legal and court systems can foster disillusionment, and at worst, represent a retraumatising experience for the entire family.

Transformative Phase

Taking Control

Taking Control refers to the point at which non-offending mothers demonstrate their attempts to re-establish some sense of control and equilibrium and overcome their sense of powerlessness; a shift from an essentially reactive to a more proactive response. Mothers begin to question and evaluate their internal dialogue, and where identifying and recognising unhelpful processes, may seek to adopt more adaptive coping strategies. In doing so, there is evidence of the beginnings of identity reconstruction and reclaiming or generating a sense of self-worth, often by seeking to reframe the experience and their response, in more adaptive ways. Emotional containment strategies, as well as developing more appropriate attributions of responsibility and adopting more accurate perceptions of personal limitations are evident. For some, this may manifest in empathy towards the perpetrator, while still holding them fully accountable for their actions, suggesting a capacity to situate themselves within their ambiguous reality. Regarding anger, while recognised as a normative affective response integral to the mothers' healing process, the capacity to contain or regulate this emotion appears to facilitate the channelling of this affect towards more constructive avenues. In doing so, this may promote greater affective balance, and thus personal growth.

A critical factor facilitating maternal recovery is the presence and utilisation of positive supports, both of a formal and informal nature. A sense of connectivity with other families in similar circumstances, validation and non-judgement are influential mechanisms for contending with the often experienced stigma and shame attached with CSA and thus generating or reclaiming the mother's sense of empowerment and control. Support derived from social networks is also a significant factor impacting on maternal recovery. A mother's post-discovery actions are subject to much scrutiny, with negative judgement and isolation from social networks often experienced especially when mothers are perceived as supporting the perpetrator. Self-imposed isolation and selectivity of support-seeking may be protective strategies employed by mothers in the aftermath of discovery.

Resolution (alternatively: Integration; Accommodation)

The Resolution phase typically demonstrates some degree of integration of the trauma experience within the mother's self-construct. For mothers that reach this point, this is indicated by a increased level of acceptance, and a capacity for emotional containment. An aspect of this phase is the potential for post-traumatic growth, which underpins the transformative nature of this point in the journey. Mothers demonstrating such growth do not appear to return to the pre-abuse status quo of functioning, rather they consider themselves

transformed or changed by the experience, recognising there is something qualitatively different about themselves, generally in positive ways. While critics have argued the validity of the concept of post-traumatic growth (McCann, Sakheim & Abrahamson, 1988), the current model merely highlights the perception of this experience rather than seeking to assess whether such growth is accurate. Mothers who demonstrate a degree of resolution may experience a sense of renewed perspective, optimism, inner strength and self-efficacy, and equilibrium. They may view their recovery within the context of meaning-making, and a process of accommodating these newly-adapted schemas about the self and the world that are inclusive of the trauma event and promote adjustment and growth through adaptation. Some may experience an increased sense of emotional connectivity with the victim. It is not intended to suggest that any positive outcomes are standalone features of the post-victimisation experience, but rather can co-exist with the negative consequences associated with the trauma of sexual abuse. In both positive and negative terms, at the resolution stage there is recognition of the fundamental and enduring nature of change.

The current model does not seek to portray resolution as an outcome that will be reached by all mothers. Nor is it considered a static or finite construct that once attained, remains a constant state of existence. It is recognised that new information or situations will require re-processing and hence recycling through the earlier stages, however it is argued that some of these gains make regression to the earliest stages of the model less likely due to the development of increased resilience and coping resources. Overall though, this phase of the model emphasises the ongoing and fluid process of learning and growth.

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Appendix P
Delphi Round Two Questionnaire

1. Do you have any comments regarding any aspect of the amended model based on the first round of panel feedback?

2. Are there any other changes that you think are needed in relation to any aspect of the amended model?

3. Do you prefer the alternative labels of Integration or Accommodation as a replacement for Resolution? Do you suggest any other changes in relation to the labels used for the amended model?

Appendix Q
Delphi Round Two Table of Feedback

ISSUE RAISED	FEEDBACK/COMMENT	RESPONSE
Diagram	Model still looks very linear, a dynamic diagram would be more accurate with clearer recursion in the feedback loops.	A decision was made not to alter the existing diagram as it was felt that the bi-directional arrows adequately conveyed the recursive movement between the stages of the model.
Language	Language and labels can always be seen to be problematic by some and not by others. The language the client uses is what guides me as the therapist and it is crucial to follow the clients lead with this or, the opportunity to deepen my understanding of their process and their struggle, will interfere with their capacity to reach a point of integration that is meaningful to them by their definition.	The use of labels in the present study was guided by the language used by the participants.
Consequences of disclosure	Perhaps it could be named more clearly that disclosure results first and foremost in the family unit being split or broken, followed by all the other factors, financial, residential etc.	For many mothers in the study, discovery represented the major precipitant for a range of subsequent consequences.
Confusion & doubt	Doubt and confusion are key responses to sexual abuse that are deserving of unique mention as they are different to denial or minimising but can often be misconstrued by statutory authorities as some sort of evil intent by the mother to protect the perpetrator's	Doubt, confusion and feeling overwhelmed were identified as key features of maternal experience, highlighted particularly during the Destabilisation Phase of the preliminary model. Greater emphasis was given to distinguishing doubt and confusion from denial and

	needs over the child's. Doubt and confusion can be present for many years. Feeling overwhelmed is another strong experience of mothers, i.e. in response to the process that kicks in once abuse has been named and reported, reinforcing doubt and confusion. A mother can act protectively in the initial instance, then, depending on the age of the child who has spoken up, be beset by doubt and confusion about the accuracy of what the child had disclosed, this can be perceived by statutory authorities as an incapacity on her part to act protectively toward her children. This may result in further family breakdown with siblings being split apart and placed in care leaving the mother feeling punished and unsupported with no place to give voice to her doubt, confusion, guilt or fear. Mothers need a safe place to process doubt, (doubt about what has occurred, doubt about their relationships (partner and child) and self-doubt), that does not result in punitive responses or condemn them.	minimisation responses to highlight that vacillation of belief and protective ability is a normative process when the maternal experience is viewed from a loss or trauma perspective. For some of the participants, this had real consequences in terms of decision making processes, and blame, scrutiny and a sense of feeling punished were identified by some in the sample. Many of the women identified their need for validation and a safe place to express and process their experiences. This featured primarily in the Resolution stage of the model.
Resolution label	Change Resolution to Accommodation	Amended
Resolution pathways	Model does not recognise mothers for whom resolution may involve a return to denial, or where mother values importance of relationships with men over relationships with their children (this is also part of the grooming process). Need to be clear about the limitations of the sample if this is outside of their experience.	While acknowledged as a possible trajectory for non-offending mothers, this was not reflected in the current sample. It is noted these women were recruited through a support agency, reflecting an inherent bias of overall belief in the allegations of abuse. Prioritisiation of relationship with partner over child was a minor finding in the first stage, though not a prominent theme to emerge, thus was not incorporated

		into the model.
Relationship with victim	Mother's relationship with the victim does not feature strongly. What is happening in this relationship may significantly affect the journey. It is often a quite volatile, changing relationship post-discovery – children and young people's behaviour may become more difficult, they may blame their mothers, mothers may be over-protective or under-protective etc. Etc. It is fertile territory for the abuser to keep putting 'the doubts in the ear' – see how she lies, see how angry she is etc.	This is considered a truism based on available data from the present study. Some mothers noted significant changes to their relationships with their children in the aftermath of abuse. For others, this was less discernible, in part due to delays in discovery and a lack of understanding of the actual abuse. Several mothers reflected on how the perpetrator employed splitting tactics to create an emotional divide between mother and child. This featured in the discovery stage of the model.
Role of information	Many women are given very little detail of the child sexual abuse and yet are being asked to completely turn their lives upside down almost on 'an act of faith'. Again, as women were drawn from a particular sample where this may not be the case it may not come through strongly in the sample. Or is it under-played in the model? In interviews I have undertaken with mothers of sexually abused children, those who had detailed statements and other 'evidence' were in a better position to believe and continue to hold to their belief that the CSA had occurred in the face of perpetrator denial. This again affected 'the journey'.	Indeed, the current sample likely reflected a select group. Their involvement in treatment, from which they were sourced, implied a level of belief and acceptance that is not likely replicated in a more generalised sample of non-offending mothers.