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Cultural and Religious Influences in Maternal Response to Intrafamilial Child Sexual Abuse: Charting New Territory for Research and Treatment

Ramona Alaggia

ABSTRACT. The role of culture when providing services for families in the wake of child sexual abuse disclosure is a charged issue although surprisingly little attention has been given in the research literature to this. This article reports the findings of a grounded theory study exploring facets of maternal response, and aspects of more and less supportive responses, to children who were sexually abused by the mother’s intimate partner. Ten mothers, chosen on the basis of theoretical sampling, provided information through in-depth interviews to understand how they responded emotionally and behaviourally to their child’s disclosure. As well, three service providers were interviewed as key informants. The research revealed cultural and religious influences as

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affecting how mothers made meaning of the sexual abuse and the actions they took. Mothers from cultural backgrounds that adhere to rigid patriarchal norms identified themes of intense value conflicts regarding family preservation, loyalty binds between the perpetrating partner and child victim, and anxieties around being alienated from their extended family and ethnic community. They also reported that their cultural belief systems were not well understood by service providers. In parallel, helping professionals identified cultural issues as presenting barriers for engaging with some clients. Practice implications and research directions are discussed. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Child sexual abuse, maternal response, culture, religion, grounded theory method, family preservation, gender oppression

INTRODUCTION

The study of maternal response to intrafamilial child sexual abuse (CSA) has gained considerable interest for professionals in the helping fields. Researchers and clinicians conclude that maternal support plays an important role in ameliorating the negative effects of child sexual abuse. Maternal emotional support has been positively and significantly related to the sexually abused child’s post-abuse functioning (Conte & Schuerman, 1987; Everson, Hunter, Runyan, Edelsohn & Coulter, 1989; Gomes-Schwartz, Horowitz & Sauzier, 1985; Spaccarelli, 1994). For example, support of the child is significantly diminished when she is not believed or is blamed by the non-offending parent for the sexual abuse. This can have immediate and long-term negative effects on the victim (Everson et al., 1989; Herman, 1992; Herman, 1983) and may result in retraction (Summit, 1983). In addition to belief and emotional support for the sexually abused child, protectiveness by mothers after disclosure has been identified as playing an important role in positive maternal response and is defined by actions taken to separate herself and her child from the perpetrator (Faller, 1988; Heriot, 1996). Moreover, inadequate maternal support often precedes a mother’s reluctance to enter into treatment, which in turn creates challenges for clinicians in delivery of services to child victims and their families (Friedrich, 1990; Gelas, 1986; Hasket, Nowlan, Hutcheson & Whitworth, 1991; Sirles & Franke, 1989; Strand, 1990; Summit, 1983; Tingus, Heger, Foy & Leskin, 1996). In order to
provide effective service, it is critical for clinicians to grasp the full range of responses of mothers to their sexually abused children, factors contributing to these responses, the context of their responses, and the host of internal and external issues they must deal with (Alaggia, Michalski & Vine, 1999; Crawford, 1999; deYoung, 1994; Massat & Lundy, 1999).

Although one would expect mothers to be immediately supportive of their sexually abused children, studies to date document wide variability in maternal response-variability that is not well understood. It has been reported that between 27% and 80% of mothers are supportive of their sexually abused children upon disclosure (Everson et al., 1989; Heriot, 1996; Meyer, 1985; Faller, 1988; Salt, Myer, Coleman & Sauzier, 1990; Sirles & Franke, 1989). Individual maternal characteristics, psychiatric disorders in mothers, maternal substance abuse, maternal family history, relationship to the perpetrator and dependency factors, quality of mother-child relationship, age and gender of the child victim, financial circumstances, and presence of wife abuse have all been implicated in contributing to less supportive maternal response (Faller, 1988; Forward & Buck, 1978; Hiebert-Murphy, 1998; Massat & Lundy, 1998; Nahkle Tamraz, 1996; Truesdell, McNeil, & Deschner, 1986).

A number of exceptional literature reviews examining maternal response to the sexual abuse of their children are helping to dispel myths and misconceptions about the ‘collusive’ mother as ‘accomplice’ to the sexual abuse (Corcoran, 1998; Crawford, 1999; Joyce, 1997). Maternal response has too often been investigated without sufficient consideration for the context of mothers’ lives, which has led to the “pathologizing” of their responses (Lustig, Dresser, Spellman, & Murray, 1966; Machotka, Pittman, & Flomenhaft, 1967) resulting in mother-blaming formulations (Carter, 1993; Hooper, 1992; Johnson, 1992; Gilgun, 1984). Based on analyses of the literature and current research, helping professionals are urged to view mothers as a diverse group whose responses and actions are the result of complex, multi-faceted dynamics (Corcoran, 1998; Joyce, 1997; Massat & Lundy, 1998).

Advancing cultural competence and taking culture into consideration are proposed in the assessment and treatment of CSA (Gomez, 1992; Heras, 1992; Thomas, 1992), but it is more accurate to say that these are cautionary guidelines rather than models of intervention. Despite the growing body of knowledge in the area, there has been little investigation into cultural factors that influence maternal response. The few studies that have been conducted have relied on case file analysis and caseworker records. The present study is an attempt to address this pau-
city in the research and clinical literature by asking mothers directly about their responses. The findings suggest that together with relationship and ecological considerations, cultural factors figured prominently in how the mothers understood the sexual abuse of their child and influenced their actions in the aftermath of disclosure. Through grounded theory method, the process of contextualizing maternal response helps elucidate factors that enhance or impede supportive maternal response. Findings from analysis of the interview data point to practice directions for helping professionals who provide services for intra-familial child sexual abuse.

**METHOD**

Grounded theory method was employed to explore facets of maternal response, and aspects of more and less supportive responses, to children who were sexually abused by the mother’s intimate partner. Chosen on the basis of theoretical sampling, ten mothers were interviewed using an in-depth interview guide to understand how they responded emotionally and behaviourally to their child’s sexual abuse experience. Measures for establishing and ensuring trustworthiness (e.g., prolonged engagement, persistent observation and member checking) were adhered to. QSR NUD*IST, a qualitative data analysis system designed for the analysis of non-numerical unstructured data, was used to enhance interpretation of the data and reduce researcher bias.

The sample was initially drawn from agencies specializing in services for sexually abused children. Agency personnel were asked to refer mothers of children sexually abused by the mother’s partner and to include mothers who were assessed to be supportive toward the sexually abused child and mothers whose responses were assessed as less supportive. Snowball sampling also occurred when participant mothers referred other mothers to the study. Supportive responses were defined as: belief of the child’s account of sexual abuse; effective actions taken to protect the children from further victimization; and offering of positive emotional support. Less supportive responses were defined as any one of the following: disbelieving the child; believing the child but displaying blame or anger toward the child for the sexual abuse; not taking adequate action to protect the child; and displaying anger toward the children for disclosing the abuse. Saturation was reached when ten participant interviews were completed and analyzed.
An open-ended portion of the interview guide was included to provide “space” for the participants to introduce and elaborate on factors they believed had a bearing on their situations. Because the mother’s perspective was of primary importance, the interviewer left ample room in the interviews for the participant to inform the investigator. The interview guide was based on an extensive review of the literature and probed the following seven broad areas: Details of Child’s Sexual Abuse, Mother’s Relationship with the Perpetrator, Nature of Mother-Child Relationship, Maternal Family-of-Origin and History, Culture and Religion, Social Supports, and Mother’s Self-Image.

An important element of grounded theory method is the ongoing development and revisions to the interview guide. Of note, probing culture and religion was overlooked in the initial draft of the interview guide because of the paucity of research in this area. Therefore, an area exploring culture and religion was added when the analysis of the first two interviews revealed the impact of cultural issues as noted by the participants. This, in itself, was an important discovery in the study.

Open (apriori), axial, selective coding, and constant comparison of the data (Strauss & Corbin, 1990), was employed for interpretation of the data. In the tradition of theoretical sampling data collection and analysis proceeded simultaneously. A number of themes, or concepts, emerged as open coding was being conducted on the first two participant interviews. As analysis proceeded and additional participants were interviewed for the study, new codes were developed when additional underlying factors contributing to mothers’ responses became apparent (65 codes in all).

RESULTS

Descriptives

The Participant Mothers. The mothers ranged in age from 25 to 43 years, and there was an average of two children per family. Two of the mothers had not completed high school, three had high school diplomas, and five had post-secondary education. The socio-economic status of the mothers varied, with three mothers being dependent on Family Benefits Allowance (FBA), one was seasonally employed as an unskilled laborer, and six were professionals working in nursing, social services, clerical and food services. Of these latter six all of them were receiving some form of social assistance for housing and/or day care.
Prior to disclosure just under half the mothers were financially dependent on their partners, but, interestingly, over half of the mothers were the primary income earner in their households and their partners were financially dependent on the mothers because of periodic unemployment. Overall, the sample represented families who were experiencing varying degrees of financial hardship.

The resulting sample was considerably diverse on a number of dimensions: race, ethnicity, and religious affiliation. Participants included one Asian-Canadian, one Caucasian-American, three Afro-Caribbean women, one Afro-Canadian woman, one Canadian aboriginal (maternal side), one French-Canadian, one Dutch-Canadian and one Anglo-Canadian. Five of the women had immigrated to Canada within the last seven years.

Of note, all the women reported being psychologically abused by their partners which included verbal degradation of the mothers (in private or in front of others including their children); active interference in the mothers’ relationships with their children; persistent criticism of the mothers’ behavior, appearance and accomplishments; neglect or withholding of affection; accusations that the women were engaged in sexual liaisons outside of the relationship; yelling and screaming; control of the women’s eating, sleep and bodily functions; control of the women by making them feel crazy; brainwashing; and punishment of them; destruction of property and possessions; threats of physical violence; isolation of the women from their family and friends; withholding of money and/or financial exploitation. As well, the vast majority had been raised in severely dysfunctional families-of-origin characterized by parental substance abuse, neglect and family violence. In terms of CSA histories, of the ten mothers, one had been sexually abused by her step-father, and one had been sexually assaulted by a friend of the family.

The Children. The children ranged in age from 1 1/2 to 12 years at onset of the sexual abuse. All the child victims were the eldest in the line of siblings (two were only children). Nine of the victimized children were female and one was male. Child welfare authorities, medical professionals and/or the police substantiated the sexual abuse allegations. In each of the cases the perpetrator was identified by the authorities to be the mother’s partner. Three perpetrators were biological fathers, four were stepfathers and three were the mothers’ common-law partners. Since the allegations had all been substantiated, all of the children received professional intervention for problems related to the sexual abuse. Sexualized behaviors, arrested sexual development, sleep disturbances (night terrors and nightmares), eating disorders, phobias, anxiety attacks, academic un-
der-achievement and depression were among the chief complaints identified by the children’s mothers. Only one mother reported her child as being asymptomatic. Almost half of the children were receiving on-going treatment after initial crisis intervention following disclosure of the sexual abuse. The symptoms exhibited by the children are consistent with documented negative effects of CSA.

The Perpetrators. The perpetrators ranged in age between 23 and 48 years. The incidences of sexual abuse against the children involved various forms of sexual contact (e.g., fondling, masturbating, oral sex), but it is unclear in which cases penetration occurred. Two of the perpetrators admitted to the sexual abuse allegations, one of whom was a known pedophile with a prior conviction. Four of the perpetrators had reported to their partners that they had been sexually abused as children. The focus of the interviews did not include collecting extensive data on the perpetrators. However, in the course of discussing the abuse event, relational issues and historical information were offered by the mothers. Seven of the perpetrators were charged with offenses related to the sexual abuse of children as outlined in the Criminal Code of Canada. Two were convicted, five cases were still before the courts at the time of writing the report, one case was still under investigation, and two perpetrators avoided charges by enrolling in a sexual offender treatment program.

Maternal Response

Based on the mothers’ accounts, eight unequivocally believed their child’s disclosure, and two stated that they believed that sexual abuse had occurred upon disclosure but did not initially believe that the perpetrator was her partner. During the course of the investigation these two mothers came around to believing the identity of the perpetrator as her partner. However, in one case, the child victim was taken into the care of Children’s Aid Society (C.A.S.) for seven months because the agency deemed the child to be at risk due to the mother’s inability to leave the perpetrator immediately. The mothers all described being emotionally supportive of their children but four mothers relayed through the interviews that their case-workers would probably not agree with their perception, primarily because they maintained some contact with the perpetrating partner.

Emerging Themes

While belief is one significant dimension of support other dimensions, such as actions taken toward protecting the child, are equally as
important. It is within the complexities of these dimensions of support that cultural factors surfaced in the responses of mothers. Through the course of the interviews, most of the mothers referred to significant facets of their ethnic background and cultural values and belief systems in describing their responses to their child’s sexual abuse. Three specific themes relating to culture emerged as influencing how they understood the abuse and how they acted after their child’s disclosure: (1) culture and religion; (2) cultural beliefs about preserving the family unit and; (3) value system conflicts between the mothers and service providers. While these themes are described separately in the following sections they should not be viewed as discrete entities. Concepts in one theme area intersect with concepts in other theme areas. For example, in the present study talk about culture is inextricably linked with religion. When participants referred to culture, they almost always brought religion into the conversation. Connected to this, participants relayed their views on family preservation and separation and divorce and how this affected the decisions they made. Consequently, for some mothers their experience with service providers was not positive because of their struggles to separate their families in the aftermath of their children’s disclosure.

**Culture and Religion**

In terms of religious affiliation, seven of the mothers had been raised Roman Catholic, one converted from Catholicism to Fundamentalist Christianity, and two mothers did not identify themselves as practicing any formal religion at the time of the study. In addition to being raised as Roman Catholics, two of the mothers also practiced alternative methods of spiritual guidance such as Tarot card readings, astrological charts, and the use of crystals and Reiki. The analysis of the influence of religious and spiritual beliefs on their responses to their sexually abused children provided numerous insights into their problem-solving and decision-making processes. Although the majority of the mothers operated from specific religious schemas, the ways in which these schemas were interpreted and integrated into their lives differed.

One dynamic that became evident through examination of religious beliefs related to how the mothers viewed issues of forgiveness. Mothers who believed that they could support both the partner-perpetrator and the child victim maintained strong beliefs about forgiveness, sacrifice and redemption. They were guardedly optimistic about the
perpetrator’s ability to change and viewed forgiving the perpetrator as a “good Christian act.” However, their hopes seemed unrealistic in the face of the traumatic issues that the family needed to resolve. For example, one mother advocated for the perpetrator to receive treatment although he had gone through a previous program of sex-offending treatment that had obviously failed because he sexually abused her son two years later. Despite this poor prognosis the mother maintained an unwavering stance to support her partner in overcoming his sexual offending behavior and continued her contact with him. She described her beliefs in the following way:

...M’s discussed this with me and you know, like how he wished he wasn’t dealt these cards. I know there’s no cure for it, you know, on the way he thinks. But I do believe there’s hope. . . . I choose to call him God. I do believe there is a higher power to give us strength to tap into. I, uuhm, pray a lot and I always tell myself, cause I don’t always understand why things happen, you know, I don’t. And I know there is a lesson in it. There’s something to be learned here. I don’t know why I’m supposed to be learning it. I have no idea but I believe it’s happening for a good reason you know.

This case represents mothers with strong convictions about forgiveness and rehabilitation of the perpetrators (“But I do believe there’s hope”) for whom the disclosure of their children’s abuse did not challenge their belief systems (“I believe it’s happening for a good reason”).

In contrast, other mothers connected past events and religious beliefs to their current situation in ways that transformed how they thought about themselves in the present. The following respondent described this struggle:

Four to fifteen prepared me for what life was like in abusive relationships. Certainly it was pretty familiar. So did it prepare me? In a negative way—yes! Yes, I’d been raised in a violent house and to have that violence minimized. . . . I always fit into other people’s stuff. I, uh, uh, my Mother Teresa role, my good Catholic precious upbringing has always been (pause) and this has always been what I struggle with today in relationships, I mean in the roles, is that I was raised that everybody else comes first and I don’t get considered. And, and it’s a battle I struggle with inside me on a daily basis.
This mother attributed the events leading up to her daughter’s disclosure to her upbringing in a dysfunctional family-of-origin and religious training that promoted sacrifice (“Mother Teresa role”) and discouraged questioning (“everybody else comes first and I don’t get considered”). Subsequently she moved away from the Catholic religion and adopted what she referred to as a spiritual framework based on alternative approaches. Although she believed in the spirit of forgiveness, she no longer took this to mean that her family had to live under oppressive/abusive conditions.

**Culture and Family Preservation**

Mothers who experienced intense loyalty issues between their children and partners expressed more adherences to patriarchal structures. Specifically, for these mothers separation or divorce was not a realistic outcome for their situations since their church and ethnic community did not accept divorce. This culturally embedded belief system about family was operative prior to their child’s disclosure. Thus, they had enormous difficulties in leaving their abusive partners under any circumstances, including intrafamilial child sexual abuse. The following statement illuminates the value conflicts that these mothers experienced:

> Is it a sin to (starts crying) because I’m Roman Catholic and there’s kind of a conflict there (pause) because in our country divorce or separation is never accepted in the society. There is never, you know, exceptions . . . it is very difficult for me to think that I’m in that situation. And I’m not supposed to be in that situation. . . . Well, it’s not the way it was in the Philippines. Like in the Philippines a Filipino priest he would have told me to forgive him (the perpetrator), or this is a trial, or things like that. But when I talked to the Canadian priest, he told me forgiveness doesn’t mean that . . . Their ideas here are quite liberated.

These conflicts surface immediately after investigation, once the abuse was substantiated and the perpetrator was made to leave the family for child protection reasons. In the case of this mother, she sought counsel from priests from her country-of-origin and host country to sort out her dilemma (“because in our country divorce or separation is never accepted in the society”). Later in the crisis support groups, these groups of mothers questioned the need for separation because of their
desire to keep their families together and their belief that they could protect their child from re-abuse. In this particular circumstance the Filipino mother was cut off from her extended family members because of the separation, all of whom were prepared to help in providing supervision for the sexually abused child.

In contrast, for other mothers, the discovery of the child’s abuse provided a catalyst for reframing their religious schema. They sought to alter their beliefs or converted to other forms of religion that more closely reflected their worldview that had changed since the discovery of their child’s victimization. Although these mothers tried to make sense of the perpetrators’ actions by using a religious schema, they shifted their thinking in order to maximize support for their children. The primary shift appeared to occur in their attitudes towards relationships to men in the past, and present, and their resolve to make better choices in the future. The following statement exemplifies this process:

Before I became Christian, I would find somebody, another stepfather for my kids (pause) it’s natural to have somebody who would abuse them. Without being spiritually educated it tends to, uuh, like when you’re lonely you want to find somebody to comfort you and that person comes into your home and you have daughters (pause) they don’t show respect, you know? I still have that want, it’s in here (points to her heart) and it’s not going away. But I know where to find my comfort now. I have my spiritual community to comfort me.

This respondent converted from Catholicism to Fundamentalist Christianity after her child’s disclosure. This demonstrates again that some mothers re-evaluated their religious beliefs after disclosure and altered their worldview in significant ways. For example, these same mothers explained that they had rejected the idea of separation or divorce as a solution to relationship problems earlier in the relationship, but revised their beliefs once sexual abuse was disclosed. In other words, these mothers were not dogmatic in their religious convictions but rather, adjusted their framework with the discovery of their child’s victimization.

**Value System Conflicts with Service Providers**

Typically, after substantiation of intrafamilial CSA, the perpetrator is made to leave the family to protect the child victim, the remaining fam-
ily receives supportive crisis counseling as an initial intervention (e.g., group support for non-offending mothers and counseling for the child victim) while the perpetrator is dealt with in the criminal justice system with the possibility of treatment. Indeed, all of the mother participants who were interviewed, and their children, attended an eight-week cycle of a crisis support group, and four went on for long-term follow-up treatment.

The experiences of the mothers in the crisis support group varied based on whether they were perceived to be more or less supportive to their sexually abused child. Mothers who were deemed less supportive by social providers felt misunderstood, judged and isolated. One mother admitted she abdicated her role in the group by remaining silent, and another requested transfer to a different group. This is demonstrated by the following statement from a mother who wanted to maintain contact with the partner-perpetrator:

I felt completely attacked. I, I felt so uncomfortable in that group. I just, I feel like not going back to be completely honest with you. I don’t ever feel validated or heard in that group. . . . I think my position, my situation is different and I’m not getting the support I need from where I need it.

The mothers’ desires to balance the needs of their children with those of their partners were called into question by the service providers and the group members. Thus, engagement in the group became problematic and, for some, impossible. The more the group tried to highlight problems associated with mediating the competing needs of the child and perpetrator, the more the mothers defended their positions. These mothers were very much influenced by their cultural/religious beliefs and value systems that they described as being disregarded by both the service providers and group members. They stated these omissions clearly. For example:

I was in a group where I didn’t have a sense of well-being because this is a cultural issue. And I think the leader forgot to consider that. Well I think it’s important for the ones that are doing the counseling or the leaders of the groups to ask about the background of the people—the cultural issues and religion. Because sometimes instead of helping, you know, there’s more remorse than comfort because I was hoping to get comfort, you know, because I really opened up a lot during that group. I didn’t have
anyone to talk to. I didn’t have any friends to tell what happened to me.

Not surprisingly, the mothers interviewed for the study who were deemed “supportive” reported having positive experiences in the support group sessions. They found the information they received to be “useful” and “enlightening,” and generally felt “validated” by the group.

Key informant service providers were interviewed in order to explore their perceptions of mothers of sexually abused children in general and services provided. These included one crisis group leader, one clinician experienced in sexual abuse treatment, and one clinical supervisor. These service providers did not know the mothers participating in the study. Each worked in different organizations, but all were involved in an interagency network for services responding to CSA. Information from the interviews with professionals elicited their perceptions about mothers of sexually abused children, the mothers’ circumstances, and their responses to their children’s victimization. The interviews also obtained information about the theoretical orientations that guided interventions in working with this population.

Service providers described that the most supportive mothers believed their child, were emotionally supportive, and were clear about the need to separate from the perpetrator. They described problematic relationships with mothers they viewed to be less supportive of their sexually abused children and viewed less supportive mothers as those who maintained contact with the partner-perpetrator after the child’s disclosure, and those who minimized the seriousness of the abuse. When asked about culture and religion, service providers were well aware of conflicts and articulated these clearly: “When we receive a referral of a client from the Muslim religion, or Jehovah Witnesses, we know we have our work cut out for us . . . we don’t do well with them in the groups.” When pursued further with the service providers, the issue of family preservation was identified as a primary source of tension. The following observation was repeatedly expressed in various ways: “These women have lived in oppressive relationships for a long time, often reinforced by their culture and religion . . . and then we’re asking them to turn their lives up-side-down by splitting up their families,” and, “We’re in a bind too because we have to make sure the child isn’t further abused-sexually or psychologically.”

Specifically, tension arose from divergent values about the institution of marriage and attitudes toward divorce. Key informants from the
social service sector experienced clients who held fixed religious and cultural attitudes around preservation of the family unit as being among the most difficult to engage and provide help to. Since supportive mothering was defined as being able to separate from the perpetrator, mothers who refused to separate, or continued contact with the partner-perpetrator, were viewed as not fully supportive of their children. On the other hand, these mothers viewed success in terms of re-unification with their partners. Thus, in the group the service providers and these mothers worked at cross-purposes. The mothers wanted to focus on strategies for keeping their children safe in the context of re-uniting with their partners. The service providers instead focused on helping them make decisions that would result in the long-term safety and mental health of the child.

Value system conflicts between the clients and professionals appeared to spring from traditional approaches employed in the treatment of CSA. Theoretical approaches used by these professionals were informed by research in child sexual abuse, effects of CSA, post traumatic stress disorder, child development, family and group theory. The mothers who had problematic relationships in the group experienced treatment as value-laden especially in how the professionals viewed the family. The perceived value-laden nature of these approaches resulted in a type of “culture clash” among group members of diverse backgrounds and the service providers for mothers whose internalized cultural value systems conflicted with the underlying cultural value system of the group model.

Finally, the mothers who were dissatisfied with the support group experience felt that they needed more “air time” to really delve into their personal issues, ventilate confusing feelings, and problem solve with regard to their conflicts. Some of them suggested that one-on-one sessions might have helped to address differences in opinions and approaches about how to best respond to their children. Of interest, interviews with service providers revealed that from their experience a number of mothers might benefit by receiving a preparatory stage of one-on-one counseling because their “needs” are greater and because they are more difficult to engage in a group context.

**DISCUSSION**

Through a discovery oriented approach narratives of this group of mothers have a great deal to offer helping professionals who provide services in the aftermath of child sexual abuse disclosure. Despite the
modest number of mothers and service providers interviewed, and the exploratory nature of this study, these data suggest that culture as it relates to religion, family preservation and embedded value systems have considerable impact on maternal response and warrant further investigation.

In terms of continuing to develop theory we can expect that mothers from cultural backgrounds which adhere to rigid patriarchal norms may experience intense struggles regarding family preservation, loyalty binds between the perpetrating partner and child victim, and anxieties around being alienated from their extended family and ethnic community. This finding supports the analyses of three cases conducted by Heras (1992) who found that clients from cultures of patriarchal entitlement and male dominance put more emphasis on family cohesion. This places enormous stress on women who are put in the position of trying to keep the family together at all costs, or separating and suffering negative repercussions. This indefensible situation that women are caught in should be of particular concern for helping professionals. It has been well argued that sexual victimization is the result of gender oppression since the vast majority of perpetrators are men and most victims are women (Myers Avis, 1992; Solomon, 1992). This argument can be further extended that when women, as mothers, are put in the position of having to choose between their children and their husbands (including extended family, ethnic and spiritual community), they continue to be oppressed by entrenched patriarchal structures.

At the same time service providers are charged with the professional responsibility of responding sensitively and effectively to a wide range of diversity in our increasingly multicultural/ethnic environment in North America. Recognizing and respecting cultural difference lies at the heart of culturally sensitive approaches. To further complicate the picture, service providers working in the area of CSA have the additional responsibility of respecting difference in clients while protecting victimized children from re-abuse. In ensuring safety for the victim, both child protection workers and treatment providers (who incidentally are predominantly female at front-line levels) are often in the role of separating families, at least temporarily. For example, although most of the study mothers separated physically from the partner-perpetrator after their children’s disclosures, some did so primarily because of child welfare intervention. Therefore, when helping professionals have their first contact in providing support for mothers, they are frequently confronted with dealing with family dissolution and the strong feelings accompanying this. As well, they may be viewed as being part of a system
that forced family dissolution. While for some mothers separation is the preferred outcome in intrafamilial CSA, mothers whose cultural value systems are threatened by family separation are left in a precarious position—personally, with their families, and within their ethnic communities.

**Implications for Practice**

As we continue to increase our cultural awareness and acquire experience with helping clients of diverse ethnic, racial and cultural backgrounds in ways that are respectful, knowledgeable and effective, little headway has been made in developing interventions for dealing specifically with the complexities of CSA and clients from different cultures. Contemporary models of cross-cultural clinical practice are being developed and gaining saliency [e.g., cultural literacy model (LaFramboise & Foster, 1992), experiential-phenomenological model (Dyche & Zayas, 1995), integrated framework for cross-cultural practice (Tsang & George, 1999)]. These models represent varying perspectives and lie on a continuum of cross-cultural approaches that give emphasis to acquiring knowledge about specific cultures and understanding diversities. Collectively, these models call to our attention two critical issues for competent cross-cultural work: (1) respect for cultural differences between client and worker, and (2) on-going self-examination for prejudicial beliefs and behaviors of all practitioners (Alaggia & Marziali, in press). Yet, these models maintain a generic stance, and clinical strategies used in cross-cultural work as applied to child sexual abuse are not articulated. In fact, there is little consensus about how to approach work with culturally different clients because of concerns about generalizing and stereotyping clients by ethnic, religious and racial groups (Thomas, 1992). When we consider that theoretical frameworks inform the work of helping professionals, it is not surprising to find that in the absence of such frameworks practitioners are left with little to guide their practice. Indeed, in this study when asked about theoretical approaches, service providers could not identify cross-cultural theories or models relating to CSA.

In summary, mothers who are strongly influenced by cultural and religious beliefs that place high value on family preservation and choose to adhere to traditional religious schemas are likely to be perceived as compromising their support to the child victim. This can unintentionally lead to these clients being marginalized and alienated by helping professionals. At the same time, these mothers are concerned about be-
ing isolated from their ethnic community and are, therefore, caught in an untenable dilemma. Given the lack of empirical data and cross-cultural models of practice designed with issues of CSA in mind, where do helping professionals start?

A pretreatment period of one-on-one counseling may be a starting point for joining more effectively with ambivalent clients. This course of pretreatment would go beyond an assessment phase that is intended to gather information. Rather, the focus would be on joining especially since the therapeutic alliance may already be in jeopardy if the mother perceives the practitioner as being responsible, in part, for forcing the dissolution of her family. Although most crisis support groups provide a psycho-educational component (e.g., explaining perpetrator tactics, negative effects of CSA, child protection, court procedures, etc.) this may not be sufficient in dealing with the previously identified cultural and emotional conflicts. The group format may hinder the client’s ability to speak freely about these difficult issues especially when mothers are in the minority ethnically, racially and/or in their intent to re-unify their families. Providing one-on-one sessions would offer the client a safer forum to delve into and process the complex problems they, as well as the service provider, are confronted with.

The service provider will need this period of pre-treatment intervention to listen to, learn about and understand culturally based issues facing their client. In order to avoid generalizations, a relevant area of exploration should include the degree of acculturation experienced by members of families to determine the strength of ties to their ethnic origins. As well, ethnic groups in themselves are diverse and to prevent stereotyping, homogeneity of culture should not be assumed. The practitioner should not be expected to be knowledgeable and literate in all cultures, as this is an unrealistic and overwhelming expectation. It is more appropriate for the practitioner to assume a stance of openness and curiosity with all diverse clients, as suggested in the experiential-phenomenological model (Dyche & Zayas, 1995). The aim of this approach is to acquire understanding of each client’s unique experiences of her culture, race, gender and class, including issues of discrimination and prejudice. As applied to maternal response to CSA, cultural and religious attitudes toward marriage, family cohesion, and divorce are particularly important to probe and understand the meaning of. It is within this cultural context that the mothers’ responses and actions can be better understood.

Finally, service providers persist in their struggle with a dilemma which is strikingly similar to those of mothers-role conflict involving
ensuring the physical, psychological and emotional safety of the most vulnerable members of society, the children, while responding with sensitivity and respect to cultural issues facing their mothers, the most significant person in their lives. The present study simply served to clarify facets of maternal response, identify cultural and religions influences, and highlight difficulties in service provision. Resolution of these dilemmas continues to elude helping professionals. Future investigation should focus on continuing to identify and understand the impact of cultural variables in child sexual abuse, and develop and test the effectiveness of culturally sensitive models of intervention for child sexual abuse.

REFERENCES


