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MOTHER'S OWN
HISTORY OF CHILD
SEXUAL ASSAULT IN
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THERAPY –
HELP OR HINDRANCE?**

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THE IMPACT OF MOTHER'S OWN HISTORY OF CHILD SEXUAL ASSAULT IN THEIR CHILD'S THERAPY – HELP OR HINDRANCE?

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Abstract

Knowledge about the behaviour of non-offending mothers following disclosures of child sexual assault is often subject to myth and misinterpretation by various professions and systems such that the ability of mothers to support their child is often negated. Certainly the literature now questions the veracity of such constructions generally however little is known specifically about the impact of a non-offending mother's own history of child sexual assault in their child's therapy.

Drawing on original data from an Australian Research Council Grant investigating counselling and socio-legal strategies used to address child sexual assault, this paper will explore the following themes:

- The impact of a mother's own history of child sexual assault on her responses to the initial disclosure;
- The perceptions of counsellors and mothers of the impact of a maternal history of child sexual assault on the therapeutic process for the child; and,
- The ways in which the counsellors' perceptions of the above influence their choice of therapeutic frameworks and techniques.

Introduction

Beliefs about the knowledge held by, and behaviours of, non-offending mothers following disclosures of child sexual assault is often subject to myth and misinterpretation by various professions and child welfare systems such that the ability of mothers to support their child is often negated and in some cases, actively sabotaged (Breckenridge & Berreen, 1992; Humphreys, 1992). Certainly concerns remain about the attitudes and practices by some workers and agencies (for example, Breckenridge & Baldry, 1997; Humphreys, 1999). However what is becoming more apparent is a body of literature that questions the veracity of explicit constructions of mother-blame and which attempts to re-focus attention on the importance of the mother-child relationship after a child's disclosure of child sexual assault (Laing & Kamsler, 1990; Freer, 1997).

While there has frequently been a focus on mother's behaviour prior to and during disclosure, increasingly, research studies are investigating the later parenting of mothers who themselves, were sexually assaulted as children. The results and tentative conclusions of these projects demonstrate little common agreement other than the need for further exploration. Anecdotally, we do know however, that mothers, who have a history of child sexual assault themselves, may express concerns about their capacity to parent – very often appropriately as part of an on-going therapeutic relationship (Herman, 1981; Cole & Woolger, 1989). Yet, little is known specifically about the impact of a non-offending mother's own history of child sexual abuse (including incest) in their child's therapy, post-disclosure of child sexual assault. Prevalence figures alone (for example, Gilmartin, 1994 pp 41-43; Fleming, 1997 pp 65-68) would indicate the need for a study such as this given that a significant proportion of mothers and counsellors must find themselves in exactly this position – either knowingly or not.

This paper will address the impact of a non-offending mother's own history of childhood sexual abuse in their child's therapy, post-disclosure of child sexual assault, by exploring three themes that emerged from the preliminary analysis of original data collected in an Australian Research Council Collaborative Grant investigating counselling strategies used to address child sexual assault. These themes are:

- The impact of a mother's own history of child sexual assault on her responses to the initial disclosure;
- The perceptions of counsellors and mothers of the impact of a maternal history of child sexual assault on the therapeutic process for the child; and,
- The ways in which the counsellors' perceptions of the above influence their choice of therapeutic frameworks and techniques.

The Literature

There is a small but growing body of research that seeks to explore the effects of child sexual assault on the later parenting of mothers but none of which specifically looks at the influence that a maternal history of child sexual assault may have on the counselling relationship after the disclosure of their child's abuse. In a sense this is surprising given the number of studies that recognise the potential for the mother-child relationship to be affected by the offender's tactics and the importance of mothers supporting their child after disclosure.

Rather, the investigations to this point are characterised by clear themes which include, the intergenerational transmission of risk of child sexual assault from mothers to their children; the competency and capacity of these mothers to parent and support their children generally and at disclosure, and the increased stress these mothers face at the time of disclosure of their own child's sexual abuse. This review will discuss the literature according to the themes in order to provide a framework for the findings presented later in this paper.

1. The intergenerational transmission of risk of child sexual assault

Zuravin and Fontanella (1999 p 624) argue that a substantial proportion of this literature focuses on the negative effects of a childhood history of sexual abuse on mothering, in part because it draws on clinicians reports of mothers' own concerns about their capacity to parent and because a sizeable number of studies investigating the intergenerational transmission of risk, hypothesise that children of mothers who themselves experienced child sexual assault,

are at a higher-risk for various types of maltreatment – including incest and child sexual assault. The appeal of the hypothesis is that it directly relates to investigations of the aetiology of the abuse and the consequences of the abuse, which are undeniably of interest to any researcher wishing to understand more about child sexual assault.

Very often this hypothesis is an explicit research aim as opposed to an unintended research finding. For example, Oates, Tebbutt, Swanston and Lynch (1998 p 1115) investigated whether mothers who were sexually abused in their own childhood are at risk of their children being sexually abused. The researchers did find that a maternal history of sexual assault was related to an increased risk of sexual abuse occurring in the next generation. Armsworth and Stronk (1999) found similarly but also point out that an uncritical acceptance of the intergenerational transmission of risk hypothesis may have unintended consequences such as blaming the adult victim.

Cole and Woolger's (1989 p 410) study is an example of research that questions the veracity of the limited empirical support for this hypothesis, similarly noting the potential for such work to lean towards blaming mothers, even if it is in an obtuse fashion. Nevertheless they specify that one rationale for their study was the frequent reporting of clinicians that mothers in families where incest is a current problem, are also very often sexually abused as children.

McClosky and Baily (2000 p 1032) provide a feasible, if empirically untested, alternative explanation to the intergenerational transmission of risk of child sexual assault from mothers to daughters. They suggest that a proportion of survivor mothers may sustain contact with their family of origin despite prior sexually abusive experiences perpetrated by family members and this continued contact places their daughters at the same risk to which they were once subjected. Given that many of the research samples are drawn from clinical populations (including lower-socio-economic classes and those already involved with welfare agencies) this suggestion bears further investigation.

The literature is unable to explain the repeated finding of the intergenerational transmission of child sexual assault, and certainly there is no evidence to suggest a causal link between a maternal history of child sexual assault and

their child's sexual abuse. In relation to this research, its only value may be seen in heightening counsellors' awareness of the increased possibility of mothers also having a history of child sexual assault and that this may influence how, and the extent to which, they are able to support their child post-disclosure.

2. The competency and capacity of mothers with a history of sexual abuse to parent and support their children

Schreiber and Lyddon (1998) criticise researchers who take a 'symptom' approach, looking only for short and long-term deficit and incapacity. They argue that this singular focus fails to explain why some survivors of childhood sexual abuse report profound traumatisation and certain symptoms while others don't. An example of this can be found in the work of Burkett (1991 p 424) who stated that the sole purpose of her inquiry was to identify important but unforeseen concerns and issues, *not* [our emphasis] their strengths.

The tendency for this kind of an approach can be found in the work of Cohen (1995). This study investigated the maternal functioning of women survivors of child sexual assault by looking at the possible long-range consequences of child sexual assault on the victim's future ideas about parenting as well as her functioning in this role. The unfolding picture of this study suggests that women with a maternal history of child sexual assault, function generally on a lower level than mothers who were not exposed to this trauma in their childhood.

Burkett (1991) similarly explored links between a childhood history of sexual assault and the current parenting behaviours of mothers of school age children using observation of family interaction and interviews with twenty survivor mothers and twenty non-survivor mothers. Burkett found that women who had been sexually abused in childhood were more self-focused, rather than child-focused and that in interviews the survivor mothers gave strong evidence of greater reliance on their children for emotional support. However, the author noted in the results that significant differences were due to the behaviour of only some (around half) of the survivor mothers but not all. This finding led Burkett to assert that a history of child sexual assault need not result in aberrant or dysfunctional parenting (1991 p 433).

Schreiber and Lyddon (1998) studied the relation between perceived parental bonding to maternal and paternal primary caregiver and current psychological functioning was examined among an adult female sample (n=78) of child sexual assault survivors. This study did examine the psychological functioning of mothers, finding that mothers with a history of child sexual assault revealed significantly poorer psychological adjustment than those without such a history. But importantly the researchers expanded their focus slightly to include factors that may explain different levels of functioning amongst this group of mothers, finding high paternal care was significantly associated with better psychological functioning amongst women with a history of sexual abuse.

Given that the previous study showed that only half of the mothers exhibited significant differences in parenting behaviour, it would seem that the focus on the inevitability of negative effects resulting from a history of child sexual assault, is not always supported by the research findings. In fact Oates, Tebbutt, Swanston and Lynch (1998 p 1115) found prior maternal sexual abuse not to effect outcomes in children who were sexually abused, arguing that the children in their longitudinal study were no more disturbed in terms of behaviour, depression and self-esteem than those whose mothers had not been sexually abused (1998 p 1117).

Other studies concentrated further on examining how a history of child sexual assault may influence the ways in which mothers support their children generally, and at the time of disclosure. Kreklewetz and Piotrowski (1998) examined the effects of incest on later parenting, specifically with regards to protective behaviours towards their own children. Importantly, all of the sixteen mothers in this sample had received a combination of counselling for their own abuse, parent education literature and parenting groups, factors which the mothers identified as contributing to an increase in their own self-esteem and which also enabled them to become more actively involved and protective in their relationships with their adolescent daughters.

The participants in this study identified the need for more information about parenting, and the need for skills and strategies that would allow more open communication with their children (1998 p 1307) as being prerequisites for 'protecting' their children from sexual abuse or supporting them after disclosure. Whilst not stated, it is conceivable that such strategies and skills would be helpful in allowing children to disclose should they be abused and

also, may enhance the child's engagement with a therapeutic relationship post-abuse.

Cole and Woolger (1989) examined the child-rearing attitudes of child sexual abuse survivors (including incest and extra-familial sexual assault) and their perceptions of their own parents' behaviour. The researchers were particularly interested in examining whether incest alone affected attitudes towards parenting in survivor mothers or whether later effects noted in mothers were more a by-product of dysfunctional relationships with both parents- a theme that emerged in a number of studies. Their work showed a difference between incest and non-incest survivor mothers' perceptions of their parents, with incest survivors holding more negative attitudes and also differences between the two groups in relation to attitudes about some aspects of child rearing.

Because they felt the pattern differences between the two groups could still be evidenced in mothers with different family stresses (not only incest), Cole and Woolger joined with Power and Smith (1992), to compare incest survivor mothers, with adult children of alcoholic fathers and to women with no known risk during their childhood. The researchers found that incest survivor mothers reported significantly less confidence and less sense of control as parents than non-risk mothers with mothers who had alcoholic fathers falling somewhere in between. Importantly though, the findings also indicated that incest and the attendant problems in such a dysfunctional family of origin, predicted difficulties in the parental relationship more consistently than they predicted the mothers' individual parenting problems (1992:248). This latter finding has implications for a mother's capacity to harness support from her partner should their child be abused by another person.

Banyard (1997) similarly stresses that negative long-term effects on parenting may stem from child sexual abuse or equally from a negative family environment, which may accompany it. Through the secondary analysis of archival data, this study aimed to examine the impact of a history of child sexual assault and the quality of more general family relationships on the parenting of a sample of low-income mothers. The findings indicated that a history of child sexual assault was related to more negative parenting outcomes in terms of feelings about self as a parent and the use of physical strategies in conflicts with children, while negative family of origin experiences

affected the mothers' degree of worry about their children and their hopefulness about future parenting (1997 p 1104).

Banyard concludes by emphasising that although child sexual assault was associated with some dimensions of negative parenting, not all survivors demonstrated negative parenting behaviours. Future research, in her opinion, needs as well to attend to the survivors who become successful parents as it is important to understand their resilience so that more effective interventions can be designed that build on existing strengths.

Armsworth and Stronk (1999) in a qualitative study of 40 mothers who had been sexually assaulted as children, explored in-depth the women's perceptions of generational influences of incest on their skills, abilities and attitudes towards parenting their own children. They found that all mothers perceived some effects of the incest although for many, other significant issues in childhood, for example physical abuse and extreme neglect, were equally or more influential in relation to the perceptions of their own parenting and the parenting they were currently providing. All participants were concerned with protecting and supporting their children and were very disturbed if they felt that they had been unable to do so. One possible implication for practice was that it is extremely useful to allow a mother who had experienced incest the possibility of exploring in counselling, how they were parented and how they want to parent (1999 p 32).

Following these earlier works, Zuravin and Fontanella (1999) tested two hypotheses in their retrospective survey of 516 very low-income, urban mothers. Firstly, that the apparent effect of child sexual assault on targeted parenting behaviours is due to other growing up experiences. The second, a mediational hypothesis, predicted that the effect of child sexual assault on parenting is a function of maternal depression, as depression is a documented long-term effect of child sexual assault.

Results did not support this latter mediational hypothesis although the authors maintained that this focus remained worthy of further investigation. However, with respect to the first hypothesis, for the dependent variables (severely violent methods for handling conflict and perceived parenting competence), findings showed that any observed differences between child sexual assault and non- child sexual assault survivors were completely accounted for by

other growing up experiences (1999 p 630). This latter finding is diametrically opposed to the results reported by Banyard (1997).

After reviewing the literature in relation to the competency and capacity of mothers with a history of sexual abuse to parent and support their children, it becomes clear that studies are equivocal in their findings. The other theme that is apparent in the literature is the stress experienced by mothers at the time of disclosure.

3. The increased stress faced at the time of disclosure

Hiebert-Murphy (1998) investigated various psychosocial factors related to mothers' distress following their children's disclosure. Specifically, the relationship between mothers' emotional distress and a history of child sexual assault, or adolescent sexual assault and social support and coping strategies were examined. The findings indicate that the distress experienced by mothers following disclosures of child sexual assault is related to mothers' personal histories of child sexual assault, the social support they receive and the coping strategies they employ to deal with their child's disclosure. Hiebert-Murphy (1998 p 424) suggests that while there is some evidence that women with a maternal history of childhood sexual abuse experience more distress, not all such mothers experience clinically significant levels of distress following disclosure. Although clinical literature advocates interventions that attempt to increase support for mothers following the child's disclosure, little research has considered the relationship between social support and a mother's adjustment (1998 p 425).

Hiebert-Murphy (1998 p 431) argues that her findings suggest the importance of assessing for a maternal history of sexual abuse in either childhood or adolescence. Although, she also argues that in spite of its appeal the importance of a history of abuse in understanding the distress of mothers should not be over-emphasised. Notwithstanding the researcher does believe her findings indicate the importance of providing support for parents of abused children and that clinical practice would benefit from evaluating the effectiveness of various support strategies and interventions.

Timmons-Mitchell, Chandler-Holtz and Semple (1997 p 2) investigated post-traumatic stress disorder symptoms (PTSD) in child sexual abuse victims and their mothers. Two pertinent findings emerged from this study. Firstly, that more mothers who were sexually victimised as children suffer PTSD when

their children report being sexually abused than mothers without such a history. This result was not surprising and is consistent with other investigations. For example, McGruder-Johnson, Davidson, Gleaves, Stock and Finch (2000 p 206) investigated 'secondary traumatisation'. They found that an individual need not be a direct victim of interpersonal violence, such as child sexual assault, but may be affected by witnessing or hearing about traumatic events that happen to others, as occurs for mothers at the time of disclosure.

The second finding was totally unexpected, that being that the children of mothers who had themselves experienced child sexual assault, reported less PTSD symptoms than children of non-abused mothers (Timmons-Mitchell et al., 1997 p 11). Explanations for this latter finding may include that survivor mothers suppress acknowledgement of their child's symptoms as an expression of their own avoidance, or, as Burkett (1991) suggests that these children often display more 'parentified' behaviour perhaps masking some PTSD symptoms. And yet to look through a different lens, another possible explanation is that sexual abuse is less of an unknown for survivor mothers and their own knowledge of what can happen and the aftermath, combined with whether they themselves experienced effective support, may allow them to more immediately responsive to their children's distress.

This explanation is supported by other research such as that of Humphreys (1992) who comprehensively details the complex experience of disclosure for mothers whose children have been sexually assaulted, emphasising the vulnerability of mothers at that time and the tendency of counsellors to underestimate the crisis that they experience. Humphreys found that the mothers in her study who had a maternal history of sexual assault had no trouble believing their child's disclosure (1992 p 31).

Moreover, all mothers in this sample were offered crisis counselling at the point of disclosure, although several mothers who were taking their children to counsellors on a longer-term basis rarely reported that they had their own individual counsellor or that they had joint counselling sessions with their children to examine the effects of the abuse on their lives (1992 p 34). Humphreys believes that as a consequence, the long-term issues faced by mothers at the time of disclosure are not being attended to under these models, nor is the damage done to the mother-child relationship created by the abuser – developed and detailed by Laing and Kamsler (1990).

The importance of increasing a mother's capacity to support her child at disclosure and beyond cannot be under-estimated. A recent study by Morrison and Clavenna-Villaroy (1998 p 33) found that adolescent girls who perceived their mothers to be supportive when they disclosed sexual abuse, had higher self-concept scores and fewer symptoms of depression compared to adolescents whose mothers were perceived to be non-supportive at that time. The unexpected aspect of this finding pertinent to this discussion is that mothers who reported a history of sexual abuse, were perceived as more supportive by their daughters than the mothers who reported having no history of sexual abuse. Furthermore, 100% of the mothers with a history of sexual abuse were perceived as supportive at the three-month follow-up interview in contrast with only 50% of mothers who reported no history of sexual abuse. The adolescent participants in this study were extremely articulate in defining behaviours that they would find supportive, including mothers verbalising their belief about the disclosure, and for their mothers to be more involved in their counselling and talk about the abuse with them more (1998 p 34).

Implications for the future

Clearly more research is needed if we as academics and practitioners are to better understand more about the experiences of mothers who themselves have a history of sexual abuse, at the time of their child's disclosure and beyond. Certain studies have suggested strategies to further our understanding. For example, Timmons-Mitchell et al. (1997) believe that their findings imply the need to assess parents and children for PTSD at the time of the disclosure, and the need to involve non-offending parent(s) and children in the treatment process. They believe these interventions could increase the safety and the solidarity of the mother-child relationship and contribute to symptom reduction. Cohen (1995 p 1428) similarly argues for the increased resourcing of programs that would strengthen the mother-child relationship.

Burgess and Wurtele (1998) go one step further arguing for all parents to be educated to discuss matters of child sexual assault with their children and that a lack of knowledge, vocabulary or materials are seen by deterrents by parents to doing this. They believe that parents could be partners with school based prevention programs, thus providing a series of booster sessions

outside of the main sessions. Kreklewetz and Piotrowski (1998) similarly argues for parents to be involved in discussing child sexual assault with their children, suggesting the need for skills and strategies that would allow more open communication with their children (1998 p 1307) as being prerequisites for 'protecting' their children from sexual abuse or supporting them after disclosure

Clearly there is a trend in the literature, which not only acknowledges the importance of mothers but also seeks to identify how their importance can be best utilised in supporting their child during disclosure and beyond. Freer's (1997 p 6) point that it is only by gaining a more thorough understanding of the effects of sexual abuse on the non-offending parent who assumes responsibility for caring for the sexually abused child, that therapists and social work practitioners will be in a position to develop more sensitive practice frameworks, is a prerequisite for competent therapeutic intervention in cases of child sexual assault. This paper attempts to contribute to this understanding in a preliminary and somewhat tentative way by focusing particularly on ways in which a maternal history of child sexual assault may influence the counselling process for their child post-disclosure.

Methodology

During the data collection of an ARC Collaborative Research Grant (1997-1999) with the Education Centre Against Violence, which aimed to compare counselling strategies used to address child sexual assault in NSW, it became clear that a substantial number of mothers, whose children were receiving counselling after disclosures of sexual, also had histories of childhood sexual abuse. The emergence of this unexpected trend should not be surprising as it is totally consistent with the literature and prevalence statistics for child sexual assault noted earlier. However, while this finding was initially seen as tangential to the main investigation of counselling strategies and techniques affecting counselling outcomes, it became apparent that this factor had the potential to influence the counselling process - as either a help, or hindrance.

The findings discussed in this paper were drawn from the second stage of the ARC research, which collected psychological assessments on children in counselling (CBCL and the Youth Self-Report) at disclosure and again at the

completion of therapy, demographic data and detailed written information about the assault(s) and the circumstances surrounding the assault(s), the child and their family of origin. From this larger group, twenty-five case studies were self-selected and for which the non-offending parent(s), the counsellor and the child (where appropriate) were interviewed in-depth at various stages in the therapeutic relationship. In all, 63 interviews were conducted to investigate perceptions of counselling by all those involved in the counselling process.

In ten of the twenty-five case studies there were mothers who had histories of being sexually abused as children themselves. However, given that two of these cases were sibling cases, the actual number of mothers in these circumstances was eight. Thus at least 40% of the children in the interview sample had mothers with their own histories of CSA. We use the term "at least" for two reasons. Firstly because this area was added to the interview schedule very early after interviewing had commenced, as this trend emerged via interviews as an important area of inquiry. So conceivably mothers interviewed before this question was added to the schedule, may also have a history of child sexual assault.

Secondly, it became clear that counsellors only knew about mothers' histories of Child sexual assault if the mother had taken the responsibility of disclosing it directly to them. When asked whether the mother had been a victim of child sexual assault herself, some counsellors said "no" when they had *assumed* that the mother did not have such a history, because she had not raised the issue with the counsellor. On the other hand, we have included two of the mothers in the CSA history group on the basis of the counsellors' *belief* that they had a CSA history – again the counsellors did not ask these mothers about their suspicions outright. During our interviews, some mothers were not asked about the possibility of a history of child sexual assault when it appeared inappropriate to do so in a two hour, once-off research interview (for example, because a mother was upset during the interview) so for some cases, only the counsellors' opinion was available. However, what became increasingly clear as the interviews progressed was that the counsellors in the interview sample were choosing not to ask mothers whether they had a history of child sexual assault. In one case, the mother disclosed to the research interviewer, and it appeared that the counsellor involved with the case was not aware of the mother's history.

The result of these constraints being, that the actual rate of maternal child sexual assault appeared lower than it actually may have been.

Findings

As mentioned in the methodology section, this data is drawn from interviews with eight counsellors and with eight mothers who were identified by the research as having their own history of childhood sexual abuse.

Theme One – The impact of the child's disclosure on mothers with their own history of CSA

The issue of belief

Seven of the mothers had no hesitation in believing their children's disclosures, while the remaining mother believed her adolescent daughter was sexually assaulted, but struggled with the issue of her culpability for the assaults. The capacity of mothers to believe their children is consistent with Humphreys (1992) doctoral findings.

(Mother): I can't, I can't not believe them. I was sexually assaulted when I was a kid. So I can't not believe them.

Importantly, some of the mothers were able to recognise quite tentative disclosures, and follow them up, because of their own experience.

(Int): At that stage you were suspecting sexual abuse?

(Mother): I did, yes. And I suppose only because of what had happened to me.

One of the mothers did struggle with the sexual abuse of her adolescent daughter. While she had no problems with believing that the incidents had taken place, she was very blaming of her daughter for the abuse, pointing to her dress and her behaviour. On exploration during the research interview, it emerged that these were precisely the issues that the mother's offender had accused the mother of, in his tactic of blaming her for the abuse, which he had perpetrated on her some 30 to 40 years earlier. This mother described how, at 8 or 9, the perpetrator told her that she had been "asking for it", and how she had believed that the abuse was her fault. It appeared that this was not addressed in the counselling provided to the mother about her daughter's

abuse. Kreklewetz and Poitrowski (1998) study showed that this kind of work with mothers in counselling was identified with contributing to an increase in their self-esteem, a factor which also enabled them to become more actively involved and protective of their adolescent daughters. The fact that in our sample, the counsellor did not address this mother's difficulties may have influenced the extent to which she was able to support her teenage daughter.

Emotional impact

While disclosure by a child usually creates an emotional crisis for mothers, the experience of many of the mothers in this sample, and/or their counsellors, suggests that there may be specific crises brought up when the mother has her own history of childhood sexual abuse. Again, this should not be surprising given researchers such as Timmons-Mitchell, Chandler-Holtz and Semple (1997) and Hiebert-Murphy (1998) found that mothers with a history of child sexual assault were more likely to suffer PTSD or increased stress at disclosure than mothers who did not have this history.

One mother in this sample "remembered" her own abuse as a result of her child's abuse:

(Mother): ... I always blocked [my own abuse] out of my mind, but when it happened to [my child] it came to a crunch. ... it was in that [counselling] room the second [session] that it hit me that I had things with my grandfather, and it just came out. I didn't tell all the itty gritty things but I just cried about it, and when I hopped in the car [my child] grabbed my hand and she said 'it's alright mummy, I know how you feel', and we both sat in the, in the car and cried.

Some mothers were severely affected by their children's disclosures, and their emotional state deteriorated sharply:

(Counsellor): I think [the mother] went into a major crisis. She has her own childhood issues that came up... but we never dealt with that ... like on a very superficial level we did... I have been trying to get her in to see somebody... to deal with those issues... she went wooh, way down there, you know, very quickly, and ...

lost it ... All of [the mother]'s childhood sort of fears came up, and she became like a small child herself... she just couldn't even go home.

The mother in another case was still very affected at the time of interview by what had been brought up about her own abuse:

(Mother): ... when [the perpetrator] done stuff to [my child] it brought a lot of stuff back. Well I was young when my father first done it... when [the perpetrator] done it to [my child] that brought everything flooding back... and after, yeah, I talked to [the counsellor] about that, still am.... [when the child disclosed the details of the abuse] I felt so sick and I went and vomited and... [the child] had a really restless night and I couldn't sleep, and that night I felt like getting a knife and running it through [the perpetrator]'s whatever.... I do get annoyed because it brings up all this stuff that I've had locked away all these years....

Some mothers expressed shock and dismay that, despite their awareness on account of their own experience, their children were still sexually abused:

... I was sexually abused as a child. And I thought I'd never let it happen to my kids, and it did... I swore it'd never happen to my kids, and... it did. And I felt like I let it happen.

Part of the impact for this particular mother was that her own sense of safety and meaning had been shattered by the sexual abuse of her sons. When she was sexually abused herself she believed that it had happened to her because she was female, and she subsequently became a "tomboy" in order to keep herself safe. She entered a new phase of grieving and loss of safety when her two boys were sexually abused:

I always thought if I could be a boy it would never happen, and that kept me going as a child. ... and then to think after... all these years, even now as an adult, that it can happen to boys, that it wouldn't have mattered, that it still would have happened to me – yeah.

However, increased feelings of distress do not necessarily mean that mothers with a history of child sexual assault are unable to support their children and take actions to assist them in their current situations.

Action taken

Almost all of these mothers took swift action to protect their children immediately upon disclosure, contacting police, having perpetrators removed (and in some cases these were partners, relatives or another child of the mother), and seeking support services for their children. Some mothers were described by counsellors as very protective and very determined to get high quality services, counselling, medical and legal, for their children.

(Mother): I couldn't stop it from happening, but when it did, I made sure it was dealt with quickly.

One counsellor described a mother's support as being compromised by her own history of CSA:

(Counsellor): I actually think the mother really wanted to be supportive, but just actually didn't have knowledge of how to go about doing that or didn't have skills because of her own issues... I actually had no doubt that she was supportive of her, but it just wasn't effective support.

A common motivation for mothers who had a history of child sexual assault themselves was a determination to have better outcomes for their children than they had received themselves:

(Mother): I just thought he needs to... get it out of his system now, because I went through the same feeling when I was his age and I thought ... 'I don't want him to be like me'... [I didn't get help] for 26 years.

(Mother): ... my boys aren't gonna hide behind no screen. They're gonna know that it's okay, yeah, they're not gonna live like I did all those years, no way.

(Mother): I realise that I'd been carrying this huge burden with me for all these years – oh goodness, I was about 8 or 9 [when I was abused] and I'm forty something now, and I

thought I don't want [my child] to do that and I thought the best thing for [her], the greatest help I can do for her is for her to get it out of her system, to come to a knowledge instead of hiding it....

Some of the mothers were very conscious of how they had been treated, and as a result were very conscious of how to support their children. In particular it seemed that these mothers wanted their children to realise that they were not responsible for the abuse and that any shame was not theirs to hide or fear.

(Mother): I remember I told my mum and she slapped me on the face and told me not to lie... It was never brought up again. And I, I've treated [my child] very differently.

One mother was believed when she disclosed to her own mother, but was also continually threatened by the perpetrator that if she disclosed, she would get into serious trouble. This mother used that experience to support her children at first disclosure, and afterwards:

(Mother): A lot of sexual assault offenders do use threats, and I know from personal experience, because I was threatened, every time it happened I was threatened... And kids believe that... what else are they gonna believe? So I just reassured my kids that they didn't do anything wrong, they're not at fault, they're not the ones that are gonna get in trouble.

Clearly a majority of mothers were able to believe their child precisely because of their own experience, which also appeared to make most mothers determined to better protect their child pre and post-disclosure of sexual assault.

Themes Two and Three – The impact of maternal history of CSA on the therapeutic process for the child, and the ways in which this influenced the counsellor's choice of therapeutic framework and technique

Two counsellors spoke of cases where the mothers were very emotional during the child's counselling sessions, to an extent that their distress had the

potential to disrupt the child's own process of recovery. In one case the counsellor was aware that the maternal history of CSA was one of a number of issues impacting on the mother. However because of the age of the child, this counsellor strongly believed that the mother should be present in the child's counselling:

(Counsellor): ... it was very important that... [the child] be seen with his mum each time. I mean she was reinforcing much of the stuff that was discussed at counselling.... I think she may have a background of child sexual assault herself, and this was really ... difficult for her at that level, but very important that she be a part of that process for her son. What I probably in retrospect should have said was 'if you are feeling very fragile and upset today, send [the child] to school and just come in yourself'.

While holding to the framework of having the mother present in the child's counselling, this counsellor structured the counselling carefully in light of the mother's emotional state:

...initially I did a lot of stuff around protective behaviours, because the whole issue of the sexual assault was so volatile. Mum would burst into tears, she would become very distressed, her breathing would become all erratic, she couldn't bear to think about it or hear about it, and so we did a lot of protective behaviours initially, and that was somewhere that was a bit safer whilst ... we were establishing some kind of therapeutic relationship. That went really quite well....

In the other case, the mother's emotional state was almost entirely attributable to her own sexual abuse history, and her reactions threatened to overwhelm the child's counselling, and the support she was able to offer him in everyday life. In this case the counsellor decided to offer the mother her own separate counselling about her own CSA, which appeared to have been an effective intervention for both mother and child.

Some counsellors were aware that the mother's own history of CSA was affecting their ability to support the child, and offered separate support of some sort for the mother (not necessarily in-depth counselling about their own CSA), which the mother refused.

She didn't talk a lot about her own abuse - like I invited her to ... if she wanted support around it, but ... she never had any counselling for it... And I think that that's why ... it was so important to her, the fact that her kids have counselling, she wanted it to be different for them...

A common perception of mothers seemed to be that they had to be "strong" for their children, and that they might fall apart if they were to discuss their own history:

(Mother): I feel that I can't deal with anything that's happened to me now, because that will just send me over the edge and there will be no one there for my kids, and they need me. So I have to hold back on my own [abuse], and just deal with what's happened with them right now....

This mother began to speak to her children's counsellor about her own abuse, and the counsellor referred her out to a counsellor in private practice. This posed a number of practical problems and the mother dropped out of that counselling. However, the mother who did receive counselling specifically about her own abuse also had these same fears initially, but found her own counselling very helpful, and in the end had the perpetrator of her own abuse charged.

Some counsellors simply did not address the issue of the maternal history of CSA at all, even though they knew it was present:

(Interviewer): ... you mentioned that she had a history of abuse, do you think that got in the way [of her support of the child] at all?

(Counsellor): I don't know, I couldn't assess that, because I didn't take it up. ... I did ask her quite a few times did she need some individual support and could I arrange that, and she didn't and her views were... as long as [the child]'s alright I'm fine, I can deal with things... I have to accept that.

The maternal history of CSA often affected the structure of the counselling. Many mothers did not want to hear about their child's abuse as they felt they

just could not bear it emotionally, and so did not want to be in the child's counselling:

(Mother): ...I'm too frightened to hear... what's happened to them...

(Interviewer): Is that because it's going to trigger off your own memories of your own abuse?

(Mother): I think so, and I think if that happens then I'll just collapse and there'll be no one there for them. And that's probably why I don't want to hear it, yeah.

As mentioned previously, one counsellor insisted that the mother be present; one service routinely did not include the non-offending caregiver in the children's counselling, so this option was not offered. Some counsellors went with the mother's wishes, even though their assessment was that the outcomes for the child would be better if the mother was present in the counselling.

(Interviewer): So it was the children's choice to... not have [the mother] present?

(Counsellor): Yeah, but it was also [the mother]'s, she didn't want to be present ... because it was too painful. ...I would have preferred [the mother] to have been involved...

Some better resourced services would offer the mother her own counselling separate from the children's in these sorts of situations, however that would not necessarily focus on the mother's own abuse:

(Counsellor): ... it was decided in this case that their mum would be given a separate counsellor. She's also now been referred to an outside agency ... around work to do with her own abuse as a child. We actually don't take that on per se, although there may be drawing some limited parallels for her that might be helpful in how she's managing her children's assault. But we wouldn't do any uncovering work around her own assault... because we actually don't see adult survivors of childhood incest here.

Clearly, mothers' own increased level of distress because of their own abuse influenced whether they felt they could be involved in the actual counselling sessions and also to what extent counsellors felt they could be constructively involved. What is of interest is the limited offers of counselling for mothers, at times due to agency policy and resources, but at other times because counsellors appeared to be hesitant to openly address mothers' history.

Discussion and implications for practice

The preliminary findings clearly suggest that mother's history of CSA has the potential, after a child's disclosure, to impact both on the child's therapeutic process and support outside therapy, and on the mother's quality of life and ability to support the child. At a practice level, it is usually a given when counselling children that the non-offending caregiver must be supported, because they are the primary support of the child. It is less clear however, why this principle does not extend to addressing the mother's issues around her own sexual abuse, a factor which very obviously influences a mother's capacity to support her child.

It was also surprising that counsellors did not openly ask about the possibility of a mother having a history of CSA. For counsellors to rely on mothers to raise this issue is fraught, as this choice may only reveal a maternal history of child sexual assault in those mothers who have some degree of integration already, some degree of comfortableness with talking about their own abuse and perhaps those mothers who have already received effective counselling to deal with these earlier experiences. This means that an important piece of the therapeutic puzzle may be missing in a proportion of all presentations. We were unclear as to whether counsellors were concerned that mothers would de-compensate if they talked about their own abuse and whether this fear is actually founded. And further, should increased stress occur could, or indeed should not it still be managed so as to provide the child with the maximum support from their mother?

The scarcity of resources, particularly in rural services, which are stretched already appear to be one explanation for the lack of counselling opportunities for mothers. Also, the related policy issue that some Sexual Assault Services strictly follow, which dictates that services cannot see adult survivors of child sexual assault appears to result in fewer counselling opportunities for

mothers. Resources and policy directives have always had the capacity to affect and limit counselling structures and opportunities, however, it should be accepted that this may directly affect a mother's capacity to support her child at disclosure and beyond, thus potentially also affecting counselling outcomes for their children.

Lastly, the preliminary analysis suggests the need to consider issues such as parental convenience. While it might seem like a good move to refer a mother to another organisation in recognition of the fact that they need therapeutic support for their own childhood issues, and in keeping within service guidelines, this could be self-defeating. Time and money are both significant issues in mothers feeling able to take up such opportunities. An example from our study involved a mother who had two children in counselling for their own assault issues and it would have been much more convenient for her to be seen at the same time as one of her children rather than having to go to another counsellor at another location and organise child care while doing so. For this mother, there would have been concerns in relation to how to keep her children safe from the offender while she was away at counselling. Consequently this mother missed out on crucial support, which may in turn have facilitated her supporting her own children.

As can be seen a mother's own history of child sexual assault can be either helpful or a 'hindrance'. Because of their own experiences mothers identified that they found it easier to believe their children and that they were even more determined to support and protect them and that their own experiences were helpful in guiding them in the ways that they wanted to parent. On the other side, however, mothers' levels of distress and the apparent need for their own counselling could potentially affect the structure of their child's counselling and the therapeutic choices a counsellor could make in some circumstances. This in turn must influence the ways and the extent to which the mothers are able to support their child – maternal support being a critical factor in counselling outcomes. Thus a maternal history of child sexual assault has the capacity to be either – help or hindrance. But importantly, the literature and the findings of this research suggest that counsellors may employ actions and strategies to counter any 'hindrances' and provide a more constructive environment for children and their mothers, post disclosure.

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