

## **CHAPTER 2**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **1. INTRODUCTION**

There are different ranges of factors that may contribute to the development and maintenance of incest. Faller (1988) and Reege (1994) stated that the probability of sexual abuse can be increased by the range of complex factors that include the individual, which in this case can be the victim, the perpetrator or the mother; family factors and the environment. Other authors refer to these as factors that increase the risks for incest to occur and according to Friedrich (1990) each factor increases the risk by 10-20%. The researcher will first look at different parenting styles and types of attachment styles as these may contribute to the onset and maintenance of an incestuous relationship between the father and the daughter, and also, they could be affected by incest. These are also significant for disclosure and the child's recovery post discovery of incest. Furthermore, the researcher will discuss the theories that explain some of the factors, so as to provide what Faller (1988) refers to as a framework for understanding why people sexually victimize children. These factors will be referred to as the dynamics of incest.

The researcher also reviews both empirical and clinical literature on the maternal responses to the sexual abuse of their children by their intimate partners, focusing on the concepts of maternal collusion and maternal supportiveness, and also looking at the factors that may influence the mothers' responses to the disclosure of the sexual abuse of their children. The literature on both the child's and the mother's experiences of sexual abuse, and the factors that may influence their reaction is also reviewed. Lastly, the literature on the nature of the relationship between the mother and her daughter, and the impact of the child's sexual abuse on that relationship is examined.

## **2. PARENTING**

It is every parent's dream to be as effective as possible in his/her parenting skills and this is dependent on the parent's commitment and involvement (Dinkemeyer & McKay, 1982). According to Abidin (1982), effective parenting involves the ability to listen and respond to child's needs efficiently. This view is supported by Ainsworth et al. (1978, cited in Pillemer & McCartney, 1991), when they stated that the mother's ability to respond appropriately to the child's needs is necessary for the development of a secure relationship with her child. Bandi (2003) adds that protection and nurturing are some of the crucial roles of parenting. She further argues that children who experience adequate nurturing are less vulnerable to sexual abuse; hence she concluded in her study that there is a possible relationship between the quality of parenting skills and the risk of children to sexual victimization. On that note, the researcher deems it necessary to look at different parenting styles and development of attachment in the mother-child relationship so as to understand how these are affected by an incestuous relationship in the family; how they contribute to the onset and maintenance of father-daughter incest and their implications on disclosure.

### **2.1. Parenting Styles**

Parenting styles play a major role in the child's development (Louw, van de Ede & Louw, 1998). There are different parenting styles, and each could have an effect, positive or negative, on the child's decision to disclose incest with his father, and also on the maternal response upon discovery. The researcher examines the four types of parenting styles as identified by Baumrind (Baumrind, 1976, cited in Louw et al., 1998).

#### **2.1.1. Authoritarian Parenting**

This involves parents who have little or no communication with their children, strict, over-controlling, and highly demanding (Louw et al., 1998). They expect their children to comply; and if they do not comply, they either get severely punished or they can even get rejected by their parents (Baumrind, 1976, cited in Louw et al., 1998). According to Reege (1994), children of these parents are taught to respect parents and authority figures

and they cannot challenge them, hence they can be easily influenced that whatever is done or said by the parent is right. These are the parents who are status conscious, and conformity to rules and obedience are highly regarded in these families (Louw et al., 1998). It has been noted earlier that incestuous fathers can be domineering in their families, hence their children may be scared to either challenge them about the sexual abuse, or to report them. Due to lack of communication with parents, these children may find it difficult to disclose to the mother should there be incest in the family for fear of being disbelieved or even punished. Instead the child might perceive it as either her father's rights over her or as a form of punishment and thus resent the parents. If the child does disclose, due to the status-oriented nature of this family, this might be seen as bringing shame and embarrassment to the family, hence it might not be spoken about at all, and the child might not be allowed to talk about it to anybody inside and outside the family context.

### **2.1.2. Authoritative Parenting**

This is more of a democratic style of parenting where children are allowed some independence but get some guidance from the parents (Baumrind, 1976, cited in Louw et al., 1998). Louw et al. (1998) add that children are allowed some freedom with reasonable limits though. He further indicates that there is good communication between parents and children and this allows children to be socially competent and responsible. These children are said to be having an open and honest communication with their parents as the parents both listen and respond effectively to their needs, and they have a loving and respectful relationship with their children (Abidin, 1982). This is what Dinkemeyer and McKay (1982) describe as responsible parenting, and children learn self-confidence and self-reliance.

Although it is less likely that incest between father and daughter would occur in these families, as Ainsworth et al. (1978, cited in Pillemer and McCartney, 1991) believe that parents who are responsive and sensitive to their children's needs also provide reassurance, comfort and protection to them, but if it does occur the above qualities may be good indicators that children would disclose early and that the mother might be

supportive to the child and act on her interests. When the incest is discovered, the child might lose this independence, as the mother might become overprotective towards her, hence become over-involved with the daughter. Her focus might be more on quantity time than quality time with her daughter. Due to guilt feelings that the mother might be experiencing post discovery, she might learn to give in to the child's demands trying to compensate for her feelings of inadequacy as a parent. This could result in the mother's inability to be firm with her child, which is what Dinkemeyer and McKay (1982) refer to as an attempt to be a good parent instead of being a responsible parent.

### **2.1.3. Permissive Parenting**

Baumrind (1976, cited in Louw et al., 1998) describes these parents as those who allow their children to do anything, as there are neither rules nor boundaries. Even if the rules are there, there are not enforced, as a result no one adheres to them. In relation to that, Grobman (2000, cited in Bandi, 2003) indicates that children of these parents regulate their own behaviors and the parents are overly tolerant of them. He further points out that although these parents are responsive to the children's needs, there is lack of parental control. Johnson (1992) describes this kind of pattern as peer relationship pattern whereby a parent gets too involved with the child in an attempt to be close to her, hence there is no child-parent boundary, and in the process, the child might be meeting some of her parent's emotional needs. This might set the stage for incest to occur as there seems to be no order in this family; and it might also lead to role confusion because of lack of boundaries. It is posited that upon discovery of incest, the mother might feel guilty and end up being over-controlling and overprotective as a compensatory mechanism, hence not allow her daughter any independence.

### **2.1.4. Uninvolved Parenting**

These parents are said to have little or no interest in their children and their needs. They are both emotionally unavailable to them and neglect them (Baumrind, 1976, cited in Louw et al., 1998). According to Faller (1988), unavailable mothers cannot protect their children. Incest could be the only attention the child gets from her father, hence she might keep quiet about it for fear of being rejected (Marais, 1990). Parents can either be

physically and/or emotionally absent, and according to South African National Council for the Child and Family Welfare (1988), emotional absence, especially of the mother, is a high risk factor for the onset of incest and when these mothers are told about incest they are unlikely to believe. This view is supported by O'Connor (1991) when he identified a distant mother as one of the risk factors for incest. This might push the daughter to get closer to her father who might then sexualize their relationship.

## **2.2. Attachment**

The mother is said to be the first human bond with the baby and they are both actively involved in shaping their relationship (van Mens-Verhulst, Schreurs & Woertman, 1993). This relationship is influenced by the type of attachment the child forms with the mother. Bee (2000) defines attachment as a strong emotional bond between the child and the mother as her primary caregiver. Driver and Droisen (1989) hypothesized that a strong mother-daughter relationship would prevent incest from occurring.

For the purpose of this study, the researcher will look at Bowlby and Ainsworth's theories of attachment (Ainsworth, 1978; Bowlby, 1969, both cited in Parke, Ornstein, Rieser & Zahn-Waxler, 1994).

### **2.2.1. Bowlby's and Ainsworth's Theory of Attachment**

According to Bowlby (1969, cited in Pillemer and McCartney, 1991), a child's attachment to her mother develops during the second half of the first year and he defines attachment as an affectional bond that the child forms with her mother. He further pointed out that if the mother is emotionally accessible to the child, the child experiences this bond as a source of safety and security for her as it leads to the protection of the child by the caregiver.

On the other hand, Ainsworth (1978, cited in Parke et al., 1994) emphasizes the importance of maternal sensitivity to the child's needs in the development of child-mother attachment patterns. He further points out that the child needs a special figure, which is both emotionally and physically available so as to provide reassurance, comfort and protection when necessary (Pillemer & McCartney, 1991).

The attachment style seems to play a significant role in the onset of the incestuous abuse. Bell (2003) in a sample of mothers of father-daughter incest victims found that most mothers that were interviewed emphasized the importance of the child's bonding with her mother, which they felt should come naturally through pregnancy and childbirth. The failure of this bonding could put the child at greater risk for sexual abuse (Chodorow & Contratto, 1982, cited in Carter, 1990). Pillemer and McCartney (1991) identified two types of attachments, namely, secure and insecure types, which depend on how the mother relates with her child as described below.

- **Secure Attachment Pattern**

When the mother is available, sensitive and responsive to the child's needs, it is posited that the child would develop a secure base type of an attachment, hence she would develop self-confidence as her mother allows her to explore her environment with confidence whilst using her as a secure base when needed (Ainsworth, 1978; Bowlby, 1969, both cited in Louw et al., 1998; Holmes, 1993; Pillemer & McCartney, 1991). This view is supported by Friedrich (1990), Isabella (1993, cited in Kaplan, 1998), Nash, Stoch and Harper (1990), and Smith and Pederson (1988, cited in Kaplan, 1998), who all identified the core constructs for secure attachment as maternal sensitivity which involves the mother's accessibility and her ability to respond appropriately to the child's needs.

There is an active and reciprocal interaction between the mother and her child in this type of attachment (Rutter, 1981, cited in Holmes, 1993). The mother and the child spend more of quality time together than quantity as Bee (1967, cited in Ross, 1981), pointed that the quality of mothering is more important for attachment than the quantity of time spent together.

Although it would be posited that this type of a relationship is a protective factor for the child against sexual abuse by the father, if it does occur, children with this type of attachment are more likely to report it as the mother is accessible to the child. It is also highly likely that the mother would be supportive, hence prevent further abuse and this relationship is an important prognostic factor for the child as well. This is supported by

Faller (1988), Friedrich (1990) and Alaggia (2002), who all emphasized the importance of a secure mother-daughter relationship in the healing process after discovery. It is also worth noting that this relationship might change for the worst. When the mother is depressed after the discovery process, she is likely to be psychologically unavailable to the child, as a result, becomes emotionally unresponsive, and this might interfere her ability to provide a secure base for the child (Greenberg, Cicchetti & Cummings, 1990).

- **Insecure Attachment Pattern**

With insecure attachment base type, the mother tends to be emotionally unavailable, unresponsive or tends to be intrusive instead of being involved with the child (Holmes, 1993). He further states that at times the mother is inconsistently responsive and often insensitive to the child's needs. According to Kaplan (1998), the mother is unpredictable due to her inconsistency in her interaction with the child. Pillemer and McCartney (1991) refer to this type as anxious-ambivalent attachment, which is a form of insecure attachment, because the child experiences ambivalent feelings towards the mother and has fear of exploring her environment due to lack of a shoulder to cry on.

Another form of insecure attachment is anxious-avoidant. This is when the mother is rejecting, unresponsive and irritable with the child's demands (Ainsworth, 1973; Bowlby, 1969, both cited in Ross, 1981). Kaplan (1998) stated that children with this form of attachment tend to avoid re-establishment of contact with the mother even when distressed. They tend to shy away from the mother.

Insecure attachment places the child at greater risk for the onset of sexual abuse (Friedrich, 1990). Children who are insecurely attached to the primary caregivers unconsciously expect everybody to be unavailable to them (Bowlby, 1988, cited in Simon-Roper, 1996). According to Alexander (1992), they are easily influenced by the offenders' approach, as they are constantly seeking approval and conditional acceptance. This was supported by the studies conducted by Roche et al. (1999, cited in Bolen 2002) as well as Stalker and Davies (1995, also cited in Bolen, 2002) that reported a high proportion of sexually-abused children in the insecurely attached population. It was not

clear though if the insecure attachment preceded the abuse or not. It is posited that the risk is higher because these children are less likely to disclose voluntarily because of the physical and the emotional/psychological distance between them and their mothers (Bowlby, 1988, cited in Simon-Roper, 1996). This might push the daughter closer to her father in an attempt to get nurturance, which the father might provide sexually, and this is what Schetky and Green (1988) refer to as a compensatory attachment, which may develop into an incestuous relationship. Crittenden and Ainsworth (1989, cited in Leifer, Kilbane and Skolnik, 2002) and Morton and Browne (1998, also cited in Leifer et al., 2002) pointed out that there is an association between insecure attachment and child maltreatment. This is in line with the views of Erikson, Egeland and Pianta (1989, cited in Spacarelli, 1994) that poor maternal care taking in infancy puts the child at risk for sexual victimization between the ages of 4-6 years.

Other authors also looked at ambivalent attachment as increasing the risks of the child's incestuous abuse. Because of their tendency to be clingy, they run the risks of being sexually abused by those upon whom they are dependent (Bowlby, 1988; Feney & Noller, 1990, both cited in Bolen, 2002),

Children with avoidant attachment style to their primary care-givers feel rejected and unloved, and their mothers are said to be the dismissing parents who are physically and psychologically unavailable and unresponsive to their needs (Alexander, 1992; Bowlby, 1988; Cole and Putnam, 1992, both cited in Simon-Roper, 1996). Bowlby (1988, cited in Simon Roper, 1996) further indicates that these children never learn to communicate their thoughts and feelings to their caregivers, and this, according to Simon-Roper (1996), increases the risks for sexual abuse, as the offender knows that the disclosure is unlikely due to a strong emphasis on secrecy. Koch and Jarvis (1987) suggest that the incestuous abuse might be the child's revenge against the mother's emotional deprivation.

Green and Schetky (1988) further state that the child may keep quiet about the abuse, as it might be the only affection she receives in the family. These mothers may be unsupportive if they do discover the incestuous relationship between the spouse and the



child. They might experience anger and hatred towards the child and this might prevent their relationship from ever improving (Deblinger & Heflin, 1996; Russell, 1986).

### **3. THE DYNAMICS OF INCEST**

#### **3.1. Psycho-dynamic Viewpoint**

The psychodynamic theory looks at the personality dynamics of family members involved and how these contribute to the incestuous relationship (McKendrick & Hoffman, 1990). According to McClendon (1991), parents may bring to the marriage dysfunctional behaviors from their own families of origin, which could regulate their functioning in the relationship.

Meiselman (1990) suggests that mothers of incest survivors seem to have characteristics beyond their control, which contribute to the risk of their daughters being abused by their fathers, and their inability to protect them. Mothers of incest survivors are said to have dependent personalities and tend to be submissive, and, because of this dependency, they cannot bear the loss of the loved object on which they are dependent (McKendrick & Hoffman, 1990). For them disclosure could mean destruction of the self, thus they tend to suffer silently (Jacobs, 1994).

It is posited that the mothers of incest survivors come from a family background where their own mothers emotionally deprived them. The relationship with their mothers is described as hostile and rejecting, hence they could not learn good mothering skills, and because they did not have positive role models to learn from they are unable to fulfill their parenting roles (Browning & Boatman, 1977, cited in Finkelhor, 1979; Green & Schetky, 1988; Lustig, 1982, cited in Tamraz, 1996). They are seen as displacing these feelings to their daughters, as a result they become cold and distant (Meiselman, 1978; Schetky & Green, 1988; Tamraz, 1996; Trepper & Barrett, 1986). This may result in an estranged relationship with their daughters (Kaplan, 1991, cited in Tamraz, 1996) or an over-attentive and over-involved relationship (Schonberg, 1992, cited in Tamraz, 1996). It is also postulated that because of the mother's poor parenting from her own mother, she

might be unable or unwilling to give her daughter what she never had (Butler, 1978, cited in Tamraz, 1996; Clunie, 1993). Bandi (2003) in her study demonstrated the possibility of a correlation between the quality of parenting skills the mother experienced from her own parents and the child's vulnerability to sexual abuse as most of her mother-participants reported to have never had any nurturing from their own parents.

Johnson (1992) and Meiselman (1978), link the mother's dependency to her own needs of being mothered, hence she is constantly seeking love and support from her daughter and her husband, the love that she never had from her own mother; and she is referred to as being emotionally tied to her own depriving mother. This might result in her inability to love and protect her child and the child may then be drawn into a relationship with her father who might in turn express it sexually.

Other authors describe this in terms of the mother's attachment history with her own mother. Alexander (1992) asserts that the mother's attachment history with her parents, especially her mother, could be transmitted to her relationship with her daughter. He further argues that if the mother was insecurely attached to her own mother, she could develop the same attachment style with her own daughter, which, as discussed earlier, could put the child at greater risk. This is in line with Haft and Slade (1989, cited in Alexander, 1992) when they indicated that the mother's attachment style influences her ability to be responsive to her child's needs.

The maternal history of physical and/or sexual abuse as children is also believed to increase the vulnerability of the child. Different authors address this issue differently. Some argue that even if the mother was not a victim but she might be from an incestuous family herself and has been made to believe that men can be sexual with children, or she might get attracted to males who are like her own father; hence the children are at greater risk of being sexually abused (Faller, 1988; Renshaw, 1982, cited in Trepper & Barrett, 1986). Alter-Reid et al. (1986, cited in O'Connor, 1991) describes these mothers as being incapable of detecting the abnormal traits in their potential partners that could result in them sexually abusing their children. Faller (1988) further states that the mother's

experience of sexual abuse might have an adverse effect on her sexual relationship with men, and this may result in her unconsciously choosing a man who would not make sexual demands on her, but is sexually attracted to children. In addition to that, O'Connor (1991) argues that mothers with a childhood history of incestuous abuse tend to have negative attitude towards sexual activity, which may result in them becoming sexually aversive towards their partners who could then turn to their daughters for sexual gratification.

Jacobs (1994) argues that the incestuous relationship between the partner and the daughter might bring back memories of her own abuse, and her passivity could be a way of defending against her own childhood trauma through denial. Furthermore, Reis and Heppner (1993) suggest that the mothers who were sexually abused as children, especially if they were not treated, might have unresolved issues which may affect their adequacy in parenting skills, which they link to the long-term effects of sexual abuse. They also link this to the dysfunctional pattern of a closed family system where deviant behaviour is repeated over generations. O'Connor (1991) adds that the failure of the mother to disclose her sexual abuse as a child could have adverse effects on her ability to ensure safety of her child. This was supported by Alter-Reid et al. (1986, cited in O'Connor, 1991) when he suggested that disclosure could break the cycle of the generational transmission of the abuse. In the study conducted by Reis and Heppner (1993), maternal history of child sexual abuse was significantly higher in mothers of incest victims than in the control group. These results are consistent with Faller's (1989), in her sample of 154 father-daughter incest victims which reported that 50% of their mothers had history of sexual abuse as compared to 26% of the offenders, 21% in women and 7% in men in the general population.

Estes and Tidwell's (2002) study did not support this notion. In their sample of 104 mothers and their sexually-abused children, they reported that 84% of mothers had a history of incestuous abuse as compared to 76% without such history, and also that 16% of the mothers with incest experience and 24% with no such experience were equally likely to have their children sexually abused outside the family.

Although the father's dynamics are almost similar to those of the mother, there is a slight difference in the way they contribute to the incestuous relationship in the family. The incestuous father is also described as coming from deprived family background, emotionally and/or physically. He is said to have had an absent parental figure at an early age, especially the father figure, as a result, could not learn about male social responsibilities due to lack of a role model. If the father was physically present, he might have been violent; physically, emotionally and/or sexually abusive towards him, also, there might have been marital discord between his parents (Faller, 1988; Meiselman, 1978; Schetky & Green, 1988). On the other hand, Mzarek and Kempe (1981) point to the fact that the incestuous father might have had inadequate nurturing from his own mother, as a result he felt rejected by her. Faller (1988) further states that the incestuous father feels that his mother could not protect him from his abusive father, thus he might be experiencing anger towards her and this anger might be projected to all females in his life, including his daughter. Because of his childhood needs for love and nurturance that he expects his wife to fulfill, he might turn to his daughter should his wife be unable to provide those. However, due to his lack of experience in expressing love and affection, he might sexualize his affection to his daughter (Faller, 1988). Faller (1988) further argues that through incest with her daughter, the father might be expressing his anger towards his wife for failing to nurture him and play a mother role in his life. In addition to that, Driver and Droisen (1989) suggest that the incestuous father seems to be turning his emotional needs into sexual needs.

According to Marais (1990), incestuous fathers may be having feelings of powerlessness and inadequacy arising from their own childhood experiences, and these may, according to Meiselman (1990) result in difficulties in establishing healthy intimate adult relationships, as a result they turn to their daughters should they experience any marital discord in their marriages. Also, they might be compensating for their feelings of inadequacy by sleeping with children as they lack interpersonal skills to form interpersonal relationships outside the family (Mzarek & Kempe, 1981). McKendrick and Hoffman (1990) argue that these men, due to lack of moral and ethical standards, they sometimes have sexual relationships outside the family with both children and adults.

### **3.2. Psycho-analytic Viewpoint**

This view looks at sexual problems as developing from unresolved conflicts in childhood development. According to Gordon (1955, cited in Trepper & Barrett, 1986), the father confuses his daughter with his own mother, with whom he has never fully resolved his Oedipal feelings or fantasies. According to Freud, the choice of an immature sexual object is explained as an unresolved Oedipal complex that leads to regression to an earlier stage of gratification (Schetky & Green, 1988). This is supported by Groth (1982, cited in Dewes, 1992), when he describes incestuous fathers as fixated on children due to their arrested psychosexual development. Groth, Hobson and Gary (1982, cited in Dewes, 1992) distinguish between fixated and regressed sexual behaviors. They refer to the former as a manifestation of arrest in psychosexual development and describe the offenders falling in this category as having primary psychological and sexual interests directed at young pre-pubertal girls; and the latter category as having their primary interests on their age-mates, and having good relationships with them until they experience conflictual marital relationships with their partners, then they become sexually attracted to children to compensate for those conflictual relationships.

On the other hand, Faller (1988) views an incestuous father as lacking in his superego development. She suggests that some of these men have poor impulse control and lack guilt. Some have superego deficits in a range of socially unacceptable behaviors whilst some have these deficits specific to sexual activities.

It is suggested that the child's incestuous wishes are inherent and contribute mostly to incestuous relationship with their fathers. The daughter might have a wish to replace her mother; hence she competes with her for the father's affection. She might then become unconsciously seductive, and if a significant figure like her father approves and encourages the seductive behavior, the child's sexual impulses are not resolved and she continues to use inappropriate ways to seek affection (Dewes, 1992; Freud, cited in Harrer, 1981; Khun, 1997, cited in Dodds, 1999; Kempe & Kempe, 1984).

### **3.3. Socio-political Viewpoint**

High rates of unemployment in South Africa have been reported by different media sources like television, newspapers and the like. This may account for the escalating levels of incest in this country, especially if the mother is working and her partner looks after the children. It can be postulated that the mother's absence from home contributes to an easy access of the father to the child. This has also been noted by Russell (1995, 1997), Faller (1988), and Mzarek and Kempe (1981), when they suggested that the daughters of working mothers and unemployed fathers have more time with their fathers in the afternoons and during school holidays, and they may become the 'mother' of the house during those times doing household chores and taking over maternal roles like taking care of younger siblings. On the other hand, the unemployment of the father may be a source of stress for him, rendering him powerless, inadequate, with low self-esteem; as a result he compensates for his own emotional pain and frustration by abusing the vulnerable dependent child (Prusent, 1992).

According to McClendon (1991), the high divorce rate puts children at greater risk for sexual abuse by their step-fathers. She argues that women, in an attempt to get partners, they remarry or cohabit, and by doing so they expose their children to sexual abuse by their partners. This is consistent with Russell's (1986) view that the high rate of divorce results in women remarrying, increasing the number of step-fathers. He further reported that the risk for sexual abuse of step-daughters by their step-fathers who raised them is eight times more than that of biological daughters by their biological fathers. In addition to that, Finkelhor (1994, cited in Dodds, 1999) argues that the absence of a biological parent increases the risk for sexual abuse of children in the family. The dynamics behind this notion is unknown but it is postulated that the high risk is the result of the absence of blood ties between the father and the step-daughter when he is in the father role (Dodds, 1999). Crewdson (1988, cited in McClendon, 1991), indicated that a few researchers indicated the possibility that the step-fathers are pedophilic men who marry these divorced or single women with children for easy access to the children, but there are no studies on this hypothesis documented thus far. There is a high rate of divorce and a large number of children born out of wedlock in South Africa, as reported in different media

sources such as newspapers, televisions and radios stations. This is supported by Russell (1993, cited in Dodds, 1999), who pointed out that the number of broken families in South Africa is high, which has resulted in an increase in the number of step-fathers, adoptive fathers, and foster-father, hence the prevalence of incestuous abuse in South Africa, as discussed in the previous chapter. In addition to that, Longres' (1990, cited in McClendon, 1991) suggests that the divorce rate in general population is approaching 50%; and this might have increased over the years.

Other factors noted are social isolation where the family tends to shy away from social relations outside the family and depend on each other, as a result they do not have an easy access to external resources to help them cope with daily life stressors; and also, they cannot form extra-familial sexual attachments due to lack of social interactions with the external world. It is posited that incestuous fathers have a tendency to enforce isolation in their families (Faller, 1988; Finkelhor, 1979; Trepper & Barrett, 1986). It has also been noted that socialization of men as initiators of sexual activities, and the fact that they should expect sexual feelings towards women if they are 'real', and towards young females, seems to be playing a role in the onset of child sexual abuse (Faller, 1988).

Russell (1997) describes incestuous abuse as a form of violence perpetrated by men against women in the South African political system and this, according to Trepper and Barrett (1986), results from the cultural acceptance of male supremacy. In addition to that, the criminal justice system is said to be the sub-system of the larger patriarchal system, as a result it is seen as sympathizing with the male perpetrators and the women and children are believed to be not getting much help from the system. This view is supported in *The Courier Journal* (1991, cited in McClendon, 1991) where it is stated that few perpetrators are convicted and they are not given the punishment they should be getting. It is also noted that usually the case is nullified if the child is too young to testify, as it would be stated that there is not enough evidence.

Although other authors mention economic and living conditions as contributing to incestuous relationships, some authors argue that these factors only play a secondary role to psychological and interpersonal factors (Sarles, 1978, cited in Faller, 1988). A number

of authors believe that economic conditions were associated with factors such as overcrowding resulting in poor sleeping arrangements and lack of privacy, hence increasing the risk of the onset of incest in a family (Faller, 1988; Mzarek & Kempe, 1981).

### **3.4. Feminist Viewpoint**

The feminist view departs from the notion that incest is the result of unequal power relations in the patriarchal society, which results in women and children being victims of abuse (McIntyre, 1981). The emphasis is on the societal forces that keep the women oppressed rather than on the individual's psychology and personality (Joyce, 1997).

Bell (1993), Johnson (1992), Tamraz (1996), and Vogelmann (1990), have looked at incest in relation to the abuse of socially acceptable familial power where there is an exaggeration of paternal dominance. They further assert that in male dominated societies men are ascribed power of possessing women and children and they feel that they can do whatever they want to do with their 'possessions'; and because of women's status in these families, they are influenced by this belief and feel powerless to do anything. In line with that, Prusent (1992) points out that mothers from these families have weak personalities and they are oppressed by and dependent on their husbands. The mother is seen as much the victim as her daughter, hence the feminists blame the perpetrator and not the mother or the child. They believe that the mother's helplessness and her inability to protect her daughter is the result of the arrangement in patriarchal families (McKendrick & Hoffman, 1990). This is supported by Herman (1981) when she stated that maternal collusion is the result of the mother's powerlessness and helplessness.

In the patriarchal system, a man expects to be obeyed by his family members, and also expects them to provide for both his domestic and his sexual needs, as he perceives them as his properties. He sees women as sex objects and feels entitled to access them at anytime, hence he feels that they have to be available to him at anytime, resulting in him turning to his daughter should his wife be unable to provide for his sexual needs. This is the reason why the society blames the mother for not fulfilling her husband's sexual



needs and also for not protecting her daughter (Herman, 1981). This view of the sense of entitlement and ownership of women and children by men was evident in the case studies conducted by Russell (1997) with South African incest survivors amongst Whites, as their stories revealed how their fathers exercised control over them and their mothers, and how they believed that they had rights to rape and beat their daughters as often as they liked because of their status in the patriarchal society.

According to Bell (1993), children are socialized to respect adults and also to display unquestioning obedience towards them. They are also taught to trust their parents more than any other adult; as a result they get easily abused and do not report the abuse (Ward, 1984).

The feminists criticize the concept of maternal collusion and relate it to poor research conducted within the patriarchal system, which blames the mother instead of the perpetrator (Wattenberg, 1985). They also reject the family dynamics theory, which blames the whole family, and they refer to that as the acceptance of the patriarchal family system (Russell, 1986).

### **3.5. Systemic Viewpoint**

The systems theorists view incest as a family phenomenon, which is a manifestation of a deeper family pathology; hence they feel that it would be more appropriate to explain it in terms of that perspective (Waldby et al., 1989, cited in Dodds, 1999). They emphasize the importance of taking into consideration the dynamic interactions amongst the family members as their view indicates that incest results from the dysfunctional family system (South African Council for Child and Family Welfare, 1988). Dodds (1999) adds that the focus of family systems theory is on the family characteristics that could potentially increase the vulnerability of children to sexual abuse. This is consistent with Kempe and Kempe (1984) and Schlesinger (1982, cited in Solomon, 1992) when they suggest that incest occurs in a family with multiple problems, and also with the suggestions of Katz (1979), Trepper and Barrett (1986), and Russell (1984) that incest is viewed as the symptom or the product of an already dysfunctional family unit.

According to Horton, Johnson, Roundy and Williams (1990), every family member to some extent contributes to father-daughter incest. The authors suggest that in a dysfunctional family structure, incest can be seen as an adaptation to keep the family together, and all the members prefer incest to family dissolution that might result from father's extramarital sexual activities. This view is supported by McClendon (1991) when she points out that every family member psychologically contributes to the onset and the maintenance of sexual abuse, and also, according to Dewes (1992), each individual's pathology is viewed by the systems theorists as being part of the overall functioning of that particular family.

As it has been noted above that incest might be one of many problems in the family, it may be useful to look at other problems that the incestuous family might be experiencing. Problems such as unemployment, substance abuse, financial difficulties, domestic violence, and marital difficulties may be present and causing family disorganization (McKendrick & Hoffman, 1990).

Russell (1984) has noted that usually there are marital problems between the parents even before the incest occurs. Family dysfunction theorists assume that for a family to be functional, men's needs are to be met and they believe that men's sexuality is uncontrollable and driven, and this is the reason why they resort to seeking sexual gratification from their children if denied sex by their wives. Women are held responsible for men's sexuality, violence and children's safety (Orr, 1995). To support this view, it has been noted that in a marriage characterized by marital difficulties, it is most likely that there is a lack of sexual satisfaction in that couple (Paveza, 1987, cited in Friedrich, 1990). According to Meiselman (1978), Finkelhor (1980, cited in Mashego, 2000), and Matchokta (1967, also cited in Mashego, 2000), the sex punitive or aversive mother sets the stage for incest to occur between the father and his daughter.

It has been noted that the presence of spousal violence in the family increases the risk of incestuous abuse of children (Paveza, 1987, cited in Friedrich, 1990). It could be posited that when the mother is in an abusive relationship and she fails to protect herself, she is

likely to be dependent and powerless, thus she would be unable to protect her children from being sexually abused by her spouse. Deblinger, Hathaway, Lippman and Steer's (1993) study of mothers of sexually-abused children revealed that the history of domestic violence was more likely to be reported by the mothers of incestuous daughters, than the mothers of other relative offenders or non-relative offenders. Other studies that supported the correlation between domestic violence and child's risk for maltreatment are those conducted by Alexander (1992), Hathaway et al. (1993, cited in Paredes, Leifer & Kilbane, 2001), and Figueredo & Koss (1995, also cited in Paredes et al., 2001). In line with that, the SAPS (2001, cited in Dawes 2002) reported that domestic violence and physical and sexual abuse often take place concurrently.

Another problem that the incestuous family might be experiencing is substance abuse. Some authors have pointed out that alcohol abuse is high in incestuous fathers. This was supported by studies conducted by Kaufman, Peck and Tagiuri (1954, cited in Schetky & Green, 1988) that revealed 73% of alcoholism in these men. Koch and Jarvis (1987) feel that these men abuse alcohol or drugs because they cannot tolerate stress, hence they use these to relieve their anxieties in their daily functioning, which, according to Schetky and Green (1988), SAPS (2001, cited in Dawes, 2002), and Trepper and Barrett (1986) could have an inhibiting effect on their impulse control abilities. Other authors also indicated that there is a correlation between child sexual abuse and parental substance abuse, but there was no clear cut as to which of the parents (Famularo, Kinscherff & Fenton, 1992, cited in Paredes et al., 2001; Leifer, Shapiro & Kassem, 1993). Famularo et al.'s (1992, cited in Paredes et al., 2001) review of child abuse cases in the juvenile court revealed that two-thirds of the children have parents who were substance abusing. Dodds (1999) in his study, found the presence of a substance abusing family member in 21.1% of the sample. Other authors argue that maternal substance abuse increases the risk for child maltreatment (Davis, 1990; Deren, 1986; Kolar, Brown, Haertzen & Michaelson, 1994, Sheridan, 1995, all cited in Paredes et al, 2001), which sexual abuse is part of. This could be understood in terms of maternal unavailability and inability to protect and nurture her children. Holden (1997, cited in Bandi, 2003) supports this view as he stated that substance abusing parents are emotionally distant from their children, are unable to

provide adequate limit setting, praise and encouragement, and are less helpful in terms of providing guidance to them.

It would be necessary to look at the relational dynamics amongst all members of the family. In these families there might be a lack of nurturance, care and warmth for members which a normal functioning family satisfies, and a variety of solutions might be adapted to remedy the problem, of which incest can be one of those remedies (Bobrow, 1984 & Orr, 1995). Finkelhor (1984, cited in McKendrick and Hoffman, 1990) ascribes the role of protecting the children from abuse to mothers.

In families characterized by the lack of physical affection between the child and the father, the child is more vulnerable to sexual abuse by her father (Finkelhor, 1979), as this might be the only attention she gets from his father, hence she settles for that no matter how abusive it might be. Parke and Parke (1986, cited in Solomon, 1992) found in their study that men who were directly involved in caring and nurturing activities with their daughters from an early age were unlikely to sexually abuse them as compared to those who were not, especially in the first 3 years of their children's lives.

The most important relationship that literature has most focused on is the mother-daughter relationship. Driver and Droisen (1989) hypothesized that the strong mother-daughter relationship decreases the risk for the daughter to be sexually abused by her father. This is in line with William and Finkelhor's (1988, cited in O'Connor, 1991) and Clunie's (1993) views that the poor relationship between the mother and her daughter is a central factor for the child's sexual victimization. In a study conducted by Finkelhor (1986), it was evident that there was a correlation between incestuous abuse and the poor relationship between children and their parents. Clunie (1993) also cited studies that were conducted in the USA, which reported that six out of every seven studies confirmed the relational problems between mothers and their sexually abused children. Authors address the mother-daughter relationship in three different ways: the parenting skills, the nature of the relationship and the attachment issue, as discussed below.

Johnson (1992) identified two types of mother-daughter relationship patterns; the peer relationship, which Clunie (1993) refers to as a sibling relationship characterized by the lack of parent-child boundaries, getting over-involved with the child. This is when the mother has unmet dependency needs from her childhood that she hopes her daughter would fulfill (Johnson, 1992). This is the kind of a relationship that Clunie (1993) suggests that most of the mothers have with their sexually abused daughters. The other pattern is the mother-child pattern, which could either be a loving and close relationship, or a strict and distant relationship. The strict and distant relationship is the one with the greatest risk for incestuous abuse of the child by her father.

Several authors describe the mother-daughter relationship as cold and emotionally distant, rejecting and unloving. They further suggest that this relationship is characterized by the mother's absence, physically or psychologically because of physical or mental illnesses, working outside home or other problems like substance abuse (Dodds, 1999; Mashego, 2000; Paveza, 1987, cited in Friedrich, 1990). According to Alter-Reid et al. (1986, cited in O'Connor, 1991), maternal incapacitation can result from psychiatric problems or alcoholism. The author pointed out that 45% of children whose mothers are declared incapacitated were reported to have reversed their roles with them as compared to 5% in the normative group. The dynamics of role reversal are described in the literature as involving taking over of the maternal role by the older children in the family because of her mother's problems like unmet dependency needs from her childhood, work commitments or ill-health (Jacobs, 1994; Koch & Jarvis, 1987; Orr, 1995), which sets the stage for incest, as the daughter would have taken over the role of taking care of her father's needs, including sexual needs. The mother described above cannot take a protective role to her children and it has been noted that the absence of a protective mother places the child at a higher risk for the onset and the maintenance of incest (Fleming, Mullen & Bammer, 1997; Gordon, 1988, all cited in Candib, 1999; Tierney & Corwin, 1983, cited in Bolen, 2002). According to South African Council for Child and Family Welfare (1988), emotional absence is seen as the most important factor in the development of incestuous relationship in the family than the physical absence. This is the characteristic of the family that cannot satisfy any of each member's needs.

To support that, Tyagi's (2001) study indicates that incestuous children have estranged relationships with their nonoffending parents, which in this case would refer to the mothers. In his sample of 12 incest victims, 10 reported that there was a lack of a strong relationship with their mothers who were the non-offending parents and they described them as emotionally unavailable and distant. They also felt that their parents were non-supportive and judgmental. Similar results from a study by Reis and Heppner (1993), also reported a poor communication between mothers and their sexually abused children, which was characterized by dishonesty, avoidance and closed communication.

Contrary to the above views, Lovett's (1995) sample of 60 sexually-abused children perceived their mothers as warm and loving. The concept of role reversal between the mother and her daughter as increasing the vulnerability of the child to sexual abuse by her father has been contradicted by Johnson's (1992) sample of mothers, who denied its existence in their relationship with their sexually-abused daughters. Her report is consistent with Meiselman (1978) as she stated that role reversal is not universal in incestuous families but it is the most common pattern studied.

Looking at the characteristics of the family members, the mother is described as dependent emotionally and/or physically and/or financially, as a result she cannot risk being abandoned by her husband, hence she tends to be passive and submissive to her husband and this could result in her inability to challenge or confront him in fear of his retaliation, and the child becomes the sacrifice (Flynn, 1994; Schetky & Green, 1988; Tamraz, 1996). In addition to that, the mother is said to have inhibited sexual desire, thus she either denies her husband sex, or participates passively in their sexual activity (Justice & Justice, 1979, cited in Trepper & Barrett, 1986; O'Connor, 1991; Schetky & Green, 1988), which might push the partner to her daughter.

On the other hand, it has been posited that incestuous fathers may be dependent and needy as well, and they might be compensating for their dependency needs by asserting power over their helpless victims to satisfy their emotional needs and to defend against their feelings of inadequacy (Forward & Bucks, 1978; Johnson, 1992; Meiselman, 1978).

This was supported by Russell's (1997) study of incest survivors where some fathers felt insecure and inadequate, either due to their wives being more powerful and having better jobs, or due to their lack of social skills, hence, according to Koch and Jarvis (1987), Marais (1990), and Schetky and Green (1988) they cannot establish healthy relationships in many aspects of their lives. In addition to that, Faller (1988) states that these fathers have many areas in their lives where they do not function well, as a result they experience feelings of powerlessness and low self-esteem, and they defend against those feelings by asserting power and control over their children and their wives through violence, as, according to (Koch & Jarvis, 1987; Marais, 1990; O'Connor, 1991), they are said to be more likely to abuse their wives as well.

The fathers are described as authoritarian with a patriarchal belief system (Burgess, 1985; Forward & Bucks, 1978; Hoorwitz, 1983). They further indicate that these men dominate their family members and keep them in a dependent position by socially isolating them, thereby expect them to comply with anything. These men are said to be law abiding citizens of the community, religious with a family background where morality was emphasized but never practiced (Burgess, 1985; Forward & Bucks, 1978; Hoorwitz, 1983). These families are said to appear as perfect happy families on a superficial level (Marais, 1990).

The other factor that was noted is sexual deviation. Some incestuous fathers are said to have a pathological obsession with sex, with the history of hyper sexuality even before the incestuous relationship (Gebhard, 1965; Weiner, 1962, both cited in Schetky & Green, 1988).

There are some factors in the daughter as well that may be seen as contributing to the onset and maintenance of the incestuous abuse by the father. Due to the mother's inability to nurture her, she might perceive incest with her father as a sign of affection and being special because of the special favours and bribery from him to enforce secrecy, and also as revenge against her mother for abandoning her (Mzarek & Kempe, 1981).

Faller (1988), Katz (1979), Mzarek and Kempe (1981), and O'Connor (1991) all suggest that the daughter is usually the eldest or the only daughter; and she is closer to her father than to her mother. This closeness is described by Schetky and Green (1988) as a compensatory attachment resulting from experiences of rejection, hostility and abandonment by her mother. It is common that when the eldest daughter is sexually abused, there is a greater risk for the young ones to be abused as well (Mzarek & Kempe, (1981). In the opinion of McKendrick and Hoffman (1990); Schetky and Green (1988) and Trepper and Barrett (1986), the daughter is submissive and compliant, and has some degree of passivity and dependency. Schetky and Green (1988) add that the daughter might either be physically attractive or has a disability of some sort.

The family dynamics theory is strongly criticized by Herman (1981), Russell (1986), and Tamraz (1996), for placing the blame on the mother, and also on the whole family as they feel that the reason for the mother's absence at home is never considered, and also, the father's contribution to the mother's dependency, the marital dissatisfaction and the development of role reversal is not properly addressed. Russell (1986) further states that this would imply that the patriarchal system is normal and healthy.

#### **4. MATERNAL RESPONSE TO CHILD SEXUAL ABUSE**

As it has been noted that child sexual abuse is a traumatic experience for the child, the literature on childhood trauma has indicated that how the adult caretaker, especially the mother, responds is central to the child's experience and perception of the stressful event and also her ability to cope with it (Anthony, 1986; MacLean, 1980; Punamaki & Suleiman, 1990, all cited in Lewis, 1997). The literature on child sexual abuse has confirmed that the same applies to the disclosure of child sexual abuse. It suggests that the mother's response to disclosure significantly impacts the child's post-disclosure functioning and recovery, hence the importance of looking at different maternal responses (Candib, 1999; Conte & Schuerman, 1987, cited in Massat & Lundy, 1999; Corcoran, 2002; Everson, Hunter, Runyon, Edelsohn & Coulter, 1989; Heriot, 1996; Leifer et al., 1993; Lipton, 1997). In addition to that, Jinich and Litrownik (1999)



describe the parents of sexually-abused children as key resources to their children's recovery.

The literature emphasizes the mothers' diversity in their responses to their child's allegations of sexual abuse in terms of their ability to believe and support their children, and also their levels of distress (Alaggia, 2001; Elliot & Carnes, 2001; Joyce, 1997). This is consistent with Herman's (1981) and Reinvoize's (1982) views that maternal response depends on the mother's physical and psychological well-being as well as emotional and economic dependency or independency.

According to Elliot and Carnes (2001), learning about the sexual abuse of the child is usually unexpected and leaves the mother in a confused state, as a result the initial reaction might not be her subsequent reaction. This is consistent with Humphreys' (1992) study, which showed that maternal response can move along the continuum of belief, ambivalence and disbelief, and this could be in either direction.

#### **4.1. Concept of Collusion/ Mother-Blaming**

There has been a lot written about the role of the mother in the incestuous family in literature. Early research, which was mainly embedded in psychoanalytic and family dysfunction theories, described the mother's role as condoning the incestuous relationship between the father and the child. These theories were fully described in the previous chapter. According to Butler (1978, cited in Carter, 1990), Caplan (1988, also cited in Carter, 1990), Dietz and Craft (1990), Russell (1986) as well as Herman and Hirschman (1977, cited in Meiselman, 1990), the issue of mother blaming is still prevalent in the society. These authors indicated that both the professionals and the public still hold the mothers responsible for the abuse of their children. This was evident in Ryan, Warren and Weincek's (1991, cited in Bolen, 2002) review of the child protection services case records which found that the case workers assessed that 81% of the mothers knew about the abuse long before it was reported. There are few other studies that yielded similar results like the National Incidence Study (1981 & 1998, both cited in Bolen, 2002; Carter, 1993; Waterman & Foss-Goodman, 1984, cited in Carter, 1993).

Since the 1980s, there has been a paradigm shift with respect to a collusive mother as a result of critiques by feminists, researchers in the area of child sexual abuse and other professionals (Cammaert, 1988, cited in Strand, 2000; Conte, 1986, cited in Bolen, 2002; Corcoran, 1998; Faller, 1988; Finkelhor, 1986; McIntyre, 1981; Wattenberg, 1985). Some authors felt that this was taking the blame away from the offender (Breckenridge & Baldry, 1997; Gorestky & Smith, 1993). The feminist writers blame this issue on the societal forces of the patriarchal society that render the mother powerless (Finkel, 1987; Herman, 1981; Wattenberg, 1985). Other authors feel that the mother-blaming concept is rooted in the fact that the mother is being judged against the unrealistic traditional standards of motherhood as a know it all, nurturer and protector of the whole family (Dietz & Craft, 1980; Massat & Lundy, 1998; Strand, 1991).

In Tamraz's (1996) opinion of the mother-blaming theory, he argues that the early research was based on the opinions of the third party rather than the research. He adds that the data sources were victims, offenders and the professionals working with the sexual abuse cases. As a result, it has been suggested that the idea of collusion be discarded in favor of the concept of the mother's failure to protect, or diminished capacity to protect (Dale, 1989; Fawcett, 1990, both cited in Humphreys, 1992). It has also been suggested that an alternative understanding of the mother's role in incestuous abuse be adapted according to their different circumstances (Elbow & Mayfield, 1991, Mashego, 2000; Strand, 2000).

The most recent studies have failed to support the notion of maternal collusion. Findings on several studies reviewed by Elliot and Carnes (2001), have revealed that a large number of mothers do believe their children's allegations and act in a protective manner, irrespective of their circumstances. Similar results from the studies reviewed by Bolen (2002), documented that between 75%-95% of mothers denied that they were aware of the incestuous abuse in their families. In the Daily Sun (23 August 2005), it was reported that a girl was sexually abused by her priest step-father, and when she told her mother she went straight to the police and the man was arrested immediately. On the contrary, Candib (1999) argues that although it is rare, there are women who even participate in the

sexual abuse of their children by the spouse or other relative. To support this, there have been several media reports where a mother either knows about the abuse and does nothing, or actively participates together with her partner. This was evident in the case reported in the Daily Sun (19 July 2005), where a Vaal Triangle mother knew of her daughter's sexual abuse by her spouse who is the daughter's father and the two cousins but she kept quiet and did nothing about it.

#### **4.2. Maternal Support**

The level of maternal support helps the child to better cope with the negative effects of sexual abuse (Cry, Wright, Toupin, Oxman-Martinez & The'riault, 2003) and also in preventing re-victimization of the child and her removal from home (McCarty, 1981, cited in Lipton, 1997). Doyle (1994) points out that, when the child discloses her sexual abuse ordeal, she needs an adult who will listen and offer her maximum support. Heriot (1996) raises his concern about the inconsistency of the criteria used by different researchers to measure the concept of maternal support, but most authors, such as Alaggia (2002), Corcoran (2002) and Everson et al. (1989), seem to agree on belief, protective action and support as measures of maternal support. They describe belief as acknowledging that the abuse happened and the identity of the perpetrator, and also placing the blame on him; protective action as the effective actions taken by the mother to prevent further abuse and to help the child work through the trauma, and this includes calling the police, involving the social, medical and psychological services and to separate the child from the offender. They also described support as emotional support the mother provides for her child post-disclosure. Although Alaggia (2002) suggests that the presence of any one of the three components shows a supportive response, authors such as Everson et al. (1989), Heriot (1996) and Leifer et al. (1993) argue that they all have to be present to consider the mother as supportive. Heriot (1996) adds that belief alone does not guarantee protective action as he indicated in his study that 20% of the believing mothers did not take any action. It has also been noted that some mothers may show partial or inadequate support, also known as ambivalence (Bolen & Lamb, 2004). This involves mother not co-operating with the professionals involved in the care of the child, believing the child but displaying anger and blame towards her and not taking any

action to protect her (Alaggia, 2002; Friedrich, 1990; Gelinas, 1986, cited in Alaggia, 2001; Summit, 1983, cited in Alaggia, 2001; Tingus, Heger, Foy, & Leskin, 1996, also cited in Alaggia, 2001; Sirles and Franke, 1989). Everson et al. (1989) argue that although ambivalence is a mid-point between support and non-support, it appears to be clinically treated as a criterion for non-support. This was indicated in their study that reported 24 out of 27 children whose mothers were ambivalent in their responses and they were taken for placement.

Recent literature argues that the majority of the non-offending mothers tend to be supportive to their sexually-abused children, whether totally or partially (Carter, 1990; De Jong, 1988, cited in Elliot & Carnes, 2001; Elbow & Mayfield, 1991; Gomes-Schwartz et al., 1990; Humphreys, 1992; Sirles & Franke, 1989). Similar results were found in the most recent studies of Alaggia (2001), Elliot and Carnes (2001), Heriot (1996), and Pintello & Zuravin (2001, cited in Corcoran, 2002). The estimates of the level of maternal support varied across studies, ranging between 27%-84% (Alaggia, 2002; Leifer et al., 1993). Elliot and Carnes (2001), in his review of nine studies on maternal support reported that 69%-78% of mothers believed their children, and other studies reported even higher rates of 83%-84% of mothers believing at least some aspects of the abuse. It has been noted that the figures reporting mothers who display positive responses suggest that there is a substantial number of mothers who are unsupportive (Elliot & Carnes, 2001; Pellegrin & Wagner, 1990). This is consistent with Lipovsky's (1991) review of studies that revealed that there are 13%-22% of mothers who do not believe their children's allegations.

Empirical evidence still indicates that the number of fully supportive mothers is higher than those who show partial support or ambivalent responses (De Jong, 1988, cited in Elliot & Carnes, 2001; Everson et al., 1989, Heriot, 1996; Pellegrin & Wagner, 1990). In Pintello and Zuravin's (2001, cited in Corcoran, 2002) sample of 435 mothers whose children had disclosed sexual abuse, out of 70% of the mothers who were considered as supportive, 42% believed and took protective action whilst 28% either did not believe but took protective measures or believed but did not take any protective measures.

### **4.3. Factors Influencing Maternal Response**

As it has been indicated that the mothers' responses to the disclosure of their children's sexual abuse vary considerably, it would be useful to examine the different variables that determine their responses. Corcoran (1998), Joyce (1997) and Massat and Lundy (1998) argue that the professionals dealing with mothers in this situation need to view them as a diverse group whose responses are explained by certain dynamics in their lives. A number of studies investigating these variables were conducted and there is inconsistency in their results. The following factors were identified:

#### **4.3.1. The Relationship with the Perpetrator**

Several authors argue that the nature and the recency of the mother's relationship to the perpetrator influences her response to the disclosure of her child's sexual abuse (Bandi, 2003; Everson et al., 1989; Faller, 1988). They suggest that if the perpetrator is the current spouse and they have a close relationship it would be highly unlikely that she would fully support her daughter as compared to when they have separated or divorced, or if the perpetrator is an extended family member or a stranger. These findings are consistent with those of Cyr et al. (2003), Elliot and Carnes (2001), Hooper (1992), Humphreys (1992), Pintello and Zuravin (2001, cited in Elliot & Carnes, 2001), and Sirles and Franke (1989). According to Heriot (1996), the difficulty of support from these mothers is the result of the intensity of loyalties between the child and the partner. In line with that, Lyon and Kouloumpos-Lenares (1987, cited in Corcoran, 1998) confirmed in their studies that if the perpetrator is not a family member, mothers have fewer problems with divided loyalty. This could also be attributed to financial dependency on the perpetrator (Herman, 1992; Leifer, Kilbane & Grossman, 2001, cited in Cyr et al., 2003), the fear that the partner will be prosecuted (Myer, 1985), and also the perceived relational, financial, vocational and residential losses identified by Massat and Lundy (1998). Sirles and Franke (1989) have also noted that mother's supportive responses differ also in cases of biological vs step-father or mother's boyfriend. They argue that if the biological father is the perpetrator, the mother is more likely to believe him than if he is a step-father. In their study, mother's support was found to be 92% for other family members as perpetrators, 86% for the biological father and dropped to 56 % for step-

fathers or live-in partners. The authors attribute that to the mother's difficulty in separating with the partner whom she had just met and who is providing financial and emotional support for him, or she might think that the child just does not like him. According to Faller (1988), this was not the sign of collusion but it is because the mothers who were not in a relationship with the perpetrator were significantly more supportive.

Contrary to the results of the above studies are those of Deblinger et al. (1993), De Jong, (1988, cited in Elliot & Carnes, 2001), and deYoung (1994, also cited in Elliot & Carnes, 2001) that found no difference between maternal responses of incest and non-incest victims.

#### **4.3.2. Maternal History and Current Functioning**

Some maternal variables pertaining to her history and current functioning are said to have an impact on the mother's level of support for her sexually-abused child. Her early relationships with her own family have been identified as one of them. Some authors have indicated that the mother's poor attachment history with her own parents, especially her mother, could contribute to her inability to provide consistent support to her abused child (Leifer, et al., 1993; Paredes et al., 2001). This is consistent with Bandi's (2003) observations in her sample that parents' reaction to disclosure was closely related to both their past and current relationships with significant people. Leifer et al. (1993) add that there has been a paucity of research that examines the ways in which the mother's childhood attachments affect their provision of support.

Few authors have also suggested that maternal substance abuse could mediate maternal response to child sexual abuse. They posit that mothers who abuse alcohol or drugs are less likely to offer positive support to their child victims (Faller, 1988; Heriot, 1996), but, according to Leifer et al. (1993), this variable only acts as a mediating factor between maternal history of sexual abuse and the mother's response to the disclosure. They further indicate that it also serves as an indication of the presence of family problems that hinder the mother's support for her sexually-abused child.

The level of maternal distress following disclosure and her general mental health has been noted to have an impact on her level of support for her child as it may contribute to her emotional unavailability (Deblinger et al., 1993; Lipton, 1997; Newberger, Gremy, Waternaux & Newberger, 1993; Timmons-Mitchell, Chandler-Holtz & Semple, 1996, cited in Elliot & Carnes, 2001). This was also evident in Paredes et al.'s (2001) sample of 67 mothers and their sexually-abused children, which revealed the relationship between current maternal trauma symptomatology and her level of support to the child. Also, Steinmetz (1996) argues that mothers can be so focused in dealing with their own reactions to the disclosure that they are unable to help their children through the trauma. Furthermore, mothers with psychiatric disorders and those experiencing anxiety, guilt, depression or denial were less likely to help their children cope with the traumatic experience (Alaggia, 2001; De Jong, 1988, cited in Elliot & Carnes, 2001; Runyan, et al., 1992, cited in Cyr et al., 2003). Cyr et al. (2003) disagree with the above findings, as they found no relationship between these variables. Instead, their previous study had reported that psychological distress predicted maternal support for children aged 6-12 years.

The literature has also looked at childhood sexual abuse experience as a mediating factor for the level of maternal support. Several researchers have mixed feelings about this notion (Agosta & Loring, 1988, cited in Morrison & Clavenna-Valleroy, 1998; Friedrich, 1990; Hubbard, 1989; Myers, 1985; Paredes et al., 2001) and the studies reviewed by Elliot and Carnes (2001) revealed this inconsistency. The majority did not find any relationship at all (Deblinger et al., 1993; Faller, 1988; Leifer et al., 1993; Myer, 1985), whilst others reported that mothers who were sexually abused themselves as children had difficulty supporting their children (De Jong, 1988, cited in Elliot & Carnes, 2001; Gomes-Schwartz et al., 1990). On the other hand, Heriot (1991), Runyan et al. (1992, cited in Cyr et al., 2003), and Morrison and Clavenna-Valleroy (1998) reported in their studies that actually these mothers were considered to be more supportive. This is consistent with Humphreys' (1992) sample, which revealed that mothers' with childhood sexual experience had little trouble believing. Elliot and Carnes (2001) concluded that this variable is not sufficient for explaining the quality of maternal response to child

sexual abuse disclosure. Even recent studies like Cyr et al. (2003) also found no significant relationship.

Some authors believe that maternal history of child sexual abuse rendered them unsupportive and they attribute this to the mother's unresolved trauma (Finkel, 1987; Friedrich, 1990; Sgroi, 1992, cited in Leifer et al., 1993). In those cases where this factor increases maternal support, Morrison and Clavenna-Valleroy (1998) argue that these mothers have acknowledged their childhood trauma, and that they might have had some form of therapy or other ways of dealing with it. They also suggest that these mothers may be responding in a manner that they had wished their own mothers had responded to them. The authors further suggest since their study was based on the daughters' perceptions of their mothers' support, they might have perceived them as supportive due to the similarity of their trauma.

#### **4.3.3. Multiple Family Problems**

Family dysfunction theorists have always indicated that incestuous families are characterized by multiple problems which result in maternal distress that could affect the mother's ability to support her incestuous child, or that could make it difficult for her to believe the allegations (Sirles & Franke, 1989).

The presence of domestic violence, according to Dietz and Craft (1980) and Truesdell, McNeil and Deschner (1986), could hinder the mother's support for her child as it can leave her powerless, or she might be scared of her spouse's retaliation should she take her daughter's side and take actions against him (Deblinger, Steer & Lippman, 1999, cited in Leifer et al., 2001; Walker, 1985). Sirles and Franke (1989) add that the mothers who are victims of physical abuse are more likely to believe their children, but less likely to take action for the reason mentioned above. They further argue that the opposite is true in cases where the child is also the victim of physical abuse by the same perpetrator, as the mother may think that she is just exaggerating because of her anger towards her father. Other factors that increase that mother's ability to believe her daughter's allegations are noted by Sirles and Franke (1989) as not extensively researched, and they include



substance abuse by the perpetrator, which leaves the mother unsure as to what to believe, and the mother's awareness that her spouse is a sexual deviant. This notion of family dysfunction was supported by Johnson (1992) who felt that some women are able to protect and support their daughters because they were ready to leave the marriage anyway.

#### **4.3.4. Social Support**

According to Johnson (1992), mothers who maintain supportive and protective actions towards their abused children are those who have alternative resources and social support outside the marriage as opposed to those who, according to Leifer et al. (1993), have little or no support, as a result, their children are more likely to be placed. It is further noted that negative reactions by the professional team and other people towards the mother may worsen her distress, which could render her helpless and powerless and unable to provide consistent support to their children (Carter, 1993).

#### **4.3.5. Nature of Abuse**

The severity of abuse has been documented as a mediator of maternal supportiveness. Literature suggests that sexual abuse that involves penetration decreases the level of maternal support, as it could be difficult for the mother to digest the fact that her child has been involved in intercourse, as it could be threatening to her emotions (Heriot, 1996; Russell, 1986; Sirles & Franke, 1989). This is in line with Mannarino and Cohen (1986, cited in Keen & Keen, 1995) when they listed full intercourse as one of the factors reducing the likelihood for maternal support. On the contrary, Feiring, Taska and Lewis (1998, cited in Elliot & Carnes, 2001) found that the more serious the form of abuse is, the more supportive the mother becomes. Cyr et al. (2003) did not find any significant relationship with penetration and the use of violence but they reported higher maternal supportiveness for sexual abuse of longer duration.

#### **4.3.6. Disclosure Characteristics**

Disclosure can either be voluntary or accidental. The researcher would posit that when the mother accidentally finds out about the incestuous abuse of her daughter by her

partner, she might get angry with the daughter for not disclosing, or blame her for wanting it to happen, and this could affect her level of support to her child. According to Everson et al. (1989), Lyons and Kouloumpos-Lenares (1987, cited in Corcoran, 1998) and Tufts (1984, also cited in Corcoran, 1998), if the initial disclosure was made directly to the mother and soon after the event, she was more likely to believe and provide higher level of support. The support was even greater if the perpetrator confessed (Cyr et al., 2003; Elliot & Carnes, 2001). Maternal belief upon disclosure included believing both the allegations and the identity of the perpetrator, and those who could not believe any of the two could not provide consistent support (Heriot, 1996). This is in line with Alaggia (2001), as she indicates that maternal support is significantly diminished when the mother either does not believe or if she blames her daughter. In a sample of 22 mothers by Humphreys (1992), some mothers needed further evidence like medical evidence, for them to believe.

#### **4.3.7. Mother-Daughter Relationship**

The nature and the quality of the mother-child relationship are said to be correlated with the level of maternal support for the sexually abused child (Alaggia, 2001; Cyr et al., 2003; Elliot & Carnes, 2001). This is consistent with Leifer et al.'s (1993) view that the compromised attachment between the mother and her child could make it difficult for the mother to respond in a protective and supportive manner. According to Johnson (1992), those mothers who act protectively are the ones whose empathy towards their daughters outweighs their need for their husband, and those are the characteristics of secure attachment.

#### **4.3.8. Child's Variables**

Several studies reviewed by Elliot and Carnes (2001) have indicated that child's age is significantly correlated with the level of maternal support. They argue that the younger the child, the more support she gets from her mother as the mothers find it more convincing. Comparing maternal belief at different ages, Sirles and Franke (1989) found that 95 % of pre-school kids were believed as compared to 82.4% of latency age and 63.2% of teenagers. The authors attribute this to the fact that young children do not have

a detailed knowledge of sexual experiences, so they can not just make false allegations (Corcoran, 1998; Lyons & Kouloumpos-Lenares, 1987, cited in Corcoran, 2004). In addition, studies found that mothers of adolescent victims had difficulty believing and supporting them as they sometimes felt that they are old enough to have prevented it, implying that they are equally responsible (Feiring et al., 1998, cited in Cyr et al., 2003; Heriot, 1996). The authors further suggest that the lack of maternal support could be exacerbated by the developmental difficulties of adolescence that adversely affect the mother-child relationship. Other studies failed to support this notion, as they could not find this relationship (Cyr et al., 2003; De Jong, 1988, cited in Elliot & Carnes, 2001; Everson et al., 1989).

With respect to gender, Elliot and Carnes (2001) in their review of studies found results to be contradictory. They found three studies that suggested that mothers were more supportive to sons than daughters, and another three that found no relationship. In line with that, Sas, Hurley, Hatch, Malla and Trish (1993, cited in Cyr et al., 2003) support the notion that boys experienced more maternal support than girls in their disclosure of sexual abuse. This was also confirmed by Pintello and Zuravin (2001, cited in Elliot & Carnes, 2001), as they found that male victims were twice likely to be believed and protected by their mothers than female victims, but others indicate that these results were not consistent in the presence of other variables. Also, Cyr et al.'s (2003) study found no significant relationship.

The type of symptoms manifested by the sexually-abused child could hinder the maternal support. Although Elliot and Carnes (2001) found no study of this variable, they hypothesized that children who were aggressive and acting out were less likely to get adequate support from their mothers as compared to those who manifest with depressive or anxiety related symptoms. Cyr et al. (2003) found no relationship of the variable to maternal response.

#### **4.3.9. Mother's Whereabouts**

It has been noted that when the sexual abuse took place in the mother's presence, she is likely to dismiss it as untrue and impossible as this could be a challenge to her consciousness of her surroundings and her ability to protect (Mannarino & Cohen, 1986, cited in Keen & Keen, 1995; Sirles & Franke, 1989). The authors further argue that her presence could be interpreted by the victim and other people as awareness and collusion, and this could sour her relationship with her daughter, and increase the blame by other people which could result in them withdrawing social support. This could impede her ability to support the child.

#### **4.3.10. Cultural Forces**

Some women are influenced by dominant cultural values in their societies. Those mothers whose cultural or religious beliefs place high value on family cohesiveness and preservation, and discourage family disintegration, and those who adhere to rigid patriarchal norms would have difficulty taking protective actions towards their daughter and against their partners. (Davis, 1983; Gunavan, 1994; Hook, 1982; Lay, 1988; Okamura, Heras & Wong-Kerb, 1995, all cited in Tyagi, 2001).

### **5. THE IMPACT OF CHILD SEXUAL ABUSE ON THE CHILD**

#### **5.1. Traumatic Effects**

Essentially, this study departs from the notion that father-daughter incest is a traumatic event for both the child and the mother.

According to DSM-IV TR (2000, P. 463), trauma is defined as

“... exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or

threat of death or injury experienced by a family member or close associate (Criterion A1)”

This is the definition of trauma within which this study is conceptualized.

Incest is a traumatic incident for the child who is the primary victim, as she is directly affected by this event. According to Terr (1991), childhood trauma originates from external events, rendering that child helpless.

Incestuous abuse may leave long-term emotional and psychological scars to the victim even when the physical scars have healed (Gagliano, 1987). Forward and Bucks (1987) indicated that intra-familial child sexual abuse is more devastating for the child as she cannot easily run away from the situation like in a case of a stranger perpetrator, and she has no home to run to. This view is consistent with Russell’s (1986) findings in his study that reported that half of the victims of father-daughter incest were extremely upset as compared to 25 % of victims of other relatives. He further stated that the greater trauma may be related to the sense of betrayal the child experiences. He also carried out some case studies with women who were raped by other people in addition to being their fathers’ victims and these cases revealed that the most traumatic experience was the incident with their fathers rather than other perpetrators. This is probably because it threatens the most important relationship that the child possesses.

Browne and Finkelhor (1986) proposed the traumatogenic model on which the experience of sexual abuse can be analyzed. They identified four of the factors and referred to them as the trauma-causing or the traumatogenic factors. These are factors are not unique to sexual abuse but they occur in any kind of trauma, but are known to be the main sources of trauma in child sexual abuse. The authors indicate that each factor is related to a particular set of psychological impacts and behavioural manifestations.

### **5.1.1 Traumatic Sexualization**

This is the trauma experienced by the child because of the nature of the sexual act and the duration thereof. The child becomes confused about the sexual norms as she has been

forced to engage in a developmentally inappropriate sexual activity. This is exacerbated by the bribes she gets from the offender. The feelings and attitudes of the child about sexuality are shaped by this experience and the child learns that in order to get the attention she needs, and also, for her other needs to be met, she needs to be sexual, hence she displays inappropriate sexual behaviours like sex play, masturbation, inappropriate sexual knowledge and curiosity, sexual aggression and victimization of other children (Browne & Finkelhor, 1986).

### **5.1.2 Powerlessness**

Browne and Finkelhor (1986) assert that the child feels helpless during the sexual act, as she is unable to stop it. They further state that the child feels that her territory and her body space has been invaded against her will, as a result she gets more traumatized as she is in a victim's position where she feels out of control of the situation and cannot protect herself. This may result in fear and anxiety related to her inability to control events, nightmares and phobias. She may have the need to control, which may result in aggression and delinquency. These children also experience depression, somatic complaints, clinging behaviors and learning problems (Browne & Finkelhor, 1986).

### **5.1.3 Betrayal**

According to Browne and Finkelhor (1986), the child feels betrayed because the cruel activity has been committed by the most important and trusted person in her life, the person on whom she is dependent for love and protection. She also feels betrayed by the other family members who could not protect her and who may display unsupportive responses to disclosure. This may result in feelings similar to grief reaction and depression over the loss of a trusted figure, anger and hostility, inability to trust people, dependency and clinging behaviors in an attempt to regain trust and security. This could further increase the vulnerability of the child to future abuse, and she may also experience conduct problems.

#### **5.1.4 Stigmatization**

This is the trauma derived from a child's feeling of being damaged. This is also influenced by the non-offending parent's reaction to disclosure and the child's interpretation of her participation in the sexual activity. The child might feel blamed by the mother, or may also blame herself, leading to shame, guilt and poor self-esteem and a sense of being different, which could lead to social isolation. Also, the reaction of other people involved after the allegations, have been reported to have an influence on the extent of trauma to the child, for instance, the attitude of the legal team, the professional team involved, and so on, and this is termed secondary trauma (Browne & Finkelhor, 1986).

The diagnostic literature has defined Post-Traumatic Stress Disorder (PTSD) as:

- (a) "the experience of an event outside the range of human experience,
- (b) persistent re-experiencing of the event,
- (c) persistent avoidance of related stimuli or numbing of responsiveness, and
- (d) persistent symptoms of increased arousal.

In addition, anxiety symptoms and depression are commonly reported in conjunction with PTSD" (APA, 1987, cited in Joseph, Yule & Williams, 1993, p. 501).

Research has indicated that most sexually-abused children develop post-traumatic stress disorder (PTSD). Reports from Wolfe et al.'s (1989) study revealed that there are higher rates of PTSD in cases of child sexual abuse. This was also confirmed by Kiser, Heston, Millsap and Pruitt (1991), as they reported 55% of abused children with symptoms characteristic of PTSD in a day treatment programme (Rosin, 1994). Other studies that supported the existence of PTSD in the sexually abused child are those by Deblinger et al. (1993), McLeer, Dedlinger, Atkins, Foa and Ralphe (1988), Wolfe et al.(1993, cited in Timmons-Mitchell, Chandler-Holtz & Semple, 1997), and Merry and Andrew (1994, cited in Reynolds & Birkimer, 2002). Anderson et al. (1969, cited in McLeer et al., 1988) and Tufts (1984, also cited in McLeer et al., 1988) pointed out that the symptom cluster reported in the sexually-abused children have indicated that some children suffer from PTSD, although the majority experience some variety of post-traumatic stress symptoms

not warranting the DSM-III-R diagnosis. The reported symptoms include anxiety symptoms like sleep disturbances, flashbacks and exaggerated fears and phobias, also depressive symptoms like social withdrawal, poor self-esteem, to name a few (Finkelhor, 1986; Lewis, 1997; McKendrick & Hoffman, 1990; Terr, 1991). It is posited that these symptoms worsen in cases of intra-familial abuse as indicated by Bach and Griffith's (1981, cited in Browne and Finkelhor, 1986) studies of female victims of intra-familial abuse that revealed 67% with some of these symptoms as compared to 49% in extra familial cases. Also, Russell (1986) points that father-daughter incest is more shocking and usually more traumatic than other types of incest.

## **5.2. Other Effects**

How the child reacts to sexual abuse may have an impact on her relationship with her mother. Children who have experienced sexual abuse can suffer a range of short and long-term psychological, emotional and behavioral problems, and these could have damaging effects on her (Briere & Runtz, 1993; Finkelhor & Browne, 1988, both cited in Morrison & Clavenna-Valleroy, 1998; Lovett, 1995; Wyatt & Powell, 1988). Because of the age limit of the children, this study would focus on short-term or initial effects, which are known as those experienced by the child within 2 years of disclosure.

Meiselman (1990) argues that before the 1970s, there was no literature on the impact of sexual abuse on children. It was only after that period that studies on child sexual abuse addressed these effects and they suggested that childhood sexual experience could have a significant emotional and psychological impact on the child (Collings, 1994; Reynolds & Birkimer, 2002). According to Finkelhor and Browne (1985), incestuously-abused children suffer more negative consequences due to the betrayal within the supposedly nurturing relationship. In the studies conducted by Adams-Tucker (1982) and Carter (1990), all the children suffered from range of symptoms.

There are numerous other studies that address the impact of sexual abuse upon the child and they all reported more symptoms on the sexually abused child as opposed to those who were non-abused (Anderson, Bach & Griffith, 1987, cited in Browne & Finkelhor,



1986; Kendall-Tackett, Williams & Finkelhor, 1993; Leifer, Kilbane, Grossman & Friedrich, 2001, cited in Leifer et al., 2002; Mennen, 1993; Mennen & Meadow, 1994). Veltkamp and Miller (1994, cited in Mthembu, 2000) pointed out that the symptoms manifested by these children are associated with their feelings, behaviour and attitudes. It is further noted that these symptoms could manifest physically, behaviourally and emotionally ( Briere, 1989, cited in Ford et al., 1999; Browne & Finkelhor, 1986; Ray, 1996, also cited in Ford et al., 1999). A child's reaction to sexual abuse could be directed to self, the father-perpetrator and the mother, and these can be demonstrated in the range of symptoms that they manifest.

- **Reactions Directed to Self**

According to Hollin and Howell (1991), the child may experience negative feelings towards herself, and that could affect her self-esteem, resulting in social withdrawal. These could be the result of the feelings of guilt, shame and self-blame which the child could experience if she feels responsible for what happened and the consequences thereof (Celano, 1992, cited in Spacarelli, 1994; Sheinberg & Fraenkel, 1999; Simon-Roper, 1996). This could also lead to feelings of embarrassment with subsequent isolation, self-destructive behaviors and depression (Browne & Finkelhor, 1986; Faulkner, 1996, cited in Practice Notes, 2000).

- **Reactions Directed to the Father**

The sexually-abused child sometimes feels angry towards her father for betraying her (Browne & Finkelhor, 1986), and children in this situation could develop mistrust of other people and expect to be taken advantage of (Faller, 1988; Mthembu, 2000; Schetky & Green, 1988). It has been noted though, that children tend to be mostly forgiving of their fathers. This was evident in Meiselman's (1990) study, which found that 40 % of incest victims expressed negative feelings towards their fathers whilst the remaining 60% forgave them.

The sexually-abused children also experience ambivalent feelings towards their fathers who might have provided them with the attention that they so much needed, especially in

a depriving environment (Marais, 1990; Sgroi, 1982; Swanson & Biaggio, 1985; Tamara's House, 2003), hence the feelings of both warmth and anger towards him (Geiser, 1979; Herman & Hirschman, 1980; Kaufman, Peck & Tagiuri, 1954; Rist, 1979, all cited in Reis & Heppner, 1993). This was also evident in the case studies conducted by Russell (1997), where some survivors reported having mixed feelings with their fathers. Also, Herman (1981) in her sample of 40 survivors of father-daughter incest revealed that daughters tend to be more tolerant of their fathers and more forgiving towards them.

- **Reactions Directed to the Mother**

The authors argue that incest victims tend to direct their anger towards their mothers whom they blame for not protecting them, not being available, hence feel abandoned by them (Forward & Bucks, 1978; Geiser, 1979, cited in Reis & Heppner, 1993; Sheinberg & Fraenkel, 1999; Swanson & Biaggio, 1985), also for ignoring the obvious signs (Hansen, 1993) which could result in a child perceiving her mother as colluding (Hoorwitz, 1983). According to Hopper (1992) and Mashego (2000), these children are angrier with their mothers than with the perpetrator, and Russell (1997) revealed similar results in her case studies. The author explains this mother-blaming by the incest victims as related to the patriarchal ideology that these children have internalized, that their mothers should protect them from any harm, including harm caused by their fathers; hence they perceive their mothers as powerful, which makes it difficult for them to understand their inability to protect them. This was evident in the report on the Daily Sun (19 July, 2005) of an incest victim who verbalized her anger and hatred towards her mother whom she feels never stood up for her, and who, instead sided with her partner, the victim's father. This anger could be generalized to the outside world.

The above feelings experienced by the sexually-abused child are displayed through a number of physical symptoms including sleep disturbances, eating disturbances, headaches, stomach problems (Doyle, 1994; Forward & Bucks, 1978; Green, 1993; Veltkamp & Miller, 1994, cited in Mthembu, 2000); behavioural symptoms like acting out behaviours, school problems, concentration difficulties, regressive behaviours including bedwetting, social withdrawal, impaired peer relations, inappropriate sexual

behaviours, inappropriate anger outbursts and defiant behaviours to name a few (Corcoran, 2004; Doyle, 1994; Driver & Droisen, 1989; Hoffman & McKendrick, 1990; Schetky & Green, 1988; Veltkamp & Miller, 1994, cited in Mthembu, 2000); and emotional difficulties including depression and sadness, anxiety symptoms, fear of specific people, and so on (Deblinger & Heflin, 1996; Green, 1993; Kendall-Tackett et al., 1993; McLeer, Deblinger & Orvaschel, 1992; Sgroi, 1982).

### **5.3. Factors Influencing the Impact on the Child**

It has been noted that not all children who experience sexual abuse are adversely affected and the severity and nature of the symptoms vary (Alexander, 1992; Kendall-Tackett et al., 1993). Some authors argue that other children remain symptom free and that other traumatic impacts might have been exaggerated (Elwell & Ephross, 1987; Henderson, 1983, cited in Hartman, 1995; Sgroi, 1982). Corcoran (2004) indicated in her study that there are no universal symptoms for sexually-abused children.

Several studies have identified various factors that could mediate the various responses of the child to the abuse and also the severity of the symptoms they experience (Corcoran, 2004; Deblinger et al., 1993; McLeer et al., 1992; Mennen & Meadow, 1994). Benedek (1985, cited in Kiser et al., 1991) and Malmquist (1986, also cited in Kiser et al., 1991) argue that the victims response to trauma and abuse is shaped by the specific situation, the victim's and the incident's specific characteristics. The studies of these variables show some inconsistency which Deblinger, Taub, Maedel, Lippman, and Stauffer (1997) link to the differences in sample, design and measurements employed by different researchers including parent-report vs child self-report, the sample characteristics and the timing of the assessment. It has been noted though that besides the inconsistency, there are trends in the findings that on which conclusions can be drawn (Browne & Finkelhor, 1986; Deblinger et al., 1997). It should be borne in mind that not one variable could explain the severity of the psychological distress on the child but rather the interaction of more than one.

### **5.3.1. Severity of the Abuse**

The extent and the nature of the abuse have been found to have an impact on the negative effects on the sexually-abused child (Adams-Tucker, 1982; Flynn, 1994; Friedrich & Reams, 1987; Gomes-Schwartz et al., 1990; Spacarelli, 1994; Wyatt & Newcomb, 1990, cited in Tyagi, 2001). This refers to the type of sexual act, frequency and duration thereof, use of force or coercion, the degree of secrecy involved, physical injuries sustained during the sexual act and the presence of physical abuse by the perpetrator. There is a debate about this issue. Cameroon (2000, cited in Corcoran, 2002), argues that each form of abuse has its own kind of distress but most authors and researchers feel that the contact form carries more trauma than the non-contact form. A number of studies revealed that rectal or vaginal penetration is associated with increased psychological impact on the victim (Friedrich, Urquilla & Beilke, 1986; Mullen, Roman-Clarkson, Waltson & Herbison, 1988; Sedney & Brooks, 1984, all cited in Huston, Prihoda, Parra & Foulds, 1997; Russell, 1986). This was evident in the study conducted by Gries, Goh, Andrews, Gilbert, Praver and Stelzer (2000), which links it to the violation of the child's body integrity and personal space. According to Mennen (1993), penetration increases the likelihood of depression by 7.6 times and decreases self-worth by 3.6 more than the other factors.

Other studies failed to support this notion as they could not find the correlation between penetration and trauma to the sexually-abused child (Einbender & Friedrich, 1989; Rimsza et al., 1988; Wozencraft et al., 1991, all cited in Mennen & Meadow, 1994). If the abuse has been happening for a long time and at frequent intervals, it is associated with greater levels of trauma (Flynn, 1994; Green, 1993; Mennen & Meadow, 1994; Wolfe, 1998, cited in Corcoran, 2004). It is highly likely that this goes with threats and coercion for the child not to disclose (Bandi, 2003). Other studies could not find the empirical evidence to support this relationship (Adams-Tucker, 1982; Browne & Finkelhor, 1986; Elwell & Ephross, 1987; McLeer et al., 1992).

The use of force increases the traumatic effect of the sexual abuse. In cases of incestuous abuse by the father, or close family member, it is rare that aggression and physical trauma are used but the use of threats is also associated with high level of trauma, and in most of

these cases threats are used (Friedrich et al., 1986, cited in Mennen & Meadow, 1994; Kendall-Tackett et al., 1993; Wolfe, Sas & Wekerle, 1994). Other authors argue that use of force by the father-perpetrator makes it easier for the child to blame him rather than herself, hence the trauma could be less for her, but the force by the non-father abuser has more negative effects (Mennen, 1993; Mennen & Meadow, 1994). The authors further suggest that the absence of force by the father-perpetrator would have more negative impact on the child as she might convince herself that she could control the situation but she did nothing to stop it, hence the self-blame and guilt feelings as she feels that she has betrayed her mother. Also, the secrecy that goes with the bribes and the special favors could result in more distress (Spacarelli, 1994). Studies by Cavaoila and Schiff (1989, cited in Mennen & Meadow, 1994) and Elwell and Ephross (1987) could not find the relationship between the use of force or threats and the level of distress.

Other factors include the presence of more than one perpetrator (Wolfe, 1998, cited in Corcoran, 2004), the physical injuries sustained during the abuse (Elwell & Ephross, 1987; Green, 1993), and the presence of physical abuse by the perpetrator which, according to Deblinger et al. (1997), contributed to more PTSD symptomatology. This was consistent with other studies by Deblinger et al. (1993), Kiser et al. (1991), and McLeer et al. (1988). The authors suggest that the traumatic effects of the sexual and physical abuse are cumulative, even if these do not occur concurrently, hence the higher degree of trauma.

### **5.3.2. Identity of the Perpetrator**

The relationship between the child and the perpetrator has been identified as one of the mediating factors of the impact of child sexual abuse on the child's adjustment (Browne & Finkelhor, 1986; Flynn, 1994; Wolfe et al., 1994; Wolfe, 1998, cited in Corcoran, 2004). The closeness of the child's relationship with the perpetrator is related to the greater trauma. Cases involving fathers or step-fathers were associated with serious negative outcomes as compared to other relatives or strangers because of the emotional closeness involved and the betrayal of trust, the consequences of disclosure and dilemma involved (Adams-Tucker, 1982; Elwell & Ephross, 1987; Green, 1993; Mennen &

Meadow, 1994). Other studies that yielded similar results were those of Everson et al. (1989), Gomes-Schwartz et al. (1990), McLeer et al. (1988, 1992), and Sirles and Franke (1989).

Studies conducted by Eibender and Friedrich (1989, cited in Mennen and Meadow, 1994), Kiser, Ackerman, Brown, Edwards, McColgan, Pugh and Pruitt (1988), Mannarino, Cohen, Moore and Motily (1991, cited in Hazzard, 1995), and Mennen (1993) could not find this relationship. Conte and Schuerman (1987, cited in Mennen & Meadow, 1994) and Friday (1983) have a different view concerning the relationship of the perpetrator to the child. They argue that it is the closeness and not the degree of the relationship that predicts the level of distress, and also that the amount of trauma depends on the child's individual experience of the abuse rather than the relationship.

### **5.3.3. Age of the Child**

Age of the child has been identified by some authors as one of the factors that determine the symptomatic responses in the sexually-abused child (Browne & Finkelhor, 1986; Deblinger et al., 1997; Flynn, 1994; Green, 1993; Hazzard, Celano, Gould, Lawry & Webb, 1995). Gries et al. (2000) indicate in their study that the age of the child is the second predictor of depressive symptoms. Although there have been some inconsistencies in the studies of this factor, there seems to be a trend that younger children experience more trauma (Kendall-Tackett et al., 1993; Moran & Eckenrode, 1992, cited in Corcoran, 2004). The authors link this correlation to the insufficiency or absence of coping strategies in younger children to deal with the trauma, and also to the fact that the abuse that started early in life implies longer duration. In addition to that, Adams-Tucker (1982) and Bagley and Ramsay (1986, cited in Dodds, 1999), propose that older children have developed more internal resources to cope with the trauma of the abuse.

Other studies revealed opposite results that an early onset has less impact on the child (Black, Dubowitz & Harrington, 1994; Tufts, 1984, both cited in Corcoran, 2004). They hypothesized that these children lack insight into the implications of the abuse, and they

might have enjoyed the special attention. In line with that, Dodds (1999) and MacFarlane (1978, cited in Browne and Finkelhor, 1986) argue that older children may be aware of the cultural taboo that they have violated and the stigma associated with that, hence they experience more distress. Studies by Kendall-Tackett et al. (1993), McLeer et al. (1992), and Mennen and Meadow (1994) could not support the notion that age had any significance to the impact of the abuse on the child.

#### **5.3 4. Disclosure and Familial Response**

The nature of disclosure, whether it was accidental or voluntary, has an effect on the level of trauma. With accidental disclosure, the child might feel more traumatized as she might feel guilty for not disclosing earlier (Elwell & Ephross, 1987; Groth, 1978, cited in Finkelhor, 1979).

The relationship between the family's reactions to the child's disclosure of sexual abuse has been examined by various studies and the evidence has indicated that the degree of family support following the disclosure has a significant impact on the child's emotional and psychological adjustment (Testa, Miller, Downs & Panek, 1992, cited in Lipton, 1997; Wolfe et al., 1989). It has been confirmed in the Practice Notes (2000) that the reaction of the parents, siblings and significant others in the child's environment influences the effects of incest, but more focus has been on the parental reactions, which in this case would refer to the mother. Parent's reaction to disclosure is also related to the level of trauma experienced by the child. Deblinger and Heflin (1996), Dodds (1997), and Flynn (1994) indicated that the level of support from the mother is a prerequisite for post-abuse adjustment of the child. Several studies have been conducted and most of them supported the notion that maternal support contributes to the child's adjustment post the trauma of sexual abuse (Adams-Tucker, 1982; Conte & Schuerman, 1987 cited in Hazzard et al., 1995; Corcoran, 2004; Elliot & Carnes, 2001; Everson et al., 1989). Other studies have revealed that lack of, or inadequate, maternal support was related to severe emotional and behavioural difficulties, which could impede the recovery process in the child victim (Adams-Tucker, 1982; Everson et al., 1989; Herman, 1992; Mthembu, 2000). In a study conducted by Bandi (2003), she reported that children who were

believed by their parents, exhibited less problems and those who were not, suffered feelings of anger, guilt, loss of trust and they isolated themselves more.

The level of maternal distress following the disclosure of the child's sexual abuse also has a significant impact on the child's emotional well-being and recovery. It is posited that when the mother is preoccupied with her own distress, she tends to be emotionally unavailable to the child, as a result she cannot offer her any support (Deblinger et al., 1993; Newberger et al., 1993; Timmons-Mitchell, Chandler-Holtz & Semple, 1996, cited in Elliot & Carnes, 2001; Udwin, 1993, cited in Leibowitz, Mendelsohn & Michelson, 1999), and this could exacerbate the negative impact of the trauma on the child (Van Der Kolk, Renny & Herman, 1991, cited in Leibowitz et al., 1999). This is confirmed by the studies conducted by Paredes et al. (2001) in a sample of 67 African-American mothers and their sexually-abused children that revealed the relationship between maternal trauma symptomatology and the increased behavioural problems in the children, and also by Corcoran (2004) which yielded similar results.

### **5.3.5. Institutional Response**

The more people get involved with the abused child, the more likely she is to experience secondary traumatization. Also, having to go through a humiliating physical examination by the doctor, questioning by the legal team and also attitudes or perceived attitudes of other professionals involved could adversely affect the child (De Jong, 1988, cited in Elliot & Carnes, 2001; Elwell & Ephross, 1987). The authors argue that the more people get involved in the child's intervention, the greater the trauma. They further indicate that if the child has to appear in court to testify, she gets more traumatized as well. This is supported by Green (1993), when he pointed out that severity of the symptoms depends on the nature of the institutional response and the available therapeutic interventions.

### **5.3.6. Maternal Variables**

According to Alexander (1992), there is growing evidence that some maternal factors may account for the differential effects among the abused children. Maternal history of child sexual abuse has been reported to be one of those variables that influence the



child's response to the trauma of sexual abuse (Friedrich & Reams, 1987). Studies by De Jong (1988, cited in Elliot & Carnes, 2001) and Gomes-Schwartz et al. (1990) noted that mothers with sexual abuse history would be less likely to be supportive, hence their children experience more distress. The opposite is true in a study conducted by Timmons-Mitchell et al. (1997), where children whose mothers had experienced sexual abuse in childhood reported less symptoms than those with mothers without such history, as according to Runyan et al. (1992, cited in Cyr et al., 2003), these mothers tend to be more supportive to their abused children, probably because they understand them better.

Friedrich and Reams (1987) also indicated that maternal psychiatric symptoms also influence the child's response. This is supported by Cox, Puckering and Mills (1987, cited in Newberger et al., 1993) and Dooney and Coyne (1990, also cited in Newberger et al., 1993), who both reported that children of the depressed mothers suffered significantly higher levels of psychological symptoms than their normative group.

Maternal substance abuse (Paredes et al., 2001) and the intrapsychic functioning of the parents (Benedek, 1985; MacLean, 1989, both cited in Lewis, 1997) have also been reported to have an influence on the child adjustment. Eth and Pynoos (1985) assert that the adult's resilience ameliorates traumatic effects of stress on the child. This is in line with Punamaki and Suleiman (1990, cited in Lewis, 1997) in their research, indicating that maternal coping responses were related to the child's ability to cope with stress.

### **5.3.7. The Mother-Child Relationship**

The parent-child relationship has been noted as particularly significant in the child's experience of trauma (Friedrich, 1998, cited in Dodds, 1999; Leibowitz et al., 1999). Studies by Hazzard et al. (1995) and Shapiro and Levensdosky (1999, cited in Bolen, 2002) found a strong correlation between the negative relationship of mothers and their daughters, and the psychological distress following child sexual abuse.

Bolen (2002) asserts that the attachment style of the child may predict the type and the severity of effects she manifests. According to Alexander (1992), the impact of the abuse

in the securely attached child is minimized. This was evident in a study conducted by Bolen and Lamb (2001) that reported more symptoms in the ambivalently attached children as compared to those who experienced as positive relationship with their primary caregivers.

## **6. THE IMPACT OF CHILD SEXUAL ABUSE ON THE MOTHER**

### **6.1. Traumatic Effects**

According to Green (1990, cited in Wilson, 1998), becoming aware of the violence to somebody close can be traumatic. Secondary victims go through the psychological processes that are similar to post-traumatic stress disorder (PTSD), which is referred to as secondary traumatic stress disorder (STSD), which might be one of the results of hearing about incest (Figley, 1995, cited in Wilson, 1998). He differentiates between PTSD and STSD as, the former resulting from direct exposure to trauma and the latter from exposure to knowledge about the trauma of the significant other (Marinus, 1997).

The DSM-IV acknowledges that trauma may extend beyond the victim and affect other significant people like family members (APA, 1987, cited in Hubbard, 1989; APA, 1994, 2000, both cited in Strand, 2000; Figley, 1991, cited in Marinus, 1997).

It can be posited that mothers of incest survivors may be indirectly traumatized by learning of the event, and could therefore present with symptoms characteristic of PTSD. This is in line with Carter's (1990) view that the experience can leave the mother severely traumatized. Elliot and Carnes (2001) documented that there is evidence of maternal distress following child sexual abuse, and because of this, they may become emotionally unavailable to the child. In addition to that, a number of studies have revealed the presence of PTSD symptoms in the mothers whose children have been sexually abused (Corcoran, 1998; De Jong, 1988, cited in Elliot & Carnes, 2001; Hubbard, 1989; Kelley, 1990). This is in line with the report of the four cases studied by Green, Coupe, Fernandez and Stevens (1995), of the presence of PTSD-symptoms post-disclosure of the children's sexual victimization, and also Timmons-Mitchell et al.'s

(1997) sample of 28 mothers and their children, which revealed more PTSD-symptoms than in the normative group.

There is a position that the mothers of incest survivors experience trauma themselves and their reaction will be comparative to the process of threatened loss (Hooper, 1992). In addition to that, Herman (1992) states that the person's response to trauma often involves intense fear, feelings of helplessness and loss of control. The mother can also experience trauma as a secondary victim (Massat & Lundy, 1998; Mashego, 2000; Russell, 1986). She may experience feelings of powerlessness if she was unable to control the situation. According to Figley (1995, cited in Marinus, 1997) the secondary victim can mirror the primary victim by going through similar responses of anxiety, depression and helplessness, to name a few.

The non-offending parent, who is the mother in this case, is said to be also emotionally distressed on discovery, and because of the society's attitudes towards them, their emotions are not acknowledged, hence they often get no support. Their reaction can range from numbness to rage (Deblinger & Heflin, 1996; Flynn, 1994). According to Massat and Lundy (1998), the trauma is worsened by the concrete losses subsequent to the disclosure of the sexual abuse. These were supported by the four studies of mothers that revealed that they experience feelings of loss and bereavement as there are so many losses involved, for instance, loss of trust in a partner, loss of confidence in self as a mother, a wife and a woman, and loss of control (Corcoran, 1998; Joyce, 1997; Tamraz, 1996). Other losses identified by Runyan et al. (1992, cited in Massat & Lundy, 1998) include relational, financial, vocational and residential losses.

Another source of trauma for the mother is having to choose between the daughter and the spouse, the choice that she never thought about before discovery of incest, hence she becomes depressed (Everson et al., 1989; Forward & Bucks, 1978). Mothers of father-daughter incest victims can also be seen as primary victims because of the nature of the relationship with the perpetrator. According to Joyce (1997), the discovery of the abuse is perceived by the mother as an attack to her positive parental self-image capable of being

empathic to her child's needs, and on her ability to protect her child, and according to Strand (1991), an assault on her own sexuality. They feel that they have lost in their competition with their daughters, which is humiliating for them (Campbell, 1988; Russell, 1986). This may be experienced as a narcissistic injury to her. In line with that, Doyle (1994) suggests that mothers experience a sense of loss and grief, and also a sense of failure as a mother, a wife and a woman as they perceive incest with the daughter as a direct insult to them and their position. Lipton (1997) asserts that these mothers should also be seen as victims because of the severity of psychological distress they experience subsequent to disclosure of their child's victimization.

## **6.2. Other Effects**

The disclosure of child sexual abuse in the family brings about a major life crisis for the whole family, irrespective of the identity of the perpetrator. Because of the focus of the current study, the researcher's focus will be on the mother. It has been documented that the mothers of the sexually-abused children experience significant levels of emotional and psychological distress (Carter, 1990, 1993; Davies, 1995, cited in Jinich & Litrownik, 1999; Hauggard & Reppucci, 1998, cited in Bandi, 2003; Hooper, 1992). Elliot and Carnes (2001) report in their review of different literature, maternal distress following the disclosure of child sexual abuse. Other studies that reported significant levels of maternal distress subsequent to disclosure are those of Deblinger et al. (1993), De Jong (1988, cited in Elliot & Carnes, 2001), Everson et al. (1989), and Newberger et al. (1993).

Mothers in this situation are faced with the dilemma of having to choose between the partner and the child, they have divided loyalties and they know that whatever decision they take they lose (Anderson & Nay, 1982, cited in Pellegrin & Wagner, 1990; Elbow & Mayfield, 1991; Hooper, 1992; Lipovsky, 1991; McIntyre, 1981; Summit, 1983, cited in Heriot, 1996). This is complicated by the losses associated with the disclosure of incestuous abuse. These losses, which Massat and Lundy (1998) refer to them as costs, involve relational losses, which include loss of friends, family, husband and the child; financial and vocational losses involving loss or change of employment, loss or change in financial status; and the residential loss in cases where there has to be a change in

accommodation. Other losses identified by Hooper (1992) are, loss of control of their lives and that of their children, loss of trust in the partner and loss of sense of being a good mother. Mothers may go through various emotional reactions directed to the self, the partner and the child as a result of the conflicting images she has of these three people.

- **Directed to Self**

Mothers may experience guilt-feelings and self-blame on learning about the incestuous abuse of their children. They may feel partly responsible for not recognizing the clues that something was happening in the house or for not being available for the child to disclose. They may feel like they have failed in their mothering duties because of their failure to protect their children, which could lead to self-criticism and self-doubt (Bell, 2003; Elbow & Mayfield, 1991; Hill, 2001; Massat & Lundy, 1998; Newberger, 1992). In a study conducted by Grosz, Kempe and Kelly (2000), mothers felt that they have failed as protectors of their children, especially if the abuse had been happening for a long period of time and the child could not directly disclose to them. This leads to self-doubt in their efficacy as parents. These feelings are exacerbated by the attitudes or perceived attitudes of the professionals involved (Butler, 1978, cited in Goretsky & Smith, 1993; Hill, 2001; Sheinberg, 1992), and also when the mothers feel judged by friends, family (Carter, 1990) or blamed by their daughters (Forward & Bucks, 1978; Jacobs, 1990; Mashego, 2000).

In addition to that, the mothers of daughters affected by incest may feel sexually inadequate as they feel that they could not satisfy their spouses' sexual needs, hence they turned to their daughters (Doyle, 1994; Steinmetz, 1996). Doyle (1994) also indicates that these mothers tend to doubt their judgment ability as they had failed to choose the right partner.

- **Directed to Husband**

The mother may feel betrayed by the person she most trusted and loved (Johnson, 1992), resulting in loss of trust in the partner and in men in general. They experience anger

towards their partners (Bandi, 2003; Deblinger & Heflin, 1996; Steinmetz, 1996) for taking away the child's innocence and for rejecting them in favor of the child (Lipovsky, 1991). This was evident in Hill's (2001) support group of 11 mothers who verbalized anger towards men in general, and in Carter's (1993) study where mothers showed intense anger towards their partner-perpetrator.

It has also been noted that the mothers of incest victims experience ambivalent feelings towards their partners. They may experience both positive and negative feelings for them (De Jong, 1988, cited in Elliot & Carnes, 2001; Sheinberg, 1992). This may be the result of the loyalty she feels for the man who might have rescued her from the abusive or emotionally depriving home environment, the husband's denial of the abuse allegations, and if the spousal relationship is threatened (Butler, 1978, cited in Goretsky & Smith 1993; Humphreys, 1992; Mzarek & Kempe, 1981). The mother could also be confused by the positive qualities she sees from her partner that would make it difficult for her to accept that he has done such a terrible thing to the child (Doyle, 1994).

- **Directed to the Child**

Some mothers experience negative feelings towards their daughters. They may blame them for the abuse and for not disclosing earlier, and also for the consequences that come with disclosure, for instance, financial difficulties once the spouse has left home, family breakdown, to name a few. These could result in anger and hostility towards the daughter (Alaggia, 2002; Deblinger & Heflin, 1996; Doyle, 1994; Forward & Bucks, 1978). The mother may also feel betrayed by her daughter whom she feels she has taken over her spousal role (Jacobs, 1990; Mzarek & Kempe, 1981). Sheinberg (1992) argues that the mother might feel that the daughter has forced her to make a difficult choice. This could result in her developing hatred towards the daughter (Herman, 1981). Mashego (2000), in her study, reported that the mothers blamed their daughters more than their husbands. In the same case that was quoted earlier from the Daily Sun (19 July, 2005), the mother blamed her daughter, saying that "she had a affair with her dad... even though she was just a child!" (p. 2).

Other authors suggest that the mothers tend to feel jealous of their daughters and they tend to experience sense of competition with them (Forward & Bucks, 1978; Lipovsky, 1991; Mzarek & Kempe, 1981; Newberger, 1992; Steinmetz, 1996). This was supported in Russell's (1997) case studies of the survivors of incestuous abuse.

In addition to the above, the mothers may also experience ambivalence towards the daughters. They might take protective action at the same time feel angry towards the daughter (Sheinberg, 1992), or not believe the child's allegations (Elbow & Mayfield, 1991; Grosz et al., 2000). This ambivalence in Grosz et al.'s (2000) view, may result from the mother's questioning of the daughter's role in the sexual activity, and this could lead to, according to Clunie (1993), the mother estranging herself from her daughter.

Other experiences include fear of losing the partner upon whom they are dependent emotionally and financially, the daughter, possible breakdown of the family unit and her marriage (Goretsky & Smith, 1993; Lipovsky, 1991; Marais, 1990; Steinmetz, 1996; Swanson & Blaggio, 1985). These could result in the denial of the abuse by the mother (Alaggia, 2002; Johnson, 1992; Steinmetz, 1996).

### **6.3. Factors Influencing the Impact on the Mother**

It has been suggested that mothers' experiences of their children's sexual abuse vary according to different factors (Newberger et al., 1993; Wagner et al., 1991, cited in Hiebert-Murphy, 1998). Newberger et al. (1993) further suggest that, some abuse-related factors including the age and gender of the child, severity of the abuse and the use of force, determine the impact of the abuse on the mother. The authors suggest that the abuse that is intrusive in nature and goes with the use of physical force or threats is usually too devastating for the mother, hence she experiences more trauma than when it is non-intrusive. It is also postulated that the younger the child, the more distresses the mother becomes, which the researcher relates to the innocence of the younger child as compared to the older children who could have done something about it. Other factors include the following:

### **6.3.1. Maternal History of Child Sexual Abuse**

Empirical evidence has indicated that the mothers of sexually-abused children with an experience of childhood sexual abuse suffer significantly greater levels of psychological and emotional distress than those with no such experience (Deblinger, Stauffer, & Landsberg, 1994; Estes & Tidwell, 2002; Hierbert-Murphy, 1998; Kelley, 1990). This is supported by Sela-Amit and O'Keefe's (2004) group analyses that revealed that these mothers display more PTSD symptoms and distress and more suicidality. The authors' findings indicate that these mothers assign a different meaning to the child's disclosure. It is further suggested that they might have denied their own abuse for a long time, hence they have difficulty accepting that their daughters have gone through the same experience (Newberger, 1992). Other authors suggest that the abuse of their children opens the old wounds for them as they might have never dealt with that trauma (Flynn, 1994; Green et al., 1995; Hierbert-Murphy, 1998). According to Carter (1993), Humphreys (1992) and Koch and Jarvis (1987), the maternal history of child sexual abuse does interfere with the mother's ability to deal with the current trauma of her child's sexual abuse. Green et al. (1995) pointed out that these mothers might have not disclosed the abuse and as a result, they never had the opportunity to process it. Flynn (1994) argues that mothers may experience more guilt, anger and sadness as they may feel that their non-disclosure contributed to the abuse of their children.

In Deblinger et al.'s (1993) study of the factors increasing impact of child sexual abuse on the mother, they reported that the sexual abuse of the mother as an adult is also related to greater maternal symptomatology.

### **6.3.2. Relationship with the Perpetrator**

Sexual abuse of the child by the mother's spouse is double the trauma for the mother; hence she experiences more distress (Flynn, 1994). Carter (1993) reports in his study that mothers whose husbands were offenders exhibited more symptoms. This is in line with Flynn's (1994) argument that it may be easier for parents to cope with a stranger perpetrator than a spouse perpetrator. This may be related to the betrayal of trust by the partner and the child, as well as the losses involved as discussed earlier in the section.



### **6.3.3. Social Support and Institutional Response**

The response of the significant others, like other family members and the professional team involved may impact on the mother's distress following the disclosure of the child's allegations (Sela-Amit & O'Keefe, 2004). Studies by Hierbert-Murphy (1998), Lipton (1997) and Marion et al. (1996, cited in Elliot & Carnes, 2001) found a correlation between inadequate social and family support, and the higher levels of maternal distress. This is in line with Deblinger et al.'s (1993) study, which reports that mothers who were left to deal with the trauma of these allegations on their own experienced greater distress.

According to Burgess et al. (1990, cited in Elliot & Carnes, 2001) and De Jong (1988, also cited in Elliot & Carnes, 2001), the involvement of the legal team and the child having to testify in court could also add more stress to the mother. They also stated that the extent and the quality of social, psychological and medical interventions have an impact on the mother's experience of her child's sexual abuse. They reported that the mothers who experienced or perceived poor responses from the professional team were more distressed.

## **7. CHILD SEXUAL ABUSE AND THE MOTHER-CHILD RELATIONSHIP**

The relationship between the mother and the daughter has been discussed in previous sections on different levels. It has been identified as one of the predisposing factors in the onset and the maintenance of incestuous abuse, as one of the mediating factors of the impact of abuse on the child, and also as predicting the level of maternal support post-disclosure. This serves to confirm that this is the most important relationship in the family characterized by incest.

The focus of this study is on the effects that the incestuous abuse between the father and his daughter has on the relationship between the mother and her daughter, which, according to Jacobs (1994), is the most tragic consequence of sexual abuse. Systems theorists refer to sexual abuse as a systemic issue that influences the family system together with the mother-daughter sub-system (Brown & Harina, 1996; Goldberg &

Goldberg, 1991; Minuchin, 1974, all cited in Mthembu, 2000). These authors emphasized the importance of looking at sexual abuse within the context of this relationship. It has been noted that both the mother and the daughter would experience certain feelings against each other following the disclosure of sexual abuse in the family, which could have damaging effects on their relationship. These feelings range from anger, hatred, and jealousy, to name a few. Brooke (2004) describes this it as a complicated relationship of anger, distance and feelings of betrayal.

Several authors suggest that the mother's relationship with her daughter is often damaged by the abuse (Hooper, 1992; Hotte & Rafman, 1992; Mashego, 2000; Mthembu, 2000). Some studies indicated that at times it is unclear as to whether the current difficulties preceded the abuse or not (Alexander, 1993; Roche et al., 1999; Stalker & Davies, 1995, all cited in Bolen, 2002; Reis & Heppner, 1993). According to Mashego (2000) and Russell (1986), whatever the nature of that relationship prior to the disclosure, it is highly likely that it could be completely damaged permanently; and even if it was poor prior to disclosure of abuse, this kind of incestuous relationship could worsen it and minimize the chances of any improvement or reconciliation. Hooper (1992) adds that the relationship dynamics between the mother and her daughter might have been there long before the abuse was discovered. Some authors blame the father for ruining this relationship in an attempt to prevent her daughter from disclosing the abuse to her mother (Carter, 1988; cited in Lovett, 1995; Humphreys, 1992; Johnson, 1992; Laing & Kamsler, 1990, cited in Lovett, 1995; Mashego, 2000; Russell, 1986).

It has been noted in the literature that the possibility for the previously positive relationship changing for the worst is there (Alexander, 1992). This has been explained by Simon-Roper (1996) and Waters, Merrick, Treboux, Crowell and Aldersheim (2000, cited in Bolen, 2002) in a context of attachment, where they argue that children can change from being securely attached to being insecurely attached in the presence of negative life events like incestuous abuse.

There are different reasons for the breakdown of this relationship post disclosure of sexual abuse. Some authors relate it to the mother's inability to cope with her daughter's behavioural difficulties, which could result in the child being placed (Crawford, 1999; Koch & Jarvis, 1987; Mzarek & Kempe, 1981). Mzarek and Kempe (1981) add that the mother's anger and hatred towards the daughter could alienate her from her child. According to Sheinberg (1992), most mothers would still be involved with their children but their involvement would be ambivalent.

On the other hand, as it has been noted that mothers may experience guilt feelings and self-blame, this could result in them becoming overprotective and over-involved with their daughters, not allowing them independence, which could worsen the conflict as the child might feel suffocated and become even more rebellious (Grosz et al., 2000). This is in line with Koch and Jarvis's (1987) view that, when the mother cannot allow the daughter her independence, she may act out to free herself. The researcher would assume that by becoming overprotective, the mother may be trying to compensate for her feelings of inadequacy as a mother and also covering for the time that she was not available to her child.

## **8. CONCLUSION**

This section discussed different parenting and attachment styles, and how each either contributed to incest, or is affected by the incestuous relationship between the father and the daughter. The researcher also looked at the implications of different parenting and attachment styles for disclosure and the mother's response to discovery of the incestuous relationship. Different theories that could explain the existence of father-daughter incest in the family were also discussed. Multiple factors that include certain individual and family characteristics associated with child sexual abuse by the father were addressed as these were seen as contributory to incest. Also, some social and environmental factors were noted and how they increase the risk for incest to occur.

The literature studying various maternal reactions to the disclosure of their children's sexual abuse by their partners was also explored in this chapter, and also the factors that influence those responses. The impact that child sexual abuse has on both the child and the mother was looked at as it has been documented in the literature that this event has devastating effects on both the mother and the child. Child sexual abuse was then looked at in relation to the relationship between the mother and the daughter.