

Capturing Mothers' Experiences of Hearing Their Children Disclose Sexual Abuse When  
They Too Have a Sexual Abuse History.

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**Declaration**

I declare that this report does not incorporate, without acknowledgment, any material previously submitted for a degree in any University, College of Advanced Education, or other education institution; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text. I further declare that the ethical principles and procedures specified in the Faculty of Life and Social Sciences *Guidelines on Research Ethics* have been adhered to in the preparation of this report

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### **Abstract**

This project sought to understand the experience of mothers with histories of sexual abuse hearing their children disclose sexual abuse. Previous research has highlighted the importance of believing and supporting victim survivors of sexual abuse. Have these mothers, however, experienced support and understanding as they respond to their children's disclosures? Mothers with sexual abuse histories were interviewed about their experience of hearing their children's disclosures of sexual abuse. Interviews were recorded and the mothers' experiences reported to give professionals an understanding of these experiences. Nine superordinate themes were identified: a) Parenting; b) Disclosure; c) Resilience; d) Feeling powerless; e) Blame; f) Impact of sexual abuse; g) Supportive – who, what, how; h) Unsupportive – who, what, how; and i) Hopes for the future.

## **Chapter 1: Introduction and Literature Review**

Traditionally research surrounding the topic of sexual abuse has focused on the outcomes of sexual abuse on the victim survivors from childhood into adulthood, with little focus given to the recovery from sexual abuse and the impact it can have on those supporting these survivors. It is widely acknowledged that a range of psychological and interpersonal problems can potentially affect child/survivors of sexual abuse and continue to affect them in their adult lives (Briere & Elliott, 1994). Additionally the impact of childhood sexual abuse on adults suggests those who have experienced this abuse are more likely to suffer from mental health concerns, depression, suicidal behaviour and low sexual self-esteem, as well as a tendency for re-victimisation in some women, and problems with physical health and interpersonal relationships (Cavanaugh et al., 2015; Oates, Tebbutt, Swanston, Lynch & O'Toole, 1998). When reviewing the literature, clear themes surrounding the topic of sexual abuse emerge including factors that impact on the functioning of child victim survivors, such as responses received following disclosure, the importance of parental support for victim survivors following disclosure, themes of blame and judgement towards mothers when the sexual abuse of a child occurs, and the reoccurrence of sexual abuse throughout generations. Despite this knowledge, little consideration has been given to how childhood sexual abuse may impact guardians, in particular mothers, when they respond to their own child's disclosure of sexual abuse.

### **The Impact of Sexual Abuse, Disclosure and Models of Treatment**

The impact of sexual abuse on the functioning of child victim survivors has been widely documented. The literature recognises the important role disclosure and responses received by victim survivors can have on the functioning of children who have been sexually abused. The process of disclosure is deemed complex and the impact of the responses

received pivotal in how victim survivors view the incident and themselves (Berliner & Conte, 1995; Palmer, Brown, Rae-Grant & Loughlin, 1999; Priebe & Svedin, 2008). As a result, frameworks have been developed and used by professionals to assist them to conceptualise and address these factors within their treatment models. The transactional model is one such model which suggests that children who are sexually abused experience a multitude of stressors that can be grouped into categories and these include stressors which are intrinsic to the abuse experience, stressors which are related to the context and consequences of disclosure, and stressors associated with the post intervention service systems (Spaccarelli, 1994). This model further implies that these stressors do not necessarily exist in isolation but can occur in conjunction with others and across a spectrum as disclosure is continuously made. Similarly Staller and Nelson-Gardell's (2005) model affirms this and acknowledges disclosure as an ongoing decision about telling, which may involve denial, recanting or affirmation, and involves interaction and incorporation of adult responses.

Research suggests children are likely to initially disclose to either a same-aged friend (if disclosure is made during adolescence) or a non-abusive parent or relative (if disclosure is made by a younger child) who is emotionally available and supportive (Breckenridge, Cunningham & Jenkins, 2008; deYoung & Corbin, 1994; Palmer et al., 1999; Priebe & Svedin, 2008; Shackel, 2009). Therapists recognise the important process disclosure plays in lifting the veil of secrecy which shrouds sexual abuse within our community enabling exploration and processing of feelings of guilt, shame, and self blame which surrounds the trauma.

### **Mothers' Experiences**

Due to the complexities surrounding disclosure, including to who a child may disclose, and the importance of the first response to a disclosure, one may begin to question

what supports parents receive when they are faced with their children's disclosure of sexual abuse. This is especially so when parental support following disclosure, in particular maternal support, plays such an integral role in the functioning of a child. Support from the primary caregivers is deemed the single most important determinant of sexually abused children's resilience (Kim, Trickett & Putnam, 2010; Smith et al., 2010).

The literature was reviewed in an effort to understand the types of support mothers received when their children disclosed sexual abuse. The evidence suggests that mothers would be supported during this difficult time, however, this was not the case. Instead of support, the literature revealed that mothers perceived they were largely not supported. Professional misinterpretation surrounding mothers' ability to support their children following disclosure, in conjunction with a strong underlying theme of mothers feeling blamed, was revealed. Plummer and Eastin (2007) recognised a gap in the literature surrounding mother's subjective experiences of their interactions with professionals following their children's disclosure of sexual abuse. As such they used qualitative research to explore mothers' experiences with professionals assigned to intervene in their children's case of sexual abuse. They found that mothers' occasionally felt blamed, judged, perceived as unsupportive of their children, and felt their own perspectives were unheard. Despite this, mothers reported appreciation for helpful professionals whom they mainly identified as therapists.

Similarly, Kelley (1990) examined professionals' attitudes towards attributing responsibility for sexual abuse amongst a population that included police, child protection workers, and nurses. Results suggested that whilst all groups of professionals attributed the majority of the responsibility for the sexual abuse to the offender, the victims' mother was assigned 18 - 20% of the responsibility. The study further implied that some professionals

may relay to mothers that they are partly responsible for what has occurred, potentially leaving them feeling unsupported and enhancing feelings of self-blame, guilt, and low self-esteem.

Breckenridge conducted a survey in 1988 of welfare workers dealing with child sexual abuse in New South Wales across a variety of contexts. Results indicated that while the workers were not as blaming of the mothers in the situation where their child had been abused, 71% maintained that the mothers knew to some extent (therefore had failed to act protectively) that the abuse had occurred in some if not most cases before the disclosure. Child protection workers were the most likely to assert that mothers knew of the disclosure. In contrast, Breckenridge also found evidence to resist the dominance of a mother blaming culture where 29% of workers believed a mother would rarely know that incest was occurring before disclosure (Breckenridge & Baldry, 1997).

This entrenched culture of mother blaming identified in the literature was reviewed by Miller and Dwyer (1997) in an effort to promote the importance of engaging and supporting mothers in the therapeutic process when their children had experienced sexual abuse. Miller and Dwyer perceived the perspective of mother blaming had made it difficult for practitioners searching for evidence based strategies to support mothers in therapy. In light of this, their paper highlighted the therapeutic themes and guidelines for effective and supportive practice adopted by therapists working with mothers and their daughters at the Bouverie Centre in Victoria, Australia.

It appears that there is a need for ongoing review of how professionals can support mothers when their children have experienced sexual abuse, especially when research suggests non-offending mothers confront considerable psychological challenges when their child discloses sexual abuse. Some of these challenges include psychological distress,

triggering of mothers' own childhood abuse histories, and dysfunctional family environments (Kim et al., 2010). Of these challenges it appears that mothers' own history of sexual abuse has received the most attention within the literature. Studies have explored the intergenerational link between mothers' sexual abuse history and their daughters' sexual abuse histories with some suggestion that this could be one of the most important factors that increases the likelihood of childhood sexual abuse (Kim et al., 2010). As such, consideration must be given to the added layer of complexity that intergenerational cycles of abuse create for mothers who have children who disclose sexual abuse.

Research has also highlighted the existence of intergenerational cycles of abuse and indicates that there is an increased likelihood that mothers who have experienced sexual abuse will have children who also experience sexual abuse (Lancaster & Prior, 2002; McCloskey & Bailey, 2000; Newcomb & Locke, 2001; Oates et al., 1998). In fact, during the data collection of the Australian Research Council (ARC) Collaborative Research Grant (1997-1999) with the Education Centre Against Violence (ECAV) it was revealed that a substantial number of mothers who had children receiving counselling following disclosures of sexual abuse also had histories of child sexual abuse (cited in Breckenridge & Davidson, 2002). As a result, one may question whether mothers may in fact have their own histories triggered whilst attempting to provide a supportive response to their children when they disclose. Oates et al. (1998) acknowledged this possibility in their research when they stated "Not only do these mothers have to cope with the trauma of their own childhood sexual abuse, they also have the added trauma of having a child who has been sexually abused, possibly compounded by a feeling of guilt that they were not able to protect their child" (p. 1116).

More recently research has begun to explore the impact of mothers' own sexual abuse

on their children, using qualitative measures in order to capture rich individual narratives from mothers. Breckenridge and Davidson (2002) attempted to bridge the gap in the literature surrounding the impact of non-offending mothers' sexual abuse history on their children's therapy following the disclosure of child sexual abuse. They addressed three themes; the first exploring the impact of a mother's own history of sexual abuse on the response she provides to her own child. Secondly mothers' and counsellors' perceptions of how a maternal history of child sexual abuse can impact the therapeutic process for their child and finally how this impacts the therapeutic frameworks adopted by the counsellor. Their findings suggested a mother's own histories of childhood sexual abuse can impact on the child's therapeutic process and the support they receive outside of therapy, as well as the mother's own quality of life and ability to support their child, thus promoting the need to support non-offending mothers so that in turn they are able to support their children post disclosure.

More recently a handful of studies have examined the impact of child sexual abuse on parenting with Lancaster and Prior (2002) examining not only the repetition of sexual abuse through the generations but also the characters which may influence this. They found one third of mother's who had experienced childhood sexual abuse had a child who had also been sexually abused. Furthermore, amongst other findings, that mothers who had experienced sexual abuse perceived their own maternal parenting as less caring than mothers who had not experienced sexual abuse. Similarly, Cavanaugh et al., (2015) conducted a qualitative study exploring how child sexual abuse affected mothers' thoughts, feelings and behaviours regarding parenting. Six themes including being a parent, family of origin dysfunction, the impact of the abuse, the abuse history and response to abuse, coping and hopes and desire for the future were revealed. Within the theme of being a parent women discussed their desire to protect their children whilst expressing feelings of hopelessness and worry for their children. The need for specific interventions to help mothers with child sexual abuse histories with

particular attention being given to parenting interventions was noted in both the studies conducted by Lancaster and Prior and Cavanaugh et al.

After reviewing the literature documenting the implications of sexual abuse on the victim survivors, the important role of disclosure and the first response to the disclosure, as well as the prevalence of intergenerational cycles of sexual abuse, it seems only natural to consider the impact this may have on the people around the victim survivors, particularly their mothers. We know that support from primary caregivers is the most important determinant of resilience in sexually abused children (Kim et al., 2010). We also know that social support and resources for mothers following their children's disclosure of abuse are closely related to the consequences for those children. For example, assisting parents increases their capacity to support and protect their children which can aid in the path to recovery for them (Bolen & Lamb, 2002; Briere & Elliott, 1994; Miller & Dwyer, 1997). What we do not know is what mothers experience when their children disclose sexual abuse, especially if they have their own history of abuse. We do not know how their own abuse histories may impact on this experience or whether they felt supported by family, friends or professionals around them.

### **Bearing Witness**

Research tells us that in order to be effective professionals it is important to learn from survivors of abuse about the types of responses they received to their disclosures and how this may have affected them (Palmer et al., 1999). We can expand on this concept of learning from victim survivors to bearing witness to their account of their entire experience. Whether this involves bearing witness to children's experiences of abuse or mothers' experiences of hearing their children disclose abuse, the concept of bearing witness has proven to be an integral part of enabling a person to make sense of their experience. It also

helps to lift the veil of secrecy and silence surrounding the victim survivors which is enforced by the perpetrator in order to maintain their power over them (Herman, 1992).

Perlesz (1999) explored the importance of witnessing a person's crisis or bearing witness, and how critical it is to provide victim survivors with the opportunity to have their experiences listened to and heard in order for them to reconnect with themselves and others and reconstruct their experiences of abuse. Miller and Dwyer (1997) reviewed the concept of bearing witness during the therapeutic process. They highlighted the importance of therapists facilitating the process of mothers bearing witness to their daughters' experience of interfamilial sexual abuse and noted how moving it can be for daughters to hear their mother validate their sense of confusion and abandonment when the abuse occurred. Considering this and the fact that some mothers have felt their perspectives were unheard by professionals (Plummer & Eastin, 2007), it seems not only valuable but important to provide mothers with the opportunity for someone to bear witness to their experiences of hearing their children disclose sexual abuse when they too have a history of sexual abuse and to consider whether they felt supported during this process.

### **The Current Study and its Aim**

In order to capture mothers' experiences accurately and objectively the research will use qualitative research methods. Qualitative studies are designed to investigate the meaning of social occurrences experienced by people (Malterud, 2001). It is through this form of methodology that we are able to capture the participants' perspectives; something that has been rarely studied with mothers who have sexual abuse histories. Rather, the majority of the literature has been based on quantitative findings which has a focus on researchers' perspectives.

Interpretive phenomenological analysis (IPA) is a qualitative theoretically informed framework for conducting research which is recommended for use: when capturing first person accounts of personal experience, with smaller samples, and where emphasis is maintained on the individual (Brocki & Wearden, 2006; Minichiello, Sullivan, Greenwood & Axford, 2004; Smith, 2003). IPA was selected as the most appropriate methodology for this research because it enables mothers' personal experiences to be captured in detail. The aim of IPA is to explore in detail how participants are making sense of their personal and social world with the focus being on exploring the personal experiences of the individual and how they generate meaning from their experiences (Smith, 2003). IPA does not attempt to test a predetermined hypothesis. Rather it aims to explore, in detail and with flexibility, a particular topic and as such it was deemed appropriate for this research project. IPA is unique in that analysts not only adopt an insider's perspective to describe the participants' experience but they also interpret what it means for that participant to have had that experience (Larkin, Watts & Clifton, 2006). In considering this, IPA recognises the importance of the researcher's role in developing the meaning behind the participants' experience.

IPA has most predominantly featured in the field of health psychology. This has been largely due to health psychologists recognising the importance of understanding patients' perceptions and interpretations of their bodily experience and the meaning they assign to these (Brocki & Wearden, 2006), as well as human interest in hearing others' stories of illness in an effort to learn about and from others' lives. IPA has been used to explore different experiences of many vulnerable cohorts such as those who have suffered stroke and chronic back pain (Hunt & Smith, 2004; Smith, 2004); within adolescent populations diagnosed with anorexia nervosa (Colton & Pistrang, 2004); to understand the subjective experience and meaning of self-injury within a population of women who identified as lesbian or bisexual (Alexander & Clare, 2004); and in order to gain insight into the

psychological, social, and emotional consequences of seven women living with vaginal agenesis (Holt & Slade, 2003).

The purpose of this qualitative research project is to address the gap in the literature in regard to the absence of mothers' voices describing what it was like for them to hear and disclose to others that their child had been sexually abused, knowing that they too had experienced a similar trauma. We know from the literature that the process of disclosure is complex and first responses to child victim survivors of sexual abuse, particularly from their mothers, are extremely important. Adding to this complexity is the high prevalence of intergenerational cycles of abuse. Additionally, evidence suggests mothers require support in order for them to better support their child's recovery, yet historically a culture of mother blaming has existed within the literature with mothers perceiving that they were negatively judged and their perspectives were unheard by professionals. Considering all of this and the importance of bearing witness to a person's experience in order for them to reconstruct and make sense of it, this project aims to use IPA to gather a personal retrospective perspective of what it is like for mothers who have a history of sexual abuse to hear their children disclose sexual abuse. A further aim is to explore whether during this time these mothers felt supported by family, friends and professionals. IPA has been selected as the framework to guide the conduct of the entire project including the interpretation of themes from the interviews. Five mothers and one paternal grandmother who had custody of her grandchild were interviewed. For the purpose of this research, the paternal grandmother was referred to as a mother as her grandson was permanently placed in her care. A face-to-face semi-structured interview was used to gain mothers' retrospective perspectives of their experiences following their children's disclosure of sexual abuse.

## Chapter 2: Method

### Participants

Six English-speaking mothers (aged 18 years or older), who had experienced sexual abuse and who had children who had disclosed sexual abuse volunteered to participate. All of the mothers had children who were recent or current clients engaged in assessment and treatment through a Melbourne-based service.

Participants who had children with current child protection involvement were included in the project. Participants were screened for any court-related matters and asked whether they believed these matters would influence their participation in the project. All participants were included in the project, regardless of whether their children had experienced sexual abuse perpetrated by siblings, other family members, or perpetrators external to the family unit.

### Materials

The following documents (refer to Appendices B – K) were used throughout the project:

- Recruitment Process Form
- Information Statement and Consent Form
- Support Contact Details List
- Permission to Contact Form
- Screening Assessment
- Release of Information
- Confirmation of Interview Letter
- Semi-structured Interview

- Transcribed Interview Letter
- Thankyou Letter

Documents were mailed to participants and participants were remunerated for travel costs. A digital-audio recording device was used to record the interviews.

## **Procedure**

Ethical approval (Appendix A) was gained before the commencement of the project. Therapists from the service were provided with information about the research project and asked to consider whether any recent or current clients' mothers would be considered suitable for the project. 'Current clients' referred to clients who were engaged in assessment and treatment at the service, whilst 'recent clients' referred to cases closed within the last six months. The therapists received a 'Recruitment Process Form' (Appendix B), and provided eligible participants with the 'Information Statement and Consent Form' (Appendix C), 'Support Contact Details List' (Appendix D), and 'Permission to Contact Form' (Appendix E).

Participants were advised that their participation or non-participation in the project would not impact the service they or their children received. After the information was provided to the participants they were advised to make contact with the researcher to discuss the project further. If participants preferred, they were given the option to have the researcher contact them by completing the 'Permission to Contact Form'.

All consenting potential participants took part in a telephone-screening interview (Appendix F). The answers to the questions were recorded. Following the completion of the screening assessment, participants were asked to bring a copy of the consent form signed by themselves and a witness, to the interview.

The screening assessment represented a second level of screening (after the therapists' initial identification of potential participants) to ensure the participants were suitable for the project. Participants were also asked whether or not they wanted the researcher to speak to their therapists in relation to the project. If so they were asked to complete a 'Release of Information Form' (Appendix G). Additionally, participants were informed that if concerns relating to the safety of a child were to be disclosed during the interview that these concerns would be reported to the appropriate authorities.

The participants' interviews were confirmed by mail (Appendix H) and conducted at the service's site following the screening interviews. Before the interview commenced receipt of the signed, witnessed consent form was obtained. A face-to-face semi-structured interview was conducted in order to explore mothers' experiences (Appendix I). Interviews lasted between 60-90 minutes, utilising the sample questions as appropriate and considering the direction and flow of the interview. Digital audio-recordings of participants' interviews were made to ensure accuracy of data collection. Participants' full names were not used during the interview and no identifying information was recorded with the interview.

Participants were sent a copy of their transcribed interview to review and to ensure accuracy of data. A follow up phone call was offered to participants after the transcribed interview was mailed to them (Appendix J) for review and a follow up thank you letter (Appendix K) was sent with a summary of the findings from the project.

### **Data Analysis**

An IPA framework was used to analysis the qualitative data with the focus on understanding the context and complexity of the meaning behind the participants' experience. This framework was adapted from Smith's (2003) eight-step model which is in line with

Smith's recommendation that it is not appropriate to provide a prescriptive methodology for IPA as not all researchers will analyse their data in the same way (Smith, 1999).

The researcher who conducted the interviews also completed the transcription and analysis to ensure continuity of the IPA process was maintained. This allowed the researcher to gain a greater understanding of the participants' world, interpret how participants' derive meaning from their experience, and describe this before relating it back to the literature, effectively providing an insider's perspective of the participants' experiences. In saying this, each recorded interview was reviewed by a supervisor who listened to the digital audiotape and compared this with the transcripts before reading and evaluating the transcripts as part of checking the reliability of the analytic process.

It is acknowledged that the researcher's particular interests in conducting this research, her theoretical groundings, and perspectives will directly influence her interpretative role in terms of the analysis of the data. Hence it is important to note that the researcher has worked in a therapeutic capacity for the past eight years whilst completing her Master degree in Counselling Psychology. Three of those working years were specifically in the field of sexual abuse. The researcher's interests lie in working therapeutically with those who have suffered from trauma, in particular sexual abuse, and advocating on their behalf.

### **Chapter 3: Results**

The following nine superordinate themes were identified from the mothers' narratives: a) Parenting; b) Disclosure; c) Resilience; d) Feeling powerless; e) Blame; f) Impact of sexual abuse; g) Supportive – who, what, how; h) Unsupportive – who, what, how; and i) Hopes for the future (see Table 1). The themes examined were a subset of the total themes extracted from the mothers' experience. Superordinate themes were not only selected based on their prevalence but also on how the theme highlighted the richness of particular passages and other aspects of the mothers' experiences. Of those themes identified, notable similarities and differences were observed to make up the themes and superordinate themes; these are highlighted throughout the results.

Table 1

*Superordinate Themes and Themes Identified Using IPA*

Superordinate Themes	Themes
Parenting	<ul style="list-style-type: none"> <li>• <i>Efforts to protect</i></li> <li>• <i>Impact of my sexual abuse history</i></li> </ul>
Disclosure	<ul style="list-style-type: none"> <li>• <i>Reactions</i></li> <li>• <i>Continuous not instantaneous</i></li> </ul>
Resilience	<ul style="list-style-type: none"> <li>• <i>Persistence and perseverance</i></li> <li>• <i>Holding my child's trauma</i></li> </ul>
Feeling powerless	<ul style="list-style-type: none"> <li>• <i>Nothing happened</i></li> <li>• <i>They didn't listen</i></li> <li>• <i>A lack of knowledge</i></li> <li>• <i>Isolation and limited supports</i></li> <li>• <i>Judgment and disbelief</i></li> <li>• <i>Guilt</i></li> </ul>
Blame	<ul style="list-style-type: none"> <li>• <i>From others</i></li> <li>• <i>For self</i></li> </ul>
Impact of sexual abuse	<ul style="list-style-type: none"> <li>• <i>Family divide</i></li> <li>• <i>Single parents</i></li> <li>• <i>Infiltrates all aspects</i></li> <li>• <i>Intergenerational abuse</i></li> </ul>
Supportive – who, what, how	<ul style="list-style-type: none"> <li>• <i>Family, friends and neighbours</i></li> <li>• <i>School and community groups</i></li> <li>• <i>Legal system</i></li> <li>• <i>Therapeutic and other professionals</i></li> </ul>
Unsupportive – who, what, how	<ul style="list-style-type: none"> <li>• <i>Family, friends and neighbours</i></li> <li>• <i>School and community groups</i></li> <li>• <i>Legal system</i></li> <li>• <i>Therapeutic and other professionals</i></li> </ul>
Hopes for the future	<ul style="list-style-type: none"> <li>• <i>For mothers</i></li> <li>• <i>Interventions</i></li> </ul>

**Parenting**

The following two themes composed the superordinate theme of Parenting: a) *Efforts to protect*; and b) *Impact of my sexual abuse history*. All of the mothers interviewed referred to the extensive lengths they went to protect their children and keep them safe following

disclosure. Two mothers reported going to extreme lengths to protect their children from the perpetrator by defying legal obligations and moving interstate. Another described how her ex partner, the alleged perpetrator, had taken off with her children in the middle of the night. She recalled how she tracked him down and regained her children. After constant custodial battles in court she reported “there wasn’t much that I could do so (...) I sort of gave up and I thought that the only way to protect them is to skip states” (Participant 1, personal communication, July 31, 2015).

Most of the mothers reported having a heightened sense of alertness regarding their children’s safety. Several mothers reported that they did not trust anyone, whilst an additional group felt extra protective and overly vigilant about people who came into contact with their children. “I was more vigilant with the younger three. That’s why I married C’s father (...) because I knew he was safe and he wouldn’t touch the kids” (Participant 5, personal communication, September 11, 2015).

Several mothers referred to their own sexual abuse history influencing who they allowed into their children’s lives. One mother identified that the gender of her own perpetrator influenced who she trusted,

I’m never going to let anyone do anything like that to my kids. I’m going to be careful; I’m not going to be trusting. So I’ve kept them away from a lot of males because my abuser was a male. (Participant 6, personal communication, September 23, 2015).

Another described how she constantly examined everyone,

Especially when it has happened to you (...) you are sort of more vigilant and it goes through your mind 24/7 when people are around you (...) even strangers you look at

them and think do I let my children near them, how do I? (Participant 1, personal communication, July 31, 2015).

Alternatively mothers perceived that their own history of abuse enabled them to attune to their child's feelings "I was more worried about the children's mental state and what they were feeling cos I know how I felt when I was younger" (Participant 1, personal communication, July 31, 2015) and

because I didn't want him to go through that horrible yuk feeling that I went through because I got made to see my abuser again and live with him again, and I know and I still remember that feeling like now, and I never want him to go through that, it's a horrible feeling. (Participant 6, personal communication, September 23, 2015).

### **Disclosure**

The superordinate theme of disclosure was comprised of two themes: a) *Reactions*; and b) *Continuous not instantaneous*. Upon hearing their children's disclosure all of the mothers believed their children and demonstrated protective action. Amongst their initial responses were feelings of shock, disbelief and a lack of knowledge around what to do following the disclosure. Mothers spoke of their shock and disbelief at hearing their children's disclosure "Well no I couldn't believe it, I was in shock. I thought nup I can't believe someone got one of my kids. I just couldn't believe it" (Participant 6, personal communication, September 23, 2015). These feelings were compounded by confusion and uncertainty about what to do with some mothers seeking clarification from those around them and others relying on instincts "Initially not knowing what to do so my first sort of gut instinct was to ring like a helpline" (Participant 4, personal communication, August 28, 2015). One mother's uncertainty was explained in the context of her own sexual abuse "he

just came up and told us and I didn't know what to do at the time because nothing got done when I was a child" (Participant 1, personal communication, July 31, 2015).

The process of disclosure was experienced by all of the mothers as a continuum, a slow and continuous process often occurring across years:

At that point he got quite angry so she retracted what she said. But I kept an eye on things and it was a couple of weeks later I said to her 'seriously I need to know what's going on' and she said 'I just got frightened mum, it is happening' and then went on to tell me that it wasn't just inappropriate touching. (Participant 5, personal communication, September 11, 2015)

and "it's interesting because it took her a year or just over a year to disclose further information to me and it was completely random, one day just blurting out more information about it" (Participant 4, personal communication, August 28, 2015). Several mothers' spoke of their frustrations in regard to expectations from the legal system that their children would be able to provide an immediate, complete and detailed disclosure. One mother explained,

she can tell you things (...) the more it unfolds the more she could tell you but it takes time. It's not something that a child can just disclose like that [clicking her fingers] and tell you all of it. (Participant 2, personal communication, August 8, 2015).

## **Resilience**

The superordinate theme of resilience was composed of two themes: a) *Persistence and perseverance*; and b) *Holding my child's trauma*. Despite mothers feeling shocked, having a sense of uncertainty and above all powerlessness, they continued to demonstrate strength, *persistence and perseverance*. One mother demonstrated this through her continual

search for answers, by emailing UK police from Australia in an attempt to persuade the police to continue to investigate her daughter's case: "I would say it was me emailing and asking questions and trying to keep it open" (Participant 4, personal communication, August 28, 2015). Whilst another clearly stated "I've put it all behind me (...) it hurts but it's not in my face anymore. I don't (...) let it rule my life because you don't get over anything if you let it get to you too much" (Participant 1, personal communication, July 31, 2015).

Resilience was observed in the mothers' ability to *hold their children's trauma* throughout the process of disclosure, legal and therapeutic intervention, enabling their children to regain a sense of safety and begin healing. This was also observed in the context of mothers being triggered in relation to impacts of their own sexual abuse. One mother reported,

You want to forget it but you need to hold the details of the story in order to protect your child. I need to kind of not forget it but there's another part of you that wants to forget it all. (Participant 4, personal communication, August 28, 2015).

### **Feeling Powerless**

The superordinate theme of feeling powerless was comprised of six themes including: a) *Nothing happened*; b) *They didn't listen*; c) *A lack of knowledge*; d) *Isolation and limited supports*; e) *Judgment and disbelief*; and f) *Guilt*. The superordinate theme of feeling powerless was profound and experienced in many aspects of mothers' stories whether it was through process, engagement with other people and professionals, or as a result of internalised feelings. The theme *nothing happened* was a phrase quoted by all mothers throughout their interviews. It was used consistently in the context of feeling let down by the legal system, the perpetrator not being punished, and subsequently being supported by the

legal system to have continual access to their children. One mother spoke of her reluctance to make further reports to police because she perceived nothing was done,

It makes me angry that nothing happened with him and with her telling me what happened I was very reluctant to go to the police after that cos I think that nothing is going to happen and they're just going to squash it and (...) nothing is going to happen again. (Participant 1, personal communication, July 31, 2015).

Several mothers used the phrase when recalling their own disclosures to their mothers "when I disclosed stuff to my mum nothing happened" (Participant 1, personal communication, July 31, 2015). It was also used in the context of others' reactions to mothers when they told them what had happened. One mother described her partner's initial reaction as nothing, leaving her feeling alone and unsupported:

Rather than being sort of shut down and nothing happening, because I thought he doesn't believe it or just why isn't he reacting, why isn't he showing anything and then you feel more alone because you just think well there's nothing happening here with him. (Participant 4, personal communication, August 28, 2015).

The second theme, *they didn't listen*, again was a phrase often used by mothers' when recounting their experience. This phrase was echoed throughout one mother's experience of feeling powerless against the system when she recalled how her son was removed from her care by the Department of Human Services and placed in a residential unit where he was sexually and physically abused. Years later she perceived she was given no choice by the Department of Human Services but to take responsibility for her son's child, her paternal grandson, rendering her yet again powerless. Several mothers reported feeling they were not listened to by lawyers during legal proceedings, rendering them powerless to protect their own children. One mother recalled how she sought to have the perpetrator forbidden from

accessing a Working With Children check in the future without success “We had no power in what was happening with the court, put it that way. We had no power over any of it (...) me and (my child) and the dad (...) You got no power in any of it” (Participant 6, personal communication, September 23, 2015). Whilst another talked of not being heard and feeling disenfranchised,

and it just feels like sometimes, ‘no one listens’ and I hear people on the news whinge about this and whinge about that and I feel like saying have you got any idea what happened to my little girl and I can’t do anything about it. (Participant 2, personal communication, August 8, 2015).

*Knowledge* is often referred to as a source of power and throughout the interviews mothers reported feeling ill equipped and unsure of how to support their children, leaving them feeling powerless. Difficulties were noted in understanding and communicating with the legal system “I didn’t really get any other information. I also asked would a lawyer have helped and she didn’t answer that question. So I still don’t know (...)” (Participant 4, personal communication, August 28, 2015). Others worried about not knowing what impact the sexual abuse may have on their children in the future.

Several of the women reported being *isolated* from family and friends so at the time of the disclosure they found it difficult to access supports “That’s exactly what he did, he isolated me” (Participant 5, personal communication, September 11, 2015). Two mothers expressed feeling unsupported and powerless to protect their children once their husbands left, leaving them to fulfil the role of sole parent:

Where is the support for (...) mothers (...) We don’t have anybody else at home that can help out with the child but you know you’re forcing us to go back to work. You

know when we didn't have a choice in what happened to our family unit. (Participant 5, personal communication, September 11, 2015).

Mothers reported feeling powerless to stop others *judging* them *and disbelieving*. One mother reported a cycle of disbelief stemming from when she disclosed her abuse to her mother, disclosing her child's abuse to her husband, and finally feeling disbelieved by the courts. Several mothers reported feeling fearful of being *judged and disbelieved* particularly by family. One mother reported experiencing,

I just felt, I thought I had two options I could go and tell my dad (...) but there was a real sense of fear. I was about 28 weeks pregnant (...) so I was a very emotional, hormonal, sensitive (...) and I was kind of quiet scared. I guess my relationship with my dad has never been very close. I felt a little bit intimidated by the idea of telling him because I felt like he wouldn't believe me and he would brush it under the carpet. (Participant 4, personal communication, August 28, 2015).

Finally the last theme that was expressed by all mothers was a deep seeded feeling of *guilt* which left them feeling powerless to protect their children, a feeling that is often felt by victim survivors of sexual abuse. One mother stated "I carry it, I carry it all of the time now (starting to cry). This big ball of sadness and guilt because he was dropping her off after the weekends (...)" (Participant 2, personal communication, August 8, 2015). Whilst another "I felt guilty (...) because (...) I told him he could go there and that's how I felt guilty that I didn't know. I felt guilty that he got abused, I felt guilty that I let him go there" (Participant 6, personal communication, September 23, 2015).

A couple of mothers expressed feelings of *guilt* about allowing their children to partake in the medical examination following their disclosure with one reporting,

Horrible. She was fourteen she shouldn't have had to go through that. She was being abused all over again not in the same sense but it was something that a fourteen year old shouldn't have to go through you know (...) I was allowing it to happen again. I had actually made a conscious decision for this to happen. (Participant 5, personal communication, September 11, 2015).

## **Blame**

The superordinate theme of blame was made up of two themes: a) *From self*; and b) *Others*. Mothers reported experiencing *blame from others* not only in relation to their children's sexual abuse but also for their own. Two mothers recalled their own mothers blaming them when they were sexually abused as children. One of the mothers reported,

When stuff happened to me when I was younger I told my mum and she didn't believe me that anything happened and she also blamed me with starting the relationship with the children's father. She didn't blame him even though he was the adult, she blamed me. (Participant 1, personal communication, July 31, 2015).

The majority of the mothers reported *feeling blamed* by family, friends, and/or professionals. One mother recalled feeling continuously blamed by others no matter what she did. Whether it was her perception of a police officer "people are going to go 'what were you doing?' and I could just tell by the way she looked at me that she was probably thinking that" (Participant 4, personal communication, August 28, 2015), an explicit statement made by a friend "I rang my friend and told her what happened (...) she was also very accusing, like what are you doing, I can't believe you let that situation happen" (Participant 4, personal communication, August 28, 2015) or a mother's father blaming her for going to the police "Just being told from my dad via email that as far as he is concerned I don't exist. He said 'it's not what happened it's the way you went about it'" (Participant 4, personal

communication, August 28, 2015). Another mother recalled a psychologist telling her daughter that she was to blame for her daughter being sexually abused “she only went to a few counselling sessions because the woman told her that it was my fault” (Participant 5, personal communication, September 11, 2015).

Three of the mothers reported feeling concerned their children would *blame them* for allowing the sexual abuse to occur. Whereas one mother reported “I think at that stage (...) she didn't totally blame me, she does now” (Participant 5, personal communication, September 11, 2015). Whilst another mother appeared to accept her child will *blame her* as that was her experience “the child will always hold a bit of blame on the parent (...) mum was supposed to protect me. I said that about my own mum” (Participant 6, personal communication, September 23, 2015).

Finally, all but one mother reported experiencing feelings of *self-blame* in relation to their children's sexual abuse. One mother expressed her feelings of *self-blame* being reinforced and amplified by blame from others “it was really hard because you know I was already feeling very upset and guilty and to blame, and completely like it's totally my fault, I can't believe I've let this happen” (Participant 4, personal communication, August 28, 2015).

### **Impact of Sexual Abuse**

The superordinate theme impact of sexual abuse was defined by four themes: a) *Family divide*; b) *Single parents*; c) *Infiltrates all aspects*; and d) *Intergenerational abuse*. All of the mothers experienced their *family being divided* following the disclosure of the sexual abuse. Whether it was across extended family, where one mother experienced her ex husband's family continuing to support him despite the fact he was convicted, or immediate family, where another mother reported feeling “just being completely cut off and pushed away” (Participant 4, personal communication, August 28, 2015) by her father.

Four of the mothers were rendered *single parents* following their children's disclosures. They recalled how they were financially impacted and the difficulties they experienced parenting traumatised children "I haven't got another person to back me up on anything I do" (Participant 1, personal communication, July 31, 2015).

The impact of the sexual abuse was considered to "*infiltrate all aspects of our lives*" as quoted by one mother (Participant 2, personal communication, August 8, 2015). Mothers reflected on the abuse as having devastating and lasting results "So the ramifications of this are far and wide and I'm carrying it every day (...) It interweaves, it interweaves into our lives" (Participant 2, personal communication, August 8, 2015) and "it just devastates a family (...) you know when we didn't have a choice in what happened to our family unit" (Participant 5, personal communication, September 11, 2015).

Three mothers reported sexual abuse occurring across three generations of their family. During these accounts mothers told of the secrecy surrounding the abuse "cos with the stuff that happened when I was a child (...) it's sort of like everything gets swept under the carpet with our family" (Participant 1, personal communication, July 31, 2015). The phrase "everything being swept under the carpet" was noted in more than one mother narrative.

### **Supportive – Who, What, How**

The superordinate theme of supportive – who, what, how was comprised of four themes: a) *Family, friends and neighbours*; b) *School and community groups*; c) *Legal system*; and d) *Therapeutic and other professionals*. All of the mothers interviewed were able to identify at least one supportive person, group, or agency at the time of the disclosure. Only one mother could only identify a single support. Why or how mothers perceived them to be supportive was generally grouped into similar themes identified earlier including, feeling

believed, a demonstration of empathy, non-judgment, non-blaming, and receiving information.

All but one of the mothers had at least one *family member* who they perceived to be supportive at the time. Several mothers perceived their *family members* to display their support through their overt emotional reactions and behaviour following the disclosure. One mother recalled “He was horrified, absolutely horrified the same as I was, devastated (...) He said yes we must go to the police and just let them know (...) Straight away he said we mustn't let her near him” (Participant 2, personal communication, August 8, 2015). Whilst another mother perceived her sister and her husband to be supportive through practical means,

My sister she's usually my backup and her husband, they have come over numerous times when the kids have really played up and they have put their foot down and said 'you can't do this stuff' and the kids listen to them. (Participant 1, personal communication, July 31, 2015).

Only one mother reported feeling supported by *friends and neighbours*; demonstrated through their ability to empathise and to supervise her children.

Four of the mothers reported feeling supported by their children's *schools*. They perceived this support was demonstrated through staff being non-judgmental and believing, the feeling of safety, and community they created and the staff's ability to tolerate their children's behaviours and work with mothers to develop behavioural plans. One mother recalled,

Then we spoke about it a lot more and then she sort of got on board and started letting me know behaviours of his and then we spoke about what we could do in the

classroom to help him get through stuff. (Participant 6, personal communication, September 23, 2015).

Three mothers each recalled the support they received from one of their *community groups*: either their local church, from a woman who provided afterschool care, and from a meditation group. This support was demonstrated again through empathic, believing, non-judgemental, genuine responses that enabled them to express their feelings. One mother recalled how she felt supported by her meditation group,

people were very supportive there and non-judgmental in the group. If you feel like you want to scream, or you want to laugh or you want to shout or you want to cry it's all completely accepted amongst the space (...) it's just an environment that is supportive where, you know, if you're feeling a bit sad it's just like it's ok (...) It's like there is no judgment. It's like it's accepted that emotions are ok and that unfortunately in every day society and as you become an adult it's all about supressing those emotions. (Participant 4, personal communication, August 28, 2015).

The theme *the legal system* comprised of supportive interactions with police, lawyers, and the courts. Only one mother reported feeling supported by all three. Other mothers recalled experiences of feeling supported by an individual police officer or lawyer. Two mothers had an experience of a second legal system apart from the Victorian system, the first being an overseas country and the second being another state. One of these mothers reported feeling validated and believed by the Victorian police whilst the other felt heard and protected by the actions of the Victorian lawyer,

then I met a lawyer here in Victoria and she can't believe what (other state) did (...) she was really angry herself with what the (other state) system done. She turned around and said that no, the father is not getting any access, no there's not going to be

any mediation, no there's going to be nothing, until there is an investigation.

(Participant 6, personal communication, September 23, 2015).

Two mothers perceived having a female police officer or lawyer made a difference to whether they felt supported.

All of the mothers reported feeling supported by *therapeutic and or other professionals*. Supportive action could be separated into service structure and interventions, and individual skills and capabilities. The majority of mothers recalled interventions and structures as supportive by empowering them with information and advice, providing practical strategies to manage their children's behaviours, inclusion of assessment and treatment phases during interventions which occurred for more than six – ten sessions and provided resources to assist with financial difficulties. All the mothers reported feeling supported by an individual's skills and or capabilities, as demonstrated through validation, listening and enabling the mother to feel believed. One mother reported feeling she as well as her child were being supported. Whilst another mother reflected on how important it was to hear that it was not her fault,

It's been really important for me to [beginning to cry and reaching for a tissue] you know, kind of hear that it's not my fault because I carried this guilt for too long you know (...) and it's only recently that I feel that somebody doesn't blame me and it's the psychologist that I have been seeing. She said look 'it could have happened to anyone' and 'it's not your fault' [sniffing as holding back tears], you know 'he was someone in your family' (...) kind of just hearing that verification that it's not your fault (...) that just happened recently and it's the first time I feel like I've been listened to. (Participant 4, personal communication, August 28, 2015).

### **Unsupportive – Who, What, How**

The superordinate theme of unsupportive – who, what, how was also composed of four themes: a) *Family, friends and neighbours*; b) *School and community groups*; c) *Legal system*; and d) *Therapeutic and other professionals*. Similar to above all of the mothers were able to identify a person, group or agency they found unsupportive during their experience. The reasons for why or how varied from perceptions of blame, disbelief, and feeling unheard to frustrations with legal process.

All of the mothers interviewed experienced at least one *family member*, whether it was immediate or extended, whom they perceived to be unsupportive. One mother recalled her ex-husband's sister demanding the charges against her brother be dropped despite the intergenerational abuse within her family "She called me on one occasion and said 'drop the charges.' 'I never charged dad and now my sons', she has two sons, 'have a relationship with their grandfather'" (Participant 5, personal communication, September 11, 2015). A couple of mothers referred to their friends being unsupportive in the context of blaming them. One mother reported feeling unsupported by her neighbours due to them maintaining a relationship with her ex husband, enabling him to have unsupervised access to her children and slandering her in court.

Two mothers recalled experiencing unsupportive responses from staff at their children's *schools*. One mother was left feeling dismissed and disbelieved whilst the other perceived the staff member to be uncompassionate and non genuine "They didn't appear very caring, like 'is he all right' (...) I don't know just didn't appear genuine (...) It's like you read people's minds and it's like, oh it's just another kid that got abused" (Participant 6, personal communication, September 23, 2015). One mother referred to the lack of support offered by the government and the expectations that single parents are required to work in

order to financially support their families. "I couldn't be a parent because I was out working full time because that's what the government says I should do so I'm leaving my kids vulnerable to things happening because I was working full time" (Participant 5, personal communication, September 11, 2015).

All of the mothers reported feeling unsupported at some stage by *the legal system* whether it was through comments made by barristers which devalued their children and the crime "it was also my barrister he turned around and described (my child's) father and (my child's) situation as (...) like a caveman, it's like the man banging the woman over the head and dragging her back to the cave" (Participant 1, personal communication, July 31, 2015), or other mothers' experiences of feeling unheard, or they did not understand the legal process. Two mothers reported experiencing a lack of support from police in relation to referring to therapeutic services after statements had been provided. Further, one of these mothers felt unsupported by police from the overseas country in relation to their expectations of her daughter to provide a detailed disclosure during her interview,

and then the police officer said 'oh she's immature for her age.' I kind of took a bit of an offence to that cos I just thought you don't understand, she's four. How can you work with children and not understand her developmental age (...) so that was really frustrating. (Participant 4, personal communication, August 28, 2015).

There was a general perception by all mothers that *the legal system* did not support their children's need to continually disclose over time and although the investigations were long and complex there was an expectation that a child would make an immediate and complete disclosure. Additionally they perceived the onus was placed on their children to prove the abuse occurred leaving them feeling frustrated and unsupported by the legal system. One mother reported,

I just said my child [voice becoming distressed with elevated tone] is a child and you're discriminating against her because her mind's a child's mind. She can't give dates and times. She just can't but she can tell you things and the more it unfolded the more she could tell you but it takes time. It's not something that a child can just disclose like that (clicking her fingers) and tell you all of it. (Participant 2, personal communication, August 8, 2015).

Whilst another noted,

That's why it's not supportive for kids and I think they're treating children and adults the same and you know we don't treat children and adults the same in education or in hospitals (...) in so many areas of life. (Participant 4, personal communication, August 28, 2015).

One mother recalled her continual fight to ensure her ex husband did not have contact with her child and how unsupported she felt by *the legal system* to ensure this happened,

Let us down. The criminal justice system (...) and it happens a lot. So then you go from there and you go 'okay so how am I going to stop him having (my child) ever' (...) because (...) there's not going to be a conviction. There's not going to be a jail sentence. There's not even going to be a, you know, he's not even going to have a charge. (Participant 2, personal communication, August 8, 2015).

Another mother recalled how she was directed by the Family Law court to send her younger children for access with her ex husband who was incarcerated after he was convicted of sexually abusing her eldest daughter,

Yes and I was told by the Family Law court that I needed to send them for access. That it was a safer environment (...) So I sent them (...) and the warden had a

problem with it. So he called me and said 'why are you sending your children' and I said 'because I'm under obligation of the Family Law court.' (Participant 5, personal communication, September 11, 2015).

Three mothers reported feeling unsupported by *therapeutic and other professionals*. One mother's experience of feeling unsupported was as a result of multiple interactions with different therapeutic services and professionals in another state where she perceived the interventions were too short that is, maximum of six sessions, they did not provide her with any feedback about how her children were progressing and there was a lack of communication and provision of medical information when requested. A second mother also perceived the therapeutic intervention for her and her family was not long enough. She also reported being blamed by her child's psychologist for allowing the abuse to occur. A third mother perceived she was not listened too by her General Practitioner when she attempted to gain support following her son's disclosure.

### **Hopes for the Future**

The superordinate theme of hopes for the future was compiled of the following themes: a) *For mothers*; and b) *Interventions*. All of the mothers reported hopes for other mothers in similar situations. The majority of the mothers hoped that *mothers* in similar situations would be believed and they voiced messages of not giving up. One mother expressed a desire for *mothers* to hear that it was not their fault,

I would tell her that it wasn't her fault. Cos it's never the parent's fault if someone else is planning to hurt her or do something to her (child). How are you supposed to know you can't predict the future (...) I would tell her that she is a really good mum if she has believed in sticking by her kid too. She's doing a good job and to keeping doing a good job and it's not her fault. That's what I would want her to experience,

not to put the blame on her. (Participant 6, personal communication, September 23, 2015).

Whilst several others hoped *mothers* would be heard and not judged “trust and believe in yourself and (...) make sure that you are listened to” (Participant 4, personal communication, August 28, 2015).

All of the mothers made comments about their hopes for improvements in current service *interventions*. Several mothers reported a need for increased practical support for mothers within the home and additional financial support. Others hoped that therapeutic services should have lengthier interventions, that they would involve mothers more in the process and that there would be immediate access to services in the future if their children required a re-referral. All but one mother reported a need for more information, education and or support groups for mothers in similar situations, with one mother describing her desire to increase community awareness through campaigns. Several others expressed hopes that professionals would improve their communication with mothers and that investigations would be open for longer enabling the collection of evidence and disclosure to continually occur.

## Chapter 4: Discussion

This project utilised IPA to bear witness to and capture six mothers' experiences of hearing their children disclose sexual abuse when they too have a history of sexual abuse. The results of this project highlighted many of the complexities surrounding the process of disclosure and the impact of sexual abuse previously outlined in the literature; in particular the importance of the first response to children's disclosure, the role this plays in determining those children's resilience and the considerable challenges that mothers face upon hearing their children's disclosure (Kim et al., 2010; Smith et al., 2010). Mothers' experiences of their children's disclosure occurring across a continuum was recognised within trauma models developed by Spaccarelli's (1994) and Staller and Nelson-Gardell (2005). Yet for mothers it proved to be a considered barrier for them within *the legal system*, one which left them feeling unsupported and powerless to protect their children. Not only did mothers report facing considerable challenges within *the legal system*, they also had to face *isolation* from family and friends with many of them having the added financial burden and parenting stresses associated with being a *single parent*. Despite the shock and horror mothers faced when hearing their children disclose sexual abuse, as well as some mothers referring to their *own histories* being triggered, all of the mothers believed and supported their children whilst acting in a protective manner, which in some cases went above and beyond the law. Not so evident in the literature is this powerful message of resilience that was echoed throughout mothers' experiences and made evident by their continual fight for their children's safety and their ability to *hold their children's trauma* whilst maintaining hope.

Confirmation was found that a culture of mother blaming continues to exist as noted in the literature and reaffirmed by mothers reporting they often felt blamed, unheard and *judged by family, friends, professionals, and the wider community*. These experiences in

addition to the secrecy shrouding the abuse continued to solidify feelings of powerlessness for the mothers which according to Herman (1992) recreates offender tactics,

In order to escape accountability for his crimes, the perpetrator does everything in his power to promote forgetting. Secrecy and silence are the perpetrator's first line of defence. If secrecy fails, the perpetrator attacks the credibility of his victim. If he cannot silence her absolutely, he tries to make sure that no one listens. (p.8).

Whether it was feeling ignored or dismissed by family members, unheard by the police officer taking their statement or dumped by the Officer of Public Prosecution who advised there was not enough evidence to proceed, mothers were continually silenced and rendered powerless. Mothers' reported feelings of *guilt* in relation to their children's abuse may be understood as an attempt to make sense of their experiences and to draw useful lessons, and regain power and control. To perceive that they could have protected their children or prevented the abuse from occurring may be far more tolerable than considering the possibility of being held responsible and left feeling helpless (Herman, 1992).

According to Perlesz (1999) bearing witness to and engaging in the process of remembering with mothers would enable them to feel heard, supported, and empowered. This was affirmed by mothers who reported feeling supported by *therapists, professionals, and community* groups who responded to the disclosure in a genuine, nonjudgmental and empathic manner not dissimilar to those qualities identified by Carl Rogers as being key to building a therapeutic alliance. Additionally, mothers reported a need for further education and support groups for themselves, parenting assistance within the home, improved access to lengthier *interventions*, and improved communication from professionals in relation to their children. Clearly to ensure mothers feel capable to support their children following a

disclosure of sexual abuse we must hear their experiences without prejudice or assumptions and empower them by eradicating cultures of blame and secrecy surrounding sexual abuse.

The current project sample was small and limited in that it was obtained from one Melbourne service. This is a limitation of the project as is the fact that, given its exploratory nature, various factors were not controlled, including: types of abuse the mothers and their children experienced (i.e. cumulative or single incident), age and gender of the victim survivors at time of abuse, whether the perpetrator was known or unknown and whether the alleged perpetrator was charged and or convicted. Also, one of the mothers within the sample was a paternal grandmother. These variables may have impacted on the types of experiences mothers reported. However, to address current gaps in the literature, this research utilised qualitative analysis to broadly capture the experiences of mothers from a general perspective. Furthermore, given the similarities in the themes identified from the narratives, it is possible that not controlling for these variables may not have been a significant limitation. Finally, in accordance with IPA it is noted that the researcher's interests, theoretical groundings and perspectives will play a role in interpreting the results of this project. Future research may wish to differentiate between different variables across a wider sample of participants to gain a richer more inclusive set of themes.

It is hoped, that this project has helped to fill the lack of voice expressed by mothers who have sexual abuse histories, about what it was like to hear their children disclose sexual abuse. The shock, disbelief and pain experienced by the mothers in this project was witnessed and documented. In addition, they demonstrated their incredible perseverance and resilience when facing challenges including barriers within the legal system and lack of support from family, friends and the community. Furthermore it is hoped that professionals hear these

mothers' experiences and hopes for the future, and help to support them to care for their children and themselves.

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Appendix A  
Ethics Approval

The Royal Children's Hospital Melbourne  
50 Flemington Road  
Parkville Victoria 3052 Australia  
Telephone: +61 3 9345 5522  
www.rch.org.au



**RCH HUMAN RESEARCH ETHICS  
COMMITTEE APPROVAL**

<b>HREC REF. No:</b>	<b>34196 A</b>
<b>PROJECT TITLE:</b>	Capturing mothers' experiences of hearing their children disclose sexual abuse when they too have a sexual abuse history
<b>DOCUMENTS APPROVED:</b>	PIS v5 dated 9 Feb 2015 Support contact details v2 dated 13 Oct 2014 Screening assessment v3 dated 9 Feb 2015 Confirmation of interview letter v4 dated 29 Dec 2014 Permission to contact form v2 dated 17 Oct 2014 Release of Information v3 dated 9 Feb 2015 Semi structured v2 dated 17 Oct 2014 Transcribed Interview Letter v3 dated 18 Nov 2014 Thank you letter v2 dated 17 Oct 2014
<b>APPROVED PROTOCOL:</b>	Protocol v5 dated 9 Feb 2015
<b>PRINCIPAL INVESTIGATOR:</b>	Helen Kambouridis
<b>DATE OF ORIGINAL APPROVAL:</b>	15 February 2015
<b>DURATION:</b>	24 months
<b>DATE OF APPROVAL EXPIRY:</b>	15 February 2017
<b>SIGNED:</b>	 COMMITTEE REPRESENTATIVE
	18 February 2015
<b>CONDITIONS:</b>	
<b>APPROVED SUBJECT TO THE FOLLOWING CONDITIONS:</b>	
<p><b>ALL PROJECTS</b></p> <ol style="list-style-type: none"> <li>The study must not commence until all Research Agreements have been executed (if applicable)</li> <li>Must comply with the <a href="#">Investigator's Responsibilities in Research Procedure</a> and other Campus Research Policies and Procedures</li> <li>Any proposed change in the protocol or approved documents or the addition of documents must be submitted to the Human Research Ethics Committee (HREC) for approval prior to implementation, including: <ul style="list-style-type: none"> <li>flyers, brochures, advertising material</li> <li>Increase in recruitment target</li> </ul> </li> <li>The Principal Investigator must notify Research Ethics &amp; Governance of: <ul style="list-style-type: none"> <li>Any serious adverse effects of the study on participants and steps taken to deal with them.</li> <li>Any unforeseen events (e.g. protocol violations or complaints).</li> <li>Investigators withdrawing from or joining the project.</li> </ul> </li> <li>A progress report must be submitted annually and at the conclusion of the project.</li> <li>RCH HREC approval must remain current for the entire duration of the project. If the project is not completed in the allocated time a renewal request must be submitted to the Research Ethics &amp; Governance. Investigators</li> </ol>	

To: A/Prof Roger Cook, FHAD

**SHR Project 2014/240 Capturing mothers' experiences of hearing their children disclose sexual abuse when they too have a sexual abuse history**

A/Prof. Roger Cook, Ms Erin Logan (Student) - FHAD

Approved duration: 14-11-2014 to 28-02-2016 [adjusted]

I refer to the ethical review of the above project protocol by Swinburne's Human Research Ethics Committee (SUHREC). Your responses to the review, as emailed on 27 October and 11 November 2014 (with attachments), were put to the Committee delegate for consideration.

I am pleased to advise that, as submitted to date, ethics clearance has been given for the above project to proceed in line with standard on-going ethics clearance conditions outlined below. In issuing this clearance, the understanding is that research or funding agreements entered into to cover the research are in accord with the research protocol submitted for ethical review.

- All human research activity undertaken under Swinburne auspices must conform to Swinburne and external regulatory standards, including the *National Statement on Ethical Conduct in Human Research* and with respect to secure data use, retention and disposal.
- The named Swinburne Chief Investigator/Supervisor remains responsible for any personnel appointed to or associated with the project being made aware of ethics clearance conditions, including research and consent procedures or instruments approved. Any change in chief investigator/supervisor requires timely notification and SUHREC endorsement.
- The above project has been approved as submitted for ethical review by or on behalf of SUHREC. Amendments to approved procedures or instruments ordinarily require prior ethical appraisal/clearance. SUHREC must be notified immediately or as soon as possible thereafter of (a) any serious or unexpected adverse effects on participants and any redress measures; (b) proposed changes in protocols; and (c) unforeseen events which might affect continued ethical acceptability of the project.
- At a minimum, an annual report on the progress of the project is required as well as at the conclusion (or abandonment) of the project. Information on project monitoring, self-audits and progress reports can be found at: <http://www.research.swinburne.edu.au/ethics/human/monitoringReportingChanges/>
- A duly authorised external or internal audit of the project may be undertaken at any time.

Please contact the Research Ethics Office if you have any queries about on-going ethics clearance, citing the project number. Please retain a copy of this email as part of project record-keeping.

Best wishes for the project.

Yours sincerely,  
Astrid Nordmann  
Secretary, SUHREC

-----  
Dr Astrid Nordmann  
**Research Ethics Executive Officer**  
Swinburne Research (H68)  
Swinburne University of Technology  
PO Box 218, Hawthorn, VIC 3122  
Tel: +613 9214 3845  
Fax: +613 9214 5267  
Email: [anordmann@swin.edu.au](mailto:anordmann@swin.edu.au)  
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## Appendix B Recruitment Process Form



### Recruitment Process

**HREC Project Number:**

34196A

**Research Project Title:**

Mothers' experiences of hearing children disclose sexual abuse.

**Principal Researcher:**

Helen Kambouridis, Senior Psychologist, The Gatehouse

**Version Number:**

1

**Version Date:**

09.02.2015

**Before** contacting potential participants ensure they meet the following criteria:

- They are 18 years old or older.
- They have a child or children who have disclosed sexual abuse.
- They have a history of sexual abuse.
- They are a recent (seen at The Gatehouse within the last six months) or current (currently engaged in assessment and treatment through The Gatehouse) clients mothers.

It is your decision about which of the eligible participants you choose to inform about the research project. It is our perspective that you are best placed to approach eligible participants as you have a high sense of duty of care and would be less likely to approach a client who you feel is not going to manage the process.

**Once you have decided who to contact:**

- You can inform them of the project via the phone or in person.



- When informing the participant about the project ensure you discuss the following, using the script provided below as your guide:
  - **The aim of the project:**
    - To gain an understanding of what it was like for mothers with histories of sexual abuse to hear their children disclose sexual abuse.
    - We want to know if you felt supported by people around you and what supports, if any, you received during this experience.
    - We hope to learn more about what responses or supports would have been helpful for you after your children disclosed their sexual abuse.
  - **The process:**
    - You will be required to first participate in a 5 minute screening call over the phone with Erin Logan before being considered to participate in the face-to-face interview conducted by Erin.
    - The interview will be conducted at The Gatehouse or Swinburne University in Hawthorn. It is up to you to choose where you would like to have the interview.
    - Public transport costs to The Gatehouse or Swinburne University will be reimbursed. Parking at The Gatehouse will be reimbursed.
  - **Benefits:**
    - We hope the interview will offer you an opportunity to have someone bear witness to your experience, which in turn may help you to process and understand what has happened.
    - We hope the information from this research will help health professionals and the wider community to have a greater understanding of what mothers experience when their children disclose sexual abuse and they themselves have had a similar experience. We expect that health professionals will further develop their practice with this understanding.
  - **Important Information:**
    - This is a **completely voluntary project**. You do not have to participate in the project if you do not want to. There is no pressure or requirement for you to do so. Your participation or non-participation will not impact the service you or your children receive at The Gatehouse.
- If the potential participant requests additional information you can, **with their consent:**
  - Mail or email the 'Information statement and consent form' and the 'Support contact details' list to them, or
  - Provided them with the 'Information statement and consent form' and the 'Support contact details' list in person.
- If potential participants **do want to participate:**
  - Advise them to make contact with the associate investigator, Erin on 0401 741 803 to discuss the project further, or
  - Erin can contact them by having the therapist pass on their contact details once they have signed a 'Permission to contact form' regarding the release of their contact details to Erin.

Appendix C  
Information Statement and Consent Form



### Information statement and consent form

<b>HREC Project Number:</b>	34196A
<b>Research Project Title:</b>	Mothers' experiences of hearing children disclose sexual abuse.
<b>Principal Researcher:</b>	Helen Kambouridis, Senior Psychologist, The Gatehouse
<b>Version Number:</b>	5
<b>Version Date:</b>	09.02.2015

Thank you for taking the time to read this **Participant Information Statement and Consent Form**. We would like to invite you to participate in a research project that is explained below. This document is 5 pages long. Please make sure you have all the pages.

#### What is an Information Statement?

These pages tell you about the research project. It explains to you clearly and openly all the steps and procedures of the project. The information is to help you to decide whether or not you would like to take part in the research. Please read this Information Statement carefully.

Before you decide to take part or not, you can ask us any questions you have about the project. You may want to talk about the project with your family, friends or health care worker.

If you would like to take part in the research project, please sign the consent form at the end of this information statement. By signing the consent form you are telling us that you:

- understand what you have read
- had a chance to ask questions and received satisfactory answers
- consent to taking part in the project.

We will give you a copy of this information and consent form to keep.



### **1. What is the research project about?**

Research conducted in the area of sexual abuse has a strong focus on what it is like for the victims of sexual abuse and how important it is to support and believe them. Mothers have long been considered to be the key support person to their children. However, to date there is not a lot of research to document what it is like for mothers to hear and respond to their children when they disclose sexual abuse if they themselves have experienced sexual abuse.

This project aims to gain an understanding of what it was like for mothers with histories of sexual abuse to hear their children disclose sexual abuse. We want to know if mothers felt supported by people around them and what supports, if any, they received during this experience. We hope to learn more about what responses or supports would have been helpful for mothers after their children disclosed their sexual abuse.

We hope up to 12 women who are currently in therapy or have completed therapy in relation to their own sexual abuse will take part in this project.

### **2. Who is supporting this research project?**

This project is being supported by The Royal Children's Hospital and Swinburne University.

### **3. Why am I being asked to be in this research project?**

We are asking you because you are over 18 years old, have a history of sexual abuse and have children who have disclosed sexual abuse.

### **4. What does participation in this research involve?**

Participation in this project involves a face-to-face interview with a researcher.

Before the interview takes place we need to complete a screening call. This takes about 5 minutes and will happen over the phone. We need to check that the project is suitable for you to participate in.

If you are currently in therapy we will ask for your permission to speak with your current therapist about your participation in this project. This is to ensure your participation will not affect any positive steps you have made in therapy. You can choose not to have your therapist contacted. This will not prevent you from participating in the project. If you wish us to contact your current therapist you will be asked to sign a release of information form. We will also ask for your permission to speak to a support person throughout the length of the project. This is to help us to assist you if you require further support. You can also choose not to name a support person and this will not prevent you from participating in the project. If you wish us to contact your support person you will be asked to sign a release of information form.

Once the screening call is complete and we have confirmed it is ok for you to continue in the project,

we will organise a time to interview you. You can choose to have the interview conducted at The Gatehouse, The Royal Children's Hospital or the Swinburne Psychology Clinic in Hawthorn. Your parking costs will be reimbursed if you choose to have your interview conducted at The Gatehouse, The Royal Children's Hospital. Free parking can be located at Swinburne however this is limited and you may need to pay a small fee if you are unable to access the free parking. All public transport costs to and from both locations will be reimbursed to you. During the interview we will ask several questions which act as prompts for you to talk about what it was like for you to hear your child or children disclose sexual abuse and whether you felt supported by family, friends and professionals during this time. The interview will take between 60-90 minutes, during which you can take breaks. A follow up phone call will be offered to you following the interview.

We will make a digital audio recording of the interview so we can concentrate on what you have to say rather than distract ourselves by taking notes. Your full name will not be used during the interview and no identifying information will be recorded with the interview.

After the interview we will transcribe the recording. This means we will make a full written copy of the recording. We can send you a copy of the transcript to review if you would like us to do this.

#### **5. What are my alternatives to taking part?**

Participation in a research project is voluntary. It is your choice to take part in this research. You do not have to agree if you do not want to.

If you give your consent and change your mind, you can withdraw from the project. You can withdraw at any point in the process. You do not need to tell us the reason why you want to stop being in the project. If you leave the project your data will not be used for the project. All of your information already collected will be destroyed.

Your decision will not affect your family's treatment, care or relationship with The Royal Children's Hospital.

#### **6. What are the possible benefits for me and other people in the future?**

There is no direct benefit to you, but we hope the interview will offer you an opportunity to have someone bear witness to your experience, which in turn may help you to process and understand what has happened.

We hope the information from this research will help health professionals and the wider community to have a greater understanding of what mothers experience when their children disclose sexual abuse and they themselves have had a similar experience.

#### **7. What are the possible risks, side effects, discomforts and/or inconveniences?**

The interview may bring up painful memories for you associated with your child or children's

experience or your own personal experiences of sexual abuse. As such, we will use the screening process to minimise any risk to you by discussing any concerns with your current therapist (if appropriate) before conducting the interview. You will be able to stop the interview at any point, to take a break or if you feel it is becoming too difficult. We will look for any signs that the interview is becoming painful or distressing and check if you would like to take a break or stop completely.

If you become upset or distressed as a result of taking part in this project, we can call your support person, arrange for counselling or other appropriate support. We will also let you know of support services available to you.

If at any point during the project you become distressed or indicate you may be thinking of self harm, a plan will be developed with you with strategies for managing your distress. This may include asking you if you would like your support person contacted on your behalf.

You must understand that if, during the interview, you reveal your children are at any risk of harm we are required to follow RCH policy in regards to notifying the appropriate authorities. Should this happen, we will talk to you about it and support you through the process.

#### **8. What will be done to make sure my information is confidential?**

In this study we will collect and use personal and health information about you for research purposes. Any information we collect that can identify you will be treated as confidential and used only in this project unless otherwise specified. We can disclose the information only with your permission, except as required by law.

All information will be stored securely in the Department of Psychological Sciences and Statistics at Swinburne University.

The information will be re-identifiable. This means that we will remove your name and give the information a special code number. Only the research team can match your name to your code number, if it is necessary to do so.

We will keep information, including your digital audio tape, for at least 7 years after the research project is published. The research information will be destroyed after this time.

In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to access and correct the information we collect and store about you. Please contact us if you would like to access this information.

At the end of the study, results will be presented at conferences or published in medical journals. This will be done in such a way that you cannot be identified.

The information collected as part of this research project will be used by Erin Logan, a student researcher, to get a higher degree qualification.

#### **9. Will I be informed of the results when the research project is finished?**

We will send you a summary of the overall results when the project is finished unless you tell us otherwise. The summary will not contain your individual results.

---

If you would like more information about the project or if you need to speak to a member of the research team in an emergency please contact:

***Helen Kambouridis***

Senior Psychologist

The Gatehouse, The Royal Children's Hospital

Email: [Helen.Kambouridis@rch.org.au](mailto:Helen.Kambouridis@rch.org.au)

Phone: (03) 9345 6391

***Associate Professor Roger Cook***

School of Health Sciences & Director of Swinburne Psychology Clinic

Department of Psychological Sciences and Statistics, Swinburne University of Technology

Email: [rcook@swin.edu.au](mailto:rcook@swin.edu.au)

Phone: (03) 9214 8358

***Erin Logan***

Provisional Psychologist

Master of Counselling Psychology, Swinburne University of Technology

Phone: 0401 741 803

If you have any concerns and/or complaints about the project, the way it is being conducted or your rights as a research participant, and would like to speak to someone independent of the project, please contact:

Director, Research Ethics & Governance, The Royal Children's Hospital Melbourne on telephone: (03) 9345 5044.

**CONSENT FORM**

**HREC Project Number:** 34196A  
**Research Project Title:** Mothers' experiences of hearing children disclose sexual abuse.

**Version Number:** 5                      **Version Date:** 09.02.2015

- I have read, or had read to me in my first language, the information statement version listed above and I understand its contents.
  - I believe I understand the purpose, extent and possible risks of my involvement in this project.
  - I voluntarily consent to take part in this research project.
  - I have had an opportunity to ask questions and I am satisfied with the answers I have received.
  - I understand that this project has been approved by The Royal Children's Hospital Melbourne Human Research Ethics Committee and will be carried out in line with the National Statement on Ethical Conduct in Human Research (2007) - including all updates.
  - I understand I will receive a copy of this Information Statement and Consent Form.
- I consent to my current therapist being contacted in relation to my participation in this project.
- I consent to provide details of a support person who can be contacted on my behalf during this project.

Participant Name	Participant Signature	Date
Name of Witness to Participant's Signature	Witness Signature	Date

Declaration by researcher: I have explained the project to the participant who has signed above, and believe that they understand the purpose, extent and possible risks of their involvement in this project.

Research Team Member Name	Research Team Member Signature	Date
---------------------------	--------------------------------	------

Note: All parties signing the Consent Form must date their own signature.

## Appendix D Support Contact Details List



### Support Contact Details

**HREC Project Number:** 34196A

**Research Project Title:** Mothers' experiences of hearing children disclose sexual abuse.

**Principal Researcher:** Helen Kambouridis, Senior Psychologist,  
The Gatehouse

**Version Number:** 2                      **Version Date:** 13.10.2014

#### Metropolitan CASA's

**Children's Protection Society**  
70 Altona Street, West Heidelberg, 3081  
**Phone:** 03 9450 0900  
**Email:** cps@cps.org.au  
**Website:** <http://www.cps.org.au/>

**CASA House**  
Level 3, 210 Lonsdale Street, Melbourne, 3000  
**Phone:** 9635 3600  
**Email:** casa@thewomens.org.au  
**Website:** <http://www.casahouse.com.au>

**Eastern Centre Against Sexual Assault**  
17 Ware Crescent, Ringwood East, 3135  
**Phone:** 03 9870 7330  
**Email:** [ecasa@easternhealth.org.au](mailto:ecasa@easternhealth.org.au)  
**Website:** <http://www.easternhealth.org.au/services/community/communityecasa.aspx>

**Gatehouse Centre**  
Level 5, South East Building,  
The Royal Children's Hospital, Flemington Road, Parkville, 3052  
**Phone:** 9345 6391  
**Email:** [gatehouse.centre@rch.org.au](mailto:gatehouse.centre@rch.org.au)  
**Website:** <http://www.rch.org.au/gatehouse>

**Northern Centre Against Sexual Assault**  
Building 26 Repatriation Hospital,  
300 Waterdale Road, Heidelberg West, 3081  
**Phone:** 9496 2240  
**Email:** [ncasa@austin.org.au](mailto:ncasa@austin.org.au)  
**Website:** <http://www.austin.org.au/northerncasa>

**South Eastern Centre Against Sexual Assault**  
11 Chester Street East, Bentleigh,  
3165  
**Phone:** 9594 2289  
**Email:** [secasa@southernhealth.org.au](mailto:secasa@southernhealth.org.au)  
**Website:** <http://www.secasa.com.au/>

**West Centre Against Sexual Assault**  
53 Ballarat Road, Footscray, 3011  
**Phone:** 9687 8637  
**Email:** [info@westcasa.org.au](mailto:info@westcasa.org.au)  
**Website:** <http://www.westcasa.org.au>



Rural CASA's**Ballarat Centre Against Sexual Assault**

115A Ascot Street, South Ballarat, 3350

**Phone:** 5320 3933**Email:** casa@bhs.org.au**Website:** <http://www.casa.org.au/ballarat>**Barwon Centre Against Sexual Assault**

Level 1, 59-63 Spring Street, Geelong West, 3218

**Phone:** 03 5222 4318**Email:** admin@barwoncasa.org**Website:** <http://www.casa.org.au/barwon/>**Gippsland Centre Against Sexual Assault**

6 Victor Street, Morwell, 3840

**Phone:** 5134 3922**Email:** mail@gippscasa.org**Website:** <http://www.gccasa.org.au/>**Goulburn Valley Centre Against Sexual Assault**

130 Nixon Street, Shepparton, 3630

**Phone:** 5831 2343**Email:** gvcasa@bigpond.com**Website:** <http://www.gvcasa.com.au/>**Loddon Campaspe Centre Against Sexual Assault**

48 Wattle Street, Bendigo, 3550

**Phone:** 5441 0430**Email:** casa@casalc.com.au**Website:** <http://www.casalc.com.au/>**Mallee Sexual Assault Unit**

Suite 1, 144-146, Lime Avenue, Mildura, 3500

**Phone:** 5025 5400**Email:** info@msau-mdvs.org.au**Website:** <http://www.msau-mdvs.org.au/>Crisis Line Numbers**Sexual Assault Crisis Line**

\*Operates afterhours 5pm weeknights through to 9am the next day and through weekends and public holidays

1800 806 292

**National Sexual Assault, Domestic Family Violence Counselling Service**

1800 Respect or 1800 737 732

[www.1800respect.org.au](http://www.1800respect.org.au)**Lifeline – Crisis Support**

13 11 14

**Upper Murray Centre Against Sexual Assault**

50 Docker Street, Wangaratta, 3677

**Phone:** 5722 2203**Email:** admin@umcasa.com.au**Website:**<http://www.casa.org.au/umcasa>**South Western Centre Against Sexual Assault**

299 Koroit Street, Warnambool, 3280

**Phone:** 5564 4144**Email:** casa@swh.net.au**Website:**<http://www.swcasa.org.au/>

Appendix E  
Permission to Contact Form



**Permission to Contact Form**

**HREC Project Number:** 34196A

**Research Project Title:** Mothers' experiences of hearing children disclose sexual abuse.

**Principal Researcher:** Helen Kambouridis, Senior Psychologist, The Gatehouse

**Version Number:** 2                      **Version Date:** 17.10.2014

Yes, you can phone me to tell me more about this research project.

The phone call is to give me more information about this research project and to check whether I want to be in the project.

The phone call does **not** mean I agree to be in the project.

I can decide to be in the project, or not, after the phone call.

I understand that my contact details are confidential. They will only be used to tell me about this research project that is currently being done at The Royal Children's Hospital, Melbourne.

I agree to be phoned by one of the research team to discuss the project

Signed .....

Date .....

I can be phoned at this phone number/numbers .....

The best days and times to phone me are .....



## Appendix F Screening Assessment



### Screening Assessment

**HREC Project Number:** 34196A

**Research Project Title:** Mothers' experiences of hearing children disclose sexual abuse.

**Principal Researcher:** Helen Kambouridis, Senior Psychologist,  
The Gatehouse

**Version Number:** 3                      **Version Date:** 09.02.2015

Before agreeing to participate in the project the researcher is to confirm the participant is suitable and discuss any potential concerns that may arise for the participant.

Researchers questions to the participant will include the following:

- 1) Are you over 18 years of age?

*(If **no**, CEASE SCREENING ASSESSMENT)*

- 2) Are you the mother of any child or children who has/have disclosed sexual abuse in the past?

*(If **no**, CEASE SCREENING ASSESSMENT)*

- 3) Are there any current court related matters occurring at the moment in relation to the sexual abuse?

*(If **yes**, CEASE SCREENING ASSESSMENT)*

- 4) Have you experienced sexual abuse yourself?

*(If **no**, CEASE SCREENING ASSESSMENT)*



- 5) Have you received therapy in relation to your own experience of abuse?

*(If **no**, CEASE SCREENING ASSESSMENT)*

- a. If **yes**, has this concluded?
- b. If it has not concluded, would you agree to provide me with consent to speak to your therapist about your participation in the research project?\*

*(\*if the answer is **no**, continue with screening assessment)*

- 6) Are there any questions you would like to ask?

- 7) Have you had a read and understood the information form?

*(If **no**, give the potential participant an opportunity to read over the information form and clarify any questions they have.)*

- 8) Do you feel comfortable with the potential risks?

*(If **yes**, continue with the screening assessment. If **no**, CEASE SCREENING ASSESSMENT)*

- 9) Have you had a read over the list of support services listed on the information form?

*(If **no**, refer the potential participant to the list of support services for them on the Information Form.)*

- 10) Have you considered what you may or may not say to your child about your involvement in the research project?

- 11) Where would you feel most comfortable conducting the interview, The Gatehouse, The Royal Children's Hospital or Swinburne University in Hawthorn?

- 12) Do you have any questions about the research project?

*(If **yes**, answer the potential participant's questions or advise them that you will get back to them with the answer to their question prior to their participation in the study.)*

Appendix G  
Release of Information



**Release of Information**

**HREC Number:** Project 34196A  
**Research Title:** Project Mothers' experiences of hearing children disclose sexual abuse.  
**Principal Researcher:** Helen Kambouridis, Senior Psychologist, The Gatehouse  
**Version Number:** 3 **Version Date:** 09.02.2015

I ..... consent to Erin Logan associate investigator of the project titled "*Capturing mothers' experiences of hearing their children disclose sexual abuse when they too have a sexual abuse history*" liaising with the following people in relation to the research project and any associated difficulties it may raise for me or my child/ren.

Agency	Name of Contact	Phone Number

Name of Participant .....Date .....

Signature of Participant .....Date.....

Name of Researcher.....Date .....

Signature of Researcher.....Date .....



Appendix H  
Confirmation of Interview Letter

The Royal Children's Hospital Melbourne  
50 Flemington Road  
Parkville Victoria 3052 Australia  
TELEPHONE +61 3 9345 5522  
www.rch.org.au



Date

**HREC Project Number:** 34196A

**Research Project Title:** Mothers' experiences of hearing children disclose sexual abuse.

Dear

I am writing to you to confirm the details of your interview for the above titled project.

**Date:**  
**Time:**  
**Venue:**

**Please bring a copy of the consent form signed by yourself and a witness to the interview.**

You're parking costs and public transport costs will be reimbursed so please bring **your parking receipt** with you to the interview.

If by any chance the above appointment is not suitable please contact me on 0401 741 803 to arrange an alternative time.

Similarly if for any reason you wish to withdraw from the project, please do not hesitate to contact me on the above number and let me know.

Thank you for your involvement in this research project and I look forward to meeting you.

Yours sincerely

Erin Logan  
Associate Investigator



## Appendix I Semi-structured Interview



### Semi-structured Interview

**HREC Project Number:** 34196A

**Research Project Title:** Mothers' experiences of hearing children disclose sexual abuse.

**Principal Researcher:** Helen Kambouridis, Senior Psychologist, The Gatehouse

**Version Number:** 2                      **Version Date:** 17.10.2014

1. Can you tell me about your experience off hearing your child disclose sexual abuse?
2. Can you remember what you said to yourself when you heard your child disclose they had been sexually abused for the first time?
3. Can you recall how you felt when you heard them disclose?
4. What did you do following the disclosure?
5. Can you recall what reactions you received from people around you?
6. How did this make you feel?
7. What if anything helped at this time?
8. What things were not helpful?
9. What were the negative outcomes of the disclosure?
10. What were the positive outcomes of the disclosure?
  
11. Did you feel you could discuss this with anyone? If so who was that?
12. What reasons did you have for discussing your child's disclosure?
13. What reasons did you have for not discussing your child's disclosure?
14. Were there any particular feelings that impacted on your decision to talk about the disclosure? What were these?
  
15. Did you feel you could talk to your extended family members about the disclosure?
16. Was there a particular extended family member you felt you could discuss the disclosure with? Why?
17. Was there a particular extended family member you could not talk to? Why?
18. What responses did you receive from family members?
19. Did you feel supported? In what way was that support shown?
20. Did you feel unsupported? How was this demonstrated?
21. Were there particular family members that were more supportive than others?



22. Did you feel you could discuss your child's disclosure with your friends?
23. If so, what types of reactions did you receive from them?
24. Did you feel supported? If so how was this demonstrated?
25. Did you feel unsupported? How was this demonstrated?
  
26. What responses did you receive from the professionals and services you came into contact with as a result of your child's disclosure:
  - a. Police?
  - b. Child Protection?
  - c. Doctors?
  - d. Therapeutic services / counsellors?
27. Did you feel supported? How was this support shown?
28. Did you feel heard and understood?
29. Did you feel unsupported? How was this demonstrated?
30. What would you have liked to happen in this situation?
  
31. What things would you want others in a similar situation to experience?
32. Is there any message that you would like to pass on to mothers who may be faced with a similar situation as yourself?
33. Is there any message would you like to pass on to the family and friends who know a mother in a similar situation as yours?
34. Is there any message would you like to pass on to professionals who work with mothers in a similar situation such as yourself?

Appendix J  
Transcribed Interview Letter

The Royal Children's Hospital Melbourne  
50 Flemington Road  
Parkville Victoria 3052 Australia  
TELEPHONE +61 3 9345 5522  
www.rch.org.au



Date

**HREC Project Number:** 34196A

**Research Project Title:** Mothers' experiences of hearing children disclose sexual abuse.

Dear

I am sending you a copy of your transcribed interview as requested, so you can review it and make comments.

**Before reviewing** the transcribed interview you should consider the **plan for managing potential distress** discussed with you at the conclusion of the interview. This may have included reviewing the transcribed interview with a support person.

There are several ways for you to provide me with your feedback:

- You can record your comments on the transcribed interview and mail it back to me. Enclosed you will find a prepaid envelope,
- You can provide me your feedback via email, or
- You can contact me on 0401 741 803 and provide me with feedback via the phone.

If I do not hear back from you by ..... I will assume you are happy with what has been recorded.

If this process has caused you to feel upset or distressed in any way I urge you to contact your current support network or refer to the list of support contact details enclosed for additional assistance.

I look forward to providing you with the results of the study.

Yours sincerely

Erin Logan  
Associate Investigator



## Appendix K Thankyou Letter

The Royal Children's Hospital Melbourne  
50 Flemington Road  
Parkville Victoria 3052 Australia  
TELEPHONE +61 3 9345 5522  
www.rch.org.au



Date

**HREC Project Number:** 34196A

**Research Project Title:** Mothers' experiences of hearing children disclose sexual abuse.

Dear

On behalf of the research team we would like to thank you, for taking part in our research project. Your contribution is most appreciated.

The project has now finished and all the information we collected has been analysed. We are pleased to be able to give you some of the project's results.

This research aimed to gather a personal perspective of what it was like for mothers who have a history of sexual abuse to hear their children disclose sexual abuse. A further aim was to explore whether during this time these mothers felt supported by family, friends and professionals. A total of 12 mothers between 18 and 60 years of age took part. We had some very positive results including:

- 
- 
- 

The results of this project have been presented at ..... conferences; in....., and ... journal articles has been accepted for publication.

If you would like any more information about the project's results, please contact me on (03).....

Thank you again for your participation, without your family our project would not have been possible.

Yours sincerely

Erin Logan  
Associate Investigator

