

## Women Whose Children have been Sexually Abused: Reflections on a Debate

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### SUMMARY

Women whose children have been sexually abused have been the subject of a polarized debate between feminist practitioners/writers and family therapists. This paper explores the development of that debate, outlining the key characteristics of work which was informed by family systems perspectives and the contrasting understandings which feminist perspectives brought to analysis and practice. Both feminist perspectives and family therapy have changed since the original debate erupted. This article explores issues which may have been obscured within feminist perspectives. These are, first, the difficulties in the mother-child relationship and, second, the contribution which aspects of family therapy can make to progressing the interests of women and children in the aftermath of child sexual abuse.

Women whose children have been sexually abused remain the subject of polarized debate within the professional community. Historically, this polarization has developed from the different practice and policy positions which have flowed from specific theoretical understandings of child sexual abuse. Of particular significance has been the divide which has developed between the systemic understanding of child sexual abuse which initially informed family therapy (sometimes referred to as the 'family dysfunction' model) and feminist perspectives which sought to disaggregate the family and conceptualized child sexual abuse within a framework of the abuse of power by the (usually male) offender, supported by a conducive socio-cultural context.

This paper is the product of our concern that the continued polarization

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between feminists and family systems theorists may hinder the development of effective policy and practice with women and their children in the aftermath of child sexual abuse. Both of us were involved in developing feminist perspectives in the late 1980s as an alternative to the dominant family systems orthodoxy (Hooper, 1992; Humphreys, 1992). Reflecting on this debate which still erupts occasionally, sometimes in print (Barrett, 1993; Birns and Meyer, 1993; Garbarino, 1993) though more often in professional debate, our concern is as follows. While the feminist critique which developed remains necessary and useful, if it rigidifies into a permanently defensive and oppositional stance, we may be insufficiently critical of feminist thinking to develop it further, and insufficiently open to family therapy to observe the changes and diversity within this field and to draw on what may be useful within it to feminist practitioners. Both feminism and family therapy are constantly developing fields and some recent shifts bring them closer to common ground, or at least to useful cross-fertilization. (A parallel argument could be made about feminism and psychoanalysis in relation to child sexual abuse, but that is another paper.) The present policy context and resource constraints are not conducive to work from a feminist perspective. Nevertheless, the development of thinking may contribute to using effectively the spaces that exist for feminist practice, and also to influencing that policy and resource context.

The paper outlines the way the debate has developed so far, reflects on the feminist contribution and the relatively neglected aspect within it of difficulties in the mother-child relationship, and looks at potential contributions which family therapy informed by feminism may make to practice.

#### THE DEBATE SO FAR

Feminist critiques of early family systems thinking on child sexual abuse, most of which referred only to father-daughter abuse, identified a number of problems with the dominant orthodoxy (Nelson, 1987; Macleod and Saraga, 1988; Hooper, 1992). Family systems' theorists focused on patterns of interaction within families and viewed causality as circular, involving all family members (Justice and Justice, 1979; Giarretto, 1982; Furniss, 1983). This meant that a father's sexual abuse of a child could often be perceived as secondary, a response to shared problems such as poor communication, and his responsibility for his own actions minimized or denied. In contrast, within this framework, anything mothers (and in some cases children) did until the abuse was stopped implicated them in it. In relation to women, this applied whether or not they knew about the abuse, and whatever they might have tried to do to stop it. A functionalist model of the family underpinned the model, in which a male breadwinner/female carer sexual division of labour

was taken for granted as natural; deviations from it were regarded as dysfunctional, and different standards were therefore applied to men's and women's behaviour. A woman's absence at work or in hospital, for example, could become partial explanation for a man's abuse of his child in a way that would have been unthinkable in reverse. There was little recognition of power relations within families (of gender as well as generation), nor of their relationship to the social context within which families lived. The impact of gender inequalities in access to resources, and of the frequently inadequate responses of male-dominated institutions to women's needs, on women's options for protecting their children (and often themselves) effectively from violent partners, was ignored, as was the way such constraints could be compounded by poverty and/or racism.

Feminists characterized the family systems orthodoxy as mother-blaming (e.g. Breckenridge and Berreen, 1992). This was not meant to dispute that women bore some responsibility for their children's welfare. The points at issue were the extent of responsibility attributed to women for their children (which was unequal to the point of denying that fathers also had a duty to care for them), the extent to which the social context enabled or constrained women in fulfilling their responsibilities to their children, and the tendency also to accord women responsibility for the behaviour of their partners who were old enough to be responsible for themselves.

Feminists theorized child sexual abuse as a social problem, recognizing that: it was far broader than father-daughter sexual abuse; occurred both within and outside families; and was predominantly perpetrated by men. Hence, they argued that it should be understood as a form of sexual violence (along with rape, domestic violence and sexual harassment), reflecting and reinforcing a social context of male dominance, rather than as a manifestation of family dysfunction. Feminists argued for responsibility for sexual abuse to be located where it belonged, with the individual offender, and recognized that many of the family problems noted in the family systems literature (which was essentially based on descriptions of families seen in clinical settings) could be the consequence rather than the cause of the offender's behaviour. For example, the process of 'grooming' the child could involve deliberately manipulating both mother and child to distance them from each other, resulting in the mother-daughter estrangement often noted. This estrangement was often compounded by the offender's violence against the mother. In relation to women, it was argued that their responses to the sexual abuse of a child needed to be understood as responses to a discovery which could be extremely traumatic for them (especially where the offender was their partner) and for which they would be unlikely to have had any preparation. Furthermore, women's responses occurred within a social as well as familial context. The institutional reinforcement of a construction of male authority and female dependence within families, and the construction of the

family as a 'private sphere' legitimating non-intervention except in exceptional circumstances, still isolate and disempower women at times when action is required against their male partners, despite the increased options for autonomy women have acquired this century. The price of separation—the poverty and social isolation associated with lone motherhood—remains considerable (Silva, 1996). Within the contemporary social construction of 'normal motherhood', whose historical specificity is often concealed by the assumption that motherhood is natural, women tend to be accorded responsibility for all their children's problems (Graham, 1982; Smart, 1996). This may also disempower them through their own feelings of guilt and self-blame whoever is the child's abuser. In addition, class stereotyping and racism influence the availability of help to women and/or their vulnerability to coercive intervention from statutory agencies.

David Finkelhor's (1984) model of four preconditions that have to be met for child sexual abuse to occur offered a way of disentangling the issue of whether and how women's relationships with their children might be relevant to explaining child sexual abuse. It is only after the abuser has become motivated to abuse (the first stage), and overcome his internal inhibitions (the second stage), that the mother-child relationship may become significant, either via the child's supervision, which may affect the abuser's ability to overcome external impediments (the third stage), and/or the child's vulnerability, which may affect the abuser's ability to undermine or overcome the child's possible resistance (the fourth stage). At all stages, explanation requires attention to the interaction between individual, familial and social factors. Within this framework, the mother-child relationship may contribute to the risk to a particular child, but *it is not of itself causal*. Even an unsupervised and emotionally neglected child will not be sexually abused unless the abuser chooses to take that course of action. The responsibility for the sexual abuse remains with the perpetrator—that is a moral not an empirical question—but the relevance of the mother-child relationship lies in its capacity to play a part, along with other members of the social network surrounding the child, in the child's future protection (Smith, 1995).

There is more however, to the feminist contribution so far, than the issues of blame, responsibility and explanation. Our own work has included two separate qualitative studies, both exploring the perspectives of women whose children had been sexually abused by male relatives, which sought to develop an understanding of their responses grounded in their own accounts, as an alternative to imposing a meaning on their experience derived from professional theoretical frameworks. These accounts revealed the limitations of the dualistic understandings which had underpinned previous analyses of mothers' responses and the complexity of the processes involved in them. While previous research had tended to describe women as either knowing or not knowing, believing or disbelieving, protecting or not protecting, our

research suggested that these states were frequently not either/or, but often both/and, and that women's position in relation to them was often not fixed and stable but fluctuating.<sup>1</sup>

Women's accounts of the process by which they discovered that a child had been sexually abused illustrated this complexity. While professionals often speak of 'disclosure', women spoke of 'finding out'. This could take place over varying timespans, and was an interpretative process, involving others both within and outside the family, in which information was often ambiguous, limited and/or conflicting. Our respective research (Hooper, 1992; Humphreys, 1992) revealed a range of levels of knowledge amongst: mothers who were totally unaware of the abuse occurring until told by the child or professionals; mothers who had concerns that 'something was wrong' but did not understand what; mothers who suspected sexual abuse, but were unable to confirm their suspicions (sometimes because their concerns were dismissed by professionals); mothers who found out that abuse had occurred and believed they had acted protectively, only to find out later that abuse had recurred; and mothers who spent lengthy periods of time not believing that sexual abuse had occurred, but in time came to realize that it had, and subsequently acted protectively.

The ability to believe that child sexual abuse had occurred was inextricably linked with this process of 'finding out'. Women spoke of a multi-layered state in which quite contradictory positions could be held simultaneously, and where the certainty of belief held one day could not be predictably held on to the next. Within this multi-layered experience there appeared to be both cognitive and emotional aspects to believing that a child had been sexually abused. Most mothers spoke of their initial responses in terms of belief and disbelief, with the latter occurring as a spontaneous, emotional reaction—a natural defence against traumatic news.

I didn't want to believe it. Number one, I didn't want to believe that it had happened to my girls, same as I didn't want to believe that my first husband had terminal cancer. . . . Sometimes I think it is a mechanism that your brain has to remain sane.<sup>2</sup>

Women often referred to a fragmentation of their experience, and to functioning at a number of different levels.

In my head I just didn't want to believe, I was saying 'No, it's not possible'. At the same time, inside me there was an anger. Such anger that I had never experienced before.

<sup>1</sup> Smith (1995) argues similarly that professional assessments of mothers' protectiveness require locating their position on a continuum, within which mid-range functioning is the norm, and that changes in either direction should be expected over time.

<sup>2</sup> The quotes are drawn from semi-structured interviews with 22 Australian mothers whose children had been sexually abused. This research study was the basis of a doctoral dissertation (Humphreys, 1991). The analysis is informed also by a qualitative study conducted in the UK involving in-depth interviews with 15 mothers (Hooper, 1992).

This mother was saying 'no, it is not happening', while at the same time having feelings congruent with belief. The time-frame for women having this lack of congruence, of holding differing realities, was not necessarily something which ceased after the initial shock. Months after being told about sexual abuse, some mothers, who were acting in very protective ways towards their daughters, were making comments such as:

It's like a situation of opposites. Like your arm is missing, believing with no doubt but at another level it is unbelievable.

I still, deep down, don't want to convince myself that that's happened. Like when I think about it, deep down I say 'No it hasn't happened', but at the same time I know that it has.

This complex state, characterized by fluctuation and change, occurred against a backdrop of intense and conflicting relationships involving the child, the offender and other members of the immediate and extended family, and of the major material, emotional and legal consequences which mothers had to tackle as part of the aftermath of discovery. Mothers frequently spoke of their isolation and of the immensely hostile environment which they faced when attempting to support their child. This was not assisted by the combination of minimal information about their child's experience, lack of sustained professional support, and community denial of the prevalence of child sexual abuse. Such factors provided fertile territory for many offenders to exploit. One woman described her experience in these words:

In the beginning there was solicitors and FACS (statutory agency) and friends. I was getting above myself. I thought that I would make it. Now everyone has moved on. Friends are no longer interested, FACS no longer contacts . . .

She went on to talk about her feelings towards the offender who was now re-asserting his influence in her life in the vacuum created when the professionals moved on:

It's so hard to confront him when I still love him . . . he makes me feel as though I am the guilty one for thinking such things about him. . . . It's very confusing.

The complexity of women's experiences and their embeddedness in familial and social relations were made visible by such detailed attention to women's stories. Their own perspectives had previously been obscured by accounts constructed in a dualistic language, within professional and patriarchal discourses. In the context of the earlier debate then, our research (and also that of others, Johnson, 1992; Dempster, 1993) sought to increase understanding of the perspectives of women whose children had been sexually abused, in the hope that professionals equipped with such understanding would be better able to build the alliances necessary for effective child protection work. To date, however, attention to mothers' perspectives has tended to develop separ-

ately from attention to children's and adult survivors' perspectives. This tendency, in conjunction with the legacy of feminist opposition to family therapy, has led to two further areas of concern. The first is that the meaning of their mothers' behaviour to children, and the relevance of the mother-child relationship (pre-, during and post-sexual abuse) to the impact of sexual abuse by others on the child, may be obscured. The second is that feminist practitioners may sometimes be reluctant to draw on, or be inadequately informed about theories (including systemic thinking) which may be useful to them in working with individuals, dyads and/or larger family networks.

#### MOTHERS AND THE IMPACT OF CHILD SEXUAL ABUSE ON CHILDREN

While mothers' relationships with their children have little (if any) place in an *explanation* of child sexual abuse, they may nevertheless be relevant to the *impact* on the child of sexual abuse by others. In the vast majority of cases, it is their mothers who remain children's primary carers in the aftermath of abuse, and we know that their support plays a significant role in children's recovery (Wyatt and Mickey, 1987; Conte and Berliner, 1988; Everson *et al.*, 1989; Gomes-Schwartz *et al.*, 1990). Studies have suggested that the majority of mothers do believe and support their children (Myer, 1984; de Jong, 1988; Everson *et al.*, 1989; Sirles and Franke, 1989; Gomes-Schwartz *et al.*, 1990). However, our studies showed that many mothers do not fall consistently into a supportive or unsupportive category but fluctuate in their responses to their children as they cope with their own emotional distress and the disruption to their lives brought by the discovery of abuse. The child's need for validation (Bowlby, 1988) may therefore not be met consistently (Miller, 1990). While supportive responses from their mothers help children to heal from sexual abuse, negative responses such as anger, disbelief and blame significantly increase children's distress (Bowlby, 1988; Scott and Flowers, 1988; Gomes-Schwartz *et al.*, 1990; Wyatt and Newcomb, 1990; Johnson and Kenkel, 1991). Even when mothers respond supportively, children frequently have complex feelings towards their mothers, which may involve anger at and a sense of betrayal by their mothers for not protecting them, guilt and self-blame for having kept the abuse secret and/or for having told and caused distress and upheaval in the family. For black children, this dynamic may be further complicated by loyalty to and a sense of betrayal of their community and therefore their mothers (Wilson, 1993). Thus, children's relationships with their mothers are almost inevitably damaged by sexual abuse, especially but not only where the offender is the woman's partner and has deliberately manipulated their estrangement. It can therefore be difficult

for mothers to provide their children with the support they need in the aftermath of sexual abuse.

In addition, we cannot assume that the mother–child relationship was necessarily unproblematic before the sexual abuse, and preceding problems may also be significant in the child’s development and distress. Jacobs (1994) has argued that the relational self and the capacity for empathy develop through attachment, that the mother–child relationship is usually the primary focus of this development, but that where father–daughter sexual abuse occurs the child’s relationship with her mother is often damaged and her primary attachment may become to the offender, distorting the process of development. The extent to which the child develops an attachment to the offender (whether her father or someone else) and the influence of that attachment on her development will depend a good deal on the offender’s behaviour, but may also depend partly on the extent to which she has previously formed a secure attachment to her mother, and/or to other primary carers. Some of the long-term impacts of child sexual abuse have been found to be related more to the child’s family relationships than to the nature and characteristics of the abuse itself (Alexander, 1993). While certain aspects of the abuse experience have also been found to be significantly associated with the degree of negative impact (see Coffey *et al.*, 1996), this suggests that the security or otherwise of the child’s relational context may affect her resilience to the impact of sexual abuse.<sup>3</sup>

These issues can be obscured in current debates in two ways. The first is the adoption, now fairly widespread, of the term ‘non-abusing parent’ to refer to women whose children have been sexually abused by their partners (as well as to women and men whose children are abused by a non-parent). This was an important step forward from the pathologizing terms previously (and still sometimes) used, when women whose partners sexually abused their children were defined equally (and automatically) as abusive themselves, guilty of either colluding or ‘failing to protect’. The concept of collusion was used inaccurately as description, implying women’s agreement when often they did not even know of the abuse, and assuming consensus when, where women did have some degree of knowledge, there tended to be considerable conflict between parents. The concept of ‘failure to protect’, while self-evident as description, nevertheless labelled women’s behaviour only by its outcome, whatever their knowledge, intentions or actions had been. Both were therefore hopelessly inadequate in representing the complexity of the situation women found themselves in, and of their responses to it when their partner sexually abused their child, and both unhelpfully positioned women in alliance with the offender rather than with professionals. From *women’s*

<sup>3</sup> Spaccarelli and Kim (1995) found the quality of the child’s relationship with a non-offending parent the best predictor of resiliency in a study of girls who had been sexually abused.



*perspective*, and to an extent from practitioners' perspective, the term 'non-abusing parent', which clearly differentiated the mother from the perpetrator, made sense. However, this term can imply that the mother-child relationship is unproblematic and may not always adequately represent the *child's perspective*. Where negative responses from mothers to their children (for whatever reasons) persist over time, or are not adequately compensated for even if short-term, they may constitute emotional neglect or emotional abuse of the child.<sup>4</sup> If we fail to recognize this, children's experience may be made invisible, just as women's experience so often has been in the past.

The second way in which the nature and impact of particular mother-child relationships may be obscured is via the tendency in feminist thinking to explain survivors' anger towards their mothers as a product of social structure and/or displacement. Feminists have sought ways of understanding the finding that adult survivors of sexual abuse often feel greater anger towards their mothers than towards the offender. At a societal level, it has been argued that the sexual division of labour and the social construction of motherhood, both of which accord more or less sole responsibility for the emotional well-being of family members to mothers, contribute to the directing of anger towards mothers. Maternal failure can be seen as almost inevitable against the idealized image of motherhood held both by society and by children (Chodorow and Contratto, 1982; Silva, 1996), in whose fantasies mothers are all-powerful and all-knowing and to whom human limitation may seem deliberate betrayal. Girls may feel additional anger when they recognize the reality of their mothers' powerlessness, both in relationships in which they are dependent on and dominated by men, and in the wider society. They may experience their own powerlessness reinforced by this context. The role the offender may play in manipulating the child's emotions towards her mother has been noted above. In the context of their estrangement, if the child becomes attached to the perpetrator, she may increasingly idealize him to protect herself from the reality of his abuse, directing all her rage towards her mother in order to maintain that idealized image (Herman, 1981; Jacobs, 1994). This pattern may be reinforced by the context of men's greater power in society, which sometimes (though not always) makes women easier targets than men for anger. Children's anger at their mothers has been seen, therefore, partly as a healthy response to their own situation, in which their needs for protection have not been met, and partly as anger displaced from the offender, which may be expected to be redirected towards him during the process of recovery.

Again, this analysis highlights important issues in terms of the social and familial context of children's emotional responses. However, the possible

<sup>4</sup> See Glaser (1995) for a useful discussion of the nature of emotional abuse and ways of assessing both its impact on the child and the capacity of the parent for change.

sources of survivors' anger at their mothers in the history of those particular relationships may be obscured. The analysis can result in underestimating the pain of betrayal which survivors may experience when their mothers do not believe them or respond protectively when they tell of sexual abuse by others. Forms of abuse other than sexual—such as physical abuse, neglect, emotional abuse, emotional neglect—may in some cases also have occurred within those relationships, before, during or after sexual abuse by others. In a small minority of cases, the mother may also have been involved in sexual abuse. Given the total dependence of very young children, usually on their mothers, it is unlikely that expressing anger at mothers derived from that period of childhood is easy for children (or adult survivors) at all. It has been noted that survivors of sexual abuse by women often talk first as if their abuse was perpetrated by men, since others find that easier to hear (Saradjian, 1996). It may also be the case that survivors of sexual abuse by men suppress their anger at their mothers, to their detriment, if they feel others are reluctant to validate it or wish to redirect it—some may, rather, need help to express it.<sup>5</sup>

Feminist critiques of family systems thinking have argued that theory and language may influence practice, constructing a lens through which experience is interpreted and behaviour categorized—hence, the need to deconstruct the discourse, to look for the implicit assumptions and for what is excluded as well as included. This is of course equally true of feminist thinking, and we need to remain critical of our own discourse and its impact, too, if we are to remain open to the complexity and variability of individual experience in practice. We have argued here that there are aspects of feminist discourse which have developed in the attempt to make women's experience as mothers visible, and to understand it within the context of patriarchal social relations, which may not adequately represent (and hence may obscure and silence) children's (and adult survivors') experience of their relationships with their mothers. If we are to develop ways of working with these issues, we need ways of working with family relationships as well as with individuals.

#### SHIFTS IN FAMILY THERAPY THEORY AND PRACTICE

The polarized debate between feminism and systems theory (and its practice through family therapy) has significantly discredited family therapy as a counselling form which offers useful skills for feminist practitioners working in the area of child sexual abuse. This is more pronounced in the UK, where,

<sup>5</sup> Herman (1981) argues that survivors of father–daughter sexual abuse 'must be permitted to express the depth of their anger at both parents. The victim who is not permitted to express her anger at her mother or her tender feelings for her father will not be able to transcend these feelings or put them in a new perspective' (p. 200). The same may apply for survivors of sexual abuse by men other than their fathers.

during the 1980s, mainstream family therapy practice in the area of child sexual abuse epitomized many of the elements most criticized by feminists. Such practice was less evident in countries such as Canada and Australia where family therapists informed by a feminist analysis were more influential in providing alternative models for training professionals working in child protection.

An overview of the current family therapy literature shows that the theory and practice which feminists originally criticized have been contested from within family therapy itself. The need to address power relations within the household and the wider society has been recognized (Perelberg and Miller, 1990; Pravada Mirkin, 1990; Hare-Mustin, 1991); the adherence to normative family structures as the basis for family therapy intervention has been challenged from a social constructivist perspective (Anderson and Goolishian, 1992); and the role of the therapist as power broker shifting the family hierarchy through clever and strategic manipulation, although it remains a stream within family therapy, is no longer a dominant model (Hoffman, 1990). Forms of family therapy have developed which draw less from the imagery of biology and physics, in which the family was construed as an organism held together in homeostatic balance, and more on the role of language and culture. This is reflected in an emphasis on conversation and the construction of stories within interactional contexts. The focus of intervention can be individuals, dyads, groups or any range of relationships within families. These developments have broadened the scope of the field and its relevance for work in child sexual abuse, and may offer opportunities for both women and children to 're-author' their own stories in ways which overcome self-blame and offer more positive and empowering subject positions, whatever happens to the offender. The 'Giarretto model', the hallmark of early family therapy practice, with its emphasis on traditional roles and re-constituting families (Giarretto, 1982) has little in common with the current pre-occupations of many family therapists.

This is not to say that 'mother-blaming' does not persist within family therapy—unsurprisingly, since it persists more generally, it does. However, attempts to combine family therapy and feminist thinking are also now increasingly evident. Such attempts are still on the margins of family therapy, the province of active groups of feminist practitioners (Imber-Black, 1989; Perelberg and Miller, 1990; Myers Avis, 1994). Nevertheless, their work has much to offer in relation to the issues raised above about the mother-child relationship, both regarding who is seen for counselling, and the form that intervention may take when informed by constructivist or systemic perspectives.

Joint sessions with mothers and their children, and the development of skills which make such sessions productive, can significantly support the healing of the barriers which are often evident in these relationships in the

aftermath of child sexual abuse. Such approaches are not well developed in much of the feminist therapy which has been more strongly influenced by psychodynamic approaches or groupwork. Individual counselling for both children and their mothers will always have an essential role to play in the aftermath of child sexual abuse, to allow each a space for exclusive attention to their own issues, as may groupwork. However, a study of mothers' experiences of intervention found that they could easily feel their already precarious relationship with their child further undermined by their exclusion from the child's relationship with her therapist, particularly where individual counselling for the child is the only post-abuse service offered (Humphreys, 1995). This situation may seem to replicate their exclusion from the child's often 'special' relationship with the offender and reinforce their sense of inadequacy as mothers. If these issues are not addressed, whatever benefits the child gains from individual counselling may be undermined by the further damage to the mother-child relationship which is likely to remain significantly more influential, at least while the child is in the mother's care. Care and sensitivity in the way in which sessions are initially established can help to mitigate this effect. Laing and Kamsler (1990) and Roberts (1993) address the issue, also, through the development of a form of joint counselling with mothers and children in which they are given the opportunity to 'de-brief' together the ways in which the offender sought to alienate them from each other through secrecy and disinformation, thus offering an opportunity to repair rather than replicate their estrangement. Steps are taken to look at the way their relationship may have been undermined and to look for alternative stories, values, beliefs and behaviours which over time could construct the foundation for a more affirming relationship. Other issues in the relationship between mothers and their children are then able to be addressed. A similar approach can be developed which includes other family and extended family members who may also be intensely affected by the sexual abuse of a child in the family. Such practice is more able to acknowledge and sensitively attend to individuals as an integral part of wider cultural and familial contexts and, again, counselling of this kind will not inadvertently continue the isolation of the child (and often the mother) from potential support within the family network.

The shift to an emphasis on the development of behaviour and meaning within a range of relational contexts potentially broadens the scope of therapeutic intervention with individuals as well as with families. Therapists such as Kamsler (1990), Miller (1990), Sanders (1992) and Sheinberg (1992) discuss the specific ways in which their work is informed by feminist analysis of child sexual abuse, in conjunction with skills from family therapy. Their work is collaborative in style, focuses on understanding current feelings, behaviour and beliefs in the context of patterns established over time, and pays attention to the impact of the wider socio-cultural context on individual

behaviour and beliefs. It also addresses the role of others in perpetuating or interrupting such patterns. Among the many dimensions Sanders explores in working with adult survivors is their relationship with their mothers, which she notes can be extremely painful. Her work seeks to help survivors understand their mothers' position, while also maintaining a clear value that all adults should take responsibility for protecting children. Joint sessions can also be helpful here in order to enable both mother and adult daughter to explore the nature of their relationship and the impact of abuse on it, 'focusing more on the pain of mutual betrayal and the sadness of lost opportunity than on laying blame' (Sanders, 1992, p. 21).

Sheinberg (1992) discusses a way of assisting an Hispanic woman with ambivalent feelings towards a partner who had sexually abused her child. An earlier intervention by a psychiatrist had left this woman with a description of herself as someone with a problem of low self-esteem who sought to punish herself. The new story, constructed through a discussion of the relationship and its connections to the woman's own personal history, led to an alternative description of the woman's capacity for compassion as well as anger. In offering a framework which 'honoured the attachment', and made sense of it in terms which were congruent and not discordant with her value system, she was able to regain a sense of her agency as a woman whose choices were in her control. She was therefore enabled to move on in ways which benefited both herself and her daughter.

These examples provide brief illustrations of creative ways in which feminist family therapists have grappled with the complex issues presented by child sexual abuse. They are characterized by attention to the context of relationships in which child sexual abuse occurs, is disclosed, and is made sense of, and by recognition of the inter-linking of individual, interpersonal and socio-cultural levels in the construction of personal stories.

## CONCLUSION

The issues in the mother-child relationship and the ways of working outlined in this article entail time and resources being devoted to work with women and children, both individually and together, in the aftermath of child sexual abuse. Recent research suggests that, in the present context, this aspect of service provision is being neglected. Farmer and Owen (1995 and this number) found that, where the perpetrator was out of the household, it was frequently assumed that the mother could protect the children and no further intervention was necessary. Help was therefore withdrawn much too quickly and 'the difficulties of children and their mothers deepened'. Sharland *et al.* (1993) found that children who were sexually abused by someone outside the close family were least likely to receive help or to have their needs met. The

unrealistic expectation that mothers will meet all their children's needs in these circumstances may have more to do with policy context and resource constraints than theoretical debates. Nevertheless, it is worth noting that the simple dichotomy between abusing and non-abusing parents, defined in relation to a single event or pattern of events, may lead non-abusing to be read as non-problematic, and that a focus only on the social dimensions of children's anger with their mothers may facilitate this institutional neglect. The argument of *Messages from Research* (Department of Health, 1995), namely that practitioners need to focus on contexts which may be harmful to children rather than on abusive events alone, could be helpful. The recommendations made by the Department of Health-funded research studies may give social workers leverage in advocating child-care plans involving work with both mothers and children, even where the initial need of the child for protection from further sexual abuse has been met. Such plans should take into account all aspects of the child's experience, and should also recognize that belief, support and protection from mothers in the aftermath of sexual abuse are not fixed states but ones which frequently require ongoing professional support to sustain.<sup>6</sup>

In conclusion, if productive use is to be made of new opportunities which may arise, we need to move on from the oppositional debate between feminists and family therapy to find ways of considering the interaction between individual, interpersonal and social dimensions of meaning. To acknowledge the frequent difficulty of the mother-child relationship in these circumstances and to develop ways of working which address it, is not to return to mother-blaming, but to recognize the significance of this relationship in children's development and well-being.

*Accepted March 1997*

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<sup>6</sup> See Fitzpatrick *et al.* (1995) for an approach to assessment from the child's perspective and Smith (1995) for an outline of a way of assessing the protectiveness of relevant adults. See also McCluskey and Miller (1995) who describe a method of assessing and working with families, designed for use in a social services context and involving both individual and family work, which aims to help individuals overcome the blocks to communicating with each other that may result from any form of traumatic experience.

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