Lived experiences of Mothers of Children who have experienced/perpetrated sibling sexual abuse.

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Isaiah 40:31- but those who hope in the Lord, will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.

Abstract

The majority of research regarding sibling sexual abuse has focused on victim and perpetrator experiences and there has been less attention paid toward exploring the experiences of mothers, although they are considered responsible for supporting the child after disclosure. The current study aims to fill the gap by analysing mothers experiences regarding the disclosure of SSA. This research uses Interpretative Phenomenological analysis to explore lived experiences of mothers of children who have perpetrated/experienced sibling sexual abuse. The research aimed to explore how mothers understand it, manage it, feel about it, and have reacted to it. Interviews were conducted with 4 mothers, aged between 37-45 years and all from the Midlands UK. Five themes were identified in the analysis; rollercoasters, torn loyalties, power, managing knock-on-effects and rewriting the future. The main conclusions drawn from this research were the difficulties mothers face in sibling sexual abuse cases because they care for both the perpetrator and victim and want to meet the needs of both, since they are both their children. Furthermore, the research found that mothers felt their future had to be altered to include the impact of the abuse which occurred within the family, and the changed family circumstances. Moreover the research demonstrated that mothers went through an on-going process which involved them feeling a mixture of intense emotions once they discovered the abuse of their child.

Keywords: Mothers, Sibling sexual abuse, family issues, vicarious trauma

Introduction

It has been well established that child sexual abuse (CSA) is a traumatic experience with significant and enduring implications for victims across varied domains psychological, cognitive, behavioural, sexual and intellectual functioning (Paolucci, Genuis & Violato, 2001). Of sexual abuse cases, sibling sexual abuse (SSA) is considered the most common sexual abuse and the longest lasting type of abuse in the family, it is also the least reported because parents may consider it as harmless play or normal sexual curiosity (Bass, Taylor, Knudson-Martin & Huenergardt, 2006; McNevin, 2010). This belief may prevent parents from noticing the severity of the behaviour and parents are less likely to report the abuse to the authorities (Veigh, 2003; Wiehe, 2002). However parental relationships may buffer against the negative effects of sibling sexual abuse (Gass, Jenkins & Dunn, 2007), and provide protection from loneliness and depression in early adulthood (Milevsky, 2005). It is important to explore the experiences of mothers of victims of sibling sexual abuse (SSA) because of the part they play as primary caregiver as well as the ability they have in mediating risk factors with parental protection and support (Coohey & O'Leary, 2008; Pintello & Zuravin, 2001).

This research explores the lived experience of mothers with children who have experienced/perpetrated sibling sexual abuse. The concept of motherhood is typically romanticised; however this view does not always resonate with the experiences of mothers (Sutherland, 2010). Motherhood may elicit strong and complex emotions such as feelings of resentment, fear of criticism or public disapproval of moving away from social norms (Surtherland, 2010; Weissman, Paykel, Siegel & Klerman, 1971), these feelings may reside next to feelings of

love, affection and commitment making complex emotional tensions (Oberman & Josselson, 1996). Literature suggests that women embed ideas of motherhood, which when internalised, the attitudes, values and beliefs of others form their sense of self (Sutherland, 2010). These ideas may help with a mothers understanding of the difference between their expectation and reality which may impact their psychological and emotional wellbeing (Henderson, Harmon & Newman, 2016; Sutherland, 2010). The concept of motherhood is represented in different forms within society and although belief in the representations suggests an element of choice, Sutherland (2010) argues 'mandates' are forced on women which lead them to mother in a way society accepts. When abuse occurs within a family the mother may have to re-assess her role as a mother, and her role in the family (Elbow & Mayfield, 1991). Using Interpretive Phenomenological Analysis (IPA) (Smith, Flowers & Larkin, 2009), this study explored the experiences for mothers who have children who have experienced/perpetrated sibling sexual abuse including how they understand it, manage it, feel about it, have reacted to it?

The Role of the Mother in Sexual Abuse Cases

Research has found that CSA victims who are given higher levels of maternal support have improved recovery outcomes longitudinally (Morrison & Clavenna-Valleroy, 1998; Wyatt & Mickey, 1988). Therefore, it is a robust finding that the non-offending parent, usually the mother, provides a vital role with mediating recovery outcomes for CSA victims (Thompson, 2017). When mothers are faced with disclosures it may require her to go through a series of cognitive processes, assessing the truthfulness of the information, figuring out what the abuse means for her family, while making decisions and finding resources (Elbow & Mayfield,

1991). Within research exploring mothers of victims and mothers of perpetrators, there have been some similarities between these different sets of mothers. Mothers of victims of intrafamilial abuse were found to have experienced domestic violence, been supportive of their child and had been sexually abused themselves (Deblinger, Russell-Hathaway, Lippmann & Steer, 1993). Similar to this, mothers of perpetrators were likely to had been physically and sexually abused themselves, as well as domestically abused (New, Stevenson & Skuse, 1999).

Leifer, Kilbane and Kalick, (2004) addressed parents with histories of sexual abuse and how this affected their support of their child after disclosure occurred. They identified that mothers with a history of sexual abuse were more likely to have relational problems than nonoffending mothers with no history of sexual abuse. For instance, mothers with a history of sexual abuse as a child and had children who were victims of sexual abuse experienced a breakdown in their attachments alluding to the idea that the effects of their CSA lead on into adulthood, impacting both their adult and parental relationships. These women were less securely attached or more dismissive in their attachment compared to mothers with without a history of CSA and had children who were victims of sexual abuse. This suggests that mothers with a history of child sexual abuse were more likely to be less trusting of others, and uncomfortable with others. The mothers with less secure attachments had a sense of worthlessness and were reluctant to rely on others, whilst the mothers with dismissive attachments had a positive view of self and a negative view of others. In contrast the mothers with

histories of CSA and were able to protect their children from sexual abuse were more likely to have healthy secure attachments adulthood and their parental role (Leifer, Kilbane & Kalick, 2004). Thus, literature has addressed parents with a history of sexual abuse and examined the parenting, attachments of these adults and how their actions affect their children post-disclosure. However Leifer et al's, (2004) study had limitations such as the homogeneity of the sample their results are not generalizable to populations other than African American, low-income population.

Disclosures of Sexual Abuse

Usually disclosure for SSA follows a typical pattern, from being known by the sibling subsystem only to being known by family or community members, abuse usually does not end because of disclosure but rather because the perpetrator and victim become adults and leave the family home (Caffaro & Con-Caffaro, 2005). Though when children disclose as children, it tends to be to their parents (Berliner & Conte, 1995; Gomes-Schwartz, Horowitz & Cardarelli, 1990; Lamb & Edgar-Smith, 1994; Lynch,Stern, Oates & O'Toole, 1993; Roesler & Wind, 1994). When victims of sexual abuse decide to disclose, they must consider whom to open up about the abuse to and the possible reaction that they may receive (Lafleur, 2009). There are different kinds of reactions such as 'interrogating the child, being emotional and may even blame the child in the process' (Finkelhor, 1979). Depending on the type of reaction it may raise the disclosure to a higher level of intensity (Lafleur, 2009), unfortunately, as a result of parent' reactions victims may not to first disclose their abuse to their parents (Finkelhor, 1979), thus, children may disclose to a teacher, counselor or friend. The trauma of sexual abuse during the disclosure does not leave once the abuse is disclosed,

some researchers even argue that after the child has told someone is when the trauma begins (Finkelhor, 1979; Herman & Hirschman, 1981).

Mothers

In earlier studies nonoffending mothers were portrayed in a negative light and as a homogenous population however, more recent research suggests that these mothers are more heterogenous regarding maternal post-disclosure response, personality and psychopathy (Elliot & Carnes, 2001; Crawford, 1999). Empirical explorations of this population are still young, compared to the body of research that relates to the victims and perpetrators (Tener, Lusky, Tarshish & Turjeman, 2018). Available research has highlighted three main topics relating to non-offending mothers: trauma, coping and belief, disbelief and protective, non-protective factors. A brief overview of these research areas and their overall findings will be discussed below.

Trauma

Trauma is a stressful event which is presented as a change in the environment, initiating emotional tension so great that it interrupts an individual's normal response pattern (Friedrich, 1990). Trauma can be so significant that is warrants a PTSD diagnosis where the individual may experience symptoms such as flashbacks, however individuals may experience trauma at a smaller intensity. Researchers suggest that sexual abuse is a traumatic experience, and intrafamilial sex abuse (ISA), may be more traumatic than extrafamilial sex abuse (ESA) (Finkelhor, 1979), this is because, the closer relationship the greater the violation of trust, security and guilt due to the child feeling conflicted in their loyalties (Lafleur, 2009). The characteristics of sexual abuse contributes to traumatic sexualization, disloyalty and powerlessness of the trauma

(McCallum, 2001). This idea is echoed for sibling sexual abuse cases as sibling relationships are naturally close and when sexual abuse occurs, it tends to be more aggressive creating feelings of disloyalty and powerlessness (Rudd & Herzberger,1999).

There is increasing research on traumatic events and its effect on those who are close to the victim, who can be significantly affected in a psychological way (Remer & Ferguson, 1995). Secondary victimization is defined as the experience of trauma related symptoms which occur because of a close relationship to the victim (Figley, 1983). It is centered around the idea that the individual does not have to be directly affected to experience the impact of trauma (Balakrishna, 1998; Herman, 1992). Most research exploring this idea examines the impact on health professionals working with traumatised individuals known as 'vicarious traumatisation' (Salston & Figley, 2003). Even less focus has been upon the impact of traumatic experiences on family and friends of direct victims (Feldman & Kaal, 2007; Thompson, 2017) in criminal cases. Where there has been research, it has been focused on partners of sexual abuse and assault victims (Ahrens & Campbell, 2000). Understanding that friends and family may have secondary trauma is important for clinicians working with this population (Timmons-Mitchell et al, 1996).

Coping

Research has found after disclosures are discussed with mothers of victims of ISA, mothers used denial as a defense in order to guard themselves against anxiety and the pain they were experiencing (Womack, Miller & Lassiter, 2000). This psychological defense helps mothers in dealing with possible breakdowns of the family unit, their role as a mother, and their self-image (Womack

et al, 2000). Literature looking at how mothers with children dealing with chronic illnesses, found resources such as a community of social support, economic resources, good health, positive attitudes and beliefs (Friedrich, 1990). These resources can also benefit parents dealing with SSA, as mothers having a community of social support may help in their ability to adapt to the changes occurring in their family, from the consequences of the trauma and aid as an outlet to express themselves without feeling judged (Lafleur, 2009). Economic resources aid in supporting the family unit as they seek therapy both at an individual and family level to build good coping skills after the disclosure (Lafleur, 2009). Overall, maintaining positive attitudes and beliefs together with good physical health can help the family when adapting to the changes by keeping them healthy and being able to make a change in their future (Lafleur, 2009).

There are methodological issues with research conducted on mothers of sexually abused children. Some studies used secondary sources such as investigative reports and interviews from child support services in order to find the responses from mothers (Heriot, 1996; Pintello & Zuravin, 2001). Whereas secondary data may provide information which is useful in interpretations of these mothers responses, it may not be accurately captured, and biases may occur. Other researchers used the reports of the abused child to find the level of belief, disbelief, support or unsupportive actions from the mother (Hunter, 2015). However, this type of methodology, does not address the mothers' intentions of their support and action because the report is from the point of view of the child. Many studies that have examined the impact of sibling sexual abuse (SSA) have primarily focused on victims and perpetrators largely ignoring the impact of SSA on primary care givers. The present study was

interested in addressing the gap in the current literature regarding mothers of children who have experienced/perpetrated sibling sexual abuse, using a qualitative approach.

Research literature on child sexual abuse (CSA) is usually split into two categories in line with the type of relationship between the perpetrator and victim; if the perpetrator was outside, or within the family. Extrafamilial sexual abuse (ESA) is categorized as a child being sexually abused by someone outside of the family (Regehr, 1990). Of interest for this study is Intrafamilial sexual abuse (ISA) which is categorized as a child being sexually abused by a member of their own family, typically being the biological father or mothers partner (Barrett & Trepper, 2004). Despite the history of being underreported, research has found that the most prevalent kind of intrafamilial sexual abuse is sibling sexual abuse (SSA) (Bierker, 1989; Rudd & Herzberger, 1999). Rudd and Herzberger (1999) found that sibling sexual abuse is five times more common when comparing brother-sister to father-daughter incest. SSA has not only been underreported but it has also been under-researched (Caffaro & Conn-Caffaro, 2005).

Maternal Response

The short and long-term effects of sexual abuse on child victims has been researched extensively, and it has been established that CSA is a significant traumatic experience which may have long lasting impacts on the victims across various areas, including psychological, emotional, cognitive, behavioural, physical, sexual, interpersonal and academic functioning (Finkelhor, Hotaling, Lewis & Smith, 1990; Paolucci, Genius & Violato, 2001). Also, research has investigated factors which mediate the effects of CSA on child victims. An

extensive exploration into the factors that mediate the effects of CSA on child victims is beyond the scope of this research, however a relevant factor pertains to caregiver's response. A maternal response has been identified as a prominent factor which impacts post-abuse adjustment and consequences for child victims (Baker-Collo & Read, 2003; Elliot & Carnes, 2001; Kendall-Tackett, Williams & Finkelhor, 1993; Yancey & Hansen, 2010).

Belief, Disbelief and Protective, Non-Protective.

Research has found the first responses of disclosure for mothers were varied and influenced the way mothers respond to their abused child (Lafleur, 2009). Denial, guilt and anger were typical internal responses experienced by mothers, (De Jong, 1988; Deblinger & Heflin, 1996; Regehr, 1990) other mothers experienced shock (Herman & Hirschman, 1981) whilst some experienced sadness, frustration, fear, inadequacy and distrust (De Jong, 1988; Deblinger & Heflin, 1996). These internal responses were key for researchers to find the link between them and actions taken after disclosure.

Research has suggested that nonoffending parents' belief of their child's sexual abuse and their support of their child, during and directly following the sexual abuse disclosures, played a significant part within the recovery and intervention process for the child (Thompson, 2017). The initial disbelief and denial which mothers experienced after disclosures of ISA were natural defense mechanisms, as mothers were shocked that abuse occurred within the household without her awareness (Johnson, 1992). Although these feelings may change, and research has shown that mothers' transition from disbelief to belief that the abuse occurred and subsequent support for the child victim, also mothers believe it is necessary that changes occur in the family unit

(Johnson, 1992). For instance, because of the mothers initial shock she may not believe abuse occurred in her home without her knowledge, thus denying such abuse happened. However, when the shock dissipates, many mothers believe their children and take action in aiding their child in treatment, thus accepting the abuse happened (Thompson, 2017).

Methodology

All participants were recruited via a community-based not-for-profit organisation which offered psychological treatment services to families affected by child sexual abuse. Participants were informed about the study by the community-based not-for-profit organisation and if they expressed interest in participating, they were provided the participant information sheet (See Appendix A). This document explained the research and provided an invitation to take part in the study. Those who wished to participate in the study were contacted by the researcher directly via email or provided permission for the support organisation to forward their details to the researcher. Initial contact with the prospective participants was by email and provided participants further information on the study, reiterating that the participation was voluntary, and the confidentiality of information provided. It was also repeated that due to the nature of the subject matter, participants may withdraw from the study at any time. Additionally, the participants were provided a copy of the semi-structured interview (Appendix D) allowing participants the opportunity to read over the interview questions and decide if there were questions which made them feel uncomfortable, that they wanted to change or disregard. This ensured the research upheld a high level of ethics. After communication with the researcher if the participant wished to continue with the study, a time

and location for the interview was negotiated at the suitability of the participant. Upon meeting with the participants, the purpose of the study was re-stated, and they were asked to sign a consent form (See Appendix B), it stated that they understood the research study, they could withdraw from the study and that all interviews were audio recorded. After the participant signed the consent form the semi-structured interview began going through a series of questions (See Appendix D) with the interviewer. This included questions and prompts regarding the discovery process, coping responses and their needs. After each interview the researcher provided the participant opportunity to raise any other information or issues which may have not been considered. Once the interview was finished, participants were given a debrief information form (See Appendix E) pertaining to details of the study and the right to withdraw from that point on until one week after the interview. Participants were also provided a list of support organisations (See Appendix E) to contact if any issues occur. The interviews were then transcribed and analysed using Interpretative Phenomenological Analysis (IPA).

Theoretical Background

An essential theory underpinning IPA is idiography (Smith, Harré & Van Langenhove, 1995). IPA is concerned with the detailed understanding of how an individual experiences a particular event which is taken from a particular perspective within a particular context (Smith, Flowers & Larkin, 2009). Within IPA studies, findings are typically presented as a group of similarities and differences with the participants accounts. In an idiographic study, as it has been a result of the examination of participants individual accounts, it is possible to make individual statements about those participants (Smith, 2015). For

example, a mother may judge themselves a for failing to fulfil the needs of their children (Welfare, 2010). The word 'understanding' can successfully demonstrate both notions of interpretation and understanding in IPA as identifying or empathizing with someone and understanding as attempting to make sense. IPA is a combination of empathetic hermeneutic and questioning hermeneutics. Utilizing both parts of hermeneutics allows the researcher to provide a denser analysis and do a greater justice to the participant as a whole (Smith, 2015). Additionally, IPA acknowledges symbolic interactionism (Denzin & Lincoln, 1995) by recognising how meanings are given to experiences by participants in both a social and personal world view.

The present study is guided by Smith's (2015) step-by-step approach to the analysis in IPA. The six steps are as follows: (1) the transcript is read several times using the margin to note down what is interesting or significant about what the participant said on the experience of being mothers of children who have experienced/perpetrated sibling abuse and making sense of this experience. (2) the next margin is used to identify particular themes related to the mothers experiences. The initial responses move to a higher level of eliciting and allow for theoretical connections, to be conducted throughout the whole transcript. (3) then an initial list of emergent themes are produced in chronological order (4) next the researcher attempts to understand the connections between themes. Traditionally the researcher would do this by cutting up the themes and put them onto a large surface then move them around in order to look for patterns. (5) As the clustering of themes began, it was cross referenced against the interviews of the mothers and is placed into a table of themes. By interpreting each interview in this way, the researcher will begin to ask questions such as 'what is the participant trying to

accomplish, and is something leaking out here that was not intended?' This would allow the researcher to approach the text and explore the experiences of mothers of children who have experienced/perpetrated sibling sexual abuse. This research uses IPA which is informed by the phenomenological epistemology, to explore the experiences of mothers of children who have experienced/perpetrated sibling sexual abuse. Four participants who identified as women, with children who have experienced/perpetrated sibling sexual abuse, from the Midlands UK were involved in the study. Table 1 summarizes the demographic information of each participant. These women were selected as it enabled the researcher to gain knowledge on their experiences/understandings being mothers of children who have experienced/perpetrated sibling sexual abuse.

Procedure

Participants took part in a semi-structured interview, each lasted 45 minutes to 1 hour. Predominantly using open-questions participants were asked to share their experiences with the researcher. Utilizing a semi-structured interview allowed the participant to provide detailed responses as it permits them to talk about their experiences as mothers on their own terms and their frame of reference (Willig, 2013). Probing questions were used to gain more details, and garner pre-identified topics of relevance to the researcher, acquired by previous literature which emphasised the main themes pertinent to mothers experience. Including questions and prompts regarding the discovery process, coping responses and their needs. All interviews were unique according to the participants point of view, which as a result influenced subsequent interviews as the researcher included issues raised by previous participants. At the end of each

interview the researcher provided the participant opportunity to raise any other information or issues which may have not been considered, but they found to be important. All interviews were audio taped and transcribed verbatim by the author. Detailed analysis of transcripts was performed using IPA methods as outlined by Smith et al (2009), participants were given pseudonyms to protect confidentiality. The first author listened to and read the transcript simultaneously to check for any errors in transcription, to ensure accuracy of information and increase familiarity with the data. Initial themes were made for each participant by clustering and examining similar themes into main themes which demonstrated meaning at increasingly abstract levels. The research referred to Smith et al (2009) and Crabtree, Wilson & McElvaney (2018) within the analysis process. Data were then cross analysed by comparing themes across participants and identifying similarities and differences across individuals for a set of master themes to emerge. Relevant verbatim texts for each over-arching theme were found. Labels for themes were either from participants words or were produced by the research team to better represent the master theme.

As IPA is concerned with the detailed understanding of how an individual experience a particular event which is taken from a particular perspective within a particular context (Smith, Flowers & Larkin, 2009). Thus, it is important to recognize how the interrelationship of researcher and participant attributes, because race and gender can influence the research process (Bhopal, 2010). Notably these analyses have been performed by one researcher: A Black British Woman MSc student while all the participants in this study were white British women from the Midlands UK. It is important to note that the researcher's own experiences, values and biases will inevitably shape and influence the process of data interpretation.

Table 1

Demographic information of Participants

Name	Gender of Children	Number of Children	Ethnicity	Time Elapsed
Adelé	1 boy 2 girls	3	White British	2 years
Shadé	1 boy 2 girls	3	White British	2 years
Lara	2 boys 1 girl	3	White British	5 years
Jadé	1 boy 2 girls	3	White British	7 months

Analysis

From the analytic process five main themes emerged from the interviews: rollercoasters, torn loyalties, power, managing knock-on-effects and rewriting the future. Each theme is illustrated with quotes using pseudonyms to maintain anonymity.

‘‘Rollercoaster”

The analysis demonstrated that all mothers experienced struggles during the discovery of the abuse and found difficulties with making sense of the new information with their personal identities as mothers. This experience involved mothers reporting a mixture of feelings such as anger, shock, disbelief, feeling numb and some feeling unable to process the information properly. Some mothers experienced struggles with disclosure such as

difficulties concentrating: ruminations over the details of the abuse, replaying past events, sleeping and eating changes, feeling overwhelmed by sadness, guilt

and anger. The "rollercoaster" was an unpredictable change, where their feelings changed from one extreme to another. It was an on-going process which involved mothers feeling a mixture of intense emotions once they discovered the abuse of their child: "You can't prepare no, and you can't prepare for your feelings and everything else that's going to come because it's a rollercoaster, the first few months is a rollercoaster" (Shadé).

The following extract provides an illustration of the multiple and often competing emotions experienced by mothers about their sons (perpetrator): "very mixed at times very angry urm disappointed frustrated we've been through an awful lot with him…it feels like a rollercoaster because every time we feel like you know I feel like we are getting somewhere and he's in a, you know he's in a better place and he's almost it's like he's sabotages things by doing something urm I worry about him, but at the same time he he he's the easier one to deal with, much easier to deal with because he's remorseful" (Jadé).

Most mothers experienced a mixture of shock, disbelief, and anger regarding their child's behaviour and found it difficult to comprehend the abuse. Mothers emotions varied and were conceptualised as dynamic and prone to change: "because it was completely out of the blue, and completely, urm, don't know how to describe it just, just numb and shocked and slightly in disbelief, urm, and then, I think upset and angry, urm, yeah." (Jade).

Shadé's relationship with her son (perpetrator) went under a lot of strain, negatively affecting their relationship. Their relationship was further impacted by her son not being formally punished by the criminal justice system and

she struggled to forgive him, as it depended on her daughter's recovery. The following extract demonstrates Shadé's ambivalence towards her son: "so, I do

love him, but it’s I can’t, I can’t, forgive just yet, not until she’s alright again, she’s alright, obviously she’s alright, but not until she’s dealt with it properly herself.”

While Shadé went on to describe intense anger towards her son, Adele's new understanding helped her to forgive her son and re-establish her relationship. As she described her son considering taking his own life “so then that absolutely broke my heart, because I thought oh my god, this has been happening without my even noticing…, I think I, I was more yeah, I was more protective with him, and I felt like I’d got to support him because his, his dad had kind of disowned him, so the fact that I needed to step-up even more now and get, get him through this and I’ve got to get the whole family through it.”

Torn Loyalties

Participants experienced difficulties with their significant relationships in the aftermath of disclosure. Many mothers experienced difficulties to attend to the needs of both their children and remain neutral. When they faced having to move their son (perpetrator) out of the home, this resulted in the split of the family unit, further exacerbating their problems.

Mothers’ relationships suffered as they felt conflicted in attempting to support the victim, offender and extended family. Shadé specifically disconnected from her son as she was unable to cope with the changed family dynamics from the disclosure: “in the beginning, I was very torn it was like I love him, he’s my son, I don’t want anything bad to happen to him, urm, and then in the next breath it was, I’d look at my daughter and I’d be like, what has he done to you?, you know it’s. It’s very hard to put yourself with both” (Shadé).

This was also evidenced by Adele when her son had to move out and she felt it was crucial to support their son as well as the victim and her other child: "so I was having to split myself into 10 pieces because obviously I didn't want him to feel like he'd been thrown out and I'd got the other two girls and I've got three children so and I felt like I was splitting myself into ten because you know I've got to, you know I wanted to make sure to see him to make sure he wasn't on his own and but then I got to spend time with my girls as well, and but then I got, you know I used to take him out".

Participants spoke of having torn loyalties with both victim and perpetrators for mothers, maintaining an impartial stance between their children was difficult and resulted in emotional unrest. The following extract provides evidence of Jadé feeling torn in meeting all her children's needs: "the biggest challenge is that I don't have two daughters I have two daughters and a son and he's vulnerable which is why this all happened in the first instance and I can't just cut him out while that might be the right thing for well she (victim) feels it might be that it's the right thing for her whether I believe it to be in the long-run the right thing for her it's another matter so I have we have I have to do what is right for all of them and what they all need is all quite different, and that that's the biggest challenge so feeling guilty, you can't do what your children need (gets emotional)" (Jade).

Most participants had to remove their son from their home for a period of time, of these participants some voiced difficulties with understanding their child's capability to offend, which contributed to mothers inability to reconcile

existing perceptions about their son (perpetrator). Where participants previously held positive beliefs about their son's character this had been strongly

challenged by this contrasting new reality thus participants experienced cognitive ambivalence as Lara mentioned her feelings towards her son (perpetrator): "Ok I hated him for what he's done and I can't change what he did to my, my son and my daughter that's what hurts the most".

Power

The findings highlighted participants' experiences with perceived or actual loss of personal agency, control and a compromised sense of self-worth. This theme represents an important aspect of mothers' post-disclosure journey of SSA, for many mothers disclosure may undermine their prior beliefs and perceptions regarding their relationships and self-identity. Mothers are often confronted by different intervening services and authorities after disclosure including professionals such as the police, social care and therapists, as well as the influences from social networks and pressures of society. As the central focus is on protection and safety of the children the effects on mothers may be viewed as secondary to this aim thus resulting in their needs being ignored or overlooked. Analysis revealed two subthemes regarding Power: disempowerment and empowerment.

<u>Disempowerment</u>

Mothers' experiences of disempowerment were often exacerbated by perceived blame or negative judgement for not recognising signs of sexual abuse. In some cases, feelings of disillusionment were fuelled by a perceived lack of responsiveness from various authorities when the authorities were approached for assistance by mothers after the discovery of the abuse, as Lara explained when she spoke of improvements authority services could make: "I think as you say the family should be treated as one instead of separate and urm should have

more help around these kinds of issues because I don't think there's hardly any, anywhere to go, to be honest you feel like you just feel like you've been looked down on instead of being helped sometimes".

In some cases, there was an accusatory and punitive response experienced from external agencies who questioned their capacity to mother their children protectively. Disclosure of abuse imposed a new lens through which mothers had to look at themselves from which was further exacerbated from feeling blamed by external agencies as Lara mentioned: "I got, was made me to feel that it was my fault that's why it happened, and it wasn't the case so it's hard to see it like that when you aren't in there".

Empowerment

Participants empowered themselves in different ways and expressed their feelings about the abuse. In particular participants who felt silenced by the justice system mishandling their case expressed their feelings and empowered themselves by solving the situation through individuals in political positions this is evidenced with Shadé: "to which point I did, I went off on my own back and I went and done it myself, urm and I spoke to MP's about it and they looked into it and everything else."

Similarly, Adele fought against the feelings of blame and guilt when she found a sense of empowerment by expressing her feelings about the problems of her daughters case to the head of children's services when she became frustrated about the how her daughters case was going: "I've done everything in my power I mean I took my complaint to the highest, I actually got the head of children's services involved with my complaint because I was absolutely disgusted and because I'm quite forward and I mean I put myself through all the safeguarding

training I've done level two, level three safeguarding, urm and I was not told about anything I could be doing."

In another case Lara empowered herself through an attempt to regain a sense of control which was closely tied in with a need to reinstate a sense of normality in their daily lives. This was evident for Lara in the form of re-establishing a sense of the ordinary and regularity of norms for herself and her family: "but urm I I've tried to get them to live a normal life if that's the case if that's the right word to use and I'm trying."

Participants also described gaining support from family and friends: "urm my friends my close friends, urm have been brilliant my family well my, my parents know urm and they've been brilliant as they always are about everything" (Jadé)

Managing Knock-on-effects

Mothers struggled to deal with the consequences of the abuse, as families individually underwent disturbance and change because of the disclosure. They spoke of their child's distress because of the sexual abuse, but described how much harder it was to witness the side-effects of the abuse and their children in distress, this was evidenced by Lara when she spoke of her current difficulties with her daughter (victim): "I'm still battling it now, with the teenage phase as my daughter's an ordinary teenager you know what she's been she's been quite a handful at the moment quite, quite physically and mentally abusive towards me."

Participants reported that there were constantly new issues stemming from the abuse for instance, some participants described their child as emotionally abusive towards them. As well as their family members, they described living

with outbursts of aggression. However, Jadé understood that this behaviour from her daughter was a part of the emotional impact of her sexual abuse. However, she also felt that the abusive behaviour was inexcusable and was something she should not be expected to endure: "and I understand that you know her reactions are completely normal and that you know she's not being difficult you know for no reason…more recently I've actually started feeling somewhat cross with her because she is now its almost like that's what she wants, it's like she wants to push us away so, is she's very, very angry so she'd directing that at us and there is only so much you can take and we're getting to a point at the moment where I can't I can't I can't keep being kind of the punching bag so that's the difficulty at the moment in terms of my feelings towards her is that none of this is her fault and she's just expressing how she's feeling."

Rewriting the Future

Mothers described the abuse as altering their family dynamics and it changed their view of the future. Their feelings of the future had to be altered to include the impact of the abuse which occurred within the family, and the changed family circumstances. These changes meant that the participants could not have the family they envisioned: "my biggest issue at the moment it's about how you move forward as a family and that's the bit that seems impossible because the notion of family is just completely different" (Jadé).

Participants also described different fears they experienced about the future such as the prolonged effects of the abuse on both their children as they grew older, fears of future romantic relationships and, their relationship with other siblings: "and I'm so scared of that, I'm so scared, I'm scared she'd going to end up using this later on in life as not an excuse but if you know when she does make a bad

decisions and a boyfriends and sexual experiences I don't want this to be used like that" (Shadé).

Discussion

The aim of the current study was to explore the experiences of mothers of children who have experienced/perpetrated sibling sexual abuse. Throughout the interview participants detailed the effects of their child's abuse on their own lives. The results indicated that participants experienced a mixture of emotions in their attempt to navigate their motherhood after disclosure shaped by a range of intrapersonal and interpersonal factors. These mothers possess a special position as they occupy a group of mothers of both perpetrator and victim, in a sense they may be considered a special type of secondary victim as they experienced a mixture of emotions and struggles after disclosure; in conditions that may be described as complex, and often marked by confusion, uncertainty and trauma. These findings demonstrate that the maternal experience cannot be appropriately captured with a single theoretical concept, but it is represented as a dynamic journey.

Impact on Relationships

In the initial reaction of disclosures mothers described having feelings of intense anger, shock and disbelief. These were similar reactions to mothers of victims after the disclosure of CSA (Herman & Hirschman, 1981;

Deblinger & Heflin, 1996). Even though mothers may have initially reacted with anger and disbelief, this did not have a direct relation to whether mothers took action to protect their daughters. The mothers initial reactions of anger were more demonstrative of the shame, embarrassment and disbelief they felt from the disclosure. In the case of SSA disclosures these reactions did not indicate

how mothers coped afterwards, it also did not determine whether mothers were able to provide protection for their daughters. Compared to research with mothers of victims of CSA, disbelief of the abuse typically indicated mothers inability to provide a safe family environment for their child (Hunter, 2015). The information from the current study alludes to mothers reactions progressing with time. At the time of the interview most mothers had positive and growing relationships with their children, mothers were able to return to their caring mother role.

All four mothers experienced separation of their families because of the physical and emotional separation of their sons. Mothers were worried about the impact on their son's lives and the consequences they have to face for the rest of their lives. The complexity of caring for their sons as well as their daughters were evident in the interviews, Adele mentioned the struggles she had supporting her son (perpetrator) and daughter (victim) and "splitting" herself to do so. This dichotomy demonstrates the dynamic journey mothers face in sibling sexual abuse cases because, they care for both the perpetrator and victim and want to meet the needs of both, since they are both their children.

Managing the Family

Mothers emphasized that the disclosure initiated a rollercoaster of emotions and struggled to process the information appropriately. As a way of

understanding the abuse which occurred in their families, mothers dealt with changes in their family and experienced feelings of loss. Research on no-offending partners has found a similar sense of loss with their partner and their future due to the disclosure of CSA (Jacob & Veach, 2005). Participants also reported that their son's (perpetrator) altered their families, this is similar to the

findings of Welfare (2008) with adult siblings of CSA victims as they reported their past childhood memories had been shattered. Similar to previous research denial, guilt and anger were typical internal responses experienced by mothers, (Deblinger & Heflin, 1996; Regehr, 1990).

Mothers were forced to cope with changed family dynamics which effected their future visions. Consistent with previous research mothers in this study struggled to deal with new problems stemming from the abuse and worried about the effects of the abuse on their children's future. This echoes findings that the experience of CSA is not a singular event but an incident that victims are continuously confronted by (Banyard & Williams, 2007). The family stress theory posits that adapting to a crisis includes managing the other "pile-up of demands" which occur after and individuals incorporating these new experiences into the way the family is viewed (Patterson & Garwick, 1994).

Most mothers tried to respond to their son's (perpetrator) in a supportive manner and take a proactive stance in attempts to find treatment and rehabilitation rather than punitive responses, however some mothers did feel that it was important for their son (perpetrators) to hold responsibility for their offending. This is contrasting to research on mothers of perpetrators of CSA as Welfare (2008) has found that some mothers without the full knowledge of their daughter's experience became protective of their son and minimized their son's actions.

Healing as a Mother

Some mothers in the present study reported feeling that their child was emotionally abusive. These experiences have also been reported by research focussed on intimate partners of CSA survivors but had not previously been

reported by mothers. This has been captured as an imitation of the dynamics involved within CSA in the relationship (Jacob & Veach, 2005). This relates to Remer and Elliott's (1988a;1988b) theoretical model of adjustment and healing of secondary CSA victims. They suggest four stages; trauma, awareness, crisis & disorientation, integration, orientation & resolution. The researchers grouped the range of emotions that partners of survivors of CSA experienced which were similar to the trauma experienced by victims themselves. The mothers in this current study highlighted similar emotional reactions as those focused on by Remer and Elliot (1988a;1988b). In particular Remer and Elliot suggest that integration and resolution occur when the trauma becomes a part of the secondary victim's personality structure and they accept the on-going healing journey. An important aspect in the healing of secondary victims is the ability for primary victims to heal first. For mothers in the present study it is suggested that the integration and resolution stage is dependent on the healing of the primary victim.

Implications for Practice

It is hoped that the current findings might promote a better understanding of the maternal experience with sibling sexual abuse, potentially aiding statutory and therapeutic services. This is not only important in regard to interventions for mothers but also for the mothers wellbeing in their own right.

Clinical implications

Findings from the current study illustrate the complexity of mothers' post-disclosure journeys, including their experiences of loss and struggles to support their children. Further complicating the impact of SSA on mothers is that for many mothers after disclosure they are confronted with many stressors and

losses. Thus, these mothers occupy a special therapeutic need which is independent from the needs identified for perpetrators and victims (Hooper, 2013). Providing psycho-education in relation to trauma may be of benefit to these mothers, this may aid them in developing adaptive coping strategies. The study identified the intensity of mothers experiencing anger and emotional numbing, hence mothers may benefit from processing these feelings and processing them in more constructive manners (Plummer, 2006). Processing feelings of being torn and ambivalence may be an important target for interventions.

Statutory implications

The current findings also have important implications for agencies which intervene in cases of SSA. Statutory agencies working with these mothers should acknowledge the impact of guilt, shame and blame which are experienced and the subsequent affects this has on their identity as mothers and self-worth (Mannion, Meisel, Solomon & Draine, 1996). As decisions by child protection services concerning child custody arrangements typically rely on the initial reactions of the mother, which guide assessments of her perceived protective capabilities of protecting their child.

Limitations of research

The present study has several limitations, which may suggest caution in the interpretation of the results. Firstly, the retrospective design of the interviews must be accounted for. As for most of the mothers their child's sexual abuse and disclosure took place a couple of years before their involvement with this study. Thus, with the extended time elapsed between the disclosure and involvement in the current study, the intensity of their experience may have been lost. However

due to the sensitive manner of the research topic the retrospective design was deemed the most appropriate and ethical.

Another limitation of the study involved the representativeness of the sample of participants. A purposeful sample was used to recruit participants via a community organisation, which the mothers received therapeutic intervention. This may have limited the generalisability of the findings, for instance the sample was not culturally diverse, thus it is not possible to examine the degree to which cultural norms might influence mothers experiences. Thus, this study may have not touched upon some of the issues for women of colour within this sub-group of mothers, further research is needed to explore the experiences of these women in their own right.

Also, as used in the language of some women, it is probable that the mothers influenced the construction of their responses and experiences, either on a conscious level (e.g. the awareness to provide a good impression) or maybe unconsciously (by internalising the language of the group without a deeper understanding of its meaning and/or the need for it), because they were interviewed by a woman. Thus, the interviews, although insightful, may have been restricted in their ability to reflect the mothers' perceptions of their experiences. All of these limitations should promote caution in interpretation of the results.

Conclusion

To the author's knowledge, there has not yet been an empirical investigation on the experiences of mothers of children who have perpetrated/experienced SSA within the UK. Research has previously focussed on the relation between mothers of CSA and parenting and has found the presence of CSA can have

negative effects (Tarczon, 2012). The study aimed to provide a voice to group of individuals who have been unrecognised within literature. The understanding gained from mothers experiences may help mothers and benefit in our understanding of family dynamics after disclosure of sibling sexual abuse.

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