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STYLE.

THE UNIVERSITY OF ARIZONA, M.A., 1982

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INTRAFAMILIAL SEXUAL ABUSE AND
MATERNAL LIFE STYLE

by

Sandra Eberlein Herman

A Thesis Submitted to the Faculty of the
DEPARTMENT OF COUNSELING AND GUIDANCE
In Partial Fulfillment of the Requirements
For the Degree of
MASTER OF ARTS
In the Graduate College
THE UNIVERSITY OF ARIZONA

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ACKNOWLEDGMENTS

This thesis is dedicated to the women who participated in this study. With their willingness to risk disclosure they have provided information which may encourage others to seek additional answers to the problem of child sexual abuse.

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ABSTRACT

Recent evidence concerning child sexual abuse supports the fact that this is a cyclic phenomenon, which is of epidemic proportions.

An adapted life style inventory questionnaire was administered and common themes, specifically parenting models and family values, were considered.

This study suggests that credibility can be given to the premise that the breakdown or disruption of the family of origin results in a cycling effect from one generation to the next. Tenuous relationships enmeshed in real or perceived losses, fears of abandonment, and the lack of recognition of such losses and fears by the individuals involved, hampers these individual's ability to interrupt this malfunctional adaptation.

This thesis must not be viewed singularly, but in conjunction with a thesis entitled "Biological Mothers and Intrafamilial Sexual Abuse" by Suzanne Landig-Hevezi. While these are separate presentations, they represent a collaboration of ideas and materials, most fully appreciated as a joint investigative study.

CHAPTER 1

INTRODUCTION

"When we encounter another person who has learned survival strategies similar to our own, whose manner of being-in-the-world is one we recognize intimately, whose coping and adapting processes resemble those we ourselves have acquired, there is the shock of recognition, the sense of a profound bond-and this is, in effect, the base of foundation that supports the structure of the relationship" (Branden, 1980, p. 101).

The above quote suggests that individuals are attracted to others who have learned to cope and adapt in a manner similar to their own. This attraction can then become the basis of a relationship without either party being aware that this pairing potentiates a cycling of the original behavior, healthy or maladaptive.

Children who have experienced intrafamilial sexual abuse have a greater probability of growing into maturity and entering into relationships where they either become the abuser or the spouse of an abuser (Finkelhor, 1979). As with physical abuse, it does not resolve itself, rather it infects each subsequent generation.

The idea of sexually abusing a child is offensive to all of us, and it is largely because of this very negative reaction that this issue has been closeted (See Appendix A for supplemental information on impact of abuse of child barriers to intervention).

While sexual abuse usually involves an adult male and female child, all combinations of adult-child and sibling sexual relationships have been reported (Weinberg, 1955). Unlike molestation of a child by a stranger, which usually occurs once, sexual abuse by close relatives is often prolonged over a period of months or years (Jorne, 1979). Intrafamilial child sexual abuse occurs in families under stress, where a breakdown in the marital relationship and mother-child relationship results in the father turning to the child (Justice and Justice, 1979). The child may gradually assume the role of the mother and the mother the role of the child (role reversal). While coercion is often not present initially, the power of the trusted adult is frequently reinforced and the behavior maintained with threats of physical force or intimidation. The supposed "secret" between the father and child becomes an alternative to the feared break-up of the family, with the father's imprisonment or the child's banishment forever (Katz and Mazur, 1978). Once the secret is established, it appears as if the entire family becomes involved either directly or indirectly, and retreats into a pattern of isolation. For the above reasons, intrafamilial child sexual abuse involves the entire family (Jorne, 1979), with the role of the mother within the family assuming equal importance.

In incestuous families, the wife of the offender is most often the mother of the victim, and depending upon her

background, marital, and mother-child relationships, can prevent or promote an incident of intrafamilial child sexual abuse (Summit, 1980). In some instances, the mother, herself, can be seen as a victim.

Many adults assume that parenting requires no preparation and that mothering is an instinctive response to the birth of a child (Roe, 1971). In the wild, animals who are not provided with adequate maternal protection die, and, therefore, do not repeat or perpetuate such a pattern of behavior with the next generation. Conversely, human infants are often maintained in physically adequate, but emotionally deprived, negligent, inadequate environments which provide no opportunity for learning appropriate parenting skills (Richette, 1970).

Today's behavioral scientists recognize that most patterns of behaviors are not instinctual, but rather are learned (Keeton, 1972). Society must respond to the parody of asking mothers to provide adequate and nurturing parenting when they themselves were inadequately nurtured and parented. Individuals learn tasks and occupations by modeling, apprenticeship and education provided by experts. When large segments of our population choose to become parents with no preparation other than what they have learned from their parents, and society does not provide any other means of acquiring parenting skills, these individuals are dependent upon the previous generation for that modeling (Dreikurs,

1964). There can be disruptions or disorganization for limited times without resulting in physical or sexual abuse of the children (Justice and Justice, 1979). If, however, this abusive behavior has been learned as a coping mechanism, it will be taught to the children, who may then incorporate it into their own future parenting skills. It is impossible for these mothers to afford protection to their children if they themselves have not acquired the skill of affording themselves protection. We return to the time worn phrase; we can't give to another what we can't give to ourself (Branden, 1969).

Purpose

The purpose of this study was to identify perceived family relationship patterns and early childhood experiences of mothers whose children had been molested by a father or father surrogate.

Child sexual abuse is defined as "exposure of a child to sexual stimulation inappropriate for the child's age, psychosocial development and role in the family" (Jorne, 1979, p. 286). It is a unique problem which carries with its disclosure, feelings of guilt, shame, and the tendency to deny its existence, a burden which may be carried from childhood to adulthood and envelop the entire family. Some men and women report having been amnesic of the sexual abuse

experienced as children (Summit, 1980), until a heavily laden emotional catalyst interrupts this process.

In the growing stress placed upon families within our society today, it is important to identify patterns and intervene in the cycling process which contributes to the dissolution of the family. The taboo is not incest; the taboo is talking about incest, and this, in and of, itself, promotes the perpetuation of the "family secret" (Justice and Justice, 1979). It is not clear how many families may be suffering in the silent isolation surrounding this issue. Much of the public would prefer to continue thinking that child sexual abuse only happens in poor, uneducated, overcrowded families, not in the nice family who lives down the street.

Justification

One needs only watch an evening of television to observe and hear the focus upon sex rather than intimacy (Justice and Justice, 1979). It has been suggested that in some instances, fathers seek attention and nurturing from their children, who they feel have fewer expectations of them than adults in their everyday world. They then destroy the very essence of trust that the child needs in the maturation process (Adams-Tucker and Adams, 1980). Society seems to have lost sight of the fact that children have the right to a healthy physical and emotional development, which allows them

to pace themselves through childhood and adolescence, rather than experiencing the intrusion of adult exploitation upon their minds and bodies (O'Brien, 1980). It is the opinion of these authors that child sexual abuse is the rape of the child's mind and body. Even a child who actively participates or initiates a sexual episode cannot be considered capable of understanding fully enough to be a consenting partner. The power of the adult as an essential person in the child's life automatically places the child in a highly vulnerable position (Browning and Boatman, 1977).

"It is not sex young girls dream of. It is this unknown and mysterious fulfillment men will bring" (Friday, 1978). In no way do they expect this man to be their father. The impact of this disruption may not be immediately obvious, but rather evident by the fact that women who were molested within their family of origin often grow up to experience sexual abuse within their family of choice (Finkelhor, 1979).

Justice and Justice (1979) suggest that it is not incest that is the taboo, but rather society's unwillingness to acknowledge its occurrence in all but a few isolated, obviously disturbed, or uneducated families. Sexual offenders were identified by Weinberg (1955) as primarily unskilled, manual workers with about five years of formal schooling. In addition, they were rated as dull normal or below average in intelligence, and as having been sexually abusive to the child because of the absence of a restraining agent. As this

problem is openly addressed, it is evident that intrafamilial child sexual abuse crosses all economic, racial, and cultural boundaries (Jorne, 1979). The average offender today has completed high school and is employed. The authors seek to show that child sexual abuse is not a problem that occurs on the other side of town, but, rather, within the family just down the street or next door.

Sexual abuse is recognized as being of epidemic proportions as information from offenders and their spouses indicates sexual abuse in their own childhoods. In one study (Finkelhor, 1979), as many as 80% of the women married to sex offenders had been sexually abused as children. In the cycling pattern, it may not be the sexually abused individual who continues the cycle, but a sibling who perpetuates the malfunctional role. In addressing the problem of child sexual abuse in New York City, Giarretto (1976, p. 39) is quoted as saying: "It is of immense proportions. It is pervasive."

Support for the enormity of the problem of child sexual abuse within our society was suggested by Katz and Mazur (1978), when they found that 24% of adult females in the general population retrospectively reported being childhood victims of sexual assault (all types). They further reported that this same population disclosed that between the ages of 10 and 12, they had had genital contact (Richette, 1969). It was further suggested that with better sampling techniques, the percentage of women reporting child sexual abuse

would have been even greater. Summit (1978, p. 24) expanded on this subject with the following information: "In a survey of 1200 college age women, 26% had had a sexual experience with an adult male before age 13, of which only 6% of these incidents were reported. Today it is estimated that as much as 5 to 15% of the population of the United States may have experienced an episode of child sexual abuse (Jorne, 1979).

Intrafamilial sexual abuse is a family problem and the role of the mother is of considerable importance. Ironically, little is known about the specifics of experiences and significant relationships of mothers, which influence their participation within the family structure. Descriptors are used to identify them as the culprit, such as the mother who placed her daughter in bed with her husband to keep him from being lonely (Justice and Justice, 1979), to the mother who believes her child when informed of the abuse and immediately protects her from further victimization (Summit, 1980). From one extreme to the other, the common denominator is an incident of intrafamilial child sexual abuse perpetrated by her husband or "significant other" against her child. Little attention has been paid to the dynamics which may have influenced her choice of mate, or her designated and maintained role within this maladaptive family unit.

Bastani and Kentsmith report as late as January, 1980, that detailed studies of the women married to sex offenders had not been reported and that reference is made only as part

of the case history of the offender. In an investigation of these women they discovered that they did not consider their personal feelings about the deviance significant enough to be discussed; also, that their response to learning of the sexual deviance indicated indifference and a lack of understanding of the meaning of the acts to the victims. In incestuous families, the wife of the offender is most often the mother of the victim, and it is unclear whether or not these characteristics are common on a grander scale. While in the Bastani and Kentsmith report, the women were not related to the victims, there is evidence to support the premise that mothers who are unable to provide adequate maternal protection and emotional support for their children do indeed demonstrate that same indifference and lack of understanding of the meaning of the acts committed against their children (Browning and Boatman, 1977). Recalling the cycling pattern which appears to be a structural component in incestuous families, there is clearly a need to better understand the role of the mother.

Statement of the Problem

The purpose of this study is to examine parenting models and family values of mothers of children who have been sexually abused by a father or father surrogate.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

This study was designed to examine the common themes within the family of origin of biological mothers whose children have been sexually molested by a father or father surrogate. Literature relevant to this area has been reviewed under the following headings: (1) historical overview, (2) child sexual abuse, (3) biological mothers and (4) impact of lifestyles in the family unit.

Historical Overview

In classical antiquity, with its extensive system of private property--which included the holding of human beings as personal possessions--children were regarded as the chattel of their parents. Courts did not intervene to change parent-child relationships, no matter how devastating the effects upon young people were. The children of slaves, lacking even vestigial legal rights, differed from free children only in that most of them received no special nurturing and as soon as they passed through early childhood, became work-units subject to the will and discipline of their owners (Richette, 1970, p. 7).

The idea of ownership continues to be prevalent in fathers who sexually abuse their children and justify their behavior with the private logic that they are providing primary sexual education: i.e., "It's natural" (Armstrong, 1978, p. 10). No more absurd is the English myth that

venereal disease can be cured by having intercourse with a child under seven years (Weinberg, 1955). In those situations where the father treats his daughter or son as a non-person, abuse of the trusting child can be rationalized. Acting on the child's openness is, however, the ultimate betrayal (Armstrong, 1978).

Freud (1950) was one of the first clinicians to note the prevalence of child sexual abuse. He was, however, so disbelieving of this female patients' reports of intrafamilial sexual abuse that he came to interpret them as fantasy rather than fact. "For many years it was thought that incest reports were especially likely to be false. . . ." (Meiselman, 1978, p. 337) because of Freud's conclusions. His description of the Oedipus Complex and Electra Complex established the foundation for placing the onus of responsibility for sexual assault upon the child.

Bender and Blau (1937) further reinforced this position with their description of the seductive child. In a study of 16 children admitted to Bellevue Hospital, New York City, after having been sexually molested, the authors focused upon the children as being attractive and having charming personalities. From this observation, they concluded that the child victims had initiated and/or cooperated in maintaining the sexual relationship. Another earlier investigation by Sloane and Karpinsky (1942) concluded that the

victims were more or less compliant despite their protestations of innocence.

As stated in Adams-Tucker and Adams (1980) article in "Women's Sexual Development", Erik Erikson translated Freud's medical model from psychosexual stages to psychosocial conflicts. Beginning with the initial stage of trust vs. mistrust, he identified the need to complete each stage of development successfully before being able to move along in one's attempt to reach competency in adulthood. Giarretto (1977) expanded upon those ingredients necessary for healthy physical and psychological development and the maintenance of one's equilibrium as ranging from the most basic need for food, shelter and security to self-respect and social recognition. "Caring is a practical and biologically determined human need. If mankind did not care for its children, the human species would die" (Giarretto, 1977, p. 232).

Child Sexual Abuse

It is only in recent years that the child has been clearly identified as the victim and not responsible for the molestation initiated by an adult. What was forgotten previously was that the child was asked to participate in an activity with the encouragement of a trusted child, and that he or she was by nature of this or by age unable to give informed consent (Johnston, 1979).

A father-daughter incestuous relationship usually is extremely damaging to the victim, the offender, and the entire family, both during the sexual

phase and after it ends. The daughter suffers emotional trauma which often leads to self-abusive behavior that may last a lifetime (Giarretto, in press, p. 1)

The one background factor common in cases of child sexual abuse is that the victims often come from a disorganized family whose lack of emotional nurturance may be translated to affection-seeking behavior in the child (Johnston, 1979). Without the ability to adequately discriminate between safe and unsafe situations, the child may direct his or her attention to an abusive adult. It has been suggested that at least 70% of those families in which an incident of abuse has occurred are deficient in providing a nurturing environment for the child. "It seems that alienation from one's parents is intolerable at any age and is particularly painful when the mother-daughter bond is broken" (Giarretto, in press, p. 5).

There is general agreement among researchers that child sexual abuse is the result of dysfunctional interactions between family members. Mothers are identified as being instrumental in promoting or interrupting the process which eventually ends with an incident of sexual abuse, and there is various speculation as to the impact of her position within the family (Weinberg, 1955).

A typical family in which sexual abuse has occurred is usually undergoing a particularly stressful period, and is also socially isolated. The mother may be emotionally cold, depressed and withdrawn and cannot or does not wish to provide nurturance to the father. The father is immature and cannot

relate to females adequately thus he turns to his daughter or more than one of his children, male or female, in an attempt to satisfy his emotional needs. Often incest in such a family is a final attempt to remain together and restore some order (Jorne, 1979, p. 288).

Attention must be focused upon the wording the the previous quote, for it is most significant that the mother is seen as unable or unwilling to provide nurturance to her family, while the father is merely unable, "and so our lives would seem to be mapped out for us to go from seductive children to fat, cold, manipulative mothers (Armstrong, 1978, p. 59).

Biological Mothers

In doing a review of the literature, one cannot help but be impressed by the paucity of information concerning the mothers of children who have been sexually molested by a father or father surrogate. It will, therefore, be the author's intention to now focus on those materials which most clearly expand the role of the mother within the ideal family vs. incestuous family. In the ideal family for which there is no norm, the mother usually assumes the role of primary caretaker, and in today's society, in addition to being that primary caretaker, she must be able to anticipate and redefine her roles according to the psychosocial development of those children within her care.

Maternal instinct says we are all born mothers, that once we are mothers we will automatically and naturally love our children and always do what is best for them. If you believe in the maternal instinct and fail at mother love, you fail as a woman. It is a controlling idea that holds us in an iron grip (Friday, 1978, p. 33).

Many mothers of children, who have been identified as having experienced intrafamilial child sexual abuse, are described as often being absent from the home. The factors explaining this include working outside the home, hospitalization due to mental or medical reasons, the birth of another child or, in a few cases, institutionalization in a prison. These absences may be perceived as abandonment by the family. Browning and Boatman (1977) speak of a milieu of abandonment as one of the characteristics of incestuous families. In such an environment, actual or perceived abandonment may be present from grandparents or parents to children. Secondly, change tends to be ever present; step-parents come and go, and in general contribute to the formation of tenuous relationships.

Summit (1980, p. 23) reports that, "mothers in incestuous families are often accused of setting up or endorsing the incest." Some of the research describes the mothers as being "psychological invalids" who "for psychological or material reasons, become very unattractive as women, homemakers, wives and human beings" (Walters, 1975, p. 124). They are presented as being passive, strongly attached to and dependent on their mothers (Sarles, 1975).

Mothers, like the fathers, left home at an early age to marry or work. They were strikingly similar to their own mothers who rejected their daughters and pampered their sons. They tended to marry men who were infantile, irresponsible and unsuccessful, just as their mothers had done. Katz and Mazur (1978) felt that they often were passive and masochistic and accepted their husbands abuse (p. 262).

Sarles also indicated these women marry early and to men who fulfill a patriarchal role. Additionally, they abandon or frustrate their husbands sexually, have knowledge of the incest and/or are in collusion with their husbands; further, they "seem to foster premature pseudomaturity in their daughter which includes a sexual relationship with the father" (Sarles, 1975, p. 637). Jorne (1979, p. 288) indicates the mother to be cold, depressed, withdrawn and "cannot or does not wish to provide nurturance to the father." Herman (1982) also indicates that the mothers are medically, socially and psychologically disabled.

Many times a father who has been sent away is quickly replaced by the mother with a similar type of man, another indication that sexual abuse is a family problem. The child, too, without treatment tends to recreate the family situation in a foster home (Jorne, 1979, p. 287).

One cannot help but be impressed by the number of negative qualities and the implied indictments of these women without investigation into the source of the commonalities shared by them. Justice and Justice (1979, p. 147) describe abandonment by the mother "in terms of not offering adequate parenting or protection and expecting that daughter

to assume her responsibilities." They are two of the few researchers who present a scenario of the mothers' family of origin. Like Browning and Boatman (1977), they depict the grandfather as remote or absent and the grandmother as stern and unloving. Male siblings may receive preferred treatment and the mothers upon reaching maturity, look outside their families for significant others who will provide them with the nurturance that is lacking in their childhoods. These mothers appear to feel or actually be pushed out of the home to find their love and approval elsewhere. They then may continue the cycle by attempting to gain the "mother love" they never received. They too, tend to pamper their sons and create a love/hate relationship with their daughters who are pushed into assuming the primary caretaker role. The grandmother does not give the love and approval, the husband is remote or absent like the grandfather, sons are pampered, thus leaving the daughters to respond to the needs of all involved without the maturity or experience needed to respond appropriately.

Summit and Kryso (1978) shed some light on this cycling by reporting that in one child sexual abuse treatment center, they "had found consistently that more than 80% of the mothers in the program had backgrounds of sexual abuse" (p. 250). In addition, "some victims can trace sexual abuse to their mothers and even their grandmothers, making a legacy of four generations of sexual victimization" (p. 249).

Impact of Life Styles on the Family Unit

The family is a bonded unit of interacting and interdependent persons whose relationships with one another are largely determined by their adaptations to their earliest childhood experiences. Alfred Adler (1944) developed the theory that the way in which one learns to fit in his or her family or origin establishes a theme, which then continues through life unless it is interrupted by a dramatic change in life, profound religious experience, or long-term intensive psychotherapy. One's chosen life style is the cognitive organization by which the individual maps out his/her life, the belief system that is developed early in life, by which one learns to fit within the family unit and the environment as a whole. It is how the individual perceives him/herself in life. Thus one's life style reflects how one chooses to adapt to life's demands and is repeated in the formation and maintenance of relationships.

Summary

Listed below are the major findings from the literature review:

Historical Overview--The idea of ownership of children has largely influenced justification of child sexual abuse by a parent or parent surrogate. Freud (1950) placed the onus of responsibility upon the child rather than the adult and

this belief was perpetuated for many years with the child described as attractive, charming, seductive or at the very least, compliant.

Child Sexual Abuse--It is only in recent years that the focus of responsibility has shifted from the child to the maladaptation of the family unit with one study suggesting that at least 70% of the families are deficient in emotional nurturing. The child's behavior thus becomes affection-seeking rather than seductive, but with the end result being an inability to discriminate between safe and unsafe situations. Child sexual abuse is currently viewed as the result of dysfunctional interactions between family members.

Mothers--Are commonly held responsible for the interference or promotion of incestuous behavior between the father or father surrogate and the child. They are generally described as selfish, cold, and unloving individuals with little ability to provide for the needs of anyone other than themselves. Even legitimate absences such as hospitalization or being the primary breadwinner are perceived as abandonment. Actual or perceived abandonment appears to be modeled from one generation to the next. Changes within the family unit such as the addition or replacement of step-fathers contributes to the formation of tenuous relationships. Mothers tend to pamper their sons and reverse roles with their daughters and contribute to an incestuous environment. One study suggests that 80% of the mothers of

children who were sexually abused by a father or father surrogate have a history of sexual victimization which indicates a cycling of sexual abuse from one generation to the next.

Impact of Life Styles on the Family Unit--Alfred Adler (1944) theorized that the way in which one learns to fit in his/her family or origin establishes a life style which continues throughout one's entire lifetime. Thus one's life style reflects how one chooses to adapt to life's demands and is repeated in the formation and maintenance of relationships.

CHAPTER 3

METHODOLOGY

Introduction

This chapter includes definitions, assumptions, subject selection and sampling procedures, analyzing procedures and limitations.

Definitions

These definitions have been deliberately grouped out of alphabetical order in order to provide more continuity of meaning.

Family--A bonded unit of interacting and interdependent who share some common goals, resources, and for part of their life cycles, share space.

Family of Origin--Family into which one is born.

Family of Choice--Family formed by marriage or a marital type situation.

Father or Father Surrogate--The primary adult male within the family.

Mother--The biological mother.

Child--Male or female under the age of 18 years.

Absent Member--Any individual within the identified family who by reason of physical absence or psychological incapacitation leaves or withdraws from the family constellation.

Disruption of the Family--Any factor which predisposes or contributes to a change in the family equilibrium, and results in a repositioning of usual family members or routines.

Defined Roles--Clearly identifiable roles where the parents are viewed as trusted adults and caretakers who provide nurturing and appropriate modeling to the developing child, and the child is viewed as the one to be provided for rather than being the provider for the above.

Role-Reversal--Situation which exists when the child takes on responsibilities that are more fitting for the parent to assume, including sexual ones, while the parent assumes responsibilities fitting the child.

Isolation--Detachment physically or psychologically from the environment or between family members.

Cycling Effect--A situation which is repeated from one person to another or one generation to the next.

Child Sexual Abuse--Exposure of a child to sexual stimulation inappropriate for the child's age, level of psychosocial development and role in the family.

Intrafamilial Child Sexual Abuse--Within the family who share the same home, a biological parent or a parent surrogate (father/father surrogate, trusted family friend who is identified as a parent figure).

Extrafamilial Child Sexual Abuse--All those not identified as family members or surrogate family members and living outside the home.

Incest--Sexual intercourse between persons so closely related that they are forbidden by law to marry. Use of the word sometimes is confused or overlapping with child sexual abuse. In the paper, child sexual abuse and incest are used interchangeably.

Sex Offender--That adult, usually male, who is sexually inappropriate with the child.

Victim--That family member who by reason of age, size or position is unable to adequately provide himself or herself with physical or psychological protection.

Rape--Derived from the Latin rapere, meaning to steal, seize or carry away.

Child Rape--Intrusion into the child's private space (physical or psychological) by means of force or deception on the part of the adult.

Self-Esteem--Self-appraisal of self on a continuum from low to high at any given moment, standards by which one judges himself; the integrated sum of self-confidence and self-respect.

Stress--Those physical or psychological factors which alter an individual's existent equilibrium. May be exogenous (external) or endogenous (internal).

Fantasy--That which is not based totally upon fact.

Life Style--The individual's unique adaption to life.

Private Logic--One's own understanding of self and exchange between self and others. If private logic initially developed in non-nurturing environment, it may interfere with individual's successful formation of positive relationships.

Parents United--Self-help group formed by individuals and families who have experienced an episode of intrafamilial child sexual abuse (incest). To better understand Parents United see Appendix B.

Crap-Detector--That ability one develops to sense situations which may be unsafe. In the child who has been sexually abused and who by reason of this fact may be deficient in emotional nurturing, the affection-seeking behavior may be directed indiscriminately at adults who may again victimize him or her.

Assumptions

The validity of this study rests on the following assumptions:

1. The women who participated in this study are a representative sample of mothers of children who have been sexually molested by a father or father surrogate.

2. Life style themes may be suggestive, but not conclusive, of a more generalized population.
3. The entire family is affected by an incident of intrafamilial child sexual abuse, which occurs in families under stress, when a breakdown of the marital relationship and mother-child relationship results in the father turning to the child.
4. Children of women and men who were sexually abused in their family or origin are at high risk to experience sexual abuse in their own families.
5. Child sexual abuse is a closely guarded family secret whose disclosure results in total family upheaval and ostracism of its members.
6. All behavior is learned and has purpose.
7. People are capable of change, which can be positive or negative.
8. Each individual functions within his or her own framework of private logic.
9. Dysfunctional patterns of behavior may be the result of distorted life perceptions.

Subject Selection and Sampling Procedures

Each participant was asked to complete an adapted version of the Kerns (1976) Life Style Inventory Questionnaire (Appendix C) during a regular two-hour Parents United meeting.

All participants were volunteers and guaranteed anonymity. Special care was taken to protect their identities by encouraging them to use pseudonyms, age ranges, returning the consent form (Appendix D) separate from the completed form. Pencils were distributed and disguised handwriting suggested. Numbers, rather than names were used to code the instrument (Mason and Bramble, 1978).

Participants were requested to answer each section as completely as possible. Incomplete responses were not identified until all forms were gathered.

All participants are the biological mothers of children sexually abused by their father or father surrogate, who were living with the mother and child at the time of the incident.

All participants are currently members of a Parents United spouses group in Tucson, Arizona.

All participants were asked to volunteer for this study in the hopes of gathering information of the cycling effect of child sexual abuse.

No information about or copies of the exact form were presented prior to the time the instrument was administered. This was with the intention of eliminating the possibility of prepared statements or answers to questions being given.

Participants completed and returned the lifestyle instrument in a two-hour Parents United spouses group meeting to the author.

Prior to administration of the instrument, the participants were invited to be involved in the study. Emphasis was placed on their volunteer status and respect of their need for anonymity. Mothers in this study perceived themselves as being in potential jeopardy because of their families involvement with the legal system and Child Protective Services.

Consent forms were collected separately, and questions asked by individuals were directed toward the entire group to provide optimal consistency of information to the group as a whole.

Participants were encouraged to complete each question and section; also, to use the back of the form for additional space, if necessary.

In the event of the inability to recall specific information, they were instructed to complete the question as they imagined the event or situation to have occurred.

Analyzing Procedures

Each returned lifestyle instrument was interpreted by the author and two other individuals with an extensive background in Adlerian lifestyle interpretation. Any information which made reference to parental modeling and family values was catalogued for particular scrutiny.

Limitations

This paper has confined its attention to biological mothers of children who have been sexually abused within the family. All participants reside in the Tucson area and are members of Parents United, Tucson, Arizona.

There has been no attempt to study women who are step-mothers or whose children are victims of extrafamilial sexual abuse. Additionally, there has been no attempt to separate those mothers whose primary relationship is with the child's biological father vs. father surrogate.

Within the group identified, the offender is male and the children, both male and female, with emphasis upon the fact that the victim is a child under 18 years, whose sex is considered secondary in importance. None of the mothers participating in this study are known to have sexually abused their children, but rather to have been members of a family in which child sexual abuse occurred.

CHAPTER 4

RESULTS

This chapter presents information obtained about the families of origin of the participants in this study. Subgroupings are as follows: (1) Participant population, (2) Family atmosphere and (5) Fears.

Participant Population

Twenty-one women were asked to participate in this study and none actively refused. Ten passively refused through indifference. One did not attend the meeting after agreeing to participate. Ten women, all members of a Parents United spouses group, responded to the lifestyle. All but two of the forms were completed and used for interpretation. The two returned forms which were not used in this study were very incomplete, with more than 10 questions or whole sections left blank. Since neither of the respondents who returned the incomplete forms had indicated difficulty in answering any of the questions or in any way explained the blanks, one might guess that they had participated in the study because of a perceived coercion to appear cooperative; also, to gain the favor of the test administrator or because of fear of reprisal from those influential in making

decisions regarding plans for their families. Another possibility is that they had difficulty in completing the instrument because they were unable to articulate their experiences.

Family Atmosphere

The family atmosphere in general, and values from mother and father specifically, indicated that survival was an individual responsibility as long as one did not upset the status quo of the family. Implicit in this message was a lack of familial support and emotional nurturance. Upon closer scrutiny of the individual lifestyles, it appears that these women attempted to fit into their families of origin by taking on responsibilities and being "helpful." Only one woman indicated having learned a positive value of love from her mother, whom she then later discovered did not believe her when she reported having been sexually molested. When asked what they learned from their fathers that they still reflect upon today, 50%, four answered "nothing", one answered non-participation in the family, guilt for living, don't lie, and girls are more trouble, total 62.5%. Only one respondent, 12.5% who indicated no abuse, answered to be proud, honest.

Although none of the participants indicated any family member absent from the home, one biological mother and three biological fathers died, 37.5% total. In one family,

both biological parents died and the individual was reared by adopted parents. Three women reported that five members of their families either thought about or attempted suicide, 37.5%. One reported an extremely nervous brother in response to that question.

Six participants, 75%, indicated a total of 12 additional family members who had a sickness, injury, or surgery, the details of which are vague, but clearly indicative of an early disruption in all of the families included in this study, total 100%. The impact of these situations can only be assumed to have affected the families in some way, unidentified by the participants.

Of these eight women only one, 12.5%, identified anyone else as having lived with her in the home. This person was identified as the stepfather who sexually abused her. Three, under closer investigation, can be possibly identified as not having others living in the home. Of the four remaining, one did not identify anyone else living in the house with them; yet, her father had died, her mother remarried twice, and she had lived for a period of time with other family members. Another, whose mother had divorced an alcoholic father, remarried and was deserted by the second husband. Another's parents divorced after 40 years of marriage, and the last had a mother who married when she was 14 and subsequently lost her husband through death when she was 20. That mother remarried three months later to a man she is reported

not to have loved but who was needed to care for the children, total 62.5%.

When asked how they fit into their families, again six of the eight who saw themselves as abused in some way, 75%, clearly felt as though they had been unable to fit and, additionally, were unable to identify any parent with whom they had a close, bonded, or allied relationship. Three indicated that their fathers preferred sons, 37.5%.

Five indicated they were unable to identify any means of getting their own way, 62.5%. Another saw herself as being able to manipulate her father, while the remaining individual used aggressiveness. When things did not go right within the family, the following adaptations were made. Six of eight women responded passively through withdrawal, 75%, holding hurt inside or pretending not to care. The additional two women, 25%, stated they got mad or rebelled.

Fears

Childhood fears were reported as getting caught doing something wrong, being burnt, raids, scared that our parents would kill us, insecurity, loneliness, my step-father, abandonment, someone strange coming in the house, my mother would fall.

It is enlightening to the author that these women may be so in need of perceiving themselves as having had "normal

families" and subsequently be "normal" that they do not even recognize major disruptions and losses, except as a given part of their lives.

CHAPTER 5

DISCUSSION, SUMMARY AND IMPLICATIONS

This chapter contains the following: Discussion of the results under the subgroups, (1) Participant population, (2) Family atmosphere and (3) Fears. Additionally, summary, implications and recommendations will be presented.

Discussion

Participant Population

The women who attend Parents United have frequently expressed concern that information shared will be used to delay their reunification as a family, and are, therefore, often reluctant to offer information about themselves.

It should be noted here that the ability of the offender to remain in the community, rather than being incarcerated, is supported by the participation of the mother and offender in respective groups with Parents United. Of the participants in the study, all were attending the spouses group voluntarily, unlike their husbands, most of whom were court-ordered into the program as a condition of probation.

It should also be noted that during the period of weeks surrounding the administration of this instrument to these mothers, several things were occurring. In some cases,

dependency decisions were being made by the court and Child Protective Services as to whether the child would remain in the home under the care of the mother. Other families were facing court hearings to determine if the offender would be incarcerated, remain in the community on a work-release program, or living apart from the family per court-ordered conditions of probation.

Family Atmosphere

There are clearly two well-defined and opposite camps when addressing the issue of child sexual abuse. Walters (1975) is representative of an author whose comments and insinuations suggest that the mother, and most clearly, the child, contribute to and even precipitate the abuse. The concept of the family as a unit in need of therapeutic intervention, both individually and collectively, gained its greatest momentum during the past 10 years following the formation of Parents United in Santa Clara County, California. Parents United, Tucson, is a branch of that organization. Adams-Tucker and Adams (1980) disagree with the idea that a family who has experienced child sexual abuse is of primary importance and viable or worthy of saving. They adamantly proclaim that "a family of father-daughter incest is an odiferous fragment of a true family, if the latter is to be considered an instrument for nurturance and protection of children" (p. 235).

What is of utmost importance from the results of this study is the pattern of families infested with disruption, which continues from generation to generation and, as a consequence, promotes tenuous relationships and inadequate protection for all members.

After a dysfunctional pattern has existed for generations, there appears to be a lack of appropriate models for parenting, intimacy, or even the most basic human communication. Instead, it appears as though individuals learn to provide for their individual security and survival, leaving other family members in the position of having to meet their most basic needs in inappropriate ways. Isolation compounds the problem and external models become unavailable.

It is the author's impression that members of these families are, in general, at higher risk for victimization in a variety of different situations, including assaults of all types, because of an inability to adequately test reality and utilize a built in "crap detector." This study would seem to support the findings reported by Johnston (1979), in which she found "that sexual mistreatment of children is a family problem, rooted at least in part in the family dynamics, even when the abuser is not a member of the family" (p. 948). The lack of emotional nurturance, as mentioned previously, placed the child in a jeopardy situation and at high risk for molestation within the family and outside the family. These conclusions are substantiated by these author's findings that

the tenuous relationships in all these emotionally inadequate families predisposes to a situation where, although all members may be sharing a common roof over their heads, they are in actuality no different than the gathering of several biologically unrelated people. Contrary to the ideal family where it is hoped that it would be one for all and all for one, we find everyone for himself.

Fears

When one does not know what to expect from the other members of the family, indeed, cannot even clearly identify who is or is not a present or absent member of that family, then one may be in a constant state of upheaval, besieged with thoughts of abandonment and/or stranger infringing upon one's personal space. When this is compounded with physical, emotional or sexual abuse, fears such as those expressed by these subjects intensified to harm to the mother, mutilation of oneself and even death from the parents' actions. When one has fears for one's basic survival, it becomes impossible to function beyond that immediate moment. It has been suggested that these women respond to crisis situations with passivity or indifference (Katz and Mazur, 1978). This is as potent a means of withdrawing from the family which passive power as is leaving the home physically is active power.

Fear is an arousal state and although it may be confusing to link it with passivity, the possibility exists that females show immobilization and other "passive" behavior primarily when they are afraid

. . .in suppressing her flee or submit instinct, she puts herself in a state of suspended animation in which no element of the situation can change (Martin, 1976, p. 82).

Individuals, uncertain of their own identities (where they fit) and without an emotionally secure base from which to operate, may survive by creating a sense of hostility, withdrawal, and alienation, an adaptation which becomes predictable in its lack of predictability. Unable to meet their own needs, individuals may seek others to do so, often without adequate judgement as to others intentions. Two emotionally incomplete people may frantically cling to one another in an attempt to become one complete unit. Each mirrors the others inadequacies. The goal of autonomy is forfeited, which can only result in feelings of abandonment.

When we encounter another person who has learned survival strategies similar to our own, whose manner of being-in-the-world is one we recognize intimately, whose coping and adapting processes resemble those we ourselves have acquired, there is the shock of recognition, the sense of a profound bond-and this is, in effect, the base of foundation that supports the structure of the relationship (Branden, 1980, p. 101).

Summary

This study was designed to provide information and encouragement for further investigation of women married to men who have sexually abused their children.

The participants in this study (N=10) are all currently members of a Parents United, Tucson, Arizona, spouses

group. All are married to men who have sexually abused their child or children.

An adapted life style inventory questionnaire was administered to the participants during the regular two-hour Parents United meeting.

The author rated each completed form and utilized the expertise of two consultants. Common themes, specifically parenting models and family values, were given primary consideration.

The result of this study indicates that nothing can conclusively be generalized to the whole population of spouses of intrafamilial child sexual abusers, but credibility can be given to the thesis assumption of the cyclic effect caused by the breakdown or disruption of the family or origin. Tenuous relationships enmeshed in losses, fears of abandonment, and the lack of recognition of the above by the individuals involved, hampers the ability to interrupt this malfunctional adaptation.

This thesis must not be viewed singularly, but in conjunction with a thesis entitled "Biological Mothers and Intrafamilial Sexual Abuse" by Suzanne Landig-Hevezi. While these are separate presentations, they represent a collaboration of ideas and materials, most fully appreciated as a joint investigative study.

Implications

The sample is limited to 10 women of which eight could be utilized in the data collection. This small sample lends itself to no broad generalizations. The results, however, are suggestive of possible commonalities in themes which might also be found in a larger group of women, whose husbands have sexually abused their child or children.

The data collected suggest that there may be no difference in the family or origin of children who have been victims of intrafamilial child sexual abuse or extrafamilial abuse. Data suggest that it is a disruption and/or disorganization in the family of origin which predisposes children to victimization and the formation of a pattern. When there is no intervention to provide skills to interrupt the maladaptive pattern, it will then result in a cycling effect from one generation to another (see "Biological Mothers and Intrafamilial Sexual Abuse" by Suzanne Landig-Hevezi).

Recommendations

Enlargement of the adapted life style inventory questionnaire is recommended so that it can provide the investigator with a split-half design, and subsequently improved accuracy of information. This would then eliminate the possibility of individuals reporting the way they wish to perceive themselves and their family, rather than the way in which it may have actually existed.

Additional research is encouraged which might be expanded to and include the following groups:

1. Extrafamilial child sexual abuse victims who are now adults (males and females).
2. Intrafamilial child sexual abuse victims who are now adults (male and female).
3. Spouses of both the above groups.
4. Offenders in both extrafamilial and intrafamilial groups.
5. Random sample of persons who have not been in or related to others who have been involved in instances of child sexual abuse.
6. A lifestyle form in combination with first person interviews which would provide more comprehensive information.

It is the experience of this author that there is some risk in breaking the taboo of silence, for with the willingness to speak out on an unpopular subject is the responsibility to identify and confront those subtleties which promote inappropriate modeling for children. It is not just the offender who is guilty of abuse in the most general sense, but each of us who laughs at, dismisses or support by silence, prejudice, sexism or violence in the most informal situations.

TUCSON RAPE CRISIS CENTER, INC.

LETTER TO A SEXUALLY ABUSED CHILD

WHAT HAS HAPPENED TO YOU MAY HAVE BEEN VERY SCARY. IT WILL HELP YOU IF YOU HAVE SOMEONE—YOUR MOTHER, YOUR FATHER, A BROTHER, A TEACHER, A SISTER OR A SPECIAL FRIEND—TO TALK TO ABOUT HOW SCARED YOU FELT.

YOU MAY STILL FEEL VERY SCARED. THIS IS NORMAL. GROWN-UPS, TOO, FEEL SCARED FOR AWHILE AFTER SOMETHING LIKE THIS HAPPENS TO THEM.

THERE IS PROBABLY SOMEONE WHO LOVES YOU VERY MUCH WHO WILL WANT TO HELP YOU WHEN YOU FEEL SCARED. ASK THIS PERSON FOR HELP IF YOU WANT TO, OR ASK THEM TO LISTEN TO YOU, OR ASK THEM TO LET YOU ALONE IF THIS IS WHAT YOU WANT.

YOU MAY FEEL SAD, OR ANGRY, OR AS IF YOU WANT TO CRY OR SCREAM. IF YOU WANT TO, IT'S OKAY. IT IS OKAY FOR YOU TO FEEL THE WAY YOU DO, FOR AWHILE. YOU MIGHT WANT SOMEONE SPECIAL WITH YOU WHEN THIS HAPPENS, OR YOU MIGHT WANT TO BE LEFT ALONE IN A SPECIAL PLACE. FIND THE PLACE AND THE PERSON THAT IS BEST FOR YOU.

WHAT HAPPENED TO YOU MIGHT MAKE YOU FEEL THAT ALL GROWN-UPS ARE MEAN AND BAD, AND WANT TO HURT CHILDREN. EVEN THOUGH YOU MET A PERSON LIKE THIS, MOST GROWN-UPS DO NOT WANT TO HURT OR SCARE OR WORRY CHILDREN. RIGHT NOW, YOU MAY NOT LIKE TO BE WITH GROWN-UPS, EVEN THOSE YOU KNOW LOVE YOU. THAT'S OKAY, IF THAT'S HOW YOU FEEL. IN A LITTLE WHILE, YOU WILL BEGIN TO REMEMBER HOW GOOD MOST OF THE GROWN-UPS YOU KNOW ARE, AND YOU WILL WANT TO BE WITH THEM AGAIN AND FEEL GOOD TOGETHER.

YOU MIGHT NOT FEEL WELL, FOR AWHILE. YOU MIGHT NOT WANT TO GO TO SLEEP, OR EAT YOUR DINNER, OR DO YOUR SCHOOLWORK OR WHAT GROWN-UPS TELL YOU TO DO. THIS FEELING MIGHT LAST FOR AWHILE, BUT IF YOU WANT TO TALK ABOUT IT WITH SOMEONE YOU FEEL GOOD WITH, YOU BOTH WILL FEEL BETTER. YOUR BAD FEELINGS WILL PROBABLY GO AWAY SOON; TALKING ABOUT BAD FEELINGS OFTEN HELPS THEM GO AWAY.

MAYBE YOU WILL START DOING THINGS YOU HAVEN'T DONE FOR A LONG TIME, LIKE SUCKING YOUR THUMB OR EVEN WETTING THE BED. IF THESE THINGS HAPPEN, TRY NOT TO WORRY ABOUT THEM TOO MUCH. IT IS A NORMAL FEELING TO WANT TO ACT YOUNGER OR EVEN LIKE A BABY AFTER SOMETHING SCARY HAS HAPPENED TO YOU. EVEN SOME GROWN-UPS DO THIS AFTER BEING VERY SCARED. IT WILL PROBABLY NOT LAST.

YOU MAY NOT WANT TO GO TO SCHOOL. YOU MIGHT FEEL THAT THE OTHER KIDS WILL ASK WHERE YOU'VE BEEN OR WHY YOU'RE ACTING FUNNY. IT MAY BE HARD TO GO BACK TO SCHOOL. BUT REMEMBER THAT YOU DON'T HAVE TO ANSWER THE KIDS' QUESTIONS IF YOU DON'T WANT TO. YOU CAN SAY, "IT'S NONE OF YOUR BUSINESS." OR "I DON'T WANT TO TALK ABOUT IT." IF YOU ACT SERIOUS WHEN YOU SAY THESE THINGS, YOUR FRIENDS WILL PROBABLY BELIEVE YOU.

EVEN THOUGH SOMETHING SCARY HAS HAPPENED TO YOU, IT IS IMPORTANT FOR YOU TO REMEMBER THAT YOU ARE STILL YOU, AND ALWAYS WILL BE. NONE OF WHAT HAPPENED TO YOU WAS YOUR FAULT. SOME GROWN-UPS DO BAD THINGS TO CHILDREN; WE DON'T REALLY KNOW WHY, BUT MOST GROWN-UPS ARE NOT LIKE THIS, AND THOSE WHO LOVE YOU WILL WANT TO HELP YOU GET OVER THIS SCARY TIME. IT MIGHT MEAN BEING VERY BRAVE AND ASKING THEM TO HELP YOU, BUT IT IS VERY IMPORTANT FOR YOU TO DO THIS.

TUCSON RAPE CRISIS CENTER, INC.INDICATORS OF POSSIBLE CHILD SEXUAL ABUSE (Abstracted from URSA Contract to Develop Child Abuse and Neglect training material).

1. Regressive behavior: molested children, especially young children, may withdraw into a fantasy world. Sometimes such children may appear to be retarded, though their behavior is symptomatic of situational factors.
2. Aggressive behavior: sexually abused children, especially adolescent children, often act out their anger through hostile or aggressive behavior toward others.
3. Sexual promiscuity: the sexually abused adolescent may become sexually promiscuous, and allow their sexual activity to become widely known.
4. Disclosure: the molested child may confide in a teacher, pastor or close friend. Such confidences may or may not involve direct information about her/his experience, but may be expressed as fears or fantasies, such as "I don't want to go home tonight," or "I want to come and live with you."
5. Poor peer relationships: the child victim of sexual abuse, especially when the abuse has been of long standing, may lack social confidence to create close peer relationships, or may be too emotionally disturbed to invest in friendships. Such a child may well have a poor self-image, and low self-esteem that hamper social interactions.
6. Prostitution: the middle-to-older adolescent may turn to prostitution.
7. Extremely protective/controlling parent: the sexually abusive parent may refuse the abused child any social contacts outside the home, and become extremely jealous of the child's friends. Such a parent fears losing the child to others, or may fear that she/he will tell someone about the molesting.
8. Withdrawal from physical activity: the young child who has been sexually abused or forced to participate in sexual intercourse with an adult may find it painful to sit at a desk in school, or to play games which require much movement.

FAMILY SITUATION IN WHICH CHILD SEXUAL ABUSE MAY OCCUR:

Prolonged absence of one parent from the home....Loss of a parent through death or divorce....Gross overcrowding in the home (insufficient sleeping space)....alcoholism....Family lacks normal social and emotional contacts outside the family.... Isolation created by remoteness of home or by emotional make-up of the family members. THESE FACTORS MAY LEAD TO CHILD SEXUAL ABUSE, BUT CHILD SEXUAL ABUSE CAN OCCUR IN FAMILIES WHOSE OUTWARD APPEARANCE IS OF A NORMALLY FUNCTIONING UNIT.

TUCSON RAPE CRISIS CENTER, INC.CHILD SEXUAL ABUSE: BARRIERS TO TREATMENT AND TREATMENT MODALITIESBARRIERS TO TREATMENT

1. Sexual abuse is very difficult to prove when the victim is a child, and is almost always denied.
2. Upon discovery, more effort is expended on the prosecution of the abuser than on the therapeutic intervention needed for family treatment.
3. In therapy, the focus is often placed on the abuser's behavior and pathology to the exclusion of the dynamics of the family system.
4. Treatment is often individually oriented, uncoordinated, and based on an analytical model rather than on a model which involves all members of the family system in varying combinations.
5. Agencies charged with the investigation of sexual abuse complaints are often responsible for the treatment of families involved in those complaints.
6. Often the family becomes the victim of a criminal justice system, thus making treatment impossible.
7. Often children are not treated because of the belief that they are resilient and will forget the incest.
8. Therapists who are not in touch with their own sexuality and feelings concerning abuse cannot effectively treat families involved in incestuous relationships.

TREATMENT MODALITY (Giarretto, Henry, The Child Sexual Abuse Treatment Program, Juvenile Probation Department, San Jose, California)

Major premises on which treatment model is based:

1. A combination of counseling (individual, conjoint, family and group) is necessary to treat incest.
2. Counseling is not enough.
 - a. The family needs to be helped to find community resources.
 - b. The family needs to be encouraged to join self-help groups.
3. The legal system is used to coerce the father into treatment.
 - a. The offender often is given a suspended sentence or a reduced sentence if he will enter treatment.
 - b. The offender needs to know that the community will not tolerate incestuous behavior but that the punishment will not be so severe that the family becomes a "victim" of the criminal justice system.

Principles involved in treatment:

1. The therapeutic approach is based on the theories of the existential/humanistic psychology and psychosynthesis. (Psychosynthesis is the harmonious blending of mind, body and spirit around the unifying essence---the self. Roberto Assagioli, Psychosynthesis, New York: Hobbs, Dorman, 1965).
2. Teaches clients how to experience self identity.
3. Focuses on personal growth.
4. Focuses on taking responsibility for behavior and deciding among alternatives.
5. Emphasizes the "here and now."
6. Recognizes the uniqueness of each individual.
7. Holds a positive view of the human condition.
8. Teaches that the will is an essential function of the self.
9. Systematically uses didactic and experiential techniques.
10. Focuses on the importance of the meaning of one's life.
11. Emphasizes that the central idea in treatment is the building of social responsibility.

Treatment sequence:

1. Individual counseling for child, mother and father.
2. Mother and daughter counseling.
3. Marital counseling if family wishes to be reunited.
4. Father and daughter counseling.
5. Family counseling.
6. Group counseling.

TUCSON RAPE CRISIS CENTER, INC.

MYTHS AND FACTS

ABOUT

CHILD SEXUAL ABUSE

- MYTH:** In most cases of sexual abuse, the abuser is a stranger to the child.
- FACT:** The sexual abuser, in the vast majority of cases, is well known to the child. He is usually a relative---such as a father, step-father, brother or uncle ---or a family friend or neighbor.
- MYTH:** Sexual abuse of children is equally distributed between adult women who exploit young boys and adult men who exploit young girls.
- FACT:** Almost all cases reported involve adult men and young girls. When boys are sexually abused, they are usually the victims of adult men.
- MYTH:** The lower the family income and social status, the higher the likelihood of sexual abuse of children.
- FACT:** There is no data to support this conclusion. It is safe to assume, however, that the lower the income and social status, the greater the likelihood of being reported to or involved with a public agency.
- MYTH:** Multiple sexual abuse (such as a father abusing two or more daughters) is extremely rare.
- FACT:** If there are two or more daughters in the home, without discovery or intervention, a sexually abusive father will be involved with each of them. It is extremely rare for a father to be sexually abusive to only one out of several daughters.
- MYTH:** Psychologically, the sexually abused child is permanently damaged.
- FACT:** This need not be true. Most of the psychological damage stems not from the sexual abuse alone but from the interpretation of the abuse and the handling of the situation by parents and others involved.
- MYTH:** The stigma of sexual abuse is placed only on the abuser, never on the child.
- FACT:** The child is likely to suffer more as a result of the abuse than the adult. Frequently, the child is thought to have "brought on" the abuse by being seductive and is stigmatized by her peers.

MYTH: In the majority of cases, sexually abused children want to leave their homes permanently.

FACT: On the contrary, most wish to remain in the home. Even though the child may hate the sexual abuse that is happening, such a child may still have a strong bond with the offending parent, and a need for approval from him.

MYTH: In father-daughter sexual abuse, the mother is unaware of the situation.

FACT: In the majority of cases reported, the mother has good grounds to suspect the abuse, and may contribute to its occurrence in a psychodynamic sense by leaving one daughter alone with the father. Some mothers are threatened emotionally by the fact of the abuse, and feel ill-equipped to deal with the consequences of reporting.

MYTH: Usually, when an adult male sexually abuses a child, the primary cause can be found in the relationship between these two.

FACT: The child is usually incidental. The primary cause usually rests in the relationship between the adult male and the adult female in the home.

MYTH: Any father who would sexually abuse his daughter must be mentally ill.

FACT: Few are mentally ill. The vast majority hold jobs, function well in the community, and are fairly well respected by their peers. Some claim alcoholic intoxication and loss of memory of the event. Others claim seduction by the child. Most deny the event, and most feel it is none of society's business. But usually, they are not mentally ill.

MYTH: Sexual abuse is easy to treat, once it becomes known.

FACT: Sexual abuse is extremely difficult to treat because it involves three people moving at different speeds---the child victim, the offending parent and the non-offending parent. None of the three may be motivated for treatment, or may be extremely resistant to treatment.

MYTH: Physical trauma to the child is the main concern, because the victim is often severely hurt.

FACT: Not much force is required to molest a young child. Lures, threats and coercion are much more common than actual physical force. Also, the abuser may use the child's trust and affection for him to get her/him to "go along." Penetration is not common, which is usually why there is little physical damage. In cases of penetration, however, much damage can be inflicted--i.e., torn vagina, ruptures, bleeding, etc. Such damage can have long-lasting effects.

APPENDIX B

PARENTS UNITED INFORMATION*

* Reprints from Parents United, San Jose, California and from Parents United, Tucson, Arizona; Tucson Rape Crisis Center, Tucson, Arizona, 1981. Reproduced by permission.

PARENTS UNITED
DAUGHTERS AND SONS UNITED
SAN JOSE, SANTA CLARA COUNTY, CALIFORNIA

HISTORY

Early in 1971, the Juvenile Probation Department Dependent Intake Unit of Santa Clara County in California became concerned about the inadequacies of the way the system handled intra-familial (incest) child molest cases. The traditional approach used by the judicial system was to separate the daughter from the family and arrest the father figure. The mother was then given the ultimatum either to choose the daughter or the father; there was no possibility of the family reuniting.

Thus, if the mother chose to support the daughter, the agencies expected divorce proceedings to be initiated. In many cases, this meant the loss of the primary breadwinner for the family, the father figure for the children in the family, and the emotional support partner for the mother. If the child returned home, she was often overtly or covertly barraged with the responsibility for the monetary problems and for the emotional stress the family was going through. She was left to assume the guilt for the molest aftermath. The father figure during this time had to face possible criminal prosecution alone, as well as the loss of family and employment.

In cases where the mother chose to support the father figure over the daughter, the mother was given the message that the daughter would never be returned home. The child was then placed in out-of-home placement, and felt abandoned, rejected and was left to deal with the shame and guilt by herself. Placement would inevitably not work out and the children would be shuffled to a series of placements. Sometimes "placement failure" involved her deeper into the Juvenile Justice System. From her point of view, she was the one being punished by the community.

Eventually, most families would try to get back together despite the Criminal Justice System. The father would sneak into the home or the child would run back to the family. The Juvenile Probation Department was placed in the middle.

If counseling was found to be necessary, the individuals were sent to various counseling agencies, where they had to contend with such factors as eligibility and waiting lists. There was no specialized crisis counseling for the family as individuals or as a whole.

With the realization that the traditional approach further traumatized all involved-- especially the child victim, the Section Supervisor over the concerned Unit, Eunice Peterson, sought help from Robert Spitzer, consulting psychiatrist with the Juvenile Probation Department.

He, in turn, asked Hank Giarretto to donate a few hours a week in counseling the children and families involved in incest. The number of hours donated stretched out to the point that Hank decided to devote full time to the problem. Emergency Mental Health funds were sought and obtained. Out of this effort evolved the Child Sexual Abuse Treatment Program (CSATP), which provides the professional counseling support for Parents United and Daughters and Sons United.

Soon after, it became apparent to Hank that the families coming to him needed more than traditional counseling. These people were in crisis--the source of which they never anticipated or were in any way prepared for. They were also people who were going through this alone--without the support of relatives or friends who would otherwise normally be there. This was a crisis they could not share with anyone.

Hank felt these families needed others to share their crisis with--a support group who could relate from personal experience what the other was going through--the pain, the personal doubts, the practical and emotional decisions, and arrangements that had to be made. It could only come from another person who was or had been in that same position. Hank asked three women to make contact with each other. After much hesitancy, but great need, the women made telephone contact and after the development of trust decided to meet. They found it helpful to talk things out with someone who had been through the same experience, but they still had a lot of unanswered questions. Hank suggested meeting with a woman he knew that was the mother of a physically abused child and perhaps they could start up a chapter of Parents Anonymous in San Jose. They met in one of their homes. Later, the three mothers felt that even though it was good to discuss their particular problem of incest, they did not feel completely at ease with the fourth mother. They felt their circumstances were too different and that true openness could not be developed by combining families with child sexual abuse problems with families troubled with child battering. The three continued to meet with Hank and two other people connected with their cases--a Juvenile Probation Officer and a Public Health Nurse. As more referrals came through, Hank encouraged the original group members to call new mothers and share their feelings. More mothers and interested agency people joined the discussion group. For a while, there were more agency people than mothers.

Some of the mothers did not have jobs, money or transportation. As the group became aware of new needs, they investigated resources to fill those needs. They invited different agency people to come and talk to their group to get some answers for self-help and to understand the agency's side of things. As people from various agencies found out about the small group and what they were trying to do, they would ask the mothers to speak to their own groups.

Meanwhile, one of the fathers was sentenced to jail at Elmwood with work furlough. He was allowed by the Court to call home once a week and talk with his whole family, excluding the daughter involved. This was devastating to the child. In his attempts to change this Court order, Hank was warned by the Judge not to interfere with the Court's decision and not to try counseling the daughter and father together. The child's Probation Officer (PO) was to handle the case. The PO, the father and the mother wrote letters to the Judge pointing out why it was in the child's best interest that Hank be allowed to counsel the child. It was granted.

The father's Rehabilitation Officer became interested in what Hank and the mothers were accomplishing and started meeting with them. He was instrumental in gaining permission for the father to be allowed to meet with the mother's discussion group. This was in late 1972. This act opened up the way for other fathers from Elmwood to meet with the group, too.

The group grew so large by Spring, 1973, that they moved into the Guidance Center at the Juvenile Center. By this time, they had decided to name themselves Parents United and wrote their first By-Laws. A few months later they moved their expanding group to the cafeteria upstairs and began breaking into smaller discussion groups. It was becoming apparent that the parent's meeting and talking together was equally

important as the individual counseling. Like the concept of other self-help programs that work with dysfunctional families, such as Alcoholics Anonymous and Parents Anonymous, it gave families hope to see other families that had experienced and moved past similar crisis.

Parents United incorporated and gained non-profit status in June 1978. The original Parents United group with its childrens component, Daughters and Sons United, became the official chapter for Santa Clara County. In response to the growing recognition of the problem and the success of the approach utilized, this chapter became the model for further chapter development in California between 1977-1979* and the model for national chapter development in late 1979.** Twenty-four additional California chapters with associated CSATF programs have been developed as of October 1979; seventy-five percent of these chapters have Daughters and Sons United components. The development of chapters have been authorized in six communities in other states.

Currently, the Santa Clara County Chapter of Parents United/ Daughters and Sons United has over 400 active members with over six new families joining weekly. During its weekly meetings, the membership first meets together in a large group and then breaks into small, more specialized discussion groups. The small groups include: pre-orientation and orientation groups for new members, men's group, two women's groups, a group for women molested as children, two couples communication groups and a parenting group. Supplementary groups, classes and training seminars are held on other days; these include an alcohol related problems group, social skills group, human sexuality classes, leadership and sponsorship/ speakers bureau workshops. The number and focus of the small groups change periodically according to the need as expressed by the membership.

In the spirit of the pioneers of Parents United, a sponsor program has been developed. A sponsor is a volunteer veteran Parents United member. When a new family is referred to the CSATF they are contacted by a sponsor with whom they can openly share their feelings and receive individual emotional support. The sponsor also introduces the family to Parents United meetings and there they receive group support.

Daughters and Sons United was also organized in the early stages of the CSATF's development. In 1972, Hank and a Probation Officer organized and facilitated two groups for children--one for pre-adolescents and another for adolescents. These groups had to be discontinued for a short time due to transportation problems. The groups were reactivated when volunteers from the community and interns with the CSATF were recruited. There are now eleven groups: one play therapy, one pre-adolescent girls

* California Child Sexual Abuse Demonstration and Training Project. Funded by the Office of Child Abuse Prevention, California Department of Mental Health.

** National Child Sexual Abuse Treatment Training Project. Funded by the National Center on Child Abuse and Neglect, U.S. Department of Health, Education and Welfare.

group, one pre-adolescent boys group, six adolescent girls groups, one adolescent boys group and one young male offenders group.

Daughters and Sons United members support each other during troubled times which may arise. The groups foster self-awareness, self-esteem and life control among the members. It especially offers a member the knowledge (experiential understanding) that he/she is not the only one who has been molested, that their molest was not their responsibility and that he/she can cope and grow stronger from it (as with all life experiences). It also helps them decide whether they, as individuals, want their family reunited. The groups are also open to young offenders and to brothers and sisters not directly involved in the molest, but who are affected by it.

In summary, Parents United/Daughters and Sons United are self-help programs which offer support and promote self-awareness and responsibility to the self, family and community. Both cut the isolation which occurs when the problem is uncovered by showing them this happens to other families in every socio-economic level and ethnic group. Both give back to the family responsibility for long-range decisions about its future.

All chapters work in close coordination with their local CSATF.

TUCSON, ARIZONA-PARENTS UNITED/DAUGHTERS AND SONS UNITED

Parents United - Daughters/Sons United is a self-help group formed by individuals and families who have experienced an episode of intra-familial child sexual abuse (incest). Out of a mutual concern for providing an effective community response to this type of sexual abuse, the Tucson Chapter of Parents United and Daughters and Sons United was founded in April, 1980, by Children's Protective Services staff and several parent offenders and their wives and children. Within 9 months, the membership had grown from six to 120 members, a growth rate which reflects the substantial need for the services this program provides.

The purpose of Parents United and Daughters/Sons United is threefold: To reduce the trauma of an incest experience on the child victim, to assist offenders to accept responsibility for their actions and seek treatment, and to support the family during the crisis period that invariably occurs when an incidence of a child abuse is revealed. To formally address these goals, the group holds weekly meetings which are facilitated by community mental health professionals and senior group members, many of whom have received training in outreach counseling. These meetings are confidential, and self-disclosures, assumption of personal responsibility, and commitment to change are emphasized. The only exception to the confidentiality rule is that previously unreported incest cases and other victims within/without the home are brought to the attention of legal authorities.

Members of Parents United - Daughters/Sons United also assist one another outside of group meetings by providing mutual support, advice and a willingness to listen to one another in a caring and concerned way. This support system is undoubtedly the group's greatest asset, for it both meets personal and social needs, and links members with resources outside the group. In essence, Parents United Daughters/Sons United is a small community, concerned with the welfare of its members. As such, it does not place emphasis on offering psychological, legal or financial services. Parents United does, however, serve the important mission of providing a social system, which is the basis upon which positive change may take place in many different areas. With this broader mission, Parents United - Daughters/Sons United represents the core of a truly community oriented approach to raising, confronting and resolving the many difficult issues related to child sexual abuse.

Parents United will continue to utilize volunteer professionals, existing community service agencies, parents and children to develop and fortify Parents United - Daughters/Sons United as a self-sustaining resource for families.

PARENTS UNITEDCREED

To extend the hand of friendship, understanding, and compassion;
NOT to judge or condemn.

To better our understanding of ourselves and our children through the aid of
the other members and professional guidance.

To reconstruct and channel our anger and frustrations in other directions.
NOT at or on our children.

To realize that we are human and do have angers and frustrations: they are
normal.

To recognize that we do need help; we are all in the same boat; we have all
been there many times.

To remember that there is no miracle answer or rapid change ; it has taken
us years to get this way.

To have patience with ourselves, again and again and again, taking each day
as it comes.

To start each day with a feeling of promise, for we take only one day at a
time.

To remember again that we are human; we will backslide at times.

To remember that there is always someone willing to listen and help.

To become the LOVING, CONSTRUCTIVE and GIVING PARENTS or PERSON that we wish
to be.

APPENDIX C

ADAPTED LIFE STYLE INVENTORY QUESTIONNAIRE

DIRECTIONS: Below is a list of brothers and sisters starting with the oldest.

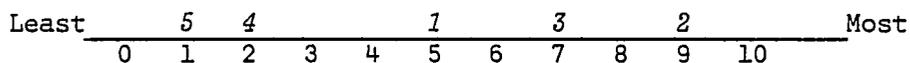
NAME	SEX	NUMBER OF YEARS OLDER OR YOUNGER THAN YOU
1. Older brother	M	3 years older than me
2. Older sister	F	1 year older than me
3. Me	M	25
4. Younger brother	M	1 year younger than me
5. Younger sister	F	4 years younger than me

You notice the descending order is numbered beginning with 1 (older brother) and ending with 5 (younger sister). The numbers will be used to rate brothers and sisters on a particular item.

This is not a test. There are no "right" or "wrong" answers. Take as much time as you need. Answer as fairly as you are able. Answer every item with the above numbers. Your responses will be held in strictest confidence.

EXAMPLE:

Helping around the house



In this example, the older sister (2) is most helpful. You (3) do not help as much but you are more helpful than your older brother (1), younger brother (4) and younger sister (5).

Turn to page 2. At the top of the page make a list of your brothers and sisters, starting with the oldest. Give their sex and the number of years older or younger than you, that they are. Be sure to include yourself by indicating "me" and what your age and sex is.

NOTE: WHEN ANSWERING THE FOLLOWING QUESTIONS, THINK OF YOURSELF AND YOUR FAMILY WHEN YOU WERE GROWING UP, ESPECIALLY BEFORE YOUR TEENAGE YEARS.

Part I. Now make your list according to directions given on page one. If more space is needed, please use back of page 6. Be sure to include names, sex and number of years older or younger than you, that they are.

	NAME	SEX	YEARS OLDER OR YOUNGER THAN YOU
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Using the birth order number above (1, 2, 3, etc.) rank each family member on the traits listed below.

Intelligence

Least _____ Most
0 1 2 3 4 5 6 7 8 9 10

Grades in elementary school

Least _____ Most
0 1 2 3 4 5 6 7 8 9 10

Industrious

Least _____ Most
0 1 2 3 4 5 6 7 8 9 10

Critical of others

Least _____ Most
0 1 2 3 4 5 6 7 8 9 10

Idealistic

Least 0 1 2 3 4 5 6 7 8 9 10 Most

Materialistic

Least 0 1 2 3 4 5 6 7 8 9 10 Most

Sensitive and easily hurt

Least 0 1 2 3 4 5 6 7 8 9 10 Most

Standards of right and wrong

Least 0 1 2 3 4 5 6 7 8 9 10 Most

Conforming

Least 0 1 2 3 4 5 6 7 8 9 10 Most

Made mischief

Least 0 1 2 3 4 5 6 7 8 9 10 Most

Angry

Least 0 1 2 3 4 5 6 7 8 9 10 Most

Covertly (hidden, secret) rebellious

Least 0 1 2 3 4 5 6 7 8 9 10 Most

Complained at home

Least 0 1 2 3 4 5 6 7 8 9 10 Most

Punished

Least 0 1 2 3 4 5 6 7 8 9 10 Most

Over-protected

Least _____ Most
 0 1 2 3 4 5 6 7 8 9 10

Part II. Now continue to use the numbers in answering the following questions. Space is provided for brief comments. Use the back of the page if necessary. Try to answer every question.

1. Among your brothers and sisters who was most different from you? In what way? _____

2. Who, among your brothers and sisters, was most like you? In what way? _____

3. Who played together most? _____
4. Who fought and argued most? _____
5. Who took care of whom? _____
6. Who had an unusual achievement? _____
7. Who had a sickness, surgery, or accident? _____

8. How did it affect the family? _____

9. Who do you suspect thought about or attempted suicide? Explain.

10. Did anyone in the family die? Who? How? At what age? _____

11. Was any member of the family absent from the family home? Explain.

12. Did anyone else live with your family? Who? Give a brief description of this person and the way in which he/she participated in the family. _____

13. Did you live with anyone else other than your immediate family for more than six months? Who? For what reasons? _____

14. How did each member of the family treat you? _____

15. How do you wish each member had been different or behaved differently with you? _____

16. If you could have changed places with another in your family, who would that person be? Explain. _____

17. What are your childhood fears? _____
18. What were your childhood ambitions? _____
19. What was your favorite story or fairy tale when you were growing up? _____

20. What was your family's position in the community? Middle class, working class, socially prominent, etc.? _____

21. How old were your parents when they met, married, divorced, re-married? Reasons if known? Your age as appropriate? _____

22. What were the most important family values? _____

23. Which child was father's favorite? Why? _____

24. What were his ambitions for the children? _____

25. What did you learn from him that you still reflect upon today? _____

26. What was his relationship to the children? _____

27. What kind of person was your mother? _____

28. What were her ambitions for the children? _____

29. What did you learn from her that you still reflect upon today?

30. What was her relationship to the children? _____

31. What sibling was most like mother? Explain. _____

32. What sibling was most like father? _____

33. Who were you most like? _____

34. How did your parents show affection to one another? What do you
remember about their relationship? _____

35. How did each member of the family show you love or affection?

36. How did you show affection? Is that any different than now? In
what way? _____

37. How did each family member show anger? _____
sadness? _____
38. How did you learn to fit in, to belong, feel o.k.? _____

39. How did you learn to behave when things didn't go right? _____

40. How did other family members get their own ways? _____

41. Which family member did you confide in? How did you know you
could? _____

42. How did you first learn about sex? _____

43. Do you remember any specific do's and don'ts concerning sex? _____
questionable behavior? _____
44. Do you feel you were physically, sexually, emotionally abused or neglected as a child? Explain in what way? At what age? For how long and by whom? _____

45. If yes to the above, where were other family members? Who did you tell? What happened? _____

46. What about your brothers or sisters? _____
47. If yes to the above questions, how did you or they handle this situation? _____

48. Do you suspect that your mother or father may have been physically, sexually, emotionally abused or neglected? Explain. _____

49. What would you change in your present family to make it different than the one in which you grew up? _____

50. In the space below write a description of yourself, including strengths, weaknesses, situations you find most comfortable and most difficult, etc.

Part III. Earliest Recollections

DIRECTIONS: Think back as far as you can to the first thing you can remember. . .something that happened when you were very young (it should be before you were seven or eight years old). It can be anything at all--good or bad, important or unimportant--but it should be something you can describe as a one time incident (something that happened only once), and it should be something you can remember very clearly or picture in your mind like a scene. Also try to remember how you felt at the time or what reaction you had to what was going on.

Now write about that incident. Make sure that it is something you can picture, something specific, and something where you can remember a single time it happened. Be sure you include any other people who are in the memory and what the situation was in terms of time and place. Which part of the memory stands out most clearly from the rest--like if you had a snapshot of the memory, it would be the very instant that is most vivid and clear in your mind. Write it down. How did you feel (what was your reaction) at that instant? Be sure to write this feeling down too and explain why you felt that way or had that reaction.

You will be writing (1) the incident, (2) the snapshot, (3) your feeling or reaction at that moment, and (4) why you had that feeling or reaction.

Write about at least three early recollections. Use the back of this page if necessary.

APPENDIX D

CONSENT FORM

I understand that my participation in this study is voluntary and that my identity will remain anonymous.

Information obtained will be used to identify recurrent themes within families who have experienced intrafamilial child sexual abuse.

Data will be presented in a masters thesis and possibly as a published article.

I understand that information from this study will be shared with me.

Signature

Date

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