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MOTHERS OF SEXUALLY ABUSED CHILDREN AND THE CONCEPT OF COLLUSION

by

PATRICIA A. JOYCE

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment of the requirements for the degree of Doctor of Social Welfare, The City University of New York

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Abstract

MOTHERS OF SEXUALLY ABUSED CHILDREN AND THE CONCEPT OF COLLUSION

By

Patricia A. Joyce

Adviser: Irwin Epstein

This study reports the perspectives of clinical social workers on the mothers of sexually abused children whom they saw for treatment. The subjects were 15 masters-level social workers in an urban child treatment program. The study used qualitative methods based on grounded theory to examine professionals' social constructions of mothers of sexually abused children. The child's disclosure of incest provided the study's conceptual focus, since historically professionals constructed the "collusive mother," even though prior empirical research never supported maternal collusion or culpability for incest.

Respondents were interviewed for approximately one hour using a semi-structured interview guide; nearly one hundred hours of clinical case conferences were observed; and corresponding written treatment summaries were read and evaluated.

Findings revealed 1) that the political, social and fiscal context of agency clinical social work practice influenced respondents' constructions of mothers of sexually abused children; 2) that these clinical social workers ranked mothers along continua representing post-disclosure actions and beliefs, and used concepts derived from trauma theory to account for these; 3) the case conferences constituted social rituals with manifest and latent functions, with both functions affecting how clinicians constructed mothers. Implications for social work practice, administration, research and policy are discussed.

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Special thanks to Irwin Epstein; I wish everyone writing a dissertation could experience feeling smarter themselves through working with him.

For my past: in memory of my mother, Jean Lukins Joyce, my father, Michael Joyce, my father-in-law, Avedis Donabedian.

For my present and future: For Patrick, my son.

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CHAPTER ONE:
INTRODUCTION TO THE STUDY

PURPOSE

Despite current professional interest in child sexual abuse, mothers of incestuously abused children have been a poorly understood population. Until recently, professionals saw mothers as consciously or unconsciously giving consent to the abuse; mothers' denial of the abuse at the time of disclosure was often taken as proof of their "collusion" (Matchotka, Pittman, and Flomenhaft, 1967; Justice and Justice, 1979; Meiselman, 1979; Zuelzner and Reposa, 1983).

Over the past decade new studies challenge the collusion hypothesis as an explanation of the mother's role in incest (for example, Faller, 1988a, Gomes-Schwartz, et al., 1990; Joyce, 1997). This new research indicates that mothers of sexually abused children are a diverse population that cannot be generally characterized as collusive.

Social Workers and Mothers of Sexually Abused Children

To date only one study has examined social workers' attitudes and beliefs about mothers of molested children (Dietz and Craft, 1980). Dietz and Craft's study found that protective service workers believed mothers to be as responsible for the abuse as the offenders. Such attitudes were consistent with the professional literature at the time of the Dietz and Craft study, but they are not supported by new empirical studies.

The purpose of this study is to contribute to theory-building about mothers of sexually abused children. The means: an exploration of social workers' perspectives on incest. The main, but not exclusive, goal of this exploration will be to understand the extent of social workers' current reliance on "collusion" in explaining mothers' behavior. In

this study, the child's disclosure of incest will provide a major empirical context for understanding whether professionals socially construct "the collusive mother." Consequently, the study will elicit and discuss social workers' responses to disclosure.

SIGNIFICANCE OF THE STUDY

This study aims at three contributions: 1) to enrich the detail of our knowledge concerning mothers in incest families; 2) to contribute to the development of social work theory about incest; 3) to promote more effective social work interventions with mothers of sexually abused children.

Social workers in agency practice are a potentially rich source of information about the mothers they work with so closely. How do social workers view mothers of molested children in the light of new research? In interpreting mothers' reactions to incest disclosure, do they still rely on the collusion hypothesis? If the "collusive mother" was not socially constructed, have social workers constructed a new type of mother to replace that earlier construction? Do social workers view mothers as culpable, somehow responsible for incest? Do they picture mothers as victimized, unable to protect their children? Are there significant characteristics of mothers that have not yet been identified by research? How do workers' perceptions of mothers accord with or differ from the mothers' own perceptions? Specifying the constructions will add to clinical knowledge about mothers, and about incest.

This study is based on the theoretical and research literature on incest. Because the term "collusion" arose in theoretical and clinical studies of father-daughter incest or "father-figure"-daughter incest (i.e., stepfather, mother's boyfriend), the review will be limited to these types of incest, and will not include extrafamilial incest.

Chapter Two reviews the theoretical literature, examining "collusion theory" through a description and analysis of conceptual frameworks for incest: how they portray mothers and account for their behavior.

Chapter Three reviews empirical literature along three categories developed by Gomes-Schwartz et al. (1990), with an ultimate emphasis on the disclosure event: 1) the mother's psychological development and personality characteristics, 2) the mother's response to disclosure, and 3) the mother's relationship with the victimized child.

Chapter Four presents 1) findings from the treatment literature on mothers of sexually abused children, and 2) studies of professionals' perspectives on such mothers. It will conclude with an expanded discussion of disclosure as the context in which the "collusive mother" is constructed. Tables summarizing the literature are attached.

Chapter Five outlines methodology and implementation, using the literature on social construction of social problems as a theoretical underpinning for the research methods. The study's method, implementation, and constraints are discussed. Areas of inquiry and methods of analysis will then be addressed.

Chapters Six, Seven, and Eight present the study's central findings. Chapter Six discusses findings from case conference observations related to how the context of practice influences the construction of mothers. Chapter Seven presents findings from individual interviews with respondents about their perspectives on mothers' reactions to disclosure. Chapter Eight addresses how the interaction of writing the treatment summary, reading it and discussing it in case conference creates the total construction of the mother

of a sexually abused child, examining one case in detail. Chapter Nine summarizes and discusses implications for social work research, practice and policy and administration.

CHAPTER TWO:
LITERATURE REVIEW AND THEORY DEVELOPMENT

PART ONE:
THE CONCEPT OF COLLUSION--A HISTORICAL REVIEW

INTRODUCTION

The past fifteen years have witnessed an explosion of popular and professional interest in child sexual abuse. Much work has attempted to develop theoretical, clinical and research knowledge for practitioners. (Herman, 1981; Finkelhor, 1984; Ward, 1984; MacFarlane, 1986; Russell, 1986; Vander Mey and Neff, 1986; Sgroi, 1988; Faller, 1988; Haugaard and Reppucci, 1988; Gomes-Schwartz, et al., 1990; Faller, 1990; Friedrich, 1991; Patton, 1991). Research has focused on the child victims of sexual abuse or on the perpetrators. (Groth, 1979; Finkelhor, 1984; MacFarlane, 1986; Russell, 1986; Vander Mey and Neff, 1986; Gomes-Schwartz et al. 1990; Patton, 1991). Until recently little direct research has centered on the mothers of sexually abused children (E.g., Myer, 1985; Russell, 1986; Sirles and Franke, 1989; Gomes-Schwartz et al., 1990; Wagner, 1991).

Despite the previous absence of significant empirical findings, there have always appeared speculations in the clinical and theoretical literature as to the mother's contributory role in sexual abuse. Usually these speculations have been presented as unassailable facts. In fact, some clinicians still see the mother as more the villain in the incest scenario than the perpetrator (Machotka, Pittman, and Flomenhaft, 1967; Zuelzner and Reposa, 1983; Tinling, 1990), even though clinical work with mothers frequently contradicts the accepted view of them as collusive. This three-way disjunction--between clinical experience, the theoretical and treatment literature, and ongoing clinical thinking--

is striking, and suggests the need for an alternate conceptualization. The historic shortage of research on mothers themselves may have contributed to a skewing of clinicians' understanding of mothers, and an uncritical acceptance of collusion as an explanation.

Research on adult survivors of child sexual abuse supports the mother's role in protecting a child from sexual victimization (Finkelhor, 1984). In a study of adult survivors, support by nonabusing parents at disclosure was shown to ameliorate the negative effects of childhood sexual victimization (Wyatt and Mickey, 1987). Incest survivors who believe their mothers knew of the abuse exhibit elevated signs of psychological disturbance on three scales of the MMPI (Scott and Flowers, 1988). On the other hand, lack of maternal support at disclosure of incest has been associated with foster care placement and greater psychopathology of victims (Everson, et al., 1989).

It is significant to note that recent treatment approaches have been in advance of theoretical writing and research on mothers of sexually abused children (Hildebrand and Forbes, 1987; Strand, 1990; Strand, 1991; Hagood, 1991). The more empathic tone of these articles indicates that feminist approaches to be reviewed below have succeeded in sensitizing some clinicians to mothers.

A search of the literature reveals that, until the decade, there has been little direct research on mothers of sexually abused children, even though numerous theoretical and clinical pieces have either focused on mothers of sexually abused children or featured extensive discussion of them within a more general treatment of sexual abuse.

This chapter is divided into three sections. The first section discusses the roots of collusion theory. Sections Two and Three analyze the origins of collusion theories along two dimensions. The first is the dimension of indicators: the behaviors clinicians take as

evidence of collusion. The second is the dimension of causes: the explanations clinicians construct for the collusion they perceive. This second dimension will be analyzed further by examining the sources of explanatory models for collusion in family systems theory and psychoanalytic thought. In addition, feminist perspectives on mothers will be explored to understand the alternatives they offer to collusion.

SECTION 1: COLLUSION--THE ORIGIN OF AN IDEA

"Collusion" has been widely used to describe the mother's role in the development of sexual abuse within the family and to explain her attitude toward the child upon disclosure of the abuse. Tracing the use of the concept in different fields will deepen the analysis. Collusion in a broad sense is defined as

> a secret arrangement or conspiracy between two or more persons to defraud another person or to obtain, by deceiving a court, something to which they are not legally entitled. It implies the use of fraudulent means or the use of lawful means for an unlawful purpose.
> (New Grolier Multimedia Encyclopedia, 1993)

In this root definition collusion is conscious and intentional. The term is used in the strict sense in economics, sociological and political science literature, in which it illuminates such phenomena as price-fixing or certain social exchanges, such as Polish collusion with the Nazis during World War II (See e.g., Gilderbloom, 1989; Kofman and Kawarree, 1993; Brumberg, 1994). In these instances collusion retains its original meaning of conscious intent to defraud.

In the psychological, psychotherapy and social work literature collusion takes on a more ambiguous meaning. Pinderhughes uses collusion to account for how clients and clinicians avoid directly confronting issues of race, power and ethnicity (Pinderhughes,

1989). A study of chronic pain patients and their spouses uses collusion to account for dysfunctional relationships that contribute to maintaining the chronic pain role (Delvey and Hopkins, 1982). These authors state that collusion

> is said to occur when unconscious contracts or agreements between two parties control the roles that each assumes in the relationship. The agreements that comprise collusion are always both reciprocal and equitable. One party unconsciously agrees to assume certain roles in exchange for an agreement of equal sacrifice from the other party. As these contracts become more numerous, demanding, and restrictive, dysfunction in one or both of the parties is more likely to be seen.
>
> (Delvey and Hopkins, 1982, p. 132, italics mine)

Clearly in this instance collusion does not imply a conscious intent to defraud, as in the original definition, but refers to tacit emotional arrangements between two parties, in which they each obtain needed gratification for themselves through some hidden interpersonal process, one hidden even from their own consciousnesses.

In the incest literature it can be argued that collusion retains at different instances both its unconscious and conscious definitional aspects. Collusion is described in the incest literature as the mother's conscious or unconscious awareness of the abuse prior to disclosure, with her initial denial of the abuse upon disclosure taken as evidence of collusion (Faller, 1988a). In examining the use of the collusion concept to explain the actions and attitudes of mothers of molested children, it will be important to keep in mind that unconscious collusion at times is described, evaluated and judged as if it were the conscious, intentional type.

This section will review studies that have developed theories of collusion through a description and analysis of mothers' behavior in incest families. Theoretical papers referring to collusion by mothers of sexually abused children will be analyzed along two

broad dimensions: 1) behaviors taken as indicators of collusion, and 2) causes adduced to explain the above behaviors.

Within the first, behavioral dimension, the categories fall into two broad types: a) maternal behaviors that encourage or facilitate the incest, and b) maternal reactions to disclosure (i.e., disbelief, blaming the child) that are alleged to reveal both mother's disconnection from the child's needs and mother's inability to protect the child.

Within the second, explanatory dimension, the categories fall into a) "atheoretical" explanations; b) explanations drawn from psychoanalytic theory, c) explanations drawn primarily from family systems theory, and the intergenerational theory of incest, which links conceptually with family systems theory.

SECTION 2. THE BEHAVIORAL DIMENSION: BEHAVIORS TAKEN AS INDICATORS OF MATERNAL COLLUSION

This section will examine how theoretical papers identify specific behaviors of mothers of molested children, taking them as evidence of mothers' collusion in the abuse, or as encouraging or facilitating the incest. While these papers often provide useful insights into the dynamics of incest, they have cumulatively constructed a collusive image of mothers. It is important to note, before continuing, that this chapter reviews clinical and theoretical literature spanning over forty years; we do not see the pejorative tone of many earlier papers in more recent empirical work on mothers of sexually abused children, to be reviewed in Chapter Three. However, child sexual abuse clinicians and researchers still hotly debate this earlier work's impact (Barrett, 1993; Birns and Meyer, 1993; Garbarino, 1993).

Until quite recently collusion has been assumed in discussions of the mother's personality characteristics, behavior at disclosure, and relationship with the victimized child. For example, a literature review states:

> Mothers may be collusive, oblivious, helpless, or denying.
> Many researchers have suggested that mothers of incest victims typically have unmet childhood needs, are hostile and frigid, and are passive and subservient in relation to their husbands. They are often described as playing a martyr role.
> (Vander Mey and Neff, 1986, p.71)

The above review, though dating from the 1980's, uses studies from the early 1970's and even earlier and does not question whether clinical experience is consistent with theory underlying such research. As recently as 1990, one author still describes the mother as a "significant other" in perpetuating the incest by giving it her unconscious sanction. The paper fails to cite any direct research on mothers themselves (Tinling, 1990).

Early psychoanalytic perspectives on incest focused on the victim's alleged complicity rather than on the incest perpetrator or the non-offending parent (e.g., Bender and Blau, 1937; Sloane and Karpinski, 1942). Only with an acknowledgement of incest's traumatic effect on the victim did attention shift to understanding how incest develops in the family, a shift that included a focus on mothers of sexually abused children.

An early, influential paper that bridges psychoanalytic and family system formulations describes the mother as unconsciously acting out her own unresolved Oedipal wishes through her daughter. More importantly, the mother's unresolved "pathologic interaction" with her own mother was displaced onto the daughter (Kaufman, Peck and Tagiuri, 1954, p.270). With the advent of family systems theory and its application through family therapy, the focus further sharpened on the mother, and her perceived role in initiating and sustaining the abuse. This shift in focus paralleled the shift

in theorizing about mental illness to the so-called "schizophrenogenic mother," who was said to induce schizophrenia in her offspring through either excessive emotional distance or overinvolvement. The concept of the "schizophrenogenic mother" has now been thoroughly discredited, though it lasted nearly 25 years as an accepted explanation for schizophrenia (Neill, 1990). It remains to be seen whether the "collusive mother" in child sexual abuse will have as long a life span.

1. Mothers' abandonment of roles leads to role reversal with daughter.

A key category of behavior thought by clinicians to indicate collusion is the mother's abandonment of "essential domestic and sexual aspects" of her roles as wife and mother (Machotka, Pittman and Flomenhaft, 1967). Her forsaking these roles is thought to "facilitate" incest. Specific behaviors include 1) refusing sexual intercourse with her husband (Lukianowicz, 1972; Goodwin, 1981; Gutheil and Avery, 1977; Sgroi, Blick and Porter, 1982; Zuelzner and Reposa, 1983), and 2) feeling overwhelmed by her maternal duties and insisting that the daughter assume major household tasks (Kaufman, Peck and Tagiuri, 1954; Eist and Mandel, 1968). The mother's desertion of her maternal role may be evidenced when the mother goes upstairs to stay with her own mother when her husband has been drinking (Kaufman, Peck and Tagiuri, 1954). A paper that models incest as a family defense against loss cites a mother taking her children impulsively to California as a significant etiological factor in overt father-daughter incest. The incest allegedly ensured that such a traumatic separation, due to mother's abandonment of her wifely role, would never occur again (Gutheil and Avery, 1977).

These authors posit that the mother's failure to meet her husband's or partner's sexual needs forces him to seek solace with her daughter. Moreover the mother's role

reversal with her daughter leads to the latter's parentification: it forces the young girl "into the position of being mother to the mother and sexual partner to the husband" (Machotka, Pittman and Flomenhaft, 1967, p. 111). The perception of mothers as contributing to the incest's etiology through role reversal with her child persists in more recent works (e.g., Alexander, 1985).

2. Reactions to disclosure and prior knowledge of incest.

The second broad category of maternal behaviors taken as evidence of collusion relates to mothers' reactions to disclosure and to their knowledge of the incest before the victims' disclosure. One group of authors alleges that some mothers simply refuse to believe at all, and that most mothers know "consciously or unconsciously," that the incest exists (Sgroi, Blick and Porter, 1982, p. 29). They do not specify what they mean by "unconscious" knowledge.

The mother's denial of the incest makes her collusion possible (Machotka, Pittman and Flomenhaft, 1967; Gutheil and Avery, 1977). Collusion cannot exist without the mother's denial that the incest has occurred, either when her daughter tells her privately or when she makes a public disclosure.

The mother's knowledge of the incest can take more than one form. For example, she may know the abuse is occurring, but fail to protect the child in the home and fail to report it to the authorities (e.g., Alexander, 1985; Anderson and Shafer, 1979; Lukianiowicz, 1972; Machotka, Pittman and Flomenhaft, 1967; Sgroi, Blick and Porter, 1982). In another scenario, the mother may know of the incest, decide not to report it, but try to prevent re-occurrence by keeping the offender from having unsupervised contact with the child (Sgroi, Blick and Porter, 1982). The mother may also ignore "hints" that the

abuse is happening--hints in the form of inappropriate behavior between victim and perpetrator (Gelinas, 1987; Gutheil and Avery, 1977; Sgroi, Blick and Porter, 1982; Zuelzner and Reposa, 1983). In all cases authors see these actions as collusive--they allow the incest to continue.

SECTION 3. THE "CAUSAL" DIMENSION: EXPLANATIONS ADDUCED TO ACCOUNT FOR COLLUSIVE BEHAVIORS

This section will examine researchers' specific explanations for collusive behavior, and will analyze the theories, explicit or implicit, that clinicians use to construct their rationale for mothers' behavior. While some of the factors identified in these papers may indeed be contributory to an incestuous environment, the papers themselves have been contributory to the characterization of the collusive mother. Some of the papers are "atheoretical;" others draw on psychoanalytic theory; some draw primarily on family systems theory. The section will also explore the intergenerational theory of incest.

1. Mothers' general inadequacy.

One explanatory category that has persisted from early work on incest, and that does not easily fall into any one established theory is the mothers' overall deficiency as humans, and their subordination to their domineering husbands (e.g., Kaufman, Peck and Tagiuri, 1954; Lustig et al., 1966; Sgroi, Blick and Porter, 1982; Sloane and Karpinski, 1942). One author describes mothers as "hard, careless in dress and personal appearance, infantile, extremely dependent and intellectually dull" (Kaufman, et al., 1954, p. 269). Another work asserts that mothers of molested children

> have poorly developed social skills, few friends or outside interests and in general, little aptitude for developing and maintaining a relationship. More often than not, they lack everyday living skills as well and cannot drive, handle money,

> balance a checkbook, interact with the retail business world as consumers, and so forth.
>
> (Sgroi, Blick and Porter, 1982, p. 29)

In other words, mothers collude because they do not possess basic inborn capacities to function in the world.

2. Psychoanalytic explanations for collusion.

Some theoreticians account for mothers' collusive behaviors by ascribing them to mothers' unresolved Oedipal conflicts or incestuous longings (i.e., Gutheil and Avery, 1977; Lustig, et al., 1966). They assert that the mother failed to work through her desire to possess her father sexually, and therefore she vicariously acts out through encouraging her daughter to meet her husband's or partner's sexual needs. These same authors believe that mothers' rigid character structures also contribute to collusion--their "defensive operations were rigidly geared to protect them from confronting their inadequacy as women" (Lustig, et al., 1966, p. 31). Also consistent with a psychoanalytic perspective is the position that mothers are "psychologically inseparable" from daughters, engaging in ego fusion with them (Lustig, et al., 1966, p. 38).

3. Family systems perspectives on mothers.

This section will examine the origins of the collusion hypothesis in the family therapy literature. Family systems theory's positing of circular causality frequently removes responsibility for the abuse from the offender, and places it on the victim's mother. Family systems theory has been asserted by some clinicians to offer a less blaming and stigmatizing way to think about human behavior than psychodynamic theory. Its application to mothers of sexually abused children contradicts this assertion. Many speculations in family systems theory about mothers stem from early works emphasizing

the non-participant's role in incest (Kaufman, Peck and Tagiuri, 1954; Machotka, Pittman and Flomenhaft, 1967), specifically that the mother "is the cornerstone in the pathological family system" (Lustig, et al., 1966, p.39; Machotka, Pittman and Flomenhaft, 1967, p.100). A study of father-daughter incest in Northern Ireland views mothers as encouraging the incest by frustrating their husbands sexually and placing their daughters in a maternal role (Lukianowicz, 1972). In the late 1970's a paper asserted that the "mother is pivotal in the establishment of the father-daughter incestuous bond" in that she encourages father-daughter sex to relieve herself of wifely sexual obligations (Gutheil and Avery, 1977, p.113).

One more recent work which discusses mothers at length describes them as "dependent women who have adopted a masochistic stance and whose self-image is extremely low due to undifferentiated relationships with their own mothers, characterized by rejection and hostility" (Zuelzner and Reposa, 1983, p.103). It approvingly refers to an earlier author who views mothers as "incest carriers" whose "fear of intimacy may cause long-term problems with sexual identity and sexual responsiveness, which frustrate the husband" (p.104). The authors see collusion as the norm in incestuous families, maintaining the marital bond and keeping the family together.

The study is based on the authors' clinical experience and both family systems theory and some psychodynamic theory. Moreover the authors' theoretical assertions are taken as needed from family systems and psychodynamic viewpoints without examining whether such viewpoints are consistent with one another.

A more theoretically consistent description of characteristics of mothers from a family systems perspective is presented by Gelinas in an article on the characteristic

constellation of incestuous families (1987). Focusing on father-daughter-incest from a theoretical and clinical point of view, Gelinas addresses collusion in the context of a deeply entrenched pattern--"mother's relationally avoidant stance and emotional depletion may mitigate against her pursuing information to uncover the incest. Father is rarely willing to disclose the sexual abuse and usually actively works to maintain the secrecy surrounding it, often by further splitting daughter from mother" (p.28).

Though clearer and more sound conceptually than Zuelzner and Reposa's account, Gelinas still assumes that mothers in cases of father-daughter incest form a homogeneous group about which one can make broad generalizations.

4. The intergenerational hypothesis.

Closely related to family systems speculations about incest is the intergenerational hypothesis, which posits a parental, and especially a maternal history of childhood sexual abuse as predisposing to incest.

An early precursor of the intergenerational hypothesis is Kaufman, Peck and Tagiuri's formulation of the mother's unresolved hostility at her own mother as a significant factor in initiating and sustaining her daughter's abuse. Kaufman et al. paint a picture of mothers who were literally deserted by their fathers and blamed by their own mothers for that desertion. This unresolved hostility leads to the maternal role abandonment and parentification of the daughter discussed above, and ultimately to the incest:

> These mothers then displace onto this chosen daughter all the hostility really felt for the maternal grandmother. They forced this daughter to become their confidante, helper with the other children, and adviser. They relinquished their responsibilities as parents so that they, in effect, became daughters again, and the daughter a mother.

(Kaufman Peck and Tagiuri, 1954, p. 270)

Though Kaufman et al. do not explicitly discuss the link between a mother's incest history and her child's victimization, their work lays the foundation for the fuller construction of the intergenerational hypothesis, by locating the source of the pathology leading to abuse in the mother's family history.

It is essential to note that this intergenerational "faulty mothering" hypothesis coexisted with the incestuous intergenerational hypothesis, and many authors discussed it extensively as a primary etiological factor in the incest (Eist and Mandel, 1968; Gelinas, 1987; Gutheil and Avery, 1977; Lustig et al., 1966; Zuelzner and Reposa, 1983).

When there is a family history of incest, one paper posits, girls grow to be mothers whose own children are more likely to experience physical and sexual abuse (Goodwin, et al., 1981). Only recently have extensive data been gathered on this subject (Faller, 1989). In a clinical sample of 154 incest cases Faller found that 49% of mothers had "experience" of sexual abuse in their families of origin, though some were not victims themselves, but had siblings who were abused. The incidence of sexual abuse history was broken down by type of offender in the current incest occurrence: when biological fathers were perpetrators, 49% of mothers had some family history of child sexual abuse; when stepfathers/long-term live-in partners offended, 69.6% of mothers had family sexual abuse histories; when non-custodial fathers offended, only 23% of mothers had family sexual abuse histories (Faller, 1989). Though the study concludes that it would be fruitful to explore further the potential connection between incest and family of origin sexual abuse in parents of sexually abused children, the author cautions against accepting the findings uncritically, since the sample is not representative of sexual-abuse family dynamics in a

nonclinical population. Moreover, the study does not distinguish between mothers who were actual incest victims and those who merely knew that siblings were being abused. The dynamics of actual victim status versus awareness of incest could be quite different, and whether either plays some contributory role in incest occurrence is speculative.

Much work remains to be done to establish a connection between incest occurrence and prior incest history in the victim's mother. Moreover, the faulty mothering intergenerational hypothesis must be critically examined, especially in light of research that questions the link between poor mothering and family or individual pathology. Feminist research on mothers in incest families particularly challenges the faulty mothering hypothesis.

5. Feminist perspectives on mothers of sexually abused children.

The feminist perspective taken by some researchers puts less emphasis on the mothers' individual psychology and personality and more on the societal forces which keep her oppressed, and hence sees her role vis-a-vis incest as shaped by these forces (e.g., McIntyre, 1981). Feminist thought questions many of family systems theory's unspoken assumptions about mothering in incest families.

While acknowledging that some mothers may have personality disorders, Herman, in her work on father-daughter incest, states: "Maternal collusion in incest, when it occurs, is a measure of maternal powerlessness" (Herman, 1981, p.49). In a study of 40 incest survivors in psychotherapy she gathered information on their mothers. Fifty-five percent of them were ill enough to need hospitalization or to be invalids at home. Repeated childbearing, with an average of 3.6 children in their families, compared to the national mean of 2.2, could have led to physical suffering and exhaustion from caring for many

small children, which would have made it extremely difficult to break with an offender (p.77). In a later work Ward basically restates Herman's argument, adding the conjecture that mothers sense they will be blamed by child protective, legal and mental health agencies for the abuse (Ward, 1984).

Herman's conclusions provide a fuller and more complex explanation for the mothers' characteristics and behavior, but it is questionable to generalize about mothers viewed through the prism of their daughters' recollections. The remembrances are valid as perceptions (and useful for treatment of survivors), but they tell us more about the victims than about the mothers.

Wattenberg reviews and critiques previous theoretical and research literature on the role of the mother in father-daughter incest and states that collusion is a constructed "myth", created by poor research carried out within a patriarchal system which attacks and blames mothers for the offenders' crimes. She asserts that "causal inferences" about collusion "are made from scarce documentation and ill-defined concepts" (Wattenberg, 1985, p.204). She questions the ascription to the mothers of "personality traits and sexual inadequacies that allegedly provoke the incest," and the "indictment of the mother for not fulfilling traditional roles, particularly those of a sexual nature" (p.206). She posits the feminist perspective as an antidote to purge the misconception of collusion. Wattenberg emphasizes that a feminist point of view must allow for the complexities of human behavior, such as individual character traits and personal histories. In a more recent paper Schonberg reviews "anti-mother" and "pro-mother psychological literature," concluding, like Wattenberg, that patriarchal forces shape how professionals view mothers (1992).

Much of the feminist critique aims at modifying perceptions shaped by family systems theory. In a paper that formulates a feminist theory of child sexual abuse MacLeod and Saraga examine how traditional, unexamined beliefs about motherhood pervade the discourse about mothers of molested children. While urging against replacing collusion with mother idealization, they assert that child sexual abuse is part of a spectrum of male violence against women and children. The social and political context shape both mothers' behavior and professionals' speculations about mothers (MacLeod and Saraga, 1988). Picking up on this theme Gavey et al. claim that family treatment will always scapegoat mothers unless clinicians include "the larger socio-political context in which the family is embedded" (Gavey, Florence, Pezaro and Tan, 1990, p.3). To feminists, personality characteristics of mothers that appear pathological to others are really the result of powerful societal forces, shaped by patriarchy (James and MacKinnon, 1990). Jacobs looks at mothers using clinical data from an incest treatment group of 12 teenage victims (Jacobs, 1990). Though the article focuses on the perceptions of mothers by daughters, it provides an explanation for why mothers become targets for rage and blame. Jacobs uses a feminist reinterpretation of object relations theory to look at the family as the mothers' realm of emotional power (though not economic or social power), in which incest is experienced by the victim as a betrayal by the mother as much as by the father. Again, as in Herman's study, we see the difficulty with viewing mothers through their daughters' retrospective perceptions.

Russell, in a study of 152 incest victims (both father-daughter and other types), discovered that some victims were also mothers of children who had in turn been sexually abused. She presents two case studies and uses the feminist model to examine issues of

power and control, stating that mothers who collude are often victims themselves. She critiques the family dynamics theory of incest which places responsibility on all family members, since it implies an acceptance of the patriarchal family as appropriate and healthy (Russell, 1986).

Cammaert, in a review article, looked at assessment data and compared it with the clinical literature on nonoffending mothers. She found the data only weakly supported clinical descriptions of mothers as collusive, disturbed, lacking social skills, or failing to fulfill wife and mother roles. She ascribed the mothers' negative personality characteristics to the families' stressed and violent environments. Like Herman and Ward, Cammaert sees collusion as a measure of powerlessness. Her alternative conceptualization is based on the low status of women and the status of the marital relationship (Cammaert, 1988).

The feminist critique offers a powerful corrective to unquestioned assumptions about gender roles in the family. However, the primary focus of many feminists on the social and political context of incest led, until recently, to an ironic similarity with the family systems authors and psychoanalytic thinkers. Though they came to different conclusions, each fell into the trap of their own particular determinism. For the feminists reviewed here, mothers may not "collude" per se, but they were seen as helpless and unempowered victims incapable of protecting their children. Direct empirical studies (to be reviewed in Chapter Three) do not support the picture of mothers as passive and subservient. It is surprising that the literature review did not reveal studies from the "second-wave" feminists who might have addressed the double bind of oppression wherein mothers were held responsible for perpetrators' behavior. The feminist studies of mothers of sexually abused children reviewed here viewed mothers as a homogeneous group and

set out patriarchal-power relationships as fully explanatory of mothers' behaviors. Family systems authors see mothers colluding due to invariant interactional and communicational patterns in the immediate family and the mother's family of origin. Psychoanalytic thinkers see mothers colluding due to invariant unresolved psychic conflicts.

SECTION 4. SUMMARY

In summary of this chapter, none of the three main theoretical approaches--psychoanalytic, family systems, and feminist--view mothers as social actors whose behavior is multiply determined by a complex of intrapsychic, familial and social forces. In constructing a complete characterization of mothers, much remains to be examined.

What follows, in Chapter Three, includes a review of empirical papers concerning mothers' reactions to disclosure of incest. Why is disclosure such a key event in the construction of the collusive mother? Disclosure is critical both for the mothers of incest families, and for professionals, who use collusion concepts to explain mothers' behavior around the disclosure event.

In the disclosure event, clinicians historically found evidence for collusion in the mother's refusal to believe the victim and in her blaming the victim. Mothers who did believe the victim were described as having had "unconscious" knowledge of the abuse, and having ignored hints of its occurrence. At disclosure mothers were depicted as having abandoned their wifely and maternal roles and having parentified their daughters.

In addition, these mothers were characterized as facilitating the incest on account of: 1) their own unresolved anger at their mothers, 2) their own unacknowledged incest history, 3) their unresolved Oedipal longings; 4) their rigid defense structures, 5) their general inadequacy as human beings.

Clearly disclosure is a defining event around which professionals create accounts of mothers' behaviors and reasons for those behaviors. Consequently, the disclosure event will be the empirical focus of this study; this calls for a review of the prior empirical literature concerning disclosure and its relation to the collusion concept.

CHAPTER THREE:
LITERATURE REVIEW AND THEORY DEVELOPMENT

PART TWO
THE MOTHERS AND THEIR RESPONSES TO DISCLOSURE

INTRODUCTION

This chapter reviews empirical research on mothers of molested children along three dimensions. These findings cumulatively challenge collusion as a comprehensive explanation of mothers' behavior. Section One reviews the mother's psychological development and personality characteristics; Section Two examines empirical studies on mothers' reactions to disclosure of incest; Section Three considers the mother's relationship with the victimized child.

SECTION 1. THE MOTHER'S PSYCHOLOGICAL DEVELOPMENT AND PERSONALITY CHARACTERISTICS

Recent work: a challenge to collusion.

In the mid-1980's more empirical studies of mothers' personality characteristics appeared in the literature. Some researchers' interests in mothers of molested children evolved from feminist beliefs about gender roles in the family. More variety in descriptions of the mothers appeared, and alternate reasons for collusion were offered. Ultimately collusion itself was questioned as the sole explanation for the attitudes and behavior of mothers of sexually abused children. Table 1summarizes recent studies on mothers' personality characteristics (Appendix A).

Recent studies illustrate how diverse is the population of mothers of molested children. Wald, et al. (1990) administered Rorschach tests to 28 mothers from a social

support group for family members of incest victims, and compared results to Rorschach records of 28 women, matching for age, education, SES and motherhood. They found the incest mothers displayed significantly greater weaknesses in reality testing, higher levels of depression and greater interpersonal guardedness. While cautioning about the study's methodological weaknesses (i.e., the control group was not entirely well-matched, as they had not been known to social service agencies; the target group may not be representative of the general population of all mothers of sexually abused children), Wald et al. conclude that their findings have "some consistency with descriptions of the mothers of incest victims found in the case history literature" (Wald, et al., 1990, p.423).

By contrast, Dadds, et al. concluded that incestuous families were "not marked by frank psychopathology" in their study of incestuous fathers, female victims, and non-offending mothers in a sexual abuse treatment program, all of whom answered a number of self-report psychometric assessments (Dadds, et al., 1991, p.582). Mothers of victimized children did perceive their families as significantly lower on measure of cohesion, expressiveness, and active-recreational orientation than did mothers in the control group. There was no difference between target and control couples in "level of marital adjustment and reported satisfaction", contradicting past researchers who posited marital discord and the wife's sexual refusal as leading to the abuse (Dadds, et al., 1991, p.584).

In a study which examined MMPI scores of 26 incest offenders, their wives, and a control group, Groff found results did not "confirm previous characterizations" of mothers of sexually abused children "as withdrawn, depressed, dependent, and inadequate", as mean scores on related MMPI scales all fell within average ranges (Groff, 1987, p.95). An

earlier study examining MMPI profile constellations in incest families found that mothers (n=44) scored in nonpathological ranges, and concluded that "in most cases it is not psychopathology that produces incest but incest that produces psychopathology" (Scott and Stone, 1986, p.367).

To test the hypothesis that mothers of sexually abused children (and especially mothers of incest victims) would display greater personality deviance than mothers of nonmolested children, Peterson, et al. administered the Clinical Analysis Questionnaire to 40 mothers (13 mothers of incest victims, 15 mothers of teacher-molested children, and 12 mothers of nonmolested children). There were few differences found between mothers of incest victims and mothers of teacher-molested children, challenging the belief that mothers in incest families have severe personality difficulties that lead them to somehow encourage the abuse. Mothers of sexually abused children scored lower than mothers of non-molested children on the intelligence scale, but there was no significant difference on any other scale measuring normal functioning. Though mothers of molested children did score higher than controls on seven scales of personality deviance, their scores did not fall into a pathological range, and the authors assert that therefore the scores should not be taken as evidence for collusion, since such symptoms could well be a "product of the abuse rather than a cause" (Peterson, et al., 1993, p.415).

In a recent paper, Wagner reported on depression in a population of mothers who brought their sexually abused children for a psychological evaluation at a university outpatient clinic. The Beck Depression Inventory was administered to a total of 104 women, 32 (31%) of whom brought their intrafamilially abused children for evaluation, 26 (25%) of whom brought their extrafamilially abused children for evaluation, and 46 (44%)

of whom sought treatment for nonabused children due to a number of behavioral problems. Wagner concludes that "when taken as a group, mothers who bring their sexually abused children for a clinic evaluation exhibit no higher level of depressive symptoms than do mothers who seek psychological services for their nonabused children" (Wagner, 1991, p.102). Half (n=23, 50%) of mothers of nonabused children reported themselves as at least mildly to moderately depressed, while 34 (59%) of the 58 mothers of sexually abused children reported themselves such. Wagner cautions that his findings are limited in their generalizability, since the data may not be representative of all mothers of abused children. Wagner calls for more research to assess the possible relationship between the mothers' depression and their belief in the child's assertions.

In a recent study of mothers (n=99) whose children were evaluated for child sexual abuse, Deblinger et al. found that mothers' symptom distress was positively related to a perceived sense of aloneness about their child's victimization, along with a history of adult sexual assault (Deblinger et al., 1993). Thus what some have seen as mothers' personality problems may be in part reactions to exogenous factors.

In a large-scale study of mothers of sexually abused children (n=156), Gomes-Schwartz, et al. (1990), evaluated mothers' reactions upon disclosure of the abuse and inventoried their personality characteristics. The Millon Clinical Multiaxial Inventory, a standard self-report scale, was administered to mothers of all sexually abused children seen at a large medical center. The researchers developed five scales from the Inventory: 1) submission, 2) emotional lability, 3) social withdrawal, 4) reality distortion, and 5) negativism. Symptoms were grouped as major, minor or none. 21% of mothers had major symptoms of submission, 67% had minor symptoms, and 12% were asymptomatic.

This was taken to provide some support to the description of mothers as more passive and submissive than normal in the literature. 25% had major symptoms of emotional lability, 48% had minor symptoms, and 23% had none; mothers with major symptoms tended to abuse alcohol. 19% of mothers had major symptoms of social withdrawal, 48% had minor symptoms, and 19% were symptom-free. This was taken to confirm the view of incest families as isolated, though no comparison was made with a control population. 13% had major symptoms of reality distortion, 61% had minor symptoms, while 26% were asymptomatic. Mothers who distorted reality tended to abuse drugs. 15% had major symptoms of negativism, 31% had minor symptoms, and 54% were free of symptoms (Gomes-Schwartz, et al., 1990, pp.119-121).

Gomes-Schwartz et al. conclude that the data imply most mothers did not "have serious emotional problems that would immediately identify them as candidates for psychiatric treatment. In fact, only 18% had received prior psychiatric care" (p.121). Though most (88%) mothers had some symptoms of passivity or submission, it cannot be concluded from the data that "this style is either universal or a source of major emotional dysfunction in these mothers" (p.122).

The work of Gomes-Schwartz and colleagues contradicts much of the received knowledge about mothers of sexually abused children, and poses a particular challenge to the picture of these mothers as masochistic and dependent. However, the authors do not compare the characteristics of the sample with the population of all mothers.

In a recent study of ego development in nonoffending mothers of sexually abused children seen in group treatment, Wilson found that 85.7% scored in the middles stages of ego development as measured on a projective instrument (Wilson, 1995). Smith and

Saunders examined personality characteristics of both nonoffending mothers and father\perpetrators; their results failed to support the belief asserted in the clinical literature that mothers in incest families have personality traits that distinguish them from other mothers. Moreover they found no support for the claim that parental couples in such families involve the typical aggressive, domineering male and the colluding, passive mother (Smith and Saunders, 1995). Findings from these two studies contradict the earlier clinical and theoretical literature that paints the mother as a submissive woman whose poor ego development and rigid defense structure impair her capacity to support and protect her child.

Overall, the recent studies on psychological functioning and personality characteristics of mothers of sexually victimized children do not support the traditional collusion hypothesis. When these studies are examined in conjunction with the feminist analysis of mothers, avenues open to more comprehensive, less stigmatizing explanations of their behavior.

SECTION 2. REACTIONS TO DISCLOSURE

Until recently, researchers' views on mothers' reactions to disclosure of abuse were rooted in the collusion hypothesis. The mother's denial of the incest was seen as the norm and was taken as evidence of collusion (Gutheil and Avery, 1977; Sgroi, Blick and Porter, 1982). Even one paper which reported on maternal hospitalization (for physical illness) precipitated by disclosure of the abuse accepted the traditional depiction of mothers reported above (DeJong, 1986). Recent work reveals, however, that mothers respond to disclosure in a number of different ways. Table 2 summarizes recent studies on mothers' reactions to disclosure (Appendix A).

Myer presents a descriptive study of 43 of the mothers from the Gomes-Schwartz study (see above and below) who continued in long-term treatment. Her examination of their reactions to their children's abuse revealed that their initial responses fell into three categories: 1) 56% who protected daughters and rejected mates, including mothers who acted both with and without ambivalence, 2) 9% who did nothing, and 3) 35% who rejected daughters and protected mates, both with and without ambivalence (Myer, 1985). With ongoing treatment 33 of the 43 accepted that the abuse had occurred. Myer believes that denial is an initial defense (as in grief reactions), followed by "guilt, depression, anger, and, finally, acceptance" (p.55). 75% of mothers stated they did not know the abuse was occurring. 65% had themselves been sexually abused. The study confirms that mothers react variously to disclosure, that denial may not be pathological, and that mothers can respond to treatment. However, the population of the study is small, and drawn from a potentially unrepresentative sample: families referred for treatment by child welfare authorities.

The mother's choosing the offender over the victim after disclosure forms part of the traditional picture of the collusive mother. A study of factors associated with divorce in 128 incest cases at a child guidance center found that 48% of mothers separated from or divorced the offender. Families that broke up were more likely to have young child victims (eleven years and younger), and to suffer from domestic violence. In these families children were more likely to have disclosed the abuse first to their mothers and to have been believed by her (Sirles and Lofberg, 1990). These data conflict with the collusion hypothesis, which draws more on families with adolescent victims.

In a small study Gilgun interviewed 17 mothers, finding that frequently sexual abuse occurred for several years with only the offender and victim knowing about it. All mothers took some protective action upon disclosure (Gilgun, 1984).

In a much larger study, Faller reviews 171 cases of sexual abuse by three types of father figures using three variables that are theoretically linked with collusion: 1) mothers' protectiveness in response to learning of sexual abuse, 2) mother's relationship with victim, and 3) mother's dependency upon perpetrator, which will be discussed in Section IV. Variables were measured using 4- or 5-category Likert scales. Faller found that ratings on all variables correlated with the mothers' role relationships with the offenders: the closer the relationship between mother and offender, the less likely she was to be supportive to the victim and the more likely she was to be "collusive" with the offender. Faller asserts that these data did not strongly support collusion, since even mothers who had closer role relationships with the offender did "not on average fall at the substantially negative ends of the scales" (Faller, 1988a, p.194). It should be noted, however, that data gathered at the time of assessment may not reflect the mother's protectiveness during the abuse. Furthermore, Faller acknowledges that empirical testing of collusion poses problems, since it is difficult to conceptualize and operationalize (p.193). Finally, the sample came from cases referred by community agencies and legal authorities, which may omit responses of upper-income, upper-class mothers--whose families are able to avoid involvement with the authorities.

Using data gathered from an intrafamilial child sexual abuse treatment program at a child guidance center, Sirles and Franke examined factors influencing mothers' reactions to disclosure. The overwhelming majority of mothers believed their children (78%,

n=151), while 21.8% (n=42) refused to believe (Sirles and Franke, 1989, p.131). They found mothers most likely to believe if the abuser was an extended family member (92.3%), highly likely to believe if the abuser was the biological father (85.9%), and least likely to believe when the abuser was a live-in partner or stepfather (55.6%). Mothers also were most likely to believe their children when the abuse involved digital-genital contact (87% believed) or oral-genital contact (90% believed) and less likely to believe when the abuse involved genital-genital contact (70% believed), though even in this last case a large majority of mothers still believed their children. Mothers who were not home at the time the abuse occurred were more likely to believe (89.2%) than those who were in the home when the abuse took place (63.8%) (p.132). Mothers of pre-schoolers were more likely to believe (95%) than mothers of latency-age children (82.4%) or adolescents (63.2%). Mothers of physically abused children were less likely to believe (58.8%) than mothers of non-physically abused children. When the offender was an alcohol abuser mothers were less likely to believe (70.0%) than when he was not (88.2%) (pp.133-134).

Because of its relatively large sample size (n=193) this study can be generalized to the sub-population of mothers who bring their intrafamilially sexually abused children for clinic treatment. The study's support of the notion that most mothers believe their children renders the collusion hypothesis much less tenable. The breakdown of mothers' belief according to variables related to 1) type of abuse, 2) the child's age, and 3) role relationship between victim and offender makes it clear that mothers' reactions to disclosure are quite diverse. Broad generalizations about reactions to disclosure need to be refined and re-examined.

Studying 103 mothers who brought their sexually abused children for a routine medical follow up at a hospital's sexual assault center, DeJong found that 71 were supportive, meaning they believed the child and assigned responsibility to the offender. Thirty-two mothers were unsupportive, believing the child's allegations to be a lie, a misunderstanding or the child's fault. Of the 71 supportive mothers, 39 reported mood and behavior changes, such as appetite, sleep or somatic complaints or persistent crying. Most supportive mothers were pressing charges (79% of those with mood/behavior changes; 88% of those with no mood/behavior changes). Supportive mothers who reported no mood/behavior changes were less likely to seek counseling for themselves (6%) or their children (53%) than were supportive mothers with mood/behavior changes, who sought counseling for themselves (74%) and their children (88%) ($p<.001$) (DeJong,1988).

Gomes-Schwartz and colleagues devote considerable time to evaluating mothers' responses to disclosure, dividing responses into actions and attitudes. 82% of mothers protected the child either consistently or at least some of the time; 70% of mothers did not punish the child at all upon disclosure; 8% removed the offender from the home, though in 63% of their cases the offender was not living in the home. 90% of mothers displayed moderate or strong concern for the child; 56% displayed no or only slight concern for themselves, and 88% exhibited no or only slight anger toward the child (Gomes-Schwartz, et al., 1990, p.116).

Gomes-Schwartz et al. found some correlation ($r=.23$, $p<.05$) between emotional lability and reaction to disclosure. Labile mothers were more likely to express concern for themselves and to be angry at the child, but also to protect the child. Gomes-Schwartz and colleagues ascribe these seemingly contradictory findings to the "difficulties these mothers

have in modulating their feelings" (p.123). No other personality characteristic emerged as a consistent influence on mothers' reactions to disclosure. This study also found negative correlations between mothers' ability to voice concern for the child and their own poor relationships with their mothers ($r=-.23$, $p<.05$) and fathers ($r=-.32$, $p<.01$). A poor relationship with their own fathers also exhibited some negative correlation ($r=-.30$, $p<.01$) with ability to protect the child.

The mother's relationship with the offender influenced their response to disclosure, but not in the way put forth in the traditional literature (Gomes-Schwartz, et al., 1990, p.186). Mothers "were least protective and most angry and punitive toward the child when the abuser was not the natural father, but a stepfather or boyfriend" (p.117). This finding parallels that of Sirles and Franke about maternal belief, namely that mothers were least likely to believe the child's disclosure when the offender was a stepfather or live-in partner (Sirles and Franke, 1989). Gomes-Schwartz et al. hypothesize that mothers were more torn in such cases because these offenders may have offered economic or emotional support they had not had before. Mothers were less protective when the natural father was the offender, but were also less angry toward the child. 45% of such cases occurred when the fathers were living out of the home, which may explain the mothers' less punitive attitudes. Gomes-Schwartz et al. assert that the data also supported the notion that mothers who have better relationships with partners will experience more conflict upon disclosure (p.118). It would appear that incest can occur in families in which the relationship between wife and husband (or mother and live-in partner) is perceived as good by both partners.

The Gomes-Schwartz study provides a wealth of information for a better understanding of mothers. The study's mix of self-reports and clinical evaluations provides superior validity and reliability. However, mothers of children placed in foster care--along with African-American, Latino and lower class mothers--were less likely to participate in treatment or complete self-reports.

Elbow and Mayfield's review of 24 case records of father-daughter incest confirms the findings of Gomes-Schwartz et al. and Sirles and Franke. In this study, most mothers (83%, n=20) were found to believe their children and some (29%, n=7) did take protective action. Only 4 of 24 mothers refused to believe the allegations (Elbow and Mayfield, 1991). A larger study (n=99) found 84% of mothers believing victims (Deblinger et al., 1993).

Several recent studies fill out the picture of mothers' reactions to disclosure, and the impact disclosure has on mothers' functioning. DeYoung explores wife-versus-mother role conflict and subsequent coping strategies in a study of 20 mothers of molested children court-referred for incest treatment, finding that most experience high degrees of role conflict, and a statistically significant association between maternal coping by interpersonal strategies and less intrusive types of paternal incestuous acts ($N=20$, $p<.05$) (DeYoung, 1994a, p.79).

In a paper based on practice experience and the clinical and research literature, Howard uses a model of female identity development to explicate how mothers react to disclosure. Mothers in an initial stage, "passive acceptance" of traditional gender roles, are more likely "to defend against and overwhelming sense of inadequacy" over their alleged failure to prevent the abuse. Mothers in a second stage, "revelation," or questioning

accepted gender roles, are more likely to believe and support the victim, but may engage in dichotomous thinking that keeps them from being self-reflective, examining whether they may have ignored clues that the incest was occurring (Howard, 1993, p.179).

Newberger et al. investigated mothers' symptomatology (n=42) at three points in time: shortly after disclosure, and at 6 months and 12 months following recruitment. Initially, 55% of subjects scored in the clinical range on the Brief Symptom Inventory, a 53-item questionnaire assessing severity and presence of psychopathological symptoms (Newberger et al., 1993). One year later symptoms had declined significantly--evidence, the study claims, that disclosure is traumatic for mothers.

Qualitative studies on disclosure.

Qualitative research on mothers of sexually abused children adds nuance, depth and perspective not always reflected in the quantitative studies, and allows the mothers to speak in their own voices. In two such studies (Carter, 1993; Johnson, 1992) the mothers predominantly believed victims at disclosure, and found disclosure a traumatic event. A third qualitative study adds the concept of a continuum of belief by mothers at disclosure. Most mothers act in a manner consistent with full belief in their children, while mothers' self-reports show them in their private reflections moving among several levels of cognitive and emotional belief. (Humphreys, 1992).

Russell presents two case descriptions of mothers who confronted the abuser upon disclosure, protected their daughters, and described themselves as more upset by their daughters' abuse than their own. She also relates victims' recollections of their mothers' reactions to disclosure: her examples indicate that mothers do effectively confront perpetrators. She cites only one case of collusion as recalled by a victim, but ascribes this

to the mother's powerlessness. Russell's study adds depth and complexity to the picture of mothers, and contradicts the picture of mothers as passive and unempathic. Russell acknowledges the study's limitations, such as the absence of more of the mothers' own perspectives, which was due to the study's focus on long-term effects of childhood sexual abuse in adult survivors (Russell, 1986).

Hooper's recent book, based on a qualitative study of fifteen mothers of molested children, explores mothers' ongoing processes of coping with family relationships. She places their responses in the context of Gilligan's "ethic of care," in which women may bend rules in order to preserve essential relationships. All the mothers voiced horror over the incest, but were not always able automatically to choose actions that might best protect their children, given women's tendency to attempt to maintain relational connections with the offender and his family (Hooper, 1992). Another qualitative study found post-traumatic symptoms in many respondents, and mothers in "confusion and turmoil" many months after disclosure (Hubbard, 1989, p.36).

Interviewing twenty mothers in mandated incest treatment, DeYoung found less disbelief, less collusion, more protective actions and more shock and outrage, than described in earlier studies (DeYoung, 1994b). The mothers' recollections of their immediate (within one hour) reactions to disclosure reveals that there existed great variety in the behaviors mothers engaged in just after learning about the incest, from immediately taking the child to the emergency room and kicking out the offender, to leaving the house in shock, with the child left alone with the offender (DeYoung, 1994). Because of their small sample sizes, such studies cannot be generalized from, but do offer potential

hypotheses to be tested, and deepen our understanding of the social and interior worlds mothers inhabit.

Overall, recent studies of the reactions to disclosure of mothers of molested children reveal that a) an overwhelming majority (between 70-85%) believe their children's allegations, b) many mothers take some form of protective action, and c) mothers' feelings and actions after the disclosure are quite diverse. Qualitative studies on mothers suggest that reactions to disclosure may be a process, paralleling the notion of disclosure itself as a process. Such findings do not support the traditional picture of the collusive mother, who does not believe the child, chooses the offender over the child, and does not protect the child.

SECTION 3. THE MOTHER'S RELATIONSHIP WITH THE CHILD

Often a poor mother-child relationship has been taken as evidence of collusion (Machotka, Pittman and Flomenhaft, 1967; Zuelzner and Reposa, 1983). The mother's relationship with the child has often been viewed through the survivor's recollections (Herman, 1981; Russell, 1986; Jacob, 1990). Most abuse victims view their mothers with intense anger, contempt, and hostility, sometimes blaming mothers for the abuse more than the offenders (Herman, 1981; Jacob, 1990). Until the Faller and Gomes-Schwartz studies no large-scale research projects directly considered the mother's relationship with the child. Table 3 summarizes recent studies on this topic (Appendix A).

Faller's review indicated that mothers who were "no longer married to or living with the perpetrator have warmer relationships with their victimized children than those who live with the perpetrator (be he a stepfather or live-in partner) and those who are married to the perpetrator who is also the biological father" (Faller, 1988a, p.193). Faller

raises the question of whether women who share better relationships with their children prior to abuse disclosure may be able to react more protectively when made aware of the abuse.

In a study of communication patterns in incest families Levang's findings did not support the hypothesis that incest mothers were more rejecting of their daughters than either a clinical comparison group or a nonclinical comparison group. Findings did verify quite limited communication between mothers and daughters in the incest families when compared to the two other groups ($p<.04$) (Levang, 1988).

Gomes-Schwartz et al. formed four scales made up of ratings of the mother's relationship with the child: 1) "caring," meaning that the mother displayed love and concern for the child; 2) "depending," meaning "maternal intrusiveness and reliance upon the child as a source of support"; 3) "burdened," meaning mother was not emotionally available; 4) "hostile," meaning the mother was angry at the child and saw her as bad (Gomes-Schwartz, et al., 1990, p.124). 97% of all mothers had moderate to high caring attitudes toward their children. Yet 43% did show some tendency to be dependent on the child and 41% felt burdened. They also found positive correlations between caring relationships and level of concern ($r=.59$, $p<.001$) and protection ($r=.47$, $p<.001$) upon disclosure. Hostile relationships correlated negatively with concern ($r=-.20$, $p<.05$) and protection ($r=-.27$, $p<.01$); they correlated positively with anger and with punishment toward the child upon disclosure. Burdened mothers tended to punish ($r=.45$, $p<.001$) and be angry ($r=.49$, $p<.001$) and to not protect ($r=-.30$, $p<.01$). Depending mothers tended to express concern for themselves ($r=.32$, $p<.01$) (p.125, p.187).

The sample sizes and mixture of types of incest cases make both studies more generalizable, and hence more useful, than previous ones. Because these studies directly elicit mothers' feelings about their children their findings benefit from a degree of validity not seen in studies based solely on victims' perceptions.

Again, direct research on mothers of sexually victimized children contradicts another aspect of the collusive mother, whose rejection of the child supposedly contributed to development of the incest.

CHAPTER FOUR:
LITERATURE REVIEW AND THEORY DEVELOPMENT

PART THREE
THE PROFESSIONALS

INTRODUCTION

This chapter's first section will review the treatment literature on mothers of molested children. A second section will present findings from studies on professionals' perspectives on mothers of abused children. A final summary will expand the exploration in Chapter Two of disclosure as the context in which the construct of the "collusive mother" is created, and will present the need for further research on the clinical social workers who treat these mothers.

SECTION 1. THE TREATMENT LITERATURE

Treatment literature has been somewhat in advance of theoretical writing and research on mothers of sexually abused children, and may have provided a stimulus for research. Within the past few years clinicians have begun to view mothers as having treatment needs which should be considered in their own right. The theoretical underpinnings of these treatment studies are diverse, but some common factors will be pointed out.

In a book published nearly twenty years ago Sgroi and Dana discuss the dynamics of mothers of molested children, asserting mothers fall into two main categories: those with dominant husbands and those with dependent husbands. Sgroi and Dana believe that a combination of individual and group treatment is optimal to address the treatment issues of denial, impaired self-image, inability to trust, unreasonable expectations of husband and

child, and failure to establish limits. The authors base their clinical thinking on both psychodynamic and family systems theories (Sgroi and Dana, 1982).

A brief outline of a ten session format for a mothers' group sets forth pre-planned topics for each session, and emphasizes the mothers acknowledging her role as the "silent partner" to the abuse (Landis and Wyre, 1984, p.115).

Damon and Waterman's parallel group-treatment model for intrafamilially abused preschoolers and their mothers features a directive, structured thirteen-module therapeutic format, focusing on helping mothers work through their own sexual trauma to aid them in responding appropriately to their children. Themes in each module are drawn from the experience of child victims (Damon and Waterman, 1986, p.245). They do not attempt to link their treatment model to a conceptualization of mothers of sexually abused children.

Symbiotic relationships between mothers and daughters in father-daughter incest are discussed by Koch and Jarvis, who outline the developmental origin of symbiosis. They posit the mother's treatment needs as crucial to family recovery and prevention of re-abuse, and hold that group therapy is the treatment of choice to provide support, lessen social and psychological isolation, as well as to offer appropriate avenues for nurturance, recognition of their own victimization, reduction of dependency, and development of parenting skills (Koch and Jarvis, 1987). Koch and Jarvis offer a less stigmatizing and more psychologically refined viewpoint than previously seen on the mother's role in incestuous families; they connect theory and case examples to group treatment.

Hildebrand and Forbes present a model of group work with mothers of incestuously abused children, based on a family systems approach, but with an acknowledgment of the mothers' self-perception of powerlessness. Giarretto's self-help

groups for nonoffending parents and Yalom's conceptualization of the curative factors in group work provide other theoretical influences (Hildebrand and Forbes, 1987). Their groups met for 16 weeks and were co-led. They describe stages of group life. They note that 50-75% of mothers in each group were sexual abuse victims themselves and suffered from traumatic aftereffects. They stress the need to differentiate between treatment needs of mothers of incest victims and mothers of "stranger-abuse" victims. Hildebrand and Forbes conclude that group work can help open closed family systems and aid in preventing re-abuse, and call for "long-term follow-up data" to confirm their "impressions of the effectiveness of groupwork as a major variable in the reduction of further abuse in these families" (p.303).

In their overall systemic model for incest treatment Trepper and Barrett assert that groups for mothers are essential to successful treatment. In groups anger is a major affective theme, anger at offenders, victims, therapists and fellow group members. Groups can be especially helpful in aiding members to make important life changes, such as divorcing the offender (Trepper and Barrett, 1989, p.229).

Strand accounts for mothers' behavior using Finkelhor's traumagenic dynamics model for victims of sexual abuse Strand, 1990; Strand, 1991). The four traumagenic dynamics are: sexual traumatization, stigmatization, betrayal and powerlessness. Strand asserts this model is particularly helpful in assessment and engagement stages of treatment, when losing cases is a risk. In a second paper, she proceeds to explore how each dynamic needs to be addressed during the middle phase of treatment, in which group therapy is the primary modality. Analysis of countertransference reactions is crucial to understanding the difficulties clinicians have in working with these mothers (Strand, 1990).

The issue of treatment compliance is addressed in a study of factors associated with victims' removal from home. Pellegrin and Wagner found that children with mothers who were less compliant with recommended treatment, who were less believing of the child, and who were unemployed were more likely to be removed from home when abuse was more severe and more frequent. The authors emphasize that treatment must take into account that mothers of molested children are a heterogeneous population, and that treatment strategies must be diverse. "Reliable, pre-treatment methods of assessing mothers' belief and compliance" are needed (Pellegrin and Wagner, 1990, p.58).

Hagood presents an art therapy group, discussing the themes expressed in mothers' artwork (Hagood, 1991). She holds that the mother's psychological well-being "is essential to the overall treatment of her child" and that mothers are traumatized along with their children (p.26). Art therapy can draw more members into the group process, can enhance voicing of intense emotions, and can help members provide mutual support. The conceptualization of mothers is based primarily on family systems theory, modified by practice knowledge and borrowings from codependency literature.

In a two part paper, DelPro and Koontz describe the structure of a two-year, open-ended ego supportive treatment group for mothers of molested children. They outline the need to address countertransference, and emphasize the importance of noncritical acceptance, modeling, reframing and clarification as especially useful interventions. Positive treatment outcomes for group members included increased assertiveness, less social isolation, and improved problem-solving (DelPro and Koontz, 1991a; DelPro and Koontz, 1991b).

What do these treatment papers share? Throughout there is a discussion of the mothers' trauma and its impact on reactions to disclosure and relationships with their children. That group work is consistently the treatment of choice indicates clinicians' awareness of mothers' shame and isolation, and their need for a supportive atmosphere where they can interact with others with similar experiences. The overall empathic tone of the recent articles reveals that feminist thought on incest has succeeded in sensitizing workers to mothers. Their differences lie in their theoretical underpinnings and their formats.

SECTION 2. PROFESSIONALS' PERSPECTIVES ON MOTHERS OF MOLESTED CHILDREN

How do social workers view these mothers in the light of the new research? Do they still cling to the collusion hypothesis? Are there significant characteristics of mothers that have not yet been identified by research? Social workers in agency practice are a potentially rich source of information about the mothers they work with so closely.

To date only one study has measured social workers' perceptions about mothers of sexually abused children (Dietz and Craft, 1980). Dietz and Craft's study examined whether protective service workers believed that mothers in incestuous families condoned the incest and that mothers were as responsible for the abuse as the offenders. They also assessed whether workers believed physical child abuse and spouse abuse also occurred in incestuous families, and whether workers thought themselves adequately trained to work with incestuous families. Results indicated that 87% of respondents believed that mothers gave unconscious consent to the incest, while 65% thought her equally responsible for the abuse. Seventy-nine percent believed that mothers do not seek professional help for child

victims (Dietz and Craft, 1980). Though such attitudes may have been in accordance with the professional literature at the time of Dietz and Craft's study, they are not supported by the direct research on mothers of sexually abused children reviewed above.

Dietz and Craft emphasize the function played by workers' attitudes:

> Faced with a lack of demographic and descriptive data, social workers must rely primarily on their own beliefs and attitudes in treatment of incestuous families. These attitudes are formed during their training as well as by the literature. The literature is not only based on limited statistical data, but may also reflect the ideological orientation of the authors, including their opinions about incest, women, or the ideal family. These viewpoints cannot be objectively supported and may be detrimental to the client. (pp.604-605)

The authors cross-tabulated respondents' belief in a) unconscious consent and b) equal responsibility with factors including c) workers' training, d) reading professional literature and e) occurrence of spouse abuse or physical child abuse in the incestuous family. They found that "the incest literature appears to be a stronger factor in the formation of these beliefs than the evidence presented by the workers' experiences with clients and their families" (p.607). In other words, what social workers read can influence their beliefs more than what they see. This finding illustrates the power that professional and academic expertise can have over practitioners.

In a study of professionals' attitudes about child sexual abuse intervention Wilk and McCarthy found that up to 41% of the 54 subjects favored arresting the mother in incest cases, with more professionals favoring arrest of the mother when the abuse was more severe and the level of the mothers' pre-disclosure knowledge was higher (Wilk and McCarthy, 1986).

Ringwalt and Earp examined the effects of child protective service workers' attributions of responsibility on their strategies in cases of father-daughter incest.

Respondents read three vignettes and rated the degree of responsibility they would attribute to father, mother or daughter; they also indicated whether they would recommend incarceration for the father or foster care placement for the daughter. The authors found that workers who attributed a high degree of responsibility to the mother were somewhat less likely to recommend jail for the father ($r=-.11$, $p<.01$), but no more likely to recommend foster care for the daughter ($r=.04$, NS) (Ringwalt and Earp, 1988, p.277). This finding did not support one of the study's hypotheses, which was that a higher degree of responsibility attributed to the mother would mean the worker was more likely to believe the child to be unsupported and unprotected by the mother in the home. In a more recent study of mental health professionals' attribution of blame in incest, Reidy and Hochstadt found that there was only a small attribution of blame to mothers, who were typically assigned about 10% of the blame (Reidy and Hochstadt, 1993). These findings suggest that professionals' perspectives on mothers of molested children may be evolving toward a less condemning stance, paralleling the changing picture the new research is painting of these women. In a recent work, Humphreys builds on the new empirical studies of mothers to outline an experiential workshop aimed at counteracting mother-blaming by professionals (Humphreys, 1994).

SUMMARY

Recent clinical and research studies do not support collusion as an explanation for the behavior of mothers of sexually abused children. The ultimate goal of inquiry into mothers of sexually abused children is to find an overarching conceptualization of the main characteristics of these women, if such general characteristics indeed exist. If they do not, then a taxonomy of mothers and their behavior is needed.

It is difficult to draw conclusions about professionals' perspectives on mothers of molested children, as there is not sufficient recent research to draw on. Given the new studies that do not support collusion, and that draw a picture of mothers as a diverse group, it is likely that professionals view mothers differently now than they did nearly fifteen years ago, when the last full-scale study examined social workers' perceptions about mothers of sexually abused children (Dietz and Craft, 1980).

Several studies (Gomes-Schwartz et al., 1990; Carter, 1993; Johnson, 1992; Newberger et al., 1993) raise questions about the role of trauma in the lives of mothers: Gomes-Schwartz et al., for example, report that 41% of their sample had been sexually abused as children, while 34% had been physically abused or neglected. Discovering the abuse of her child may injure the mother's positive parental self-image, as a person who is capable, empathically attuned, and able to protect her child. The mother is revealed as deficient in a role which defines a major sense of who she is, and this narcissistic injury may be experienced as traumatic. Therefore, some (though not all) mothers of molested children may be characterized as doubly traumatized, first by events in their own history, and second, by disclosure.

Humphreys' concept of a continuum aids in taking first steps to develop new theory describing mothers more comprehensively. The continuum can be expanded to describe the range of behaviors and attitudes mothers display. At one extreme of the continuum are mothers who had knowledge of the abuse, yet did not act to protect their children. At the other extreme are mothers who believed their children at disclosure, and who took clear, decisive action to protect them. The continuum provides a construct for

examining the social and psychological variables that enhance or limit a mother's capacity to believe and protect her sexually abused child.

The new studies on mothers of victimized children point the way to a potentially fruitful study on clinical social workers' perspectives on disclosure of incest. Collusion needs to be understood in the context of disclosure of incest. The picture of the "collusive mother" emerged through professionals' constructions of mothers' behavior toward victim and offender at and following disclosure. The so-called collusive mother is a construct developed through 1) interaction between mothers who are clients and social workers who assess mothers' behavior, 2) social workers' interpretations of mothers' behavior and, 3) social workers' applications, in written case material and in case conferences, of the theoretical literature on incest to account for mothers' behavior.

The victim's disclosure of incest is usually a process, rather than a discrete event. Likewise the mother's response to her child's disclosure of incest can be conceptualized as a process. Qualitative research is well-suited to exploration of the textures, nuances and ambiguities inherent in understanding how a mother processes the emergent knowledge of the abuse of her child. An exploration of the processes social workers see mothers experiencing in response to disclosure, as well as the workers' perspectives on processes and interactions between mother and worker will be helpful to understanding the worker-client interaction in incest treatment. In addition, an exploration of the processes involved in clinical decision-making about mothers of molested children will illuminate how professionals view such mothers. Most important, explorations of such processes may reveal whether the construct of "collusive mother" is still applied to mothers, or if new types have been socially constructed in the light of the new perspective in the current

literature. Such research could lead to the formulation of more effective practice interventions that will aid mothers in supporting their children and in preventing recurrence of abuse.

CHAPTER FIVE

METHODOLOGY

THE RESEARCH SITE

Introduction

This study describes and analyzes social workers' perceptions and responses to a pivotal event in the life of the mother of a sexually abused child: her child's disclosure of sexual victimization. This study aims to specify the theories that clinical social workers construct to interpret the behavior of mothers of sexually abused children. The study's main goal is to assess the extent of social workers' current reliance on the idea of collusion, or on alternate constructions, in explaining mothers' behavior in relation to incest. The child's disclosure of incest provides the focal point of theory development.

In addition to theory-building, the study proposes to deepen and enrich our knowledge about mothers in incest families, and to promote more effective social work interventions with these mothers.

Social workers in agency practice constitute a rich, untapped source of information about how clinicians socially construct the images of mothers with whom they work so closely. The following questions shaped the collection of data surrounding the incest disclosure event: How do social workers view mothers of molested children in the light of new research on mothers? In interpreting mothers' reactions to disclosure, do professionals still rely on the collusion hypothesis, perhaps in an attenuated or disguised form? Since professionals constructed the "collusive mother," have they now constructed a new conception of mother to replace that earlier construction? Has research to date

overlooked significant characteristics of these mothers? Do workers' perceptions of mothers accord with or differ from the mothers' own perceptions (as reported in recent direct studies on mothers)?

This chapter will first discuss the rationale for using qualitative methods to generate theory concerning the social construction of mothers of sexually abused children. Then it will address grounded theory as an intellectual underpinning for the study's qualitative methods. Next, the chapter describes the data collection process, including discussion of sampling, instrumentation and research tools. Included in the data collection description are details on the research setting, along with a discussion of the study's implementation.

Qualitative Methods

The study uses qualitative methods to explore the perceptions of clinical social workers who have professional contacts with mothers of sexually abused children. I collected data from three sources for the study. First, I conducted, as the initial primary method, in-depth, open-ended interviews, which asked social workers to share their experiences and thoughts about the role of mothers themselves in the victimization of their children. Second, in order to obtain as full and complete a picture as possible of how workers talk about mothers in group professional settings, I observed case conferences in which social workers discussed mothers of molested children in treatment at the agency. I chose to observe case conferences in order to obtain a more detailed and nuanced picture of how professionals view their clients, and to obtain a deeper understanding of the social process of assessing mothers and planning their treatment. Third, the treatment agency provided me with copies of treatment summaries for mothers whose cases were discussed

in conferences. Reading and analyzing the treatment summaries supplemented the interviews and participant observations, providing yet another window into understanding how workers account for mothers' reactions to disclosure. The three methods of data collection provided triangulation on the research question, ensuring that the reported perspectives were not too narrow or one-sided, as might have occurred had I only used a single data collection method. Triangulation constitutes an essential aspect of establishing the credibility or trustworthiness of qualitative research (Belcher, 1994).

Social Constructionism and Social Problems

In thinking about child sexual abuse as a subset of child abuse, clearly abuse, since it is a social problem, is socially defined and determined:

> A social problem goes beyond what a few, or even many, individuals feel privately: a social problem is a social construct. Its "creation" requires not only that a number of individuals feel a conflict of value over what is and what ought to be, but also that individuals organize to change the condition . . . .
>
> (Nelson, 1984, p. 5).

Therefore research into child sexual abuse's myriad complexities must account for the social processes leading to behavior that social actors define as abusive, and especially for the web of interactions preceding and following family sexual abuse. The social constructionist perspective provides a theoretical lens for attaining a clearer understanding of how the "collusive mother" came to be the standard explanation for the behavior of mothers of sexually abused children. Berger and Luckman first advanced the constructionist perspective nearly forty years ago in their landmark study in the sociology of knowledge, which analyzed the social conditions associated with different forms of knowledge (1966). Social constructionism, ultimately rooted in symbolic interactionism, originated in the study of social problems, which in the 1970's began to examine

> how new definitions of social problems emerge, how troublesome persons or social arrangements are identified, how institutions are created to deal with them . . . . the field . . . is attempting to explain how society, through an essentially political process, discovers and invents its problems. (Spector, p. 779, 1985)

The constructionist perspective has also been described as holding that social problems are the "definitional activities of people around conditions and conduct they find troublesome." (Schneider, p. 209, 1985).

A recent study of workers in a battered women's shelter indicates that human service workers construct typical representations of clients, to which they then "fit" individuals who apply for services (Loseke, 1992). Research using social service agency records documents the social forces that powerfully shape professionals' perceptions of incest (Gordon, 1988). I anticipated, based on my professional work in incest treatment and on my extensive readings in the incest literature, that the "collusive mother" was a construct shaped by the social and political context in which incest occurs, and in which clients receive services. Until recently, workers may have interpreted mothers' attitudes and behavior primarily according to this construct, thus cutting off information and/or perceptions that might disconfirm collusion. In agency-based social work practice the clinical case conference is most probably the matrix in which social workers interpret mothers' actions.

It would be helpful to add a few words on my own perspective here. Research from a social constructionist perspective must address at some point questions of "truth" and "facts." My own point of view on the research at hand has been shaped by my readings in many fields: in social welfare, in clinical theory, and in related fields where methodologies similar to mine address data from diverse sources (See e.g., Davidson,

1998; Gordon, 1988, 1994). From my own reflections I hold that what the researcher herself chooses to look at is itself socially constructed. My choice of mothers of sexually abused children as a research topic and of methods was hardly made in a vacuum; it was shaped by social, political and personal factors. In her recent history of welfare and single mothers Gordon addresses this issue: "Changing consciousness about social problems influences what 'facts' are collected. Just what the 'facts' are is much contested; even statistical information is structured by the questions we ask, which in turn are shaped by values and anxieties." (Gordon, 1994, p. 17).

In addition to the above attitude toward "facts" I believe that the clinical formulations these social workers make must be taken as artifacts, not as reflecting "truth." Ultimately the subject of this study is not so much about mothers of sexually abused children themselves than about what clinical social workers say about mothers of sexually abused children, how they represent mothers, how they account for mothers' behavior, what clinical formulations they create, and what interventions they propose. I view the clinical formulations and theoretical justifications that these clinicians make as pieces of knowledge, that, while not necessarily "truth" eternally fixed, reflect what these clinicians believe important about mothers of sexually abused children. Instead of looking at the data as windows on the "truth" about mothers, I see them as artifacts of the world in which clinicians meet mothers, assess them and implement their treatment. So, while I do not believe these clinicians are at all capricious in their formulations, I do hold that, despite their best efforts, they are subject to social "unconscious" forces about which they are relatively unaware and over which they sometimes have minimal control. Yet these workers' constructions are real in their consequences to mothers, and must be examined.

A social constructionist perspective must be wary of the determinist pitfalls that plague so many theories. Human beings (professionals more than most) like to think of themselves as possessing some degree of free will over their actions, whether those actions are choosing a mate, a job, a clinical perspective or a treatment intervention. Here the social constructionist critique itself serves as an emancipatory force for theory-builders and clinicians who read this study. The need for practitioners to engage in reflection on their work has been well-established (Schon, 1983). The point of this study is to provide self emancipatory power. When presented with a thoughtful, well-reasoned critique of their practice clinicians will use it to emancipate themselves and their clients.

Why Qualitative Methods?

To understand in more detail the reasons why qualitative methods make sense for this study, it is useful to back up a few steps and think about how we know the world, and, from that, which empirical methods are most fruitful in exploring the intricate process of how social workers perceive mothers of molested children. Until recently much social science inquiry modeled its methods on those of the natural sciences, which follow the tenets of positivist inquiry. A positivist approach to research questions about mothers of sexually abused children assumes that mothers exist in a "real" world, and that mothers' behavior is governed by psychological and social forces which researchers can examine and understand, using objective empirical techniques. Positivist researchers might be less likely to question the very concept of collusion as explanatory for mothers' behavior, or to inquire into the social processes by which professionals describe and account for mothers' reactions to disclosure. Therefore, it makes sense that qualitative methods rooted in a

social constructionist perspective hold great promise for mining the rich lode of information on these mothers that agency social workers can provide.

In choosing qualitative methods for this study I do not intend to minimize the notable contributions that recent quantitative studies have made to professional understanding of incest and of mothers of sexually abused children (E.g., Gomes-Schwartz, Horowitz, Cardarelli, Salt, Myer, Coleman and Sauzier, 1990; Peterson, 1993; Sirles and Franke, 1990; Wagner, 1991). Rather, the choice of methods relates to what I believe most important to understand about these mothers now: how and in what ways do clinical social workers in agency practice construct the mother of a sexually abused child? the advantage of qualitative methodology for investigating such questions is clear, since it

> . . . is better able to depict the workings of social systems in holistic ways, to take children as a research topic and of methods was hardly made in a vacuum; it was neralization.
>
> (Reid, 1994, p. 477)

A potential drawback to qualitative approaches based on social constructionism revolves around the practical, utilitarian, approach most social workers take toward research. Ultimately what practitioners want and realistically need in today's rapidly changing practice settings is knowledge about what to do--what interventions will really work with mothers of sexually abused children? How can clinical social workers help mothers understand their own reactions to disclosure, and aid mothers in supporting their children, and protecting them from further victimization? Social workers might value less a study whose findings are thematic and emergent than one that develops more concrete suggestions. But if, as above, we consider the need for all workers to step back and reflect on their practice, to question their assumptions about clients, then it becomes clear that

this study holds significant potential for refining and enriching social work practice with mothers of sexually abused children.

Grounded Theory

Underlying the qualitative methods in this study is grounded theory, in which researchers generate and confirm theory "from close involvement and direct contact with the empirical world" (Patton, 1990), using the method of comparative analysis (Glaser and Strauss, 1967). Grounded theory methodology uses inductive methods to derive concepts from the data, rather than testing concepts by imposing preconceived categories that may not necessarily fit onto the data. Glaser and Strauss call their approach the "constant comparative method," in which the concepts, themes and categories developed from the data are tested at each level by returning to the data to assess the appropriateness and fit of such concepts, themes and categories.

> Researchers use a grounded theory approach when they want to take a fresh look at phenomena. Their purpose is discovery: of ways to define concepts, of relationships among concepts, and of processes.
>
> (Gilgun, 1994, p. 116)

In grounded theory data collection and data analysis are closely interwoven, with categories derived from preliminary analysis leading to modifications in further sampling, and, at times, in the research instruments. This will be discussed in the section on data collection below.

A grounded theory approach is especially relevant to the development of social work practice knowledge (Gilgun, 1994). I chose to use grounded theory methodology because of its capacity for capturing emergent concepts and patterns, and because of its potential for elucidating the processes clinical social workers engage in to construct the

mother of the sexually abused child and to produce social work treatment for her. Another advantage grounded theory holds for this type of study consists in its capacity to describe in rich detail the context of findings--in this case the complex environment of clinical practice in a social service agency (Gilgun, 1994).

Grounded theory also fits well with the social constructionist perspective, since social constructionism demands a methodology equipped to explore concepts and processes, and the relation between concepts and processes. Since the study examines the process of social construction of the image of the mother of the sexually abused child, clearly grounded theory is well suited to investigate this process. There are, however, limitations to grounded theory. Like all social research, grounded theory research needs to carefully legitimate its truth claims. Without soundly establishing credibility and trustworthiness of the data, grounded theory research runs the risk of deteriorating into an ad hoc, idiosyncratic story.

Beginning the Process of Data Collection

In order to obtain study participants, I contacted a social service agency specializing in abuse treatment, where I knew several workers and administrators. The X Agency has two programs for abuse treatment, with 15 MSW-level social workers. Nearly twenty-five percent of the X Agency's overall cases involved child sexual abuse by a father or father-figure (I.e., stepfather or mother's live-in boyfriend). I obtained permission from the X Agency to conduct pilot observations of clinical case conferences, along with a review of redacted treatment summaries for cases discussed in those conferences. Preliminary analysis of field notes from the case conference observations revealed that the social process of constructing the client linked between the written report, the reading of

the report and the discussion of the report in the conference. Therefore, based on this analysis, and in keeping with the tenets of grounded theory methodology, I sharpened the focus on the social process of constructing the client--here the mother of the sexually abused child. The interview guide will be discussed below.

Sample; Locating Subjects

Because I knew staff and administrators at the X Agency, obtaining access to potential study participants was relatively easy. I contacted two administrators to sound out whether the agency would be amenable to being a site for the study. Both administrators expressed interest, though voicing some concern about whether client confidentiality would be at risk of compromise. When I explained that workers rather than clients would be study participants, and that scrupulous efforts would be made to disguise all identifying information about clients, and the agency itself, the administrators invited me to visit the agency to present the study to the staff. I then attended several staff meetings, where I explained the study generally as one of social workers' perspectives on mothers of sexually abused children. I made the judgment to refrain from describing the study's social constructionist viewpoint, because I believed that to do so would lead potential respondents to provide me with data tailored to fit that expectation. In the section below on implementation I discuss my attempts to maintain a neutral research stance. Next I asked interested workers to contact me to set up an interview time. Virtually all the staff members voiced interest in joining the study. In addition, the administrators at the X Agency arranged for me to attend weekly clinical case conferences at both programs, and arranged for me to receive copies of treatment summaries on all cases discussed at the conferences.

Instrumentation

To obtain workers' perceptions, and to clarify their role in the social construction of the mother of the sexually abused child, I developed a semi-structured interview guide, covering the following topics, derived from the review of the literature: 1) whether the mother has a variety of distinctive and/or contradictory roles in the incest family; 2) whether there is a distinctive relationship between the mother and the child victim which differs from mother-child relationships in non-incest families; 3) what impact does the mother's relationship with the offender have on her ability to be emotionally available to her child; 4) how do mothers behave at disclosure toward the child and toward the offender. I conducted pilot interviews with social workers using this guide, evaluating the questions' clarity, and their capacity for eliciting information about collusion and disclosure. A copy of the interview guide is attached as Appendix B.

Intertwining of Data Collection and Data Analysis: Grounded Theory Methodology

Grounded theory involves modifying data collection based on data analysis. After piloting case conference observations, I observed that in the case conferences there occurred a process in which the worker's writing the treatment summary subtly mediated the worker's conference presentation of the mother's reactions to disclosure. Moreover, the social process of the reading and the discussion of the report by staff further contributed to the social construction of the mother of the sexually abused child. This process of interaction between the worker's writing the report, the staff's reading it in conferences, and the subsequent discussion and typifying of the mother, constitutes a social construction of documentary reality (Smith, 1974) (it will be discussed at length in Chapter Six.) Since it became clear very early that the social process in the case

conference made a crucial contribution to the construction of the mother of the sexually abused child, what I had originally conceived as supplementary data to the primary avenue of individual interviews soon became just as, if not more, important in terms of understanding the total process of how social workers construct the mother of the sexually abused child. In addition, it became clear during piloting of interviews and case conference observations that, because of the agency's strong clinical orientation, many workers relied on theoretical concepts drawn from the treatment literature to justify their clinical formulations about mothers of sexually abused children. Therefore I revised the interview guide, adding a question asking if there were specific works in the professional literature that the respondent felt had been particularly helpful in understanding mothers of molested children.

Implementation: the Research Site: Description of the Setting

This study of social workers' perspectives on mothers of sexually abused children was undertaken in an urban, not-for-profit, nondenominational child guidance center, which will be called the X Agency. I conducted the research at a time when social service agencies dealing with child abuse and neglect faced significant changes, among them, revisions in patterns of oversight and financing for the treatment agency; as well as substantial cutbacks in public funding for all social services, including public assistance. In addition, during the course of the study, workers at the agency reacted to extensive media coverage surrounding the case of a child who died at her mother's hands while known to the public child protective services agency which funded the two programs at the X Agency which were sites for the study. This section discusses the organizational structure and culture of the X Agency, in order to provide a context for the more extensive

exploration of external and internal treatment contexts discussed in Chapter Six. The impact of the external environment on how workers conceptualized and planned treatment for mothers of sexually abused children (and for all clients) was a major category uncovered during data collection and data analysis.

The X Agency is a not -for-profit, nondenominational child guidance center that has operated in a large east coast city for over thirty years. The two programs within the X Agency, the Y Clinic and the Z Clinic, which were sites for the study, are both located in a middle class business and shopping district in an outlying district of the city. The Y Clinic, established in the early 1980's, receives its funding from city and state child welfare authorities with the mandate of preventing foster care placement through the provision of social work treatment services to children, adolescents and their families when there is a risk of foster care placement due to actual or potential abuse or neglect. Services can be in the form of play therapy, individual, family, couples or group therapy, along with a range of concrete and supportive services. The Y Clinic has one clinic administrator, eight masters level social workers and two social work interns. The Y Clinic serves 50 families.

The Z Clinic, established in the late 1980's, also receives its funding from city and state child welfare authorities to operate a preventive services program in the form of a therapeutic nursery for children up to the age of five. Services usually take the form of play therapy or conjoint work with parent and child. One component of the program is an intensive infant-parent program in which services are primarily provided through weekly home visits. Because in part of the greater need for child care in the Z Clinic's population, the workers there tend to provide more concrete and supportive services than do workers at the Y Clinic. This may also be due to the more severe problems in the families seen at

the Z Clinic. The Z Clinic shares the same clinic administrator as the Y Clinic, and has four masters level social workers. The Z Clinic serves 30 families.

The programs' clientele reflects the demographics of the community, which is primarily working-class to middle-class, with some families receiving public assistance. The racial and ethnic makeup of the community is extremely diverse, with a large proportion of recent immigrants from Latin America (Colombia, the Dominican Republic, Ecuador) and Asia (Korea, Taiwan, China, India and Pakistan). In an attempt to provide more culturally sensitive social work services, Program Y had one Spanish-speaking worker and Program Z had two Spanish-speaking workers.

The X Agency has the reputation of having a strong clinical orientation, with administration encouraging staff members to pursue formal post-graduate training and attend professional workshops, with some tuition reimbursement. Moreover, the agency offered weekly in-service training during the academic year, with staff members and administrators jointly deciding what kind of training to choose each year.

Line workers at the X Agency belong to a division of a prominent, large health-care workers union. Workers' salaries are above the average for comparable programs. The labor-management climate during the period of data collection was tense, with a strike over salaries and working conditions. The labor situation and its impact on the clinical social work treatment of mothers of sexually abused children will be discussed in Chapter Six.

As stated above, the role of the agency's culture, of its self-perception as strongly clinical, played a notable role in data collection and analysis, leading to a modification of the interview guide through the addition of a question about which works in the

professional literature had influenced the respondent's clinical formulations about mothers of sexually abused children. It must be noted that, in the climate of budget cuts and managed care mandates, the agency's clinical culture and self-perception were greatly challenged. Administrators expected workers to see clients for shorter lengths of treatment, to keep treatment focused solely on the clients' stated treatment needs, and to document assiduously the course of treatment. Chapter Six will explore in some depth the impact of these changes on the social process of treatment formulation for mothers of sexually abused children.

Perhaps because I was known to staff at the agency, and was familiar with the agency's culture, I found the atmosphere relatively welcoming once I began data collection. Both staff and administrators were curious about the study, and eager to share information about cases in which they had worked with mothers of sexually abused children. Rather than the problem of trying to pry information out of reluctant participants, my principal difficulty during data collection revolved around presenting a "neutral" front. I was concerned that, in the friendly milieu of the agency, I might reveal some of my own personal viewpoint about mothers of sexually abused children, thus potentially compromising a respondent's telling what he or she thought about mothers. As a result, I attempted to maintain some degree of social distance from staff members to ensure that the information I collected from them would not be slanted to provide me with what they thought I wanted or didn't want to hear.

Another risk in conducting the study at a site where I was familiar with people, programs and culture revolves around the problem of "going native," of losing perspective on the data I was collecting and accepting it at face value (Kanuha, 2000). Because of my

professional background as a clinical social worker who had worked extensively with mothers of sexually abused children in one of the very programs I was observing (though under a different supervisor), I was in potential jeopardy of taking on the program's culture, and interpreting data according to standard (though perhaps perfectly sound) clinical social work principles, rather than looking for new categories related to the social construction of the mother of the sexually abused child. I believe there would have been a greater danger of my losing perspective on the data if I had been practicing during the study, so it may have been fortuitous that I was not. Dissertation supervision was essential to help me maintain the optimal level of distance from data. In addition, I attempted to read in the qualitative research literature as much as possible, and for the period of the study to limit my reading in clinical works on incest. I found that doing this helped me keep from looking at the data only as stories of clinical "cases" and to move to deeper levels of analysis.

Data Analysis

I attended weekly clinical case conferences for six months at the Y Clinic and the Z Clinic and observed approximately 96 hours of case conferences, with each conference lasting about two hours. I took extensive field notes on all cases during my observations, noting communication and interaction patterns between staff members and administrators at each conference while they discussed cases in which the mother of a sexually abused child was involved in treatment. I chose to observe all cases during this period, rather than just classic father-daughter incest cases, because I was interested in examining whether there are differences between how non-incest clients and incest clients are socially constructed by clinical social workers. In addition, I believed it significant to get as

extensive and lengthy an understanding of the case conference process as possible, and the best way to do that was to observe as many conferences as possible for an uninterrupted stretch of time. I then entered my field notes into a word processor, as soon as possible after the observations, usually later the same day.

Once I had observed six months of case conferences, I arranged to interview workers individually, using the interview guide outlined above. I offered workers a small stipend to compensate them for their expenses (child care, transportation) in study participation, but none of the respondents expressed a need to receive compensation. I eventually interviewed fifteen respondents. I taped and transcribed the individual interviews with social workers. Transcripts of both case conference field notes and of the individual interviews were then analyzed, using Martin, a computer software program designed to support data analysis of qualitative research.

The section above addresses how, in grounded theory research, data collection and data analysis interweave, and how, during data collection, preliminary analysis led me to modify the research focus and add a question to the interview guide.

Conclusion

To summarize, this study examines the socially constructed perspectives of clinical social workers in agency practice on mothers of sexually abused children, to understand workers' current constructions of these women. The mothers' reactions to disclosure provided the study's empirical context. I chose to use grounded theory methodology because of its fit with a social constructionist perspective, along with its capacity for capturing the complexities of clinical social work practice in agency settings. In keeping with the need to use triangulation to enhance the credibility of data collected via

qualitative methods, data collection took three avenues: 1) individual interviews with clinical social workers, using an interview guide based on a review of the literature; 2) observations of case conferences in which staff discussed mothers and formulated treatment plans for them; and 3) reviews of treatment summaries. Consistent with grounded theory methods, data analysis and data collection were closely intertwined; I revised data collection based on continuing analysis of the findings. I used a computer program designed to support qualitative research (Martin) to analyze findings from interviews, case conferences observations and treatment summary reviews.

The next chapter will situate the overall process of how professionals construct the mother of the sexually abused child by delineating the external and internal constraints of agency-based practice, within an explication of the phenomenology of clinical case conferences. These constraints include the impact of social service budget cuts and managed care mandates on agency practice.

CHAPTER SIX

THE PRODUCTION OF THERAPY: THE SOCIAL PROCESS OF CONSTRUCTING THE MOTHER OF A SEXUALLY ABUSED CHILD

The previous chapter summarized information on the research setting and explicated the study's methodology. The next three chapters present the study's findings. As will become evident, the presentation of the data is non-linear. I could as easily begin with the clinical social workers' individual reflections as with data from the case conference observations. However, by the end of these three chapters, it will be clear that the social construction of mothers of sexually abused children at this agency involved an interaction between 1) what the workers thought about on their own, 2) what they wrote in treatment summaries and 3) what they said together at case conferences. Only through the workings of the total process do professionals construct the mother of a sexually abused child. Beginning at any one point in this process is arbitrary, but I must begin somewhere. The unexpected importance of the case conference observations in my data collection formed my decision to start with them, rather than with individual interviews. This constitutes a type of "theoretical sampling" as described in the literature on grounded theory: Even though the case conference observations were part of the original study design, as I began them it became apparent that the most important, most "social" aspects of the construction of mothers of sexually abused children occurred, unsurprisingly, in case conferences, a group situation. The shift of emphasis in data collection and analysis (which I discussed in the methodology chapter) to highlight the case conference

observations constitutes a type of theoretical sampling (Glaser and Strauss, 1967, pp. 45-55).

This chapter addresses the phenomenology of clinical case conferences at the research site. It presents findings from case conference observations related to 1) external constraints on agency practice, and 2) agency context and that context's impact on the treatment of mothers of sexually abused children. These findings relate to how, informally and formally, clinical social workers at the research site socially constructed the mother of the sexually abused child. In Chapter Eight I will return to the case conferences to examine the total construction that occurs through the interaction of case conferences and the worker's private reflections. In this chapter the emphasis lies on the influence of the social context on the social construction of mothers of sexually abused children at this site. We must take the social process of the construction of mothers of sexually abused children broadly: Social construction does not occur in the clinician's head alone—the entire social fabric contributes. This chapter will illuminate that fabric as it was woven during case conference observations at the two programs. External constraints form the overall pattern of social construction of mothers of sexually abused children, while the agency context forms the weave, the wool, and the colors chosen to fill out that larger pattern.

THE CONTEXT OF PRACTICE I: EXTERNAL CONSTRAINTS ON AGENCY TREATMENT

What are the external constraints on agency practice with mothers of sexually abused children? These include all social factors that impinge on agency practice: Here they included managed care mandates, budget cuts, court ordered treatment, as well as external events to which workers respond (such as the death of a child under the

protection of the agency's funding source). All of the above constraints can be characterized as involving limitations or impositions on treatment from external actors whom clinicians perceived as lacking clinical knowledge and expertise. During the six months of case conference observations respondents often referred to external forces that impinged on their treatment planning for their clients. This section 1) outlines the different types of external constraints referred to in the case conferences, 2) summarizes the social and political context of practice at the time of data collection, and 3) discusses how these constraints affected the social construction of mothers of sexually abused children, through an examination of how these clinical social workers reacted to external constraints.

Budget Cuts

Budget cuts on the state level significantly affected the two programs observed at the research site. Data collection occurred when a conservative state administration implemented extensive cuts in welfare and other social programs, ending subsidies for housing for families with children at risk of foster care placement, placing a time limit on cash welfare assistance, and enacting a twenty five percent cut in the basic welfare grant. Even larger cuts loomed. Although funding for the programs at the agency came from a municipal agency, and hence was not yet directly threatened, nevertheless many clients relied upon state-funded assistance, and the workers referred clients for additional assistance. Clinicians expressed anxiety about future cuts, about whether the governor's plan for more cuts would succeed, and about the cuts' impact on their clients. Their influence on the construction of mothers of sexually abused children revolved around workers' feelings about their efforts to provide social support for their clients. Thus,

workers viewed mothers as placed in difficult social and economic positions if mothers believed the child's allegations: Family and friends often ostracized such mothers and their financial situation frequently deteriorated. If the workers could provide social and economic sustenance such as housing supports, then they felt they were empowering the mothers. These clinical social workers experienced the governmental removal of these social supports as diminishing their ability to support their clients and as disempowering clients themselves. In a subtle way then, the budget cuts contributed to the workers' perceptions of the mothers as victims—if a worker couldn't provide a client with a service she desperately needed, then the worker tended to view the client as lessened, though they did not view the mother as herself responsible for the loss of service.

Managed Care

Though these programs did not receive third party payments from insurance companies, nevertheless clinicians and administrators experienced the impact of managed care mandates. In the spirit of managed care, the municipal child welfare agency, which funded the programs, had implemented its own accountability and incentive program, which imposed specific and detailed requirements to justify treatment planning and interventions. Instead of the previous routine contract renewal, every year programs now competed for their contracts, even though the funding source had not clarified how it would judge the competition. Workers had to complete a detailed form and set treatment goals differently, using outcome-oriented evaluation, which they found distressing, unfamiliar and unsuited to their work. Using the form changed considerably workers' setting of treatment goals. The evaluation instrument had been developed for a child protective services program elsewhere, which offered primarily concrete and child

protective services. Workers complained that the instrument did not focus enough on their treatment with clients. Clinicians protested that the assumptions that were implicit in the instrument conflicted with their treatment philosophies and completion of it undermined their clinical expertise and autonomy. Examples will be offered below of the setting of externally mandated treatment goals and the workers' reactions to this process.

Court-ordered treatment

Social work practice literature has described the rapidly changing environmental context of agency practice (e.g., Francis, 2000; Moxley and Manela, 2000). All treatment programs must function in the context of funding sources, and other significant publics. The municipal family court formed a significant outside constraint on many cases involving mothers of sexually abused children; its judges frequently ordered treatment plans that clinicians found unrealistic or difficult to implement. This is another example of an external constraint that social workers perceived as limiting their ability to perform the best treatment possible for their clients.

Several times the family court imposed treatment plans for families that clinicians believed would be ineffective or even harmful. For example, a family court judge ordered therapy requiring a child's contact with an incestuous father. In this case the judge had written specific instructions to the agency on how to conduct the therapy, requiring marital and family therapy that both social work respondents and the family strongly objected to: The judge wanted the child, his divorced parents, and the mother's new husband to attend treatment together, despite the child's steadfast refusal to see his biological father, who had sexually abused him. Workers found this mandate "loony," feeling it sprang from the judge's poor understanding of what therapy could accomplish.

They complained of being "asked to do the impossible." The program director had gone to court to testify and was "outraged" when the judge ordered the therapy discussed above. In this same case discussion the staff agreed that the case would have been closed successfully if the judge had not ordered treatment, and they resented a non-clinician outsider's dictate that a family remain in treatment which they (the clinicians) believed was counter indicated. This case was merely one egregious example.

Staff frequently referred to cases with court-ordered treatment as "complicated." I will return to this adjective's meaning when applied to cases below. Moreover, the involvement of court ordered validation of child sexual abuse, to determine "what really happened," often made workers feel that the significance of their treatment activity was disregarded or not taken seriously enough. An outside mandate from a powerful non-clinician created frustration and resentment.

News events: "My worst nightmare"

News events influenced the construction of mothers' treatment as well. Early in the data collection period, local media extensively reported the horrific death of a young girl at her mother's hands. The mother and her boyfriend had severely physically and sexually abused the child, though the family received preventive services from a program similar to the ones observed here. Clinicians voiced strong feelings about the death, its media coverage and its impact on their thoughts concerning practice. One social worker said when she heard the news on the radio she was sure that it was one of her clients, "It's my worst nightmare." Other workers expressed similar apprehensions. News events like these made these clinical social workers feel they had to tread carefully around their cases, that their work might be publicly scrutinized. Yet, despite feeling that outside actors subjected

them to ever-heightened observations second-guessing and culpability, workers believed they exercised little control over their cases' ultimate outcomes. This combination of pessimism and fatalism reflected clinician beliefs that their interventions couldn't control much of what occurred in the families they worked with. Workers viewed their clients' lives as chaotic and disorganized; that outside actors asked them to control the uncontrollable and to prevent events out of their power altogether. They felt that their professional practice was often unfairly dissected. In a passing down of victimization, there was a parallel process in which outside agencies and actors scrutinized workers, who then scrutinized mothers. This process parallels the process of disempowerment discussed above. As a result, these clinicians expected mothers to control situations over which they, too, exerted little real power.

Humor as a coping mechanism

There were many strategies the programs' social workers used to cope with the frustration and anger evoked by external constraints outlined above. Of these humor was the most frequently observed. For example, at the end of each case discussion the treatment team had to set outcome-oriented goals using the new risk assessment and evaluation instrument described above. Workers joked about turning this formal operationalized goal setting into a game they called "Name That Trauma!" The banter included suggestions that workers could simultaneously open and close cases, making an especially efficient use of services, in keeping with what they perceived as excessive use of short-term services to address incest's long-term deep-rooted family problems. A delivery of risk assessment and evaluation forms interrupted one case conference: when one worker asked the Clinic Director what she should do with the boxes, several workers

laughingly suggested that she should take them outside and burn them. Like much humor, these examples showed underlying resentment of external pressures and constraints on their autonomy. In response many clinicians pursued doctoral work or post-graduate training, but believed even more that their hard-won skills were subordinated to organizational constraints that neglected their clients' genuine needs.

Humor emerged again, when a worker and the program director discussed a case where the mother of a sexually abused child was pressuring the worker to validate that incest had occurred. The Director told the worker that her role was to support the child, not to assume the validating or child protective role, and that she had to trust local child protective services to ensure the child was not re-abused. The entire staff laughed, as the worker said "That's scary, to have to trust them!" In this situation humor helped the staff manage their fear concerning their perceived lack of control of their cases. Limiting their role to the clinical alone was difficult, especially in the context of news reports about a child whose mother murdered her despite receiving preventive and protective supervision. Clearly, the workers used humor to cope with feelings of frustration and powerlessness their cases evoked.

Vicarious traumatization and ethnicity

In addition, workers used humor to cope with their own feelings of vicarious traumatization from exposure to the horrors of incest cases. Vicarious traumatization has been explored in the literature on professionals who work with trauma survivors (E.g., Cunningham, 1999; Ryan, in Boyd-Webb, 1999) The workers observed felt especially vulnerable when they had social characteristics in common with their clients. Many clients were Latino, as were about half the programs' workers. In one particularly distressing

incest case, the family was Colombian, as was the therapist. The father-perpetrator had physically, sexually and emotionally abused both the child and mother so repeatedly and repellently that the worker could not bring herself to talk about them in case conference, though she had discussed them privately in supervision. In the conference the worker suggested, "What we really need to do is santeria, but we need to get funding." Santeria is a Latin American spiritual practice used to cast out evil influences (Suarez, Raffaelli and O'Leary, 1996; Baez, 1996; Paulino, 1995). It is likely that many Latino clients at the agency believed in santeria and practiced its rituals.

There were a number of elements involved in this reaction. First, the worker stated that she felt strongly for this mother because of their shared ethnicity: she knew this mother's world. The worker identified with the mother through the avenues of common ethnicity, nationality, language and culture. Second, the worker shared the experience of emigration with the child: she, too, had been sent to the United States to live with relatives, while her parents remained in Colombia. Third, she found the details of the case so upsetting that they stayed with her in her off hours; she ruminated about the mother and the daughter, and dreamed about their safety. Fourth, her allusion to funding reflects the worker's frustration about being prevented from doing the kind of treatment she felt her clients really needed. Getting funding for santeria was about as likely as getting funding for anything, including the treatment workers believed would help their clients most.

That vicarious traumatization emerged in the context of shared worker-client ethnicity is significant: at the program, at least, workers voiced more pain from cases where they felt their clients were "like them," where the line separating worker and client

was less sharp. Clinicians couldn't distance themselves from clients when they knew well what so much of their clients' lived experience had been like.

In speaking about her efforts with the mother, the worker said they had worked very closely together, and used the analogy of the worker and client creating a world together. There was a connection of the "mother tongue" of ethnicity with the world that the worker and mother in this case created together, and hence it was harder for the worker to remove herself from the mother's anguish.

Taken together, these external similarities and constraints for these clinical social workers heightened the perception that they couldn't conduct the treatment they believed most beneficial to their clients, or the treatment they found most personally and professionally gratifying. Correlatively, most respondents believed the work most satisfying to them was also the best treatment for their clients. They didn't question whether clients might benefit from treatment that workers didn't enjoy. As a result, workers used humor with strong tinges of underlying resentment to cope with the feelings evoked by these external constraints. Humor also helped workers grapple with the feelings clients' trauma stirred up, and those feelings were strongest when workers and clients shared ethnicity and other socio-cultural experiences.

How did external constraints influence the construction of mothers of sexually abused children? The very nature of the word "constraint" implies limitation and constriction. It means that one can do less, rather than more, in a given situation. As stated above, it meant that workers couldn't do the treatment they believed most helpful for mothers, or the work they found most rewarding and engaging. What impact did this "lessening" have on how workers constructed mothers? It led to these clinical social

workers viewing mothers as ever more victimized: Since there was 1) less time for treatment (managed care), 2) fewer resources (budget cuts), and 3) outside authorities dictated the type of treatment (court-ordered therapy), workers viewed mothers as doubly put upon by society. Unlike past literature and practice, which had blamed mothers via the collusion hypothesis, these workers saw mothers as first unfairly blamed by social actors (police, child welfare, judges) for the incest, and then deprived of both treatment and social and economic supports they believed mothers needed to cope effectively with incest's aftermath. This construction of mothers as victimized and workers as powerless recalls the literature from both the family systems and feminist perspectives that constructed mothers as victims of social processes over which they had no control rather than as collusive or culpable (See Chapters Two and Three).

THE CONTEXT OF PRACTICE II: AGENCY CONTEXT

Use of authority to deal with external constraints

Agency context, for the purpose of this study, is defined as the sum total of the agency's structure, organizational and interpersonal dynamics and culture. Not surprisingly, external constraints and agency context interacted in the construction of mothers of sexually abused children. The previous section examined humor as a coping strategy for dealing with frustrations and worries evoked by external constraints. Humor also appeared when the programs' director imposed external constraints on the workers, using his authority to change how workers' filled out treatment goals on the instrument. The Program Director's authority, as part of the agency's organizational structure, clearly constitutes one aspect of agency context. In one case conference, while discussing the goals required by the external review instrument, the workers joked about how arbitrary

the answers to the questions regarding treatment goals were, and one commented on how her mood influenced how she wrote the goals, saying:

> W1: It's so hard to code these. It depends on what mood you're in the day you're doing them.
> W2: Especially for us women! [laughter]
> PD: What, don't you think that we men have hormonal cycles, too? Can't you tell from the number of memos I write?
> W3: [comically, but also with an angry edge to it] Yes, we've noticed. "It's that time of month for X [the program director] again! [laughter] SCCCO 4/18

In this interaction the workers used humor to react to both forms of external constraints on their work, as discussed in the section above, as well as to their agency's organizational structure itself. The workers did not like being told what to do; few people do. All workers tend to resent the imposition of authority (Ellis, Davis and Rummery, 1999). The interaction also reflected the interpersonal dynamics at the agency and the two programs. The Director was new to this program, he had recently assumed supervision of two programs instead of one, as a result of agency cutbacks. The staff at this program felt that he was not skilled in working with their clientele; moreover, they felt cheated at losing a supervisor just for their program. They resented sharing him with the other program. Workers gossiped about the changes in the agency while waiting for the supervisor to come over from the other program, down the hall in the same building. In all, the workers felt they were getting less in return for doing more work. Moreover, their humor had an ethnic and gender component: The supervisor was a white male overseeing a predominantly female and Latino staff. The workers felt the program director did not adequately understand them or their clientele and their gender and ethnicity. They did not experience him as belonging to their world. They felt they were not given the support

required to work effectively with their clients. In writing memos the supervisor exercised his authority in telling the workers what they had to do. They felt misunderstood and their resentment expressed itself in jokes with a hostile undertone.

In addition, the Program Director instructed clinicians how to deal with external constraints placed on treatment by the mandates of outside agencies such as child protective services. In one conference at the end the program director said to the worker, "Call the Legal Aid attorney and prepare a strategy for May" [when a court date was to occur]. In this case the program staff wanted to prevent the child from attending mandated visitation with the biological father who had sexually abused him. The father's lawyer was pressing for visitation, even though the child's therapist advised against it. When external constraints demanded decisive action, the program director imposed his authority on the worker to tell him or her "the right thing to do."

Another aspect of agency context influencing treatment of mothers of sexually abused children involved the Program Director versus the workers' authority: who decided what to say to mothers about their children's progress in therapy. The next section will address this topic; most important here is the Program Director's role as supervisor who decides what to tell mothers about the child's problems and recommendations for ongoing treatment. The Program Director's role included clinical supervision as well as administrative oversight, and frequently in case conferences he would say "this is what you need to say to the mother." All of the above can be seen as an interaction between agency context and externally imposed constraints: When the Program Director, in his supervisory role, viewed those external constraints as threatening or interfering with good treatment as it had been constructed at the agency, then he might

invoke his authority to resist or deflect those threatening external constraints. Because the workers at the program felt misunderstood and unappreciated as professionals by the program director, they used hostile humor to cope with their anger and frustration at being told what to do.

Teaching as knowledge production and transmission

Another relevant aspect of agency context was the agency's being a teaching site for social work interns from several local graduate programs. This influenced the social construction of the mother of a sexually abused child through the teaching purposes of incest cases. The Program Director was a field instructor for one student, and a clinical social worker supervised a second student placed there. In their teaching role in case conferences, the field instructors used incest cases quite differently from other types of cases. During the six months of data collection, field instructors singled out only the incest cases as "good for teaching." Comments during case conference observations revealed that the two field instructors viewed incest cases as "rich opportunities" for teaching practice. There was a twofold aspect to this. First, the field instructors viewed incest's complexity as making such cases useful for teaching students about family, interpersonal and intrapsychic dynamics. The field instructors constructed incest as typifying aspects of these dynamics in ways that other types of cases did not: To them incest wrote large issues of secrecy, sexuality, caregiving and unconscious motivations. Second, the teaching itself served as a method for passing along a worldview, a specific perspective on how to think about childhood sexuality, male-female relationships, and the role of women as mothers and protectors in the family. So how did this happen at the agency and its two programs here? The field instructors used one incest case to teach about incest's inconclusive nature,

comparing the less restrictive standards of proof required by child protective services with the more demanding ones of the family court:

> PD: It's a good teaching case in many ways. [child protective services] indicated the case for sex abuse. Yet in the family court, where it's a civil court requiring only the preponderance of the evidence, the judge couldn't find against the father . . . . It's a *complicated*, but not untypical sex abuse case. Sex abuse is not conclusive. Frequently the child is not believed, there are no witnesses.
> Student: Was it prosecuted in criminal court?
> PD: There wasn't enough evidence for a criminal case.
> FI2: For example, I had a case where a boy was grabbed on the way home from school by a stranger and raped. There there was enough evidence, but not here. TWC 2/26 [emphasis added]

First the Program Director states that although this case is complicated, it shares common properties with other incest cases. In this interaction the field instructors used the case to teach about how uncertain and inconclusive incest cases are, contrasting not just the two different standards of proof, but also contrasting incest with an extrafamilial sexual abuse. Therefore the field instructors encouraged students to generalize from this case to all incest cases. By contrast, the worker presented stranger rape as clear cut and easier to prove than incest. Here the worker mentioned just one case, but the student could easily infer that extrafamilial abuse is more straightforward than incest. Throughout case conference observations workers never qualified incest cases as differing from one another—here this case was "complicated, but not untypical." In using these two examples, the field instructors transmitted the belief that incest is messier, more complex and more difficult to prove than extrafamilial sexual abuse.

The Program Director became even more specific about incest's uncertainties later in the same case conference:

PD: In only about one quarter of our cases is there physical evidence of trauma or of semen. That's rare. But cases can be prosecuted without that if there is credible testimony from the child. Child victims have to be witnessable—they have to testify that the abuse took place with specific dates and places. That way the defense lawyers have the chance to contest that by saying that on that date their client couldn't have done it because he was out of town.
Stu: Did the validator come through the court?
PD: Yes, from the court. He couldn't validate because of the softness of the boy's testimony. The boy told of the father getting on top of him from behind, things like that.
FI2: It's often difficult for kids to talk about the abuse. TWC

In a later case conference in which the staff discussed another incest case, the program director mentioned recent public recoil against incest allegations: "There has been a whole backlash against children's allegations of abuse recently. It's a thorny issue." (TWC)

What theories about incest, overall, did field instructors communicate to social work students in these comments? Why should incest pose more of a "thorny issue" than physical child abuse to these clinical social workers? The field instructors constructed incest as "messier" than other forms of child abuse. They frequently used the adjective "complicated" to describe incest cases. What does this adjective mean when applied to incest and mothers of sexually abused children at this agency? These field instructors had absorbed the commonly held wisdom that professionals may not believe children's incest allegations as readily as they believe those about physical child abuse or neglect. In his comments the Program Director passed on the belief that neglect or physical abuse leave signs that have been socially agreed upon to indicate that child and parent need professional attention. Commonly agreed upon indicators for physical child abuse include bruises or burns; signs of neglect include poor hygiene or malnutrition. Yet even child

abuse is a social construct, existing for slightly more than the last hundred years in American society (Nelson, 1985). Because of the bonds of family, these clinical social workers accepted that incest was less easily "seen;" they believed that its secrecy and the bond the offender frequently forged with the victim kept it hidden longer.

Besides these constructions, the field instructors conveyed to social work students that incest cases pose more problems for clinical social workers: There would be more contact with child protective services, more court appearances, more contact with lawyers. So incest created problems in 1) assessment: Did the molestation happen at all? and in 2) intervention: More work with family, child and outside actors.

Agency context contributed to the overall construction of mothers of sexually abused children in a number of ways. First, the Program Director used his authority to deal with the onerous and demanding external constraints placed on treatment. How did this influence the construction of mothers of sexually abused children? Because the clinical social workers believed external constraints prevented them from doing worthwhile and constructive treatment, they felt even more put upon when the Program Director overrode their professional autonomy by issuing instructions. Clinicians felt both they and mothers were victims of external social and economic forces. In addition, workers felt victimized by the Program Director's appropriation of their professional autonomy. Though the data here did not give evidence of workers directly identifying with mothers and their plight, it did indicate the intensification of their belief that mothers of sexually abused children were multiply victimized, too. Again, this recalls the family systems literature that constructs mothers as victimized by social forces beyond their control.

The fieldwork teaching of graduate social work students at the two programs intensified the construction of mothers of sexually abused children. Earlier in this chapter I used the concept of the social fabric: the larger context of external constraints forms the carpet's overall pattern; in the agency context, the smaller world of the two programs and their interpersonal and power relations, we see the fabric's details: the choice of colors, the type of pattern, the tightness of the weave. That, in one hundred hours of case conference observations, these were the only cases the field instructors referred to as "good for teaching" meant that these professionals scrutinized mothers in incest cases more carefully than other mothers. The clinical social workers viewed these mothers' behavior as typical of women under tremendous pressure to protect their children in situations in which these women were hard pressed to keep going from day to day. Therefore their behavior was examined and judged more than that of non-incest mothers. That field instructors passed on the construction of incest as more "complicated" than other family problems meant that when students became workers they would approach mothers of sexually abused children more warily than mothers in non-incest cases, believing that the work they had to do in such cases would be more difficult, demanding and implicitly less rewarding.

CONCLUSION: EXTERNAL CONSTRAINTS AND AGENCY CONTEXT

Overall, external constraints contributed to the construction of mothers of sexually abused children in the following respects: 1) they limited these clinicians from the treatment they believed most beneficial to their clients and most personally rewarding; 2) they deprived mothers of both needed treatment and social and economic supports necessary to deal personally with incest's disclosure and to support and protect the child

victims; it can be argued that this contributes to, or at least intensifies, the societal blaming of mothers, in which women are held responsible for their children's well-being, while being themselves denied the tools to do so effectively. Agency context of practice interwove with the external constraints, which provided the overall pattern for the creation of the mother of the sexually abused child here. Agency context put into place the overall pattern of mothers as lessened than other women, as victims of social blaming for the incest, and as trapped in the gender and power dynamics of the family that led to that blaming. The Program Director's use of authority to implement external constraints led to workers' resistance. Clinicians' reactions to authority involved humor with a gender and ethnic component reflecting their feelings of being themselves underserved and misunderstood. The agency's role as a graduate social work teaching site added to the construction of mothers of sexually abused children: the field instructors described incest cases as "good for teaching" and as "complicated," transmitting the belief that incest typified the severest types of family problems and posed complex assessment and intervention problems for social workers. Together the external constraints and agency context created a vivid weaving in which mothers of sexually abused children were portrayed as societally victimized and underserved, and hence less likely to protect their children, even though clinicians did not view mothers as active colluding in incest. In the next chapter I will present findings from individual interviews related to workers' constructions of mothers' reactions to disclosure.

CHAPTER SEVEN
INDIVIDUAL INTERVIEWS WITH CLINICAL SOCIAL WORKERS: CONSTRUCTIONS OF DISCLOSURE

INTRODUCTION

The previous chapter explored the organizational contribution to the social construction of the mother of a sexually abused child through participant observation of clinical case conferences. This chapter focuses on social workers' individual or more clinical constructions of disclosure, the critical event in which the child reveals the incest to the mother and to the larger world. As outlined in the literature review and methodology chapters, the child's disclosure of incest provides the focal point of theory development for this study. More specifically, this chapter presents findings from individual interviews that pertain to disclosure. Disclosure is the event through which professionals construct mothers' behavior, chiefly using the mothers' reactions to disclosure to create a picture of these women. First the construction of a maternal continuum of behavior and feelings is presented. Next follow findings on how respondents use trauma as a construction to account for mothers' actions and emotions subsequent to disclosure. Workers' constructions of disclosure itself and mothers' reactions to it as progressive come next. An exploration of clinicians' constructions of the relation between disclosure and the mother's interpersonal relationships with the child and the offender follow. Finally, within the context of clinicians' individual constructions of mothers, findings about actions social workers believe mothers can take to prevent or facilitate disclosure will be explored, along with an assessment of whether mothers ever make sense

of the incest. All these are summarized in a flow chart which accompanies the conclusion to this chapter.

A reiteration about my own perspective on the data here: as stated in the previous chapters, I view these clinicians' theoretical justifications and clinical formulations as pieces of something, that, while not necessarily "truth' itself, reflect what these clinical social workers believe most significant about the mothers they work with. In the end, this study's subject is what clinical social workers say about mothers of sexually abused children, how they represent mothers, how they account for mothers' behavior, what clinical formulations they create, and what interventions they propose. The data are less windows on the "truth" about mothers of sexually abused children then they are artifacts of the world in which clinicians meet mothers, assess them and implement their treatment. So, I repeat that while I do not believe these clinical social workers are at all whimsical in their formulations, I do hold that they are subject to social forces about which they are relatively unaware and over which they sometimes have minimal control.

THE BELIEF CONTINUUM

The continuum emerged in individual interviews as a construct workers created to organize their clinical thinking about mothers. A continuum is defined as "a continuous series of elements passing into each other" (Oxford English Dictionary, 1971, p.538). The elements clinicians use here to construct the continuum are the mother's levels of belief in the child's assertions. Figure 1 illustrates the belief continuum. To respondents, some mothers do not believe at all--they would then be at the disbelief end of the continuum. Some mothers believe their children immediately, with minimal cognitive dissonance--such mothers would exist at the opposite, belief end of the continuum. Between these two end

points exist mothers who possess varying levels of belief in their children's statements. Some may believe, but question that belief at times, while others may move back and forth at times from less-believing to more believing states on the continuum.

The constructed continuum includes levels of cognitive and affective belief, with more positive connotations assigned to mothers who believed their children absolutely and did not assign any blame to the children for the abuse. Myriad factors richly color and influence how workers see that mothers believe, or don't believe, their children at disclosure: their relationships with the child and the offender, the child's age, the way in which and to whom the child first discloses. This chapter will address these factors in depth.

The continuum represents a type of clinical thinking frequently used by practitioners, which they use to classify clients' behavior and create systems of understanding them. From these organizations, or constructions, ultimately come workers' interventions aimed at changing client's perceptions of problems and behaviors toward significant others. A comparison may illuminate. The constructions workers use to interpret clients' behavior lead ultimately to interventions workers make to modify clients' behavior. Clinicians who work with alcoholics frequently use the concept of denial to explain the alcoholic's inability to stop drinking. In practice denial may mean many things to different practitioners. A behavior that one worker may take as indicating that the client is "in denial," may be taken by another worker as indicating that the client is using alcohol to appropriately deal with deep-seated and long-lasting pain. In other words, how the worker clinically constructs the client's behavior will determine how she intervenes. The worker who believes the client is in denial may confront the client, while the worker who

does not may take a more accommodating stance toward the client's drinking. The factors that determine what constructions workers create to interpret clients' actions are vast. They include the external and internal social contexts of the agency, which were discussed in the previous chapter, along with workers' own internalization and modifications of concepts from the professional literature.

Three respondents directly used the word continuum (A, D, E), while several others spoke of a "range" of behaviors or actions (C, F, G, I). The continuum workers created extended along four dimensions: 1) of roles in the family; 2) of level of knowledge of the abuse prior to disclosure; 3) of relationship with the victim; and 4) of behavior at the time of disclosure. Here we will examine the fourth dimension, which speaks to disclosure.

> I think there's a continuum. Some mothers believe the child right away--
> some have real trouble believing and
> go back and forth a lot. (A)

> I think their reactions fall along a real continuum.
> Shock, denial, rage, concern, worry, anxiety. (C)

This construct is consistent with current empirical literature on mothers' reactions to disclosure, which show that mothers' feelings and actions after disclosure are diverse (See e.g., Gomes-Schwartz et al, 1990). The use of the word "continuum" implies that diversity. It is crucial to note that all respondents constructed mothers as eventually engaging in at least a bare cognitive level of belief in their children's allegations, though participants believed many mothers struggled to hold onto that belief, or to move on to a fuller and more engaged affective level of belief. These findings contrast with Dietz and

Craft, who found workers believed that mothers' reactions to disclosure were much less likely to be believing and supportive of their children (Dietz and Craft, 1980).

DISCLOSURE AS A DEFINING, TRAUMATIC EVENT

Respondents used trauma as an explanation to account for much of mothers' behavior at disclosure. The concept of trauma colors how workers interpret mothers' reactions to disclosure. A trauma perspective holds that a traumatized individual would be unable to cope with present-day crises due to her unacknowledged and unresolved traumatic aftereffects (see e.g., Graziano, 1992; Herman, 1992). In what ways did these clinical social workers view mothers of sexually abused children as traumatized? Responses to questions across several question categories revealed that clinicians believed that mothers experienced disclosure as a severe trauma. Frequently workers described mothers as defining their lives in categories comprised of "before disclosure" and "after disclosure." In these participants' interpretations, disclosure revealed the mother to the world as deficient in her maternal role, with this revelation splitting the mother's world apart.. Respondents' answers to questions about mothers' relationships with victims or offenders were also couched in terms of life "pre-disclosure" and "post-disclosure," with the latter unchangeably unhappy. Hence, one mother's post-disclosure experience was described as follows:

> . . . . she persists with this "Life is ruined forever" and it's all his [the offender's] fault. (I)

Trauma theory's influence on incest research and practice is evident here in workers' constructions of mothers' reactions (see e.g., Newberger et al., 1993, who claimed that mothers experienced traumatic symptoms subsequent to disclosure). Several

respondents interpreted mothers' symptoms as consistent with a diagnosis of post-traumatic stress disorder (A, G, H, I). Nightmares, flashbacks, inability to concentrate, and obsessive preoccupation with the abuse were all mentioned. These symptoms constitute four of the diagnostic criteria for post-traumatic stress disorder in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (1994, American Psychiatric Association). So, for example

> One mother became obsessed with the idea. She had nightmares, and couldn't leave her daughter with anyone else. (G)

Study participants interpreted the mother's intense preoccupation with the traumatic event as consistent with post-traumatic stress disorder, so much so that mothers cannot function normally. One mother reported:

> that in her business . . . she was always talking about it [the incest] and . . . that it had driven away a lot of customers. (I)

In addition to trauma theory proper, several respondents used concepts related to separation from their daughters as a developmental issue to account for mothers' behavior after disclosure. They believed some mothers had separation problems reactive to disclosure, finding it hard to let their daughters go as they moved into the wider world of adolescence. In addition some clinicians viewed mothers as so traumatized by the incest that they were unable to date for several years after the abuse because their trust in men was deeply shaken. Ironically, separation problems accounted as well for some mothers' inability to psychologically distance themselves from the offender and move on. In their interpretations clinicians connected these separation problems to the mothers' traumatized inner world. Moreover, for some mothers separation difficulties were explained as emerging from their history of personal trauma in their lives prior to the incest, as well as

the trauma they experienced upon learning of the incest. For these mothers any kind of separation was constructed as traumatic and fraught with anguish.

Here again, respondents' constructions of disclosure as traumatic for mothers are consistent with current research which indicates that mothers find their children's revelations of incest as profoundly and lastingly distressing. (Newberger, et al., 1993). Moreover, participants built a picture of some mothers who were doubly traumatized, not just by disclosure itself, but by previous and current life events. These could include the mothers' own histories of childhood abuse and neglect, parental alcoholism or substance abuse, domestic violence, spousal substance abuse or alcoholism. In their view a mother's unresolved traumatic history undermined her capacity to protect or comfort her child. Not surprisingly, a particular connection was made between a mother's personal history of sexual victimization and her ability to protect and support her child. Several workers mentioned that many of the mothers they had worked with had themselves been sexually abused and yet had never conceptualized themselves as incest victims (A, B, E, G). This construction of the doubly traumatized mother recalls the intergenerational hypothesis reviewed in Chapter Two, in which 1) the mothers' unresolved feelings about their own sexual abuse in childhood, and 2) their hostility toward their own mothers rendered them unable to love or protect their daughters. In the past these maternal failings were thought to lead to role reversal with the daughter, then parentification, and finally to incest. In the prevailing construction mothers become damaged and unable to protect due to their own traumatic history and the trauma of disclosure. Much has changed over the fifty years since the first "faulty mothering" and incestuous hypotheses--mothers are no longer seen as villains, but they are still described as victims with little control over their own inner or

outer worlds. Though the current construction is more empathic, it is still deterministic--in that these mothers and daughters are the prisoners of their life histories and in that sense passively collusive or culpable, until treatment sets them free.

DISCLOSURE AS A PROCESS

One important finding of the study reveals that workers constructed the child's disclosure as a process, rather than as a single event. This interpretation is consistent with findings of others studies which indicate that incest victims frequently disclose gradually, via hints and behavioral cues, rather than by simply telling an adult outright (Finkelhor, 1994). Even though these social workers envision mothers as constructing disclosure as an event which splits their world in two, nevertheless clinicians conceptualized disclosure itself, and likewise the mothers' reactions to it, as progressive, rather than discrete phenomena. Thus, workers distinguished between mothers' internal experiences of the incest disclosure, which were abrupt, brutal and traumatic, and their external outward responses to the disclosure, which often appeared gradual and emergent. We can conceptualize these distinctions as being between inner feelings and outward behavior. As discussed in the preceding section, in keeping with contemporary trauma theory, workers constructed some mothers as incapable of responding adequately to their children because of their own traumatic symptoms. Trauma theory posits that traumatized individuals cannot deal with current crises because of their unacknowledged and unresolved traumatic sequelae. (See e.g., Graziano, 1992; Herman, 1992). The interaction of disclosure's emergent quality with the mothers' traumatized psychological state made intensely problematic the mothers' post-disclosure behavior. Thus workers believed disclosure's gradual nature sometimes masked its full impact on mothers' understanding of incest.

Moreover, respondents held that the trauma of disclosure itself keeps some mothers from fully responding to their children's needs as quickly as possible.

Many respondents indicated that in their experience children often disclose to someone other than the mother (B, C, D, E, G). This, again, is consistent with the literature which indicates that disclosure is often almost accidental and not completely intentional (Finkelhor, 1994). Some social workers used these facts to infer a poor mother-child relationship (B, E). Most participants also interpreted the child's telling another adult about the incest, instead of the mother to create a picture of a mother who felt diminished as a parent. This depleted mother, unable to relate to or protect her own child, vividly recalls the professional literature reviewed in Chapter Two that portrayed mothers as inadequate women who facilitated the incest because of their own basic inadequacy as human beings (E.g., Kaufman, Peck and Tagiuri, 1954; Lustig et al., 1966; Sgroi, Blick and Porter, 1982). One clinician described these mothers as:

> pretty burned out people . . . . overwhelmed and underskilled.
> they just don't have what it takes.
>
> (B)

One example from individual interviews well illustrates how respondents construct disclosure itself, and the mother's reactions, as progressive, rather than discrete events. In this case a mother with two children had not fully believed until her younger child, a son, disclosed that he, too, had been molested along with his sister. The mother had previously believed her daughter's allegations, and prevented the father from having unsupervised contact with her. However, she felt hesitant about taking legal action, and had not reported the case to child protective authorities or to the police. Once the son disclosed, the mother called the authorities, and initiated legal action. The worker interpreted this

mother's behavior as paralleling disclosure's progression: as a child revealed more facts the mother engaged in fuller belief, with less emotional ambivalence, and with more concrete protective action. This mother moved further to the right along the belief continuum. This example illustrates how these clinical social workers constructed the mother's reactions to disclosure, like disclosure itself, as a process which goes by fits and starts--the child doesn't simply disclose and the mother then straightforwardly take action. Instead study respondents hold that the child may disclose in a variety of ways--through behavioral changes, through accidental comments, through statements to relatives, friends or teachers. Clinicians saw mothers as then facing the dilemma of exactly how to take action--who to believe, how much of their story to believe, what to do.

> And it was only when the boy started talking about things that were really irrefutable that she stopped this caretaking arrangement, and made the second report. And cut herself off, and the children. Went to court and got an order of protection. And this man did things that I believe, I don't think it was the mother's imagination. He was skulking around the neighborhood where they lived, was driving by, going to school where his daughter was.(I)

What influence does the construction of a progressive disclosure and mother's progressive reactions have on these workers' overall conceptualizations of mothers and on their social work interventions with them? Viewing mothers as traumatized themselves subtly changes clinicians' perspectives on them. Instead of interpreting mothers as unconsciously encouraging the incest due to their own unmet dependency needs or their inadequacy as human beings, clinicians pictured women who were themselves injured and damaged psychically by their own earlier lives, and by their children's disclosure of incest, and who themselves needed help to recover from trauma. Moreover, the distinction between inner feelings and outer behavior allows for these clinical social workers to

interpret mothers' behavior in a different context than previous theoretical formulations allowed. If the mothers experience disclosure internally as an abrupt, brutal and traumatic rending of their world, and if their previous life experience makes it unlikely that they have the emotional resources to meet their daughters' needs at disclosure, then any slowness in their reactions to disclosure will be interpreted as coming out of their lives' traumatic welter. Therefore, these workers' interventions tended to focus on assisting mothers in understanding in detail their own painful reactions to disclosure.

MOTHERS' ACTIONS AFTER DISCLOSURE

Participants conceptualized mothers' actions after disclosure along a continuum as well. One respondent said, in talking about a mother's actions, "the mother took the appropriate steps and went to court." (H). This response implies that not all mothers take such "appropriate" steps, and that there are "inappropriate" steps that a mother could take. Such "inappropriate" steps might include 1) not calling the police or child protective services; 2) believing the offender rather than the child; 3) punishing the child for making the allegation. The quote also implies that there are different ways of taking "the appropriate steps." Some workers constructed most mothers as "going through the motions" of belief without engaging in a deeper and fuller belief on an affective level (B, G, H). To some respondents moving to this "deeper" level meant that the mother took a certain degree of responsibility for allowing the abuse to occur--it implied that the mother had some genuine control over the offender's behavior. This implication means that these respondents accepted the societal expectation that mothers' expressive "sphere" of home and family is one where they exerted real power. The constructed continuum of mothers' actions clearly corresponds to the belief continuum. Figure 2 presents the action

continuum. "Less believing" mothers would take fewer protective actions for their children, while mothers at the cognitive belief point on the continuum might act to protect their children more, while still feeling or expressing ambivalence about the allegations. Mothers at the affective belief end of the continuum would protect their children without cognitive or emotional dissonance, with some mothers accepting that they bore some responsibility for the incest. Many study participants interpreted any kind of delay in reacting to disclosure as implying that the mother doubted the allegations. Therefore, workers who talked about mothers taking the "appropriate steps" still view the mother as culpable for the incest, without actually using the word "collusive." Though several study participants spoke in individual interviews of how mothers are disempowered, they did not in general use this belief as part of their construction of mothers' actions after disclosure.

Several respondents (E, F, H) spoke of how mothers "had to believe" or of how they had "no choice but to believe" their children's revelations. These constructions presented mothers' belief as more or less inevitable, but with the strong implication that mothers resisted belief as a result of internal motivations, but felt compelled to believe by external forces. Such external forces were embodied by teachers, child protective service workers, police, district attorneys, some (though not all) family members: the audience of observers watching and judging mothers' actions.

Mothers' need to "balance" their reactions to disclosure due to family loyalties was another construct found in individual interviews. Study participants interpreted this need to balance as connected with the mother's feeling impelled to believe the child cognitively, while still holding onto doubt on an affective, emotional level, or while feeling torn by the need to maintain family connections.

> there was pressure from the family for them to recant. They had been a close family until that point, and the family split up into loyalty factions. The mother had a hard time managing that for her daughter and her family [gestures 'one the one hand, on the other hand']. (E)

This construction corresponds with the study which uses Gilligan's "ethic of care" to account for how mothers attempt to manage relationships within the web of family members after the child's disclosure, as opposed to the traditional "ethic of justice" imposed by a patriarchal society (Hooper, 1992). Mothers' need to balance because of their roles as maintainers and brokers of relationships and connections may have led to actions after disclosure that professionals formally interpret as conveying a lesser level of belief, while at times informally acknowledging the very difficult position disclosure creates for mothers.

In other words, how these clinical social workers construct mothers' behavior is context-specific--they will fashion a picture of mothers that judges their behavior differentially according to the needs of the specific situation. When a worker needs to assess a mother for the purpose of writing a court report she will interpret that behavior differently from how she would write or speak about that mother in supervision, in case conferences or in her own private musings. For a court report the construction is more likely to adhere to an "ethic of justice," since the court is the societal organization designed to judge human behavior according to a written and interpreted standard of law. Chapter Six detailed the social process of group construction of the sexually abused mother. This study did not have access to supervisor-worker sessions, but it is likely that in supervision the construction will be a product of the behavioral interaction between the worker and the supervisor, and will reflect their interpersonal and unspoken dynamics.

Overall, data from individual interviews revealed that respondents highly valued actions after disclosure that involved contact with official child protective services. A mother's attempt to make her own private arrangements to protect her child from further abuse were constructed by participants as close to the left hand end of the belief and action continua--as less cognitively and affectively believing of their children and as less capable of acting to support and protect them. These constructions put participants at odds with empirical reports revealing that many mothers first respond to disclosure by making their own arrangements, such as prohibiting private contact between offender and child, or sending the child to live with a relative (see Humphreys). Rather than interpreting these actions as springing from ambivalence, denial or ineffectuality (as some clinicians did), an alternate construction might see such efforts as indicative of the mother striving to hold together her shattered world in the face of the horror of disclosure.

CONSTRUCTIONS OF THE MOTHER'S SHATTERED SENSE OF SELF AND THE RESULTING DILEMMA

Yet another construction appeared in data collected from individual interviews. Respondents described the mother as experiencing a disruption in her sense of who she is, in the outer world, in the smaller world of the family, and in her interior psychological world. They interpreted this as a dilemma for the mother--who and what is she to believe, who is she to become in the aftermath of a destruction of her previous life narrative? A dilemma is a painful situation from which an individual rarely escapes.

> There's really a wealth of emotion. The incest disrupts the mother's sense of self and in her confusion she may say or do something to hurt the child. Out of her upset one mother accused her daughter of enjoying the abuse, saying "you liked it." (E)

> It really shakes some mothers' whole identities upside down. To accept the incest is to destroy their life as they have known it. (E)

> Some mothers feel anxiety about their identity. They wonder, "what's going to happen to me and to my child now?" (D)

> In one case both mother and daughter said they didn't want to acknowledge the abuse because it would destroy the family . . . .the conservative forces of family life are at play. (H)

An alternate way of phrasing the dilemma was to call the aftermath of disclosure:

> a crisis in relationships for the mother. She is struggling to deal with meeting her child's needs versus meeting the offender's needs. (D)

These workers interpreted the mothers as unable to meet simultaneously the needs of her child and the needs of the offender. They placed the mother in an either-or position in relation to the child and the offender, who here is the mother's husband, boyfriend or lover. Here clinicians saw the mothers as caught in the dilemma of who to believe, how much to believe and what to do in incest's aftermath. Viewing this situation as a dilemma allows workers to see the mothers as experiencing pain and conflict in their reactions to the trauma of disclosure. Mothers' behaviors that in the past were interpreted as collusive are here explained as mothers struggling to cope with dilemma of incest, to put together their shattered world as best they can in their traumatized condition. This dilemma connects back to the previous section's discussion of the mother's "need to balance," of her perceived role as a maintainer of family relationships, rather than one of a judge who merely chooses and then moves on (though, given the constructed continuum of reactions to disclosure, some mothers do quickly accept the child's allegations and reject the offender outright). These social workers described many mothers as unable to completely

move on, given how rooted women are in their families and their relationships. Respondents' interpretations revealed that they believed that many mothers who believe the accusation and take immediate, official action cannot move on. Because of shared child custody and women's roles as maintainers of family connections, they, too, must often maintain some contact with the offender, however distasteful they find it.

CONSTRUCTIONS OF INTERPERSONAL RELATIONSHIPS

Behavior toward the child and the offender after disclosure

In their constructions of the mother's interpersonal world, too, clinicians generally used trauma theory to interpret mothers' behavior toward the child and the offender. Four interviewees related how mothers felt intense shock when their child disclosed the abuse (A, D, E, F). Others mentioned initial disbelief as a stage, followed soon by belief in the child's allegations (A, C, D, E, F, G, H).

> In this one case the mother at first kept looking for things to disprove it [the allegation]. (E)

> One mother told me she couldn't believe it until her son cried, "You don't believe me!" and she just knew he was telling the truth and told him, yes she did believe him. (F)

One described a different pattern of response, seeing the mothers "doing the right thing" initially by believing, reporting and cooperating, with doubt creeping in later, as they had time to reflect:

> A lot of them that I'm working with have "done the right thing" in that they've said the words "I believe you" and in most cases they reported it and cooperated with the authorities initially. And then I think, when the interviews start all the doubt and the suspension of belief come into play. (B).

In this case the respondent sees the mother responding at first in an almost mechanical fashion upon disclosure, with her "real" feelings coming in later as she has time

to reflect. This can be viewed as a delayed response to trauma in which action is taken but feeling is denied.

Confusion was mentioned by three subjects as a reaction toward the child at disclosure (A, E, H).

> Some mothers don't know how to respond at all. (A)

> In one Latino family the mother was quite confused, but still didn't try to attack or blame the child. (H)

Anger was the most common reaction reported by respondents toward the offender (A, B, F, G, H, I).

> How do mothers respond toward the perpetrator? Ragefully, angrily, fearfully. (I)

> they curse, they rage--there's a lot of anger, even though sometimes they take the offender back. (B)

Clearly workers reported this anger as taking different forms. They believed that at times the anger coexisted with knowledge that the incest was going on. Reconciling these two seemingly contradictory states: cognitive awareness of the incest with the emotional state of anger upon disclosure, was a contradiction that the respondents said some mothers seemed able to live with, though the workers themselves found such a predicament extremely puzzling.

One worker elaborated on how one mother's rage constituted a "characterological" issue which spilled over into other aspects of her life and to other relationships:

> Well, I think her own rage. Her own sense of hopelessness . . . . Much of this, a lot of these issues are characterological issues for her. So if they're not directed at the perpetrator, they crop up in other relationships, in her family. (I)

the workers' depictions of the interconnectedness, the web of mothers' interior lives and external roles and relationships, springs out of the data here. Moreover, here the influence of trauma theory again displayed itself in workers' constructions. Respondents asserted that in these father-daughter or stepfather-daughter types of incest cases that the mother's reaction was more extreme than when the offender was from outside the nuclear family. Respondents ascribed this angrier reaction to mothers' outrage and personal sense of betrayal, and to the traumatic aftereffects of disclosure.

Relationship with offender/availability to the child

Most respondents posited a connection between the nature of the mother's relationship with the offender and the mother's capacity to be emotionally available to the child. In families where there had been domestic violence many interviewees believed that the mother was emotionally depleted and less available for the child's needs (A, B, C, H).

> the mothers are overwhelmed and underskilled because of their life situations and life experiences. I see a lot of domestic violence. (B)

Even in some situations when the mother had repudiated the offender and supported the child these workers interpreted her continued involvement with the offender as preventing her from being tuned in to the child's changing developmental needs. One example:

> After the disclosure the mother's hatred for the father so preoccupied her. I think because of that she really became overly controlling in the kids' adolescence, when they needed to go out on their own more. (C)

Respondents compared cases in which the offender was the father, stepfather or mother's boyfriend to other cases, constructing the mother in these "classic" paternal

incest situations as much less likely to maintain a stance of emotional availability toward the victimized child after disclosure. For example:

> When the father is the perpetrator the mother seems to be less attuned to the child. They blame the child and deny the abuse happened. When the mother cuts off the relationship with the offender they become more attuned to the child. (G)

> In one of my cases the mother refused to believe the children's allegations because the father was the offender, and the children spent seven years in foster care as a result. (E)

> the mother was in a tough situation. She wanted the father back, but believed the daughter, because she said she "had to believe her daughter." there was denial and hostility toward the daughter, though there was some emotional availability as well. If it hadn't been the father maybe she would have been more there for her. (F)

The foregoing quotes illustrate how clinicians viewed mothers as being in an "either-or" relational situation after disclosure. Mothers must choose between the child and the offender. Despite respondents' descriptions of the range of behaviors mothers display to children and the complexity of the interaction between mothers' relationships with offenders, they nevertheless hold that mothers' availability to their victimized children is inevitably compromised by any connectedness with the offender, no matter how ambiguous, slight or innocuous. The workers' struggle to understand how mothers' emotional ties to their partners relate to mothers' capacity to care for their children's needs in the wake of incest leads to the construction of a dichotomous choice. The embeddedness of women's lives is again described, but not integrated into an overall interpretation of how one relationship influences another.

CONSTRUCTIONS OF MOTHERS' KNOWLEDGE OF INCEST AND ATTEMPTS TO PROTECT

Workers frequently assumed mothers had some level of pre-disclosure knowledge of the incest, though the clues respondents believed mothers had ranged from extremely subtle ones to very conspicuous ones. Some examples of each type will be offered.

> The mother knew that A [the victim] was the only kid the father would take with him when he went to work in the basement. The father treated her as special, but also as a scapegoat. (G)

> In one case a mother found condoms and the father's underwear in the daughter's bed. She confronted the father, who came up with some kind of plausible cover story and who told her she was crazy. She also discussed it with her priest, who told her to believe her husband, and that she was imagining things. (H)

> The child had a sexually transmitted disease at about the age of, I guess, six or so. the mother noticed it, but waited for a long time before she finally took her to the doctor. (A)

Study participants built a picture of some mothers who noticed clues indicating abuse which they investigated, and then took action to protect the child from further victimization. Workers at the research site believed that mothers could more easily and effectively detect the abuse and protect their children when the offender was not a father, stepfather or live-in boyfriend. This interpretation links back to the previous section's exploration of constructions of the connection between the mother's relationship with the offender and availability to the child. Here these social workers take the greater interpersonal closeness of the mother-offender relationship to mean that the mother will be less likely to notice signs of the incest and take action to stop it. In addition, study participants believed that mothers who heard more extensive details about the nature and extent of the molestation were more likely to detect the incest and protect their children.

I recall an eight year old girl who was abused by her mother's boyfriend. She disclosed some fondling, and the mother confronted him. He denied. She sent her daughter to live with her aunt while she investigated it. (D)

The daughter disclosed to her cousin, who told her mother, who told the victim's mother. She confronted the offender, and sent the girl to live with a relative. The offender denied, but the child kept revealing more explicit information, which really helped the mother believe. (G)

I worked with a four year old girl who told her mother
that her father had digitally penetrated her once. The mother
called CPS and took the child to the hospital. The marriage ended. (A)

CONSTRUCTIONS OF ACTIONS TO FACILITATE DISCLOSURE/BARRIERS TO FACILITATION

Facilitating Disclosure

Most respondents believed there were actions the mothers could have taken to make it easier for their children to tell them that they were being molested, although one respondent believed children rarely disclosed to mothers at all (B). The behaviors that these clinicians claimed that mothers needed to facilitate disclosure were variously termed as attunement, respect, and awareness.

Mothers who respect the child's personhood are really important.
A knowledge of sexuality and teaching ownership of their body is another. The child needs to feel believed and respected on all levels. (A)

Mothers need to see the child as a separate person and to communicate that through their behavior. (C)

Having a good relationship with the child, being warm and interested, nurturing. (D)

Sitting and paying attention to the child, allowing their own process to emerge. (H)

Also mentioned as important to facilitating disclosure is for mothers to be aware of the prevalence of child sexual abuse in society, so that children will feel comfortable coming to a parent should a molester approach them.

> In general, talking about "touches," and understanding that abuse does happen. Children generally won't disclose if there's fear of not being believed. (E)

> Being more aware of sexual abuse and how pervasive it is and aware of symptoms of abuse. (F)

> Ask the child if anyone is touching them in a wrong way. Don't brush it off if the child approaches them with a story of being molested. (G)

Barriers to facilitating disclosure

In keeping with the impact of trauma theory on how workers construct mothers, among the worker-perceived barriers for mothers to facilitation of disclosure by their children is a maternal history of victimization, particularly if mothers have never had the opportunity to explore how they dealt with their own trauma. Several respondents noted that such mothers often assume that because they, never having disclosed, survived their abuse, their children will survive as well. Such mothers were constructed as less attuned to their children's needs and to potential hints of incest.

The larger social setting became part of how workers constructed mothers' openness to disclosure. Several informants saw the trauma of immigration and the resultant lack of a support system as a potential barrier to disclosure (D, G, H).

> Life experience is a kind of barrier. I think immigration can interfere with the process of bonding, and keep the mother and child at a distance from one another. (D)

> I think it's even harder for some of the families we see who have emigrated from South America. The mothers really have no support system, and they're even more dependent on the offender for economic support and afraid of moving on. (G)

Interviewees added denial to the construction of barriers to facilitation of disclosure by mothers of sexually abused children. One clinician expressed this succinctly:

> Denial. Just not wanting to face what happened--that the offender did these things. (H)

Another connected denial to unconscious forces:

> Some mothers don't have the equipment to be good mothers, and need to deny the child's reality, due to their own unconscious impulses. (D)

CONSTRUCTIONS OF EVENTUAL UNDERSTANDING

Whether respondents constructed these mothers as ever attaining some understanding of her child's victimization was a troublesome question. The picture of an already traumatized woman shattered by disclosure, torn between child and offender and unattuned to others, leaves little room for ever reconciling to the incest's reality. Respondents portrayed these women as needing extensive treatment to free them from the prison their many traumas had built around them. In fact, one clinician went so far as to claim that treatment was "meaningless," since she believed mothers did not want to be involved in treatment, and that victimized children needed to look elsewhere for support in dealing with the abuse (B). Others found mothers involved to some degree or another in treatment and able to derive some benefit from it. Stage theories of human development were used to construct mothers as "stuck" until they confronted the incest and its emotional impact and connected it back to their own history of trauma. Whatever their theoretical perspective, or degree of optimism, these social workers were bent on seeing

the mothers as needing to make meaning out of incest disclosure, however painful and difficult that would be.

Above and beyond the treatment experience respondents see mothers as needing to somehow put the incest in a place where they can understand it in the context of their entire life experience. Respondents characterized many mothers as not likely to achieve such a goal. The location of the capacity to do so was placed in the mother herself, rather than in the outer world.

> It's not just treatment--grieving is an essential part of the whole process. To understand the abuse mothers need to re-examine their lives--why me? Why my daughter? Why my family? There's so much guilt, blaming, self-blaming. The sadness and the damage is so great. (D)

> In treatment when they get in touch with how it affects them and their life, and they're empathized with, only then can they make sense of it. Often they can't. It depends on whether or not they're available for an empathic connection with a therapist. (C)

CONCLUSION

This chapter explored respondents' constructions of disclosure, the pivotal occurrence in which the mother learns of the incest from her child. Data from individual interviews with clinicians revealed a number of significant findings about their interpretations of mothers' reactions to disclosure. See Figure 3, "Flow chart of emergent clinician constructions." First, respondents built a continuum to aid them in understanding mothers' belief and mothers' behavior toward the child and toward the offender at disclosure. Second, study participants used concepts derived from trauma theory to describe mothers' actions and behaviors subsequent to disclosure. They constructed mothers' experience of disclosure as a defining, traumatic event, seeing many mothers exhibiting post-traumatic symptoms. Third, these workers interpreted the mothers'

reactions to disclosure, like disclosure itself, as progressive rather than discrete events. Fourth, respondents made judgments about the types of actions mothers take after disclosure, placing a high value on immediate action involving contact with official child protective services, though respondents expressed understanding of the difficult position disclosure created for mothers. Fifth, data showed that these clinical social workers believed that a mother's knowledge of the incest disrupted her sense of self and created for her a crisis in relationships. Sixth, respondents found that the mother's relationship with the offender influenced her availability to the child and her capacity to protect the child. Last, the data indicated that study participants held that mothers' own histories of victimization constituted a barrier to facilitating disclosure; attaining an eventual understanding of the incest involved both treatment and an individual grieving process, with some mothers never being able to resolve the pain disclosure evokes.

The next chapter will examine how, in the interaction between the social process of the case conferences and the therapist's private theorizing, the total construction of the mothers of the sexually abused child emerges.

CHAPTER EIGHT

THE TOTAL CONSTRUCTION: THE INTERACTION BETWEEN CASE CONFERENCES AND INDIVIDUAL REFLECTIONS CREATES THE "MOTHER OF THE SEXUALLY ABUSED CHILD"

The two previous chapters presented findings from case conference observations and from individual interviews with clinical social workers at the research site. Those findings represent essential components in the social construction of mothers of sexually abused children at the agency. However, neither the case conference process nor the workers' individual reflections alone are sufficient to create the social construction that is the mother of a sexually abused child. This chapter presents findings relating to these workers' "total construction" of mothers of sexually abused children through the interaction of their own individual thoughts and the social process of the case conference at the agency. That interaction occurred and was made manifest through the written treatment summary, which staff read and discussed in all case conferences, completing the depiction of mothers of sexually abused children. The full depiction of the mother occurred in case conferences through a complex process: 1) the reading at the beginning of the conference of the worker's written treatment summary; 2) the worker's verbal "telling" of the case's story, and 3) the discussion that ultimately leads to the case's treatment plan.

This chapter addresses the process in depth by following the discussion of a single case, chosen to represent how workers constructed a mother who believed her child and took immediate protective action when he disclosed incest. Applying the continua of belief and action from the previous chapter created a typology of mothers: 1. "good", at the

"high" end of the belief continuum and the protective end of the action continuum; 2. "bad", at the "low" end of the belief continuum and the non-protective end of the action continuum; 3. Mothers not explicitly "good" or "bad" ranked in between on both continua. Choosing a mother in the "good" category of the typology constitutes what the qualitative research literature calls "extreme case" sampling, in which the researcher chooses a case based on its informational richness (Patton, 1990). By examining a mother who ranked "high" on the belief and action continua (as outlined in the previous chapter), the construction of mothers of sexually abused children at the research site will be made clearer. In addition, the case will illustrate how a mother initially constructed as "good" by clinicians can, as their discussion proceeds, become viewed as not so good after all. Finally, analyzing case conferences through the writing of treatment summaries, the joint reading and discussion of them in case conferences and the final setting of treatment goals will elucidate the case conference as a social construction ritual.

Over the course of data analysis it became clear that case conferences constituted social rituals, events in which actors perform specific acts intended to accomplish agreed-upon tasks or to forestall unwanted occurrences. Some common examples of social rituals include religious ceremonies, faculty meetings, court hearings, and psychiatric hospital admissions, or even drug use behaviors (See e.g., Agar, 1996; Akinnaso, 1995; Dinges, 1987). The sociological literature addresses social rituals and their intended and unintended consequences. Merton defines these consequences as serving both manifest and latent functions:

> . . . the first referring to those objective consequences for a specified unit (person, subgroup, social or cultural system) which contribute to its adjustment or

> adaptation and were so intended; the second referring to unintended and unrecognized consequences of the same order. (1968, p. 117)

In this chapter I will point out the manifest and latent social functions which case conferences fulfilled, along with a discussion of how this ritualized process influenced the social construction of mothers at the agency.

THE "TELLING": CASE CONFERENCES

This chapter addresses the construction of the mother of a sexually abused child through a detailed description of the reading of a treatment summary of a specific case and its discussion in case conference. In this section I draw on Smith (1974) who describes the social production of documentary reality by analyzing probation reports, which bear many similarities to treatment summaries at the research site. Like treatment summaries, probation reports summarize and analyze clients' behavior, personality characteristics and motivations, and make disposition recommendations. Please refer to Figure 4, **"Flow chart of social construction of documentary reality for the mother of a sexually abused child"** throughout this section. The chart illustrates how these clinical social workers constructed the mother of a sexually abused child in case conferences. Each subsection here will address the correspondingly numbered section on the flow chart. As the arrows between the steps indicate, the flow chart proceeds dynamically: each step contributes to the next, and succeeding steps build on the preceding ones. I call these case conferences the "telling" because of the interweaving of spoken and written pieces in the ultimate construction of mothers of sexually abused children at the agency. Only through this interweaving did these clinical social workers fully fabricate and "officially" construct a mother of a sexually abused child. Just as the external constraints and internal aspects

wove together in Chapter Six, here the written and the oral wove together to reveal the completed pattern that was the mother of a sexually abused child. Although each mother's pattern differed from each other's, they all shared common elements, as has been and will be noted.

The flow chart starts with **1. "Mother's initial reactions to disclosure":** the mother's feelings, statements and actions after incest disclosure, as reported by the mother herself, the child, family members, and professionals who observed her behavior. If we fully accept the social construction of reality perspective, even these reported original reactions ultimately are not what happened "objectively", since humans filter all experience through multiple emotional and cognitive recollections. Consequently, there is no such thing as "what actually happened," without the dynamic social context, since professionals process all events through perceptions and thoughts which social forces influence, as Chapter Six outlined. Therefore, the sources that clinicians used were themselves filtered: Thus, each person who reported "facts" about the mother's reactions to disclosure had subtly and necessarily chosen which pieces to emphasize and which to omit. From the moment that a child suggests or discloses incest, actors begin to socially interpret and construct it, as the literature review for this study amply documents. The mother of a sexually abused child is just as subject to those social constructions as anyone in the incest scenario. These social, political and historical contexts combine to determine the specific construction at a given time. Were I to observe the same workers at the same two programs now, not much later, I believe their constructions of incest and mothers of sexually abused children would differ significantly from those I report here, since the context of practice, both inside and outside the agency, is always changing. However, as

will become evident, clinicians still hold mothers responsible for preventing incest and its reoccurrence in many ways, by demanding that they know all about both their child and the offender.

More radically, the individual constructions of cases changed even as I observed them, and not merely through my observations alone. "You cannot step twice in the same river," said Heraclitus, the Pre-Socratic philosopher (Wheelwright, Fragment 21, p. 138; translation mine); his follower Cratylus replied," You cannot step in the same river once." (in Aristotle's Metaphysics, Book IV, Chapter 5, Section 1010a, p. 745). Hence research can only capture social phenomena like these case conferences in flux—and these constructions stay fixed for only fleeting moments. To use a different analogy, truly capturing the social construction of mothers of sexually abused children at the agency would require a video camera that was continually running rather than a still one: a "snapshot" of these workers' constructions at one moment in time would only crudely depict them.

As reported in Chapter Seven, workers placed high value on mothers' actions after disclosure that involved contact with official child protective services or the police. The written treatment summaries confirmed this valuation. The treatment summaries briefly first addressed how the child disclosed, and the mother's actions and behavior when she found out about the incest. As stated above, social workers wrote their accounts of mothers' behavior based on multiple sources. Attempting to suspend their disbelief, they weighed the mother's "version of the story" with reports from the child, from family members and from child protective services. Often workers were compelled to choose which version of the disclosure story to believe: Was the mother truthful or not if she said

she immediately believed the child? Even the deceptively simple opening paragraphs of a treatment summary involved workers' choices emphasizing aspects of disclosure they deemed important. Which aspects they deemed important depended heavily on how the social context of incest had created a picture of the "appropriate reactions" of the mother of a sexually abused child.

For example, in the Q case I will refer to throughout this chapter, the worker wrote that the mother had "inferred" the incest from the child's story of how he had licked a lollipop, which the mother connected to the child's statements about the father-perpetrator. This treatment summary told that the mother immediately separated from the father, reported the disclosure to child protective services, and moved to the United States from the Caribbean in order to get better paying employment to provide for her son, and to be closer to supportive family members. So, evaluated as a mother of a sexually abused child, Ms. Q ranked toward the high end of Chapter Seven's belief and action continua, and was classified as a "good" mother. Workers used approvingly the adjective "attuned" for such mothers, while mothers whom they ranked lower on the belief and action continua were referred to as "unattuned." This choice in writing to emphasize these feelings and behaviors meant that the worker believed that the mother had "done the right thing" by believing her child. "Attuned" meant that the mother was sensitive and vigilant enough that she could infer the incest from a very young child's cues. A social worker at a different agency at a different time might have taken the mother's speedy actions as "overreactions" rather than as "doing the right thing." The worker here had absorbed and was applying the socially sanctioned assumption that incest occurs frequently and that mothers should be ever vigilant for direct and indirect signs of it. When signs appeared,

they were expected to take immediate protective action. Here we see a connection with these clinical social workers' perspectives on disclosure as reported in the previous chapter.

In the Q case the worker initially constructed the mother as reacting "appropriately" to the disclosure, and as taking "appropriate" protective actions. Hence, in addition to being sensitive enough to infer her son's molestation, Ms Q believed (even anticipated) his disclosure, broke off with the offender, and left the country. Workers also perceived her as "high-functioning" in most areas of her life, which they took as additional evidence for constructing her as a "good" mother. So " good" accompanied "attuned," while "bad" accompanied "unattuned." How clinicians placed mothers into these categories will be addressed in the following sections, along with an analysis of how they placed Ms. Q in their typology of mothers of sexually abused children.

2. **Social organization of the production of the account: Factors contributing to how worker writes treatment summary**.

This section addresses the requirements and constraints that compelled the worker to write the treatment summary as the agency and external forces demanded. In this section I look at the treatment summary as a written expression of the constraints outlined in Chapter Six. In addition, the case conference's manifest function as ritual emerges here: it provided a rationale for proceeding with treatment of the mother.

The case conferences focused on the reading and discussion of the formal written treatment summary the worker had prepared on the case. Cases were "conferenced" within ninety days of intake (though usually much sooner, given time constraints on treatment

imposed by the child welfare agency) and then six months into the case and every six months thereafter.

The treatment summaries themselves were socially produced accounts. As stated above, in writing treatment summaries the worker drew on the accounts given to her by the mother, the child, the offender, and the child protective services worker. Taking these accounts, the clinical caseworker then composed a description of the incest's significant details, as she understood them. Next she wrote how aspects of the mother's personality characteristics, relationship with child and offender and her reactions to disclosure impacted on the case.

Treatment summaries also addressed family and interpersonal dynamics. The written summaries served many manifest functions: 1) For the agency and for the case conference discussion they outlined the worker's assessment of social, family, interpersonal and intrapsychic dynamics, and her ongoing treatment recommendations; 2) For the funding source the summaries 1) documented the need for ongoing "preventive" services to prevent foster care placement, and 2) stated treatment goals and what had been achieved toward them during treatment. Therefore the treatment summaries contained expressions of all the external constraints and aspects of agency context outlined in Chapter Six.

From a manifest functional standpoint, the summaries simultaneously demonstrated that problems were severe enough to justify intervention in the first place, while describing just enough progress in treatment to warrant ongoing services. Workers struggled to meet these competing expectations. However, because of the agency's strong clinical orientation, summaries couched theoretical formulations in ways consistent with either

contemporary psychodynamic or family systems theories. Such theories rarely conformed to the funding source's demands for outcome-oriented treatment due to managed care.

Chapter Six examined workers' reactions to external constraints from managed care mandates. With each revision of the form used for the summaries the child welfare funding source demanded more documentation of office and home visits, family composition, and other details. Moreover, since the funding source required more and more short-term treatment, the clinical social workers had to write more treatment summaries than in the past. The workers experienced this additional paperwork as an onerous time and energy imposition. Therefore, the external constraints discussed in Chapter Six found clashing expression in the treatment summaries—they embodied the conflicts workers experienced over the kind of treatment they wanted to offer mothers: long term, focused on connecting incest to family and individual history, while the forms forced clinicians to assess and intervene with mothers using short term conceptualizations and outcome goals, which these professionals believed missed incest's complexities. Workers dealt with this conflict by writing the "real" part of the summary at the beginning and relegating the required short-term goals to the end of the forms where the outcome instrument had been added to the agency's form. Therefore, workers struggled to meet competing goals when writing treatment summaries. They spent most of their time writing the "real" parts, the details of the incest and its disclosure, while giving rote attention to the funding source's paperwork requirements.

Often, because of the conflicting mandates incorporated into treatment summaries, workers would purposefully omit information they believed particularly important for thoroughly understanding the mother. For example, in the Q case the clinical social worker

reported in conference that the mother had significant personal strengths: "She is a very expressive person. She would make a great nursery school teacher." (SSC 11/30) However, the clinician indicated in the case conference that she didn't put that information into the written summary because she thought it might make the case ineligible for treatment if the mother sounded "too functional." So, in this case, where the worker believed the mother had significant personal qualities that made her a better parent than most, she believed that she should leave that information out of the written summary so that approval for ongoing treatment wouldn't be jeopardized. This strategic omission from the written record of the mother's strengths contributed to a construction in the permanent record of the mother as less able, less capable, less empathically connected than the social worker actually believed her to be.

This official construction is potentially harmful to the mother because the case record is the permanent inscription of her actions, her personality and her moral standing. New workers in the future might not be able to speak with the current worker, but would be able to read the case record. So, overall both the worker's private reflections and the external and internal constraints on agency practice in effect at the time of observation combined to socially produce the account of the mother's reactions to her child's molestation. The following section describes the next step in the creation of the mother of a sexually abused child at the agency.

3. Account: written treatment summary

What did it mean to these clinical social workers to write treatment summaries? Because of the treatment summaries' competing, sometimes conflicting requirements, as discussed in the preceding section, workers commented that summaries often didn't tell

"the real story". Therefore summaries often contained hints and allusions that needed to be picked up on and clarified in the case conference discussions. It is especially important to note that for the staff treatment summaries served as the medium through which the worker communicated to coworkers and the Program Director a case's most salient, most important or most difficult aspects. In the writing, reading (silently), reading (aloud) and discussing aloud the treatment summary was the vehicle these clinical social workers used together to construct theories about the mothers of sexually abused children in their programs. Repeated over and over again, this process shaped how workers ultimately socially constructed these mothers. The written summary was one part of the ritual that staff enacted to construct mothers.

As a part of that ritual, the written summary itself served both manifest and latent functions. Its manifest functions included documenting required worker actions, family composition, number of visits and so on. Its latent functions revolved around what the workers wanted to convey about the case, but weren't sure about spelling out precisely in writing. Once written, the treatment summary went to the funding source, with a copy in the permanent case record. Therefore the written treatment summary was a documentation of what "officially" happened in the case, but it didn't always tell what was dynamically significant for the worker. It was a beginning for the discussion, a point of departure, and a record of what the funding source expected the agency staff to do to ensure that services were appropriately provided. It contained hints and allusions to those significant aspects, which were then discussed in the case conference.

Once written, those hints and allusions kept out other possibilities the worker might have considered. In speech, these clinicians could speculate, as will be discussed

below, but they believed the record had to be carefully screened and meticulously phrased so that services could continue. In addition, as elaborated in the next section, the written summaries helped the workers order the complex, often chaotic worlds mothers inhabited.

4. Social organization of reading of account: Why hold case conference at all?

What is the purpose of holding case conferences? Why wouldn't a worker and a supervisor together discuss the case and decide on a treatment plan? As stated above, all cases were conferenced at ninety days after intake, and every six months thereafter. There was no leeway in deciding whether or not to conference a case: all cases went to case conference. Besides this formal requirement, at the research site the staff's comments indicated that group discussion of the case contributed additional understanding that just two people talking together didn't provide. For example, in the Q case, the worker said she had felt unsure about advising the mother about whether to go back to the offender. The worker and the program director had discussed this issue extensively in individual supervision. In the case conference the following interaction occurred:

> Fellow Worker (FW): What needs to be in place for [the Q boy] to feel safe and okay?
> PD: Who expressed concern about going back, was it you or her?
> W: She did--it was "What do you think?"
> PD: What are her concerns?
> W: That there will be a reoccurrence, that [her son] will be hurt, that she will be hurt.
> PD: Where do you go with that?
> W: Now that she is in a better place she could detect and protect her son and herself.
> PD: Does she feel stronger?
> W: Yes. (Line 380, SSC 1130)

Most of this discussion is between the program director and Ms. Q's therapist. It might have occurred in individual supervision, yet clearly the fellow worker's question about the child's safety and protection initiated the interaction. At the end of the conference the worker herself said that the group discussion helped her feel more confident about her work with Ms Q and about Ms. Q's ability to protect her son from re-victimization. How the interaction adds to the construction of the mother of a sexually abused child will be addressed in the final section of this chapter.

The human need and the professional mandate to impose patterns and order on messy, disorderly events and behaviors illuminate the social construction of mothers of sexually abused children. These clinicians often remarked on how chaotic and unpredictable their clients' lives were. The workers first placed mothers' reactions into categories while hearing information about mothers from all incest informants. The creation of these categories ("traumatized," "believing," "protective" for this study's respondents, see Chapter Six; in this chapter "good-attuned", "bad-unattuned", or possibly "good enough" according to where the mother ranked on the belief and action continua) helped these workers impose order on incest's chaos, and on the difficult topic of mothers' caretaking of children. Writing the summaries added another layer of order, while the case conferences themselves elaborated on that order and patterning.

A clinical social worker not directly involved in the case was thought at the agency to possess a clearer, more "objective" perspective on the case than the primary therapist did. For example, in one conference, the team constructed the worker as "overidentified" with the child, and perhaps less available to empathize with the mother. The worker accepted this critique, replying with a smile that she and the child had the same birthday.

In another case, where there was considerable conflict between the program director and a worker over how to proceed with the treatment, the Director commented,

> "We need team conferences on these difficult cases to resist pressure from parents. She's like a force of nature. . . I know it's difficult. It's hard to know how to handle this kind of situation with a parent. What we can do is to help you stand up to her." [SSC 11/30]

Here the staff saw this mother pressuring the worker to testify in court that the child had been sexually abused (so that she could use that data to prevent her ex-husband from getting visitation rights), even though the worker had repeatedly made it clear that that was not part of the initial evaluation. The discussion implied that a "good-attuned" mother would not have made such a request, since she would have been aware that treatment should focus on the child's needs more than on her own. In this case the worker inclined toward telling the mother that she believed the father had molested the child. The Program Director thought the child probably had been abused, but that it was too early in the treatment process to share that opinion with this particular mother, whom the director saw as using the agency's services to get "ammunition" for her divorce and custody battle with the noncustodial father, rather than to get treatment for her child. Her need for such ammunition was taken as evidence that her own needs to get back at her ex-husband took precedence over the child's needs. This mother was seen as so powerful that it was necessary for a whole team to resist her—she was literally a "force of nature."

So the case conference fulfilled several manifest functions of a social ritual: it provided a rationale for treatment planning; offered an "objective" perspective on mothers;

and helped workers together impose some order and rationality on their clients' messy lives.

The case conferences' significance became more apparent over the course of observations. Even though workers complained about how busy and overwhelmed they were with new cases and extra paperwork, rarely did any worker ever miss a treatment conference. Their comments before and after conferences revealed that, though they resented the Program Director's authority, they attended voluntarily and enthusiastically. These clinicians looked forward to meetings, because they provided important feedback on their difficult cases from their fellow workers, who understood how frustrating and demanding their labor was. Their comments before and after the Program Director arrived in the conference room revealed that they experienced a sense of peer solidarity and mutual support in opposition to the Program Director's authority. Their attendance at case conferences revealed another, latent function of the case conference as social ritual: it reinforced their attempts to resist the Program Director's authority.

The Program Director's statements revealed yet another latent function of the case conference ritual: it maintained his authority as manager and supervisor. So though clinicians resented the work of writing summaries, and believed they didn't necessarily tell the "real story," because of external constraints they embodied, they anticipated the joint reading and discussion of the summaries in the case conferences. Their anticipation derived from how the conferences served their intentional and unintentional purposes.

5. Reading/hearing: The worker tells the story

This section moves deeper into the case conference as a validating ritual. All case conferences at the programs followed the same script: The Program Director would ask:

"Has everyone read the write-up?" and then allow for five minutes for the workers to read or re-read the treatment summary. Then the worker would "tell the story," discussing how the case came to the program, who the family members were, how the mother first reacted to the child's disclosure, and what she thought were the important family and individual dynamics that needed treatment. Often the worker would "fill in" aspects that she had left out of the written treatment summary for lack of time, or because the treatment summary was not meant to detail psychodynamics or family systems theory as much as the workers believed necessary for understanding a case.

For example, after the initial reading, in one case the team commented that the worker's summary differed from the initial child abuse report about when the child disclosed the incest. That there is a disparity between what the worker says the child disclosed, and what the record says, is not unusual. The "final version" is ultimately what would be recorded, while what the child first said is most likely to be what the mother would report to the worker. This also recalls Chapter Seven on the progressive nature of disclosure, how both the child's disclosure and the mother's reactions are constructed as happening over time in bits and pieces.

So there was a process of first reading silently, and then listening as the worker retold the case's significant points. Why was it necessary for the team to first read the written summary and then listen to the worker tell it all over again? No one ever objected, saying that they had already read the summary, or to suggest they go immediately to the discussion. The summary was usually one or at the most two pages long, so reading it took very little time; it is unlikely that no one had read it at all before the conference. What was different about reading and then hearing the story again? For one, it seems that first

reading the summary, and then listening to the worker tell the story led to constructing difficult aspects of the case, such as the mother's "ambivalence" about the offender. In the Q case there was confusion about what the mother knew about the father-perpetrator's treatment, if any, in the Caribbean for sexual offending. For example:

> PD: She wants to know but doesn't want to know. It's important to have this on the table with her. It's not resolvable. Is she looking more aggressively into the situation with the father? SSC1130

This comment came just after the reading and listening to the worker tell the story of the Q case. The Program Director's intonation strongly implied that he believed the mother should look into the father's situation. The "wanting to know but not wanting to know" is part of how the professional literature constructed mothers of sexually abused children--they waver about how they think and feel about the abuse, between denial and rage. In this case the mother took immediate action to protect her child by coming to the United States, as the worker had documented in the summary. In the discussion of the case, however, the Program Director picked up on what he viewed as her ambivalence about the offender. Despite her immediately protecting her son, at this point in the social ritual of the case conference, staff saw Ms. Q as willing to put him at risk by not enquiring vigorously about her estranged husband's treatment. They interpreted her not asking more forcefully as evidence of "wavering." Reading the summary and then hearing the worker tell about the mother lead the Program Director to believe that Ms Q didn't want to be more informed about what happened. This comment led to a long discussion of the mother's history of childhood sexual victimization, which will be discussed below.

The workers' silent reading of the summary, and then listening to the worker tell the story had an intensity and seriousness that contrasted sharply with the frequent jokes discussed in the last chapter. There was a space in which the reading and the listening combined to create an atmosphere in which workers addressed the conflictual or difficult aspects of the mother's psychology or behavior. In the in-between of reading and listening these clinicians began to construct the mother's problematic or questionable behavior. Reading together in the same room, and reflection, while then listening to the worker tell the story helped the staff process their thoughts about the mother: this created a validating ritual. The latent function here is to maintain the belief that mothers are ambivalent in their feelings about the offender, and that these feelings affect their emotional availability toward the child. But the full construction occurred through the conversation staff engaged in at length to connect the mother's history to her current behavior, which the next section will address.

6. Discussion of case; refining the construction of the mother

In this part of the case conference the staff proceeded deeper into their discussion of the case, obtaining details of the mother's history, and connecting these to her reactions to the child's disclosure and her present situation in relation to the offender and the child. In this section I quote from the case conference, and link the staff's reflections to the literature review and the preceding findings. In the Q case the staff associated Ms Q's own incest history and her mother's belief in her and protection of her to her current perspective on her son's molestation:

> W1: Both the mother and the father were sexually abused. When [Ms. Q's] mother found out about [Ms. Q's] sexual abuse, she left the father and remarried.

Again we see the case conference ritual's theory validating aspect: that both the mother and the perpetrator had sexual abuse histories, and that the worker thought this fact important, indicate that the intergenerational hypothesis outlined in the literature review operated here. In the intergenerational hypothesis, which comes from both psychoanalytically derived theories and family systems perspectives, a mother's incest history vastly predisposes her child to molestation, through either the mother's placing the child at risk or through her inability to protect the child. Moreover, the clinician's emphasis that the mother's mother left the perpetrator strongly implied that leaving was the "thing to do" when a mother discovers her child's molestation by her husband or partner. Ms. Q had decisively left at first, but now seemed to be "wavering," and unclear about whether her estranged husband was even in treatment for sexual offending. Staff took her "wavering" as evidence of a heightened lack of attunement toward the child.

Here was the beginning of the tipping point of the construction of this mother through the social ritual of the case conference. Initially clinicians constructed Ms. Q as "attuned" and therefore "good," now her supposed lack of attunement led to her construction as less than good, and possibly even moving toward "unattuned."

Another significant aspect of the construction of Ms Q related to the history of domestic violence in the marriage, and the father's drug abuse. The worker presented these as barriers that kept Ms Q from leaving the father earlier. The father admitted the cocaine abuse, even though he denied the incest. The worker gave this information to indicate that the mother's own difficulties in coping with a husband who used cocaine and beat her may have prevented her from being able to protect her child from molestation. In other words, the clinical construction of this mother was so fraught with her own struggle to survive

that she was considered not fully available psychologically to tune in to her child's hints of potential molestation. This was despite the fact that this mother had "inferred" the incest from a casual comment that the child had made to her about licking a lollipop, and that the worker had documented that inference in the written treatment summary. The contrast between what the therapist wrote in the initial summary, and what staff said differed sharply.

Important to the construction of this mother was the staff's belief that Ms Q, like all mothers of sexually abused children, needed to affectively link her own incest history to her son's victimization. A fellow clinician asked:

W2: Has she talked about when her mother left her father?

This coworker asked this question in the belief that the mother's reaction now would be influenced by how her mother did or did not protect her when she disclosed as a child. These workers together made Ms Q's ability to leave her husband and come to the United States as directly influenced by her own mother's belief and protection when Ms Q was a child. This creation can be seen as a "positive" aspect of the intergenerational hypothesis: when a mother's mother believes and protects, then the mother is more likely to do so, too.

In the literature review the "collusive mother" was constructed through the "bad mothering" hypothesis as well as the intergenerational one. The total mother-child relationship contributed to workers' constructions here.

Ms Q's mother lived nearby in the United States, and Ms Q spoke with her daily. The worker believed that Ms Q felt unappreciated and unloved by her mother, whom the

worker perceived as uncaring and critical toward Ms Q. In response to a coworker's question the therapist said:

> W1: Her mom shoots her down. I see her real ability.

In this discussion, workers linked her mother's punitive attitude with Ms.Q's response to the revelation of her son's incest experience. Indeed, they constructed her relationship with her mother as affecting her entire sense of self and her self-esteem: helping to create her world.

This corresponds with the findings in Chapter Seven, which related workers' individual constructions of incest disclosure as splitting the mother's world in two. Here the workers are building the mother's world in such a way that the disclosure must split it in two—it couldn't happen any other way. Moreover, here the worker contrasts herself with Ms. Q's unsupportive mother. The worker feels that she can see Ms. Q's positive qualities, implying that only through treatment and the treatment relationship could Ms. Q overcome her past injuries and truly be unwavering in supporting her son. This aspect of the case conference ritual recalls the data from the previous chapter on treatment as a required aspect of mothers' attaining an overall understanding of their children's molestation.

> W1: She's like her mother. It took her son being hurt to get her to leave. There was battering throughout the marriage.

At this point in the discussion, the intergenerational and "bad mothering" hypotheses interweave vividly. Even though Ms. Q's mother ostensibly believed and

protected her at disclosure, she did not provide her with positive regard, which contributed to Ms Q's staying in a bad marriage, which contributed to the child's molestation. So even a mother one generation removed who "did the right thing" could still eventually contribute to incest. The clinician gave this information with the understanding that the parallels were expected and unsurprising.

Consequently, what these clinical social workers said about Ms. Q's relationship with her husband contributed significantly to their overall construction. For example, the worker reported with alarm that the mother was considering going back to the Caribbean so her son could be "closer to his father." She told of a recent session in which the mother recounted a dream the boy had from which he woke up saying "I miss Daddy." Ms Q took that to mean that he wanted his father back, while the staff took this to mean that he "mourned losing his father", but not as an indication that the family should reunite: they interpreted the comment metaphorically, and implied that the mother took the dream too concretely and prescriptively.

Though Mrs. Q did believe the father did abuse the child, she still considered returning to him. Here the clinical social worker depicted the mother as interpreting the child's behavior simplistically, fulfilling her own needs for love and adult companionship over the child's needs. The worker wrote positively about Ms. Q's "inference" about incest from the child's lollipop comment, yet here she questioned the mother's interpretation of the child's behavior. Another worker suggested that the mother needed to check her perceptions about her son with the therapist. Here, the mother's belief that the child wants to return, and her not having discussed it earlier with the worker is taken as a sign of a

cognitive deficit almost, induced by her own emotional turmoil, neediness and ambivalence about the offender:

> W3: It's disturbing to me though that [Ms. Q] now thinks that [her son] wants to go back before asking you about it. It sounds like she can't think things through.

The shared implication that Mrs. Q. cannot "think things through" and requires a therapeutic consultation to do so serves the latent function of reifying the clinician's professional authority.

Overall, these workers constructed Ms Q as initially able to protect her son, but due to her mother's critical and uncaring attitude toward her, and what clinicians called her "faulty self-esteem," her decision making capacity was constructed as impaired enough that she might risk her son's re-victimization in order to satisfy her own needs. In general, they called these facts "lack of attunement" and implied that as a result Ms. Q was not as high on the belief and protection continuums as they had previously ranked her.

Thus the case conference ritual served the latent functions of 1) perpetuating the agency's updated versions of the intergenerational and "bad-mothering" hypotheses, and 2) reinforcing the workers' professional authority and autonomy by highlighting the mother's need for treatment and for professional advice.

7. Production of therapy for this mother of a sexually abused child: Setting treatment goals

The final step in the total construction of this mother of a sexually abused child revolved around the process of setting treatment goals, which the clinical social worker then added to the written treatment summary, which was then submitted to the funding

source. The main goals for Ms. Q revolved around her trusting her own perceptions, yet at the same time being able to protect her son from re-victimization:

> PD: The issue of her consciousness of her dilemma. . . . She came in with a difficulty trusting her own perceptions.

Yet this articulation of a dilemma for the mother created an additional dilemma for her, unrecognized by these clinical social workers. They expected Ms. Q. to trust her own perceptions, while at the same time bringing them to therapy for the worker's approval.

The mother's discussion about returning to the Caribbean evoked concern from the clinical social workers that Ms Q doubted her own perceptions, which led to her being redefined as insufficiently attuned to her son's needs. Although the therapist described the mother as having valid fears that the father might re-victimize her son if they returned, Mrs. Q. now believed that she was stronger and could protect her child from further abuse.

Ms. Q, her social worker, and the staff all agreed that mothers ultimately hold responsibility for preventing incest. Such an attitude primarily locates the etiology of incest with the mother, rather than in the complexity of internal and external factors that lead an offender to abuse a child. Here the staff constructed this mother as the one who must restrain a man's impulses, while at the same time trusting her own perceptions and protecting her child. While far from either the classic intergenerational or the "bad mothering" hypotheses of incest, this theoretical perspective created a true dilemma for Ms. Q.

The latent aspect of the ritual of writing, reading, discussing and back to writing again validated the ideology of incest that emphasized the mother's role, even though construed "positively." So the path of social construction went from written to read and spoken and then to written again, interweaving the initial written constructions taken from the worker's private reflections with the processing of reading, listening and discussing, ending in this mother of a sexually abused child.

Conclusion: the Total Construction

This chapter examined the total construction of a mother of a sexually abused child through the detailed discussion of one case in conference, and an examination of the case conference as social ritual with manifest and latent functions. The case was an initially "good" mother who believed her child and protected him. Yet by the end of the case conference workers viewed Ms Q less positively than at the beginning, and constructed her as "not so good as she might have been." They perceived her as less than ideally attuned to the child's needs, especially in relation to her thoughts and feelings about going back to the perpetrator.

The workers' individual reflections were inscribed in the form of the written treatment summary. In case conference 1) staff read the summary, 2) the worker told the story and 3) clinicians discussed the case. This process formed a social ritual with multiple manifest and latent functions. Manifest functions included 1) providing rationales for treatment planning, 2) offering workers a supposedly objective perspective, 3) ensuring that agency-based and external mandates regarding paperwork were met, and 4) helping workers impose some order and rationality on the chaos of clients' lives. . Latent functions included 1) maintaining the Program Director's authority, 2) helping staff oppose

that authority and maintain solidarity, 3) helping staff maintain their professional autonomy and 4) reinforce and promote an ideology of incest and its treatment. In the final chapter I will examine how these aspects combined with the constructions of mothers' reactions to disclosure and the external constraints, and will outline implications for social work theory-building, research and practice.

CHAPTER NINE

SUMMARY AND CONCLUSIONS
IMPLICATIONS FOR SOCIAL WORK

Summary of Literature Review and Methodology

This study arose from my professional social work practice experience with mothers of sexually abused children. The mothers I saw for treatment differed radically in their reactions to incest disclosure from mothers described in the clinical and research literature. That literature, which spanned fifty years, deriving from both psychoanalytically oriented and family systems theories, constructed mothers as "colluding" in incest, through their supposed unconscious motives, conscious need to remain with the father-perpetrator, and unacknowledged family patterns. My clients did not conform to the constructed "collusive" mother, who disbelieved the child's allegations and sided with the perpetrator. My clients, though anguished and confused, told me they believed their children and wanted to support them. They held diverse feelings about their incestuous partners: some completely rejected them and desired no contact, while others wanted to maintain connection and even considered reconciliation.

I wanted to understand the origins of intellectual and professional perspectives on these mothers, and wished to compare, if not necessarily reconcile, those perspectives with current clinical social work practice experience with mothers of sexually abused children. I wondered whether or not clinical social workers still used collusion to account for the behaviors and reactions of mothers of sexually abused children to disclosure of incest. I wanted to understand more about the "why": what etiological role in incest did clinical

social workers in agency practice ascribe to the nonoffending mother of a child abused by a father or father figure?

In the study's literature review I summarized research and clinical perspectives on collusion, outlining the origin of collusion as an idea. Chapter Two addressed the concept of collusion, dividing it into behavioral and "causal" dimensions: 1) the behavioral dimensions examined maternal behaviors researchers took as indicators of collusion and 2) the causal dimension addressed explanations theorists adduced to account for collusive behaviors. Overall, my analysis of the professional literature on mothers of sexually abused children revealed that mothers were seen to "collude" in incest based on two hypotheses: 1) the traditional well-known intergenerational hypothesis, in which a mother's own history of paternal incest made her liable to place her child at risk of incest and simultaneously more likely to ignore her child's sexual victimization, and 2) the less obvious, but just as insidious, "faulty mothering" hypothesis, in which the mother's own mother had so neglected her that the mother was left unable and often unwilling to care adequately for her child, heightening the risk of incest. More recent perspectives, many from a feminist orientation and often using qualitative research methods, constructed mothers less pejoratively, but viewed them just as deterministically, as victims rather than villains, not as social actors with multiple motivations and resources.

Chapter Three examined the operationalization of the collusion hypothesis through a review of three types of research on the mothers: 1) their psychological development and personality characteristics, 2) their reactions to disclosure, and 3) their relationship with their victimized children. Conducting the literature review sharpened the study's emphasis on disclosure: The child's disclosure of incest is the event in which professionals

constructed the "collusive mother," In the disclosure event, clinicians historically found evidence for collusion in the mother's refusal to believe the victim and in her blaming the victim. At disclosure, professionals depicted mothers as facilitating the incest on account of: 1) their own unresolved rage at their mothers, 2) their own unacknowledged incest history, 3) their unresolved Oedipal longings; 4) their rigid defense structures, 5) their general inadequacy as human beings. Recent studies did not support these claims as evidence for collusion. Overall, mothers of sexually abused children did not display prominent psychopathology on a number of measures, and nearly 80 percent believed their children's incest allegations, with a further majority taking protective actions. In addition, mothers' relationships with their molested children did not fit the traditional pattern of role reversal: mothers displayed caring attitudes and behaviors toward their children. Moreover, mothers' relationships with their partner-perpetrators revealed that, even when the marital relationship had been experienced as relatively positive, incest still occurred, and that mothers held diverse feelings toward their partners.

Chapter Four examined 1) the treatment literature on mothers of sexually abused children and 2) research on professionals' perspectives on such mothers. The recent treatment literature focused on the mothers' trauma history and its impact on reactions to disclosure and relationships with their children, with an emphasis on mothers' shame and isolation. Only one study, from 1980, examined social workers' perspectives on mothers of sexually abused children. Unsurprisingly, given the pervasiveness of the collusion hypothesis, many professionals (nurses, doctors, social workers) continued to hold mothers of sexually abused children responsible for incest's occurrence, though the scanty research on professionals' views of mothers made it difficult to draw definitive

conclusions. Overall, however, the literature review made clear that a study of clinical social workers' perspectives on mothers of sexually abused children was timely, given the new research that did not support the collusion hypothesis.

Chapter Five addressed the study's methodology and implementation. Since the study examined the socially constructed perspectives of clinical social workers in agency practice on mothers of sexually abused children, with disclosure as the study's empirical context, I chose to use grounded theory methodology. Such methods fit with a social constructionist perspective, and could capture many complexities of clinical social work practice in agency settings. In keeping with the need to use triangulation to enhance the credibility of data collected via qualitative methods, data collection took three avenues: 1) individual interviews with clinical social workers, using an interview guide based on the literature review; 2) case conference observations; and 3) reviews of treatment summaries prepared for case conferences. Consistent with grounded theory methods, data analysis and data collection were closely intertwined; I revised data collection based on continuing analysis of the findings.

Summary of Findings: Moving from the "why" to the "how":

This section reviews the study's findings. My initial interest in the etiology of incest and the role of the mother, as constructed by clinical social workers in agency practice, led me to focus first on the individual interviews. Yet, as data collection proceeded, the significance of the case conference observations led me deeper into understanding the "how" of the construction of mothers of sexually abused children at the research site (See Becker, 1998, pp. 58-60). It became clear that only through the interactions of the worker's individual reflections and the case conference discussions did

the social construction of the mother of a sexually abused child fully emerge. Therefore I intensified my focus on the case conferences, starting with findings from them. These, presented in Chapter Six, related to the external constraints and agency context of clinical social work practice. External constraints contributed to the construction of mothers of sexually abused children in these ways: 1) they kept these clinicians from the treatment they believed most helpful to their clients and most personally rewarding; 2) they intensified societal blaming of mothers for incest, while depriving mothers of both needed treatment and social and economic supports necessary to deal personally with incest's disclosure and to support and protect the child victims. Agency context of practice intertwined with external constraints, which provided the general pattern for the creation of the mother of the sexually abused child here. Agency context put into action the overall design of mothers as lessened, as blamed, and as trapped in family gender and power dynamics. The agency's role as a graduate social work teaching site supplemented the construction of mothers of sexually abused children: field instructors described incest cases as "good for teaching" and as "complicated," transmitting the belief that incest typified the worst family problems and created assessment and intervention difficulties for social workers. Together external constraints and agency context created a vivid picture of mothers of sexually abused children as societally victimized and underserved, and hence less likely to protect their children.

Chapter Seven explored respondents' constructions of disclosure, the pivotal occurrence in which the mother learned of the incest from her child. Data from individual interviews revealed multiple findings about workers' constructions of mothers' reactions to disclosure. First, respondents created a continuum to understand mothers' belief and

mothers' behavior toward the child and toward the offender at disclosure. Second, study participants used trauma theory to describe mothers' actions and behaviors following disclosure. Third, these clinicians interpreted the mothers' reactions to disclosure, like disclosure itself, as progressive rather than discrete events. Fourth, respondents made judgments about the types of actions mothers take after disclosure, highly valuing immediate action involving contact with official child protective services. Fifth, these clinical social workers believed that a mother's knowledge of the incest disrupted her sense of self and created for her a crisis in relationships. Sixth, respondents found that the mother's relationship with the offender influenced her availability to the child and her capacity to protect the child. Last, study participants held that mothers' own histories of victimization constituted barriers to facilitating the child's disclosure. Clinicians constructed the incest as a profound loss requiring both treatment and individual grieving. Some mothers would never resolve the pain disclosure induced.

Chapter Eight returned to case conferences, and examined the total construction of a mother of a sexually abused child through the detailed discussion of one case in conference, and an examination of the case conference as a social ritual with manifest and latent functions. The case was an initially "good" mother who believed her child and protected him. At the conference's end workers viewed this mother much less positively than at the beginning, and constructed her as "not so good as she might have been." The workers' individual reflections were inscribed in the written treatment summary. In case conference 1) staff read the summary, 2) the worker told the story and 3) clinicians discussed the case. This process fashioned a social ritual with multiple manifest and latent functions. Manifest functions included 1) providing rationales for treatment planning, and

2) offering workers a supposedly objective perspective on cases. Latent functions included 1) maintaining the Program Director's authority, 2) helping staff oppose that authority and maintain solidarity, 3) helping staff maintain their professional autonomy and 4) reinforcing and promoting an ideology of incest and its treatment.

1. What "etiological" explanations did I find?

Looking at the findings from my initial etiological perspective, clearly these clinical social workers did not openly use the collusion hypothesis to describe mothers of sexually abused children. Respondents used the concept of a continuum of belief and actions to rank mothers: the very use of a continuum implies that all mothers are not the same. Such a belief in itself represents a significant change from the practice literature that promoted collusion in some form as motivating mothers' behavior in the incest scenario. If all mothers colluded, then their beliefs and actions would not need to be evaluated along a continuum—they would instead be placed all at one point—there would be no need to expand to a range of thoughts or behaviors. Or if some mothers colluded and the rest didn't, then workers would rank them as either/or: colluding or not-colluding. In either case, collusion would define the construction. Here it did not. Implicit in this shift is the workers' construction of mothers as a diverse group, with multiple emotional, cognitive and social endowments, all of which influence their reactions to disclosure, but which are not necessarily construed as etiological factors for incest itself. This perspective represents a tremendous shift from the previous literature which portrayed all mothers as more or less the same, as women who possessed few personal qualities essential for protecting their children from incest, and even having character defects that impelled them to place their children at risk for incest. Respondents' use of trauma as a concept to organize their

thinking about mothers revealed how influential and pervasive trauma theory has become in clinical practice. Instead of overtly placing blame on mothers for incest's occurrence, these workers constructed them as less able to respond to incest after its occurrence, because of their own wounded history and the psychic and social injuries that disclosure inflicted. Yet, like the recent feminist research and practice literature, these clinicians constructed mothers as reacting to incest, as passive, as determined by their history, rather than as social actors themselves motivated by complex forces and potentially capable of action. These clinical social workers used the concept of loss, consistent with trauma theory, to predict that mothers must struggle with incest's legacy and that resolving its pains might prove too difficult for some mothers altogether. So, although these clinical social workers did not overtly blame mothers by deeming them collusive, they did see them as prisoners of their own personal histories and of the many social forces affecting them. The theories they constructed together were still deterministic. Such theories necessarily lead to making mothers responsible for healing their children, themselves, and the world—impossible tasks. Any mother who could not accomplish them must be implicitly blamed. Therefore most mothers must be blamed.

2. What "interactional" explanations did I find?

As the study proceeded, I saw that how workers jointly discussed mothers in case conferences contributed essential components to their constructions of the mother's etiological and reactive roles in incest. At the same time, shifting the construction of the mother became a tool in the struggle for authority and professional autonomy between the Program Director and the workers during case conferences. Figure 5 describes the interactive process of the latent functions of the case conference ritual. Conflicts over

professional authority and autonomy affected the construction of the mother, while changes in the construction reinforced professional autonomy and authority for whoever possessed it, the worker or the Program Director. Both the manifest and especially the latent functions of the case conference ritual affected workers' ultimate, total constructions of mothers. For example, at times workers would shift the construction of the mother to fit one of the case conference's manifest functions: they would classify a mother as not "attuned" when it fit their need to justify treatment planning objectives. These constructions evolved based on the case conference ritual, on what they said together there. A mother at the end of a case conference was often constructed quite differently than at the beginning, particularly when there were conflicts between the worker and the Program Director over possession of professional authority. In addition, the context of treatment was crucial to the constructions of mothers at this agency. The external constraints and agency context analyzed in Chapter Six contributed to the construction of the traumatized mothers of Chapter Seven and the "attuned" or "unattuned" mother discussed in Chapter Eight. For example, when workers believed their professional practice was impinged upon and diminished, and when they experienced signs of vicarious traumatization, they were more likely to construct mothers as traumatized.

The latent functions of the case conference ritual interacted with the workers' statements about mothers to create and fully construct the mother of a sexually abused child. The ritual's latent function of reinforcing and maintaining professional authority emerged as particularly important to the construction process. The case conference ritual enabled these workers to shore up their professional expertise in the face of the onslaughts depicted in Chapter Six. These clinicians believed their autonomy was under siege by the

forces that impinged on practice: they viewed their practice as impaired and lessened by external constraints. Therefore they used the case conference ritual to hold on to their power to define the mother of a sexually abused child, based on the theoretical perspectives they had absorbed.

Moreover, case conferences enacted the struggle between the Program Director and the staff members over who had ultimate authority to define the mother: was she "good-attuned," "bad-unattuned" or somewhere in between the two? (Again, see Figure 9-1). The case conference ritual provided an arena for that struggle. The construction of the mother shifted when there was conflict over who had the authority to define her, while the latent functions themselves were not fixed, just as the constructions of mothers shifted. For example, in the Q case the worker spoke with irritation and resentment when the Program Director talked about Ms. Q's "dilemma," saying that she felt that she was already doing the kind of interpretation that he was telling her now to start. These comments came at the end of a conference; at the beginning of the next week's conference this worker and a colleague were alone in the case conference room before the Director came in, and the colleague (who had been out sick the week before) asked the worker how the Q case discussion had gone the week before. The worker answered "Just the usual bullshit." (SSCCCO 11/30) Her statement revealed that she felt the Director was taking away from her the power to officially define and socially construct Ms. Q.

At times the staff and the director agreed about mothers, and there was no need to enact the ritual conflict. When there was disagreement, however, as there was in the Q case, respondents invoked the case conference ritual so that they could construct the mother and fix and define her behavior, while simultaneously the staff and the Director

could each battle to maintain their professional power. This battle over who had the power to define Ms. Q led to a construction of her as less attuned than ideal, quite different from how she was portrayed in writing and speech at the beginning of the conference. Thus, the interaction between the latent functions of the case conference ritual had two movements: 1) the conflict itself led to the construction and 2) changes in the latent or manifest functions led to changes in the construction (Again, see Figure 9-1). An example: in one case the Program Director raised the question of whether a child was sexually molested on visits to a non-custodial father, and that the case might need to be re-reported to child protective services. This instance raises many interesting issues, but for the current purpose, it represents a shift in the function of the case conference ritual: to manifest (justifying reporting suspected child abuse) from latent (promoting an ideology of sexual abuse etiology and treatment). In this observation the staff then began to talk about the pros and cons of re-reporting the case, and stopped talking about the mother's personal characteristics and motivations, until they made the decision to report. Then they moved back to talking about the mother, but with a different emphasis: since the team decided to re-report the case, they then constructed the mother as less empowered, as less able to identify signs of child sexual abuse. These aspects of this mother had not been discussed until the discussion to report or not (SSCCCO 3/7). So a shift in the function led to 1) a temporary movement away from constructing the mother to 2) creating a rationale for reporting, and then a movement back to 3) a different, pejorative construction of the mother.

The external forces and agency context examined in Chapter Six influenced the internal conflict over professional authority between the workers and the Program

Director. The Program Director imposed his authority when he believed that external constraints such as court mandates had to be addressed. Workers reacted to his authority by resisting through struggling and disagreeing over how the mother should be classified and defined. Again, here the case conference ritual served its latent functions regarding professional authority and autonomy. To return to the analogy of a woven fabric, the external forces constituted the overall pattern, while the worker-director conflict embodied how that pattern was realized—the knots, the colors chosen, the tightness of the weave. The worker-director conflict itself became an essential part of the construction. Which mothers there might be conflicts about would be likely to shift depending on the shifting forces impinging on agency practice. For example, if workers felt more empowered to provide mothers with the fiscal and social supports needed to cope with incest, they would likely construct mothers as less embattled and oppressed themselves. So there was a circular process in which the case conference ritual was invoked when there was conflict over how to construct a mother, which then led to a construction different from the one which would have occurred had there been no conflict.

The clash over the mother's portrayal itself was overlaid with the conflicts in the agency over gender and ethnicity aspects of the power and control issues explicated in Chapter Six. The Program Director's use of authority to implement external constraints led to workers' resistance, which involved humor with a gender and ethnic component reflecting their feelings of being themselves underserved and misunderstood. With a different Program Director and with different staff, certainly the case conference ritual would have possessed different latent functions. Had the Program Director and the staff all been Latino, or all white, all male or all female, the latent functions of the case conferences

would certainly have differed from the ones outlined here. So again, we see how the social context of gender and ethnicity influences the social construction of mothers of sexually abused children at this agency.

Implications

The implications of the study are many. Before outlining these in detail, a reminder about grounded theory research is needed. Grounded theory research is emergent: it aims to uncover which theories best describe a research situation, rather than to test a hypothesis (Dick, 2000). So here we need to be clear that the study does not ultimately prove or disprove what clinical social workers think about mothers of sexually abused children. Rather, it discovers the theory implicit in the data: what did these clinical social workers at this time at this agency believe about the mothers they worked with in practice. In fact, Glaser suggests two main criteria for judging the adequacy of the emerging theory: that it fits the situation; and that it works -- that it helps the people in the situation to make sense of their experience and to manage the situation better. Though I have not presented these findings to respondents at the research site (which is a definite possibility), my discussions with clinical social workers experienced in incest treatment in agency practice reveal that these findings make sense—their patterns coincide with and explain much of how some workers theorize about and intervene with mothers of sexually abused children.

Social work clinicians need to know that their practice must be continuously critiqued: they cannot become complacent about the maternal behaviors they identify as positive or problematic or about the theories they use to account for mothers' behaviors toward their victimized children. Selection of significant behaviors is contingent on the context of practice writ both large and small. Clinical theories also depend upon social,

political and historical contexts for their development and validation. Many examples can be adduced to support this assertion: the psychoanalytic perspective on incest comes to mind. The use of incest cases for social work teaching connects here: if incest typifies the worst of family problems and creates assessment and intervention dilemmas for clinical social workers, then social work field instructors need to examine their own preconceptions about incest to determine whether they are transmitting beliefs as provisional or as written in stone for the ages. Moreover, practitioners need to know that their explanations for mothers' reactions to disclosure must change, as the context of practice itself changes. Remaining constant ill serves both clients and themselves. That no clinicians reported participating in training specifically designed for working with mothers of sexually abused children suggests strongly the need for development and dissemination of training materials reflecting both the newer empirical studies of mothers and contemporary theoretical approaches to incest.

The distinction between manifest and latent functions of the case conference ritual holds implications for social work practice as well. Clinicians will find from this study that their actions in case conferences have both intended and unintended consequences, that the case conference serves many purposes, many of them not immediately obvious. Moreover, those manifest and latent functions will be context-dependent; they will differ based on the external context and agency context of practice. Elucidating these functions will aid clinical social workers in mitigating the negative effects of those contexts, though to expect them to be completely removed is unrealistic. Though workers clearly know that case conferences aid them in justifying treatment planning and obtaining "objective" perspectives on difficult cases, they should know that there will always be functions, and

therefore consequences, of the case conferences of which they are unaware. In fast-paced clinical social work practice in agencies there is rarely time to examine the unintended functions and consequences of the case conference ritual. Therefore workers should attune themselves to the expectation that surprising and unexpected forces will shape their constructions of mothers

The findings imply that the more recent studies on mothers have influenced clinical practice. These clinicians did not openly use the concept of collusion to account for mothers' behavior. Though the pejorative collusion hypothesis appears dead, clearly mothers of sexually abused children still receive highly judgmental and at times negative constructions from workers: here it was "unattuned," elsewhere it could be another derogatory adjective. More research could uncover reasons for these constructions in different settings. Mothers might well be constructed differently in child protective settings, in hospital-based practice, in forensic work. Clearly research on mothers, and on clinical social workers' perspectives must continue. An updated replication of the 1980 study of social workers' attitudes about mothers would complement the study at hand.

Policymakers can benefit from the study's findings as well. The persistent influence of the social and political context on the social construction of mothers, especially as outlined in Chapter Six, reveals that budget cuts, managed care mandates and other social welfare policies affect how workers view their practice, and how they socially construct their clients. Therefore policy must respond to client needs, not merely for policy purposes alone, but so that workers can eventually construct mothers as positively as possible.

Administrators, too, will find much to reflect upon in the study. As leaders of case conferences, as supervisors, as program developers, these professionals will profit from a

heightened awareness and understanding of how the group process of case conferences, the external and agency contexts, and the disclosure event itself all affect the social construction of mothers of sexually abused children. Administrators can conclude from the study that they must devise programs that respond actively to the contexts in which they exist. Such programs need to contain mechanisms to heighten awareness of the latent functions of case conferences and other social rituals embedded in agency practice, and methods to critique such functions so to mitigate their negative impact on the social construction of clients.

Limitations

"Limitations" refers me back to my reflections in Chapter Five on methodology. Social constructionist research must tackle questions of "truth" and "facts." I hold that my perspective here has been influenced by readings in many fields: in social welfare, in clinical theory, and in fields where methodologies similar to mine address data from diverse sources (See e.g., Davidson, 1994; Gordon, 1988). What the researcher chooses to look at is itself socially constructed. Powerful social, political and personal dynamics shaped my choice of mothers of sexually abused children as a research topic. Gordon addresses this issue: "Changing consciousness about social problems influences what 'facts' are collected. Just what the 'facts' are is much contested; even statistical information is structured by the questions we ask, which in turn are shaped by values and anxieties." (Gordon, 1994, p. 17). I believe that the clinical formulations these social workers made must be taken as artifacts, not as reflecting "truth." Ultimately the subject of this study is about what these clinical social workers said about mothers of sexually abused children, how they represented mothers, how they accounted for mothers'

behavior, what clinical formulations they created, and what interventions they proposed. I view the clinical formulations and theoretical justifications that these clinicians make as pieces of something, that, while not necessarily "truth" itself, reflects what these clinicians believe represents something important about the mothers they work with. Instead of looking at the data as windows on the "truth" about mothers, I see them as artifacts of the world in which clinicians meet mothers, assess them and implement their treatment. So, while I do not believe these clinicians were whimsical in their formulations, I do hold that, despite their best efforts, they were subject to social "unconscious" forces about which they were relatively unaware and over which they often had minimal control. A function cannot be latent if the individual is aware of it. Such forces influence me as well, and at any one time I may not be aware of them.

Conclusion

In the findings chapters I used the analogy of the social fabric and of carpets. Tribal-weaving scholars categorize the many beautiful objects they see. If the knots are symmetrical the weaving must come from this tribe, if asymmetrical then from another nearby tribe; if the dyes are natural rather than synthetic the piece can be dated to the last quarter of the 19th century. In journals these experts dispute weavings' derivations and origins, just as academics and clinicians dispute the etiology of incest, and the mother's "role" in its occurrence, disclosure and aftermath. In Chapter Eight I asserted that these clinicians' constructions changed even as I observed them in the short term. I believe, from my research, that imposing a grand order is unwise, given the ever-flowing river of contemporary social work practice.

FIGURE 1
BELIEF CONTINUUM

FIGURE 2
ACTION CONTINUUM

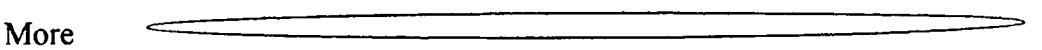


Figure 3
Flow Chart of Emergent Clinician Constructions

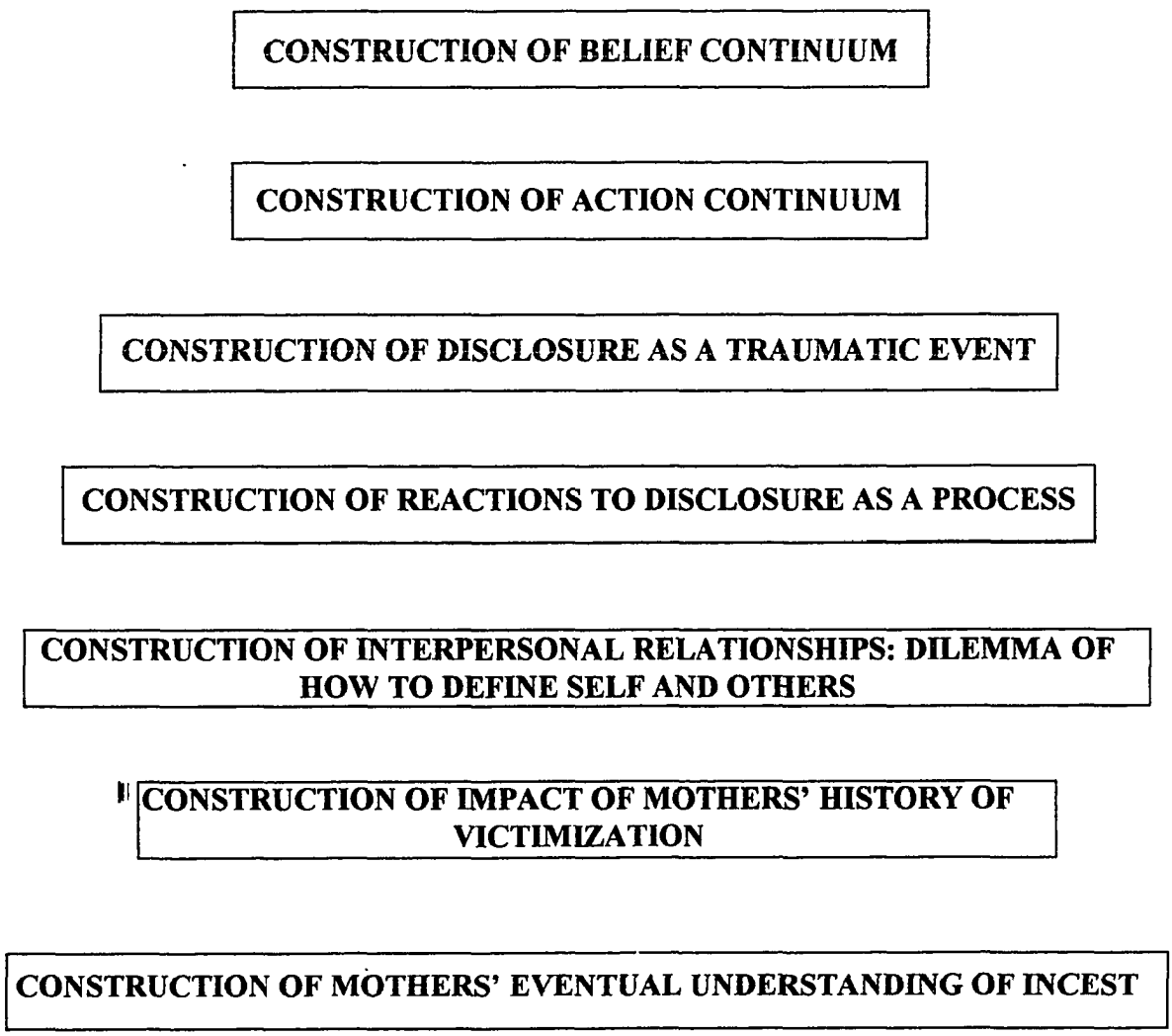


Figure 4
Flow Chart of Social Construction of Documentary Reality for a Mother of a Sexually Abused Child

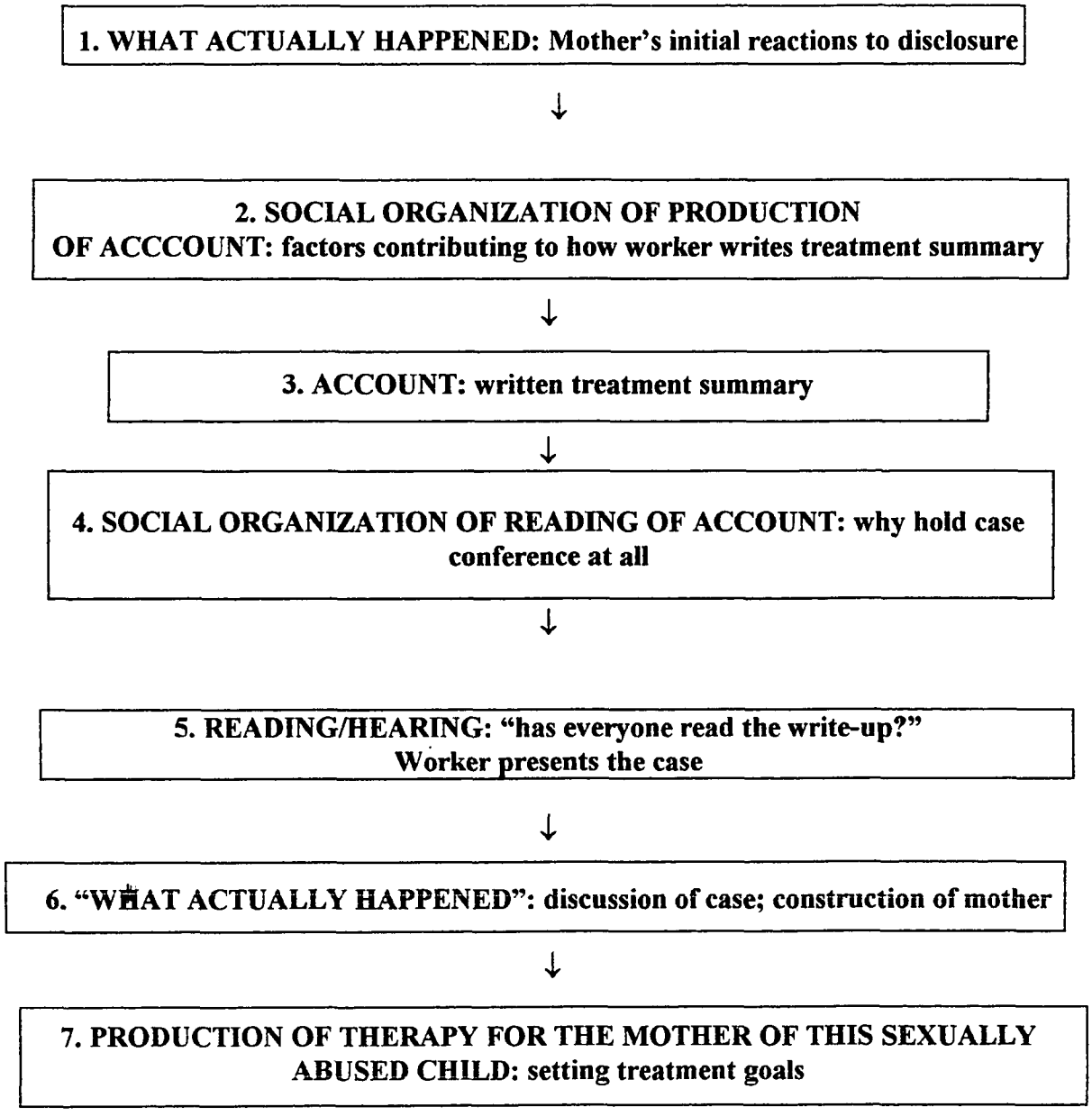
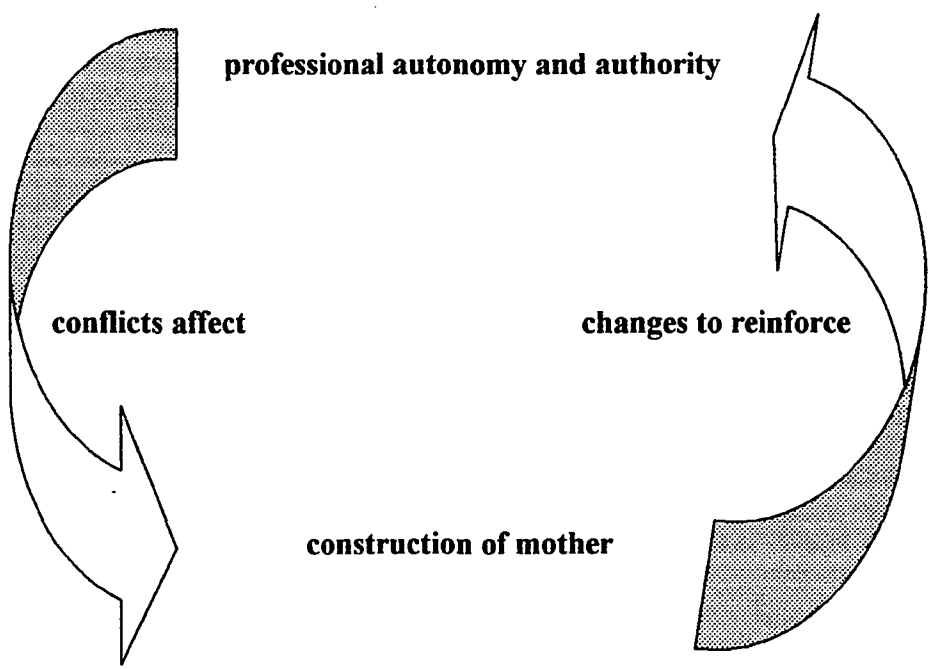


FIGURE 5

INTERACTIVE PROCESS OF LATENT FUNCTIONS OF CASE CONFERENCE RITUAL



APPENDIX A

Key to following tables.

Study Types: **D**=Descriptive, **A**=Analytic, **C**=Clinical, **Q**=Qualitative
Data Sources: **M**=Mothers, **O**=Offenders, **S**=Survivors, **R**=Case Records, **P**=Professionals
Case Types: **CL**=Clinical Sample, **CO**=Community Sample, **CH**=Child Protection Sample, **PU**=Purposive Sample

TABLE 1. Psychological development/personality characteristics

Authors	Study Type	Data Source	Sample Size	Case Type	Findings
Dadds, et al.	D,A	M,S,O	47	CL	Mothers showed no major psychopathology
Deblinger, et al.	D,A	M	99	CL	Symptoms related to aloneness and adult sexual assault
Gomes-Schwartz et al.	D,A	M	156	CL	No serious emotional problems identifying mothers as candidates for psychiatric treatment
Groff	D,A	M,S,O	26	CL	mothers' MMPI scores within average range
Herman	D	S	40	CL	Collusion due to oppression
Jacobs	C	S	12	CL	Survivors blame mothers
Peterson	D,A	M	40	CL	Mothers not more disturbed than control group
Russell*	D	S,M	2	CO	Collusion due to oppression
Wagner	D	M	104	CL	Mothers not more depressed than comparison group
Wald	D,A	M	28	CL	Mothers somewhat more depressed than comparison group

*Two case examples of incest victims who were also mothers of sexually abused children, found in large-scale, random-sample study of incest victims (total n=152)

TABLE 2: Reactions to disclosure

Authors	Study Type	Data Source	Sample Size	Case Type	Findings
Carter	Q	M P	24 15	PU	Mothers believe victims; Disclosure traumatic to mothers
Deblinger et al.	D,A	M	99	CL	84% of mother believe victim
DeJong	D,A	M	103	CL	73% of mothers believe victim, assign responsibility to offender
DeYoung	Q	M	20	CL	Mothers more protective, less collusive upon disclosure; much variety in mothers' post-disclosure (within one hour) behavior
Elbow and Mayfield	C	R	24	CL	83% of mothers believe victim; 29% take protective action
Faller	D,A	M	171	CL	Inverse relation between closeness to offender and support of victim at disclosure; collusion not strongly supported
Gilgun	D	M	17	CL	Mothers take protective action
Gomes-Schwartz et al.	D,A	M	156	CL	82% protected victim at disclosure; 90% displayed concern; 70% did not punish victim
Hooper	Q	M,R	15	PU	Mothers cope with disclosure by maintaining essential relationships
Humphreys	Q	M	22	CH	Mothers' behavior indicates continuum of belief
Johnson	Q	M	6	PU	Mothers believe victim; disclosure traumatic to mothers
Myer	D	M	43	CL	76% believe victim; 56% protect victim at disclosure
Newberger et al.	D,A	M	42	CL	Mothers display serious symptoms at disclosure; significant improvement 1 year later
Russell*	D	S	2	CO	Mothers believe victim
Sirles and Franke	D,A	M	193	CL	78% believe at disclosure

*Two case examples of incest victims who were also mothers of sexually abused children, found in large-scale, random-sample study of incest victims (total n=152)

Table 3: Relationship with child

Authors	Study type	Data Source	Sample Size	Case Type	Findings
Faller	D,A	M	171	CL	Mother-child relationship better when mother-offender relationship is poor
Gomes-Schwartz et al.	D, A	M	156	CL	97% of mothers displayed caring attitudes toward child; 40% dependent upon or burdened by child
Levang	D,A	M,S,O	7	CL	Incest mothers not more rejecting of victims than either clinical comparison group or nonclinical comparison group

APPENDIX B

Social Workers' Interview Guide

Introduction

Social workers in agency practice are an as-yet untapped resource for obtaining a better understanding of mothers of sexually abused children. I will be asking a number of questions today so that you can share your practice wisdom to enrich the picture of mothers that is now being drawn in the literature. Your anonymity and confidentiality and that of your clients will be protected.

Core Question: What are the perspectives of social workers on collusion by mothers of incestuously abused children?

1. Can you tell me about some of the roles, both interpersonal and social, that the mother of a sexually abused child plays in the family?
(Probes: Social roles; interpersonal roles within the family; can you discuss some of those roles; discuss a specific case; relate to theories of incest)

2. Is there a distinctive relationship that the mother of a sexually abused child has with the victim which differs from mother-child relationships in non-incest families?
(Probes: different from relationships with non-abused children; caring, depending, burdened, hostile; discuss a specific case)

3. What impact does the mother's relationship with the offender have on her ability to be emotionally available to her child?
(Probes: impact of divorce, battering, substance abuse or other traumatic events)

4. In your experience how do mothers of sexually abused children behave at the time of disclosure toward the child victim?
(Probes: What do they say? What do they do? Belief; denial; experiencing traumatic symptoms themselves; ask about affect and cognition)

5. In your experience how do mothers of sexually abused children behave at the time of disclosure toward the offender?
(Probes: What do they say? What do they do? Belief; denial; experiencing traumatic symptoms themselves; ask about affect and cognition)

6. Tell me about a case in which you believe a mother had some indications the abuse was occurring, yet did not act to protect her child.
(Probes: what were the indications? Was she wittingly or unwittingly unable to recognize the clues to the abuse?)

7. Tell me about a case in which you believe a mother believed the child at disclosure and took steps to protect that child.
(Probes: What led her to suspect the abuse? What led her to believe her child?)

8. What actions do you see mothers of sexually abused children taking that facilitate disclosure of the incest?
(Probes: Are there barriers, struggles or difficulties that prevent mothers from doing this?)

9. In what way do you think mothers of sexually abused children eventually come to understand their child's abuse?
(Probes: Is there a process? Do they maintain a consistent understanding? What helps them understand? Are there mothers who don't come to understand at all?)

10. Are there specific works in the professional literature that you find helpful in your work with mothers of molested children?

11. Is there anything else that you would like to add from your practice experience with mothers of sexually abused children?

12. How many mothers of molested children have you worked with?

13. How would you describe your primary theoretical orientation?

_____psychodynamic

_____Family systems

_____cognitive

_____behavioral

_____other (please specify)

14. Do you have any formal post-master's training or education?

_____Yes _____No

Check all that apply.

_____family therapy institute

_____psychoanalytic institute

_____university-based certificate program

_____DSW

_____other (please specify)

15. How long have you been practicing?(years post-MSW)?

_____

16. Which of the following best approximates your current job title?

_____agency director

_____supervisor

_____line worker

17. Have you ever participated in training specifically designed on working with mothers of sexually abused children?

_____Yes _____No

18. Worker demographics

1. What is your age?

_____years

2. Are you

_____male?
_____female?

3. What is your origin?

_____African-American
_____Latino
_____Asian/Pacific Islander
_____White/European origin
_____White/non-European

Thank you very much for participating in the study.

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