The other victims a study of the effectiveness of group therapy on parental attitudes and self esteem of mothers whose daughters were victims of sexual abuse.

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LA THÈSE A ÉTÉ MICROFILMÉE TELLE QUE NOUS L'AVONS RÉCEVE
THE OTHER VICTIMS:

A Study of the Effectiveness of Group Therapy on Parental Attitudes and Self Esteem of Mothers whose Daughters were Victims of Sexual Abuse

by

Jennifer I. Fraser

A Thesis submitted to the Faculty of Graduate Studies and Research through the School of Social Work in Partial Fulfillment of the requirements for the Degree of Master of Social Work at the University of Windsor

Windsor, Ontario, Canada 1986

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ABSTRACT

The purpose of this study was to evaluate the effectiveness of group therapy on the parental attitudes and self esteem of mothers whose daughters were victims of sexual abuse.

A comprehensive review of the literature provided theoretical and practical knowledge regarding mothers whose children were victims of sexual abuse. The literature prior to the 1970s revealed society's reluctance to deal with the sexual abuse of children and its tendency to consider the mother as equally responsible as the abuser. However, the evolution of the feminist movement bought a new perspective to the mothers role in the incestuous family.

The participants in this study were five mothers who were clients of the Essex County Children's Aid Society and who had daughters who had been victims of sexual abuse. The mothers attended and completed a group whose primary goals were to improve self esteem and communication skills as well as to enhance the mother/daughter relationship. The subjects completed pre and post group questionnaires and were also interviewed at the end of the final group. Two mothers who did not complete the group were also interviewed.

The results of the study indicated that group treatment did not produce a significant difference to the variables of self esteem and parental attitudes.
ACKNOWLEDGEMENTS.

The completion of this thesis could not have been accomplished without the support and encouragement of many people.

Special thanks to my Chairperson, Professor Bob Chandler for his encouragement and support through some difficult times. Appreciation is also extended to my other committee members, Dr Lola Beth Buckley and Dr Mary Lou Dietz.

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My family, in New Zealand, especially my father who has always been there and supported my decision to complete this goal. To my brothers, Neil and Ross, who also understood my need to 'finish the job'.

To Brook, whose support, optimism and love helped to see this project completed. His patience and gentle nudging at the right times were essential, not to mention his editing skills.

Thank you.
5 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS
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To

My Mother

Janet Margaret Evelyn Fraser
1921 - 1985
CHAPTER 1
Introduction

Sexual abuse by a parental figure was, until the last decade, considered a rare phenomenon by society and the social work profession. An almost universal taboo. In Benjamin Schleslinger's review of the literature regarding the sexual abuse of children during the period 1937-1980, he found only 32 articles published in the period between 1937 and 1974. In contrast, 85 articles were published during the period 1975 to 1980 (Schleslinger, 1980, p. 5). This would tend to confirm a general impression that the sexual abuse of children has only been established as a societal problem within the last decade.

Society's reluctance to deal with the sexual abuse of children is no doubt partially due to feelings of repugnance that a child could be sexually abused and, particularly so, by a relative. To accept that such abuse occurs, would mean that individuals would have to examine their own sexual feelings toward their offspring. For many, an expression of these feelings would "be synonymous with a sexual act" (Bennett, 1980, p. 3). Bennett (1980) also states that "unless we admit that physically tender feelings are common between parents and children, we will perpetuate the myth that..."
incest occurs in 'sick' families only". Freud did nothing to dispel public scepticism about the reality of child sexual abuse by attributing his patients' claims of incest to a fantasized wish to return to the primal scene (Freud, 1933). Similarly Kinsey, "although he never denied the reality of sexual abuse; did as much as he could to minimize its importance" (Herman, 1981, p. 16).

How attitudes have changed! Today the terms 'sexual abuse' or 'incest' could probably be defined by many members of society and there is an acceptance that sexual abuse does occur more frequently than previously thought. Opinions portrayed in television, newspapers and magazines have undoubtedly been partially responsible for this new level of awareness. However, the primary influence was the consciousness raising efforts of the feminist movement, regarding sexual abuse, during the 1970s. It would, however, still be reasonable to assume that most people attribute the occurrence of sexual abuse to 'sick' individuals or, more generally, to 'no one we know'. The validity of the last assertion is somewhat suspect in light of recent data which indicates that 28% of females are subjected to some form of sexual abuse by a family member before their eighteenth birthday (Finkelhor and Hotaling, 1984, p. 25). More recently, Diane Russell found that, "16
per cent of females had been sexually abused by a relative before the age of eighteen and 4.5 per cent had been sexually abused by their fathers before this age" (Russell, 1986, p. 10).

The revelation of sexual abuse within a family is devastating and leaves all members of the family in turmoil. In some cases the perpetrator is removed from the home to jail, or the abused child is moved, which only serves to identify the child "as the person who caused the family problem" (Sgroi, 1980, p. 104). The responsibility of the social work professional within this scenario is to develop a more adequate conceptual framework for understanding the dynamics of all family members within the home. Too often the focus has been on the active members of the sexual relationship, namely the perpetrator and the child, to the exclusion of the mother and other siblings. The mother was only mentioned briefly in the early literature and usually in criticism of her role as a mother and wife, her personality traits and finally, her reactions upon discovering the incest.

The social work profession also has a responsibility to develop treatment modalities that will assist all members of the family and also have a preventative dimension. Sgroi (1980), Bennett (1980) and Harrer (1980) indicate that many of the mothers in
their studies were sexually or physically abused as children, and grew up in homes where the maternal figures demonstrated the same behaviour patterns as those visible in the mothers today. This generational behaviour pattern of the mothers, seems to be a significant dynamic in contributing to the onset of sexual abuse (James and Nasjleti, 1983). Sexual abuse within these families appears to be cyclical in nature. To break this cycle, treatment of the mother must be directed toward improvement in her self esteem and in her relationship with her daughter(s).

With the exception of the work of Sgroi (1980), Mayer (1983) and Giaretto (1981), this writer found little in the literature regarding effective treatment methods directed towards improving the mother's patterns of behaviour. This should be of definite concern to the social work profession. Group therapy offers a treatment modality which is able to focus on the areas of inadequacy in a mutually supportive manner. It provides mutual support, as well as an "integration of traditional techniques (i.e. confrontation, interpretation and reconstructing the past) with a great deal of mothering" (Bennett, 1980, p. 134).

The focus of this research is to evaluate the effectiveness of social work intervention with groups on the self esteem and parental attitudes of mothers whose
children were victims of sexual abuse. Chapter Two of this paper reviews the literature that specifically pertains to the mothers of sexual abuse victims. The third Chapter describes the methodology of the research. An analysis of the data and a discussion of the findings are covered in Chapter Four. The final Chapter provides the summary and the author's recommendations from this research.
CHAPTER 2
Review of the Literature.

The purpose of this chapter is to provide a comprehensive review of the literature, with the intent of providing theoretical and practical knowledge regarding mothers whose children were victims of sexual abuse.

Definition of Sexual Abuse/Incest.

The terms, sexual abuse and incest, are frequently used interchangeably in the literature and by the social work profession. However, this practice is by no means uniform and for some authors the words have very different connotations.

A definition of sexual abuse that reflects the views of some workers is "exposure of a child to sexual stimulation inappropriate for the child's age, level of psychological development and role in the family" (Jorne, 1979, p. 286). This definition suggests that sexual abuse is perpetrated by a family member. It is not the role of a child in this system to be a sexual partner for the adults in the family. Faller (1981) supports this opinion that "the more essential diagnostic issue is the closeness or intimacy of the relationship between the perpetrator and the victim" (p. 145). The perpetrator may not be a biological family
member but may be attributed the qualities of a family member, that is, the mother's boyfriend or common-law spouse.

The following definition of sexual abuse is used by child welfare in the Province of Ontario and can be found in training materials published by the Ministry of Community and Social Services for the use of Children's Aid Society staff:

the involvement of children by adults in sexual behaviour or activities designed to stimulate a child sexually, or to use a child for sexual stimulation, either of the perpetrator or of any other person (Dawson, 1985, p. 53).

Sexual abuse is however, frequently perpetrated by a non-family member who has many of the qualities of a family member, such as a position of power and control over the child. Sgroi (1982) states:

from a psychosocial perspective, incestuous child sexual abuse encompasses any form of sexual activity between a child and a parent, a stepparent or extended family member. The crucial psychosocial dynamic is the familial relationship between the incest participants. The presence or absence of a blood relationship between incest participants is of far less significance than the kinship roles they occupy (p. 2).

For the purposes of this research project Sgroi's definition, which emphasises kinship roles between the perpetrator and victim, will be utilized.

Characteristics of Mothers:

Prior to the 1980's, the prevalent attitude
presented in the literature is that the mother may be considered equally responsible, with her husband, for the onset of the abuse of her daughter. This view is supported by Dietz and Craft in their review of the literature. They state that the mother is guilty of "engineering the entire incestuous relationship or perpetuating it through her unconscious consent" (Dietz and Craft, 1980, p. 602). Bennett describes the mother's role as "being the cornerstone of the incestuous family" (Bennett, 1980, p. 33). He also tentatively agrees that the mothers contribute to the occurrence and maintenance of incest in some cases, however, he emphasises that the mothers' role is only one of the causal influences in incest (Bennett, 1980, p. 132). It is interesting to note that until recently (Bennett, 1980; Harrer, 1980; Garrett and Wright, 1975.) there were no studies which dealt specifically with the mother in these families. Greenberg states:

There is very little organised knowledge on families in which incest occurs and continues over a number of years .... Descriptions of incest families suggest more opinion and less observation of methods used to collect information to support conclusions. There is more myth, misinformation, and ignorance than quality information on the subject of incest (Greenberg, 1979, p. 22).

The information available is generally consistent in developing a profile of the mother. However, as mentioned above, it has not been empirically examined.
The evolution of the feminist movement, during the 1970s, brought a new perspective to the phenomenon of incest:

As feminists brought the reality of sexual oppression to public consciousness, many previously forbidden or ignored subjects such as ... sexual abuse of children, became legitimate topics for serious research .... the information could not be suppressed once it was uncovered for it began to reach the awareness of those who stood in the greatest need of knowledge, namely the victims themselves (Herman, 1981, p. 10).

In addition to listening to the sexually abused child, the feminists offered a new understanding, or explanation, of the mother's role in the incestuous family. The patriarchal society is viewed as the source of incest and often the cause of the mother's behaviour (Herman, 1981; Ward, 1984; McIntyre, 1981; Dietz and Craft, 1980; Thorman, 1983; Wattenberg, 1985):

A patriarchal family structure secures to fathers great powers over their wives and children. Traditionally these powers include an unrestricted right of physical control, unrestricted sexual rights to wives .... and extensive sexual rights in children. .... The only sexual right in their children that fathers do not have in any society is that of personal use. But given all his other powers, a father may easily choose to extend his perogatives (Herman, 1980, p. 54).

Mothers whose children have been victims of sexual abuse have usually experienced either physical or psychological desertion in their childhood. Bennett
confirms this desertion and explains the mothers' resultant behaviour from an attachment theory perspective. "These attachment disruptions mobilize certain defenses and causes structural damage in the personality of the mother. The effects of these early disruptions seem to be profound and long lasting" (Bennett, 1980, p. 132).

These effects, structural damage and defenses, are described throughout the literature. Due to their poor home situation, many of these women leave home and marry early. It may be postulated that they are seeking to have those needs, "nurturance and warm sympathy" (Renzoize, 1982. p. 115) that were not addressed in their home, met in marriage. Unfortunately this does not occur since the typical incestuous family is patriarchal and the mother has little power or influence in the home (Dietz and Craft, 1980). This results in the mother having low self esteem, limited social skills and being relegated to an extremely dependent and passive position in the family.

The feminist literature argues that these findings are consistent with those expected in a patriarchal society where women are considered second class citizens. "They [the mothers] have been taught to define themselves by the needs, desires and accomplishments of the men in their lives" (McIntyre, 1981, p. 465).
Sgrol (1980), however, also identified a second mode of husband-wife interaction in which the husband was dependent and the wife assumed a maternal rather than a spousal role. These wives tended to be "stronger and more self assertive women with greater capabilities and better developed social skills .... more capable of making it on their own" (Sgrol, 1980, p. 192). This mother is often physically absent from the home and is characterized as abandoning her family. There is agreement that the mothers' needs are not being met in either situation or marriage. It is the lack of an appropriate role model to emulate in these women's deprived life, that leads them to choose husbands who will either dominate or depend on them. "In general past experiences have left them poorly equipped to deal constructively with husbands and their children and help set the stage for current family pathology" (Sgrol, 1980, p. 206).

The literature is consistent in reporting that there are significant marital problems in these marriages, especially concerning the lack of sexual relationships. Mothers of children who have been victims of sexual abuse are viewed as being frigid and hostile or unwilling to meet the sexual demands of their husbands (Cormier, 1962; Lustig et al, 1966; Justice and Justice 1979; Renvoize, 1982). It is noted by Meiselman
(1978) that "many non-incestuous fathers, of course, are somehow able to endure the [sexual] frustration of such a marital situation (p. 125). Ward and Herman comment on the assumption that wives are expected to be sexually available. They also point out that research has failed to question these mothers regarding their levels of sexual satisfaction or why they chose to sexually 'abandon' their husbands (Ward, 1984; Herman, 1981).

"Although it is tempting to think of all mothers of incest victims as women who deliberately encourage their spouses to turn to their children for sexual gratification, this pattern probably occurs less often than we believe" (Sgrol, 1980, p. 28).

Sgrol attributes this unwillingness to meet the sexual demands of husbands to the fact that many of these women "had limited knowledge of their own bodies and reported that their sexual experiences have not been satisfying. For most of the women sexual intercourse became nothing more than something to be tolerated" (Sgrol, 1982, p. 210). Sgrol notes that many of the women she has treated had also been victims of sexual and physical abuse as children. Henderson reports on cases of three generational abuse. Other authors attribute the mother's unwillingness to "disgust by the husband's excesses, e.g. alcoholism, infidelity or pedophilia" (Harrer, 1980, p. 13). Several researchers
conclude that the mothers unconsciously shift their sexual responsibility to their daughters and play a definite role in facilitating a sexual relationship between their husbands and children (Lustig et al., 1966; Henderson, 1972; Justice and Justice; Renzo, 1982).

Within these families there is a blurring of roles in many areas. Mothers are viewed as reversing roles with their daughters and are perceived as inadequate in their duties as nurturing persons in the family (Justice and Justice, 1979). This is considered a second form of 'abandonment' and a precipitating factor in the onset of the sexual abuse (Herman, 1981; Maisch, 1973). The literature has defined maternal abandonment as the mother's non-fulfillment of her role due to illness, death, working outside the home, keeping herself tired which encourages the daughter to assume the maternal role and covertly, the sexual role as well (Justice and Justice, 1979; Kaufman, 1954; Machotka et al, 1967; Lustig et al, 1966). There is general agreement that the women, with dominant husbands, feel inadequate in their role as mother and wife (Tormes, 1970) and eventually become so overwhelmed that the daughter assumes their role and maternal functions. The role reversal is so complete that the mothers become dependent on their daughters for a variety of functions
(Lustig et al, 1966; Machotka, 1967; Dietz and Craft, 1980). Sgroi notes that "whatever the justification for physical absence, however, the effect is the same with respect to the incestuous relationship: mother manages to avoid setting limits for others and fails to fulfill her own responsibilities by being elsewhere" (Sgroi, 1984, p. 193). Ward counters this view:

To blame the Mother in this way successfully removes from the Father any responsibility for his actions .... Male supremacist social structure seeks to impose on women the role of moral arbiter, since it abjures women to be blamed for derelection of duty when men 'fall by the wayside' .... part of the role of mothering is an expectation that Mothers will in fact be God's police within the family ... over her husband as well as her children. (Ward, 1984, p. 169)

McIntyre presents a different perspective to this point in his feminist writing. He views the mothers' refusal to accept the maternal role, escape the home and flee from their maternal duties, as a way to strengthen their emotional well being. However, society views it "in the way in which it deviates from the cultural expectation that the mother should serve the needs of everyone else first" (McIntyre, 1981, p. 463).

This role reversal is described differently by Lustig who found that the mothers experienced either physical or psychological desertion in their childhoods. "These desertion experiences left them with strong dependency residuals and needs to be mothered, which
apparently impelled these women to define their daughters in adult maternal roles" (Lustig et al, 1966, p. 33). Bennett attributes this role reversal to desertion experiences and states that "since role-reversal allows the mother to give up the domestic and sexual roles to her daughter, her denial and collusion with the incest situation is reinforced" (Bennett, 1980, p. 41).

Although many authors state that role reversal is a common factor in most of these families, there is no concensus on how far it extends. Some women are seen as deserting their families both psychologically and physically, and it is hypothesized that as an outcome, the husband and child seek each other for comfort and companionship. "Incest usually has its onset when both father and daughter realize that the mother has abandoned them" (Henderson, 1972, p. 307).

Throughout the literature authors consistently query whether the mothers knew about the sexual relationship between their spouse and daughter. There is agreement in the early literature that the mothers were undoubtedly aware of the relationship. However, whether this awareness is conscious or unconscious is open to question. This is described as 'collusion' and the issue of blame is placed on the mothers for failing to stop, or report, the sexual abuse of their daughter.
Bennett explains the mother's denial of the sexual relationship as a means of avoiding another separation in her life. It protects her environment and the status quo no matter how poor that may be. There is a reality which the mother must accept with discovery of the sexual relationship. She is economically and emotionally dependent upon her husband, and disclosure would cause loss of status and a scandal, and cause her to have to live alone (Russell, 1986; Renvoise, 1982; Thorman, 1983; Sgroi, 1982; Meiselman, 1978; Butler, 1978; Dietz and Craft, 1980).

Machotka, Pittman, & Flomenhalt (1967), suggest that the non-participating member's denial should be viewed not only as serving to prevent her from being aware of her role in the matter, but also as an act which creates a family 'secret' which then congeals family relations and makes them even more resistant to change than they might have been otherwise. This is consistent with Bennett's theory. Another example of denial exists in the form of psychological absence. It is described by Sgroi (1980) as an excellent defense mechanism, and also as an effective method of escaping responsibility. Cormier, Kennedy & Sangowicz (1962) suggest that in some cases there is overt concealment of the incest, however occasionally the wife becomes psychologically blind to the event in order to protect
herself. Several of the authors make reference to the mothers' reluctance to disclose the sexual abuse for fear of physical abuse by their husbands. Dietz and Craft (1980) found these mothers to have legitimate fears for their safety and were unable to protect their daughters. The following is indicative of the dilemma these women find themselves in:

Although it is clear that mothers have the responsibility of protecting their daughters, their inability to do this should not be construed as willingness to victimize their daughters. At the same time, this attitude obscures the dilemma the mother faces, caught between two socially prescribed roles: supporter of her husband and supporter/protector of her daughter. (Dietz and Craft, 1980, p. 608)

Jerome Kroth (1974) studied mothers who were sexually abused as children, and whose children were subsequently the object of abuse. He found that their ignorance of the abuse approximated that of a control group. There was, however, a significant difference in that abused mothers "were far more collusive (24% vs 10%) and far more passive (3% vs 31%) in doing anything about the molestation when they knew anything about it" (p. 54). More recent publications recognize that there are occasions when the mother does not know of the sexual relationship between her husband and daughter (Herman, 1982.). Meiselman (cited in Renozol, 1982), describes these mothers as a "small majority" and Ward
states that "some mothers never know (at any level) that Father-Daughter rape has occurred in their families" (Ward, 1984, p. 178). However, there are reported situations where mothers have failed to protect their daughters by not reporting the incest and denying its existence:

How is one to account for them? The answer lies in an analysis of the mother's position in the family .... mothers who have been rendered unusually powerless within their families, for whatever reason, often tolerate many forms of abuse, including sexual abuse of their children. (Herman, 1982, p. 47)

Mother's Relationship with Daughter/Victim.

The family where a child is the victim of sexual abuse is often described as dysfunctional, pathological and disturbed (Dietz, 1980; Lustig, Dresser, Spellman & Murray, 1966; Machotka, 1967). This pathology is extended to the relationship between the mother and her daughter. The estrangement, between mother and daughter, is present prior to the development of the sexual relationship with the father (Thorman, 1983; Herman, 1982; Butler, 1978; Meiselman, 1978; Ward, 1984; Lustig et al, 1966).

Some authors report that the daughters perceive their mothers as weak, dependent and ineffectual (Renvoize, 1982; Thorman, 1983; Dietz and Craft, 1980; Lustig et al, 1966; Herman, 1982). This perception develops as the daughters become resentful toward the
mothers for allowing the sexual abuse to continue and not offering protection. Dietz and Craft's findings explain "many mothers, passive already, may react to this dilemma [disclosure] by further passivity and inactivity, not because they reject their daughters, but because of fear and a lack of emotional strength to deal with the consequences of reporting incest (Dietz and Craft, 1980, p. 606). In another type of estrangement, the rift between mother and daughter is expressed in open hostility and the daughter feels emotionally abandoned by the mother (Thorman, 1983; Sgroi, 1984; Meiselman, 1978; Kaufman, Peck, & Tagiuri, 1954; McIntyre, 1981). It is relevant to note that Russell's recent study refutes this fact and she comments: "what is often overlooked is that however the relationship between the mother and daughter was before, father-daughter incest is likely to completely and permanently ruin it" (Russell, 1986, p. 385).

Sgroi attributes the poor relationship between mother and daughter to the blurring of the role boundaries and role confusion. The child becomes a peer to the mother and "as competitive feelings with her daughter intensified, this mother began to resent the child more and more. Treating her daughter as a peer and as a rival, rather than a child, increased the alienation between them" (Sgroi, 1982, p. 123). Zaphris
(1982) confirms that the mother is jealous and hostile toward the abused child. However, this emotion is usually well covered. Ward describes this jealousy as being attached to sexual rejection because her husband chose her daughter over her. However she cites "another element of jealousy ... founded on the Beautiful Young woman cultural stereotype" (Ward, 1984, p. 177). This element is also suggested by Summit and Kryso (1978) in their paper.

Lustig et al postulate that the mothers were unable to form relationships, as any close relationships were viewed as being a threat to their integrity. In addition, the mothers were found to have a narcissistic attachment to their daughters for the purpose of extending their own ego. This leads to the statement that "the fathers may well have acted as vehicles for the mother's homosexual impulses toward the daughter." (Lustig, 1966, p.34). Sgrol noted that this unsatisfactory relationship is often precipitated by mothers whose unrealistic expectations of their children developed prior to marriage. The communication patterns in these families leads to further estrangement as "many mothers send messages which convey their own ambivalence, especially to their children" (Sgrol, 1982, p. 201). Following disclosure of the incest, the mothers find themselves in a stressful predicament which
causes them to become hostile. They fear that their security will be threatened should they stop the abuse and resist the male dominance in the family. "The resultant capacity for mothers to grow hostile toward their daughters and to lay blame on the victims is increased" (McIntyre, 1981, p. 465). A notable finding of Garrett and Wright contradicted other research findings in that the aspect of blame was "totally absent" among wife-mothers and "they stated that they still loved the victim or that they were sorry for her" (Garrett and Wright, 1975, p. 155).

Machoka states that "the daughter sees the mother as cruel, unjust and depriving. The daughter's incest with her father is therefore very importantly the daughter's revenge against the mother" (Machoka, 1967, p. 100). Henderson states that the daughter's hostile relationship with her mother is "in part a function of hostile impulses toward the mother and a penis envy hypertrophied by the wish for revenge against the preoedipal mother" (Henderson, 1972, p. 308).

The estrangement between mother and daughter is increased when the daughter realises that she cannot tell her mother of the abuse. Some daughters perceived that disclosure of the sexual abuse was more than their mother could cope with. "I just knew there would be dire consequences if I told. My mother would fall apart or
they would separate" (Herman, 1982, p. 88). These daughters choose to remain silent to protect their mother and family (Ward, 1984). Other daughters give indirect hints to their mothers and "many daughters believed that their mothers knew or should have known about the incest, and they bitterly resented the fact that their mothers did not intervene" (Herman, 1982, p. 89).

Those daughters who did confide in their mothers did not always find help or protection thus widening the gap in the relationship (Ward, 1984; Herman, 1982; Butler, 1978; Melselman, 1978). Ward states "that daughters in their desperate need for understanding from the Mother, often feel angrier with their Mothers than with their Fathers. They feel their Mothers have deserted them, failed them" (Ward, 1984, p. 164). Yet Herman (1982) found in her study that, retrospectively, many daughters describe their mothers with sorrow. The message many mothers gave to their daughters was:

Your father first and you second. It would be too dangerous to fight back because if I lose him, I lose everything. For my own survival I must leave you to your devices, I cannot defend you, and if necessary I will sacrifice you to your father (Herman and Hirschman, 1977 p. 749).

Treatment of Mothers.

Any program which deals with incest must emphasize therapeutic intervention with the mothers of the incest
victims and develop treatment modalities aimed at these women. "The victim's mother should be a focus of therapeutic intervention" (Sgrol, 1982, p. 191).

This attitude appears to have developed only relatively recently. There is considerable data in the literature regarding treatment of the perpetrator and the child victim. However, there is a paucity of information concerning treatment for mothers. There is "an assumption of Mothers being only worth helping because they are Mothers that is, the children are really the focal point" (Ward, 1984, p. 176). Russell (1986) supports this assumption in her study: "the deep trauma that father-daughter incest usually causes mothers has been largely discounted" (p. 385).

During the 1960's, family therapy was the treatment of choice in incest situations (Cormier et al, 1962; Lustig et al, 1966). Currently it is not recommended because of a reluctance on behalf of the incestuous father to attend sessions (Browning and Boatman, 1977). In addition the discussion may include issues that children should not be exposed to, for example, parents sexual problems. Finally, the approach can increase the child's guilt (Meiselman, 1978, p. 342) for disrupting the family:

The family dynamics theory of incestuous abuse places the responsibility for incestuous abuse on all members of the family. This theory is
only a slightly more sophisticated version of the old seductive child theory.... It means a total acceptance of the patriarchal family as healthy and appropriate. It means that wives are supposed to sacrifice their lives in order to protect their daughters from their husbands (Russell, 1986, p. 385).

The predominant mode of treatment recommended today is group therapy with individual counselling (Sgrol, 1980; Giaretto, 1981; Thorman, 1983; Wattenberg, 1985; McIntyre, 1981). A group utilizing the psychosocial practice model offers "the interdependence of people one on another, a form of mutual aid, contributes a major dynamic for growth and change.... it combines psychological support for efforts to change with adequate stimulation from others" (Roberts & Northen, 1976, p. 117). The psychosocial practice model also provides the flexibility necessary for a group of mothers of sexually abused children. The approach allows for the participation of members from various stages of the life cycle, it is also effective with open or closed memberships and "may be time limited or extended in duration, depending upon the particular purpose of the group" (Roberts & Northen, 1976, p. 123).

Giaretto's Child Sexual Abuse Treatment program in California offers other treatment modalities to the mothers. These include a mothers group, and 'Parents United' for husbands and wives, which is organised on a
partial self help model. The latter is aimed at reducing the excessive dependency the couple has on one another. Counselling for mother and daughter is also offered. "The advantages of parent support groups for mothers are numerous .... They provide comfort and practical help .... [and] provide the mother with a new constructive social network and they build self esteem by alleviating shame" (Herman, 1981, p. 146).

Twelve treatment issues that are appropriately dealt with in a Mother's group are described by Sgroi (1981) as:

1. **Establishing trust**: Trust is enhanced as members share their experiences with the realization that they are not alone" (Sgroi, 1981, p. 205). A group situation provides the mother with a non judgmental environment and a safe opportunity to express their feelings with others who have a better understanding of their situation.

2. **Sharing past history of abuse**: Many of the Mothers group had been physically or emotionally abused in their family of origin" (Sgroi, 1981, p. 205). As a result, these women had few of their own needs met and had low self esteem. The group offered them the opportunity to discuss their history.

3. **Dealing with denial**: The group allows mothers the opportunity to focus on certain areas that they may
normally block or deny .... the mothers are encouraged to ventilate their feelings surrounding the conflicting loyalties between husband and daughter" (Sgrol, 1981, p. 207). Although denial is often present at disclosure, it must be relinquished if the mother is to deal with incest. The atmosphere of support and understanding in the group is often sufficient to encourage "the mother to face the issue rather than to continue to evade it" (Sgrol, 1981, p. 207).

4."**Identifying unreasonable expectations:** There tends to be a tremendous amount of blaming directed by the women at their spouses, often generalized to all men" (Sgrol, 1981, p. 207). Within the group, the mother can gain some insight into her unrealistic expectations of her husband as well as of her children. Marriage is often viewed, by the mother, "as an idealized escape from problems and entry into bliss" (Sgrol, 1981, p. 207).

5."**Practice limit setting:** Since they have had poor or inappropriate role models themselves, group members found it difficult to provide structure and maintain role boundaries within the family" (Sgrol, 1981, p. 207). The group milieu allows the mother to role play practice setting limits and receive feedback from the other group members. "Part of family limit setting involves the mother's own responsibility to set
limits for herself" (Sgroi, 1981, p. 207).

The emotion of anger is often present when these mothers attend the group. "With these mothers, ... it is the pent up anger that frightens them and their rage within that they are not able to deal with effectively. They have learned no constructive way to handle this anger ..." (Sgroi, 1981, p. 208). It is in the group that the mother learns the appropriateness of this emotion and ways of coping with it.

7. "Improving communication: Dysfunctional
Intrafamily communication patterns were common to all group members. Particular emphasis was placed upon the mother's responsibility to take a leadership role in improving communication with her children, especially those who were victims of sexual abuse" (Sgroi, 1981, p. 208). Techniques such as role-playing are effective in assisting the mother to improve her communication skills.

8. "Assertiveness Training: The effort to break out of the patterns of submission was very difficult" for these women (Sgroi, 1981, p. 209). All of their lives they have been dominated and they often believe they have no right to have their needs met. The mothers must be convinced they deserve to have their needs met and that they are capable of meeting them. A group focus on assertiveness training helps the member
begin to assert herself in her rightful role of mother and protector of her daughter rather than child-woman and competitor. (Sgroi, 1981, p. 209)

9. "Improving social skills" (Sgroi, 1981, p. 209). A goal of a Mothers group is to "decrease isolation and help the members to improve social skills. .... We saw a lot of nurturing between the women for each other, and a supportive arm or hand held were visible reminders that someone cared" (Sgroi, 1981, p. 210). It has been found that the friendships developed in such a group are often ones that are sustained for a long period of time.

10. "Assisting with concrete services: The Mothers group enables mothers to deal appropriately with concrete issues of housing and finances" (Sgroi, 1981, p. 210). This is often the first time that these women have had to assume responsibility for the finances and running of a home. The mothers in the group assisted each other with information sharing activities.

11. "Improving body awareness: Many women in the group had limited knowledge of their own bodies and reported that their sexual experiences have not been satisfactory .... copies of Our Bodies, Ourselves were distributed to members and eagerly read by them" (Sgroi, 1981, p. 211). In addition, the mothers were given information on how to discuss sex education matters with their children.
12. "Support through legal justice system involvement: The commonly held feelings of these women is that the very system that is designed to protect them and their children actually victimizes them" (Sgroi, 1981, p. 211). The Mothers Group offered support to participants throughout their court experiences. "Procedures were reviewed and explained and more experienced members shared their coping techniques with newer members" (Sgroi, 1981, p. 211).

Another issue, which may appropriately be dealt with in a group environment, is the mothers' guilt for missing the clues which their daughters tried to give them concerning the abuse. In addition mothers must accept that their daughters did not reveal the abuse in order to protect them.

I realized she had been trying to tell me all along and was afraid to hurt me because she knew how much I loved her daddy. She was protecting me, and I should have been the one to protect her. (Butler, 1978, p. 113)

The treatment technique of restructuring is advocated for use in a mothers group (Mayer, 1983; James and Nasjleti, 1983) and is one of the methods followed in this study. The mothers are often immobilized by guilt and anxiety after disclosure and restructuring offers an opportunity to change negative tapes to more "positive action-oriented ones, using auto-suggestion in the form of self affirmation" (Mayer, 1983, p. 87).
The enormity of the changes required for the rehabilitation of the incestuous family cannot be overestimated. Mothers long inured to submission and dependency are suddenly asked to become more independent and assertive. These changes challenge not only the tyranny of the individual father but the socially sanctioned system of male supremacy within the family. Such ambitious changes have a significance beyond the individual; they take on some of the aspects of a political or religious conversion. (Herman, 1981, p. 160)

**Self Esteem**

There is considerable evidence in the literature that mothers whose daughter were sexually abused have low levels of self esteem (Sgroi, 1980; Herman, 1981; Glaretto, 1979). In his study, Bennett (1980) found:

> the incest group of mothers showed a lower level of self esteem than did the group of comparison mothers. The incest mothers group saw themselves as persons of less value and worth than did the control group. Lacking confidence in themselves they felt ineffective as a family member. (p. 124)

This low self esteem is attributed to several factors. Sanford and Donovan (1984) hold that an individuals will develop a solid foundation of self esteem if, in their early years, they acquire "a sense of significance, a sense of competence, a sense of connectedness to others balanced by a sense of separateness from them, a sense of realism about ourselves and the world, and a coherent set of ethics and values" (p. 38). Mothers in incestuous families are viewed as coming from patriarchal backgrounds which have not provided for the
development of average levels of self esteem.

The attachment theory postulates that "having attachment figures available enables the child to develop competence by role-modeling ... [to] deal more effectively and adaptively with separation from parents [and] is aimed at facilitating autonomy in the individual" (Bennett, 1980, p. 44). Both Lustig (1966) and Sgroi (1980) describe examples of desertion in the mothers' family of origin. Bennett (1980) reasons that the desertion experiences lead to anxious attachment which he equates with the "mother's inability to form attachments and her sexual unavailability to her husband" (p. 39). Sgroi (1980) believes that the desertion experience leads to an "inability to trust" (p. 195).

The mothers failure to respond to the sexual abuse is also thought to originate from her low level of self esteem. The mother believes herself to be completely dependent upon her husband and does not have the confidence to stop the sexual abuse. "Rather than provoke her husband's anger or risk his desertion, she will capitulate.... She sees no other choice" (Herman, 1981, p. 49). In a study comparing wives of rapists and wives of incest offenders, the incestuous wives were found to prefer husbands who were inferior to them, a situation which reinforced their low self esteem and distorted position of moral and social dominance.
(Garrett & Wright, 1975).

One of the primary treatment goals, for mothers whose children have been sexually abused, is to increase their levels of self esteem (Sgroi, 1981; Herman, 1981, Giaretto, 1981).

Given adequate protection and support, many mothers can take advantage of this unwanted disruption in their lives to make remarkable gains. Often this is the first time that their neglected physical or emotional problems have received any attention, and the first opportunity they have ever had to develop their own aspirations outside of their family role. (Herman, 1981, p. 147)
CHAPTER 3
Methodology

Introduction

This chapter will outline the purpose of the study and present the research questions, hypotheses and assumptions. Operational definitions will be used to discuss the variables and the study will be classified according to the work of Tripodi, Fellin & Meyer (1969). The target population and the content of the group program will also be described.

Methodology, data collection instruments, and analysis procedures will be examined and the chapter will conclude with an assessment of limitations imposed on the study by its design, target population, data collection method and instruments.

Hypotheses

1. There will be an increase in the level of self esteem of mothers whose daughters were victims of sexual abuse, associated with the mother's participation in group therapy.

   Some authors (Sgroi, 1981; Herman, 1980; Giaretto, 1981) indicate that a mothers' self help group is effective in assisting mothers gain support and strength. From this they were able to
have control of their lives and subsequently they increased their level of self esteem and confidence.

2. There will be an improvement in the mothers' parental attitude toward their daughters, who were victims of sexual abuse, associated with their participation in group therapy.

The literature clearly states that the relationship between the mother and daughter in the incestuous family is usually very poor. The relationship factors vary from jealousy, resentment, anger, hatred to more passive factors such as feelings of inferiority and helplessness. Once the mother understands how these feelings develop and that other mothers are experiencing the same feelings, there will be an improvement in her relationship with her daughter.

Assumptions

The study was based on two assumptions:

1. That mothers of sexual abuse victims are capable of benefiting from group therapy.

2. That benefits, in the form of a mother's more positive attitude toward her child and an
Increase in self esteem, are a valid indication of group therapy's effectiveness.

Definitions of Concepts

Mothers.
Those women who participated in a group offered by the Children's Aid Society of Essex County from December 1985 to March 1986 and who consented to participate in this research and attended sessions.

Victims.
Those children, of the mothers attending the group offered by the Essex County Children's Aid Society, who were sexually abused. The sexual abuse was perpetrated by the Mother's husband, boyfriend or by a male person who held a trusted position in the family.

Self esteem.
Refers to the evaluative component of self concept. Within this study, if the mothers view their behaviour as acceptable, they will have a high self esteem. Conversely, if they view their behaviour as unacceptable, their self esteem will be low. This will be measured by utilizing Walter Hudson's Index of Self Esteem (1982). (See Appendix A)
Parental Attitudes.
Refers to the mother's relationship with the child who was sexually abused. The data collection instrument measures the degree of parental discord with the child. The Index of Parental Attitude developed by Walter Hudson (1982) (See Appendix B) will be the instrument used.

Group Therapy.
Weekly attendance at a group offered by the Children's Aid Society of Essex County is expected. The group focuses on assertiveness training improving self esteem, mother/daughter relationships, and communication skills.

Sexual Abuse.
Child sexual abuse encompasses any form of sexual activity between a child and a parent, a stepparent, or extended family member. The crucial psychosocial dynamic is the familial relationship between the incest participants. The presence or absence of a blood relationship between incest participants is of far less significance than the kinship roles they occupy. (Sgroi, 1982, p. 2)

Classification of Study
The classification depends on the purpose of the
research and the procedures used. The purpose of this project was to evaluate group therapy in terms of its ability to produce change in the participants' attitude toward their children and to increase their level of self esteem. Pretest - posttest designs are frequently used in social research, especially when the hypothesis concerns a change in attitude, belief or behaviour as a consequence of some independent variable" (Selltiz, Wightman & Cook, 1976, p. 139). The design of this study is an associational one-group pretest - posttest. The strategy of associational designs is to determine "if there is a significant difference between the dependent variable at pretest as compared to post test" (Tripodi, 1982, p. 217).

In this study, measurement of the dependent variables, self esteem and the mother's parental attitude toward her daughter, was taken prior to the beginning of the group. Following termination of the group intervention (independent variable) a further measurement was taken.

"Hypotheses subject to testing are either (1a) those which posit cause - effect relationships or (1b) those hypotheses which simply state the existence of a measurable relationship between two or more variables" (Tripodi, Fellin, & Meyer, 1969, p. 34). This study cannot be classified as experimental because there was
not a control group and consequently no random assignment
to experimental or control groups. However, "approximations
to experimentation may include such devices as "matching" or
the use of an experimental group as its "own control"
(Tripodi et al, 1969, p. 35). This permits the mothers in
the group to be compared to themselves with respect "to
their performance at two different time periods" (Tripodi et
al, 1969, p. 36). This design "is properly useful for the
generation of associational knowledge, as a first
approximation to cause - effect Knowledge" (Tripodi, 1982,
p. 217).

**Population**

The subjects of this study were five mothers who are
clients of the Children's Aid Society of Essex County. Each
mother shared the family characteristic of having a
daughter between the age of 5 and 15 years. The subjects
had been referred to the agency because of the alleged
sexual abuse of their daughters by the spouse, boyfriend of
the mother or by a male person who held a trusted position
in the family.

All subjects had been assigned individual social
workers from the agency. These workers referred them for
group therapy. The group was held weekly at the Children's
Aid office, and was co-led by a worker from the sexual abuse
unit and a contract social worker. The subjects...
participation in the group was voluntary and the tests were administered by the group leader who briefly explained the nature of the research.

Program

The 'Moms Group' is a program offered by the Essex County Children's Aid Society for mothers whose children were sexually abused by a trusted adult. The group is one of the services provided by the agency's sexual abuse unit. It was established to provide for the needs of the mothers that were not being fully addressed by individual therapy.

The primary goals of the group are to improve the mothers' self esteem and communication skills, and enhance the mother/daughter relationship. There is also a focus on assertiveness training. The group's secondary goals follow those outlined by Sgroi (1982) and previously outlined in the literature review.

The group leaders describe the group as being loosely structured. That is, although they would come to the group with a prepared agenda, it would often be put aside in order to deal with the immediate problems of the mothers which invariably accumulated during the intervening week. The leaders noted that their agenda items were often raised as problems and were, therefore, dealt with, albeit in a less formal manner.

The mothers are told that the group is their
responsibility and that the leaders are there as facilitators and information givers. Often this is the first time that the mothers have accepted responsibility and the group provides a supportive environment for this to occur. There is another purpose for keeping the group loosely structured. A tightly structured group would 'feed into' the mothers present mode of functioning and not encourage any change.

Techniques such as writing a letter to the perpetrator and role playing situations were utilized in the group. In an attempt to help the mothers gain some insight into their present mode of functioning, a family lifestyles assessment was used following Life style: A workbook developed by Harold Mosak (1977):

An individual's lifestyle (lebensstil), his style of acting, thinking and perceiving, constitutes a cognitive framework within which he selects specific operations which enable him to cope with life tasks. It expresses the central theme through which his behaviour can be understood. (p. 183)

The mothers were given this assessment to complete at home and their responses were discussed during two subsequent sessions.

The Mothers group ran for 18 weeks. Transportation and babysitting services were provided if required.

Data Collection Instruments

The measures are designed to monitor and evaluate
the client's problems in terms of extent, degree and intensity. They include self report items which suggest they record only what the client is willing to reveal about her feelings and beliefs. The two measures, used, namely the Index of Parental Attitudes and the Index of Self Esteem, were developed by Walter Hudson and his associates and are part of the Clinical Measurement Package (CMP).

The format and structure of each scale is the same and consists of twenty five items. According to Hudson (1982) "if a scale is to used repeatedly with the same client it ... must be short ... easy to administer, ... easy to score, ... easy to understand and interpret; and it must not suffer response decay" (p. 2).

Each of the CMP scales meets all of these psychometric requirements. Each scale has a reliability of .90 or better and they all have good consistent, concurrent, factorial, discriminate and construct validity. (Hudson, 1982, p. 2).

Index of self esteem (ISE).

This scale (see Appendix A) was designed by Hudson "to measure the degree, severity or magnitude of a problem the client has with self esteem." (Hudson, 1982, p. 3) It has twenty five items and asks the clients to respond to statements concerning the degree of self esteem they feel by placing a number beside each item.
which corresponds to the degree of feelings, e.g. 1 = rarely or none of the time, 2 = a little of the time, 3 = some of the time, 4 = a good part of the time and 5 = most of the time. "Some of the items are positively worded statements or descriptions and others are negatively worded to partially control for response set biases. All of the items were randomly ordered within each scale". (Hudson, 1982, p. 17)

The scale provides a single dimension characterization of the problem but not information about the cause, origin, type or source of the problem. Since it measures the degree, or severity, of the problem, a high score would be interpreted as the presence of a more serious problem than would a low score.

Hudson emphasises that the ISE measures self esteem and not self concept. "Self esteem as conceptualized and measured with respect to the ISE is the evaluative component of self respect" (Hudson, 1982, p. 4). This measure was chosen since it was designed for use in small groups and will reflect the effectiveness of group treatment if the scores decrease from the beginning to the end of the group.
Index of Parental Attitudes (IPA).

This standardized measure (see Appendix B) is "completed by a parent in respect to the parent's relationship with a specific child. It measures the degree, severity, or magnitude of a problem the parent has in the relationship with the child "(Hudson, 1982, p. 5). Its psychometric characteristics, format, scoring procedure and raw score interpretation are concurrent with the I.S.E. scale.

This scale was chosen to evaluate any changes in the mother's relationship with the child who was the victim of sexual abuse. It has been clearly indicated in the literature that this relationship is usually very poor. This measurement will assess if group treatment is beneficial in improving this relationship.

Data Collection Methodology

The data for this study was collected by using standardized questionnaires and interviews.

The advantages of using an administered questionnaire to collect the required data made this method the most appropriate for this study. The questionnaires consisted of close-ended questions which are less likely to be misinterpreted by the scorer. The respondents maintained anonymity by identifying their questionnaire with the first and last two numbers of
their telephone number. This encourages respondents in expressing their opinions. Questionnaires are also less expensive both in terms of money and time.

One of the disadvantages of questionnaires, as a method of data collection, is the low completion and return rate. To overcome this problem, the questionnaires were administered by the group leader and returned to the researcher the following day. The pretest was administered at the end of the mothers' first group meeting.

A major weakness in the use of close-ended questionnaires is the lack of opportunities for the respondents to ask questions, to explain answers or to make recommendations. In an attempt to address this weakness, the researcher attended the respondents' last group meeting to provide the respondents with an opportunity for a free exchange of views. This interview was conducted after the posttest was completed and was taped with the permission of those present.

Two of the three mothers who completed the pretest but dropped out of the group, were interviewed at a later date. During these interviews, both standardized and open ended questions were used.

**Data Analysis**

Data taken from the completed demographic
questionnaires was used to provide a profile of the typical mother who participated in the group. The following data were examined: age, marital status, number of children, age of sexually abused child, employment status, occupation of mother and level of education.

Measures of central tendency were calculated for age, number of children, age of sexually abused child and occupation of mother and spouse. Frequency distributions were used to describe employment status, education variables, mother's occupation and marital status. Occupations were classified according to Blishen's (1967) index which utilizes six categories: specialist, professional, upper management, lower management, tradesman and labourer.

Ferguson (1976) notes that for statistical purposes researchers are justified in treating attitudinal scales as interval. The hypotheses were tested, therefore, by using a t test procedure which tested for significant differences between means for correlated samples. The .05 level of significance was established as the alpha level and directionality was stated.

The reliability of the measuring instruments (I.S.E. and I.P.A.) was not tested. Hudson (1982) states that "each scale has a reliability factor of .90 or better and they all have good content, concurrent,
factorial, discriminant and construct validity" (p. 2). The statistical analysis was performed using S.A.S. (Heilwig & Council, 1979)

The analysis of the open-ended questions was not subjected to statistical examination. However, a general summary of the the responses was developed.

Limitations of the Study

In this study there was "multiple-treatment interference" (Tripodi, 1981, p. 208). This refers to the possibility that research participants may be receiving more than one independent variable from sources other than the investigator" (Tripodi, 1981, p. 208). The mothers in this study were affected by this factor as they each had an individual social worker who provided counselling. The quantity and quality of counselling varied from mother to mother. Thus it is reasonable to assume that this may have had an impact on the results and the ability to generalize the findings.

As there was no control group, changes in the dependent variables cannot be directly attributed to the independent variable (group therapy) as the researcher was unable to control for "history, maturation, initial measurement effects, instrumentation, statistical regression and interactions among internal validity factors" (Tripodi, 1981, p. 217). The post test was
administered at the conclusion of group therapy and since a followup is not possible, the researcher cannot speculate on the long term effects of the group therapy.

The mothers who participated in this study were volunteers. This in itself introduces a form of bias. "The pitfall is the likelihood that volunteers differ from non volunteers, compromising the interpretation and generalizability of the results" (Isaac & Michael, 1971, p. 147).

Both the I.S.E. and I.P.A. consist of close-ended questions and such questionnaires have limitations. A close-ended questionnaire restricts the opinions of clients. The possible answers the client has to select from may not be appropriate for that particular client. Alternatively, some clients may select an answer, when they have no opinion, just to fill in the space and please the researcher.

The final limitation is concerned with the fact that some of the mothers started the group several weeks before others. One mother had taken the group therapy once before and felt she would benefit from the experience a second time.

Summary

This chapter discussed the methodological
procedures used in the research study and examined their limitations. The following chapter will provide an analysis of the data.
CHAPTER 4

Analysis of The Data

Introduction

This chapter consists of four sections. The first section describes the population involved in this study. An analysis of the research hypotheses will be discussed in the second section. In the third section a comparison between some demographic variables and the change scores will be made. The final section will present responses to the open-ended questions from the five mothers who completed the group therapy as well as two of the mothers who dropped out of the group.

Population Description

The population for this study consisted of five mothers who participated in group therapy offered by the Essex County Children's Aid Society. Each mother shared the family characteristic of having a daughter between the ages of 5 and 15 years. The subjects had been referred to the Essex County Children's Aid Society because of alleged sexual abuse of their daughter by the spouse, boyfriend of the mother or by a male person who held a trusted position in the family.

The mothers ranged in age from 23 to 38 years and the mean age was 31.6. The ages of the children who
were abused, ranged from 5 to 13 years and the mean age was 11.33. The number of children in these families ranged from one to five and the mean was two. It is of note that in one family, two children were sexually abused, a male and a female.

The employment status of the population is illustrated in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Part time</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Homemaker</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The results of this study indicate that over 50% of the population were not employed outside the home when the incest was perpetrated. This is consistent with the findings described in Diane Russell's (1986) study. She found that "48 per cent of biological..."
father - daughter incest occurred when the mother did not work" (p. 251).

This finding argues with those authors (Justtice & Justice, 1979; Lustig et al, 1966; Kaufman, 1954.), who postulate that the absent mother is to be blamed if her daughter is sexually abused by the husband.

The educational level of the participants is illustrated in Table 2.

Table 2

<table>
<thead>
<tr>
<th>Level of Education of Population</th>
<th>Education</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Elementary School</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>High School</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>College</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>University</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>5</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 2 shows that the majority of the mothers did not have post secondary education. This result is similar to that of Bennett's (1980) and Harrer's (1980) research on mothers of incest victims. Comparing incest
and control groups, they found the incest group had less education than the control group.

The Blishen Index (1967) categorizes occupations into five groups and Table 3 illustrates the occupations of the population in this study.

Table 3

**Occupations of Population**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labourer</td>
<td>25%</td>
</tr>
<tr>
<td>Tradesman</td>
<td>50%</td>
</tr>
<tr>
<td>Lower Management</td>
<td>25%</td>
</tr>
<tr>
<td>Upper Management</td>
<td>--</td>
</tr>
<tr>
<td>Specialist</td>
<td>--</td>
</tr>
</tbody>
</table>

\[ \frac{1}{4} \times 100\% = 100\% \]

Note. n=4 as one mother was a student.

Table 3 illustrates that the majority of the participants fall into the labourer and tradesperson categories. This result is not surprising as the
mothers would have limited employment opportunities because of their low educational achievements. With the exception of one mother, all of the participants were either separated or divorced from their spouses. Specifically, three were divorced and one was separated. Harrer (1980) found in her study that "52% of the incest group were currently separated as compared to 12% of the comparison non-incest group" (p. 31).

Analysis of the Research Hypotheses

A t test of significant difference between means was conducted in order to determine if there was a significant difference between pre and post test scores on the Index of Self Esteem (I.S.E.) and the Index of Parental Attitude (I.P.A.) questionnaires. As directionality was stated, a one tail test was used. Significance was set at .05 level. The following results were found:

1. There will be an increase in the level of self esteem of mothers whose daughters were victims of sexual abuse, associated with the mother's participation in group therapy.

The t score obtained for the self esteem change was $t(5) = 0.30, p<.05, (0.7807)$. This was not significant at the .05 level. Therefore the hypothesis
was not accepted and it can be stated that there was no evidence of a positive increase in the level of self esteem of mothers, whose daughters were victims of sexual abuse, at the completion of group therapy.

2. There will be an improvement in the mothers' parental attitude toward their daughters who were victims of sexual abuse, associated with their participation in group therapy.

The t score obtained for the parental attitude change was $t(5) = -2.15$, $p < .05$, (0.1201). This was not significant at the .05 level therefore the hypothesis was not accepted. There was no evidence of positive change in the mothers' parental attitude toward their daughters at the completion of group therapy.

In order to calculate whether the hypotheses could be accepted or rejected, the researcher utilized a t test procedure which tested for significant differences between the means for correlated samples. The level required to accept that the difference was significant at the .05 level was not attained. Therefore group treatment did not provide a significant difference to the variables of self esteem and parental attitude.
Comparison of Demographic Variables to Change Scores

Table 4 illustrates the mean change scores for the demographic variables of physical and sexual abuse of the mothers, in regard to self esteem.

Table 4
Mean Change Scores for Physical and Sexual Abuse for Self Esteem

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Mean Change Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>2</td>
<td>5.5</td>
</tr>
<tr>
<td>No Physical Abuse</td>
<td>3</td>
<td>14.0</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>1</td>
<td>19.0</td>
</tr>
<tr>
<td>No Sexual Abuse</td>
<td>4</td>
<td>-6.0</td>
</tr>
</tbody>
</table>

It was found that mothers who had been physically abused by their spouse or boyfriend exhibited less of a change in self esteem than mothers who were not physically abused. However, the one mother who was sexually abused as a child, showed more of a change than the mothers who were not sexually abused before the age of 16.
Table 5

Mean Change Scores for Physical and Sexual Abuse

Variables for Parental Attitude

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Mean Change Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>1</td>
<td>-20.0</td>
</tr>
<tr>
<td>No Physical Abuse</td>
<td>3</td>
<td>-10.0</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>No Sexual Abuse</td>
<td>4</td>
<td>-11.75</td>
</tr>
</tbody>
</table>

Note n = 4. One mother who was sexually and physically abused did not complete the pre test Index of Parental Attitude.

It was found that mothers who had been physically abused by their spouse or boyfriend exhibited less change in parental attitude than mothers who were not physically abused. It was not possible to make a comparison utilizing the sexual abuse variable as the one mother, who was sexually abused, did not complete the pre test Index of Parental Attitude.

Summary of Interview Responses from Group Members

All of the mothers indicated that initially they had some reservations about attending the group.
sessions. They cited a variety of reasons for their reluctance. The primary ones were embarrassment about having to discuss the sexual abuse of their child and to acknowledge that the abuse occurred. They were unanimous in their view that social workers should persevere in their attempts to encourage mothers to attend such a group. As one mother commented, "I was resistant and made excuses, that is, she offered transportation and babysitting services".

The mothers felt the group was beneficial and that its value came from not only the group process itself, but also from interactions with the other mothers. One mother stated, "Initially I felt my daughter needed help, but by coming to the group I found I needed as much as she did". Another mother stated that there were times when she had left a group meeting "feeling I am never going back, yet I'm waiting for that ride the next Monday evening".

All of the mothers denied knowledge of the abuse prior to disclosure. They became upset when presented with the prevailing view in the literature that mothers undoubtedly know of the violation of their children, and argued the impossibility of such a position. One mother stated:

"Usually they get the kids so scared, like he had threatened K, like he used to beat me and he said, to her, 'if you tell your mother you know what's"
going to happen to her'. That makes me feel guilty as she kept it inside all that time so he wouldn't hit me. I can remember we were watching a program and they were teaching them about Susie's apron and I was telling her 'you don't let anyone touch you, if you don't like it then it's a bad touch and you don't let them touch you'. She said, 'not even my Dad' and I said, 'no not even your Dad, not even me'. And now I think about her saying that and he was doing it to her then.

One mother suggested that their ignorance of the abuse probably arose from an inability to conceive of a husband or boyfriend performing such an abhorrent act. "When you marry a guy, you never dream he will sexually abuse your children. They don't give no guarantees".

The quality of the mother/daughter relationship following disclosure, was according to the mothers, dependent upon the age of the child. The younger the child, the better the relationship. Some mothers of teenagers appeared to be unsure about how to relate to their daughters. They described feelings of distrust, of being like a stranger with their child and of being overly protective toward their child.

However, other mothers felt that their relationship had in fact improved. "We now watch films on drugs, sex and stuff together. Before I would not have done that as I would have been afraid about the influence. Now I see it as preventative. We discuss it and can relate".
All of the mothers felt that their level of self esteem had been 'normal' prior to disclosure of the sexual abuse. However, the guilt of not knowing about the abuse, and the implied failure to protect had a profound effect on their self esteem and competence as a mother.

First you have to learn that you are okay, that's what took me the longest. That it wasn't my fault, I had nothing to do with it and I'm okay. So you go bar hopping, whore around and everything to figure this out. Once you get over the guilt and feel angry, you're getting there.

There was agreement that a loss of self esteem was very difficult to recover as "your whole thing as a woman is knocked. A child over me. That's it. Then you have to prove you're okay". One mother described the process as being similar to the "stages of grief" (Kubler-Ross, 1969) and the group agreed that they eventually learned to accept that the abuse had occurred and regained confidence in their role as women. They all stated that they "have a different way of looking at relationships after attending the group. You see now what you want out of a relationship".

The mothers had many recommendations for improvements in the services to women whose children had been sexually abused. Within the child welfare services field, they made the following recommendations:
1. A social worker should be available on a daily basis for families during the two week period following disclosure. They describe the family, especially the mother, as being in a state of shock and requiring assistance to maintain daily routines.

2. All parents should be given education regarding sexual abuse as a preventative measure. At the present time children receive such instruction in the school environment and the mothers feel they should be included in this teaching.

3. There should be a group for extended family members, to help them understand what happens to a child and a family when sexual abuse is disclosed.

The mothers experienced difficulties and frustrations with other community services. They expressed considerable anger and the discussion generated recommendations for change:

1. The medical profession should receive training related to dealing with victims of sexual abuse. One mother described the examining physician as saying to her daughter, prior to the examination, "okay pull down your pants, hop on the table and spread your legs."

2. The police force should establish a sexual
abuse unit with female members who would be sensitive to the needs of the child and family. The mothers recalled their discomfort over discussing sexual details with a man.

3. The criminal law should be amended to ensure that the perpetrator receive psychiatric help and a term of confinement for his crime.

My husband got three years probation and yeah, he turned our whole lives upside down. You get mad at it [the system], you feel they could be more understanding. Especially when his lawyer says "well there is no permanent damage". That's when you get real angry.

Finally, when asked for concluding comments, the mothers stated that they would like to be able to sit down with their husbands and ask them why they sexually abused their child. However, they were philosophical in their expectations, and appreciated that they would probably never receive a satisfactory answer: "We are the ones who are being punished and we didn't do anything".

Summary of Responses from Mothers who left the Group

Two of the three mothers who did not complete the group therapy were interviewed by the researcher. The interviews were conducted in the mother's homes and were taped.

One of the mothers attended the group once and the other attended three times. Both of these women had
been sexually abused as children by their fathers, but had not received any counselling or help to deal with this trauma. One of the mothers stated that:

the group bought back so many memories and I got frightened. I'm able to handle it right now. I know I should deal with it but I would have to go through all those feelings again. Right now I have a family life that's stable and I don't want to jeopardise that.

The other mother felt that the group did not fulfil her needs at that time. She commented:

One girl there wanted to talk about her sex life and her new boyfriend. I thought who cares, we're here to talk about how we feel. I liked going to listen to this one girl, she seemed a lot like myself. I didn't really give the group much of a chance.

Both mothers stated that individual counselling was more suitable to their needs than group therapy. At the time of the interview, both women were living apart from the abusers, in fact, one abuser was in jail. It is noteworthy that in the latter case, the perpetrator was mother's brother.

Finally, the mothers described their current relationship with their daughters as being good. However, one of the mothers felt that the relationship had been poor prior to disclosure. Similarly, their level of self esteem was low at the time of disclosure, but had since improved due to individual counselling sessions. The mothers attributed this feeling of a low level of self esteem to their failure to protect their
daughters. However, in the view of one mother, the fact that her spouse chose his daughter rather than her for sexual gratification also contributed to her level of self esteem.

Summary

This chapter described the population used in the study. The research hypotheses were analyzed and a comparison made between some demographic variables and change scores. Finally, the responses to the open-ended questions were summarized. The final chapter will deal with the conclusions, summary and recommendations of the study.
CHAPTER 5

Summary, Conclusions and Recommendations of the Study

Summary

The purpose of this study was to determine if group therapy with mothers whose daughters had been sexually abused, was effective in increasing the mothers' level of self esteem and would result in an improvement in their parental attitude toward their child. The population of this study were five mothers who were clients of the Children's Aid Society of Essex County. The mothers had been referred to the agency because of the alleged sexual abuse of their daughters by a spouse, boyfriend of the mother, or by a male person who held a trusted position in the family.

The data collection instruments were two questionnaires developed by Walter Hudson (1982), the Index of Self Esteem and the Index of Parental Attitude (see Appendices A and B). These questionnaires were administered at the first group meeting and again at the last meeting of the group. A demographic questionnaire (see Appendix C and D) was administered in the same way and was used to supply quantitative data from which a profile of the typical mother who participated in the group was developed. Qualitative data was collected in the form of audio tapes of an interview with the mothers group and with the three mothers
who did not complete the group.

The results of this research were not statistically representative and can not be generalized beyond the respondents and participants of the study.

Profile of the Mother who Attended the Group

A profile of the typical mother who attended the group emerged from the demographic data. This profile, since it is not statistically representative, can not be generalized to the entire population of mothers whose daughters were sexually abused.

The mother is 31.6 years of age and she is not residing with her spouse. She is either divorced or separated. She has two children and one of these children is a female age 11.33 years. This mother does not have any post secondary education and is not employed outside the home. The occupation of the mother, is that of tradesperson. She was not sexually abused as a child or physically abused by her spouse or partner. This mother did not report the sexual abuse of her child to the Children's Aid Society. The abuse was reported by another person in the community.

Conclusions

The researcher found that at the conclusion of the mothers group, the participants' level of self esteem had not changed significantly from the beginning of the group.
The hypothesis could not be accepted. Although Sgroi (1982) reports that the mothers' level of self esteem improved in her group, she also believes this improvement initially started and developed in individual therapy. Bennett (1980) concurs in his statement that "the mother must be "fed" emotionally first before she can handle confrontation" (p. 134). It is possible that insufficient individual counselling occurred prior to the mothers beginning the group. Thus they did not demonstrate a significant level of change.

Margaret Harrer (1980) found that her incest group mothers were "more depressed than the non incest comparison mothers" (p. 44). When viewed from a family systems perspective, the depression served as a homeostatic mechanism and was a means of keeping the family system intact (Harrer, 1980). It would cause the mothers considerable trauma to abandon this depression, view their family disintegrate in exchange for an increase in their self esteem. Pikunas (1976) offers another explanation, "by the age of twenty five or thirty an adult ego is often completely formed .... From this age on, the self concept becomes increasingly resistant to change" (p. 103). The mothers' parental attitude toward their daughters who were victims of sexual abuse also showed no significant change as a result of group therapy. The hypothesis could not be accepted. Some authors (Sgroi, 1982; Herman, 1982;
Russell, 1986) describe the mothers as having suffered severe deprivation in childhood, failing to be nurtured which resulted not only in low self esteem but the inability to parent. "Parents serve as models and are imprinted on the brains of their children .... Humans learn how to be parents from their own parents" (James & Jongeward, 1977, p. 101). These mothers have unreasonable expectations of their daughters which the child fails to fulfil and this results in a further estrangement.

Although the statistical analysis provided data that resulted in the hypotheses being rejected, the interview responses raise questions regarding the validity of the analysis. In their responses the mothers indicated that they felt that their level of self esteem had in fact improved since the beginning of the group sessions. They were also of the opinion that their relationship with their daughters had also shown some improvement. Notwithstanding the statistical conclusions, it would appear that participation in the group had in fact resulted in some progress in both of these areas. The size of the sample, five mothers, causes some reservations about the results of statistical analysis. It would seem therefore appropriate to temper the statistical results with the observation that the hypotheses can neither be rejected nor accepted when the information from the interviews is incorporated into the data and the size of the sample is considered. It may be
concluded, as a result of this study, that the mothers' level of self esteem must be increased before her parental attitude will show a positive change.

**Recommendations**

The following recommendations are based on the research findings and the review of the literature. They are divided into the following areas:

1. Social work services.
2. Community services.
3. Suggestions for further research.

**Social Work Services**

1. The research and the literature indicates that the mother's level of self esteem is an important factor in determining her ability to benefit from group therapy. It would be advantageous to test the mother's level of self esteem, utilizing the Index of Self Esteem (Hudson, 1982), prior to a referral for group therapy. An acceptable, pre determined level of self esteem would have to be determined.

2. The agency should develop the concept of "sponsorship" as implemented in Giaretto's (1981) program in San Jose. This allows a new group member "to be adopted by another mother who has made sufficient progress in resolving her own problems that she is ready to offer help as well"
(Herman, 1981, p. 146). This would lessen the stress for new members and reduce the attrition rate. It would also provide the beginning of a social support network for the mother.

3. An increased funding of the sexual abuse unit of the Children's Aid Society would allow for the hiring of more staff, increased staff training and services. Further services could include a couples group and a group for members of the extended family to assist them to understand the impact of this trauma on the abusive family. Increased staffing would also give members of the sexual abuse unit time to provide intense services to the mother and her family following disclosure. This additional service would include contact with the family on a daily basis until they were able to cope with their situation.

4. The Children's Aid Society could assist in providing an expanded and overall more humane service to mothers and their families if an interagency approach could be developed within the community. It appears that this agency is the best equipped to act as a facilitator in the development of such a program and to provide education for the other services involved with these families.

5. The Children's Aid Society should advertise and promote in the community the availability of a mothers group for women whose children have been sexually abused.
Community Services

1. Community professionals involved with these mothers and their families, such as police, social workers, mental health workers, probation officers, crown attorneys, defense lawyers and judges should develop and have an understanding of a humane and consistent treatment approach. Cooperation would produce a less stressful and frustrating situation for all involved.

2. The medical profession should be educated to the specific and special needs of these families.

3. Trained female personnel should be available, if required, in such community services as the investigating branch of the police, the emergency outpatient services of hospitals and in legal aid services.

4. School personnel should be encouraged to offer preventative information on street proofing and sexual abuse to mothers as well as students.

Suggestions for Further Research

1. There should be further research to establish a profile of the mother whose child was a victim of sexual abuse. Interestingly there does not appear to be any Canadian research in this area.

2. This study should be replicated but using a control group and a larger sample. Such research likely provide data of greater validity.
3. There should be further research on treatment programs for mothers whose daughters were victims of sexual abuse. Longitudinal research would provide data which would help to ensure more effective services. Research should also attempt to discover why some mothers drop out of treatment groups.

This study examined the effect of group therapy on the self esteem and parental attitude of mothers whose daughters were victims of sexual abuse. The final chapter summarizes the research, presents conclusions and provides recommendations.
APPENDIX A

Index of Self Esteem

ID.#. ___________________________ Date: ___________________________

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1. Rarely or none of the time
2. A little of the time
3. Some of the time
4. Good part of the time
5. Most or all of the time

Please begin:

1. I feel that people would not like me if they really knew me well. ______
2. I feel that others get along much better than I do. ______
3. I feel that I am a beautiful person. ______
4. When I am with other people I feel they are glad I am with them. ______
5. I feel that people really like to talk with me. ______
6. I feel that I am a very competent person. ______
7. I think I make a good impression on others. ______
8. I feel that I need more self-confidence. ______
9. When I am with strangers I am very nervous. ______
10. I think I am a dull person. ______
11. I feel ugly. ______
12. I feel that others have more fun than I do. ______
13. I feel that I bore people. ______
14. I think my friends find me interesting. ______
15. I think I have a good sense of humour. ______
16. I feel very self-conscious when I am with strangers. ______
17. I feel that if I could be more like other people I would have it made. ______
18. I feel that people have a good time when they are with me. ______

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19. I feel like a wallflower when I go out.
20. I feel that I get pushed around more than others.
21. I think I am rather a nice person.
22. I feel that people really like me very much.
23. I feel that I am a likeable person.
24. I am afraid I will appear foolish to others.
25. My friends think very highly of me.
APPENDIX B

Index of Parental Attitudes

ID.#. ___________________________ Date: ___________________________

This questionnaire is designed to measure the degree of contentment you have in your relationship with your child. It is not a test, so there are no right answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

1. Rarely or none of the time.
2. A little of the time.
3. Some of the time.
4. Good part of the time.
5. Most or all of the time.

Please begin:

1. My child gets on my nerves. ___________________________
2. I get along well with my child. ___________________________
3. I feel that I can really trust my child. ___________________________
4. I dislike my child. ___________________________
5. My child is well-behaved. ___________________________
6. My child is too demanding. ___________________________
7. I wish I did not have this child. ___________________________
8. I really do enjoy my child. ___________________________
9. I have a hard time controlling my child. ___________________________
10. My child interferes with my activities. ___________________________
11. I resent my child. ___________________________
12. I think my child is terrific. ___________________________
13. I hate my child. ___________________________
14. I am very patient with my child. ___________________________
15. I really like my child. ___________________________
16. I like being with my child. ___________________________
17. I feel like I do not love my child. ___________________________
18. My child is irritating. ___________________________
19. I feel very angry toward my child. ___________________________

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20. I feel violent toward my child.
21. I feel very proud of my child.
22. I wish my child was more like others I know.
23. I just do not understand my child.
24. My child is a real joy to me.
25. I feel ashamed of my child.
APPENDIX C

Demographic Post Test

ID.#. ________________________________ Date: ______________

A. What is your marital status? (Circle your answer.)
   1. Married.
   2. Divorced.
   4. Widowed.
   5. Never Married.

B. What was your age at your last birthday? ______________________

C. List your children's age and sex. (Please circle the age of the child/children who were sexually abused.)

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
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<td></td>
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</tbody>
</table>

D. Employment status. (Circle your answer.)

   1. Full time.
   2. Part time.
   3. Homemaker.
   4. Unemployed.

E. Occupation.

   Your own. ___________________________________________________

   Your spouses. _________________________________________________

F. Level of education. (Please circle your answer and indicate the grade level, if appropriate.)

   1. Elementary school.
   2. High school.
   3. College.
   4. University.
   5. Other. (Please specify.) ________________________________
ID.#.

G. Were you sexually abused under age 16? (Please circle your answer.)
   1. Yes.
   2. No.

H. Who reported your child's sexual abuse to the CAS? (Please circle your answer.)
   1. You.
   2. A relative.
   4. Other (Please give details).

I. Has your husband/boyfriend physically abused you? (Please circle your answer.)
   1. Yes.
   2. No.

J. Have you suffered a debilitating illness during the last five years?
   1. Yes.
   2. No.

If your answer is "Yes", please provide details.
References


VITAE AUXTÓRIS

Jennifer Fraser was born in Gisborne, New Zealand. She completed her elementary education at Mangapapa School and graduated from Gisborne Girls' High School, with School Certificate, in 1963. In 1966 she completed her Certificate of Children's Dentistry at the School of Dental Nursing, Wellington, New Zealand.

She was enrolled at the University of Western Ontario from 1976 - 1980 receiving her Bachelor of Social Work in 1980. In September 1985, she entered the Master of Social Work program at the University of Windsor and is expected to graduate in the fall of 1986.

She was employed as a protection worker at the Children's Aid Society of Essex County in Windsor Ontario from July 1980 until August 1985. In September 1986, she will return to the Children's Aid Society of Essex County as an intake worker.