This study explored the experiences of eight mothers who had a sexual abuse history through in-depth interviews. Three of the mothers had children who had also experienced sexual abuse, and the other five were mothers whose children had no known sexual abuse history. Goals of this study were to explore how a history of sexual abuse had affected parenting abilities and to study the differences in the narratives of these women. Narratives were analyzed and the degree to which their childhood experiences of sexual abuse were assimilated was assessed using the Assimilation Model (Stiles, 1999). Observations were consistent with the assimilation model's suggestion that participants whose children had not experienced sexual abuse reached higher stages on this scale. The mothers in this study who were seen as having integrated their abuse experiences shared and discussed their experiences of abuse with supportive people whom they trusted.
ASSIMILATING THE VOICES OF SEXUAL ABUSE:
AN INTERGENERATIONAL STUDY

A Thesis

Submitted to the
Faculty of Miami University
in partial fulfillment of
the requirements for the degree of
Master of Arts
Department of Psychology
by
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2004

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For Emily and Lauren
I gratefully acknowledge Bill Stiles for his supervision and guidance of this project. I would also like to thank Roger Knudson and Terri Messman-Moore for their comments and suggestions.
INTRODUCTION

Numerous studies have investigated the impact of childhood sexual abuse, including long-term effects that last into adulthood. These studies suggest that a history of childhood sexual abuse is related to increased risk for mental health and adjustment problems in adulthood. Some of the problems that have been connected to a sexual abuse history include: increased level of depression and anxiety (Browne & Finkelhor, 1986); low self-esteem (Browne & Finkelhor, 1986); running away from home and early marriages by adolescent victims (Herman, 1981); increased suicide attempts (Briere & Runtz, 1987); alcoholism and substance use (Herman, 1991; Hernandez, 1992); a tendency toward revictimization. (Arata, 2002) and posttraumatic symptoms (Briere, 1992).

Research examining the effects of childhood sexual abuse on the survivor’s later parental functioning strongly suggests that the children of these mothers are also at risk for abuse, both physical and sexual (Banyard 1997; DiLillo, Tremblay, & Peterson, 2000; Heibert-Murphy, 2000; McCloskey & Bailey, 2000; Oates et al. 1998; Zuravin et al., 1996). In order to break the cycle of abuse, it is important to understand how it perpetuates itself into successive generations. How can a history of childhood sexual abuse compromise later parenting skills? How can a survivor decrease the risk of the transmission of abuse to future generations? Can successful assimilation of the traumatic experience promote coping, healing, and healthy parental functioning?

THEORETICAL FRAMEWORK

This study sought to gain understanding of the experiences of mothers who had a history of childhood sexual abuse and to further our understanding of these significant questions. Participants’ narratives were analyzed and the degree to which their childhood experiences of sexual abuse were assimilated was assessed using the Assimilation Model (Stiles, 1999). The Assimilation Model posits that every individual contains a community of voices which are, theoretically, the traces of the person’s experience. According to the theory, a traumatic experience is represented by a problematic voice that strives for expression but is blocked and separated from the dominant community of voices. A
problematic voice can be assimilated into the community of voices by speaking, being heard, and understood, which enables it to eventually become a more integrated part of the dominant community. As the problematic voice gradually undergoes the process of assimilation, it passes through predictable stages that are delineated in the Assimilation of Problematic Experiences Scale (APES; Table 1). The stages range from *warded off*, in which the problematic voice is silent; to *integration/mastery* when the problematic voice becomes fully integrated.

The APES describes the assimilation of problematic experiences. However, because experiences are distinct events, voices from different experiences can be worked through separately and assimilated at different rates. Thus, seemingly similar experiences (as considered from an external perspective) may be assimilated to different degrees.

**INTERGENERATIONAL ABUSE THROUGH AN ASSIMILATION LENS**

An assimilation model perspective on intergenerational transmission of abuse hypothesizes that when experiences of abuse are dissociated and out of awareness, they may nevertheless be addressed or triggered by circumstances. Because these experiences cannot be given direct verbal expression they may be acted out in ways that the person does not recognize or acknowledge. For example, a mother who has been sexually victimized in her childhood may not have conscious recognition of being in potentially dangerous situations. If she was not able to be protected from abuse, or learn how to identify conditions that increase her risk of sexual victimization, how can she be expected to protect her children from similar high-risk situations? Thus, according to the assimilation model, mothers who seem unaware of the impact of their past sexual abuse experiences, or who actively avoid the voice of the abuse experience, may be in danger of having similar situations re-enacted, perpetuating the intergenerational transmission of abuse. Theoretically, any voice that is reminiscent of their sexual abuse history is suppressed and avoided. This includes instinctive voices that warn of potentially dangerous situations for themselves or their children. By ignoring these voices or instincts, sexually abused mothers may unwittingly perpetuate the cycle of abuse by exposing their children to high-risk situations in which they may be sexually victimized. In effect,
mothers may re-enact their own trauma by unconsciously placing their child in high-risk situations where sexual abuse is likely to occur.

The central conjecture of the study was that poorly assimilated abuse is more likely to be transmitted to the following generation. If we can better understand how problematic experiences, such as sexual abuse, become assimilated, we can create better intervention methods for survivors that would hopefully enable them to become better parents, and reduce the risk of intergenerational transmission. The purpose of studying this issue was not to place blame or criticize the parenting of sexual abuse survivors, but to increase understanding of what difficulties they may face, in order to learn what resources or supports can be beneficial to them.

RESEARCH ON SURVIVORS AS PARENTS

The concept of the cycle of violence, the notion that patterns of violence which occurs in families repeats itself in future generations, has long been studied in relation to physical abuse and domestic violence. However, only recently has the concept been extended to sexual abuse. In 2000, McCloskey and Bailey conducted a study on the intergenerational transmission of risk for child sexual abuse, with a sample of 179 families with preadolescent girls, 33 of whom had experienced sexual abuse. The authors found that the presence of a maternal sexual abuse history more than tripled the risk of sexual abuse for these preadolescent girls. Similarly, Oates et al. (1998) found in a community sample of 67 mothers whose children had been sexually abused, that 34% of these mothers reported a history of childhood sexual abuse experienced, compared to 12% of control mothers (almost 3 times greater risk). In a clinical sample of 102 mothers of children who disclosed sexual abuse within the previous 12 months, Heibert-Murphy (2000) found that 75 of these mothers (74%) reported at least one experience of sexual abuse during their own childhood.

There have been several studies that have explored why some women who were abused as children are able to break the cycle of abuse. Egeland and Susman-Stillman (1996) hypothesized that dissociative processes contribute to intergenerational abuse. Although the sample in their study was of mothers who were physically abusive and neglectful, the researchers found that mothers who broke the cycle were able to integrate their abusive
experiences into a more coherent view of self. When interviewing mothers whose children were also abused, the authors found that recollection of their experiences was fragmented, disconnected and lacked integration. These mothers also displayed higher levels of dissociative symptomology. In another study by Egeland et. al (1988), mothers who broke the cycle of abuse were more likely to have undergone therapy, or have a relationship with someone who provided emotional support.

A study by Zuravin et al. (1996) also studied intergenerational abuse with a sample of 213 single mothers. Of these 213 women, 136 had at least one child who had been abused (continuity group); and 77 mothers had no known substantiated report of abuse of a child (discontinuity group). The findings suggested that sexually abused mothers who experienced more severe forms of sexual abuse (e.g. those involving intercourse) had an increased risk of abuse continuing in the second generation.

A recent study by Leifer, Kilbane and Kalick (2004) conducted a three-generational study that investigated abusive experiences and supportive relationships within families. They explored maternal factors that contributed to vulnerability or resilience to intergenerational sexual abuse and found that sexually abused mothers with abused children were less able to develop healthy relationships with others and more likely to have a substance abuse history than mothers who broke the cycle of abuse.

In addition to the increased risk of the intergenerational transmission of sexual abuse, the literature suggested that parents who have experienced childhood sexual abuse are at risk for being physically abusive towards their children. DiLillo, Tremblay and Peterson (2000) found that 138 mothers who experienced child sexual abuse scored significantly higher on the Child Abuse Potential Inventory in comparison to 152 mothers without a sexual abuse history. Even after the authors controlled for mothers’ childhood experience of physical abuse, child sexual abuse history significantly predicted adult risk of physically abusing one’s own children. Banyard (1997) found that sexually abused mothers, when compared to a control group recruited from a community sample, were more likely to use physical punishment strategies and had viewed their parenting more negatively than others. Banyard found that sexual abuse was related to more negative parenting outcomes, specifically in terms of feelings about self as a parent and use of physical strategies in conflicts. This result persisted even after controlling for other negative family experiences (physical abuse and
neglect). The fact that Banyard controlled for other negative childhood experiences is an important aspect of the study, because it suggests that parenting problems associated with having been sexually abused in childhood are not a function of other negative childhood experiences. However, Zuravin and Fontanella (1999) were unable to replicate these findings in several areas. They found that for two of their dependent variables, perceived parenting competence and severely violent methods for handling conflict, the effects of childhood sexual abuse were mediated by other experiences, such as being physically neglected, or having a history of depression.

Other problematic parenting practices have also been associated with childhood sexual abuse. Cole, Woolger, Power, and Smith (1992) found that mothers with a history of sexual abuse reported less confidence in their parenting skills and less sense of having control as parents than nonabused mothers. Findings also indicated that mothers who had a sexual abuse history reported less consistency and fewer maturity demands of their children than either a control group of nonabused mothers or a comparison group of adult children of alcoholic mothers with no history of abuse. Cohen (1995) conducted a study of 54 Israeli mothers and found that mothers with a history of sexual abuse (recruited from a clinical sample) scored lower than 28 mothers recruited from the community without an abuse history on all seven scales of the Parenting Skills Inventory. Mothers with a history of sexual abuse were more likely to have a negative view of themselves as parents, and to have unreasonable and unrealistic expectations for their children. Burkett (1991) compared a sample of 20 mothers with a history of sexual abuse with a control group of mothers with no abuse history and found that mothers with a sexual abuse history were more likely to rely on their children for emotional caretaking, to give more belittling and blaming messages to their children, and to be more focused on themselves rather than their children.

The literature on the parenting practices of sexual abuse survivors has been predominantly conducted through quantitative studies. A study by Voth and Tutty (1999), explored the experience of being the daughter of an incest survivor using the narratives of six women. Their findings suggested that most of the daughters perceived their mothers as failing to “grow up,” as enraged due to their abuse history, and as emotionally needy. The participants in this study felt that their mothers’ abuse contributed to many problems in the
mother-daughter relationship that created difficulties in their life, beginning in childhood and lasting into adulthood.

**RESEARCH AIMS**

The present study focused on examining the experiences of mothers with a history of childhood sexual abuse, in order to understand the difficulties they faced as parents. It asked why some mothers with a history of sexual abuse are more likely to have children who become victimized sexually as well. In-depth interviews were used to assess the manner and degree of how participants have integrated their abuse history. The working hypothesis of this study was that mothers who had been less successful in assimilating their abuse experiences would be more prone to have children who also become victims of sexual abuse. The study aimed to explore this phenomenon and gain understanding into the underlying processes that may have contributed to it.

**METHOD**

*Multiple Case Design*

The methodological model of study was derived from the theory of multiple-case research (Rosenwald, 1988). This theory is an approach that seeks to understand the complexities of the experiences of each participant, and to illuminate the underlying dynamics of parenting as a survivor of sexual abuse. The strategy of multiple case research is to study individuals through intensive exploratory interviews in order to learn about social phenomena by looking at them from multiple perspectives (Rosenwald, 1988). Presumably, participants had different experiences of being a mother with a history of sexual abuse. The interview process attempted to shed light on the shared realities the participants have faced, as well as the separate realities of each that may bear on the phenomena of intergenerational transmission of abuse. From this procedure the interviewer hoped to view a sexual abuse survivor’s experience of parenting from different angles. Each interview was expected to yield information that helped redesign the next interview for other participants.
Participants

The participants were eight mothers who had a history of sexual abuse and were the parent of at least one child over the age of two. Of this group, three of the mothers had children who had also experienced sexual abuse. Participants were recruited from communities of Cincinnati, Oxford and Hamilton. Two of the participants were currently receiving psychological services at the time of their interview. These services were not specifically for the treatment of childhood sexual abuse.

The participants’ ages ranged from 23 to 52, with a mean age of 38. Six of the women were Caucasian, one was African-American, and one was Hispanic. Only three were currently married. Two of the women the mother of one child, one was the mother of two, and the remaining five had three or more children. The ages of the children ranged from 2 to 28 years old. Five mothers were from lower socioeconomic backgrounds and were not employed. The remaining three had jobs as an early intervention substance abuse counselor; accountant; and teaching assistant for disabled children.

Participants received $50 compensation for completion of the study. Partial payment was offered as compensation for participants who withdrew before the completion of the final interview; however, all participants completed the interview process.

Researchers

The principal investigator who conducted the interviews was a graduate student in Miami University’s Ph.D. program for clinical psychology. She was a 35 year old Caucasian female who had completed a master’s degree in social work and had over ten years postgraduate experience. Much of this experience was with children, adolescents and adults who had experienced physical and/or sexual abuse.

Dr. William Stiles, Ph.D., was a 60 year old Caucasian male who is a Professor of Clinical Psychology at Miami University. He is a psychotherapy researcher and psychotherapist. He was an author of the Assimilation Model, the APES, and the method of assimilation analysis (Stiles, W. et. al., 1990) and has over nineteen years of experience researching assimilation. Dr. Stiles provided supervision and guidance for this study.

Auditors who assisted in assessing the degree of assimilation for each participant were two graduate students in the Ph.D. clinical psychology program at Miami University.
One auditor was a 27 year old Caucasian female, and the other a 26 year old Caucasian male. Both were recruited from the Assimilation Research Group, led by Dr. Stiles. The auditors had prior experience analyzing and rating assimilation in transcripts using the APES scale. They agreed to assist in this study to gain more assimilation research experience.

Measures

The participants were engaged in interviews that ranged in total from approximately two to three hours. Interviews were conducted in either two or three sessions. Interviews took place at Miami University in Oxford, Ohio, or at a private office in Cincinnati, Ohio. A journal was provided for each participant to write down any thoughts or feelings that emerged between sessions so they could be shared in the following interview. However, no participants took advantage of this opportunity.

The participants were encouraged to tell their story with as little direction from the researcher as possible. Some specific questions were asked so that pertinent information and details were elicited; however, the purpose of these questions was only to serve as a springboard for more detailed narrative by the participant (a list of questions is provided in Table 2). The interview was designed to explicate, in as much detail as possible, the personal and social experiences of being a mother with a history of sexual abuse. Follow-up questions were used to elucidate ambiguous answers in order to seek clarification of their personal experience. The researcher attempted to use interviewing techniques that strove to overcome the “press release” responses that are often given in initial accounts (Wiersma, 1988). Such responses are the stereotyped self-report statements that participants may give initially to be seen in a socially acceptable light.

Each participant’s narrative offered an example of the experience parenting as a survivor of sexual abuse. Interview questions were redesigned for each successive person, in order to reflect and integrate the knowledge garnered from the previous interviews, as well as to facilitate investigation of the study’s questions and hypotheses. Each participant’s story was seen as providing a different viewpoint on the experience of being a parent with a history of childhood sexual abuse.
**APES As Applied to Sexual Abuse Experiences**

The following paragraphs describe the Assimilation of Problematic Experience Scale and the criteria that were used by auditors in assigning APES ratings. Each paragraph begins with a theoretical summary of the particular APES stage, followed by how this was observed in participants’ transcripts. These guidelines were derived from assimilation theory.

The fact that participants agreed to participate in this study indicated that they had some level of awareness about their experience as a sexual abuse survivor. None of the participants’ experiences of abuse were assigned the APES stage of 0, since the voice of the problem would have been completely out of awareness at this stage.

According to assimilation theory, at APES stage 1 the voice of the problematic experience is actively avoided due to the negative emotions it elicits. Interview responses that indicate an APES stage of 1 include: the inability to give detailed responses to questions regarding history of abuse; terse narratives without noticeable affective responses; or the denial of any impact of the sexual victimization.

During APES stage 2 the voice of the experience is emerging and the person becomes vaguely aware of the problem. The voice can briefly express itself, but is not clearly heard or understood by the dominant community of voices. Observations during the interviews that reflect an APES stage of 2 include: short discussion of abuse experiences with noticeable discomfort, as evidenced by inability to maintain eye contact; derailment of the narrative to less emotionally threatening material; and minimization of negative feelings and repercussions caused by the abuse.

At APES stage 3, the voice of the problematic experience communicates its experience and converses with the community for longer periods of time without being shut down by more dominant, critical voices. This was evident by the participant demonstrating some awareness of the effects and ramifications of being sexually abused in childhood. Emotions associated with their trauma are intense and prevent clear formulation and articulation of these consequences.

In APES stage 4, the problematic experience is formulated and understood and insight begins to develop. This was observed by the participant demonstrating clearer understanding of the multitude of problems caused by the abuse, and developing further
understanding and insight. Statements reflect empowerment and affect is more positive. The voice of abuse has achieved empathy from the community of voices and is connected.

At APES stage 5, the understanding garnered at previous levels is applied to new problems. Participants’ narratives that suggest an APES stage of 5 demonstrate the progress noted in stage 4 to a greater degree. The voices communicate more effectively and work through differences, and the participant actively seeks further understanding to work through abuse issues.

At stage 6, the problematic experience is now seen as a resource. The survivor has successfully resolved problems associated with her abuse, and is able to view her experience as a source of strength, and no longer a weakness. If a trauma-related problem re-emerged, she shows confidence that it could be managed.

At APES stage 7, the voice of abuse had become more or less fully integrated, and the survivor automatically generalizes solutions in new situations.

**Procedure**

In order to recruit participants, fliers were posted in the Hamilton, Oxford and Cincinnati communities of Ohio. Fliers stated that the researcher was looking for mothers with a history of childhood sexual abuse for participation in the study. In order to determine eligibility for participation, interested mothers called or emailed the investigator about their desire to participate. The researcher then asked each prospective participant screening questions to determine if they had any children with a substantiated history of sexual abuse in order to develop the two separate groups to be studied. A complete list of screening questions is provided in the Appendix.

An Informed Consent statement was given to participants prior to the beginning of the interview, and participants were instructed to read the statement carefully. All participants were given an opportunity to ask questions about the consent form before signing it. Total time for each participant’s interviews was approximately three to four hours. All interviews were recorded by audiotape. In order to ensure confidentiality, participants’ names were not revealed on the tape, and only a code number was used to identify tapes.
Participants were informed that they could skip any questions found to be too disturbing and were told they were able to discontinue the interview at any time. In addition, participants were notified that if they would like to address any concerns after the interview was conducted they may contact the interviewer, or her supervisor. Participants were provided with a list of local resources for counseling in their area at the end of the final interview.

A small team of three undergraduate research assistants were recruited from undergraduate psychology courses to prepare transcripts of the interviews. Two of the assistants volunteered their time in order to gain research experience; one assistant participated for independent study course credit. All assistants were trained to maintain confidentiality by using pseudonyms for participants’ names and code numbers to identify audiotapes.

Assimilation Analysis

The interviews were analyzed through an adaptation of assimilation analysis, a qualitative method of intensive case study in which problematic experiences are identified (Stiles & Angus, 2001). In this study, the assimilation analysis was used to assess the degree of integration of the abuse experience by identifying the voice of abuse and attempting to determine what APES stage it was in. The researcher repeatedly listened to audiotapes of the interviews, studied the transcripts and identified the voice of the abuse experience, as well as salient themes that were apparent. The auditors read the transcripts independently to become familiar with the material and identified the voice of the abuse experience. This voice was tracked throughout the interview to determine what stage of assimilation it had reached. Auditors began noticing that more than one voice of abuse was apparent in many of the participant’s narratives. It appeared that different parts of the experience of sexual abuse seemed to be assimilated at different levels for many of the participants. To deal with this dilemma, the principal researcher asked each auditor to give a global APES rating for each participant. This global rating indicated overall how well the experience of abuse had been assimilated. In cases in which it was apparent that different facets of the experience were assimilated at different rates, several APES ratings were provided. The APES stage that seemed to be most prominent was considered the global APES rating.
The auditors presented evidence for their conceptualization by selecting and extracting passages from the transcripts that reflected these ratings. The researcher and auditors then met and discussed their ratings in order to establish consensus. The procedure was characterized by each auditor sharing a global APES rating, along with exemplar passages that supported this view, as well as evidence of other stages that were apparent as well. The auditors then agreed on overall APES stages (Table 1) to describe the level of assimilation of the abuse experience of each participant. This process was helpful in recognizing how different strands or aspects of the abuse experience were assimilated at different degrees for many participants.

**RESULTS**

The following is a summary of the interviews with each of the eight participants. In order to protect the anonymity of participants, the names used are pseudonyms. The information is presented in the order of which the interviews took place and includes each participant’s background information and abuse history, as well as her view of parenting and process of recovery. Also included is an assimilation account of each participant’s narrative, developed from the auditors’ and my conceptualization of how integrated the voice of the abuse experience were. This section is a synopsis of the results of the discussion between auditors to establish consensus on APES ratings and reflects input from all auditors. Overall, there was agreement on what APES stage each participant’s experience of abuse was rated, with the exception of one participant (Kelly) which will be discussed in more detail in a subsequent section. Excerpts from interviews are presented as exemplar passages for specific APES ratings.

It should be noted that all participants reported experiencing sexual abuse within their family system. Although the researcher did not intend to only recruit incest survivors, the women that responded to the recruitment flier were all in this category. Research has suggested that more trauma results from intrafamilial sexual abuse than experiences of abuse that occurred with perpetrators who are outside of the family. (Finkelhor, Hotaling, Lewis, & Smith, 1990).
Carmen

Background Information

Carmen was a 32-year-old Hispanic woman who was the mother of three children. She had recently been fired from her job as an office assistant and was unemployed. At the time of the interview, she was currently in couples therapy with her second husband, from whom she was separated due to domestic violence. According to Carmen, in addition to being physically assaulted, her husband had forced himself on her sexually on at least two occasions, which triggered memories about her past abuse.

Carmen asked to skip the preliminary questions when we first met for our initial interview because she felt so distressed and needed to begin talking. At times during our meeting it felt as if she had lost awareness of my presence in the room, as her mind flooded with information which she struggled to make sense of. Carmen began by reporting that she had recently found out that a man who had sexually abused her when she was younger, who she thought was dead, was actually alive. She was very upset by this news and was even more bothered by the fact that she might see him when she returned to her childhood home for a visit. Although two other men sexually abused Carmen during her childhood, she seemed to struggle the most with her feelings about this particular perpetrator.

Abuse History

During her childhood, Carmen lived with her mother, stepfather and five siblings in a two-family house in which her grandmother lived on the upper level. Both her mother and grandmother worked night shifts so she frequently was left alone or in the care of her stepfather. Carmen was first raped at the age of 10 by an uncle, who was believed to be on drugs at the time. Carmen’s sister walked in during this incident and later told her mother and grandmother what she had witnessed. Although Carmen did not recall her mother ever discussing the incident with her, charges were pressed and he served five years in prison for his actions. Carmen stated that it didn’t really bother her to be around her uncle because of the fact that he had been punished for his actions, and drugs were blamed for the cause.

Soon after this occurred, Carmen’s stepfather began molesting her at night while her mother was at work. She did not remember the details of what happened or for how long the
abuse occurred, although she believed it happened on a daily basis. She recalled an incident in which she was hiding under the slide in her backyard in order to avoid him and asked her mother later that day if she could move upstairs with her grandmother. Her mother agreed and soon thereafter the stepfather moved out of the house. Carmen never found out why he left or if her mother suspected or knew what was happening. Despite Carmen’s move upstairs to her grandmother’s house, she continued to be sexually abused. Her grandmother’s live-in boyfriend, who is also the man she believed to be deceased, began molesting Carmen. According to Carmen, the abuse that occurred with this perpetrator ended when she became more defiant in response to his advances, and he then attempted to molest Carmen’s sister. The sister told her mother and grandmother and shortly thereafter he no longer resided with them. Carmen stated that she asked her mother and grandmother why he had left so suddenly, but they “kept it a secret” and did not discuss it with her. Carmen later found out from her sister what had transpired.

Much of Carmen’s story seemed to center on her struggles to try to remember the details of what exactly happened to her, and why she chose not to tell her mother or grandmother. At least one of her abusers told Carmen that her mother and grandmother would be mad at her if she did tell, and she also doubted that they would believe her. Carmen did not recall any conversations with her mother or grandmother about what she had experienced, even after being raped by her uncle. Nor had she ever received counseling for what she went through.

**Parenting**

Carmen had three children, one daughter and two sons. It appeared that Carmen first became a mother during adolescence. Her two oldest children currently resided in another state with their father, as Carmen decided to give up custody when she moved to out of state. Carmen did not feel that her history of sexual abuse affected her parenting because she “protects her son.” She considered herself overprotective and had worked towards communicating openly with her daughter, who is now a teenager. However, she did not connect either of these characteristics to her history of abuse.

R (researcher): Do you think being sexually abused has affected the way you parent?
C (Carmen): No, because I always protect my son...really bad. I am so protective over him. When he’s around other people I watch how people, you know, are around him. Like when my two friends – you know, I have two girlfriends – you know I watch, I watch how they hug him. I watch everybody else that, you know, shakes his hand. I have this fear of how my son, you know, feels when he meets a new person or when he’s around with friends. What if they would do it? What if I didn’t know they were like that?"

C: I tell my daughter all the time, “just be careful with these boys, you know they only want one thing. I don’t want you to get pregnant like I did. She was like, “yeah, Mom, I know. She tells me everything, she always tells me everything..I just tell her “please be careful, please be careful.”

Recovery

Carmen stated that she coped with what had happened by not sleeping and by constantly thinking about what happened to her. She struggled to find answers to questions that continued to haunt her, so many years later:

C: It’s like I could sit here and think about it – I could be sitting alone in the house or at night when my son’s sleeping. I think all about this and I stay up hours. I probably don’t get any sleep. I’d say three to four hours a day…and it’s hard. You know, I think about it, and think, “Why didn’t I do anything? Why didn’t I tell them? Why was I scared? That’s my main question to myself. Why was I scared to tell my mother and grandmother?

Carmen’s initial thoughts about her recovery centered on her wish that every man who ever abused her would die.

C: I just wish that they were all dead...[Every man] who touched me the wrong way. They had no right to do that to me. I was young. And my husband out of all people, he touched me, you know, it brought back of how they were doing it. They didn’t – like I was saying “no,” and you still did it, no matter what and then just leave me there crying. So I just wish they were all dead, because I was happy when I heard that one was dead.

When asked what else she thought she needed in order to heal, she stated:

C: …I just don’t want it to happen to other kids. I feel that, if I could do something where I could help, you know, other girls deal with it, and tell them what I went through, you know what I mean? Tell them how I felt when I, you know, at that age, or how I’m still trying to think back on what happened to me. That I waited so long. I’m 32 now and just getting back to all of that.
In our second interview, Carmen indicated that she thought a friend’s four-year old daughter was being sexually abused by a co-worker. She struggled with both feelings of not wanting to get involved and of wanting to protect the little girl. Despite sharing her concern with the little girl’s mother, the mother continued to allow the suspected perpetrator to babysit her daughter. The researcher explored the evidence that Carmen had and informed her that Child Protective Services needed to be called, as the researcher was a mandated reporter. Carmen agreed and decided to make the call herself during the interview. She filed an anonymous report and spoke about her anger towards her friend who she felt didn’t do enough to protect her child:

C: I really don’t care, ‘cause if I think he’s doing this and I don’t know for sure, I think Cathy really should have been the one [who] should have did it, not me.

R: Should have done what?

C: Did something about it. Question him, keep her away from him, you know, cause if I ever found out something like that about my kids – I would go crazy, that’s why I’m so overprotective.

Assimilation

The auditors agreed that Carmen’s interviews indicated that different parts of her experiences of sexual abuse were assimilated at different levels. However, they decided that, overall, the voice of the abuse experience as a whole was currently at APES Stage 2 (Vague awareness/emergence). Carmen did not have clear knowledge of what she went through and was struggling as new memories and issues in relation to the abuse continued to emerge. The discussion of her experiences provoked intense feelings of anger and confusion for her. Although she tried to tell her story in the best way she could, it was evident that it was difficult for her to formulate it clearly and coherently. Her thoughts, at times, seemed somewhat jumbled in her mind as she searched for answers to the many questions that beleaguered her.

C: Yeah, she [Carmen’s sister] told my grandmother what he was trying to do to her. So then she, my grandmother threw him out, so, I think back – if I would have did that she would have threw him out, but back then I didn’t think that because he was telling me my mother and grandma are gonna be upset with you, you know, “they’re gonna hate you” and,
and you know, he would say, “I'll give you anything you want” and its just, to go back to this is – I hate him and I never told my grandmother and I don’t understand why – well – I don’t understand why I didn’t cause my sister did and he did have to, he did have to go. And they kept it a secret.”

This excerpt described Carmen’s experience with her grandmother’s boyfriend, who was one of several perpetrators who abused her during her life. It is interesting to note that although the experience described earlier seemed relatively unassimilated, other experiences of sexual abuse seemed easier for her to understand and integrate. For example, the following is an excerpt from Carmen’s interview in which she talked about her feelings about the different men who have abused her in her life:

C: “I don’t understand why I can still talk to him (the uncle) even though I know he did that to me, it’s kind of weird, it’s different for this one, you know the other one I don’t understand and um, the third one it’s really bothering me right now also because this is my sister’s father.”

This example demonstrates that it is possible for someone to have some facets of an experience more assimilated than others. In this case, Carmen’s experience of abuse from her uncle seemed easier for her to integrate, perhaps because the family knew about it and the uncle was punished by being prosecuted and spending time in prison. The fact that this experience was publicly known and dealt with may have helped Carmen to feel validated and have an easier time processing her feelings about what happened. This could suggest that a problematic experience which is at least known or shared by others helps facilitate its assimilation.

Jennifer

Background Information

Jennifer was a 23 year-old married Caucasian woman. She was a “stay-at-home” mother of three young children, ages 5, 3, and 1. Jennifer’s mother, Maggie, was also interviewed for this study. She watched Jennifer’s children during the interview because Jennifer would not trust them to be in anyone else’s care. During our meetings, Jennifer spoke quietly, at times almost in a whisper, especially when discussing the events surrounding her abuse. She seemed reluctant to speak at length or offer any information in
addition to answering the questions that were posed. At times, it was difficult to follow her story or get specific details about her experiences.

Abuse History

Jennifer lived with her grandmother and step-grandfather since she was an infant until the age of 16. She reported experiencing years of physical and sexual abuse at the hands of her step-grandfather. Jennifer remembered being molested by her step-grandfather from as early as the age of 3. She recalled the abuse occurring on a weekly basis, with at least two occasions of penetration. Jennifer stated that she told her grandmother about the abuse when she was 5, but her grandmother did not believe her. At age 16, Jennifer reported the abuse to her mother, who was also sexually abused by Jennifer’s step-grandfather as a child, and she encouraged Jennifer to report what was happening to Children’s Protective Services. Although an investigation occurred and the abuse was ruled unsubstantiated, Jennifer’s grandmother and step-grandfather stated that they “could not deal” with Jennifer and requested she be removed from their custody. Jennifer was 16 at the time and she then resided in foster families until she was no longer a minor.

Parenting

Jennifer became a mother for the first time at the age of 18. She denied that being sexually abused had affected the way she parented her children, but admitted that she is “overprotective” and refused to let anyone besides her husband and mother watch her children. It was unclear as to whether she felt this was a result of her childhood experiences of abuse. Despite being given the opportunity, Jennifer was unable to further identify or articulate any other ways that her parenting may have been influenced by her history of abuse.

Recovery

Jennifer reported that she dealt with her history of abuse by trying “not to think about it.” Jennifer reported having what she described as flashbacks that still occur approximately once a week, and nightmares at least once a month. She said that the more she tried “not to think about it,” the less it bothered her.
Jennifer stated that she has been diagnosed with Bipolar Disorder and Agoraphobia, for which she has been on numerous medications that have proven ineffective. She indicated that the more she “dwells” on being sexually abused, the more she starts panicking. Although she believed that talking about the abuse is what would lead to recovery, she stated,

J: “I don’t want to talk about it. The less I talk about it, the better I feel about it. Then I can just control it and not think about it… I don’t really make too much sense out of it.”

**Assimilation**

Based on consensus between the auditors, Jennifer’s story would suggest that her experience of being sexually abused predominantly remained at APES Stage 1 (Unwanted thoughts/active avoidance), with periodic traces of both stage 0 and stage 2. For most of the interview, Jennifer’s discussion reflected that she preferred not to think about her experiences of abuse. She reported that she coped with being sexually abused by “blocking it out,” because of how painful it was to her. When asked about her experiences of abuse, Jennifer often did not respond directly to the questions asked, or gave responses that were terse and without explication. Much of the time, her narrative was dysfluent and incoherent which made it difficult to follow and understand. Further evidence of the experience remaining at Stage 1 was her repeated denial of any impact the abuse had on her life, as well as the intensity of the negative emotions she shared. Jennifer stated that she was unable to dwell on the experiences because she became flooded with feelings and overwhelmed.

Jennifer clearly stated that she preferred not to think about the experience and actively suppressed any thoughts or reminders about it. She had coped by using these strategies, which had prevented the problematic experience from becoming further assimilated. This was demonstrated in several passages from her interview:

J: Basically what I’ve learned is block it out. I can remember bits and pieces of it, but I try not to remember it cause I don’t want to.

R: How do you feel you’ve coped with being sexually abused?

J: Just avoid it. I don’t talk about it. I don’t want to think about it. I see something on TV and I quickly turn the channel.
Despite Jennifer’s use of avoidant coping strategies, she admitted that she believed that recovery from sexual abuse is possible if it is talked about. She stated that at present, she felt she was “not even halfway there” in her recovery process. However, she did indicate that she was much further along than when she gave birth to her first child, when she described herself as “a millimeter” along in the process. It seemed apparent that the voice of the abuse experience had become stronger for her over time, which is also suggested by her voluntary participation in this study. However, her ambivalent feelings about discussing the experience were evident.

R: Do you think that you can recover from your sexual abuse?

J: Yes.

R: What do you need to do that?

J: Go to a psychiatrist, talk about it and stuff. Doing what I don’t do…Find somebody and talk to them. Write it down, do something, get it off, out of your mind as much as possible. Just talk to someone about it.

R: Where would you like to be five years from now in your recovery?

J: Totally over it…

R: Do you think that can happen?

J: Yeah, it might…It’s getting there more and more that much. It’s getting better. It was just blocking, pushing down now, it’s there and not so much pushing it down anymore…I don’t think about it that much, but it’s still there……I just wish my husband would listen, but he’s a jerk.

Jennifer’s last statement about her husband suggested that there is a part of her that wants to share her experiences with someone, perhaps if only within the safety of marriage with someone she loves and trusts. Unfortunately, it does not seem from her comment that her husband provides her with much support in this area. Perhaps in the future she will risk sharing her story with others as well.
Maggie

Background Information

Maggie was a 40 year-old Caucasian woman who has been divorced twice. She participated in the study because her daughter, Jennifer, who was also a participant, thought it would be a good idea. According to Maggie, the only reason she agreed to participate was because she wanted to please her daughter. Besides Jennifer, Maggie has two other adult children, all of whom (including Jennifer) were given up for adoption or taken from her custody. She was unemployed and described herself as homeless for the past four years during which time she lived with her son or daughter. She also reported a long history of alcohol problems.

Maggie appeared much older than her stated age, as if weathered by the unfortunate events of her life. As she shared her experiences of abuse, it was evident that her memories were still vivid and the pain and anger from them still fresh, despite the many years that had passed since she was a child. Maggie reported struggling with depression and alcoholism for much of her life, although she stated that she has been sober for the past three years.

It was difficult to get Maggie to directly discuss her own experiences of abuse. She seemed to prefer discussing how she tried to protect her daughter from her own fate, or her anger towards her mother for not believing that Maggie’s stepfather molested her.

Abuse History

Maggie reported being physically and mentally abused during her childhood from as far back as she could remember. She recalled sexual abuse beginning at the age of 8 at the hands of her stepfather and several uncles. At the age of 13 her stepbrother and stepfather began raping her. Maggie reported the abuse to her mother, but her mother did not believe Maggie and did not interfere. Maggie’s abuse ended when she ran away from home at the age of 14, living in parks and sleeping on benches when necessary. She soon became pregnant and dropped out of high school.
Parenting

Maggie was 17 years old when she first became a parent. She did not feel that there was a connection to her history of sexual abuse and who she was as a parent. Maggie stated that Jennifer was taken from her care because Maggie was unable to provide a stable environment. Maggie also had a son and daughter that she voluntarily gave up when they were 2 years old, because she says that she “couldn’t handle” being a parent. Shortly after the two children were adopted, she found out that her 2-year old daughter had already been sexually abused. When Jennifer was taken from her custody and placed in her mother and stepfather’s home, Maggie protested in court but the judge did not believe the allegations that her stepfather was a sexual perpetrator. Years later, when Jennifer disclosed her abuse, it was Maggie who believed her and encouraged her to call Children’s Protective Services, which eventually led to Jennifer’s removal from the home. Despite the problems that Jennifer has had in her life, Maggie believed that they are not due to the sexual abuse that Jennifer experienced, because of the fact that Maggie believed her when she disclosed.

Recovery

Maggie harbored much resentment and anger towards her own mother for not believing that Maggie was abused by her stepfather. Maggie felt that this interfered with her ability to heal from her abuse. It is evident from her interview that this issue remains a painful, unresolved experience in her life, from which she felt there is no complete recovery.

R: What are your thoughts about recovery from abuse?
M: I don’t think there’s any.

R: You don’t think someone can ever recover?
M: No. It’s always going to be there. You might be able to hide it and go on with your life, but it’s still going to be there.

R: Do you feel like anything could have helped you when you were younger?
M: If somebody would have believed me.
Although Maggie attempted to talk about the abuse with her mother at several points in her life, her mother’s inability to believe her and effectively intervene has appeared to inhibit the assimilation of the experience.

R: How do you make sense of what has happened to you?

M: I blame my mom... all on my mama... It’s her fault that all this has happened, if she believed me from the beginning and not blamed me from the beginning, things might be different.

In our second and final interview, Maggie reported that her mother had recently been calling her and reaching out to her more. Maggie believed this might be related to the fact that her stepfather is dying, and she thought her mother was attempting to reconnect with her. Maggie felt that she could forgive her mother, if only her mother finally believed what Maggie has gone through. Perhaps their renewed relationship will open doors to further her healing process.

Assimilation

Maggie’s narrative, like Jennifer’s, included brief responses to questions, which needed further exploration in order to gain expansion and clarification of her thoughts. At times, she derailed the conversation to discuss somatic symptoms that ailed her, or her daughter’s abuse.

An assimilation account of Maggie’s story would suggest that the experience is at late APES Stage 1 (Unwanted thoughts/active avoidance), with many statements indicating that parts of the experience are further assimilated at Stage 2 (Vague awareness/emergence). Maggie reported that she previously coped with being sexually abused by “blocking it out”. However, it is apparent that new memories and emotions are currently emerging, over which she feels she has little control. The following excerpt from her interview describes her failed attempts to avoid dealing with it.

M: I blocked it out. But it’s starting to come back out again. It’s like “Oh, no!” I’ve remembered stuff that I didn’t, you know, I had blocked, and it’s starting to come back in. I had it repressed... I’d sit there and all of a sudden it’d come and it’s like, wait a minute, I’d forgot all about this. ‘Get back in there!’ But it don’t.
It was unclear whether Maggie felt that she had made any progress in her recovery since she became a parent or with the passage of time. However, her narrative suggests that she had made some progress in her ability to assimilate some of her experiences, since she has been sober for approximately one and a half years.

R: Where would you say you were in your process of recovery when you had your first child?

M: …It was still low – cause I was drinking a lot then….I got drunk.

Theoretically, the alcohol may have served as a means for keeping the problematic voice silent and out of consciousness. This suggests that at this period of Maggie’s life, the problematic experience was probably at APES Stage 0 (Warded off/dissociated). This would indicate that she had made progress since she was younger.

Mary

Background Information

Mary was a 32 year-old married mother of one child, a daughter who is two years old. She was employed as an early intervention substance abuse counselor at the time of the interview. Mary appeared self-confident, and seemed both honest and direct when answering questions. She often provided more information about herself than what was asked, as if she continued to strive for further understanding. It was evident from talking with her that she had given much thought to her experiences already and was quite able to articulate what meaning they had for her.

Abuse History

Mary’s abuse consisted of fondling and inappropriate sexual conversation, without intercourse of any kind. The abuse occurred approximately twice a month between the ages of 11 and 14. Her perpetrator was a paternal grandfather, who she reported to be an alcoholic and yet a very powerful man in her family and the surrounding community. Mary differed from Jennifer and Maggie in that she sought counseling for her experiences and seemed to
have taken a very active approach towards her recovery. She had participated in individual as well as group therapy for abuse and depression issues. The following excerpt from her interview reflects her belief about her experience as a survivor:

M: I find that the more I talk about it, the more I tell people, the better I feel about it and the less scary it is, the less power it has... My view is kind of like I find a way to use it to my advantage. There’s nothing I can do to change it, it happened and honestly, I don’t regret that it happened. There’s a lot of things in my life that would have been different, but it has given me a passion for things, such as working with kids. And, I feel like I have...I just have a different outlook on abused victims of any kind. So, at this point, I now can say, you know, I feel like I am a survivor.

Parenting

Mary was 30 years old when she gave birth to her daughter. Despite her relative inexperience as a parent, Mary reported several ways she already felt that her abuse history has affected her parenting. Even though Mary’s daughter is only two years old, she considered herself further along in her recovery now than when she first gave birth. Mary seemed to be very aware of the way that becoming a parent has affected her healing process.

M: I did have a lot of fears, you know? I mean, I still was afraid of what was going to happen...my husband and I have been together for 16 years, not married, but together since I was 16. As much as I love him, I was afraid of what he was going to be like with her. And, um, I think that, you know, watching how he is with her, did make me, I mean, it made me relax more in it. So, I’ve definitely, I think, relaxed more than that. I think there was probably, you know, from the time I found out I was having a girl til maybe a month or so after she was born, there was a little hump there where it – I don’t know if regressed is the word, but where I kind of got a little more nervous.

Mary also shared concerns that she had while pregnant such as being able to bond with her daughter and being able to protect her.

M: Through my recovery, or dealing with all of this I often wondered, you know, why didn’t my Mom protect me, or why didn’t my Dad protect me? So, I wondered how...you know, my Mom’s a pretty intelligent, good Mom, and how am I going to be able to protect if she couldn’t?
Later in the interview Mary suddenly remembered that her mother was raped at 19 and began to wonder if that had an impact on her ability to parent and protect Mary. This realization brought up new issues with which she struggled:

M: When we talked about my Mom and the rape that she had experienced, at first I kind of got a little annoyed that maybe, I mean why didn’t she notice something going on if she had already been through something like that? But then I got to a point of empathy because, you know, I mean I don’t know that I would notice it.

Mary planned on discussing this issue with her mother when she saw her next. She had already shared the abuse she had experienced from her grandfather with her mother several years earlier and found her mother to be a supportive listener. At that time, her mother denied ever being aware of anything suspicious, and Mary believed this to be true, at least on a conscious level.

Recovery

Mary attributed much of her own healing to the counseling she had, and felt that such experiences were essential to any survivor’s recovery.

M: Even though I didn’t have years and years and years of counseling, what I did have, just definitely opened doors, and just seeking information. I know I’ve had – although I’m not an addict on drugs, I’m a little addict on information…the more knowledge I have and the more I talk about it, the less power it [the abuse] has.

Even with all the knowledge she felt she had gained, Mary seemed aware that recovery is a continuing process and believed that there would be more for her to work through in the future.

M: I’m sure I’ll have another step when Lacy (her daughter) gets to puberty and starts dating and you know, I’m sure there’s gonna be issues there. Issues when, you know, she’s never spent the night with someone else, yet – I’ll probably have issues when that happens.

Assimilation

Mary’s desire and ability to have a dialogue with her mother about these issues suggest that she continues to actively work towards assimilating the abuse she experienced almost twenty years ago. Her view of being strengthened by what she endured instead of
weakened indicate that she is at APES Stage 6 (Resourcefulness/problem solution), as the problematic experience is viewed as a strength and a way to solve new problems in her life.

M: I definitely feel like I have more empathy for a lot of different kinds of people. I hope I do. I hope people see that. I’ve definitely learned a lot about myself that I wouldn’t have. I think it’s going to make me a better mother- it definitely makes me a better wife- and I definitely feel like it’s made me a stronger woman.

Mary’s narrative reflected her self-awareness and introspection in regard to the abuse she experienced. Her responses to questions were clear, direct and informed by self-reflection and insights she had garnered. She used the interview process as a means for further elaborating and broadening the meaning of her experiences as new insights developed. The meaning bridges and connections she made during the interview helped her to actively strive to further assimilate different facets of her abuse, as demonstrated by her plan to know more about her mother’s abuse. Although she acknowledged the painful process of healing, she was able to discuss her experiences in a light-hearted manner with humor and understanding. Her overall affect was positive and content.

M: I mean it’s part of who I am, and that’s part of the reason that, I mean, I try to embrace it because it has made me who I am. Would I have rather not had to go through it? Sure. But would I have been the kind of person I am today? I don’t know, maybe not. And that I’m not okay with. I’m okay with who I am – or, I should say I’m getting to that point where I’m okay with who I am.

Laquitta

Background Information

Laquitta was an African-American woman who was 39 years old and the single mother of four children, ages 10, 12, 14 and 17. She was unemployed at the time of the interview. Laquitta presented as a woman who was confident that the worst of her life was behind her. She reported a long history of drug and alcohol use that had resulted in temporarily losing custody of her children, incarcerations, and placement in a drug rehabilitation program. At the time of the interview, she had been clean and sober for over 8 months, and all of her children were back in her custody. Of her four children, one of her
daughters had been sexually abused by an ex-boyfriend at the age of two, and both of her sons were found to have been sexually abused by Laquitta’s father just last year. She believed her son’s allegations and pressed charges and her father is now serving time in prison for his actions.

Although Laquitta spoke openly and at length about a number of personal issues, her own history of abuse was not one of them. It was unclear whether this was due to insufficient memories of her experiences, or her attempt to avoid discussion of the issue.

Abuse History

Laquitta reported being sexually abused by her brother’s father at the age of 7. She has very little recollection of the frequency, duration or other details. She remembered the abuse consisting of being fondled while her perpetrator masturbated on her. Despite her history of sexual abuse, Laquitta reported having a very happy childhood. She never told her mother because of threats that her abuser made to kill her.

Laquitta found it difficult to answer questions about her own abuse. She frequently led the discussion off on tangents about her drug and alcohol use or somatic ailments. She seemed unable to articulate how the abuse she suffered at age 7 affected her and did not make any connection to what she experienced and her use of drugs and alcohol. At times her story was confusing and difficult to follow and needed frequent redirection in order to stay on topic and obtain clarification.

Parenting

Laquitta first became a mother when she was 22 years old. She did not believe that her history of sexual abuse affected her parenting in any way. However, she felt that her substance use did have an impact because she was unaware of her three-year-old daughter being molested by her former boyfriend. According to Laquitta, had she not been using drugs at the time, she would have been home more frequently and would have been around her children more to protect them. Although her daughter’s abuse appeared to increase Laquitta’s awareness of what was occurring in her household, it wasn’t until she became sober years later that she began to deal with her own history of abuse.
L: If I wasn’t out trying to buy drugs and at home with my children being a mother, it wouldn’t have happened. That’s how I feel…it was in front of my face but I wasn’t paying no attention to it. Because a couple of times, I came home and she didn’t have a pamper on and it would take him so long to come to the door to let me in. I just never- it never dawned on me, it never dawned on me.

_Recovery_

Laquitta first disclosed her experiences of sexual abuse in a drug rehabilitation program in response to another woman’s similar story. According to Laquitta, it was a secret that she had held in for over thirty years.

L: After I had got clean and sober and I opened up in this program and I start thinking and remembering a bunch of things…I raised my hand, my tear fell down and I say, “Well, I was molested too.” I went on to talk about it, that’s how it came down and once I started sharing, you couldn’t get me to shut up.

R: Do you remember what it felt like when you finally shared?

L: It was like “whew”. Like a big heavy burden been lifted off of me because it was like back here way like in a bag of luggage way under the bottom of a Greyhound bus. That’s how it felt anyway.

Laquitta believed that the only thing that helped her recover from her experiences of abuse is the death of her perpetrator.

R: Where would you say you are in your process of recovery?

L: ….Of?

R: Of being sexually abused at age 7.

L: Um…I’m passed it…because the man that did (it), he’s dead.

R: That’s what helped get passed it?

L: Uh-hmm. (Yes)

R: Anything else that you feel contributed to your recovery?

L: No.
R: Anything that you felt made it more difficult to recover from?

L: No...I just knew it existed and put it back there and left it there.

R: Do you think that what happened had meaning for you in anyway?

L: The molestation? No.

Assimilation

An assimilation perspective on Laquitta’s story would view her past alcohol and drug uses as an unconscious means to keep the voice of the abuse experience warded off and prevent the assimilation of the problematic experience. On an APES scale, this would indicate a rating of 0 in which the problematic voice is quiet or dissociated, and the person seems unaware of the problem at any conscious level. Laquitta’s self-report supports this view:

R: What did you use to deal with all the painful things that had happened to you?

L: Crack. Just medicate, just keep smoking, just keep smoking, keep drinking, keep smoking, keep drinking. I stayed numb and I stayed high so nothing bothered me and if it did you couldn’t tell...procrastinated very well.

R: Do you think that your use of drugs and alcohol was related at all to what happened when you were seven?

L: No... No, because I had kind of buried that. An then when I started the drugs and alcohol and was getting in trouble here, getting in trouble there, getting locked up here, going to jail there... Once the judge sentenced me to the Correctional Facility it was either open up or you stay there until you open up so that’s when it all came about, but before that it was all buried. I mean way back there. I never-it was like you needed to get a shovel and dig it up. That’s how far away it was.

As Laquitta has been sober for 8 months now and can now talk about her past sexual abuse, her current APES ratings suggest that the abuse experience is now at Stage 2 (Vague awareness/emergence). It seemed apparent to auditors that although Laquitta could express some of what she felt about the experience, she was unable to really reflect on it. Her answers to most questions specific to the abuse were short and often not well developed. Auditors felt that even though her experiences of abuse were mostly in awareness, the details
of how it affected her life remained vague and the problems associated with the abuse had yet to be clarified. Although Laquitta had some awareness of how being sexually abused had affected her relationships with men, she seemed unaware of the possibility of other repercussions. Her inability to reflect on her own abuse and discuss the impact it has had on her life indicated ways in which the problematic experience remained at APES Stage 2.

Kelly

Background Information

Kelly was a 37 year-old Caucasian mother of four daughters, ages 14, 9 and 11 year old twins. At the time of the interview, she was expecting a fifth child from her second marriage. Kelly was currently employed as a teaching assistant for disabled children. She presented as a confident woman who spoke with ease about the abusive experiences she had lived through. Despite the pain you might expect from someone who had endured what she did, her affect was bright, and her mood was jovial. She made jokes during the interview and went off on tangents as she talked. Although her stories were all informative, at times, she needed redirection to answer the questions posed.

Abuse History

As a child Kelly witnessed horrific domestic violence in her family, and experienced both physical and sexual abuse by her father. She recalled the sexual abuse beginning when she was 8 years old, and by the age of 10 she remembered being repeatedly raped at least twice a week. She described her father as an alcoholic and substance abuser, who frequently gave Kelly various pills to medicate her during the abuse. He also threatened to kill everyone in her family if she ever told anyone what he was doing to her. The abuse ended when Kelly ran away from home at the age of 14, living in parks and in friends’ houses for many months until she was caught by police. When Kelly faced being placed in juvenile hall, she disclosed the sexual abuse she had experienced at the hands of her father. Despite her father’s strong denial, Kelly’s mother and the police believed her, and she was able to return home. At the suggestion of counselors, the family confronted the father and gave him
an ultimatum to admit the abuse and attend counseling or leave home. He chose to leave, and Kelly has not seen or heard from him since.

Parenting

Kelly first became a mother when she was 23 years old. She believed that her experience as a sexual abuse survivor had affected her as a parent in that she is more open with her children, especially in areas of sexuality and protecting them from strangers. However, she did not view this as being overprotective.

K: If I see things on the news...like the Artemis signs that show some child abductions-and I always use that. I say, “Here’s an example.” I try and pull real examples, real things that happen to reinforce. I don’t think I’m overprotective - again, I think I’m realistic. And I told them, you know, this happens not only with strangers-you know, it could be teachers, it could be people you know, it could be relatives...it could be somebody that you think you know and then you find out you don’t.

Kelly believed that her history of abuse had made her a better parent. The following excerpt shows her attempt to reflect on this issue, as well as her difficulty staying focused on the question:

R: Do you think that being sexually abused affects the way you parent?

K: Hmm...I don’t know, I don’t know. Maybe it does in some aspects with the, um, discussions I have had with the kids – because I know – like my sister – my sister is so, you know, when I talk about you know, Hannah and her boyfriend, she’s like “Oh, my God, I can’t believe it. Leslie will never...” And I’m sitting like, “Michelle, you’re being totally unrealistic because, you know, yes Leslie will.” “No, no she won’t, no, she won’t.”

Recovery

Kelly believed that an incest survivors’ support group was instrumental in her healing, and felt that all survivors of sexual abuse need such targeted forms of therapy to heal from their experience. She considered herself “recovered” from the abuse, but acknowledged that it took a “long, long time.” Kelly also stated that she would not have considered herself recovered when she first became a parent, due to an “emotionally unhealthy relationship” with her ex-husband. Kelly also believed that her abuse experiences had meaning for her.
She felt that she had learned how to break the cycle of abuse and be a better parent to her children.

K: I don’t know if there is any destination in life. I just think it’s a journey. Still, for me it is. I mean I learn everyday. I learn from my kids, you know. They learn from me. Um…but I know that all of us were bound and determined that we were not going to live in that same type of oppressive type environment, that we just weren’t gonna do that.

Assimilation

An assimilation account of Kelly’s story would suggest that Kelly had reached a level of understanding about how her past abuse experiences impacted her life and used these insights to address and work on other problems. The corresponding APES rating would suggest that the experiences are currently assimilated at stage 5 (Application/working through). Kelly displayed a sense of awareness and numerous insights about how her experiences of abuse have impacted her life.

K: I think it’s made me a stronger person. I think it’s made me more resilient to stresses you know…I think it makes me more resilient. I think it makes me, it’s made me a more realistic person, more rational, I think. You know, I think sometimes I’m more aware or intuitive to people, maybe what their feelings are…I think it’s made me more aware of young people in general and their feelings…and trying to be more considerate of younger people and their feelings and trying to listen more.

Auditors initially had difficulty in coming to a consensus on how well Kelly assimilated her experiences of abuse. There was concern that she was sharing a “press release” of her story, honed through years of counseling. She frequently used phrases and expressions, such as “damaged goods syndrome”, which made auditors unsure whether insights shared were her own or those adopted from support groups. Further, auditors believed that her exuberance might be a sign that she was minimizing the impact of what she endured. The auditors dealt with this confusion by rereading the interview on two separate occasions, clarifying rationale for each possible APES rating; and finding exemplar passages. Initially, individual ratings ranged from stage 4 through stage 6, as there was evidence within the interviews that suggested that parts of her experience were more assimilated than others. However, after careful review and debate, auditors decided that an overall APES rating of 5
was the most accurate level of assimilation. The auditors felt that though Kelly shared many thoughts and feelings openly during the interview, the way she told her story indicated that the experiences were not assimilated beyond APES stage 5. This was evidenced by long-winded answers to questions that often derailed the conversation and included many extraneous details. At times her story was unclear and interminable, as if she were still trying to make sense of it herself.

**Josie**

*Background Information*

Josie was a 50 year-old Caucasian mother of one daughter. It was unclear whether she was currently employed. Although her body was of small stature, her voice was strong and her fortitude apparent as she discussed her experiences. During several points in our interview, she cried openly as she shared her story. However, she always pushed through the emotions and completed her thoughts, as if not doing so would have meant defeat. In our second and final interview, Josie admitted that she had initially agreed to participate in the study only to receive the $50 compensation. She planned to talk superficially about her experiences, but shared more than she intended, or expected. Josie stated that if she realized that talking about her abuse was going to be so healing for her, she would have talked about it with someone a “long time ago.”

*Abuse History*

Josie was raised in a family of alcoholics and reported being given alcohol from her mother at age 2, and using alcohol herself from as early as age 5. By age 13, Josie was drinking heavily on a regular basis. She quit drinking at age 41, and had been sober for the past 9 years.

Josie reported being physically abused by her mother before being removed from her care and raised by an aunt and uncle. It was while in their care that she was first sexually abused by three of her six brothers. She could not recall the frequency of the abuse but did remember it started at age 5 and continued until she moved from the home at approximately age 12. Her brothers’ abuse did not include penetration, but often involved forcing Josie to
watch cruel acts of torture towards animals in order to coerce her compliance with their
sexual requests. Josie reported her abuse to her aunt who responded by spanking her. She
also disclosed the abuse to her mother, who believed her but told her not to tell anyone
because it would “cause trouble.” Josie thought that her mother was too inebriated to do
anything to stop the abuse, and she made the connection to her own alcoholism interfering
with her ability to protect her own daughter, who was sexually abused by the same
perpetrators years later.

J: I think she (her mother) knew and I think that’s why she drank…she probably even
knew that they boys probably were being molested, you know, but she was drunk. Like, after
I had my daughter I was drunk and I took her around the same people that did me that way,
now why?…Knowing darn good well what they did to me, that I took her right back, why?
You know I never could understand that.

Parenting

It was unclear how old Josie was when she first became a parent. However, she
reported that she already had two grandchildren, and was only 50 years old. Josie believed
that being sexually abused had affected her ability to parent effectively and had struggled
with feeling responsible for her daughter’s sexual abuse. She recognized that the cycle of
abuse repeated itself, and she blamed herself for physically abusing her daughter and being
unable to protect her from being sexual abused. Josie stated that she always wanted to be a
better parent, but felt that she had no role models in her life to show her how to accomplish
this.

J: I think if I had been raised better, I could have raised my daughter better. I would
have knowed. But you take a kid that’s never been taught… and the more I think about it,
maybe, that’s all they were taught, you know? So, maybe it’s not just just, maybe it’s them,
they were brought up that way too…I brought up my daughter that way, even though I said I
was gonna be different. I wasn’t gonna bring my daughter up the same way my parents
brought me up, but I did. I ended up doing it anyway, you know?

Recovery

Josie believed that she abused alcohol in order to deal with the abuse that she
suffered. She spoke about experiencing flashbacks and intrusive thoughts; as well as a
“voice” that she heard blaming her for what happened.
J: I would get sober and stay sober for just a little while and things would bombard my mind, you know like, weird things, you know? Like my brothers doing it…and “maybe you’re not normal” and all that stuff, would just bombard me. While I was drinking I didn’t hear that voice anymore, you know?

R: What did the drinking do for that?

J: It made it easier, where I didn’t care, you know…It didn’t hurt no more, but no sooner the alcohol would disappear, it all would come right back. So it wouldn’t help, it didn’t help. Just for a little while, then that’s when I started drinking all the time.

Josie wasn’t sure if someone could ever recover from being sexually abused, although she reported that coping with it had become easier the more she talked about it.

Josie had been sober for almost ten years now, and although she occasionally experienced flashbacks and vivid memories from her past abuse, she now coped with these by attending church services. When asked if she felt she learned anything from her experiences as a sexual abuse survivor, this is what she said:

Josie’s growing awareness and deepening understanding of the abuse she suffered suggests that the experience is, overall, currently assimilated at APES Stage 3 (Problem statement/clarification), in that the problematic experience is clearly stated and clarified in order to be worked through. She was aware of numerous problems that her experiences of abuse had created in her life and struggled with how to cope with them. For example, Josie
shared her difficulty understanding her conflicting feelings towards her abusive brothers: how she could simultaneously “hate” them, but still want to love them. She also wrestled with painful feelings of guilt and sadness as she tried to understand why she did not protect her daughter.

Josie’s insights into the intergenerational cycle of abuse that occurred in her family indicate that she is working towards making sense of the painful experiences she suffered, as well as perhaps forgiving herself for the pain she felt she had caused her daughter. Her awareness that she used alcohol earlier on in her life as a means of warding off the voice of the abuse experience suggests that the experience is further assimilated now than when she first became a parent. In addition, it indicates a trace of insight which suggests that parts of the experience have been assimilated to APES Stage 4 (Understanding/insight). Josie’s awareness continued developing throughout the interview process, in which she became more reflective as new connections and meaning bridges were made. Her narrative became more coherent as she shared her story and gained understanding of her experiences.

Although she admitted that she initially participated in the study for the financial compensation, Josie stated that she felt as if she had gained more through catharsis and understanding.

J: I’ve always heard that time heals all wounds, but it still like, us talking, I feel, I can’t begin to tell you how much better I feel, I didn’t realize or didn’t think this would ever, I feel so light, I really do... And to believe that I did it for the money, that I, I never dreamed... I thought, well, I’ll just say what I want to say... but I went deeper than I ever thought I would and I feel great. And I’m glad I did it, even if I don’t get the money. I’m satisfied. I’m serious, cause I feel so much better.

Josie also articulated how sharing her story helped her to make sense of what happened. Her narrative, initially confusing and difficult to follow, became clearer, more structured and more defined as the interview progressed.

J: In other words, while I was telling you about that, it was, I’d tell a little bit and then I wouldn’t wanna go there and if so, I’d go to something else and it was like a jumble in my mind and now I’ve got it, it’s like straightened out; it’s like a road, it’s bumpy and you take a grater and you scrape it, that’s the way it feels like in my mind – it’s weird.
Josie's narrative reflected the healing that she encountered from sharing her story with another. This experience of personal growth through interpersonal relationships is a theme that has been present in many, if not all, of the participants’ narratives. Although I believe that assimilation can, and does occur on an individual basis, almost all of the participants can identify one person or group of people who helped them by listening to their story. This process appears to have helped further the assimilation process.

**Melissa**

*Background Information*

Melissa was a 52 year-old divorced mother of two adult children, a son 28 years old and a daughter who is 26. Melissa reported working as an accountant. She presented as meek and reserved. She asked the interviewer for specific questions that would help guide her sharing of information. Although she was overtly emotional at several points during the interview, her fortitude and determination was apparent.

*Abuse History*

Melissa’s father, whom she described as a chronic alcoholic with severe mental health problems, physically and sexually abused Melissa from when she was a small child. The abuse mainly consisted of fondling and inappropriate sexual contact until the age of 13 when Melissa remembered her father trying to rape her. She left home when she was 14, living on the streets for several months before being forced to return. She left again at age 16 and never went back.

Melissa was convinced that her mother was aware of the sexual abuse that was occurring in the home, but chose not to intervene.

M: If he got drunk and went to the bar and was trying to pick up all the neighborhood kids, she would run to the bar and get him away because (you) see all the neighborhood kids may talk, and so she was always looking out for him. She couldn’t have been unaware. You know, I mean when you are living in a three-bedroom house with seven kids and your father is touching and groping you and things like that…she had, she had to been aware.
Melissa believed that her mother’s inability to protect her children was due to domestic violence in the home and her fear of Melissa’s father. However, Melissa had chosen not to forgive her and did not maintain contact.

**Parenting**

Melissa was 24 when she gave birth to her first child. She spoke candidly about the ways she felt that being sexually abused had affected her as a parent. She considered herself very overprotective of both of her children, even to the point where she stopped dating because she was so scared to have any men around her children.

M: I worry about the effect of a lot of this stuff on my kids...what was I like as a mother?...I don’t feel that I was the world’s best mother, you know. I think one of the things is that...you don’t have a lot of self-confidence on anything...I guess you’re always worried about psychologically scarring your children. I mean, I definitely did.

**Recovery**

In addition to being sexually abused, Melissa suffered physical abuse from both her father and mother, which resulted in broken bones on numerous occasions. However, she reported that dealing with the effects of the sexual abuse was far more difficult than the physical wounds she suffered. She described how different that experience was from all of the other painful encounters she endured:

M: I think the sexual abuse was worse than the broken bones. I understood the broken bones, it sounds stupid...I understood them; I didn’t understand the other one. I didn’t know the far-reaching effects of it. I didn’t realize then...to me it’s more far reaching. It’s, it’s harder to get over...it’s harder to get around...It’s the ultimate betrayal. Being hit by your parent is bad but having a parent try to rape you or grope you...it just...it...it’s so obscene. I grew up in a neighborhood, your friends got hit, everybody kind of got hit. We had our degrees of who got hit the worst – I was the record holder – but we all got hit so that was normal. So you knew you were normal being hit, maybe you got hit more, but you weren’t normal being sexually abused. That didn’t happen to other kids...

Melissa discussed how talking about the sexual abuse she endured was also more difficult than talking about the physical abuse. The following excerpt described her attempt
to share the experience with her brother, who she considered the “closest person in the world” to her.

M: I tried to talk to my brother about it and he just went psycho on me. He couldn’t believe that our father would’ve – it was okay, it – his mentality is...it was okay that Dad beat us half to death. Okay, because that’s what Dads do or whatever. I don’t know. I’m not sure, we never could quite get this worked out. But he couldn’t grasp the idea that he sexually abused me and my older sister. That, that couldn’t have happened. To this day, he absolutely refuses, it’s something that we can’t talk about. To this day, he will not. …I felt like a piece of garbage, you know.

Melissa’s narrative reflected the healing process of sharing her story with someone.

M: It’s sad...because even when I was a kid, I mean, its nothing you’d ever tell anybody. You don’t tell people...you just – when you’re grown – I never told my mom.

R: What would you say has been really instrumental for your healing process?

M: Distance from the situation, um...having a friend, like my friend Mary Jane, who showed me a different way of life. Who showed me a different way of being a parent and a different way of having, you know, a relationship with people. Counseling helped, actually finally being able to talk about it and I don’t' know, not be obstructed by anger and whatever horrible I thought was going to happen.

Melissa felt that she has chosen to live a secluded life as a means of coping with the abuse she suffered as a child. She considered being independent her means of survival and she learned early on to avoid people. She had been in therapy numerous times as an adult and was currently under the care of a psychiatrist who was treating her for Bipolar Disorder. Although she reported that the counseling she has been helpful, she does not consider it a “resolve all.”

M: It helped me to be able to talk about it, to...you know...understand. I mean, it like you know it’s not your fault but you blame yourself anyway, which I still do, even with counseling or therapy. In some ways you blame yourself, so...that voice just kind of kicks in there, it’s kind of ingrained.

Melissa felt that she had made progress in her recovery from when she had just given birth to her first child, twenty-eight years ago.
R: If you went back to when you had just given birth, where would you say you are now in your healing recovery process?

M: I would say somewhere around...maybe...not quite halfway...I still fight, you know? I still fight the anger, I still fight the horror, I still fight the feelings of...whiny, I feel sorry for me whiny, type of thing. I don’t have any nightmares like I used to have. I can actually deal with people coming up and touching me without elbowing them in the ribs and stuff like that, so..I can give hugs to my friends, so...that’s something that I was not very good at.

Assimilation

Viewing Melissa’s story through an assimilation lens would indicate that she is currently at APES stage 3 (Problem statement/clarification), in that the experience of sexual abuse continued to be a painful, unresolved problem in her life. Although she was fully aware of the experience and discussed it at length and with detail, she continued to struggle with understanding it and working through the pain she had suffered.

M: I don’t make sense of it. I don’t. All I can do is...I’m not my mother in that “Well, it happened. Get over it, life goes on.” And it makes – sure, it’s changed my reactions and things, and how to cope with things, but...you never get over it. And in my case, I’ve never understood it. It’s just kind of always there like anything...if, if you’re afraid of heights...you could kind – you don’t, to me you don’t ever, ever overcome that fear. It’s always there but you learn to control it. And that’s what you do, you learn to control it.

All auditors agreed that at points during the interview her discussion of her experience reflected higher stages of assimilation, as evidenced by her clear insights which she used as a resource to cope with related problems. For example, Melissa clearly stated that she chose to extricate herself from her dysfunctional family to protect herself from further emotional suffering. However, circumstances surrounding her abuse may have hindered her ability to assimilate her experiences. Not only did Melissa have to work to assimilate the experiences of sexual abuse from her father, but she also needed to cope with the knowledge that her mother was aware of what was occurring but chose not to intervene. Such awareness of a parent colluding with known abuse presented another painful experience which was in need of assimilation. Further, Melissa endured physical and emotional abuse from both parents as well. Therefore, she struggled with assimilating several different, yet related, problematic experiences at the same time. Melissa’s struggles to continue working
on understanding and integrating these problems seemed to keep the abuse experience predominantly at APES stage 3 (Problem statement/clarification), despite the insights and awareness she displayed.

DISCUSSION

Intergenerational Patterns

The purpose of this study was to examine the phenomenon of intergenerational abuse by interviewing mothers who had a history of sexual abuse and comparing what was learned from these interviews with an assimilation model account. According to Assimilation Theory, a survivor of sexual abuse is at increased risk of unconsciously allowing sexual abuse to occur in future generations if she remains dissociated from her abuse experience by continually suppressing the expression of its voice, thereby preventing its successful assimilation.

Of the eight participants interviewed for this study, three were aware that abuse had occurred in the following generation. Maggie, Laquitta and Josie all had children (at least five between them) who they knew had also been sexually abused. As discussed earlier, the secrecy that shrouds this issue makes it unclear whether there are more victims within these families who have yet to disclose abuse which has occurred. And perhaps there are even more abuse experiences to come, as several of the participants had very young children at the time of this study.

It is also noteworthy to add that two of the participants, Jennifer and Mary, reported being aware that their mothers had also been sexually victimized. Although no information was obtained about how Mary’s mother assimilated her own abuse experience, it seems that this is further evidence of the ubiquity of the phenomenon of intergenerational abuse. This study addressed the following question: how exactly is sexual abuse transmitted to successive generations?

Assimilation theory would suggest that mothers whose children were also abused would have abuse experiences that were actively avoided. Of the three mothers in this study who were aware that their children had been sexually abused, two (Laquitta and Maggie) had their abuse experiences assimilated at APES ratings of 2 or lower. The third, Josie, received
an APES rating of 3. However, she indicated that she had “come a long way” in her recovery than from when she was parenting her daughter. That is, the experience may have been even less assimilated when her daughter was younger.

Information obtained from the interviews with these three women suggested that substance use may have been a mechanism that served to suppress the voice of the abuse experience. An example of this was Josie’s report that she consumed alcohol as a means of dealing with flashbacks and painful memories from her abuse. All three mothers who reported that their children had been sexually abused (Maggie, Laquitta and Josie) struggled with drug and alcohol dependency during their lives. This observation is consistent with research that found sexually abused mothers of sexually abused children were significantly more likely to use substances than mothers without any history of sexual abuse or sexually abused mothers whose children were not abused (Leifer, Kilbane & Kalick, 2004). This could indicate that the use of substances may have impaired parental functioning and increased the risk for sexual abuse.

The principal researcher used Rosenwald’s (1988) theory of multiple case research to view a sexual abuse survivor’s experience of parenting from different angles. Information from each participant generated new questions for subsequent interviews. For example, the salience of the issue of whether Carmen’s mother knew about the abuse she experienced led to questions of this nature in subsequent interviews with other women. This brought to light the complexities of participants’ relationships with their mothers. Some participants shared ways of how their mother was supportive; others expressed their anger and outrage that their mother did not protect them or colluded with known abuse. For at least one participant, her disconnected relationship with her mother seemed to be a key to further assimilation of her abuse experiences.

Two of the three participants whose children were also sexually victimized reported that they disclosed their own abuse to their mother who was unable or unwilling to intervene. The other participant had not disclosed the abuse to anyone. In addition, none of the women ever received counseling for the abuse, and none discussed what they experienced for many years following what they endured. This could suggest that the inability to share this experience with another in order to receive support and validation may have inhibited the assimilation process.
The apparent importance of an intimate connection with others is supported by previous research which suggested that a mother’s ability to accept and process the effects of her own history of sexual abuse and who displays the ability to form a supportive interpersonal relationships with others is less likely to have abuse repeated in the next generation. (Egeland et al., 1988; Egeland & Sussman-Stillman, 1996; Gilgun, 1991; Zuravin et al., 1996).

According to Finkelhor and Browne (1985), sexual abuse can be seen in terms of four trauma-causing factors, which they call "traumagenic dynamics." These four dynamics - traumatic sexualization, betrayal, powerlessness and stigmatization are evident in the narratives of all three women who have children who have also been abused. Laquitta's fear that disclosing the abuse would result in her perpetrator killing her mother created feelings of powerlessness. Both Maggie and Josie experienced betrayal by their mothers who were unable to protect them from further abuse after they disclosed.

Several theorists have suggested that people who have experienced traumatic events reenact some part of their trauma in a masked form, without conscious recognition of doing so. Freud used the term “repetition compulsion” to identify the recurrence of traumatic experiences. Mardi Horowitz spoke of a “completion principle” in which unassimilated traumatic experiences are stored in an “active memory” that repeats itself until the trauma is resolved by developing a new schema for understanding the experience (Horowitz, 1993). These reenactments are conceptualized as attempts to integrate the traumatic event. In assimilation terms, the reenactment can be viewed as an expression of the voice of the abuse experience striving to be heard and understood, so that it may be assimilated. If a mother's sexual abuse history has resulted in unresolved trauma, the transmission of sexual abuse to the following generation can be viewed as a reenactment of her earlier sexual abuse experiences.

A Healing Connection

The participants in this study who were able to make intimate interpersonal connections with others appeared to assimilate their experiences more easily than those who did not. For most, yet not all, this connection enabled them to communicate their experience and intensively examine it in the safety of a trusted relationship. For some participants, this
relationship came in the form of individual or group therapy. For others, they credited a close friend, partner, or neighbor.

For participants in this study, giving voice to the experiences to a trusted, empathic listener seemed to facilitate the assimilation of their problematic experience. This was illustrated by Mary’s statement that the more she talked about what her abuse, the less power it had over her. This was also evidenced by Josie’s declaration that talking about being sexually abused was easier than “ever imagined.” The APES ratings of participants’ abuse experiences reflect this principle as well – those women who disclosed the abuse at earlier periods in their life and continued to discuss their experiences with others (Mary and Kelly) had assimilated the abuse at higher levels than those who did not. Participants whose experiences received lower APES ratings, for example, Jennifer, may have disclosed the abuse but were not able to find a trusting and safe relationship within which they could find an empathic ear. The fact that Jennifer disclosed the abuse at a young age, but never discussed the experience as Mary and Kelly did, supports the view that an integral part of assimilation was effective communication with others which helped make meaning of the experience. The voice of the problematic experience may have required more than just expression in order to become assimilated – it needed the validation that was provided from a trusting, supportive relationship. Such validation can be in the form of constructive dialogue which includes reflection on the experience, empathic listening, or actions that demonstrate genuine concern and caring. Any action that strives to reduce one’s suffering or ease the discomfort caused by the problematic experience can be considered validation.

In the case of sexual abuse, one form of validation could be any attempt to protect a child in order to prevent future abuse from occurring. If a mother believed abuse was occurring when her child disclosed, but did not take any action to protect the child from further abuse the experience may not be validated, thereby preventing assimilation. Josie’s mother believed her when Josie disclosed the abuse she suffered from her brothers, but was unable to intervene and protect her. Melissa disclosed her abuse experiences to her mother, yet no action was taken that conveyed care or support, and the abuse continued. In contrast, Kelly’s mother believed her when she disclosed, and took steps to protect her. Perhaps this is what helped her assimilate her experience more readily. This may indicate that an integral part of validation for a sexual abuse survivor was not just having someone believe that abuse
was occurring, but having someone who was willing and able to take action to prevent it from continuing. Previous research has suggested that maternal support, defined as believing the child and acting in a protective way, can reduce the traumatic impact of sexual abuse. (Everson et al., 1989; Spaccarelli & Fuchs, 1997).

These findings suggest that assimilation can be facilitated by a supportive interpersonal relationship in which communication and validation occur. In her book, Trauma and Recovery, Herman (1992) discusses the importance of supportive relationships in recovering from trauma. She writes, “In her renewed connections with other people, the survivor re-creates the psychological faculties that were damaged or deformed by the traumatic experience. These faculties include the basic capacities for trust, autonomy, initiative, competence, identity, and intimacy.” (p. 133) For participants in this study, communication with a trusted listener seemed to develop their narrative and help them process, integrate and make meaning out of their abuse experiences. In the process of sharing one’s story with others, the story changed and became more coherent. This is consistent with findings from research exploring the relationship between trauma narratives and recovery in which it was found that less developed trauma narratives delayed recovery (Amir et al., 1998). This view is also consistent with the hypothesis that narration of difficult life experiences serves a healing function for individuals (Neimeyer & Levitt, 2001).

For at least one participant, participation in this study with this researcher helped further the process of assimilating her abuse experiences. It was hoped that this interview initiated a process of self-searching for the participants that would promote greater clarity and change in their lives (Rosenwald, 1988). This appeared to be true for Josie, who stated that the interview process was beneficial to her. This was demonstrated by Josie’s statement of how her story was initially “jumbled” in her mind but became clearer to her as she shared her experiences in the interviews. All three auditors had noticed that Josie’s APES ratings increased throughout the course of her two interviews, which suggested that the process of sharing her story aided her ability to assimilate her abuse experiences. For example, in the first interview, Josie initially denied any connection between her history of abuse and her alcoholism. In the second interview, she spoke at length about how they were related and what purpose the alcohol served for her. Further, towards the end of the second interview,
she discussed her philosophy of intergenerational transmission and shared her pain in understanding the patterns she repeated with her own daughter.

**Parenting as a Survivor: Trusting Maternal Instincts**

According to assimilation theory, even when voices of an experience are silent, dissociated or out of awareness, they may nevertheless be triggered by circumstances or daily occurrences. For example, a certain smell, sight or sound may remind one of the problematic experiences one is trying to forget or elicit problematic actions linked to those experiences. This memory is an expression of the voice of the problematic experience which is attempting to be heard and understood so it can be integrated into the self. If the person disregards the voice by ignoring it or suppressing it, it will continue to seek more indirect methods of expression. One possible method of expression may be the voice acting out by re-enacting the earlier problematic experience. This may lead to a mother unwittingly placing herself or her child in a high-risk environment for sexual victimization. Although the mother may sense danger, she may not heed this warning. Thus, a mother who has an unresolved history of abuse could have an intuitive or gut feeling that her child may be in a potentially dangerous situation, but may unwittingly decide to ignore this feeling and distrust her maternal instincts because they remind her of her own past painful experiences. This may unconsciously put her child at risk and perpetuate the cycle of abuse. Perhaps it is this process of listening to and trusting one’s own intuition that is impaired when a sexually abused mother remains dissociated from her abuse experiences.

Of the eight mothers who participated in this study, four (Mary, Kelly, Josie and Melissa) said that their history of sexual abuse affected their parenting skills. Several indicated that it made them more protective of their children, one (Melissa) even to the point where she felt her lack of trust in people was detrimental to her children’s well-being. These mothers seemed extremely aware of the plethora of dangers in the world and followed every maternal instinct they had to try to protect their children. For example, Kelly discussed her discomfort when finding out that her ex-husband planned to take her teenage daughters to an adult party. She discussed potential dangers and precautionary measures at length with her children, such as using a “buddy system” so they would never be alone. This example demonstrates Kelly’s ability to use her own abuse experiences as a resource to help solve
problems. In this case, Kelly recognized the possible dangers of this situation and took action by protecting her children. Her ability to heed these maternal instincts may have prevented her children from being vulnerable to possible sexual victimization. This may be because she had worked on and assimilated her experiences of abuse to the point where it was no longer seen as a weakness, but as strength.

A study by McMillen, Zuravin and Rideout (1995) examined a sample of women who had a history of childhood sexual abuse and found that a significant percentage – almost half – reported some perceived benefit from their experiences. One of the benefits perceived was that women felt they were better able to protect their children from being victimized sexually. Such evidence suggests that some women may feel empowered by their experiences of abuse and view them as a resource and source of strength. This perception was evident in both Mary and Kelly’s narratives. Theoretically, this insight is indicative of assimilating the problematic experience. If a mother remains dissociated from her history of sexual abuse, she will not recognize any potential benefit or notice any strength that can come from her experiences, such as being able to better protect her children for future abuse.

Some mothers felt that their abuse history had made them decide to communicate openly with their children about issues such as sexuality and safety. They spoke candidly with their children about the privacy of their bodies, the dangers of premarital sex, and provided birth control to both sons and daughters. This observation is consistent with findings from a study by Grocke, Smith and Graham (1995). These researchers investigated the impact of a mother’s experience of childhood sexual abuse and found that significantly more mothers with a history of sexual abuse had discussed sexual matters, such as sexual development and contraception, in detail with their child than non-abused parents.

*The Secret of Sexual Abuse*

This study also suggests that sexual abuse may be more difficult to assimilate than other problematic experiences because of the secrecy and shame that is associated with it. Several participants discussed avoiding discussion of their abuse for many years, even when flashbacks, dreams and vivid memories emerged. They gave several reasons: threats by perpetrators; early disclosure that did not lead to intervention; shame; fear that no one would believe them and self-blame. The pressure from external sources helped to keep the
experience secret and warded off, which prevented further assimilation. Many participants discussed their feeling that they somehow brought the abuse upon themselves and were therefore responsible for what occurred. Maggie stated that she was told this by her mother when she first disclosed the abuse. She was also told by her mother that she needed to apologize to her step-father for making such accusations against him. Other participants talked about how their experiences of sexual abuse made them feel “not normal,” or somehow damaged and scarred for life.

Even when participants attempted to share their experience with a trusted person, they were often met with responses that shut down further dialogue. Melissa stated that she tried to discuss the events of her abuse experiences with her brother, but was silenced because of his reaction. Jennifer spoke of how she tried to share her experiences with her husband, but he would not listen. It seems that the topic of sexual abuse continues to be taboo in our society, which contributes to abuse survivors concealing their experiences. Thus, if discussion is indeed an integral part of assimilating a problematic experience, the shame and secrecy associated with sexual abuse can prevent the healing process from occurring.

**Degrees of Assimilation**

Experiences are comprised of different facets of the same or similar experiences which can sometimes become linked together. Each facet of one experience (such as being a survivor of sexual abuse) can be represented by a different voice. For example, the participants in this study reported numerous incidents of different types of sexual abuse experiences that occurred when they were different ages, by several different perpetrators. Each one of these experiences can be represented by a separate, individual voice, and yet, one voice may also encompass several similar experiences. To some extent, voices from different facets of the same experience can be worked through separately and assimilated at different rates. For example, a participant may have assimilated a sexual abuse encounter with one perpetrator at a higher level (as reflected by APES ratings), and yet abuse experienced by another perpetrator may remain relatively low on this scale. This was demonstrated in this study by the difference in Carmen’s ability to assimilate abuse perpetrated by her uncle more easily than abuse perpetrated by her grandmother’s boyfriend.
What can account for why different facets of the same experience can assimilate at different speeds? Observations from this study suggest that experiences which are shared with another and met with actions that convey caring and support facilitate assimilation. Carmen’s ability to assimilate the abuse she encountered from her uncle may have been easier for her to process because her mother knew about the experience and took action by prosecuting him. Such actions, even without discussion, provided Carmen with enough support to integrate this experience more readily than other abuse experiences in her life. Further, this facet of her abuse experiences was not a secret – it was known by others. Perhaps this is what facilitated a faster rate of assimilation. The fact that she did not have to endure this experience in isolation may have enabled her to change her narrative and make meaning from it. This illustration also suggests that verbal communication is not the only way to achieve assimilation. In this example, Carmen’s mother’s decision to prosecute conveyed her support, even if it was nonverbal. This support may have provided validation for Carmen, which promoted assimilation of this particular experience.

The observation that Carmen assimilated the abuse by her uncle at a faster rate because of her mother’s knowledge and support is corroborated by research. Several studies have found that a child’s ability to resolve an abusive experience is improved if a mother believes that sexual abuse occurred and is willing and able to take supportive action. (Deblinger, Steer & Lippman, 1999; Everson et. al, 1989; Goodwin, McCarthy & DiVasto, 1981; Leifer, Kilbane & Grossman, 2001). This suggests that maternal support could be an integral part of successful assimilation of an experience of sexual abuse. It is noteworthy that Mary and Kelly had abuse experiences which were rated higher than other mothers in this study, and both reported that their mothers believed the accusations and showed support following disclosure of the abuse.

Other participants, such as Melissa, Maggie, and Josie, reported that their attempts at communicating their experience with their mothers failed, and the abuse continued. Theoretically, despite the attempted direct expression of the voice of abuse, the inability to develop a connection with a person who could provide an empathic and supportive response to their experience (such as protecting them for further abuse) prevented assimilation. Further, their disclosure appeared to have created another problematic experience in need of assimilation - the betrayal of a trusted family member who they thought would protect them.
This was illustrated by the level of intense anger that both Melissa and Maggie shared towards their mother for not believing their story which may have allowed the abuse to continue. Thus, this aspect of their experience of being a sexual abuse survivor seemed to be less assimilated than other facets.

**Limitations**

Several limitations to this study should be considered. The small sample size limits the ability to generalize findings. Further, information obtained from interviews was based on retrospective self-report which may be a source of potential inaccuracies. The restricted range of childhood sexual abuse experiences is also seen as a limitation, as all of the participants reported severe forms of sexual abuse perpetrated by someone within their family system. In addition, many of the participants had endured multiple forms of abuse and reported a history of domestic violence and substance abuse in their family of origin. Thus, some of the apparent effects of sexual abuse may be due to these circumstances.

**Summary**

In this study, eight mothers with a history of sexual abuse were interviewed. Interviews explored each participant’s background information and abuse history, as well as her view of parenting and process of recovery. The methodological model of study was derived from the theory of multiple-case research (Rosenwald, 1988). A derivation of assimilation analysis (Stiles & Angus, 2001) was used to assess the degree of integration of the abuse experience by identifying the voice of abuse and attempting to determine how assimilated the abuse experience was. The researcher sought to explore the phenomena of intergenerational transmission of abuse, and to illuminate the underlying dynamics of parenting as a survivor of sexual abuse.

Observations from this study were consistent with the assimilation model's suggestion that participants whose children had not experienced sexual abuse reached higher stages on this scale. The mothers in this study who were seen as having integrated their abuse experiences shared and discussed their experiences of abuse with supportive people whom they trusted. An interpersonal connection appeared to help participants’ further develop the story of their problematic experience, and make their narratives more cohesive and coherent.
Assimilation seemed to be promoted by discussion of their experiences of abuse within this trusting relationship.
REFERENCES


Stiles, W. B., & Angus, L. (2001). Qualitative research on clients' assimilation of problematic experiences in psychotherapy. In J. Frommer & D. L. Rennie (Eds),


Table 1.

Assimilation of Problematic Experiences Scale (APES)

0. Warded off/dissociated. Client seems unaware of the problem; the problematic voice is silent or dissociated. Affect may be minimal, reflecting successful avoidance. Alternatively, problem may appear as somatic symptoms, acting out, or state switches.

1. Unwanted thoughts/active avoidance. Client prefers not to think about the experience. Problematic voices emerge in response to therapist interventions or external circumstances and are suppressed or actively avoided. Affect involves unfocused negative feelings; their connection with the content may be unclear.

2. Vague awareness/emergence. Client is aware of the problem but cannot formulate it clearly—can express it but cannot reflect on it. Affect includes intense psychological pain—fear, sadness, anger, disgust—associated with the problematic experience.

3. Problem statement/clarification. Content includes a clear statement of a problem—something that can be worked on. Opposing voices are differentiated and can talk about each other. Affect is negative but manageable, not panicky.

4. Understanding/insight. The problematic experience is formulated and understood in some way. Voices reach an understanding with each other (a meaning bridge). Affect may be mixed, with some unpleasant recognition but also some pleasant surprise.

5. Application/working through. The understanding is used to work on a problem. Voices work together to address problems of living. Affective tone is positive, optimistic.

6. Resourcefulness/problem solution. The formerly problematic experience has become a resource, used for solving problems. Voices can be used flexibly. Affect is positive, satisfied.

7. Integration/mastery. Client automatically generalizes solutions; voices are fully integrated, serving as resources in new situations. Affect is positive or neutral (i.e., this is no longer something to get excited about).
Table 2.

POSSIBLE INTERVIEW QUESTIONS

Demographics:
  1. Tell me about yourself.
  2. How old are you?
  3. Are you single or married?
  4. Are you employed? (if so, what do you do? What hours do you work?)
  5. How would you describe your ethnicity?
  6. Where do you live?
  7. How many children do you have?
  8. Who lives in your household with you?

Experiences of Abuse:
  1. Tell me about your experience as a survivor of childhood sexual abuse.
  2. How old were you when you first were abused?
  3. How frequently, on average, would you say the abuse occurred?
  4. At what age did the abuse end?
  5. What did the abuse consist of?
  6. Who was the perpetrator(s)?
  7. Was there abuse to others in your family that you were aware of?
  8. Do you have a guess about what your mother/father/other adults knew at the time?
  9. Have you experienced other traumatic experiences in your life? (e.g. divorce; rape; physical abuse)
 10. Have you ever suffered from depression?

After the Abuse:
  1. Did you tell anyone about the abuse? What was the outcome? Did the person you told believe you?
  2. How did the abuse end?
  3. Did you receive any counseling or other form of treatment? Did you feel that it was helpful? If so, how?
4. Did you feel like you had supports to help you deal with the abuse? What were they?
5. How do you think being sexually abused has influenced your life?
6. What challenges do you feel you have encountered due to your abuse history?
7. Have you had any dreams related to the abuse?
8. How much alcohol do you drink in a week? Did you ever drink more heavily?
9. Have you ever used any drugs recreationally?

As a Mother:
1. Describe yourself as a parent.
2. How did you feel when you found out you were going to have a baby?
3. Was it a planned pregnancy? How did you make the decision that you wanted to be a mother?
4. How did you feel when you found out you had a daughter/son?
5. How would you describe your relationship with your daughter/son?
6. How would you describe the way you discipline your child? What methods work best for you?
7. What’s the hardest part about being a mother?
8. What is most important to you as a parent?
9. Do you think being sexually abused has affected your parenting? If so, how?
10. Does your child know about your abuse history? What went into making a decision to tell them?
11. What age do you think it was the hardest to parent your child(ren)?
12. Do you feel there is a connection between your history of sexual abuse and who you are as a mother? If you feel there is a connection, could you talk about the relationship between these experiences?

Meaning-Making
1. What are your ideas about recovery from sexual abuse?
2. Where would you say you are, at the present time, in your efforts of recovery?
3. Where would you say you were when you had your first child?
4. What has contributed to your sense of recovery? What has inhibited recovery?
5. How do you understand and try to make sense of the painful and traumatic things that have happened to you?
6. What do you think is responsible for them?
7. Do you think what happened had meaning for you? If so, what was the meaning?
8. Do you feel that you learned anything from this experience?
9. In your view, has healing occurred over time? If so, what do you view as instrumental to your healing process?
10. What are the high points in your life so far?
11. What’s the best thing about being a mother?
Women (18 and older) who have experienced childhood sexual abuse and are a parent of at least one child above the age of 3 are needed to help learn about the challenges of parenting with a history of sexual abuse. The study will consist of 3–4 in-depth interviews that will focus on the experiences of parenting as a survivor. Total time commitment will be approximately 4 hours. Participants will be compensated for their time. For more information, or to determine if you are eligible to participate, please contact:

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Oxford, OH  
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salvilm@muohio.edu
SCRENNING QUESTIONS

1. Are you over the age of 18?
2. Are you a survivor of childhood sexual abuse?
3. Do you have any children? What are their ages?
4. Have there been any substantiated reports of any of your children experiencing sexual abuse?
5. Have you ever been psychiatrically hospitalized?
6. Have you done anything to hurt yourself within the past 6 months?
INFORMED CONSENT

While there has been a substantial amount of research on the prevalence of sexual abuse and the description of long-term effects of this experience, there has been little investigation of the experience of parenting from the perspective of the survivor. The purpose of the study is to describe the parenting experiences of female adult survivors of sexual abuse who have at least one child under the age of 18 years.

This study focuses on examining the experiences of mothers with a history of sexual abuse, in order to understand the difficulties and rewards they face as parents. This project will consist of a total of four interviews, each lasting for approximately one hour, with a total amount of time required for participation of 4 hours. The interview will consist of questions regarding the participant’s experience of being a survivor of sexual abuse, as well as their experience as a mother. All interviews will be recorded by audiotape, and portions of these tapes will be transcribed. In order to ensure confidentiality, participants’ names will not be revealed on the tape or transcript, and only a code number will be used to identify either. Tapes and transcripts will be reviewed by the interviewer and a small team (2-3) of trained psychology graduate students. In accordance with legal requirements, any information that suggests someone is in imminent danger of being harmed or of harming others cannot be held confidential.

Participation in this project is voluntary. Participants will receive $50 compensation for completion of the study. Partial payment will be offered as compensation for participants who withdraw before the completion of the interviews. (e.g. $10 for participation in the first interview, the remaining $40 will be paid at the end of the final interview). Participants may discontinue participation at any time or may choose to skip questions without penalty or loss of benefit to which she is otherwise entitled.

Should you have any questions about this study or the procedures involved, you can contact the principal investigator, Lisa Salvi, LISW at (513) 515-2329 or salvilm@muohio.edu; or faculty advisor Bill Stiles, Ph.D., at (513) 529-2405 or stileswb@muohio.edu. For questions about your rights as a participant in this study, you may contact the Office for the Advancement of Scholarship and Teaching at (513-529-3734) or humansubjects@muohio.edu.

I have read the preceding statements and agree to participate in this study.

Participant Signature  Date

Principal Investigator Signature  Date

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CONSENT FOR RECORDING AND QUOTING INTERVIEWS

STUDY TITLE: Child Sexual Abuse Survivors as Parents

PRINCIPAL INVESTIGATOR: Lisa Salvi

I understand that the interviews I will participate in will be recorded on audiotape. I further give my permission for the researcher to quote from the interviews in any reports of this research (including papers presented at professional conferences, articles in professional journals or book chapters). I am free to withdraw this consent at any time for any particular interview or for the entire set of interviews. There is no penalty associated with withdrawing this consent.

I consent to my interviews being recorded and quoted as described above.

________________________________________  __________________________
Signature of Participant                    Date