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Unheard Voices of Mothers with Sexually Abused Children: A Multiple Case Study

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UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY

A DISSERTATION

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DOCTOR OF PHILOSOPHY
in
GUIDANCE AND COUNSELING

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APPROVAL SHEET

This dissertation entitled "**Unheard Voices of Mothers with Sexually Abused Children: A Multiple Case Study"** prepared and submitted by **TINA AMOR V. BUHAT** in partial fulfillment of the requirements for the degree of **Doctor of Philosophy in Guidance and Counseling**, is hereby recommended for approval and acceptance.

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ABSTRACT

Name : Tina Amor Villapando-Buhat

Title : Unheard Voices of Mothers with Sexually Abused Children: A Multiple Case Study

Key Concepts : Traumatic Experiences of Mothers before, during and after the discovery of Sexually Abused Children

Adviser : Dr. Adelaida C. Gines

This study was designed to explore and understand the common experiences of mothers whose children were sexually abused by their biological father. It is a qualitative approach using multiple case study research design. The study was conducted to selected Shelter House of Sexually Abused Children specifically Incest case. Three (3) mothers referred by Laura Vicuña Foundation; four (4) from Palayan City Home for Girls; and three (3) mothers from NCR referred by Guidance Counselors with the case of Incest. The criteria of selection were limited to mothers whose daughter was sexually abused by their biological father. The ages of the children are between 7 and 16 years old who are still living with their mothers whose ages range from 40-59 years old. The study revealed that the experiences before, during and after the disclosure, were described as painful, unbelievable, and unexpected by the mothers. The indicative themes directly helped the mothers realize the difficulties they encountered in the arms of their own biological fathers.

This represents how the indicative themes of time, person and event leads to the discovery of the abuse which leads to positive responses of being strong for their daughters as represented by the results. However, during the disclosure of the abused, it was revealed that there is an evident vision of a mother in anger and pain knowing that their daughters were abused by their biological fathers, a mother in confusion who cannot easily manage and understand the entire scene of the abuse, a mother in a jealous state since her daughter confided that in the long run of the abuse, she felt the sexual urge with his father. More so, a mother in shame is also visible for her daughter as well as her entire family because they may be put into conviction by the people around them and a mother of strength who never doubted their heart of sending her husband to jail and let him pay for his crime. Finally, the aftershock or final disclosure was also a painful revelation among daughters who were sexually abused by their own biological fathers. As such, mothers are being their daughter's shoulder to cry on, a cure to their aching hearts, a protective shield against harm, a genuine friend, and a hero to win the battle for their abused daughters. The mother and daughter respectively signify their continuous determination to move on with life and be a positive will of helping their daughters to survive from the abuse. Thus, the result became the basis in the development of a TOOLKIT FOR MOTHERS OF SEXUALLY ABUSED CHILDREN. This would be used by the guidance counselors, in helping mothers to cope up with the trauma, community and shelter house catering sexually abused children, and most specially, mothers who are the second victim of the abuse.

DEDICATION

This study is wholeheartedly dedicated to all the mothers who experienced trauma and to their daughters who fought their battle.

Shelter Houses of Sexually Abused Children and all health care providers who work so hard to provide assistance to children who have experienced sexual abuse.

And most especially to our Almighty God.

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Foremost, I want to offer this endeavor to our GOD Almighty for the wisdom He bestowed upon me, the strength, peace of my mind and good health in order to finish this research.

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TINA AMOR V. BUHAT

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Chapter I

THE PROBLEM AND LITERATURE REVIEW

Background of the Study

According to the World Health Organization (WHO, April 2020), violence against women remains a major threat to global public health and women's health during emergencies. Intimate partner violence is the most common form of violence. Globally, 1 in 3 women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence by any perpetrator in their lifetime. Most of this is intimate partner violence. Violence against women tends to increase during every type of emergency, including epidemics. Older women and women with disabilities are likely to have additional risks and needs. Women who are displaced, refugees, and living in conflict-affected areas are particularly vulnerable. Although data are scarce, reports from China, the United Kingdom, the United States, and other countries suggest an increase in domestic violence cases since the COVID-19 outbreak began. The number of domestic violence cases reported to a police station in Jinzhou, a city in Hubei Province, tripled in February 2020, compared with the same period the previous year.

Violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers. Globally, it is estimated that up to 1 billion children aged 2–17 years, have experienced physical, sexual, or emotional violence or neglect in the past year (1).

Experiencing violence in childhood affects lifelong health and well-being (WHO, June 2020).

The data from Philippine National Police Commission on Women (March 15 to April 30, 2020), shows that there were 804 incidents of gender-based and violence against women and children were reported during the lockdown. In January 2020, there were 1,383 reported cases nationwide. In February, it went down to 1,224. For March, the figure dipped further to 1,044. Despite the downward trajectory in the months before the lockdown, women and children's rights groups warned of an uptick in abuse during the lockdown because of the stay-at-home measures.

Sexual abuse, including sexual assault or rape, of children and adolescents is a major global public health problem, a violation of human rights, and has many health consequences in the short and long term. The physical, sexual, reproductive health and mental health consequences of such abuse are wide ranging and need to be addressed. Data from several settings show that children and adolescents are disproportionately represented among the cases of sexual abuse that are brought to the attention of health-care providers (WHO, 2017).

In 2018, the Philippines published findings from the 2015 National Baseline Study on Violence against Children (NBS-VAC),61 the first ever study to measure prevalence of all forms of violence against children across the country. This indicates that children and youth aged 13-24 years, experience high levels of physical (64.2 per cent), psychological (61.5 per cent), sexual (22.4 per cent) and peer (65 per cent) violence. (UNICEF, 2015).

One form of sexual abuse that incites great concern is the acts of raping that occur within a family circle popularly known as incest. Incest could simply be defined as a sexual relationship between close relatives, which is jurisdictionally illegal and/or considered as a social taboo (Beard, Stroebel, O'Keefe, Harper-Dorton, Griffee, & Young, 2015).

As cited by Campbell, N. M. (2015), the word *incest* is utilized to describe sexual criminal act within the family, which is usually committed by a father toward his daughter. The word incest came from the Latin word *incestus t*hat can be defined as impure Acts that can be categorized as incest may differ from one community to others, but all communities generally agree that incest is categorized as a taboo and an inappropriate act. Although the society reacts differently toward incest, it generally tends to forbid it, and even curse the incest perpetrators especially if the case is of a father who commits coercion to his daughter.

According to Beard, Griffee, Newsome, Harper-Dorton, O'Keefe, Linz, Young, Swindell, Stroupe, Steele, Lawhon & Nichols (2017), incest is a part of gender-related violence. In fact, incest happened because in the perpetrators' and victims' minds, there are gender values and ideology which place women or girls in particular in sub-ordinate position. The sexual abuse occurring to underage girls, in many ways, took place where the victims were structurally in a weak, vulnerable, or helpless position. Various pieces of evidence have demonstrated that the potential victims of such immoral acts were generally underage girls instead of women. Thus, far from the accusation that the victims were always generally physically attractive or wearing provoking clothes, the parties who became the targets were apparently little girls or even toddlers who were far from being

sexual objects. Biological children who were supposed to obtain affection and protection from the family, in fact, became the victims of sexual abuse of their own family members.

There are seven (7) incest cases of children ranging from 5-16 years old who were raped by their biological father coming from six regions (1,2,3,5,11, 13) (Commission on Human Rights, March, 2019).

Data of Child Abuse from Department of Social Welfare and Development (DSWD) as of December 2018, are 4,087 child abuse cases for both sexes; for female it is 2,885 while male is 1,402. There are 804 sexually abused cases; rape cases is 368, female 364 while male is 4; For Incest cases, there are 358 which one of this is male victim. NCR (21), CAR (1), R1 (22), R2 (12), R3 (340, R4-A (38), R4B (1), R5 (23), R6 (16), R7 (24), R8 (33), R9 (55), R10 (33), R11 (10), R12 (14) and R13 (20). For the age group 1 to below 5, there are 3 cases; 5 to below 10 is 39; 10 to below 14 there are 95 cases; 14 to below 18 is 145; and 18 and above 1 case of incest. Incest cases were in the custody of different government and non-government organizations. There are 53 which were community based and 305 residential based.

Incest is a sexual abuse committed against a child by a person who is related to her/him within fourth degree of consanguinity or affinity and who exercises influence, authority or moral ascendancy over her/him. (Philippine Statistics Authority, 2020). It is the crime of two members of the same family having sexual intercourse, for example a father and daughter, or a brother and sister.

It is also defined as sexual intercourse between persons so closely related that law forbids them to marry also: the statutory crime of such a relationship (Webster's New

World College Dictionary, 4th Edition. Copyright © 2010). Incest is especially damaging if it begins in early childhood and continues for an extended period of time (Morrison, Bruce & Wilson, 2018).

According to Yildirim, Ozer & Bozkurt, (2014), In a Worldwide record, the incidence of all types of incest ranges from 5% to 62% depending on culture, origin of the report, and the geographical location.

The family is supposed to give the child a sense of security, belonging, and acceptance and love Gostečnik (2017). If, however, instead of these pleasant experiences, the most prevalent atmosphere is that of abuse, trauma, violence, horror and fear, the child will not feel safe, accepted and loved. Even worse, later in life, he will unconsciously search for situations that will awaken in him, and recreate that primary atmosphere and underlying effects, because in his intrapsychic world, they equal belonging and familiarity (Ljubljana, 2016).

The occurrence of incest challenges conventional views that see the family as a safe shelter for children (Mtshali, 2010, p.114). A child who is abused by a family member becomes overwhelmed, as the trust and safety that a home ought to guarantee are destroyed (Boyd & Mackey, 2000, p.138). While children are supposed to be cared for and feel safe at home, in the case of children experiencing incestuous abuse it is different as they live in fear and are highly traumatized. Most often incest occurs in the child's home and the child is usually pressured to participate (Zastrow, 2010, p.203). Regardless of the growing scholarly interest in the occurrence of incest, there is still limited scientific research in this

country (Mtshali, 2010, p. 114), specifically addressing the psychosocial effects of father-daughter incest.

Adults must take the steps needed to prevent child sexual abuse. Adults are responsible for ensuring that all children have safe, stable, nurturing relationships and environments. Resources for child sexual abuse have mostly focused on treatment for victims and criminal justice-oriented approaches for perpetrators. While these efforts are important after child sexual, abuse has occurred, little investment has been made in primary prevention, or preventing child sexual abuse before it occurs. Limited effective evidence-based strategies for proactively protecting children from child sexual abuse are available. More resources are needed to develop, evaluate, and implement evidence-based child sexual abuse primary prevention strategies to ensure that all children have safe, stable, nurturing relationships and environments (Hills & Amobi, 2016).

I was inspired to initiate this research when I worked as a Guidance Counselor in different schools and served as a volunteer in a shelter house of sexually abused children. It triggered my attention that whenever I encountered rape cases, the whole process focuses solely on the victim. Since then, I realized that with cases like this, aside from the child, there is also another victim that is almost invisible to the eyes of many, the mother whose children were sexually abused by their biological father.

This realization of mine resurfaced when I was working in a public high school in Cubao, Quezon City. I handled a rape case of a Grade 7 student and did not get any support from her parents. The child had been abused sexually by her father since she was 6 years old and did not get any attention from her mother. Since then, I wanted to know the feelings

and the way of thinking of the child's mother when her husband is abusing their daughter. To be honest, as a mother, I also wanted to see the situation from her perspective and empathize with her in order to understand the whole picture and the story. When I started to process the child, I thought that it was just a simple matter of a failed parent-and-child relationship or a financial crisis, but then it came to my attention that there is more than to it than a financial problem. At that time, I wanted to process the child, to feel and to understand the mother's perspective at the same time. Only then, I was able to comprehend both the child's and the mother's side as a victim.

I have handled 12 cases involving incest from selected Shelter houses, mothers were not supportive, and children were neglected. According to the victim, their mothers did not believe them and even advised to forget the incident because if they continue to pursue the case, the family would put into a shameful situation, and if the father would be convicted, no one will support their family and they will be the one responsible for other siblings who cannot go to school. In short, the mothers are putting all the burden of responsibility to their daughters' hands that was supposed to be done by a reliable and a strong father figure since they serve as the protector and responsible for supporting them financially.

With this scenario, I am planning to design an intervention program for mothers whose daughter was sexually abused by their biological father. I believed that if mothers would be processed and properly given intervention, they would be of great help to the victims of incest because as per my interview and during my counseling session with them, they mentioned that their mother is the most important person in their lives during their

battle and they feel secured and would be willing to continue their lives. Prior to this, I had successful cases whose mothers were supportive, decided to leave their husband and file a case, and their husbands were convicted. Victims were able to continue and finish their studies and lived a happy life. They are both working now and had a successful relationship with their husband.

According to Jackson (2008) mothers are key individuals in their sexually abused daughters' recovery. Therefore, it is important to examine how the sexually abused girls' trauma also affects the mother. Both the mother and the daughter are at risk for a high level of distress that could decrease the mother's parenting (Banyard, Englund & Rozelle, 2001). Exploring caregivers' feelings, reactions and experiences after the sexual abuse of their children helps human services professionals determine appropriate treatment strategies for caregivers. Effective treatment strategies would facilitate the mother's healing resulting in better recovery for the victimized girls.

In 2011, the number of VAW cases reported to the Philippine National Police (PNP) decreased by 14.3 percent from the 2010 report. The decrease caused the trend to go downward after a five-year upward trend from 2006 to 2010. A five-year upward trend from 2006 to 2010. The 2010 report (15,104) is so far the highest number of reported VAW cases since 1997. The trend, however, is not conclusive of a decreasing or increasing VAW incidence in the country because data are based only from what was reported to PNP. Across an eight-year period from 2004 to 2011, average violations of RA 9262 ranked first at 49.0 percent among the different VAW categories since its implementation in 2004.

Reported cases under RA 9262 continue to increase from 218 in 2004 to 9,021 cases in 2011.

Continuous information campaigns on the law and its strict implementation may have caused the increasing trend. Since 2004, wife-battering cases have been categorized under 'Violation of RA 9262' that is, if the victim files a case under such law, otherwise the reported cases will fall under the physical injuries category. Reported rape cases which ranked third accounted for about 10.3 percent of total reported VAW cases from 2004 to 2011. Among these cases are incestuous rape (229) from 2004-2011.

As for the data of Department of Justice data, it has been categorized into three main gender crimes: 1) rape, 2) VAW, and 3) trafficking. For the year 2009, there were 9,233 rape cases with only 6,717 resolved, either filed in court or dismissed. The volume of decided cases against total caseload at that time was at 73%, also known as the disposition rate. The number of cases pending though was at 2,516. In 2010, the caseloads were at 8,966, carry over and newly received cases combined. Around 6,953 cases were resolved, 2,013 were pending. Disposition rate was 78%. For 2011, the caseloads were 8,668 while those resolved were at 6,758. Disposition rate was maintained at 78%.

Highlights from the Women's Crisis Center (WCC) and Gabriela National People's Alliance (GABRIELA) (2011), 9 women in the Philippines are raped daily. For every three Filipino children, one child experiences sexual abuse. 50% of the 50,000 to 70,000 women trafficked each year throughout the world (mostly from Southeast Asia), are Filipino. Most victims of rape or gang rape stay silent for months before reporting the crime. For married women, the perpetrator of physical violence is their husband more

than half of the time (54.7%); 14.4% of married women experienced physical violence perpetrated by their husbands; 8% of married women experienced sexual violence perpetrated by their husbands. Almost 4 out of 100 pregnant women experience physical violence.

Most victims of VAW did not seek help from the police or a social service organization. Among women aged 15-49 who have ever experienced physical or sexual violence and sought help to stop the violence, 45.1% sought help from own family, 28.5% from friends and neighbors, and 14.5% from in-laws. Only 9.3% went to the police and 6.0 % to a social service organization.

As for GABRIELA, its data came from the 1,670 cases reported to the organization from 2010 to Sept 2012. Unlike government data, case types were not purely based on the violations of specific. In addition, GABRIELA has recorded its data from 2001-2010. According to its data, 2010 is recorded as the highest incidence of violence against women for the past 10 years, with domestic violence as the most prevalent form of abuse followed by rape. Though there is a decrease in cases of rape for the year 2010 compared to 2009, there is an increase of 40% for rape cases, with 32 reported gang rape cases from January 2010 to January 2011.

Women and Children Protection Units (WPU) served more than 9,000 cases of violence against children and over 4,000 cases of violence against women in the year 2017. Although there is an increase of over a thousand cases involving children compared to the previous year, it is still important to note the findings of the NBS-VAC (2015) that only 13.5% (12.8% of males and 14.2% of females) ever consulted or used the services of a

WCPU. (UNICEF Philippines, 2015). The respondents of the NBS-VAC (2015) declared that sexual abuse is indeed more punishment that is reportable while corporal or physical abuse is widely accepted as a norm by Filipinos. About 66% of the respondents of the study reported experiencing physical violence while 19% experienced sexual violence in childhood.

As distancing measures are put in place and people are encouraged to stay at home, the risk of intimate partner violence is likely to increase. The likelihood that women in an abusive relationship and their children will be exposed to violence is dramatically increased, as family members spend more time in close contact and families cope with additional stress and potential economic or job losses. Women may have less contact with family and friends who may provide support and protection from violence. Women bear the brunt of increased care work during this pandemic. School closures further exacerbate this burden and place more stress on them. The disruption of livelihoods and ability to earn a living, including for women (many of whom are informal wage workers), will decrease access to basic needs and services, increasing stress on families, with the potential to exacerbate conflicts and violence. As resources become scarcer, women may be at greater risk for experiencing economic abuse. (Gupta, 2020).

Perpetrators of abuse may use restrictions due to COVID-19 to exercise power and control over their partners to further reduce access to services, help, and psychosocial support from both formal and informal networks. Perpetrators may also restrict access to necessary items such as soap and hand sanitizer. *(National Domestic Violence Hotline,*

March 13, 2020). Perpetrators may exert control by spreading misinformation about the disease and stigmatizing partners.

Incest is a social problem of sexual nature which is often neglected and underreported. While it is distasteful and disapproved by most societies, incest is a difficult crime to prosecute in view of complexed social issues surrounding it. Victims of incest tend to suffer in silence and are reluctant to report to the authorities or seek justice to punish the perpetrator as the perpetrator is a person who has familial ties with the victim. The tendency for society to blame the victims, the victim's embarrassment of having an illegitimate child as a consequence of incest and the fear of causing the family institution to breakdown if the incestuous incident is revealed are among the common reasons for victims of incest to conceal the occurrences of incest. When children are the victims of incest, discovery of the offense may be more difficult resulting in prolonged misery and permanent emotional scarring (Idham, Yusof, Hilmy, Razali & Mohd Jody, 2015).

According to Westermarck's widely accepted explanation of the incest taboo, cultural prohibitions on sibling sex are rooted in an evolved biological disposition to feel sexual aversion toward our childhood co residents. Bernard Williams posed the "representation problem" for Westermarck's theory: the content of the hypothesized instinct (avoid sex with childhood co residents) is different from the content of the incest taboo (avoid sex with siblings)—thus the former cannot be causally responsible for the latter. Arthur Wolf posed the related "moralization problem": the instinct concerns personal behavior whereas the prohibition concerns everyone (Cofnas, 2020).

According to Hills & Amobi (2016), child sexual abuse is a significant but preventable adverse childhood experience and public health problem. Child sexual abuse refers to the involvement of a child (person less than 18 years old) in sexual activity that violates the laws or social taboos of society and that he/she does not fully comprehend, does not consent to or is unable to give informed consent to, or is not developmentally prepared for and cannot give consent to. About 1 in 4 girls and 1 in 13 boys experience child sexual abuse at some point in childhood; 91% of child sexual abuse is perpetrated by someone the child or child's family knows. The total lifetime economic burden of child sexual abuse in the United States in 2015 was estimated to be at least $9.3 billion. Although this is likely an underestimate of the true impact of the problem since child sexual abuse is underreported. According to Hatay (2017), Incest is traditionally defined as any sexual activity between family members who are forbidden to marry by law. While some authors describe incest as an incestuous relationship within the nuclear family only, more accepted definition of incest is sexual actions of all those who are obligated to care of them. As cited in the study of (Ben-Noun, 2020), when defined in terms of sexual intercourse, it occurs in less than 1% of the population, but other forms of intrafamilial sexual activity may affect 10% of females before they are 16 years of age.

Gutierrez, N. (2017) cited that the word incest comes from the Latin word, incestus, which means "impure" or "unchaste." Incest rape is defined as forced sexual activity between family members. She also mentioned that in the Philippines, there are commonalities in the incident of incest: fathers and uncles perpetrate most cases. 99% of victims are girls. The rape usually happens at home. Often, it occurs when one or both

parents are away, working overseas or in a different city, and the children are left under the care of a relative. The rape happens anytime – in the morning, in the afternoon, or at night – and usually would go on for years. When there are sisters, it is usually done to all of them, although not always. Victims are frequently threatened death if they disclose the incident. Most of the time, they are kept a dark secret within families because of the shame and the stigma that surrounds them.

From the 2011-2016, The Department of Social Welfare and Development (DSWD) served 2,770 incest victims out of 7,418 victims of sexual abuse, with a recorded average per year fluctuating between 400 and 500 victims. DSWD data says majority of incest victims are girls between the ages of 14 and 17. However, there are reported cases below 5 years old.

According to DSWD Secretary Dr. Judy M. Taguiwalo (2016), there were 2,147 cases of child abuse reported to the Department of Social Welfare and Development (DSWD) in the first quarter of 2016, more than one–fourth of which was of a sexual nature. The figure was nearly half of the total 4,374-child abuse cases reported in the entire year of 2015, according to the Policy Development and Planning Bureau of the DSWD. In the first three months of 2016, most of the children were victims of sexual abuse, with 539 cases; followed by neglect, with 514 cases; abandonment, with 487 cases; sexual exploitation, 233 cases, and trafficking, 214 cases. There were 83 cases of physical abuse and maltreatment, 47 cases of illegal recruitment, and 13 cases of child labor.

While rape has traumatic and long-term psychological and physical effects, incest victims face unique challenges because of the complexity of protecting the image of their

families, especially in the Philippines. Many bear the abuse in silence because they have nowhere to go and are in fear of breaking their families apart. In other cases, the mother sided with the perpetrator – her husband, her brother, or her father – because of economic dependence. Child sexual abuse involves not only violent sexual assault, but also other sexual activities, including inappropriate touching, while child sexual exploitation involves some form of remuneration where the perpetrator benefits, according to the United Nations Refugee Agency (2016).

Cerojano (2016) stated that a survey conducted by UNICEF and the Philippine government has found a high prevalence of violence against Filipino children, with eight out of 10 suffering some form of physical or psychological abuse. UNICEF and the Philippine Council for the Welfare of Children said that their first nationwide survey of children and youth aged 13-24 also found one in five respondents had been sexually violated. More than 60 percent of the cases of physical violence happened at home, with slightly more victims among boys (81.5 percent) than girls (78.4 percent), the survey found.

UNICEF representative Sylwander, L. (2016) said the Philippines seems to have become "some kind of a center of internet abuse" of children. With Filipino children sought after by pedophiles all over the world, and impoverished families tempted to earn from it, online child sexual abuse has become a big business in the country, she said. Digital technology is affecting children's lives and life chances, identifying dangers as well as opportunities. It argues that governments and the private sector have not kept up with the

pace of change, exposing children to new risks and harms and leaving millions of the most disadvantaged children behind.

According to Baxter (2013), child sexual abuse frequency was negatively related to marital quality for males and females. Adverse family-of-origin processes were negatively related to marital quality for males and females. Additionally, it was revealed that adverse family-of-origin experiences significantly moderated the relationship between child sexual abuse frequency and marital quality. The results highlight the importance of the practice of family therapy for families in which incestuous abuse occurs. Additionally, research is needed to identify the effects of incest on family members other than survivors as well as to fully understand the benefits of family therapy in these families. Specifically in the Philippines, Incest and Rape is not just a morality issue but also a complex socio-economic calamity. Going back to the Ferdinand Marcos dictatorship era, a shift began in the importance of Overseas Filipino Workers (OFWs) because the Philippines' economy went sour under the authoritarian rule of martial law. The shift was from an emphasis on male workers to female. Most female OFWs are employed in elementary occupations. Therefore, the number of children with an absentee mother or father is many millions. Whole generations have grown up motherless or fatherless. Nobody protected these kids the way a natural parent would.

Today on the basis of The RINJ Foundation‘s field research and straw polls it is safe to say that eight out of ten children have experienced rape, sexual assault or sexual harassment. The numbers of OFW documented and undocumented workers is completely unknown. The estimates range wildly from 2.4 to 10 million. There is no valid tracking of

these numbers in the Philippines that anyone can provide. This likely is because of lagging extensible computerization of public records and it is not an easy task (Baxter, 2013).

2017 Survey on Overseas Filipino Workers (Results from the 2017 Survey on Overseas Filipinos) Reference Number: 2018-082. Release Date: May 18, 2018. The OFWs covered in this report were those aged 15 years old, over, and working abroad during the period April 1, 2017 to September 30, 2017. Data on remittances in this report are based on the answers given by the survey respondents to the questions on how much cash remittance was received by the family during the period April to September 2017 from a family member who is an OFW and how much cash did this member bring home during the reference period, if any." This all means that Millions of Children have no protectors. Daddy is gone, or Mama is gone or both are gone away. That does not just sound sad. It is sad.

Families should be together. There are ways to increase the national productivity with education and leadership such that people can earn at home in the Philippines and at the same time watch over their children and protect them. Having fewer children makes this easily possible. The current Total Fertility Rate (TFR) of 4.2 must be cut in half. The typical child in these circumstances is left with someone else to care for them while the parent(s) work outside the country to hopefully provide a better future for their offspring. It does not really work. Maybe it helps the small few governing dynasties that own the shopping malls or online stores where somebody spends the money you earned elsewhere, but it is bad for your family for the parents to leave the kids for a few years–quite unnatural in fact. (Hemingway, 2018).

The typical incestuous rape happens to a female child between the ages of 8 and 15. The rape of that child will happen two to three times a week and that routine continues for up to three years. By that time a phenomenon like the Stockholm syndrome (The child is in effect held prisoner by a terrible secret and by threats hence their feelings shift to support & sympathy and they may even bond with the captor.) and of course, a bad case of PTSD (Post Traumatic Stress Disorder) is on its way if not present (Gutierrez, 2017).

Langevin (2016) Child sexual abuse (CSA) is associated with emotion regulation deficits in childhood. Parents play a crucial role in the development of emotion regulation in their children, especially at younger ages. Close to 50% of mothers of sexually abused children reported having been sexually victimized themselves as children. They are consequently at risk of experiencing significant distress following the disclosure of sexual abuse of their child. Parents' distress could interfere with their ability to provide support and to foster development of emotion regulation in their children.

Today, the 1987 Philippine Constitution Article XV, sec, 3 grants the State power to protect children and to intervene in the family based on this concept. However, this right and obligation of the State have had to be balanced against the legal tradition that the right to family privacy is inviolable except in exceptional circumstances.

Mothers are still in the process of coping up with the situation on what are the immediate concerns if it is the husband or the child. Shelter houses for sexually abused children have to take care of the children but there are some situations that they cannot address specially the after effect of the abuse on the well-being of the child. Parents and

professionals are all concerned about children's safety, and the alarming number of cases reported daily makes it an even more difficult and alarming phenomenon to deal with.

The above scenario motivated me to undertake research which aims to (1) describe the experiences of mothers whose daughter was sexually abused by their biological father and to (2) develop a toolkit for mothers whose daughter was sexually abused by their biological father.

It is imperative to understand the experiences of mothers whose daughters have been sexually abused by their biological father, as this may provide new insights into our understanding of a phenomenon of trauma and the recovery process of mothers. This investigation may also contribute to elicit some of the common problems, coping practices, which describe the experiences that mothers share in order to conceptualize the experiences of mothers. This framework is useful, as it allows mothers' own subjective experiences, and their own interpretations and understanding of these experiences to come to the fore, as opposed to the researcher's understanding of the mothers' experiences. Mothers seem to go through a similar process as those who grieve the loss of a loved one, or who have experienced some kind of loss in their lives. This study would elicit some of the themes that correspond with this process of grief. The experience for each of the mothers has been different; however, there are commonalities in the way in which they describe their experiences.

This study attempts to explore and understand the common experiences of mothers whose children were sexually abused by their biological father. The experiences of mothers before, during and after the disclosure and what are the coping practices of

mothers of sexually abused children was analyzed and interpreted by coding and themes by the researcher.

This study is beneficial to mothers of sexually abused daughters to understand themselves better, process their trauma, stand with the rights of their children, maintain the trust and regain confidence for the new and productive life ahead.

For the Shelter house of sexually abused, DSWDs, and other NGOs who are handling the sexually abused children, they may understand and be equipped with the proper process of handling children who were sexually abused by their parents.

For the counselors, so that they can design a program for those who are sexually abused by their father and enable to deliver counseling strategies exclusively for mothers and children who experienced being sexually abused within the family and make them understand and process their trauma to rebuild their lives and continue their new life ahead.

LITERATURE REVIEW

This chapter presents related literature and studies, which are organized by themes.

In many Third World countries, violence against children continues to be a pressing problem. Such violence is often manifested in the form of abuse. The Philippines is similar to many other Asian countries in the way Western culture has greatly influenced its development and way of life. The Philippines' historical roots began with Spanish colonization four centuries ago. This colonization contributed to the development of a culture in which the church and the school usually emerge as the most influential

institutions influencing the way children are brought up. Failure of families to protect their children is manifested in their lack of knowledge and skills in responsible and positive parenting. Cases of physical and sexual abuse, as well as those considered "abuses of neglect," continue to be of major societal concern. Thus, violence in schools as well as other institutional sectors of society that play a role in a child's development is a problem of global proportions faced by most developed and developing countries (Velayo, 2006).

Family Systems Theory

The family systems theory is a theory introduced by Dr. Murray Bowen (Bowen's Theory Retrieved June 10, 2016 from http:www.thebowecenter.org/pages/theory.html) that suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family, as the family is an emotional unit. Families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system. According to Bowen, a family is a system in which each member has a role to play and rules to respect. Members of the system are expected to respond to each other in a certain way according to their role, which is determined by relationship agreements. Within the boundaries of the system, patterns develop as certain family member's behavior is caused by and causes other family member's behaviors in predictable ways. Maintaining the same pattern of behaviors within a system may lead to balance in the family system, but also to dysfunction. For example, if a husband is depressed and cannot pull himself together, the wife may need to take up more responsibilities to pick up the slack. The change in roles may maintain the stability in the relationship, but it may also push the family towards a different equilibrium. This new equilibrium may lead to

dysfunction, as the wife may not be able to maintain this overachieving role over a long period.

Parents, Children, Families, and Culture

Every person has a cultural identity. Many people may have a difficult time putting their cultural identity into words because they simply live it is what they consider the "norm." Our individual cultural identity may greatly influence how we interact with others. It is natural to view the world from our own cultural perspective. This perspective may be an asset to our work with some parents, but may be a hindrance with others. The most effective advocacy begins with self-awareness while we work to understand and prioritize the cultural strengths and needs of the people we are serving. Our personal cultural beliefs are present, but secondary. There will be times when parents may clash with the cultural identity of their own child. For example, a parent may practice a religion to which the child has no connection. This may influence your advocacy. It may require you to assist the parent in seeing that the child's needs at this time are more important than the parent's own personal beliefs. A parent may feel obligated to preserve the family at all costs, which means staying connected to the person who offended while the child deserves protection from further abuser or a mom may want to reach out for help, but is worried that in doing so, her sexual orientation will become obvious, and she is not out in her conservative faith community. How a parent processes and responds to the needs of the child can be greatly influenced by cultural norms and expectations around family help seeking, communication, and privacy. Parents' cultural history and lived experience will influence their reaction to the sexual assault of their child as well as the systems, protocols, and

professionals with which they find themselves suddenly interfacing. Advocates can show respect toward the cultural identities of their clients by being keenly attentive to each individual's values and beliefs. Culture is as unique as each person is and requires individualized attention. (Yamamoto, 2015).

Families in the Philippines

Families are very strong in the Philippines and traditionally greater emphasis has been put on the family than individuals. Families have traditionally been bound together by loyalty, respect and affection. Family members are expected to follow rules set by the head of the household rather than pursuing their own individual agenda. Extended families often live together, and often one child is expected to live with the parents. All children have traditionally inherited property equally with the house going to the child who took care of the parents.

The 1987 Family Code enshrines the family, being the foundation of the nation, is a basic social institution which public policy cherishes and protects. Consequently, family relations are governed by law and no custom, practice or agreement destructive of the family shall be recognized or give effect.

Constitutionally, the family is considered the "foundation of the nation" (Tarroja, 2010). It is with the family where the child first learns important values. It is where they first discover a sense of kinship and belonging. It is with the family where the child first discovers the concept of *kapwa*, a core Filipino value. Without these cultural contexts, the story of a family would be incomplete and inaccurate. Furthermore, these cultural contexts

shape their media experiences included. For a comprehensive idea of the Filipino family, it is important to study these media experiences with culture in mind, and in turn, see how these same media experiences play a role in the family.

Family ties have wide-ranging consequences for health, for better and for worse. This decade review uses a life course perspective to frame significant advances in research on the effects of family structure and transitions (e.g., marital status) and family dynamics and quality (e.g., emotional support from family members) on health across the life course. Significant advances include the linking of childhood family experiences to health at older ages, identification of biosocial processes that explain how family ties influence health throughout life, research on social contagion showing how family members influence one another's health, and attention to diversity in family and health dynamics, including gender, sexuality, socioeconomic, and racial diversity. Significant innovations in methods include dyadic and family-level analysis and causal inference strategies. The review concludes by identifying directions for future research on families and health, advocating for a "family biography" framework to guide future research, and calling for more research specifically designed to assess policies that affect families and their health from childhood into later life. (Umberson & Thomeer, 2020)

Compadrazgo (god parenthood) is an important feature of Philippines family life. Non-relatives are accepted into families as godfathers (padrinos) and godmothers (madrinas). Godfather and godmother, who serve as allies to parents in martial matters of the natural parents' children. There are sometimes special terms for first-born and last-born and the children in between. According to Miele (2009) , "The extended family is the

most important societal unit, especially for women. Women's closest friendships come from within the family. Mothers and daughters who share a home make decisions concerning the home without conferring with male family members. One child remains in the family home to care for the parents and grandparents. This child, usually a daughter, is not necessarily unmarried. The home may include assorted children from the extended family, and single aunts and uncles. Several houses may be created on the same lot to keep the family together. Childcare is shared. Fathers carry and play with children but are unlikely to change diapers. Grandparents who live in the home are the primary caregivers for the children since both parents generally work. Preschool grandchildren who live in other communities may be brought home for their grandparents to raise. Indigent relatives live in the family circle and provide household and childcare help. Young people may work their way through college by exchanging work for room and board. Family bonds are so close that nieces and nephews are referred to as one's own children and cousins are referred to as sisters and brothers. Unmarried adult women may legally adopt one of a sibling's children.

In the Philippines often men like to hang out with men and women like to hang out with women. Within households, it is uncommon for a half dozen children or family members to sleep in the same room or even the same bed. Middle- and upper-class Filipino families elect to have fewer children, two on average, as compared to three or more for the less educated and low-income families (Hays, 2008).

Role of Parenting

Sharma (2019) reiterated that the quality of a father could be seen in the goals, dreams and aspirations he sets not only for himself, but also for his family. A wonderful and healthy parenting is one, which involves both mothers and fathers taking active participation in a child's life. Scientifically, it has been proven that children whose fathers have active involvement in their growing up years have fewer behavioral problems and turn out better individuals socially and academically. A father's role is not just limited to being a "breadwinner" for the family. His involvement influences the child's overall development including the intellectual development, gender-role development, and psychological development. He can be just as loving and nurturing as the mother. Most kids who share an intimate and warm relationship with their fathers tend to grow up to become adults that are more confident. As children grow up, fathers assume the role of a friend, guide and mentor. The presence of an actively involved father at home goes on to make a lot of difference in the lives of children. Here is a look at the roles fathers play at different stages of their child's life. While mothers provide emotional stability, fathers provide security and certainty in their baby's life. Most babies are attached to their parents and prefer them to other adults when they constantly get attention from them. When a father responds to his baby's cries and signals, the baby is attached to him and looks up to his father as a source of comfort and happiness. Fathers tend to provide more physical stimulation than mothers and foster healthy development of the child's brain. Babies who grow up with involved parents are more likely to grow into well-groomed, happy and successful individuals.

When infants grow up to become toddlers, they develop curiosity and a constant need to explore new things. At this stage, the father plays the role of a guide, who not only helps his child to explore but also sets the appropriate limits. As mothers are generally loaded with household chores, fathers often turn into playmates for their children. They tend to indulge in rough housing with their children and by doing so, they encourage the children to become confident and help them to solve their own problems. They provide challenging scenarios for their children and encourage them to explore their own strengths. Fathers encourage problem-solving skills in their children and help them in building strong social and emotional ties Yogman (2016).

Children learn moral and social values by observing the actions of their fathers. If a child sees his father being violent and abusive then he will assume that it is alright to be violent in relationships and is more likely to grow up into a violent-natured person whereas a child who sees his father respecting others will do the same. A child of any age observes and learns how to behave from his/her father. A child, who grows up at a home with a caring environment and an actively involved father, will be more confident and emotionally secure than the others.

Research on children and families focuses on varying levels of stability and stress within families as a major influence on children's health. Overall, studies suggest that children of married parents have better mental and physical health than children of cohabiting parents (Cavanagh & Fomby, 2019). The key explanation for this finding is the tendency of married couples' families to feature less instability (i.e., disruption and change in family structure); instability contributes to parenting strain and distress, creates new

economic strains, and disrupts children's ongoing family relationships and routines. These strains and disruptions result in increasing stress for children, especially when there are multiple family transitions (e.g., parental divorce, re partnering and remarriage, new half siblings, and stepfamilies; Lee & McLanahan, 2015), and this increasing stress reduces children's health and well-being (Cavanagh & Fomby, 2019).

Recent research has advanced understanding of how stress and health spread between family members and has directed attention to stressful family dynamics for children associated with parents' financial resources, health problems, relationship problems, and aggression. Inadequate financial resources are a major source of children's stress, and financial strain and poverty contribute to family instability and many of the specific family stressors described below. Child poverty rates have remained high (about 20%) since the 1970s (Chaudry & Wimer, 2016). Children in families of lower socioeconomic status are in poorer health for many reasons, including having more stressed or distressed parents and caregivers, more chaotic family routines, more conflict in family relationships, greater family embeddedness in poor neighborhoods and schools, and significantly higher levels of family instability (Raver, Roy, & Pressler, 2015)—all sources of childhood stress. Family socioeconomic status operates through multiple pathways to influence children's health behaviors, psychological states, and physiological processes; low socioeconomic status undermines health by decreasing access to helpful resources while increasing exposure to harmful stressors (Schreier & Chen, 2013).

A substantial literature shows that child neglect and abuse activate biosocial processes that take a lasting toll on health, and numerous studies during the past decade

have gone further to show that parents' more routine patterns of hostility and aggression also affect children (for more detailed discussions of this point, see Buehler, 2020; Hardesty & Ogolsky, 2020). Miller and Chen (2010, p. 854) find that "even mild exposure to a risky family in early life can shift the developmental trajectory toward a proinflammatory phenotype" evident in adolescence. There is also a growing consensus that spanking, widely used as a form of discipline by parents, is a significant stressor in the lives of children, with adverse short- and long-term effects on health and well-being that are consistent across social and cultural contexts (Gershoff et al., 2018).

Family financial resources are highly correlated with many other family resources that benefit youth (e.g., parents' mental and physical health, safe neighborhoods), and it is possible that the key intervention to improve child well-being is to improve parents' financial resources (Cooper & Pugh, 2020). Critiques of policy programs that seek to improve children's health and well-being by improving parents' marital quality point out that the more effective path to improving both parents' relationships and children's health is to lift children out of poverty (Turney, 2011). Financial resources may also alleviate parental stress and promote family stability, rendering these protective family factors more accessible. Financial resources further reduce family members' risk of incarceration and death, both of which are highly stressful for youth. A family's financial resources can mitigate the effects of stress on children and add to their cumulative advantage in mental and physical health beyond childhood (Schreier & Chen, 2013).

In line with a cumulative disadvantage perspective, childhood family ties have consequences for health in adulthood. This occurs in part because stressful family

environments in childhood activate physiological (e.g., cardiovascular reactivity), psychological (e.g., emotional reactivity), behavioral (e.g., self-medication with drugs, alcohol), and social (e.g., educational attainment) processes that affect health both directly and indirectly by increasing the risk of social isolation and relationship strain and instability throughout life (Miller et al., 2011; Repetti et al., 2011). When activated early in life, these intersecting processes influence lifelong patterns in family relationships and psychological and physiological systems, which in turn create an increasing disadvantage for health (Umberson et al., 2014).

Filipino Family

The family is the basic unit of the society. It is the beginning of social relationships. The family plays a vital role in the society and is considered as the most important formation house for a person. Martin Plattel, a British writer, said that the family has frequently been spoken to as the community par excellence. (Talisik, 2019).

It is expected that all citizens must have a strong foundation of good moral character and prepare them for what the world will bring. It is sad to see that in today's world, the bonds of the families are gradually weakening. The family is slowly being desecrated. Some people have forgotten the real importance of the family: the divorce rate, child abuses and cases of adultery have been increasing. Filipino families value their families very highly, an exceptional character which they are known for. Without regard to the liberal influence they have gotten from the western culture, the family remained the basic unit of the Philippine society as they maintained their high respect for elders and close connection with their relatives. Modernization is catching up with the Filipino family

which provided both positive and negative effects to the Filipino family. The once patriarchal trait of the Filipino family is gradually changing. Today, women are allowed to go to work and the father may not be the sole provider for his family. The problem that arose from this practice is the lack of parental guidance for the children. A result of lack of parental guidance is the tendency of some children to be rebellious; they tend not to maintain close family ties. (Gozum, 2019).

The family is not only being given importance by Filipinos because they are simply a member of such. They give importance to the family because it was enriched by tradition and history through the different factors which contributed to how the Filipinos value and perceive what a family is today. The high respect that Filipinos are giving to the family shows that the family for Filipinos is very much relevant due to the reality that everyone is a member of a specific family. Timbreza (2005) even states, "Filipinos are well known for their family centeredness.

Tan (2008) stated that recent research on how Filipinos view a home has shown that it "is not just a place that we live in (*nakatira*), but a place we turn to *(uwian),* which represents memories. More than memories, a *tirahan* (home) is a shelter; an uwian provides security, "a feeling one can stay on, one can come home, go home, every day," a place where to "find solace in, but of having someone who will listen to you, who offers a shoulder to cry on, or who's ready to boogie with you as you bring home good news." moreover, for those being away from home, whether working inside or outside the country, to build a home and to return to it as well someday is their dream. A research informant has put in a nutshell what home basically is: "*Ang bahay mo ay buhay mo* (Your home is

your life).” That is why “*Gayung pumapasok ito sa opisina or sa pabrika o nagtitinda araw-araw, bahay pa rin ang pinakamahalagang karanasan nito... Ang maka-uwi sa bahay ay isang pang-araw-araw na pangarap*”. Even if s/he goes to work in an office or factory or to sell every day, home remains his/her most significant experience. To return home is a daily longing (Padilla, 2008).

The Filipino family is not simply the sum of its members since distinctive associations and nuances in various relational phenomena in the society contribute to its fuller picture. Still, how these common views or characteristics of Filipinos are shared among family members and with the society at large weighs great relevance. Up to the end of 2012, the intense and protracted policy debates over controversial pieces of legislation — bills allowing greater choice for couples to manage their reproductive health and divorce — have cut deep into the core values of Filipino families. Thus, an empirical investigation into the family values held by Filipinos will help inform the policy-making process. More specifically, the extent of homogeneity or heterogeneity regarding family values within groups of Filipinos, i.e., convergence or divergence of values within, for example, an ethnic group, or people residing in the same geographic region, will help legislators decide on the scope, substance, and coverage of proposed laws. To illustrate, if Filipinos prove to have very different family values, then it would be difficult to legislate common policies for divorce and other related family matters (Morillo, Capuno, Mendoza, 2013).

The Mother

In the book of Margarete Parrish entitled Social Work Perspective on Human Behavior (2010), the author stressed that Role theory helps explain people's behavior by addressing how the social environment influences behavior by creating various roles to be fulfilled. Roles refer to ways in which people behave in relation to a socially defined position or set of experiences. Those expectations may be defined by relationship. *When I related this theory to our experiences as a mother, we play an important role in fulfilling children's needs. As mothers, we need to create a good environment for families, especially for the development of children.* (Parrish, 2010), historically, the role of women was confined mostly to being a mother and a wife. They are expected to devote most of their time and energy to these roles, and spend most of their time taking care of the home and their children. In other cultures, women ask significant help in performing these tasks from her older female relatives, such as her mother-in-law or their own mothers.

Mothers fulfill the primary role in raising children, but in the late 20th century, the role of the father in childcare has been given greater prominence and social acceptance in some Western countries. The 20th century also saw more and more women entering paid work. The social role and experience of motherhood varies greatly depending upon the location. Mothers are more likely than fathers to encourage assimilative and communion-enhancing patterns in their children. Mothers are more likely than fathers to acknowledge their children's contributions in conversation. The way mothers speak to their children ("motherese") is better suited to support very young children in their efforts to understand speech than fathers do. (Peggy O'Mara, 1976 cited October 11, 2012).

According to Lev-Wiesel (2006) there are Four types of mothers were defined: the Unaware mother, characterized by a complete lack of cognitive knowledge of the sexual abuse occurring in her home; the Unwitting Accomplice, characterized by latent cooperation with the sexual abuse perpetrated by her husband; the Enabler, characterized by overtly or covertly encouraging her spouse in the raping of her daughter; and the Common Fate mother, characterized by sharing a common fate with her daughters.

Drugge, U. (2008) described two generations of a family who lived in mid-nineteenth rural Sweden. Domestic violence was a common feature in the first generation family. The salient feature there was undoubtedly the incestuous father-daughter relationships. The way incest appeared in Sweden about 150 years ago, the role of local authorities, and the serious consequences to those victimized is analyzed with reference to both the cultural context of that time and to modern theories of incest. Seemingly puzzling violence committed by a second-generation family member is related to the domestic violence in the previous generation. Due to the extraordinary character of the incest cases and the specific church council sessions in which the incest case was treated, aspects of family life normally hidden behind curtains of conventions were made public. Reaction patterns drawn from this case indicate a patriarchal system of oppression and badly directed considerations.

The Mother's Cognitive Functioning

According to Duncan (2004), intergenerational aspects of sexual abuse include not only a risk of the trauma of sexual abuse being passed forward into the next generation, but also the belief system that sustains it. Women as children are vulnerable to acquiring

(in some part) the maladaptive beliefs existing within their family that are learned and reinforced through social and cognitive conditioning, which in turn shapes their thoughts, beliefs, and behavior. The perpetrator of the sexual abuse also influences a woman's thoughts and beliefs, especially those that define how she views herself in relation to the trauma of sexual abuse and her future relationships with men. When internalized, these maladaptive beliefs learned from the family and the perpetrator will continue to influence a woman's view of how to relate in future relationships and will (in some manner) define and guide her maternal attitudes and parenting behavior with her child.

When mothers come from these kinds of family environments, they report having difficulties that include an inability to speak up when children are being mistreated, not trusting or overestimating their ability to parent effectively; less ability to show love, affection, warmth, and genuine feelings toward children or with specific children; excessive anger and hostility toward children; inappropriate expectations of autonomy for their children; less acceptance of their children; and experiences of health problems that interfere with being available to their children on a consistent basis (Duncan 2004; Polusny & Follette, 1995). A tendency to use the family's denial system also creates the risk for victimization to children by perpetrators within the family and can reinforce a woman's inability to identify when her parenting is problematic or harmful to her children Duncan (2004).

The Mother's Emotional Functioning

Daspe, H.M. & Cyr, M. (2017), Children reporting a more maladaptive need for psychological proximity to the parent obtained significantly greater total symptoms scores

as well as greater anxiety, depression, and dissociation symptoms. Interestingly, children's reports of the quality of the parent-child relationship were associated with 83% of child rated outcomes and 64% of parent-rated outcomes, while clinician's reports of parental support were related to only 17% of children reported outcomes and 18% of parent-rated outcomes, namely, child's externalizing and delinquent behaviors. These findings led the authors to conclude that attachment may be a more valid predictor of sexually abused children's outcomes than parental support.

According to (Calkins & Hill, 2007), the preschool period is crucial to the development of Emotional Regulation and parents play an important role in fostering it, particularly for younger children. Parental influence on ER occurs through various means: external ER, vicarious learning, operant conditioning, and discussions about emotion and its regulation (Thompson, 2013). The influence of parental variables on ER of sexually abused children, however, has yet to be explored, and a number of factors may influence mothers' capacity to sustain ER development.

Children's disclosure of CSA often precipitates a crisis for the non-offending parent (Cyr, McDuff, & H´ebert, 2013), who is susceptible to experiencing significant distress. This distress may even be more salient for parents who have themselves experienced CSA as the child's disclosure may prompt intrusive memories of past trauma. Empirical studies have revealed that close to 50% of mothers of sexually abused children have themselves been sexually victimized in childhood, which represents twice the prevalence rate found in community samples (Cyr et al., 2013).

A history of past trauma is associated with a higher risk for psychological difficulties that may impair mothers' capacity to support their children following CSA disclosure and to foster development of ER. Young children's ER development may be especially affected by parental distress because of their greater dependence on parents than older children (H´ebert, Langevin, & Charest, 2014).

It could also be indicative of vicarious learning processes at work or of a lack of optimal coaching in regulation of emotional arousal on the part of the parents (Thompson, 2013). Indeed, high levels of distress in some parents might be attributable to their lower ER competencies (Gross, 2013).

The Mother's Moral Perception

The mother is, in the family context, the closest person to the child and "should" be more attentive to signs of sexual abuse, although oftentimes, due to unconscious processes determined by her own life history, she denies the evidence. This fact, however, does not justify the idea that mothers should be punished. Instead, one should try to understand the family dynamics as a whole. (Ferreira, 2006).

In the study of Schaich, Borg (2008) reported that disgust is an emotion related to avoiding harmful substances; it has been linked to moral judgments in many behavioral studies. However, the fact that participants report feelings of disgust when thinking about feces and a heinous crime does not necessarily indicate that the same mechanisms mediate these reactions. Humans might instead have separate neural and physiological systems guiding aversive behaviors and judgments across different domains. The present interdisciplinary study used functional magnetic resonance imaging (n=50) and behavioral

assessment to investigate the biological homology of pathogen-related and moral disgust. Evidence was provided that pathogen-related and sociomoral acts entrain many common as well as unique brain networks. It was also investigated whether morality itself is composed of distinct neural and behavioral subdomains. Evidence was provided that, despite their tendency to elicit similar ratings of moral wrongness, incestuous and nonsexual immoral acts entrain dramatically separate, while still overlapping, brain networks. These results 1] provide support for the view that the biological response of disgust is intimately tied to immorality, 2] demonstrate that there are at least three separate domains of disgust, and 3] suggest strongly that morality, like disgust, is not a unified psychological or neurological phenomenon.

Astuti & Bloch (2015) concerned the role of intentionality in reasoning about wrongdoing. Anthropologists have claimed that, in certain non-Western societies, people ignore whether an act of wrongdoing is committed intentionally or accidentally. To examine this proposition, the case of Madagascar was evaluated. The Authors start by analyzing how Malagasy people respond to incest, and in this case, they do not seem to consider intentionality: catastrophic consequences follow even if those who commit incest are not aware that they are related as kin; punishment befalls on innocent people; and the whole community is responsible for repairing the damage. However, by looking at how people reason about other types of wrongdoing, it has been shown that the role of intentionality is well understood, and that in fact this is so even in the case of incest. It has been therefore argued that, when people contemplate incest and its consequences, they simultaneously consider two quite different issues: the issue of intentionality and blame,

and the much more troubling and dumbfounding issue of what society would be like if incest were to be permitted. This entails such a fundamental attack on kinship and on the very basis of society that issues of intentionality and blame become irrelevant. Using the insights derived from this Malagasy case study, the results were re-examined of Haidt's psychological experiment on moral dumbfoundedness, which uses a story about incest between siblings as one of its test scenarios. It was suggested that the dumbfoundedness that was documented among North American students might be explained by the same kind of complexity that was found in Madagascar. In light of this, the methodological limitations of experimental protocols were unable to grasp multiple levels of response. The limitations of anthropological methods and the benefits of closer cross-disciplinary collaboration were also noted.

Sousa & Swiney (2016) mentioned that in an article (Astuti and Bloch, 2015), cognitive anthropologists Astuti and Bloch claim that the Malagasy are ambivalent as to whether considerations of intentionality are relevant to moral judgments concerning incest and its presumed catastrophic consequences: when making moral judgments about those who commit incest, the Malagasy take into account whether the incest is intentional or not, but, when making moral judgments relating to incest's catastrophic consequences, they do not take intentionality into account. Astuti and Bloch explain the irrelevance of intentionality in terms of incest entailing such a fundamental attack on the transcendental social order that the Malagasy become dumbfounded and leave aside considerations of intentionality. Finally, they claim that a similar dumbfound reaction is what is involved in the moral dumbfounding concerning incest that social psychologist Jonathan Haidt has

found in the US. In this article, the Authors argue that 1] Astuti and Bloch are unclear about many aspects of their claims (in particular, about the moral judgments at stake), 2] they do not provide sufficient evidence that considerations of intentionality are deemed irrelevant to moral judgments relating to incest's presumed catastrophic consequences (and hence for the claim that the Malagasy are ambivalent), 3] their hypothesis that conceiving of incest as an attack on the transcendental social renders considerations of intentionality irrelevant lacks coherence, and 4] the extension of their explanatory account to the moral dumfounding of American students in Haidt's well-known scenario of intentional incest is unwarranted.

This shows that there is an empirical test of the factors governing moral sentiments relating to incest. Incestuous and nonsexual immoral acts entrain dramatically separate, while still overlapping, brain networks. The biological response of disgust is intimately tied to immorality. There are at least three separate domains of disgust, and morality, like disgust, is not a unified psychological or neurological phenomenon. The education and awareness of persons, such as teachers and physicians, who may confront incestuous relationships rather frequently, are very important in the protection of children and in their adaptation to society. If imprisoning consenting adults can be justified for choosing partners who will increase the risk of having children with disabilities, then a troubling precedent is set (Swiney, 2016).

The Mother's Perception of the World

Child abuse of any kind by a parent is a particularly negative experience that often affects survivors to varying degrees throughout their lives. However, child sexual abuse

committed by a parent or other relative — that is, incest — is associated with particularly severe psychological symptoms and physical injuries for many survivors. Survivors of father-daughter incest are more likely to report feeling depressed, damaged and psychologically injured than are survivors of other types of child abuse. They are also more likely to report being estranged from one or both parents and having been shamed by others when they tried to share their experience. Additional symptoms include low self-esteem, self-loathing, somatization, low self-efficacy, pervasive interpersonal difficulties and feelings of contamination, worthlessness, shame and helplessness. Furthermore, in cases in which a mother chooses the abuser over her daughter, the abandonment by the mother may have a greater negative impact on her daughter than did the abuse itself. This rejection not only reinforces the victim's sense of worthlessness and shame but also suggests to her that she somehow "deserved" the abuse. As a result, revictimization often becomes the rule rather than the exception, a self-fulfilling prophecy that validates the victim's sense of core unworthiness (Lawson, 2018).

Mother-Daughter Relationship

Fitzgerald, Shipman, & Jackson (2005) mentioned that although women with histories of child sexual abuse perceive themselves as less competent mothers and report greater parenting difficulties than non-abused women, few investigators have actually observed the parenting behaviors of CSA survivors. The study revealed that although incest survivors reported less parenting self-efficacy than did non-abused mothers, their interactional styles with their children were positive overall and comparable to those of non-abused mothers. Specifically, survivors displayed moderate to high levels of support,

assistance, and confidence, and their children showed high levels of affection towards their mothers. Incest survivors reported less bonding with their own mothers in childhood and poorer current psychological adjustment. Findings suggest that incest survivors' perceptions of their parenting abilities may be more negative than their actual parenting behaviors.

For the most part, they are not very glamorous and most of the time go unnoticed (unless they are not done) and unappreciated. Such things as changing diapers, picking up toys, fixing snacks, carpooling to and from school and athletic activities, offering a word of encouragement or correction, feeding our families nutritious meals, making sure they have something clean and suitable to the occasion to wear, making sure they are bathed and teeth are brushed, and checking schoolwork- are all part of many mothers' everyday activities. On a less-than-daily basis, we take our children to doctors, administer medicine, rock scared children back to sleep after a nightmare, listen to a child pour out his or her heart over hurt feelings, soothe a child in the emergency room for stitches or a broken limb, decorate for a birthday party, make a costume, encourage them as they learn a new skill, cheer them on at a school performance, and do many of the other countless things we moms do as we nurture our children to adulthood. (http://www.cuf.org/FileDownloads/LayWitness/ma07mitch.pdf November 19, 2012)

Meaning of Child Rearing

According to the Boston University School of education, child rearing can be both difficult and rewarding at the same time. The goal of every parent is to have your child grow up to be a respectable and resourceful adult in society. Building a sturdy character in

your child takes time and requires parent involvement and unconditional support and love. According to Julie Boelke (2013), effective discipline is one of the building blocks of child rearing. Discipline is different from abuse. Abuse is wrong and consists of physically and mentally hurting your child. Effective discipline involves punishing with a loving heart and being persistent about the consequences of right. Discipline plays an important part in child rearing because it helps the child develop an understanding of right and wrong behavior. Proper guidance helps your child grow, develop and respond to life in a positive way. Many families base their everyday lives on spirituality and religious beliefs. If your family is religious, it might be important to you to raise your child with the same beliefs. This includes discussing religion on a regular basis, attending services and enrolling your child in religious classes to learn more about her faith. (http://www.livestrong.com/article/child-rear January 20, 2013)

As cited in the study of Alampay (2011), in terms of child rearing attitudes, parents may be described as authoritarian, which emphasizes strictness, respect for authority, and obedience. In contrast, progressive attitudes pertain to childrearing of a more democratic nature, where children are encouraged to think independently and verbalize their ideas. Studies have revealed that Filipino parents, in general, subscribe to authoritarian attitudes. In a nine-country study, Filipino parents rated authoritarian attitudes higher relative to other countries, and progressive and modern child rearing attitudes lower (Bornstein and Jocson, 2011).

Valuing of obedience, in turn, shapes the strategies and interactions of parents with their children. Specifically, authoritarian attitudes positively predict endorsement of

physical punishment and the frequency of its use among Filipino parents (Jocson et al.2012). *Disiplina*, or discipline, is a dominant theme of Filipino child rearing, and disobedience is the transgression that most often warrants disciplinary action. Acts of disobedience include non-compliance with parents' rules, orders, or requests; talking back to parents; being naughty by causing younger siblings to cry; interrupting adult conversations with disrespectful chatter; play-fighting with children or siblings; and disrupting order in the house or an event with unnecessary noise or activity (Sanapo and Nakamura, 2011). Physical punishment, such as spanking and slapping extremities with the hand or an object, is not uncommon, with about 74 % of Filipino parents reporting its use in a given month (Lansford et al.2010 ; Sanapo and Nakamura2011),and even with adolescent children.

Role Reversal Concept

When there is a role reversal dynamic in a mother-daughter relationship, the young daughter usually takes on the role of the mother in terms of mothering the mother (and other family members) by becoming the helper, confidante, and caretaker of the mother. It's not unusual in this dynamic for the daughter to take on adult responsibilities at a young age such as cooking, cleaning, taking care of the other children in the household, listening to the mother's problems, and trying to solve the mother's problems.

In some highly dysfunctional families, it might also involve the daughter taking on the role of the sex partner to the father, sometimes with the mother's knowledge and sometimes without. Mothers who are part of this dynamic often have their own unmet emotional childhood needs from when they were growing up, possibly in a similar dynamic

with their own mother. Growing up with unmet emotional needs makes it more likely that mothers will unconsciously seek the nurturing that they didn't receive from their own mothers from their young daughters.

The concept of mother-daughter role reversal is a repeated theme in the clinical literature on paternal incest. Through a variety of permutations, this version of mother-daughter interactions is said to “set the stage" for incest to occur, using what appears to be the following sequence of "logic". The father in a family observes his daughter fulfilling the role that his wife is expected to play -- taking care of the children, making meals, and doing general household chores (either to help her mother or because her mother is not doing these things). He assumes that, because his daughter is providing other services that his wife is "supposed" to perform, it is acceptable to expect his daughter to fulfill his sexual needs, as well. The concept as a "pathological bind between mother and daughter which becomes the source and the solution" for paternal incest. This image was inspired by repeated images of daughters, their mothers caught up in destructive relationships that lead to incest and treatment that is focused on getting these mothers, and daughters back into their proper roles (Bethany Webster, 2020).

In the study of Bridges, D.M. (2013)**,** children that are left behind need to have continuous contact with their mother in order to sustain some kind of stability within the family. They concluded that more awareness and knowledge of incarcerated mothers’ family relations need to be incorporated into institutional practice to maintain supportive relationships among family members.

According to Silver (2013), as stated by Huguard (2000), sexual abuse in a family or incest is a betrayal of relational ties and family roles. It damages a survivor's capacity to trust and comfortably interact with others. It has been noted that early family therapists argued for the conception of incest as a "family affair" and that all family members should be blamed for child sexual abuse.

On the study of Gqabi (2016), stated that incest generates untold damage to the relationship between children and their parents, leaving children vulnerable and not knowing who to trust as someone very close to them abused them and breached their trust. Incest results in a disrupted family support system, loss of trust in the people very close to the children who have the responsibility to take care and protect them from harm.

A study conducted by Rakovec, N. etal (2016) found that sexually abused children perceived that protective attitude of mothers are very important especially when the abuse happened within the family. Supportive mother can decrease the negative long-term outcome of the abuse that the mother's support can attribute to stop the ongoing abuse, it can eliminate immediate effects and decrease negative long-term outcome to a child experiencing the abuse. He also mentioned that 30% to 80% of victims do not disclose the abuse before adulthood. This suggests that many children may endure sexual trauma from childhood to adolescence without proper interventions.

Incest is considered as a sexual activity between two individuals who are closely related in blood like sister to brother, father to daughter, uncle to niece, cousin to cousin, son to mother, etc. Specifically, this means having sexual intercourse with family members without permission or "doing sexual intercourse by force". Based on the result of the study,

majority of the victims belonged to age bracket between 3 to 17 years old; all of them were advised to undergo further examinations; most of the victims were abused by their own family and thought that they were betrayed by the perpetrators and their own mothers; some of the victims were sisters abused by their father, grandfather, stepfather, and brother in-law; victims were suffering from depression and denial after the incident happened and some of the victims became prone to self-mutilation and suicidal ideation; left a stigma for the rest of their lives (Reyes et al., 2017).

The Daughter

McDonald & Martinez (2017) mentioned that while sibling sexual abuse may be the most common form of sexual violence within the family, relatively few studies have been conducted on this topic. The current study addresses this gap in the literature through analyses of thematic categories in narratives gathered from an online survey of sibling sexual violence. Survivors were asked to report why they believed their siblings had become sexually abusive toward them. Participants believed that their abusers had learned to be abusive due to their own victimization or exposure to pornography, were abusive to establish dominance over them, or had some undisclosed mental illness. While the study does not claim to test these explanations or include abusers' own narratives, it offers insight as to how sibling sexual violence survivors make sense of their experiences and assign blame to abusers and their families. It also offers insights into future inquiries about sibling sexual abuse. It shows that daughters involved in incest are submissive, passive, fearful, whereas the abusive fathers are dominating, impulsive, used violence or threats to obtain the daughters sexual co-operation. Mothers are weak and are failing to provide help for

their daughters. Incest survivors project more negative characteristics on their drawn characters than do control women. Victims believe that their abusers have learned to be abusive due to their own victimization or exposure to pornography, were abusive to establish dominance over them, or have some undisclosed mental illness.

Father-Daughter Incest

As cited by (Courtois, C, 2020), Incest between fathers and daughters seems to be the most prevalent of any type (although a surprising finding of Russell's study was that father-daughter incest was slightly exceeded in prevalence by uncle-niece incest; this finding is in need of replication).

Stroebel, Kuo, & O'Keefe (2013) reported that retrospective data from 2,034 female participants, provided anonymously using a computer-assisted self-interview, were used to identify risk factors for father-daughter incest (FDI). A total of 51 participants had reported having experienced FDI. The risk factors identified within the nuclear family by the multiple logistic regression analysis included the following: 1] Having parents whose relationship included verbal or physical fighting or brutality increased the likelihood of FDI by approximately 5 times; 2] families accepting father-daughter nudity as measured by a scale with values ranging from 0 to 4 increased the likelihood of FDI by approximately 2 times for each unit value increase of 1 above 0; 3] demonstrating maternal affection protected against FDI. The likelihood of being a victim of FDI was highest if the participant's mother never kissed or hugged her; it decreased by 0.44 for a 1-unit increase in affection and by 0.19 times for a 2-unit increase; and 4] being in homes headed by single-parent mothers or where divorce or death of the father had resulted in a man other

than the biological father living in the home increased the risk of FDI by approximately 3.2 times. The results were consistent with the idea that FDI in many families was the cumulative result of a circular pattern of interactions, a finding that has implications for treatment of the perpetrator, the victim, and the families. The data also suggest designing an information program for parents that will result in reducing the risk of FDI in families implementing the program's recommendations.

Child sexual abuse (CSA) committed by a parent or parental incest is related to particularly severe physical and psychological symptoms across the child's life span (Beard et al., 2017; Stroebel et al., 2012). Further, the effects of father–daughter sexual abuse (hereafter referred to as incest) are significantly different from the effects of sexual abuse by an adult male other than their father (Beard et al., 2017). For example, compared to a group of females that had experienced child sexual abuse by a man other than their fathers (CSAO), survivors of father–daughter incest (FDI) were more likely to report feeling damaged, psychologically injured, estranged from one or both parents, shamed by others when they tried to open up about their experience, and depressed (Stroebel et al., 2012). Additionally, incest is associated with low self-esteem, self-loathing, feeling contaminated and worthlessness, as well as somatization and low self-efficacy (Pettersen, 2013).

Stroebel, O'Keefe, Beard, Kuo, Swindell, & Kommor (2012) mentioned that retrospective data were entered anonymously by 1,521 adult women using computer-assisted self-interview. Nineteen were classified as victims of Father-Daughter Incest, and an adult other than their father classified 241 as victims of sexual abuse before reaching

18 years of age. The remaining 1,261 served as controls. Incest victims were more likely than controls to endorse feeling damaged, psychologically injured, estranged from one or both parents, and shamed by others when they tried to open up about their experience. They had been eroticized early on by the incest experience, and it interfered with their adult sexuality. Incest victims experienced coitus earlier than controls and after reaching age, 18 had more sex partners and were more likely to have casual sex outside their primary relationship and engage in sex for money than controls. They also had worse scores on scales measuring depression, sexual satisfaction, and communication about sex than controls.

The Stroebel et al. (2013) results above are consistent with other research on risk factors for FDI (e.g., Beard et al., 2017; Russell, 1999). Stroebel and colleagues concluded that FDI is a result of cumulative patterns of family interactions. Loyalty, secrecy, shame, and fear keep incest contained in the family for years and for some a lifetime (Collins et al., 2005). Added to this are the dysfunctional family dynamics that accompany incest: parent conflict, contradicting messages, triangulation, and improper parent–child alliances, within an atmosphere of denial and concealment (Courtois, 2010). Dissociation is one means by which victims of incest cope.

Dissociation denotes, "a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, perception, body representation, motor control, and behavior" (American Psychiatric Association, 2013, p. 291). Cardeña and Carlson (2011) suggest that dissociation includes one or more of the following: (1) a disruption in the continuity of subjective experiences with involuntary intrusions into

present awareness and behaviors (e.g., re experiencing); (2) a disruption in the ability to retrieve information and manage mental activities that typically are open to volitional access and control (e.g., gaps in awareness and/or memory); and (3) detachment or distortions in the perception of self or surroundings (e.g., derealization). A final form of dissociation is described as "the presence of two or more distinct personality states," or identity states, along with amnesia between these states (i.e., Dissociative Identity Disorder [DID]; American Psychiatric Association, 2013, p. 292).

In the studies conducted by Golge (2006), it was found that the father-girl incest related individuals have lower levels of intellectual structures and school conditions and their self-esteem was low. It was reported that sexually abused children have not appropriate education with their ages [18-20]. The education level of victims was found low in this study too. It was revealed that 9 victims were not sent to the school after primary school graduation. This data supports the idea that planning an appropriate education for children may contribute to protection from abuse. The large family structure, substance use, divorce in family, low educational level and low income level are important factors affecting the incidence of incest. The perpetrators tended to have low education levels and were mostly the biological fathers (Bağ & Alşen, 2017;Gencer, 2016;Gölge., 2006;Muratoğlu, 2018).

Gomes, Jardim & Taveira , (2014) mentioned that paternal incest is one of the most serious forms of intrafamilial sexual abuse with clinical, social, and legal relevance. A retrospective study was performed, based on forensic reports and judicial decisions of alleged cases of biological paternal incest of victims under 18 years old (n=215) from 2003

to 2008. Results highlight that in a relevant number of cases: victims were female; the abuse begun at an early age with reiteration; the alleged perpetrator presented a history of sexual crimes against children; sexual practices were physically poorly intrusive, which associated with a forensic medical evaluation performed more than 72 hours after the abuse, explain partially the absence of physical injuries or other evidence-these last aspects are different from extra familial cases. In conclusion, observations about paternal incest are likely to exacerbate the psychosocial consequences of the abuse and may explain the difficulty and delay in detect and disclose these cases. Few cases were legally prosecuted and convicted.

This shows that paternal incest is one of the most serious forms of intrafamilial sexual abuse with clinical, social, and legal relevance. The fathers' thoughts are dominated by themes of sexual gratification, control, power and anger, and rights and responsibilities vis-à-vis their role as father or stepfather. Biologic fathers more frequently are engaged in full intercourse, more frequently are involved multiple daughters and more frequently begin the sexual activity when their daughters are adolescents than do stepfathers.

Incest victims are eroticized early on by the incest experience, interfering with their adult sexuality. These victims experience coitus earlier than controls and after reaching age 18 have more sex partners and are more likely to have casual sex outside their primary relationship and engage in sex for money than controls.

Characteristics of Incestuous Families

In families (Goldberg, 2019) where trauma including sexual abuse occurs, the dynamics may vary. The victim of abuse can become a scapegoat who is responsible for

all family problems. In other families, members can support and protect victims, which sometimes requires them to ignore their own needs and goals, as well as the needs and goals of other family members. Subsystems of family members can form which oppose each other, and that often leads to jealousy among children, particularly if their needs are not heard.

Trepper and Barrett (2014) talk about risk factors that increase the possibility that incest will occur in a family. The more factors found in the family, the higher the likelihood of incest. In their view, these factors are as follows: (1) Families that are relatively isolated from others; (2) Families living in an environment that tolerates male dominance over women and children, albeit only silently and covertly; (3) Families who strictly stick to rigid sexual roles; (4) Families whose members sexualize their interactions; (5) Families that do not deviate from the rules, extremely strictly stick to rigid patterns and do not accept changes nor differences between family members; (6) Families that support and tolerate secrets; (7) Families where the father has weak impulse control, assumes the right to know all children's private things, while also cultivating sexual fantasies about complete sexual power and control of others; (8) Families where the mother is prone to the passive-dependent personality style and will always take care of her needs and protect herself before taking care of her children's safety; (9) Families with a daughter who has a great need for attention, is in a conflicting relationship with her mother, emotionally very tightly "tied" to her father, and distant from her brothers and sisters; and (10) Families where the father was emotionally abused and neglected as a child, and the mother was sexually abused and/or emotionally neglected as a child.

In the study of Družba (2015), the most cruel thing that her mother does to the abused child is that she even advocates for the perpetrator (husband), blames the child, or forces the child into frequent contact with her father (for example, she goes to a party in the evening and leaves the children to be taken care of by the husband, she lets him shower the children, read fairy tales to them in bed, etc.). She suppresses her daughter's every hint that she is in distress and would not want to be alone with her father; and she lets the child know that she is the one who cannot behave properly, that she is annoying, overly sensitive, and complains too much: she has to understand Dad, even when he is unkind, because he is tired and has a demanding job. Other children often "pretend," at least outwardly, that nothing has happened, and the atmosphere in the family is packed with distress, shame, disgust and anger.

Disclosure of incest may be voluntary or unintentional. On one hand children voluntarily disclose about incest for different reasons (New York's Child Welfare Training Institute, 2005:2). Children usually report the abuse in order to share the secret with a reliable adult (Sadock & Sadock, 2011:1341), when they cannot stand the abuse anymore (Zastrow & Kirst-Ashman, 2010:209) and when they want to get away from it (New York's Child Welfare Training Institute, 2005:2). On the other hand, the incident of incest becomes known when another person has observed it, or when a physical injury related to CSA is noted by someone or even brought for medical attention (New York's Child Welfare Training Institute, 2005:2; Sadock & Sadock, 2011:1341; Zastrow & Kirst-Ashman, 2010:209).

Delayed disclosure of incest is common. Barriers for non-disclosure or reporting of Father-Daughter incest are found within families (Taylor & Norma, 2013:114). Some families regard FDI as a family secret, so the matter is discussed within the boundaries of the family. Participants in this study indicated that some fathers use threats and tell daughters not to disclose the abuse. One participant indicated that sometimes mothers are the ones who prevent children from reporting the abuse due to their dependence on these fathers.

Ljubljana (2009) mentioned that clinical experience suggests that it is rare that "only" one child is the victim of incest by the same perpetrator. When the daughter who is abused by her father grows up and may even leave home (sometimes it is enough that she starts puberty), he continues the abuse with his younger daughter, his son or grandchildren. A mother who has not experienced sexual abuse, physical abuse or similar violence in her past, or did have such an experience, but has processed it emotionally, will never stay silent and will definitely protect the child and leave her husband. The father in the incestuous family Contrary to popular opinion, most of the fathers who sexually abuse their daughters do not initially seek sexuality in the relationship – in the sense that they would look for sexual satisfaction with their daughter because they did not get it from their wife. Usually, these fathers are emotionally cut off from their wife, the mother in the family, and therefore turn to their daughter, who at first may be very eager for her father's emotional attention. This father has no boundaries and may soon lose control of his sexual desires, which drive him to approach his daughter in an inappropriate, abusive manner. Sometimes incest can become a place where the father exerts power and control which he lacks in other areas of

life. His daughter is the victim of this power, who “accommodates” his requests, which then turn into demands. The father is fully responsible for the sexual abuse. A father (or, rather, a miserable man) who is capable of sexually abusing his own children totally lacks the contact with the feelings of shame, disgust and contempt. He is not capable of compassion, although he can be very successful in his career. He sees only himself and calms his body by torturing and abusing the body of his helpless, guiltless children. Although apparently, he can function entirely normally with his wife, he experiences most adrenaline, sexual arousal, and pleasure with the child whom he sexually abuses.

Many people wonder why a daughter “participates” in a sexual relationship with her father if she doesn't like it. However, these people forget that a daughter is not a woman who has the opportunity to decide for herself and say “no” to an abusive relationship. She is a young girl (too young and in some cases too small to even talk about, much less understand what is happening). Her father is her “guardian” and is supposed to be trustworthy. Her father is the one who is supposed to protect her from danger. He is supposed to provide food, clothes and safe shelter. It is assumed that he guides her and helps her, cares for her and loves her. She is totally dependent on him and entrusts her young life to him. In this context, it is most natural for a little girl to obey her father and this can go on until she begins to understand “their games" (i.e. that what the father does is not right and that he abuses her), until she is old enough to become fully aware that this is wrong, or until she suffers physical injuries; but even then she remains helpless. If she does resist, her father can begin to threaten her, her mother is already distant anyway, and all her fears force her to keep silent; and the abuse continues. There are many coping

strategies that help the victim deal with this severe trauma resulting from the victim's inability to stop the incest, so that abuse continues, and there are many psychological disorders. In one of her studies, Marsh (2007) found the most frequent effects in girls who were sexually abused by their fathers: suicidal behavior and attempts, chronic psychoses, induced obedience, anorexia, self-injury, repeated cycles of abuse, hysterical attacks, aggressive personality disorders and chronic delinquency, prostitution or sexual sadism/masochism, self-exacerbation, introversion, emotional coldness, frigidity or a lack of trust in emotionally intimate sexual relationships, long-term personal problems, including guilt, anxiety, fears, depression and permanently damaged self-image, and the abuse of drugs and alcohol.

Dynamics of Father-Daughter Incest

Father-daughter incest is usually a symptom of family dysfunction; however, one characteristic of the endogamous incestuous family is that it appears normal and well adjusted. A closer look reveals that the family's inner reality does not match its external appearance. A great deal of stress, strain, and turmoil underlies the facade. Furthermore, the family alternates between overly rigid or overly loose rules and relationships within and outside of the family.

Hershkowitz (2007) also found that older children were more likely to confide in peers and younger children to confide in parents and in Kogan's (2004) study of adolescent girls, young women between the ages of 7 and 13 were most likely to tell an adult while those aged 14 to 17 were more likely to tell peers. Similarly, Bascelli, (2004), in a

study of mostly female adolescents aged 12 to 16, found that peers were by far the most popular choice of first confidante.

London, Bruck, Ceci, & Shuman, (2007) in their review of relevant studies concluded that adults who told someone as a school-age child told a parent rather than a peer and "the most common confidant was another adolescent" (p.201).

Kogan (2004) also found that the older teenagers were more likely to disclose experiences of unwanted sexual experiences with peers to other peers than childhood abuse experiences with adults. Thus, in addition to there being developmental differences in choice of confidante with younger children tending to tell parents and older teenagers tending to tell their peers, the nature of the abuse experience may influence the choice of confidante at different stages of development.

According to Bessa, Drezett, & Adami, (2019), in pregnancies resulting from incest, the adolescent maintains close family and emotional relations with the aggressor, different from what occurs when pregnancy results from sexual violence by strangers. Evidence indicates that this type of relationship with the aggressor may interfere in the dynamics of such violence and the adolescent's access to health services.

According to Rape Abuse and Incest National Network (RAINN, 2019), the victim knows 93% of perpetrators; 59% are acquaintances; 34% are family members. This leaves only 7% of reported sexual abuse cases being attributed to strangers as the perpetrator. Additionally, an American is sexually victimized every ninety-two seconds, and the victim is a child every nine minutes. To further break down these figures, 34% of child victims

are under the age of twelve, and 66% of child victim are between 12 and 17 (RAINN, 2019).

The characteristics of abuse, specifically the victim-perpetrator relationship, have gained attention (Clayton, Jones, Brown, & Taylor, 2018). While the literature has addressed some roles victim-perpetrator relationships play in sexual abuse, other aspects, particularly trust and betrayal, have been overlooked when considering relationship dynamics regarding sexual abuse and its negative effects such as PTSD. This seems important in that 93% of reported cases of CSA (RAINN, 2019) involve relationships in which the victim knows the perpetrator.

On the Study of Wadipalapa (2019), discovered that the underage girls who became the victims of incest rape were generally depends much on the perpetrators and they received strong pressure from the superior male figure of the family. Furthermore, the perpetrators' sexual dissatisfaction with their partners and their social positions in the patriarchal Indonesian society often propelled incest cases in their own families. For the perpetrators, incest might be seen as a disguised form of sanction for the victims' mothers who were considered incapable of fulfilling the de-mands of a sexual role as a wife.

In contrast to other rape cases which often occur accidentally and not repeatedly overtime, incest rape cases are usually difficult to be immediately discovered for many reasons. In incest rape, the indecent act is generally committed over and again for years and only stops when the victims have managed to overcome their fear to speak up, or when the condemned act is found out by other people. It often occurs that the incest cases are left buried and became hidden disgrace since the victims continued to be overshadowed

by the perpetrators' threat or be-cause their own mothers are reluctant to report the case for the reason of the family's dignity (Sawrikar & Katz, 2017, 2018).

On the other hand, the dependency level of the incest victims and their mothers toward the perpetrators often cause them to think twice before finally reporting the person who usually supports them financially to the authorities. The alternatives, which are often chosen by the incest victims, are to get out of the house to live with their other relatives or to become street children in big cities. In this situation, it is highly possible for the incest victims to live astray, be mired in the street life, or even being exploited in the commercial sex industry (Suyanto, 2012). Consequently, the child victims of incest are suffering not only physically and mentally, but also are risking of having a more traumatic experience in the future.

Survivors of Father Daughter Incest were more likely to endorse having suffered psychological injury, more likely to endorse feeling like damaged goods, and more likely to endorse having a listener react with horror and disgust when they tried to open up with another person about their childhood sexual experience (Beard et al., 2017). Survivors of FDI were significantly more likely to report having been estranged from both parents when they were in high school and significantly more likely to have had therapy for CSA than survivors of CSA-AM (Beard et al., 2017).

Beard et al. (2017) showed that reporting the FDI was significantly more likely to end the marriage of the survivor’s parents than not reporting it and also found data consistent with their proposed new mechanism for generation to generation transmission of FDI through the female lineage: If the FDI-survivor (proband) models her behaviors

with her own husband on her mother's behaviors with her husband, the proband FDI-survivor's father, this would set the proband-FDI-survivor's daughter up for FDI in the next generation(e.g., If the proband FDI-survivor fights with her husband and is unaffectionate to her husband like her mother did in her relationship with the proband-FDI-survivor's father, then the proband-FDI-survivor sets her daughter up for FDI, just as her mother had set her up).The study showed a significantly increased (more problematic) depression scale score in the survivors of FDI as adults. The problematic increased depression scale scores of FDI survivors in comparison to survivors of CSA-AM (Beard et al.,2017) result appears to have a theoretical explanation.

The unfolding of father-daughter incest activities Incest manifests itself in five stages: the engagement stage, sexual interaction, secrecy, disclosure and the post disclosure/suppression stage (New York's Child Welfare Training Institute, 2005:1; Zastrow & Kirst-Ashman, 2010:209).2.3.1 The engagement phase Opportunities for fathers to cultivate a flirtatious or threatening sexualized relationship with their daughters develop from fathers spending a lot of time alone with their daughters than with other children or even their wives (Finkelman, 2013:13).The abuse is usually introduced in a very low-key and non-threatening way (New York's Child Welfare Training Institute, 2005:1). Fathers experiment with sexual activities with their daughters to see how proximate they can be and how the daughter reacts to this kind of behavior (Zastrow & Kirst-Ashman,2010:209). The opportunities for the fathers and daughters to be alone may be accidental in the beginning, but planned or created over time (New

York's Child Welfare Training Institute, 2005:1). Fathers may adopt a number of tactics to persuade the daughter and rationalize the abuse (Finkelman, 2013:95).

Profile of Offenders

Seto, Babchishin, & Pullman, (2015) also reported that intrafamilial child sexual abuse is a serious social and health problem, yet explanations of sexual offending against children that emphasize antisocial tendencies and atypical sexual interests do not adequately explain intrafamilial offending. In this meta-analysis, other explanations of intrafamilial child sexual abuse were tested by examining 78 independent samples that compared a total of 6,605 intrafamilial offenders to a total of 10,573 extra familial offenders, in studies disseminated between 1978 and 2013 (Mdn=2000). Intrafamilial offenders were significantly lower on variables reflecting antisocial tendencies (e.g., criminal history, juvenile delinquency, impulsivity, substance use, and psychopathy) and atypical sexual interests (e.g., pedophilia, other paraphilias, and excessive sexual preoccupation). Contrary to other explanations that have been proposed, intrafamilial offenders scored lower on offense-supportive attitudes and beliefs, emotional congruence with children, and interpersonal deficits; intrafamilial offenders also did not differ from extra familial offenders on most indicators of psychopathology. Intrafamilial offenders were, however, more likely to have experienced sexual abuse, family abuse or neglect, and poor parent-child attachments.

The data on the age difference (in years) between perpetrators and their victims show that 16% of perpetrators are 40 years older than their victims, 39% are 20–39 years

older, 30% are 5–19 years older, 13% are less than 5 years older, and 2% of the perpetrators are of the same age as their victims. Research suggests that many cases of incest include multiple (many) violent sexual acts ranging from several months to several years. Usually, there is an escalation of some sexual activity. Most incestuous relationships do not begin with coercion and physical violence but rather under the guise of affection, love, teaching, or as something entertaining and special. The coercion is most often very subtle, especially at the beginning. Gradually, however, both violence and threats usually build up, particularly with the aim that the abuse can continue and remain a secret. Although neither a raped woman nor the victim of incest "consent" to sexual activity, the traumatic experience of the latter is different because of the significant role that the perpetrator has in the child's life (e.g. father, mother, uncle, grandfather, etc.) and the authority this adult represents.

Firestone, P., Dixon, K.L., Nunes, K.L. & Bradford, J.M. (2005) . compare incest offenders (IOs) whose victims include infants or toddlers to IOs with adolescent victims on several variables commonly examined in the sexual offender literature. Participants were 48 men whose youngest victim was less than 6 years of age (younger-victim incest offenders; YVs); and 71 men whose youngest victim was 12 to 16 years of age (older-victim incest offenders (OVs). In general, YVs showed more emotional disturbance and pathology than OVs. Compared with OVs, YVs had a greater history of substance abuse and more current problems with alcohol. In addition, YVs reported significantly poorer sexual functioning and were significantly more psychiatrically disturbed. YVs were also more likely to have a male victim, to have victimized a nephew/niece or

grandson/granddaughter, and to have denied their offense(s). It was evident that both the YVs and OVs demonstrated clinically significant difficulty with normal sexual functioning and exhibited deviant sexual arousal.

According to Putri, Prasetyo, & Lendang. (2020), characteristics of incest perpetrator were using power, threats and manipulative, not appreciate the behavior is wrong, and has negative perception about women.

Putri et al. (2020) mentioned that the factors that cause sexual violence have two parts, the internal factors (psychiatric. Psychological, biological, and moral) and the external factors (socio-cultural, economic and mass media). Cases of incest often occur between brothers and sisters. Incest's perpetrators are the scope of the family for the victims, which are biological father, biological mother, older siblings, and biological siblings (Komnas, 2015).

Men are more likely to perpetrate violence if they have low education, a history of child maltreatment, exposure to domestic violence against their mothers, harmful use of alcohol, unequal gender norms including attitudes accepting of violence, and a sense of entitlement over women. (Hills & Amobi (2016).

Women are more likely to experience intimate partner violence if they have low education, exposure to mothers being abused by a partner, abuse during childhood, and attitudes accepting violence, male privilege, and women’s subordinate status. (Hills & Amobi (2016).

A 2011 systematic review and meta-analysis of the prevalence of child sexual abuse around the world places the prevalence among girls at around 20% and among boys

at around 8%. (WHO, 2017). Another 2013 meta-analysis of the current prevalence of child (< 18 years of age) sexual abuse worldwide suggest that around 9% of girls and 3% of boys experienced attempted or completed forced intercourse (oral, vaginal or anal) and 13% of girls and 6% of boys experience some form of contact sexual abuse.(J. Barth et al, 2013).

Data from surveys of violence against children in nine low- and middle-income countries (in which children and youths aged 13–24 years were interviewed, showed that for respondents aged 18–24 years, the prevalence of any form of sexual violence in childhood (0–17 years) ranged from 4.4% to 37.6% among girls in Cambodia and Swaziland respectively. (UNICEF, 2017).

The prevalence was over 25% for most of nine countries. For boys, the prevalence of any form of sexual violence in childhood (0–18 years) ranged from 5.6% in Cambodia to 8.9% in Zimbabwe and 21.2% in Haiti. The lifetime prevalence of physically forced or pressured/coerced sexual intercourse among girls (0 to 18 years) ranged from a low of 1.5% in Cambodia to a high of 17.5% in Swaziland. For boys, this figure ranged from 0.2% in Cambodia to 7.6% in Haiti. A 2014 study based on three national telephone surveys of youths (aged15–17 years) from the United States of America (USA) found that 26.6% of girls and 5.1% of boys had experienced sexual abuse and sexual assault by the time they were 17 years old. (Journal of Adolescent Health, 2017).

Quarshie, Osafo & Akotia (2017) reported that in Ghana, incest is considered sinful, taboo, and illegal. However, recent media reports show that incest has become a daily reality in Ghana. This study is a situational analysis of the pattern of incest in Ghana

as reported in the media from January 2008 through July 2015. Qualitative content analysis was conducted on 48 incest news reports in Ghana. The findings showed that father-daughter incest was most frequent across the study period. Forty-seven females aged 3 to 25 years and a male-aged 3 years were identified as victims. Generally, the incest lasted between 1 day and 13 years before disclosure. Perpetrators employed psychological and/or physical methods to coerce their victims. Marital difficulties, diabolical control, and seduction by the victim featured prominently as alleged motives behind the abuse. The study observes that the recent increase in father-daughter incest warrants an immediate shift of research attention onto men's mental health in Ghana. This demonstrates that interfamilial offenders compared to extra familial offenders are lower on variables reflecting antisocial tendencies (e.g., criminal history, juvenile delinquency, impulsivity, substance use, and psychopathy) and atypical sexual interests (e.g., pedophilia, other paraphilias, and excessive sexual preoccupation). Adolescent sibling-incest offenders report significantly more marital discord, parental rejection, physical discipline, negative family atmosphere, and general dissatisfaction with family relationships. Offenders against siblings are also more often victims of childhood sexual abuse and are more likely to have a younger child in their families.

Compared with older-victim incest offenders (OVs) younger-victim incest offenders (YVs) have a greater history of substance abuse and more current problems with alcohol. YVs reported significantly poorer sexual functioning and were significantly more psychiatrically disturbed. YVs are also more likely to have a male victim, to have victimized a nephew/niece or grandson/granddaughter, and to have denied their offense(s).

Perpetrators employ psychological and/or physical methods to coerce their victims. Marital difficulties, diabolical control, and seduction by victim featured prominently as alleged motives behind the abuse (Firestone & al.,2005).

According to Nukunya (2011), the biosocial thesis of incest postulates that close involvement of fathers in the early upbringing and nurturing of daughters reduces the probability that father daughter incest would occur in the future. The theory is therefore based on a habituation-type mechanism: sexual arousal is militated against by familiarity but is stimulated by novelty. Hence, a father finds his daughter sexually attractive if he is not engaged in her upbringing. The import of this theory appears to be a good fit with this study because generally the Ghanaian culture of family life does not readily lend itself to the full engagement of men or fathers in child rearing practices. Fathers are usually breadwinners and sporadic disciplinarians (Nyarko, 2014).

Generally, the incest lasted between 1 day and 13 years before disclosure:18.8% was reported after the first incident, 35.4% lasted between 1 and 4 weeks, 25% lasted between 1 and 2 years, and 20.8% lasted between 3and 13 years before disclosure. It appears the delay in reporting could stem from compliance techniques used by the perpetrators. As found in studies on other forms of intrafamilial abuses and sexual crimes in Ghana (e.g., Boakye,2009a, 2009b; Quarshie & Mensah, 2013), it is also possible the victims were too young to know where to report or how to go about it. Again, a possible explanation may be found in the fact that in a typical Ghanaian society, children are socialized to respect elderly persons and to obey them. This makes it difficult for the

children to strongly resist the advances of such persons and to report any act of sexual violence immediately (Minkah-Premo, 2001, p. 27).

In the study of Testoni, Mariani & Zamperini, (2018) shows the description of perpetrators revealed not only sexual abuse was perpetrated, but also psychological and physical abuse. About half of mothers did not come to their daughters' aid and those who cooperated with the abusers had mostly suffered from CSA at a time in their life. Only three mothers did help their daughters in contacting the anti-violence centers. However, most of the service centers were not concerned with the relationship between incest and domestic re-victimization, while those who considered the problem, dealt with it only on the practitioner–patient level. In addition, despite the psychologists using professional and empathetic language, they disclosed their high emotional involvement and a genuine bewilderment. A discussion on the need to standardize the psychotherapeutic support given to these re-victimized women was presented, with a critique to the un-discriminated depathologization approach adopted by almost all anti-violence centers. In particular, the result of the study would like to prove that this approach is useful in treating victims who were not abused during infancy, it could be insufficient for women who suffered from incest.

Incest: A Growing Reality

Incest cases increasingly reported in the Philippines. Data from the Department of Social Work and Development (DSWD) reveals the prevalence of incest nationwide. From1991 to1996, the number of reported incest cases reached 1,835 from 45 in 1991. For

1996 alone, the DSWD documented 624 cases of incest out of the 2, 621 reported cases of sexual abuse of children. The top five regions with the most number of reported incest cases are the National Capital Region with 178 cases, followed by Region IV (100 cases) , Region III (50 cases), Region VII (44 cases), and Region V (42 cases).

According to the data of Commission on Human Rights (March, 2019), there are 7 cases of incest from six regions namely: Region 1 (Ilocos), Region 2 (Cagayan), Region 3 (Central Luzon), Region 5 (Bicol), Region 11 (Davao) and CARAGA with the age ranging from 5-12 years old.

From the data given by Department of Social Welfare and Development (DSWD) as of December 2018, there are 357 total of Incest cases with the following data: NCR, 21; CAR, 1; Region 1, 22; Region II, 12; Region III, 34; Region IV-A, 38; Region IV_B, 1; Region V, 23; Region VI, 16; Region VII, 24; Region VIII, 33; Region IX, 55; Region X, 33; Region XI, 10; Region XII, 14; and CARAGA Region is 20. Age Bracket is between 1-18 years old.

Data from Community Based of Incest is 52 coming from Region III, 1; Region IV-B, 1; Region IX, 31 Region X, 17 and Region XII is 2 with the age bracket of below 1 year old to 18 years old.

From Center Based, there are 305 cases of Incest. From NCR, 21; From CAR is 1; Region I, 22; Region II, 12; Region III, 33; Region IV-A, 38; Region V, 23; Region VI, 16; Region VII, 24; Region VIII, 33; Region IX, 24; Region X, 16; Region XI, 10; Region XII, 12; and CARAGA region is 20 with the age bracket of below 1 year old to 18 years old.

Incest cases form Haven for Women is 133. From NCR is 71; Region I, 2; Region II, 1; Region III, 7; Region IV-A, 12; Region IV-B, 1; Region V, 10; Region VII, 23; Region IX, 5; and CARAGA is 10 with age bracket of below 1 year old to 18 years old.

Home for the Girls Incest Cases is 234 such as follows; NCR is 19; Region I, 15; Region III, 32; Region IV-B, 28; Region V, 16; Region VI, 19; Region VII, 33; Region VIII, 24; Region IX, 16; Region X, 16; Region XII, 12; and CARAGA region is 20 with the age bracket of 5 years old to 18 years old.

D'zatko (2011) stated in his study that women who were survivors of childhood incest might have a greater tendency to distance themselves from normative parenting roles while their children are young. Large effects were reported across multiple, and in some cases, contradictory parenting domains (authoritarian parenting, permissive parenting, hyper-vigilance, and low parenting efficacy), however, which leads to the logical conclusion that CSA survivors are not a homogenous population with respect to future parenting outcomes.

Torres-Yu (2011) The 'absent-mother' phenomenon appears to be an emerging practice as a rising number of women continue to join the global labor market. The latest assessment reveals that men no longer comprise the bulk of international migrants. Thus, estimates show that approximately 10 million children are growing up without a mother.

Most of the time, OFW children secretly dream about their parents coming home. Frequently, such a dream is kept secret or hidden behind a happy façade as they have been "brainwashed" that parents do this to prepare for their future. With the passage of time, they become numb to the absence and silently accept their "orphan-like" status.

Young children cope by playing, while older ones strike up friendships and justify the departure of their parents. Meanwhile, OFW teenagers, particularly females, acquire the penchant to look elsewhere for parental care (Bautista, 2011). In most cases, those who can't put up with the loneliness turn to drugs, alcoholism, bad company, and for a few, suicide. Distressingly, there are also reports of incest between fathers left behind with the older female children.

Doyle, N. (2016), cited that mothers who were sexually abused in childhood did not differ from mothers who were not sexually abused in terms of their parenting self-perceptions. After controlling for depression, there was no moderation effect for family support. However, there was a main effect of family support, indicating that regardless of childhood sexual abuse status, family support was associated with better parenting self-perceptions.

Although historically the incest prohibitive regulation is considered an almost ubiquitous cultural phenomenon that is not influenced by psychobiological factors related to the evolutionary history of human species, recent findings have challenged this traditional view and argued that the incest avoidance and prohibition are influenced by biological and cognitive factors along with cultural regulation. One argues the existence of endogenous mechanisms that have evolved for inhibiting sexual activity between close relatives and form the basis to regulate the incest prohibition (exogenous mechanism) socially. The Westermarck effect is highlighted, in which the close proximity of persons living together from early childhood triggers sexual intercourse aversion between them.

The absence of disposition to incest and its institutional prohibition represent a complex integration between psychobiological and cultural factors (Holanda, 2017).

Daughters that are victims of incest with the father present problems regarding sexual esteem, depressive symptomatology and psychological suffering. The start age of this kind of incest is premature, with estimates from 5 to 8 eight years old for the daughter. More than 80% victims feel distant from both parents or only from the male progenitor, indicating affection damage (Stroebel et al., 2012).

Research suggests that mothers who experienced childhood sexual abuse tend to have more negative parenting self-perceptions than their non-sexually-abused counterparts (de Jong, Alink, Bijleveld, Finkenauer, & Hendriks, 2015, for a review). For example, mothers who are survivors of childhood sexual abuse have reported low parenting self-esteem and parenting confidence, low sense of parenting efficacy, low parental sense of competence, low parenting satisfaction, and feelings of irresponsible parenting (Bailey, De Oliveira, Wolfe, Evans, & Hartwick, 2012; Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005; Wright, Fopma-Loy, and Oberle, 2012). Taken together these findings indicate a relationship between the trauma of childhood sexual abuse and the way that mothers later view their own parenting.

How the discovery or disclosure of sexual abuse is handled is often more important to the child than the abuse itself (Sanford, 2010, Boon, et al., 2006, Van der Hart, et al., 2006). Reasons for non-disclosure among this and other study respondents include embarrassment and shame, fears that they would not be believed or helped, or that they would be blamed for the abuse (ibid, Fleming, 1997, London, et al., 2008).

Understandably, children with closer relationships or who are dependent upon the abuser are least likely to disclose (Kogan, 2004,) and most likely to recant. To recant is to take back a disclosure of abuse. In one study, about a quarter of substantiated cases of sexual abuse had been recanted at least once.

Another possibility for the lack of significant findings for the relationship between childhood sexual abuse and later parenting self-perceptions may relate to the age of the children of mothers in this sample. It is possible that feelings about oneself as a parent may change over the course of a child's life. In the present study, new mothers were interviewed when their children were between two and four years old. As noted by Seltmann and Wright (2012), sometimes mothers who are survivors of childhood sexual abuse experience more parenting difficulties when their children reach the age of anniversaries of their own abuse. The mothers of young children in the present study may not have reached that landmark event but may experience negative parenting self-perceptions as their children grow and reach those ages. Also, studies that have found differences in parenting self-perceptions between mothers who are survivors of childhood sexual abuse and non-sexually abused mothers have looked at mothers whose children's ages range from infancy to adolescence.

Seltmann and Wright (2013) found that current partner support partially attenuated the effects of childhood sexual abuse on poor parenting outcomes for mothers who were mildly depressed. While support from a partner may be important, less is known about the support received from other family members. Given that not every mother has a partner, it is crucial to widen the lens and look at other sources of support she may receive. It is

possible that the existence of support from one's family may buffer the effects of childhood sexual abuse on later parenting; however, the role of family support has never been studied in this context.

Working Abroad and Incest Cases

A 2015 study conducted by the *National Baseline Study on Violence Against Children* (NBS-VAC) likewise showed a high incidence of violence against children in various forms in the Philippines. In that study, incest was among the crimes being committed. "What was most surprising and most shocking was not only the high level of sexual violence, but also physical violence, and most of it were perpetrated at homes by family members and or caregiver, right in the place where they should be protected and nurtured," emphasized *Lotta Sylwander*, Philippine representative of the United Nation's International Children's Fund (UNICEF, 2015).

Carey et al., (2006), mentioned that men has an important role in parenting and it is unclear if early abuse affects father's parenting behaviors or if the effect of childhood abuse is similar among men and women. Due to the lack of research examining parenting behaviors of male victims of childhood abuse, much is unknown, but it has been assumed that the effects of childhood abuse are the same for men and women. The purpose of this study was to extend the knowledge about the effects of childhood abuse on parenting with an emphasis on gender differences. The participants are parents who have experienced physical abuse, rape, sexual molestation, and witnessed physical violence at home will report: (1) lower quality of parent-child relationships, (2) more aggressive parenting

practices relative to those not experiencing these events and (3) the effects of childhood abuse do not differ among men and women.

Putnam (2009) asserted that the research indicates a link between dissociation and attachment, specifically disorganized attachment. Putnam reported that approximately 80% of maltreated children will have disorganized attachment. He further noted that in infants with disorganized attachment, there is a high correlation to future dissociative symptomatology in late adolescence. Additionally, Putnam stated that mothers with disorganized attachment are more likely to raise children who have disorganized attachment. Abuse at the hands of a primary caregiver can cause the child to dissociate so the child does not have to process the confusing emotions of contradictory behavior by caregivers (Herman, 1992; Koral, 2008; Levine & Kline, 2007).

Koral's (2008) research indicated that secure attachment and a healthy family environment are resiliency factors for dissociative disorder. Children who have secure attachment live in home settings that have little discord and can provide the abused child with a strong support system that seem to protect, to some degree the child's risk of developing pathological dissociation. Conversely, children who have disorganized/disoriented attachment may develop dissociative symptomatology even if they have never been abused. Koral's findings are very important in that they highlight the need for early treatment of abused children with disorganized attachment and who live in unstable, discordant environments. Because these children often have extreme difficulty in creating stable and satisfactory relationships, they are even more at risk for psychopathology.

Koral suggested that mentors for these children may be helpful in allowing them to develop a healthy relationship with a non-family member. Such relationships may help build the child's self-esteem, trust in others, and serve as a good role-model for healthy interaction and adaptive coping strategies. Korol also noted that more research should be done on interventions with mothers who suffer from mental illness and alcohol or substance abuse, since they often are not able to provide consistent support for their children during the first few years of life that are so essential to developing healthy attachment.

Parents as Secondary Trauma Victims

Mothers experience secondary victimization because of the ongoing relationship they have with the primary victim. The sexual abuse of a child presents with ongoing and perhaps life-long consequences to mothers, as well as child victims. Mothers observe and are pained by the current problems and grief reactions their children experience after sexual abuse, and they fear future consequences. Schneider (2001) refers to mothers of sexually abused children as co-victims. The disclosure of sexual abuse in a child results in an identity crisis for the mother, affecting her self-esteem, sense of competence in parenting victims and siblings, and trust in her judgment. Because of this, decision-making, assertiveness, and sense of autonomy are negatively impacted.

The sexual abuse of a child can have a profound effect on the mother-child relationship, depending on the identity of the perpetrator and the length of the time over which the abuse occurred. This effect can occur long before the mother knows about the

abuse. If the child thinks that the mother knows about the abuse, and it continues, the child will be angry with the mother without the mother's awareness. If the perpetrator is the father, and he has threatened the child with statements about the mother, this will affect the mother-child relationship. If the father has set up a dynamic of the child becoming the "adult partner" in the home and taking care of him, even if the mother is not aware, the child may grow to blame and hate her. Unfortunately, when the child believes that the mother should know and protect her, and the mother does not do this, the blame shifts away from the offender to the mother (Langston, 2020).

Intrafamilial Sexual Abuse

The National Child Traumatic Stress Network (2009) defined *Intrafamilial sexual* abuse that occurs within the family. In this form of abuse, a family member involves a child in (or exposes a child to) sexual behaviors or activities. The “family member” may not be a blood relative, but could be someone who is considered “part of the family,” such as a godparent or very close friend. When children are abused by adults who are supposed to protect them from harm, their ability to trust and rely on adults may be shattered. Knowing that the abuser is liked—or even loved—by other family members makes it more difficult for children to tell others about the abuse.

Children who have been abused by a family member are more likely to blame themselves for the abuse than those who are abused by someone outside the family unit. This is particularly true of older children, who may be all too aware of the effect that disclosing the abuse will have on other family members. As a result, it can take victims of

intrafamilial sexual abuse weeks, months, or longer to let anyone know that they have been abused and even longer to reveal all the details. Children from cultures that frown on talking about sex or sexuality may be even more reluctant to tell. After disclosing, children and adolescents who have been sexually abused by a family member are often tormented by self-doubt, self-blame, fear of the abuser, and distress over what their disclosure has done to the family. Sometimes, in a desperate attempt to make everything better in the family, they may change their story or even deny that the abuse occurred.

Interestingly, many female survivors report being less concerned about the abusive father than their relationship with their mother who did not protect them (Pettersen, 2013). Some experts have suggested that the following factors are associated with more severe symptoms: longer duration, frequent abuse, high degree of force and intimidation, early childhood onset, transgenerational abuse, penetration, male perpetrator, closeness to the perpetrator, passive or willing participation, having an erotic response, self-blame, shame, exposed incest that continues, parental blame, and failed institutional response (Courtois, 2010). In general, earlier onset, more types of abuse, and greater frequency are associated with more severe impairment (Anda & Brown, 2010).

For many mothers, the greatest challenge is dealing with their own reactions to the child's disclosure. If your child tells you that he or she has been sexually abused, your response can play a powerful role. For many parents, it is relatively easy to believe that abuse has occurred when the victim is a very young child. However, when the victim is an adolescent, many parents find themselves doubting the truth of what their child has told them.

Williams (2011) indicated that the family's contextual environment significantly influences adolescent reaction to sexual abuse. Each systematic level had significant variables. Parental social support and parental educational levels were significant exosystemic variables.

Røseth, I, Bongaardt R, Binder PE. (2011) cited that traumatic experiences of a mother from a past experience merge with destructive present behavior and anxiety filled about expectations about the future. Thus, according to Topcu (2009), larger families, alcohol or a substance abuse increased physical intimacy, and divorce are some of the factors affecting the frequency of incest. Similarly, victims of parents were more likely to have more children and lower education levels in study. Additionally, more than half of the victims were found to live together with the perpetrators and 55% of these were unemployed.

On Middleton, (2013) studies revealed that a series of 10 incestuously abused women were sexually abused from a very early age (before age 3) with the manipulation of their sexual response a key component in conditioning an enduring sexualized attachment. Shame and fear were also used to endure compliances and silence. The women were able to speak of it, describing the induction by their paternal abuser of orgasm at early age, typically around age of 6. The women have high indices of self-harm and suicidality are prone to placing themselves in dangerous reenactment scenarios.

In the study of Masilo, & Davhana-Maselesele, (2016), findings that mothers experienced emotional pain on post sexual abuse. They expressed shock, anger and guilt for not noticing the abuse. They showed significant depression because of lack of support

by stakeholders. Mothers experienced secondary trauma that poses social and psychological challenges with far reaching implications.

Incest Taboo

Lieberman, D, Fessler DM, Smith A. (2011)mentioned that foundational principles of evolutionary theory predict that inbreeding avoidance mechanisms should exist in all species - including humans - in which close genetic relatives interact during periods of sexual maturity. Voluminous empirical evidence, derived from diverse taxa, supports this prediction. Despite such results, Fraley and Marks claim to provide evidence that humans are sexually attracted to close genetic relatives and that such attraction is held in check by cultural taboos. The Authors show that Fraley and Marks, in their search for an alternate explanation of inbreeding avoidance, misapply theoretical constructs from evolutionary biology and social psychology, leading to an incorrect interpretation of their results. The Authors propose that Fraley and Mark's central findings can be explained in ways consistent with existing evolutionary models of inbreeding avoidance. The Authors conclude that appropriate application of relevant theory and stringent experimental design can generate fruitful investigations into sexual attraction, inbreeding avoidance, and incest taboos.

Denic & Nicholls (2006) mentioned that Westermarck's theory of incest taboo states that inhibition of sexual attraction between biologically close relatives is situational and develops during co-residence in early childhood. By contrast, the biological (genetic) basis of incest taboo is presumed from its universality in all human societies and animals and tele logically, from the need to prevent the detrimental effects of inbreeding. As incest

taboo violation is infrequent, the frequency of the presumed gene in the population is believed to be near 100%. Arguments suggest that the incestuous gene may exist in all populations and could play an important role in evolution. When malaria emerged 10,000 years ago, human adaptation proceeded by the selection of protective genotypes.

According to Jankova-Ajanovska (2010), some rape cases result in the pregnancy of the victim and if the case is not reported to the police after the act with a subsequent gynecological examination of the girl and the taking of a vaginal swab, there is no way of connecting the rape case with the perpetrator, except by parentage determination using DNA (deoxyribonucleic acid) analysis after abortion or induced delivery. In order to solve the rape case of a minor girl of 14 years, which resulted in pregnancy, where a 60-year-old man was accused of the rape, DNA was extracted from blood samples from the girl and the putative assailant and from the fetus after its induced delivery. The autosomal STR typing for 15 different loci showed differences in 6 STR loci between the putative assailant as a father and the fetus, thus excluding the tested paternity. A large number of identical loci between the mother's and the child's genotype led us to consider the possibility of incestuous paternity. Analysis of DNA samples from the girl's father and brother clarified the case as brother-sister incest.

This shows that arguments suggest that the incestuous gene may exist in all populations and could play an important role in evolution.

Child Abuse as Defined by Law

Republic Act 7610 defines child abuse as the infliction of physical or psychological injury, cruelty to, or neglect, sexual abuse or exploitation of a child. Physical abuse covers

any act that results in non-accidental physical injury and/or unreasonable physical injury in a child. The injuries may result from severe beatings, strangulation, etc. Physical neglect involves the unreasonable deprivation of a child's basic needs such as food, clothing, shelter, education, general care, and parent's or guardian's supervision. Emotional maltreatment is the infliction of non-physical but unreasonable punishment that involves verbal harassment like cursing and belittling. Sexual abuse is when adults or older persons, use children to gratify their sexual needs or urges. This includes rape, incest, prostitution, pedophilia, and pornography.

The concept of Incest

Theories of incest taboos can be divided into two general categories: intentional and selectionist. According to intentional theories which can also be described as sociological—taboos were (consciously or unconsciously) designed by people to serve some (perceived) function. According to selectionist theories, taboos are the direct or indirect product of natural selection. That is, natural selection could(directly) favor individuals or groups with adaptive taboos, or it could (indirectly) endow people with adaptations from which taboos emerge as a byproduct (Westermarck's hypothesis is selectionist, with natural selection producing the taboo indirectly via the Westermarck effect.) Again, different combinations of forces may shape the incest taboos of different societies. Natural selection always plays some role in cultural evolution by default because all cultural innovations are subject to natural selection. Regardless of how cultural

practices originate, individuals or groups with more adaptive variants tend to proliferate. (Cofnas, 2020).

There are several different definitions of incest, but Marsh (2007) believes that it is necessary to provide a definition which is most acceptable to those who are most affected, i.e. the victims of incest. Incest is any obvious sexual contact between people who are either close relatives (father, mother, brother, sister, grandfather, grandmother, etc.) or are perceived and feel close (e.g. stepfather, stepmother, half-brother and half-sister, parent's lovers etc.). Sexual contact does not only mean touching but also penetration with fingers or objects, mutual masturbation, oral-genital, anal-genital and vaginal-genital contact.

For Courtois (2010), on the other hand, incest can be either abusive or non-abusive, depending on the form in which it occurs and with whom. The author argues that there is no doubt that incest which is intergenerational (grandfather, grandmother, grandfather, uncle etc.) is always abusive, since the two persons involved are the adult, who can use his/her power and coercion, and the child whose position in comparison to the adult's is weaker and dependent. In this respect, we cannot talk about the child's consent to any sexual activity – also because of their immaturity. The question of when the incest is non-abusive, however, does not have such a clear answer. Courtois considers incest non-abusive if it occurs among the relatives of similar age (e.g. brothers, sisters, cousins etc.) with a mutual desire, without any coercion. She also talks about non-abuse when it concerns two related adults who freely and reciprocally, without coercion, consent to sexual activity. Even though, in this case, incest is non-abusive, it does not mean that it

will not cause distress later on, especially when the taboo about sexual contacts between relatives is revealed. The fact that sibling and parent–child incest taboos are not universal casts doubt on the claim that they are the distinguishing features of human social life, but it is true that forced exogamy can foster interfamilial cooperation. Sex and marriage taboos can have other effects that influence group adaptedness in ways that could not be foreseen by any human designer.

Schulz (2019) argues that the Catholic Church's ban on cousin marriage triggered a cascade of cultural changes that made Westerners more individualistic, independent, and impersonally prosocial and less conformist and loyal to their in-group. The taboo on sibling sex and marriage may have conferred advantages to groups that adopted it, which help account for its spread.

Middleton (2013) reported that individual cases of adult incestuous abuse have surfaced repeatedly in the lay and professional literature of the past 1.5 centuries without it occasioning systematic investigation, such as the reporting of a case series of individuals subjected to such extreme abuse. Yet substantial numbers of patients with dissociative identity disorder at the time of presentation report incestuous abuse continuing into the adult years, and for many the abuse is ongoing. Data relating to a series of 10 such incestuously abused women are presented. These patients were sexually abused from a very early age (typically from before age 3), with the manipulation of their sexual response a key component in conditioning an enduring sexualized attachment. Shame and fear were also used to ensure compliance and silence. The women, when able to speak of it, describe the induction by their paternal abuser of orgasm at an early age, typically around the age

of 6. The women have high indices of self-harm and suicidality and are prone to placing themselves in dangerous reenactment scenarios. The average duration of incestuous abuse for this group of women was 31 years, and the average estimate of total episodes of sexual abuse was 3,320. Most women do not feel that they own their body and experience being "fused" to their father. Their mother was reported as an active participant in the sexual abuse or as having done nothing to protect their daughter despite seeing obvious evidence of incest. The fathers, despite a propensity to use or threaten violence, were generally outwardly productively employed, financially comfortable, and stably married and half had close church involvement. However, suicide and murder occurred within the 1st- or 2nd-degree relatives of these women at a high frequency. All 10 had been sexually abused by various groupings of individuals connected to their fathers. Thus, incest, when defined in terms of sexual intercourse, occurs in less than 1% of the population, but other forms of intrafamilial sexual activity may affect 10% of females before they are 16 years of age.

Incest /ˈɪnsɛst/ is human sexual activity between family members or close relatives (Oxford University Press. 2013 and Rape, Abuse & Incest National Network (RAINN). 2009) . This typically includes sexual activity between people in consanguinity (blood relations), and sometimes those related by affinity (marriage or stepfamily), adoption, clan, or lineage.

The incest taboo is one of the most widespread of all cultural taboos, both in present and in past societies (3). Most modern societies have laws regarding incest or social restrictions on closely consanguineous marriages (Bittles, 2012).

Lieberman et.al., (2011) mentioned that foundational principles of evolutionary theory predict that inbreeding avoidance mechanisms should exist in all species - including humans - in which close genetic relatives interact during periods of sexual maturity. Voluminous empirical evidence, derived from diverse taxa, supports this prediction. Despite such results, Fraley and Marks claim to provide evidence that humans are sexually attracted to close genetic relatives and that such attraction is held in check by cultural taboos. The authors show that Fraley and Marks, in their search for an alternate explanation of inbreeding avoidance, misapply theoretical constructs from evolutionary biology and social psychology, leading to an incorrect interpretation of their results. The authors propose that Fraley and Mark's central findings can be explained in ways consistent with existing evolutionary models of inbreeding avoidance. The Authors conclude that appropriate application of relevant theory and stringent experimental design can generate fruitful investigations into sexual attraction, inbreeding avoidance, and incest taboos (Lieberman D, Fessler DM, Smith A., 2011)

In the study of Sullivan, (2010) child molesters who were professionals were likely to have sexually abused male or both male and female children and had abused more than twenty child victims. Professionals were also significantly more likely to have offended post-pubescent children than were extra familial or intra-familial offenders. In terms of psychological profiles, professionals like extra familial offenders, were found to have a significantly higher level of reported sexual preoccupation and emotional over identification with children compared with intra-familial offenders and significantly lower level, distorted sexual attitudes about their victims compared with extra-familial offenders.

Psychological Effects of Incest to Victim

Pettersen (2013) mentioned that working with those who have experienced sexual abuse is a complicated matter because such abuse not only involves the violation of the victim's body, but it often generates shame in those involved. This article is based on empirical data from 26 hours of videotaped focus group interviews with 19 adult men and women in a Norwegian incest center who spoke openly of the shame they experienced from sexual abuse as children, parents, and employees. Findings from this study show that shame from sexual abuse can be grouped into seven major categories: 1] family, 2] emotions, 3] body, 4] food, 5] self-image, 6] sex, and 7] therapy.

Celbis, Altın & Ayaz (2019) mentioned that incest is specific type of sexual abuse. The result of study was to evaluate the sociodemographic data and examination findings of cases referred to the hospital as forensic court cases of incest, and to measure the effect on mental health disorders of the nature of the sexual abuse. Retrospective examination was made of the records of 40 cases of incest victims. Evaluation was made of the age, gender, incident suffered, the perpetrator, form of abuse, examination findings, and mental status. The cases comprised 36 girls and 4 boys. Without penetration sexual abuse was determined in 25 cases and with penetration sexual abuse in 15 cases. At least one mental health disorder was determined in 20 of the cases of simple sexual abuse and in 11 of the major sexual abuse type cases. The most frequent mental health disorder was post-traumatic stress disorder (PTSD) in 21 cases. Mental health disorders were determined in 77.5% of the incest cases in this study, at a greater rate 80% in cases of "without penetration sexual abuse" than in cases of "with penetration sexual abuse" 74.33%.

Therefore, all cases of incest must be followed up carefully without differentiation of without or with penetration abuse.

Røseth et al. (2011) noticed that the association between CSA and major depression disorder (MDD) gives reason to suspect that many mothers with postpartum depression (PPD) have a history of CSA. However, few studies have investigated how CSA and PPD are related. In this case, study, the authors explore how the experience of incest intertwines with the experience of postpartum depression.

Kim & Kim (2005) aimed to identify the prevalence of incest among Korean adolescents and to determine the family problems, perceived family dynamics, and psychological consequences associated with incest in South Korea. The results showed a 3.7% prevalence of incest in the tested Korean population. Families in which incest occurred were characterized by higher levels of problems, such as psychotic disorders, depression, criminal acts, and alcoholism among family members. Adolescent incest victims showed significantly more dysfunctional and unhealthy in terms of family dynamics and expressed significantly higher maladaptive and problematic psychological patterns than non-victimized adolescents.

This shows that the reactions of the majority of the incest victims are fear, intense anger and self-mutilation, promiscuous behavior, suicidal tendency, and attempted suicide. Other psychological consequences are a feeling of insecurity, anxiety, guilt, and shame and an inability to establish normal psychological relations with other persons.

Not all children, however, experience abuse and neglect at the same rates. Younger children are more likely to experience fatal abuse and neglect, while 14- to 17-year-olds

are more likely to experience non-fatal abuse and neglect. Race, ethnicity, and family income are also factors that may affect a child's exposure. Child protective services data show high rates of victimization among African-American children. African-American children experience abuse and neglect at rates that are nearly double those for white children. These differences are generally attributed to various community and societal factors, including poverty as well as differences in reporting and investigation. Children living in families with a low socioeconomic status (SES) have rates of child abuse and neglect that are five times higher than those of children living in families with a higher SES. Irrespective of data source, definitions, and measures, the true magnitude of child abuse and neglect is likely underestimated, and children of all ages, races, and ethnicities deserve safe, stable, nurturing relationships and environments to achieve maximal health and life potential. (United States Department of Health and Human Services (DHHS), Administration for Children and Families. (2015).

According to Van der Kolk (2015), trauma causes the self to doubt decisions and beliefs and people may not trust their own instincts. He also explains, "these posttraumatic reactions feel incomprehensible and overwhelming. Feeling out of control, the survivors often begin to fear that they are damaged to the core and beyond redemption. If left unchecked, the belief that one is unworthy will become part of the survivor's identity. It will exacerbate the desire to isolate. The survivor may have to reconcile how a "loving god" could allow for such tragedy. Spirituality is often the foundation of one's being and trauma rocks one's core beliefs. What was once held as true and dependable is no longer reliable.

According to Testoni et al. (2018), isolation may be imposed by society, the self or both. In general, society does not know how to respond to a survivor of trauma. They do not know what to say or how to act, so they avoid the traumatized. Trauma also frightens the community. The response to the suicide survivor is archetypal of this fear phenomenon. He also mentioned, "the work of grief may be worsened by the social disapproval, from which isolation and many other difficulties derive". Society fears coming too close to a suicide survivor for fear that it is contagious. Society wants to know who to blame and is often lands on the survivor of trauma. Survivors have the same instinct to assign guilt. More often than not, they place the blame on themselves.

Kennedy and Prock (2016) sum up the shame felt by a survivor: "a survivor of abuse or assault may learn through the broader societal context, via media representations, dominant narratives, stereotypes, and so on, that certain behaviors are considered to be morally and socially unacceptable and certain statuses—incest victim, rape victim, and abused woman—are stigmatized and blameworthy".

The victim also experiences symptoms of intrusion, avoidance, negative reconstruction in thoughts patterns or mood, and changes in arousal and response. Symptoms must persist for at least one month and must negatively impact one's quality of life. The condition must not be attributable to medication, drug or alcohol abuse, or other illness (US Department of Veterans Affairs, 2018).

In the study of Bennett & Lagopoulos (2018), during trauma, one theory suggests that the memory process is impaired. There is a breakdown in communication between the brain's eight hemispheres, which may be part of the survival instinct. The individual must

suspend emotional processing so all resources can focus on surviving. The information may then be stuck in the right hemisphere and without being assigned time it remains in the present tense with its original intensity. Unprocessed emotions are uncontrollable and therefore the survivor cannot predict when they will be triggered. Van der Kolk (2015) explains that when the survivor is triggered, “the emotions and physical sensations that were imprinted during the trauma are experienced not as memories but as disruptive physical reactions in the present".

If traumatic memories are stored inappropriately, they lack the ability to link to learning and insight. The information must be transferred to the long-term memory so that the ferocity of the memory can be decreased or eliminated. This reprocessing is also essential to extrapolate meaning and growth from the trauma. Self-preservation takes over when experiencing a life-threatening event (Van der Kolk, 2015, p. 281). The autonomic nervous system (ANS) is activated, which is divided into two components: The sympathetic nervous system (SNS) and the parasympathetic nervous system (PNS). The SNS is part of the reptilian brain and is responsible for ramping up the body for survival. It initiates the fight, flight, or freeze response (Haas Findlay & Cohen, 2015, p. 58). The PNS is responsible for calming the body down after the danger has passed. Korn explains “ANS dysregulation is a major hallmark of posttraumatic stress” (Korn, 2013, p.29).

Images explode into conscious thought without the individual’s permission or preparation. The results are flashbacks, nightmares, hypervigilance and a number or other PTSD symptoms. Bennet and Lagopoulous, authors of Stress, Trauma and Synaptic Plasticity reinforce the theory that trauma disrupts the normal memory process, stating,

"memory impairment and emotion regulation are core features of PTSD" (Bennett & Lagopoulos, 2018, p.2). The disturbing symptoms will continue until the memories are appropriately processed.

Kessler (2020) said, "the only way out of the pain is through the pain". Pain has to be felt, it has to be processed and expressed otherwise it just festers under the surface, manifesting in negative ways. Art therapy can reveal the underlying pain and release it into the world where it can be managed. Art therapy for the treatment of trauma is a promising prospect however; more research needs to be done.

Disclosure

Disclosure of a child's sexual abuse is a traumatic event for mothers. Life is difficult and stressful, and mothers experience many painful emotions. They are worried about their children and are concerned about the effects and long-term consequences of the sexual abuse. They may have been involved with the report of abuse. Following the disclosure, they are usually involved with community agencies, including law enforcement, social services, child abuse assessment centers, and the court system. Mothers experience strong emotions, initially feeling shock and denial, and often going through a grief process that includes anger, intense pain, and confusion. Mothers are afraid and anxious and often show signs of posttraumatic stress. If the perpetrator is a husband, partner, other family member, or friend, mothers experience feelings of betrayal.

Mothers often have no one around them that understands what they are going through, and they may have very little support. Sometimes mothers are blamed by others and told that the abuse is their fault. They are often given harmful advice and told not to

believe the child or not to report. If the perpetrator is the mother's partner or one of her other children, feelings of pain, anger, and confusion increase. Difficult decisions are required in order to protect children. If the perpetrator is a husband, partner, other family member, or friend, mothers experience feelings of betrayal. It may be far easier to accept that a stranger has abused your child, even though a devastating discovery, than to find out that someone you loved and trusted harmed your child (Langston, 2020)

Yildirim & et al. (2014) reported that incest is defined as any sexual activity between close blood relatives including step relatives and family members who are forbidden by law to marry. A problem can be seen in all the social classes in developed and undeveloped societies. The World Health Organization classifies this problem as a silent health emergency. Father-daughter incest is reported to be the most common incest type followed by the other types like brother-sister, sister-sister and mother-son incest.

Buchbinder & Sinay (2019) analyzed the narratives of survivors of father-daughter incest using 20 in-depth interviews with women, each asked to choose a title for her life-story and reflect on its meaning. Three narratives emerged: "Surviving" tells of a struggle for personal achievement in an independent life alongside intensely traumatic experiences and negative feelings, "Fighting Back/Seeking Vengeance" tells of aspiring to strength by acting on their will to fight back and desire for revenge, and "Growing" reflects the wish to fight and win a place in the world through a "rebuilding" process. The conceptualization of incest survivors' life-narratives is based on the dialectical perspective.

Goldberg, Manley, Frost & Cormick, (2019) revealed that adoptive parents may be placed with children conceived under difficult circumstances, such as via rape or incest.

At the same time, adoptive parents are generally encouraged to communicate openly with their children about their adoption stories and birth families. No research has examined the experiences of parents who adopt children who were conceived through rape or incest. This exploratory study examines how parents discuss their decision-making when adopting children conceived via rape or incest, how they manage varying levels of uncertainty about their children's origins, and whether and how they plan to disclose this information to children.

The outcry or discovery often is denied by the family, who then may unite around the accused and against the victim, viewing the child as a troublemaker (Elliott & Carnes, 2001). The child then becomes a pariah with the "non-offending" parent often forsaking the child for the perpetrator. These children are less likely to receive support and protection due to family denial and loyalty than if the abuser was outside the family or a stranger (Stroebel et al., 2012).

In particular, Hunter (2015) found that mothers who did not offer support and protection to their sexually abused children had a significant influence on the child's nondisclosure of the abuse. Further, Swingle et al. (2016), with a sample largely comprised of female incest victims, concluded that disclosure may be harmful to victims for both short- and long-term mental health unless disclosure is accompanied by cessation of the abuse and inclusion of treatment. Not surprisingly, many survivors are ambivalent when faced with disclosing or leaving the abuser.

In one study, only 30% of child survivors disclosed their incest purposefully while 43% were identified accidentally (Collins, S., Griffiths, S., & Kumalo, 2005). Disclosure

is complex and multiply determined, and related to child factors, family dynamics, community, and culture (Alaggia, Collin-Vézina, & Lateef, R 2017). Often, disincentives outweigh incentives to disclose. Disclosure should be a process not a one time event (Reitsema & Grietens, 2016).

Thoughts and feelings post-disclosure, parents experienced a wide range of negative emotions. Their emotional reactions were defined as either short-term responses reported at the time of disclosure or longer-term reactions to the abuse. (Fuller, 2016).

Particularly damaging is the isolation, secrecy, betrayal, powerlessness, fear of reprisal, and shame that characterizes incest (Stroebel et al., 2012). Constructions such as, "it is because of my badness that it happens to me" often are the child's attempts to create some meaning that justifies the incest. A perceived inner core of depravity often becomes the basis for the child's identity and alienation from self and others, and can continue throughout life, despite extraordinary efforts to "do good" and/or to prove him or herself worthy (Pettersen, 2013).

The secrecy stage starts after the sexual behavior has begun and can last for days, months or even years. Secrecy increases the frequency of the sexual abuse and allows the sexual abuse to progress to greater intimacy (New York's Child Welfare Training Institute, 2005). Fathers use manipulation, threats and guilt to trap daughters in the abuse and to uphold the secret (Bancroft et al., 2011:115; Zastrow & Kirst-Ashman, 2010:209).

Courtois and Ford (2013) would add the larger umbrella concept of complex trauma to explain the dynamics and effects of incest. Yet, with few exceptions (e.g.,

Courtois, 2010), little appears in the literature integrating dissociation, betrayal trauma, complex trauma, and incest to inform treatment.

Betrayal Trauma holds that trauma within an attachment-based relationship is qualitatively different from trauma experienced in non-attachment-based relationships (Bernstein & Freyd, 2014). Attachment theory is grounded in the belief that humans are pre-programmed to develop and maintain attachment bonds and to seek close proximity to those attachment figures when stressed or threatened. These attachment bonds form the basis for future relationships, personality traits, and mental and even physical health. The survival theme is most notable with children who are dependent on an abusive parent/caregiver. Thus, betrayal trauma is more psychologically damaging than trauma perpetrated by a non-caregiver or non-interpersonal trauma (Bernstein & Freyd, 2014).

Disclosure of incest is a particularly challenging issue. Barriers to disclosure include threats by the perpetrator, fear of negative outcomes, no opportunity to disclose, lack of understanding about abuse, and closeness to the perpetrator (Schaeffer et al., 2011). Not surprisingly, the closer the relationship to the perpetrator the greater the delay in disclosing (Morrison, Bruce & Wilson, 2018).

Thus, betrayal blindness is seen as an evolutionary and non-pathological adaptive reaction to the risk of the attachment to the abuser (Bernstein & Freyd, 2014). Further, the more important the relationship is to the survivor, the greater the potential for betrayal blindness. In cases where betrayal trauma is greatest, such as sexual abuse by a caregiver, victims often have little or no memory of the abuse or complete betrayal blindness (i.e., dissociative amnesia; Freyd et al., 2005). Victims may maintain a relationship with the

abuser, often unaware they are being abused or justifying the abuse, and/or blaming themselves for the abuse (Bernstein & Freyd, 2014).

Further, researchers note a relationship between betrayal trauma, dissociation, and intergenerational relationships. In a sample of 67 mother-child dyads, Hulett, Kaehler, and Freyd (2011) found that higher levels of betrayal trauma were associated with higher levels of dissociation for mothers and their children. Mothers with high betrayal trauma in childhood and who were revictimized as adults, reported higher levels of dissociation than non revictimized mothers. Revictimized mothers had an increased risk of their children being victims of abuse.

Zajac, Ralston, and Smith (2015) found that child and mothers' ratings of maternal support predicted children's outcomes post disclosure as well as in a 9-month follow-up. However, with a sample of 123 sexually abused children, child's perceptions of parental support failed to discriminate subgroups of children displaying severe distress, from those showing mostly anxiety related symptoms or those qualified as resilient (Hébert, Parent, Daignault, & Tourigny, 2006) Children who felt supported by the non-offending parent maintained a higher level of functioning in social, interpersonal, and academic domains.

Alternatively, Bolen and Lamb (2007) have suggested that the more stable construct of parent-child attachment security may be a more reliable predictor of sexually abused children's outcomes than post disclosure non-offending parent support.

Recovery

Incest, is one of the most serious social problem facing society and children/adolescents themselves. We know that incest victims are not a homogenous group, and when attempting to shed light on incest, we could not find enough evidence about individual life journeys to understand the dynamics and complexities of experiences in adolescents and families (Gul, G., Gul, Ahmet, Yurumez, Esra, & Oncu, Bedriye, 2020). Four key themes: (1) The first abuse memory: Unable to understand/Delayed meaning-making: All of the adolescents provided definitive information with respect to the first abuse memory but they also expressed that they were unable to understand what they had experienced so they delayed meaning making and had ambivalent feelings for a time after the first event; (2)Attempts to end/Dysfunctional coping style with the incest: Adolescents told that they threated the perpetrators in various phases of incest. However, they have also pointed out the loneliness, insufficiencies, and ambivalences of this coping style. In terms of dealing by getting help from mothers, they did not tell them for a long time, and chose to cope on their own; (3) Avoidance of eye contact by the perpetrator: This theme addresses the relationship of the incest victim and the perpetrator. We recognized that perpetrators avoided social contact with the victim (such as eye contact or talking) instead of the commonly used attitudes like reward, punishment or threat. This theme evokes dehumanizing of women. According to themes, therapist could address the differentiation between dysfunctional and healthy family functioning and should explain that it is normal for a child to be delayed in meaning making. For recovery of the adolescent's lost self after semantic dehumanization in abuses: therapist should help her to

dispute irrational beliefs about worthlessness and to gain control of her body; and (4)The urge to destroy happy memories: This theme presents a limited set of data on the topic of adolescents' expectations about recovery and healing from incest trauma. This theme suggests that developing a coherent life narrative, a reevaluation of experience and reconstruction of the relationship with the perpetrator is important to deal with incest.

According to the themes, two fundamental therapeutic precepts could guide the treatment process for adolescent girl incest survivors: 1. Exploration of the delayed meaning making: Therapist could address dysfunctional family functioning and explain that it is normal for a child to be delayed in meaning making. 2. Recovery of the adolescent's lost self after semantic dehumanization in abuses: Therapist should help her to dispute irrational beliefs about worthlessness and to gain control of her body.

Miller (2013) mentioned that sexual abuse takes away power for a child who already has limited power because of their age. The helplessness they felt when being abused can cause a lasting impression. When abuse is no longer a threat, the child may feel free to regain their power. Kids do not always know how to do this and may do things that are inappropriate and lead to other problems. Kids may get in fights, engage in bullying, become verbally abusive, or act out in other ways. Kids often act out their feelings instead of talking about them. They may not have the words to articulate what is brewing inside of them. All they know to do is act out. This requires a twofold response. Reassure parents that children need and want boundaries. It gives them a sense of security to know the rules and the consequences for breaking a rule. Parents need to know that discipline can be delivered with compassion.

Mother/Daughter Relationship

When understanding the family, the Family Systems Theory has proven to be very powerful. Family Systems Theory claims that the family is understood best by conceptualizing it as a complex, dynamic, and changing collection of parts, subsystems and family members. Much like a mechanic would interface with the computer system of a broken-down car to diagnose which systems are broken (transmission, electric, fuel, etc.) to repair it, a therapist or researcher would interact with family members to diagnose how and where the systems of the family are in need of repair or intervention. Family Systems Theory comes under the Functional Theory umbrella and shares the functional approach of considering the dysfunctions and functions of complex groups and organizations.

Cheung, M and Duron, J. (2011), cited the role of family in adolescent outcomes when sexual abuse has occurred. He identified environmental factors for promoting well-being among adolescents. Two sets of criteria are examined to observe the systemic influence on adolescents who have been sexually abused: 1) meso systemic barriers (levels of school engagement and peer relationships), and 2) exosystemic risk factors (levels of social support, socioeconomic status, and community safety, as well as community size).

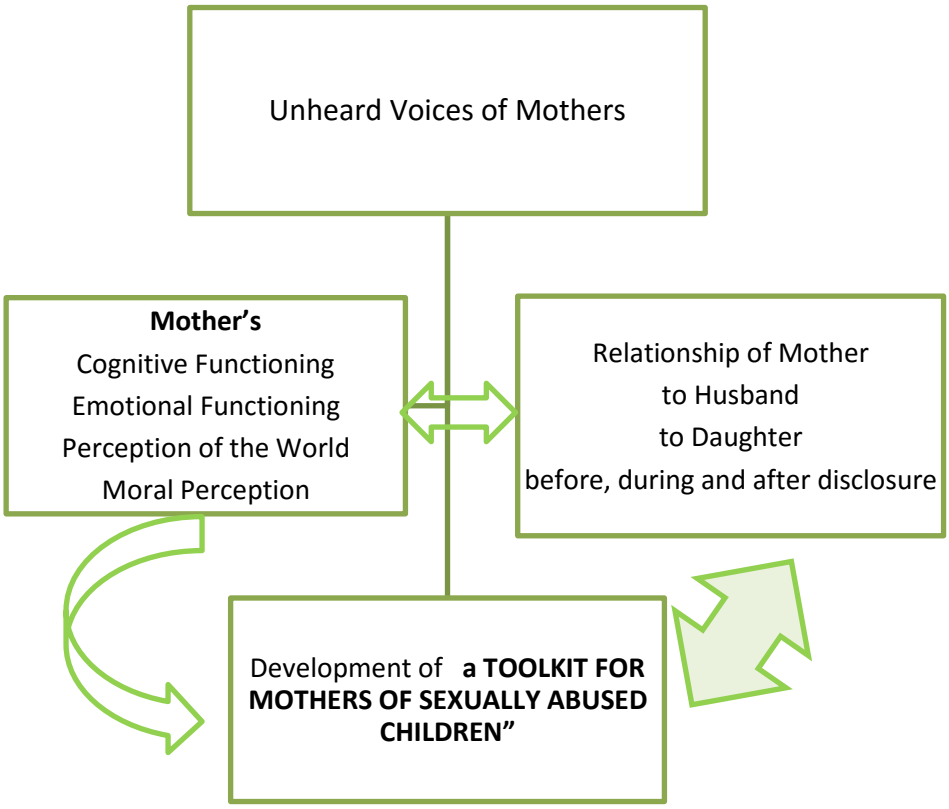


Figure 1: The Conceptual Framework

Figure 1 shows the conceptual framework of this study that puts premium on the unheard voices of mothers of sexually abused children. According to Duncan (2004), intergenerational aspects of sexual abuse include not only a risk of the trauma of sexual abuse being passed forward into the next generation, but also the belief system that sustains it. Women as children are vulnerable to acquiring (in some part) the maladaptive beliefs existing within their family that are learned and reinforced through social and cognitive conditioning, which in turn shapes their thoughts, beliefs, and behavior. The perpetrator of the sexual abuse also influences a woman's thoughts and beliefs, especially those that define

how she views herself in relation to the trauma of sexual abuse and her future relationships with men. When internalized, these maladaptive beliefs learned from the family and the perpetrator may continue to influence a woman's view of how to relate in future relationships and may (in some manner) define and guide her maternal attitudes and parenting behavior with her child.

According to Willingham, E. (2007), mothers of sexually abused children experienced the same trauma as their daughter. Feeling guilty for not protecting their child, they may reconstruct the events of their children's trauma and intrusively experienced same images. In fact, the mother has been blamed for the sexual abuse more so that the perpetrator in many cases.

On the study of Thapa, T. (2018), mothers had average level of awareness regarding girl child abuse. However, a significant proportion of mothers still lacks a good level of awareness, and it was found significantly associated the age, ethnicity, educational status, type of family, age at marriage and number of children. A nationwide study of such kind using qualitative tools as well as conducting awareness raising activities focusing on girl child abuse and sexual abuse in girl child is recommended.

Williams (2011) cited that the family's contextual environment significantly influences adolescent reaction to sexual abuse. Each systematic level had significant variables. School engagement was the only significant variable. Parental social support and parental educational levels were significant exosystemic variables.

Fabre (2016) cited that mother's response to child sexual abuse depends on her relationship with the perpetrator. It was found out that mother's support was either missing

or provided, but changeable more frequently when the perpetrator was her spouse or a current sexual partner. Possible explanations are more or less speculative that there is an emphasized maternal existential emotional dependence on the offender.

Young daughters who take on the mother role are usually emotionally overwhelmed because they are behaving in ways that are beyond their developmental capacity. Not only are their own emotional needs not being met because they're being emotionally neglected, but they are overexerting themselves mentally, emotionally and physically, often without any emotional support. If they are also taking on the role as the father's sex partner, this is, obviously, extremely damaging and exacerbates the emotional trauma. Often the mother in the role reversal dynamic, without realizing it, lacks empathy for the daughter. The mother might lack empathy because she hasn't dealt with her own history of being in a role reversal with her mother. This is a complicated dynamic and, as illogical as it might seem, this does necessarily mean that the mother in this situation does not love the daughter. The lack of empathy usually means that the mother is unable or unwilling to see the damage being done, despite the love she might feel for the daughter, because she doesn't know how to be nurturing and her own unfulfilled emotional needs are so great. The mother also might not know how to express love to her daughter because her own mother never expressed it to her (Ferraro, 2015).

The road between a little girl and her mother is supposed to be a one-way street with support flowing consistently from the mother to the daughter. It goes without saying that little girls are totally dependent on their mothers for physical, mental and emotional support. However, one of the many faces of the Mother wound is the common dynamic in

which the mother inappropriately depends on the daughter to provide her with mental and emotional support. This role-reversal is incredibly damaging to the daughter, having long-range effects on her self-esteem, confidence and sense of self-worth (Bethany Webster, 2020).

There is little research on mothers of sexually abused children resulting in a gap in research and literature. The result is insufficient knowledge regarding the needs and counseling approaches for mothers of sexually abused children by their biological father. It is not known to what extent mothers of sexually abused children feel victimized as a result of their daughters' sexual abuse. It is necessary and highly recommended that the study of sexual abuse expands to include a focus on the pain of both victims, the children and the mothers. Due to the limited of research about mothers of sexually abused children by their biological father, this study focused on how sexual abuse affects mothers of sexually abused children. The scope of this study focused on the unheard voices of mothers whose children were sexually abused by their biological father. The outcome of the study was to describe the experiences of mothers before, during and after the disclosure of abuse and to develop an intervention program for mothers of sexually abused children by their biological father. The research suggests that mothers are victimized, compromised and traumatized as a result of the sexual abuse of their daughters.

Mothers are key individuals in their sexually abused daughters' recovery. Therefore, it is important to examine how the sexually abused children' trauma also impacts the mother. Both the mother and the daughter are at risk for a high level of distress that could decrease the mother's parenting. Exploring mothers' feelings, reactions and

experiences after the sexual abuse of their children helps health practitioners professionals determine appropriate intervention for the mothers. The Toolkit is designed specifically for mothers whose children were sexually abused by their biological father. Life is difficult for mothers after the disclosure of their child's abuse and few resources are available to support them. They have no supportive family or friends. They have limited knowledge about sexual abuse and there is a struggle on how to understand what has happened to their child. Most mothers of sexually abused children say that they need and want to help after the disclosure. This Toolkit is designed to be a source of practical information about sexual abuse that offers support and resources to navigate the journey of healing and support to mothers of sexually abused children. The related studies and literature focused on the victim and the perpetrator. Mothers of sexually abused children were not given the attention as well as the trauma that they experienced after the disclosure. It is important to study mothers' responses for several reasons. First, if mothers do, indeed, suffer significantly from their children's disclosures, they should be acknowledged as victims and given appropriate psychiatric care. Second, because of the well-documented association between parental psychopathology and children's mental health, maternal distress may impede children's recovery following disclosure. The mother's distress affects her ability to provide maternal support. The disclosure of a child's sexual abuse constitutes a major life crisis with chronic, long-lasting effects. Her ability to support the abused child is an important factor in the child's well-being and resolution of symptoms. Thus, the well-being of mothers is very important since they will be the source of strength for their children to continue to go on with their lives.

The researcher used this framework as the foundation in eliciting Mother's Relationship with the husband, Relationship with the Daughter before, during and after the disclosure of the abuse. The Mother's Cognitive Functioning, Emotional Functioning, Perception of the World, and Moral Perception were also considered as the foundation background to reveal the unheard voices and described their experiences as a second victim of the abuse.

The In-depth interviews using structured interview, interview with the Barangay, Police station, DOH, DSWD, Commission on Human Rights, Observations with field notes, video recorder, and diaries of the mothers whose children were sexually abused by their biological father described the relationship with the husband and daughter before, during and after the disclosures as well as the coping practices of mothers when they discovered the incest. "A TOOLKIT FOR MOTHERS OF SEXUALLY ABUSED CHILDREN" was developed to provide with specific, practical answers to many frequently asked questions, to guide and assist mothers to understand the journey of their children and to heal their own wound, and to provide options for directions in effectively navigating the very difficult path of their lives as a new therapy in the context of the Filipino culture that can be used to address the trauma of mothers whose daughter was sexually abused by their biological father.

Statement of the Purpose:

The main purpose of this study is to explore and understand the common experiences of mothers whose children were sexually abused by their biological father and to describe the experiences of mothers before, during and after the disclosure;

Specifically, the study sought to:

1. Describe the experiences of mothers whose children were sexually abused by their biological father; and
2. Develop a Toolkit for Mothers of Sexually Abused Children.

Scope and Limitation of the Study

This study aims to describe the experiences of mothers whose children were sexually abused by their biological father.

It is only limited to children who were sexually abused by their biological father from 7 to 16 years old who are still living with their mother from the age of 40 to 59 years old. The criteria of the respondents are the mothers whose children were sexually abused by their biological father and already separated/convicted from the perpetrator. This is a qualitative multiple case study research design. Hence, It cannot be generalized to all of the same population.

The reviewed literature and studies both local and foreign had its goal to understand the common experiences of mothers whose children were sexually abused by their biological father. This would create a "A TOOLKIT FOR MOTHERS OF SEXUALLY ABUSED CHILDREN" to help mothers, process their trauma, stand with the rights of their children, maintain the trust and regain confidence for the new and productive life ahead.

Definition of Terms

Terms here are conceptually and operationally defined for better understanding of the readers.

Incest. is a sexual abuse committed against a child by a person who is related to her/him within fourth degree of consanguinity or affinity and who exercises influence, authority or moral ascendancy over her/him. (Philippine Statistics Authority, 2020).

Trauma. an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer-term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. (APA, 2020).

Sexual violence refers to the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. A person may sexually abuse a child using threats and physical force, but sexual abuse often involves subtle forms of manipulation, in which the child is coerced into believing that the activity is an expression of love, or that the children brought the abuse upon themselves. Sexual abuse involves contact and non-contact offences (World Health Organization, 2010)

Sexually Abused. refers to unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent. Most victims and perpetrators know each other. Immediate reactions to sexual abuse include shock, fear or disbelief. Long-term symptoms include anxiety, fear or post-traumatic stress disorder. While efforts to treat sex offenders remain unpromising, psychological interventions for survivors — especially group therapy — appears effective. (APA, 2020)

Toolkit – is a contextualized resource materials based on the result of the researcher's studies. It is a compilation of practical answers to many frequently asked questions, to guide and assist mothers to understand the journey of their children and to heal their own wound, and to provide options for directions in effectively navigating the very difficult path of their lives.

Chapter II
Methods

This part of the paper presents the researcher's specific actions and measures to fulfill the current study's goals. It provides an overview of the design, research site, sample and sampling method, and the detailed research process. It discusses the researcher's role, data analysis, and most importantly, the consideration of the applicable ethical issues.

Research Design and Methods

This chapter describes the research design utilized to describe the experiences of mothers whose children were sexually abused by their biological father before, during and after the disclosure, the research protocol and participants selection criteria that were employed, and the data-gathering tool and the analysis that ensues to give meaning to what is being explored. Moreover, to further strengthen the results the validation strategies and ethical considerations are also discussed.

In order to meet the needs of the present study, a qualitative approach using multiple case studies was used. According to Creswell (2013), “The case study method explores a real life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information and reports a case description and case themes”.

Creswell (2016) describes qualitative research as an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem.

The process of research involves emerging questions and procedures, data typically collected in the participant's setting, data analysis inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data. The final written report has a flexible structure. Those who engage in this form of inquiry support a way of looking at research that honors an inductive style, a focus on individual meaning, and the importance of rendering the complexity of a situation. Baskarada (2013) also cited that qualitative research is information based on judgments, which may be expressed in numerical or non-numerical ways, and data that may not be based on judgments that are not meaningfully expressed numerically. The data sources are often textual and observational and expressed in words, thereby also providing context to a topic or issue discussed.

As Yin (2009) stated, qualitative research does not usually employ statistical procedures or other means of quantification, focusing instead on understanding the nature of the research problem rather than the quantity of observed characteristics. Given that qualitative researchers generally assume that social reality is a human creation, they interpret and contextualize meanings from people's beliefs and practices Denzin, N. K. and Lincoln, Y. S. (2011).

Research Design

This study is a qualitative study using the multiple case study research design. The term case study is a design of inquiry found in many fields, especially evaluation, in which the researcher develops an in-depth analysis of a case, often a program, event, activity,

process, or one or more individuals. Cases are bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period of time (Yin, 2009, 2012).

The case study method "explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information and reports a case description and case themes" (Creswell, 2013, p. 97).

According to Baxter & Jack (2008) the evidence that is generated from a multiple case study is strong and reliable. This ensures that the issue is not explored through one lens, but rather a variety of lenses, which allows for multiple facets of the phenomenon to be revealed and understood.

Yin (2003) says that when augur similar results in the studies or when augur contrasting results for expected reasons, multiple case studies can be used. Multiple case studies allow a wider discovery of theoretical evolution and research questions. When the suggestions are more intensely grounded in different empirical evidence, this type of case study also creates a more convincing theory according to Eisenhardt & Graebner (2007).

A case study research design examines a person, place, event, phenomenon, or other type of subject of analysis in order to extrapolate key themes and results that help predict future trends, illuminate previously hidden issues that can be applied to practice, and/or provide a means for understanding an important research problem with greater clarity.

The researcher used the multiple cases to understand the similarities and differences between the experiences of mothers whose children were sexually abused by their biological father before, during and after the disclosure. A qualitative case approach to this study presented rich descriptions of their experiences, which used a variety of data sources that explored the event within their contexts. Each part of the method depicted its multifaceted nature and had assisted the researcher in her investigation of the phenomenon.

Research Site

The study was conducted among to selected Shelter House of Sexually Abused Children specifically Incest cases. They came from different locations from Three (3) mothers referred by Laura Vicuña Foundation; Four (4) from Palayan City Home for Girls; and three (3) mothers from NCR referred by Guidance Counselors with the case of Incest.

Selection Criteria and Participants

Mothers with sexually abused children specifically by husband were the participants of the study. One (1) mother whose child was sexually abused by biological father presently under home study program of Ramon Magsaysay (Cubao) High School; three (3) mothers of sexually abused from the shelter house of Laura Vicuna Foundation; five (5) mothers of sexually abused contained from Lunduyan Foundation; and six (6) from DSWD with the total of fifteen (15) participants.

However due to the lack of participation of mothers that I need to interview, it was trimmed down to 10 participants. The Lunduyan Foundation is no longer catering Sexually Abused Children and the previous cases of incest do not want to be involved on my study

because of personal reasons. For the DSWD, instead of 6 participants, 4 mothers participated willingly and the other two do not qualify because they are still living with their husband and did not pursue the case of rape.

The total participants of my study are 10 Three (3) mothers from Laura Vicuña Foundation; Four (4) others from Palayan City of DSWD; and Three (3) mothers recommended by other Guidance Counselors in public schools who have undergone counseling sessions with the guidance counselors.

The criterion of selection is limited to mothers whose daughter was sexually abused by their biological father. The age of the children is between 7 to 16 years old who still are living with their mother with the age of 40-59 years old.

The situation of the couple was separated from the husband. Either already convicted or cannot be located.

Table 1.

Profile of Participants

Case	Age	Age of child when was raped	FATHER PSYCHOPATHOLOGY	AGE OF FATHER	JOB OF FATHER	AGE OF MOTHER	JOB OF MOTHER	SITUATION OF FATHER	SITUATION OF THE CHILD
1	17	10	Drug User	43	Tricycle Driver	41	Sales agent	Life imprisonment	Shelter House
2	12	5	Alcoholics	45	Worked in junkshop	45	House wife	At large	Shelter House

3	12	12	Alcoholics	47	Farmer	47	House wife	Life imprisonment	Shelter House
4	12	12	Drink alcohol occasionally	44	Military	48	Housekeeper	Life imprisonment	Shelter House
5	12	9	Drink alcohol occasionally	48	Construction Worker	47	Office worker	Life imprisonment	Shelter House
6	17	11	No vices	45	Laborer	49	Dressmaker	At large	Living with mother
7	19	9	Drink alcohol occasionally	55	Businessman	42	OFW	Mother Did not file a case	Living with mother
8	12	9	Drink alcohol occasionally	44	Businessman	48	OFW	Life imprisonment	Living with mother
9	17	5	Alcoholic Drug User	52	Laborer	55	House wife	Life Imprisonment	Shelter house
10	13	9	Drink alcohol occasionally	37	OFW	42	House wife	On-going case	Living with mother

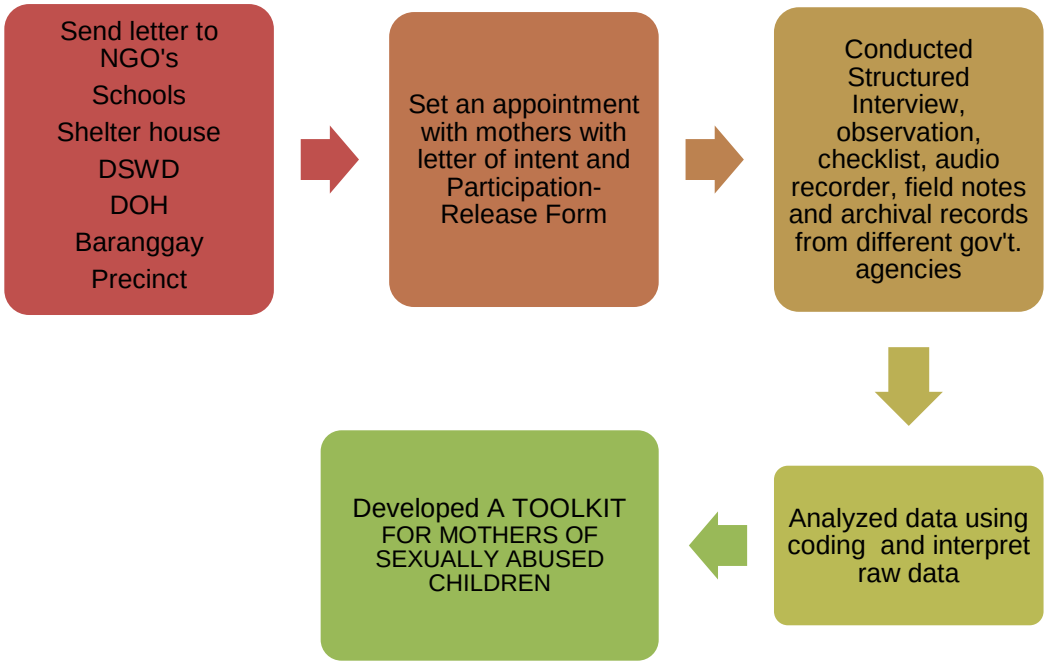
Research Instrument

A questionnaire (Appendix D) with two versions, Filipino and English that was used in gathering data composed of ten (10) qualitative questions describing the experiences of mothers whose children were sexually abused by their biological father and describing the experiences of mothers before, during and after the disclosure. Other tools are observation, checklist, recorder, field notes and archival records from different government agencies with the data of Incest cases in the Philippines.

Sources of Data

The sources of data gathered are from the Department of Health, Commission on Human Rights, Department of Social Welfare and Development, Bureau of Corrections, Shelter houses such as Laura Vicuña Foundation, Lunduyan Foundation, Home for Girls, Barangay, and selected precincts to validate the amount of Incest in the Philippines for the researcher to have a big picture of the incest case in the Philippines.

Data Gathering Procedure



The framework was the detailed process of the data gathering procedure. The first step was to send a letter to the selected public school, Laura Vicuña Foundation, Lunduyan Foundation, Department of Social Welfare and Development, Commission on Human Rights, selected precinct, and Department of Health with the approval of the research adviser. The researcher sent letters through e-mail and requested an appointment for an interview. The data gathered from Commission on Human Rights, Department of Health, Department of Social Welfare and Development and selected precinct was to triangulate the data of Incest in the Philippines.

Once approved, the researcher set appointments with selected mothers whose children were sexually abused by their biological father. Third, orientation introductions

and exchange of contact details and administered structured interview conducted about detailed life histories based on the social economic condition, family structure, relationship with the husband before and after marriage and child-rearing; they were asked to describe their lived experiences of the abused before, during and after the disclosure; third, they were asked to answer structured questions. Fourth step, data were collected through In-depth interviews, observations with field notes, diaries, audio tape and written descriptions by subjects (diary, reflection papers, etc). The researcher reviewed the key points, any issues, and/or action items, and confirmed accuracy with the participants. The interviewee was invited to provide feedback on the interview process. The interviewer thanked the interviewee and sought permission for any future contact. During the set appointment, the researcher sent transportation and meal allowance in advance because parents had no extra money to attend the session and some of them, especially mothers from Palayan City were plain housewives.

Lastly, the researcher developed "A TOOLKIT FOR MOTHERS OF SEXUALLY ABUSED CHILDREN".

Data Analysis

For this study, data were collected in the forms of structured interviews, field notes, observation, checklist, audio recorder, field notes and archival records from Department of Social Welfare and Development (DSWD), Commission on Human Rights (COH), selected precinct, and Department of Health.

Interview. The mothers were interviewed individually. The interview was conducted in English and Tagalog composed of 10 items and lasted to 1 to 2 hours. It was conducted

based on the availability of the participants and the venue is on the shelter house of sexually abused children and the guidance office with prior notice to the School head. The interview was audio recorded. In addition, during the interview, the researcher took down notes. Participants were reminded that breaks are allowed if they felt the need to do so. They were given a brief demographic profile (Table 1), which contains the child age, age when the child was raped, father psychopathology, age of father, occupation of father, age of mother, occupation of mother, situation of the father and situation of the child after the disclosure of the abuse. The information was served as reference of the researcher during the transcription. The participant was provided with a consent form in English and Tagalog and was told that they can withdraw from the study at any point. The Tagalog Interview Guide was utilized for this study (Appendix D).

Validation interview with the participants was also undertaken after one month which serves as a follow-up as regards to the reliability of the interview, transcription, and to substantiate what was observed and/or heard during the interview sessions.

Field Notes. The field notes provided additional data for analysis of experiences of mothers when they are visiting their children in the shelter house or DSWD. The researcher attempted to accurately document factual data (e.g. date and time) and the settings, actions, behaviors, and conversations that observed (Schwandt, 2015). The researcher also recorded facts that were shared to her by the social workers, guidance counselors, police officers, barangay point persons and at times her actions and feelings, when she conducted the interview. The researcher also sought the professional help from

Psychologist/Registered Guidance Counselor Colleague for a debriefing every after the session of interview with the participants.

Archival Records. These are computer files and records that are relevant to the study culled by the researcher to further validate the data of incest cases in the Philippines. (Figure 1 & 2).

Before the data was analyzed, the researcher transcribed all interviews. The researcher wrote transcription of the interviews straightforwardly, omitting the non-verbal interactions, and included in the field notes. The audio recorder was also used as backup for the interviews for the accuracy of the data collected.

This study followed the multiple case study design, and the data was analyzed case by case through cross-case analysis (Stake, 2006). Thus, interviews, field notes, and/or any other relevant documents, leading to the development of preliminary notes or memos used to formulate initial categories, themes and relationships. The researcher followed Creswell (2014) suggestion to use an initial sorting process of field notes into some means that allow the researcher to recognize recurring patterns, or themes from the data. Themes salient and similar across all cases were kept as well as those that are extremely different. For the thematic analysis, the researcher followed Braun and Clarke (2013) step-by-step guidelines. The researcher used the word guidelines to highlight, and then analyzed it to come out with the themes. The following Braun and Clarke (2013) guidelines were used:

Phase 1

The researcher familiarized herself with the data. During this phase, they transcribed, read, and re-read the data while simultaneously noting initial ideas (Braun & Clarke, 2006). Van

Manen's (1990) highlighting approach was adopted to highlight specific participant statements that appeared pertinent.

Phase 2

Phase 2 involved the generation of initial codes. Braun and Clarke (2006) described this phase as the systematic coding of interesting features of the data and the collation of the data according to the codes. The researchers organized the highlighted statements from Phase 1 into different sections based on the codes.

Phase 3

Phase 3 involved the collation of the codes into potential themes and the gathering of data relevant to each theme. The various color-coded statements were used to identify potential themes after which the researchers read the transcripts again to glean further information pertinent to the themes.

Phase 4

Phase 4 involved the checking of themes against the coded statements and the data as a whole, and the subsequent use of the collated data to identify different themes. Lists of all the themes were then placed in a table under each participant's name.

Phase 5

Phase 5 involved the defining and naming of the themes. Continuous analysis was conducted during this phase in order to refine each theme and to generate clear definitions for each theme. The researcher re-read the transcripts to confirm that all the themes had been identified.

Phase 6

Phase 6 involved the production of the research report. Once all the themes had been obtained the researcher organized the final themes that were common to all the participants and provided extracts for each theme to illustrate the participants' accounts. The themes and extracts were then compared with relevant literature.

The data collected from each shelter house was first organized to classify the uniqueness of each participant. Within each group, the researcher looked for categories to emerge that helped to describe the experiences of mothers whose children were sexually abused by their biological father before, during and after the disclosure and to explore the unheard voices of mothers as a second victim of the abuse. Next, the researcher compared the categories from each group to identify the recurring themes that help to understand the experiences of the participants during the three stages of disclosure. These themes were then compared to find the most significant themes. As Saldana (2016) puts it a theme is an outcome of coding, categorization, and analytic reflection, not some-thing that is, in it, coded.

Details of the results discussed with the researcher's advisor in an effort to minimize researcher bias and further strengthen the study. These attempts ensured rigor to increase the credibility and consistency of the qualitative inquiry of understanding the experience of mothers whose children were sexually abused by their biological father.

Role of Researcher

To bring the interview to closure, the researcher reviewed any actions and issues that were identified during the meeting. Upon the completion of the interview, the researcher discussed with them the process of the study that if there is a need to conduct a follow up interview, the researcher will coordinate with the staff of the shelter houses to schedule another interview in their convenient schedule. The researcher reviewed the interview transcript and annotated it as needed (e.g., abbreviations, incomplete thoughts, etc.) Kasunic, M. (2010). Any clarifications were followed up with the interviewees. The researcher conducted an orientation with the participants that confidentiality was strictly implemented.

Methods of Validation

Structured interviews involved asking predefined questions, with a limited set of response categories. The responses coded by the interviewer based on an already established coding scheme.

Credibility was ensured by identifying participants (mothers) whose children had experienced sexual abuse from their biological father. The researcher checked/coordinated with social workers, guidance counselors and other involved persons to ensure accuracy of information given. Recordings were replayed for the persons concerned to ensure credibility (Polit & Beck 2010).

The DSWD Central Office endorsed the researcher to conduct the interview with the participants from NCR, Region 4A and Region 3 with the attachment of approved

research request form and copy of the approved recommendation letters stating the terms and conditions, questionnaires for the interview and copy of the research request letter. The central office requested for the copy of research the proposal as part of the requirement to facilitate interviews to selected mothers whose children were sexually abused by their biological father.

The researcher provided efficient descriptive data in the research findings for evaluation of applicability to other settings (Polit & Beck, 2010). The purposive sampling was utilized to confirm that the sample selected bears the characteristics that were premised in the research question under study. This study was consistent across the whole research process, guided by the research questions and objectives (Brink, H., Van der Walt, C. & Van Rensburg, G., 2012).

The researcher used triangulation of multiple methods, informants, and data sources to enhance the credibility of the study by requesting the data from the Research Division and conducting interviews from the assigned social workers of the cases.

An independent coder provided the recorder to confirm the interviews by listening to the recordings of the interviews. The researcher set aside preconceived ideas about the consequences of trauma on mothers of sexually abused children by their biological father (Brink et al. 2012).

Ethical Considerations

The researcher sought ethical clearance from the PNU Educational Policy Development and Research Center (EPDRC) while permission to conduct the study was

obtained from the selected schools through School Division's Office of Quezon City, DSWD, Lunduyan Foundation, Department of Health, and Commission on Human Rights, Selected Barangay and Precinct (Appendix B). Written informed consent was obtained from the selected participants and they were made aware that participation was voluntary (Appendix C). In the consent form, the rights of the participants were clearly spelled out. They were informed that they had the right to withdraw or to refuse to participate in the study. Participants were assured of confidentiality, anonymity, and privacy.

The researcher focused on the primary objective of the meeting. The researcher used the structured interview (Appendix D). There was a need to manage time so that all questions were covered during the interview. Recorded responses were employed during the interview. The researcher did not allow personal stories to take up valuable time.

The researcher conducted the interview to a place where confidentiality and safety of the participants took place. Guidance Office for the mother of the victim studying at Ramon Magsaysay (Cubao) High School. Family homes for the parents were referred by the DSWD, selected schools and Laura Vicuña Foundation which afforded more privacy.

In addition, the interview enabled the researcher to probe for more detail, clarified questions and decided when to continue or stop questioning. The researcher coordinated with a psychologist on the process of debriefing after the trauma of the mother and the researcher.

The feedback of research findings to the participants interviewed was regarded as an important aspect of the research and intended that a short summary of the results be sent to every mother who participated in the interviews and to all the social workers involved.

Chapter III

Results and Discussion

Chapter 3 presents the information concerning the mothers' whose children were sexually abused by their biological father.

1. Describe the experiences of mothers whose daughters were sexually abused by their biological father.

1.1 The Discovery - Before the Disclosure

The Abuse Lense

Theme	Participants	Sample Responses
Time	Participant # 1	I was pregnant with my fifth daughter. according to my other daughter, they also witnessed the incident. My daughter who was 10 years old that time
	Participant # 2	I just learned the incident when Nicole was 12 years old though my daughter didn't approached me about the incident (*Nalaman ko lang ang insidente nitong 12 years old na sya kase di naman sya nagkukwento sa akin*)
	Participant # 3	It took me 2 years when I learned the incident when I was in the province at Baguio when I attended the burial of my brother. (*Noong March 2017-andun ako sa province sa Baguio namatay ang kapatid ko*)
	Participant # 4	My husband tried to rape my third daughter and her sister, aged 15 years old (*Sila mismo na isa pang anak ko edad 15 ay pinagtangkaang abusuhin ng sila ay edad 9 hanggang 12*)
	Participant # 5	She was abused by her father while a away from home *(inaabuso daw siya ng tatay niya pag wala ako sa bahay)*

	Participant # 6	*One is Lady my 11 year old daughter (Ang isa ay si Lady, 11 anyos)*
	Participant # 7	Shane was already 19 years old when I learned that she was raped when she was 9 years old. (*19 years old na ang anak ko na si Shane ng malaman ko simula pa noong 9 years old sya)*
	Participant # 8	I was not aware that my daughter was raped when she was 9 years old. She was already 12 years old when I confirmed it because I was working in Japan at the time. *(Di ko agad nalaman siguro mga 12 years old na si Michelle nung nalaman ko kase nag abroad ako nasa Japan ako year 2000)*
	Participant # 9	That time my daughter was only 5 years old when she was raped. *(Noon ay 5 years old lang ang anak ko di pa siya nag aaral)*
Person	Participant # 1	I was not aware that my husband sexually abused my child. It was my aunt-in-law who informed me about the crime
	Participant # 2	I just confirmed the incident when I met her friend when I went to the sari-sari store, and she told me that my daughter was raped by her father. *(Bumili ako sa tindahan, nakita ko ang kaibigan ng anak ko at nagsumbong sa akin na si Nicole daw ay inaabuso ng aking asawa*)
	Participant # 3	I was informed by my two daughters that their youngest sister was raped by their father who was 12 years old that time. (*sinalubong ako ng 2 anak ko na babae nagsumbong na inabuso daw ng tatay nila ang aming bunso na si Rhia, 12 years old*)
	Participant # 4	My third daughter, aged 19 years old, toldme about their father's abuse of their youngest sister Monica, aged 12 years old (*Isinumbong sa akin ng pangatlong anak Ko na dalaga edad 19 years old ang panghahalay ng kanilang ama sa kanilang bunsong kapatid na si Monica, 12 years old*)

	Participant # 5	My daughter told me that she was sexually abused by her father. (*Nagkwento ang anak ko sa akin na inaabuso daw siya ng tatay niya)*
	Participant # 6	My eldest daughter Cariza, 14 years old, told me that her younger sister, Lady 12 years old was raped by her father. (*Naisalaysay sa akin ni Cariza, 14 anyos) noon siya ang panganay kung anak na inaasbuso ng asawa ko ang nakababatang kapatid nya)*
	Participant # 7	My daughter was 19 years old when she was raped by her father. *(19 years old na ang anak ko na si Shane ng malaman ko siya ay inaabuso ng kanyang ama)*
	Participant # 8	My daughter Michelle was already 12 years old when I learned that she was raped by her father. *(12 years old na si Michelle nung nalaman ko)*
	Participant # 9	I accidentally caught my husband when I forgot my wallet at home *(Nahuli ko ang aking asawa ng minsang bumalik ako sa bahay dahil naiwan ko ang aking wallet)*
	Participant # 10	The teacher of my daughter told me about that my husband raped my daughter. (*Ang nagkwento sa akin ay ang teacher ng anak ko na mayroon daw nangyayaring pang aabuso sa kanya ng ama niya)*
Event	Participant # 1	She didn't informed me because according to her, she was threatened by her father that he would kill her and her other siblings.
	Participant # 2	I approached her while she was crying " I am not feeling well mama". At first I did not believe my daughter. I thought she was making excuses not to attend her class. (*Naabutan kong umiiyak ang aking anak na si Nicole, di raw siya makakapasok sa school kase masama ang pakiramdam niya*)
	Participant # 3	My two daughters called me and advised me to go home. I was nervous and had no idea about it (*Tumawag ang anak ko pinapauwi na*

		ako. Kinabahan ako at kinabukasan umuwi ako)
	Participant # 4	but since they fought his advances, so ever since then, they never went near him again. (pero sila ay nanlaban kaya simula noon di na sila naglalapit sa ama)
	Participant # 5	At first, I didn't believed that my husband did a crime with my daughter of raping her because I didn't expect it since we are together for alomost 12 years. *(sa una di ko siya pinaniwalaan kase kilala ko naman ang asawa ko sa matagal na pagsasama namin sa loob ng 12 taon)*
	Participant # 6	My eldest daughter caught my husband in the act raping her younger sister inside our comfort room *(Nahuli daw niya na inaaboso ni Karling 42 y.o ang aking asawa si Lady sa loob ng banyo)*
	Participant # 8	I left my two kids when I was working abroad and my daughter that time is only 9 years old *(Iniwan ko 2 anak ko si bunso lalaki 4 yrs. old samantalang si Michelle 9 na noon)*
	Participant # 9	I caught my husband in the act kissing the sensitive part of my daughter who was crying that time. (*Nahuli ko ang asawa ko na kasalukuyang hinahalikan ang maselang bahagi ng aking anak at umiiyak)*

Based on the above transcripts the mothers' discovery stage of the abuse may be trimmed to the following indicative themes: **time**, **person** and **event.**

The indicative theme which is **time** the mothers' discovery of the abuses varies, ranging from two months to ten years but most of them discovered the abuse for a long period. In terms of the indicative theme of a **person** specifically prescribed that the abuse was discovered from various people namely the victim herself, the mother of the victim

and from another person. Relative to time, age of the victims may also be uncovered; age of the victims ranges from five to nine years old and the helplessness during the situation was expressed by the victims.

Regarding the indicative theme of **event**, the abuse was unraveled through daughters confiding to their mothers, teachers and friends informing the mothers of the abuse, actual event of the abuse discovered by mothers themselves as well as relatives expressing their grief over the incident to the victim's mother. Relative to this, the abuse was described as painful, unbelievable and unexpected by the mothers.

These indicative themes directly helped the mothers realize the difficulties they encountered in the arms of their own biological fathers. The solid arrows represent how the indicative themes of time, person and event lead to the discovery of the abuse which lead to positive responses of being strong for their daughters as represented by the solid line. The discovery scenario may be capsulized by the pattern below.

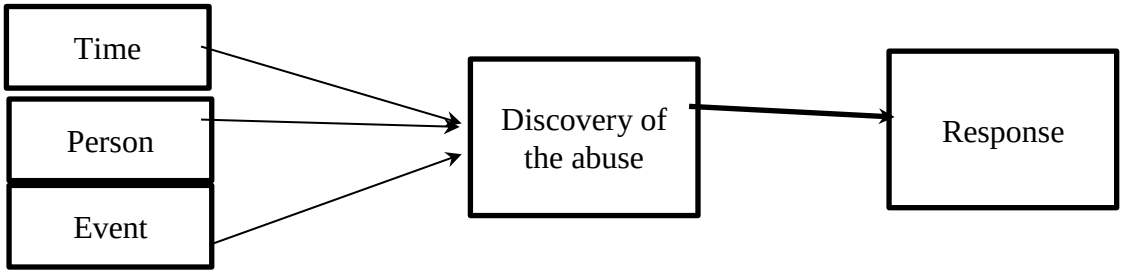


Figure 2. Abuse Discovery Indicative Pattern

To suspect that sexual abuse is occurring is not the same as knowing. When mothers have a suspicion of sexual abuse, they must then set about confirming that

suspicion. That can become an obsessive task, filled with ambivalence and confusion. If the suspected

perpetrator is the father or mother's partner, the losses are high if the suspicion is confirmed. The mother knows that life will end as she presently knows it. The mother may cycle between "looking" for signs to validate the suspicion and ignoring the suspicion in hopes that it is not true. It is easy to rationalize not following through on a suspicion such as this. Looking for "clues" that your intimate partner is sexually abusing your child may seem "crazy" in itself. The entire process is painful and full of confusion. (Langston, 2020).

Almost all non-physical warning signs of sexual abuse could have an alternate explanation. Mothers fear that they may be over-reacting. Without clear disclosure from the child, the mother's suspicions will result in ongoing internal conflict. Asking a child directly is something many mothers are not comfortable doing. Asking indirectly may not elicit a clear response from the child.

The discovery of child sexual abuse may occur at a certain point or it may take years. Mothers may notice something wrong, have suspicions, and try to confirm those suspicions over a period of years. Mothers may not know for a period of time, then suspect for a period, then know about the abuse but not know what to do.

Once disclosure has occurred, mothers look back at the signs and clues and feel guilty that they did not realize that abuse was occurring. The more knowledge and information that mothers had prior to the disclosure about sexual abuse and its warning signs, the more guilty they may feel about not "knowing" prior to that point. (Langston, 2020).

Disclosure of incest may be voluntary or unintentional. On one hand, children voluntarily disclose about incest for different reasons (New York's Child Welfare Training Institute, 2005:2). Children usually report the abuse in order to share the secret with a reliable adult (Sadock & Sadock, 2011:1341), when they cannot stand the abuse anymore (Zastrow & Kirst-Ashman, 2010:209) and when they want to get away from it (New York's Child Welfare Training Institute, 2005:2). On the other hand, the incident of incest becomes known when another person has observed it, or when a physical injury related to CSA is noted by someone or even brought for medical attention (New York's Child Welfare Training Institute, 2005:2; Sadock & Sadock, 2011:1341; Zastrow & Kirst-Ashman, 2010:209).

Delayed disclosure of incest is common. Barriers for non-disclosure or reporting of Father-Daughter Incest (FDI) are found within families (Taylor & Norma, 2013:114). Some families regard FDI as a family secret, so the matter is discussed within the boundaries of the family. Participants in this study indicated that some fathers use threats and tell daughters not to disclose the abuse. One participant indicated that sometimes mothers are the ones who prevent children from reporting the abuse due to their dependence on these fathers.

Survivors of Father Daughter Incest were more likely to endorse having suffered psychological injury, more likely to endorse feeling like damaged goods, and more likely to endorse having a listener react with horror and disgust when they tried to open up with another person about their childhood sexual experience (Beard et al., 2017). Survivors of FDI were significantly more likely to report having been estranged from both parents when

they were in high school and significantly more likely to have had therapy for CSA than survivors of CSA-AM (Beard et al., 2017).

On the study of Thapa, T. (2018), mothers had average level of awareness regarding girl child abuse. However, a significant proportion of mothers still lacks a good level of awareness, and it was found significantly associated with age, ethnicity, educational status, type of family, age at marriage and number of children. A nationwide study of such kind using qualitative tools as well as conducting awareness raising activities focusing on girl child abuse and sexual abuse in girl child is recommended.

In contrast to other rape cases which often occur accidentally and not repeatedly overtime, incest rape cases are usually difficult to be immediately discovered for many reasons. In incest rape, the indecent act is generally committed over and again for years and only stops when the victims have managed to overcome their fear to speak up, or when the condemned act is found out by other people. It often occurs that the incest cases are left buried and became hidden disgrace since the victims continued to be overshadowed by the perpetrators' threat or be-cause their own mothers are reluctant to report the case for the reason of the family's dignity (Sawrikar & Katz, 2017, 2018).

Hershkowitz et al. (2007) also found that older children were more likely to confide in peers and younger children to confide in parents and in Kogan's (2004) study of adolescent girls, young women between the ages of 7 and 13 were most likely to tell an adult while those aged 14 to 17 were more likely to tell peers. Similarly, Bascelli, (2004), in a study of mostly female adolescents aged 12 to 16, found that peers were by far the most popular choice of first confidante. London, K., Bruck, M., Ceci, S.J., &

Shuman, D.W., (2007) in their review of relevant studies concluded that adults who told someone as a school-age child told a parent rather than a peer and "the most common confidant was another adolescent" (p.201). Kogan (2004) also found that the older teenagers were more likely to disclose experiences of unwanted sexual experiences with peers to other peers than childhood abuse experiences with adults. Thus, in addition to there being developmental differences in choice of confidante with younger children tending to tell parents and older teenagers tending to tell their peers, the nature of the abuse experience may influence the choice of confidante at different stages of development.

In the study of Willingham (2007) mentioned that mothers of sexually abused children experienced the same trauma as their daughter. Feeling guilty for not protecting their child, they may reconstruct the events of their children's trauma and intrusively experience the same images. In fact, the mother has been blamed for the sexual abuse more so that the perpetrator in many cases. Common emotional effects of disclosure of a child's sexual abuse include pain, anger, fear, guilt, depression, a sense of powerlessness, and a sense of "going crazy." When experiencing such a range of intense emotions, it makes sense that mothers have trouble thinking clearly and making decisions. Mothers may also feel a heightened sense of anxiety and experience panic attacks. If the offender is still in the home, the mother is on hyper-alert at all times, trying to assure her child's safety. This level of anxiety and panic will eventually take its toll on the mother's health. Mothers may also experience PTSD symptoms. These may include nightmares, intrusive memories, inability to regulate thoughts, anger, irritability, and startle response. It is also evident in

the study of Masilo & Davhana-Maselesele (2016) that mothers experienced emotional pain on post sexual abuse. They expressed shock, anger and guilt for not noticing the abuse. They showed significant depression because of lack of support by stakeholders. Mothers experienced secondary trauma that poses social and psychological challenges with far reaching implications

According to Middleton, W. (2013) studies revealed that a series of 10 incestuously abused women were sexually abused from a very early age (before age 3) with the manipulation of their sexual response a key component in conditioning an enduring sexualized attachment. Shame and fear were also used to endure compliances and silence. The women were able to speak of it, describing the induction by their paternal abuser of orgasm at early age, typically around age 6. The woman has high indices of self-harm and suicidality are prone to placing themselves in dangerous reenactment scenarios.

London et al. (2007) in their review of relevant studies concluded that adults who told someone as a school-age child told a parent rather than a peer and "the most common confidant was another adolescent" (p.201).

To summarize, the result of findings indicates that someone known to them abuses most children. The perpetrator is often in a position of authority and control over the child. Many perpetrators report they specifically target emotionally vulnerable children with whom they establish a trusting relationship. Establishment of a trusting relationship may extend to the victim's family as well, further complicating the child's ability to recognize the situation as abusive. The victim– perpetrator relationship is often an emotionally

significant one in which important needs are met for the child. Many child victims report ambivalent feelings for their perpetrator. Finally, perpetrators employ a variety of strategies, many of which are covert and insidious, to gain and maintain their victim's compliance and silence. The clinical and research literature reveal that these strategies effectively inhibit children from disclosing their abuse.

1.2 ***Divulging the Abuse (During the Disclosure)***

Theme	Participants	Sample Responses
Anger	Participant # 1	I was so mad at my husband. It hurts. It felt like heaven and earth collided. *(Galit na galit ako sa asawa ko. Masakit parang binagsakan ako ng langit at lupa)*
	Participant # 2	I really got angry and felt betrayed by my husband but I am confused and afraid if I will sue him because no one would support us since I only finished Grade 1 and I had no source of income *(Galit na galit ako sa asawa ko gusto ko siyang patayin pero ang winoworry ko siya lang ang nagta trabaho para sa amin)*
	Participant # 3	I was really so angry that is why I put him behind bars. My children no longer want him to be released from prison. I prefer that he is no longer with us and for my other children to come home to me. He beats us up, even our children. *(Galit nag galit ako kaya pinakulong ko siya at ayaw ng mga anak ko na palabasin siya. Mas gusto ko na wala na siya at umuwi na ang ibang mga anak ko sa akin. Nambubugbog yan kahit mga anak ko sinasaktan niya)*
	Participant # 4	*Nalulungkot at nagagalit ako pero pinipilit pa rin kalimutan ang lahat dahil alam kung napakasakit sa mga*

		anak ko ang mga pangyayari.
	Participant # 5	I was infuriated with my husband because I thought he really respected me and my daughter. I was shocked to find out that he abused even his own brother. (*Galit na galit ako sa asawa ko akala ko maayos ang pagtingin niya sa aming mag-iina. Mas lalo akong nagulat at nagalit ng malaman ko na pati ang kapatid niya ay inaabuso din siya)*
	Participant # 6	I was really so shocked and angry because I did not expect this. A lot of things were running through my mind, and it was divided between shame and fear *(Sobrang nagulat at me halong galit ang naramdaman ko dahil hindi ko ito inaasahan, maraming bagay ang gumugulo sa isipan ko noon nahahati sa hiya at takot).*
	Participant # 7	We are fine now but I really feel very sad about what happened to her because she might not be able to handle the trauma. She might not be able to withstand going to court, retelling and reliving everything that happened. *(Maayos naman kami pero nalulungkot ako na nangyari sa kanya yun baka hindi niya makayanan dahil sa trauma pati sa pagpunta naming sa korte baka hindi nyamakayanan isalaysay ang mga pangyayari.)*
	Participant # 8	I could only blame myself for what happened to my family (*Iyak ako ng iyak noon sinisisi ko ang sarili ko sana di ko na lang sila iniwan. Alam ko di magagawa ng asawa ko yun dahil mabuting tao at responsible siya. Maaring nagkulang ako sa sex sa kanya pero di tama na sa anak niya gawin yun. Natakot din ako sa nalaman ko kase parang ayaw na niya rin ituloy ipakulong ang tatay niya. Sa isip ko meron na ata psychological problem ang anak ko.*)
	Participant # 9	I wanted to kill my husband if it was not a sin to kill him. I was really angy because she

		was still young and yet he raped her. I wish that he did it to another girl or hospitality girl. *(Kung hindi lang kasalanan sa Diyos gusto kong patayin na lang ang asawa ko para deretso na. Galit na galit ako kase paslit pa ang anak ko ginawan niya ng kahayupan. Sana nag hanap na lang siya ng bayarang babae)*
	Participant # 10	I was angry with my husband, I thought this evil act can only commit by a drug addict *(Galit na galit ako ako sa asawa ko akala ko yung mga adik na tatak lang ang nakakagawa non sa mga anak nila yun pala wala itong pinipili. . Kinausap ko sya pero di siya umamin kaya nung umalis ulit siya pina medico legal ko ang anak ko kase takot din akong malaman niya ang plano ko na ipakulong siya. Nalaman sa resulta ng medico legal na talagang siya ay naabuso)*
Confusion	Participant # 4	It was very painful. I could not think straight at first, I could not eat and I was very thin before. I kept thinking why he did this to our child. I thought he was my true love because he was already my second husband *(Masakit sa akin, di ako makapag-isip Nung una at di ako makakain at ang payat ko noon. Iniisip ko kung bakit niya ginawa yun sa anak namin. Akala ko siya na ang true love ko kase pangalawang asawa ko na siya)*
	Participant # 5	I really did not know what to do *(Hindi ko malaman kung ano ang gagawin ko. Ang sabi ng asawa ko huwag daw ako mag sumbong at nakakahiya, matitigil daw sa pag-aaral ang mga anak ko at patawarin ko na lang daw sila.)*
	Participant # 8	I got worried when she asked me to not pursue any charge against her father. I thought that maybe, my daughter has also been affected psychologically

		(Natakot din ako sa nalaman ko kase parang ayaw na niya rin ituloy pakulong ang tatay niya. Sa isip ko meron na ata psychological problem ang anak ko)
Jealousy	Participant # 8	I also felt of jealous when my daughter told me that she had started liking what her father was doing to her. *(Nakaramdam din ako ng selos that time kase natuklasan ko sa anak ko na nung una daw galit na galit siya sa ama niya pero di niya ma explain ng magtagal na parang hinahanap hanap niya ang sarap ng pakiramdam niya lalo na pag hinahalikan daw ang ari niya)*
Shame	Participant # 5	He told me to not tell anyone since it was embarrassing and that my children would have to stop schooling and that I should just forgive him. *(Ang sabi ng asawa ko huwag daw ako mag sumbong at nakakahiya, matitigil daw sa pag-aaral ang mga anak ko at patawarin ko na lang daw sila)*
	Participant # 6	A lot of things were running through my mind, and it was divided between shame and fear *(maraming bagay ang gumugulo sa isipan ko noon nahahati sa hiya at takot)*
		I did not want my husband to be imprisoned because I would feel ashamed especially since he is the father of my children. In terms of money, I was not that affected because I still make a living for our day-to-day expenses. *(Ayokong makulong ang asawa ko dahil nahihiya ako sa mga tao lalo na at ama siya ng aking anak, kung sa pera di naman ako masyado affected kase kumikita ako para sa mga pang araw araw na gastos)*
	Participant # 8	I felt so ashamed and worried about what our relatives and other people would say *(Nakaramdam din ako ng hiya kase ano na lang ang sasabihin ng mga kamag anak namin)*

	Participant # 10	I even plan to seek help from Tulfo's assistance but I realized that I didn't want other people know this. My Mother-in law got angry with me and she told me I need to think first the circumstances if I will pursue the case. *(Inisip ko na ipa Tulfo siya pero ayoko naman malaman ng maraming tao kaya nag file ako ang kaso laban sa kanya. Galit na galit ang mga byenan ko mag isip daw muna ako dahil malaking kahihiyan ang gagawin ko)*
Strength	Participant # 1	Right now, I am focused on working as a caregiver. I also work part-time at the Shelter house. I am still sad when I remember everything that happened, but I do not lose hope because I pray to the Lord for strength to help me through this. *(Sa ngayon naka focus ako sa pag ta trabaho bilang care giver sa mga ibang kakilala ko, nag papart time din ako sa shelter house.* *Malungkot pa rin ako pag naalala ko ang mga nangayari pero di ako nawawalan ng pag-asa dahil parati akong nagdadasal sa Diyos na makayanan ko ang lahat)* .
	Participant # 4	My children and I drew close to one another. They have no grudges against me and are not angry even if they know I could still accept their father. But I choose to heed their wishes to forget their father. When I visited him in jail, he asked for forgiveness and said he was ready to pay for all that he did but I told him that he can no longer come home to us because of what he did. (*Mas naging malapit kami ng mga anak ko sa isat-isa. Wala naman galit para sa akin ang anak ko kaya lang kahit alam nila na kaya ko pa rin tanggapin ang ama nila, pinili ko pa rin na sundin ang payo nila na talikuran na naming ang*

		tatay nila. Nung dinalaw ko ang asawa ko humingi siya ng tawad at handa daw siya pag-bayaran ang nagawa niyang kasalanan pero sinabi ko na di na siya makakabalik pa sa buhay naming dahil sa ginawa niya.)
	Participant # 5	I felt miserable not knowing how we could ever be one family again but I have not lost hope that we can mend and heal as a family. Malungkot ako di ko alam kung mabubuo pa kami pero di pa rin ako nawawalan ng pag asa na magkaayos ayos ang pamilya namin.
	Participant # 7	She and I would often talk about what she went through. She mentioned before that there was even a time when she committed suicide by taking sleeping pills but she still care for me and she knows how I love her. *(Madalas kaming mag-usap ng anak ko \ tungkol sa mga dinanas niya noon. Nabanggit din niya sa akin na dumating Ang time na nag suicide sya sa pamamgitan ng pag-inom ng sleeping pills pero naisip nya pa rin ang kalagayan ko bilang ina nya na lubos na nagmamahal sa kanya)*
	Participant # 10	*So far my focus has been on my children despite the trauma and it forced me to be strong and never forget to pray always.* *(Sa ngayon ang focus ko sa mga anak ko kahit masakit ang mga pangyayari pinipilit kung maging malakas at di ako nakakalimot* *mag dasal parati)*

The arising themes from the transcripts painted various portraits of mothers. An evident vision is **a mother in anger** and pain knowing that their daughters were abused by their biological fathers, **a mother in confusion** who cannot easily manage and understand the entire scene of the abuse, **a mother in a jealous state**

since her daughter confided that in the long run of the abuse, she felt the sexual urge with his father. More so, **a mother in shame** is also visible for her daughter as well as her entire family because they may be put into conviction by the people around them and **a mother of strength** who never doubted their heart of sending her husband to jail and let him pay for his crime.

Mothers upon knowing the abuse may be represented by Pattern 2.

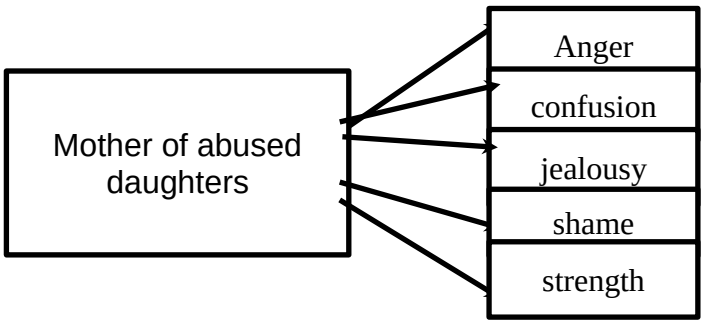


Figure 3. Status upon knowing the abuse

Confusion exists from the point of disclosure throughout the process. Levels of confusion will be present about reporting, telling family members or friends, decision-making, problem-solving, choosing counselors, the court process, sorting through thoughts and feelings, and a myriad of related processes. On the other hand, the dependency level of the incest victims and their mothers toward the perpetrators often cause them to think twice before finally reporting the person who usually supports them financially to the authorities. The alternatives, which are often chosen by the incest victims, are to get

out of the house to live with their other relatives or to become street children in big cities. In this situation, it is highly possible for the incest victims to live astray, be mired in the street life, or even being exploited in the commercial sex industry (Suyanto, 2012). As a consequence, the child victims of incest are suffering not only physically and mentally, but also are risking of having a more traumatic experience in the future.

In families (Goldberg, 2019) where trauma including sexual abuse occurs, the dynamics may vary. The victim of abuse can become a scapegoat who is responsible for all family problems. In other families, members can support and protect victims, which sometimes requires them to ignore their own needs and goals, as well as the needs and goals of other family members. Subsystems of family members can form which oppose

each other, and that often leads to jealousy among children, particularly if their needs are not heard.

In the study of Pretorius, G., Chauke, A. P., & Morgan, B. (2011) mothers of sexually abused children experienced emotions like loss, jealousy, disbelief, anger, guilt, depression, trust and blame upon the discovery of the abuse. Mothers often undergo a crisis following the disclosure of abuse, but their needs appear to be secondary to the treatment of the child and perpetrator. However, these mothers may be unable to provide support to their children due to their own emotional anguish. Mothers' responses and strength provision of support to the child are important in the child's recovery process after disclosure.

As cited in the study of Karimi (2015), Breheny & Stephens, (2007) argue that motherhood is a challenge requiring support and community involvement regardless of the

mother's age and socioeconomic position. They further propose that different social structures could be used to support motherhood occurring at any point in the life course so that motherhood could be successfully combined with education and employment in any order.

Guilt is the feeling that you "did" something bad. Shame is related to the belief that you are "bad" , or that something is wrong with you. Mothers may also feel shame because of their concern of what others think about them. In one study, only 30% of child survivors disclosed their incest purposefully while 43% were identified accidentally (Collins, S., Griffiths, S., & Kumalo, M., 2005). Disclosure is complex and multiply determined, and related to child factors, family dynamics, community, and culture (Alaggia, R., Collin-Vézina, D., & Lateef, R., 2017). Often, disincentives outweigh incentives to disclose. Disclosure should be a process not a onetime event (Reitsema & Grietens, 2016).

Thoughts and feelings post-disclosure, parents experienced a wide range of negative emotions. Their emotional reactions were defined as either short-term response reported at the time of disclosure or longer-term reactions to the abuse. (Fuller, 2016).

In the study of Masilo, G.M. & Davhana-Maselesele, M. (2016), findings that mothers experienced emotional pain on post sexual abuse. They expressed shock, anger and guilt for not noticing the abuse. They showed significant depression because of lack of support by stakeholders. Mothers experienced secondary trauma that poses social and psychological challenges with far reaching implications.

For a mother, knowing that abuse has occurred does not resolve the confusion, anxiety, ambivalence, and internal conflict. She may struggle with the meaning of the

sexual abuse. Perpetrators who are also partners may blame the child for the abuse or say that the child initiated or enjoyed the sexual activity, not characterizing it as abuse. Mothers with abusive or violent partners may be threatened or may live in a state of chronic helplessness related to their own abuse. Some mothers do not have a point of comparison because they have been abused as children. Value systems regarding sexual behavior are derived from family experience. If mothers do not have adequate knowledge of healthy sexual behavior, normal childhood development, and the dynamics of power in relationships, they may be unable to come to a place of acceptance of the harm done by the abuse or mothers may be so angry about the abuse that they cannot be clear-headed in decision-making. They may want to hurt or kill the perpetrator and mentally construct plans to do so. They may be consumed with anger, rage, and a desire for retribution. The pain may become so great that they resort to alcohol or drugs to self-medicate, coping in unhealthy ways. They may sink into a depression. These responses to disclosure will create additional consequences beyond those already present as a result of the sexual abuse. This is a time when the child victim desperately needs support, reassurance, love, and protection. If the mother falls apart, the child will blame herself for this. She may believe that she should not have told and hold the responsibility for all the consequences of disclosure. (Masilo et al., 2016).

Mothers need to take care of themselves following disclosure. They have discovered that their children have been sexually abused, and they are responsible for providing care for their children. This requires coping skills and strategies and healthy habits, such as eating properly, getting enough sleep, exercising, and spending time with

friends. Knowledge that sexual abuse has occurred precedes a time of decision-making. Mothers must solve problems and face difficult choices. They need to be clear-headed, rational, and healthy. This requires a solid support system, adequate information and resources, and physical and mental health. The abuse disclosure stage is very difficult for mothers. Initial reactions in mothers include shock, denial, anger, guilt, and depression. The mother is angry because her child was abused and is angry at the abuser. She is confused and hurt and worried and afraid. She knows the effects and possible long-term consequences of the abuse to her child and also knows the consequences of reporting. She must have the strength and courage to report the abuse and follow through with necessary legal actions. This is the time when mothers need the most support (Langston, 2020).

1.3 The Aftershock (After the disclosure)

Theme	Participants	Sample Responses
a shoulder to cry on	Participant # 2	We became close with each other and she's now open to tell what she felt about the incident though I felt guilty that I was not able to recognize her sufferings. *(Malaki ang pagbabago dahil naging close kami ng anak ko at parati ko siya kinakausap na magsabi sa kin ng mga problema niya)*
	Participant # 3	Yes, I feel that I was the one responsible for what happened to my daughter, because I failed to watch over her and take care of her. I did not mind her that much as long as I saw that she could still study. *(Maraming beses na pakiramdam ko meron siyang problema pero dahil sa busy ako sa pagtitinda hindi ko siya masyado pinansin basta nakakapag aral siya)*

	Participant # 4	my children are more important to me *(pero mas importante ang mga anak ko sa akin)*
a cure to their aching hearts	Participant # 7	I do not know how my daughter handled all of these. *(Hindi ko alam kung paano kinaya ng anak ko to)*
a protective shield against harm	Participant # 1	She said it was understandable for a mother to feel that way, but that it will soon pass. She also advised that I push through with the case to teach my husband a lesson. Otherwise, he might continue to abuse my child. *(Kasalanan daw ng anak nya yun kaya dapat lang na ituloy ko kesa di makulong baka sunod sunurin ulit ang pang aabuso sa anak ko)*
	Participant # 4	My first child, a son who is also in the the military, wanted to kill him. He could not believe that his father could do such a thing especially since he idolized his father so much and wanted to follow his footsteps *(Ang panganay na anak kong lalaki na sundalo rin ay gusto siyang patayin. Hindi ito makapaniwala na magagawa ng tatay niya nahalos idolohin nya kaya ito ay sumunod sa yapak niya na maging sundalo rin)*
	Participant # 5	I decided to bring my daughter to the Homefor the Girls in Palayan *(kaya napad desisiyonan ko na ipasok ang anak ko sa Home for the Girls sa Palayan).*
	Participant # 5	I felt very sad that I would no longer be with her, but I console myself with the fact that in that place, she would be safe from my son and from my husband. *(Nalulungkot ako at di ko na kasama ang anak ko pero iniisip ko na lang na mas safe siya doon sa anak ko at asawa ko)*
	Participant # 9	In my mind, it's okay to lose him in our life because he is useless

		(Sa isip ko okay lang na mawala siya sa buhay namin tutal wala naman siya silbi)
	Participant # 9	My children have a more peaceful life without him than he continues to abuse my daughter *(Mas tahimik ang buhay naming ng mga anak ko na wala siya kesa patuloy niyang* *abusuhin ang anak ko)*
	Participant # 9	I took my daughter to a shelter house in Quezon City where she was safe because I felt that my daughter was not safe because he might escape from prison. I wish that he was dead for us to be safe and peaceful. *(Dinala ko ang anak ko sa isang shelter house sa Quezon City atleast doon safe siya kase feeling ko di na safe anak ko sa bahay baka bigla siyang makatakas)*
	Participant # 10	I wanted to work for my family, but I am afraid to leave my children *(Gusto kung magtrabaho pero takot ako na iwanan sila)*
a genuine friend and a hero to	Participant # 1	Ate Balen told me to not mind them anymore. She said it was understandable for a mother to feel that way, but that it will soon pass. My husband was given a life sentence *(Ang sabi ni ate Balen pabayaan ko na raw kase nanay daw yun at mawawala rin yung galit nya. Ang sabi ni Ate Balen ituloy ko daw ang kaso mag dahilan ako sa byenan kung san ako pupunta. . Nasentensyahan ng habang buhay ang asawa ko)*
	Participant # 6	I lost my zest for life. I grew up in a happy family, and was afraid of God but because of what happened I do not know anymore who to blame. I no longer want to live but I need to be strong for my children, especially since I know we will no longer have our peace with all these neighbors who like to meddle with our

win the battle		lives *(Ayoko na ring mabuhay pero iniisip ko maging malakas ako para sa mga anak ko kahit alam kung mawawalan na rin ng katahimikan s buhay namin dahil ang mga kapitbahay namin na mahilig makialam sa mga buhay buhay)*
	Participant # 8	Despite all my worries, nothing could prevent me from filing and pursuing a case against my husband because what he did was wrong, and I wanted to show my daughter my support and love for her. *(Pero alam kung mali kaya itinuloy ko ang kaso sabi ko bahala na basta maipakit ko sa anak ko na ako ay sumusuporta sa kanya)*
	Participant # 10	But I still I want to fight for my daughter, and I am glad that my parents supporting my battle *(Hindi ko sila inintindi ang importante sa akin ngayon ay ang mga anak ko. Sa ngayon continue ang kaso laban sa asawa ko at tinutulungan ako ng mga magulang at kapatid ko)*

Looking into the transcripts on how mothers see the situation after the painful revelation of abuse among their daughters by their biological fathers, the following

themes pertaining to them as mothers are being their daughters' **a shoulder to cry on, a cure to their aching hearts, a protective shield against harm, a genuine friend** a and a **hero to win the battle** for their abused daughters.

The relationship between the mothers and daughters after the revelation of the abuse may be capsulized in Figure 4.

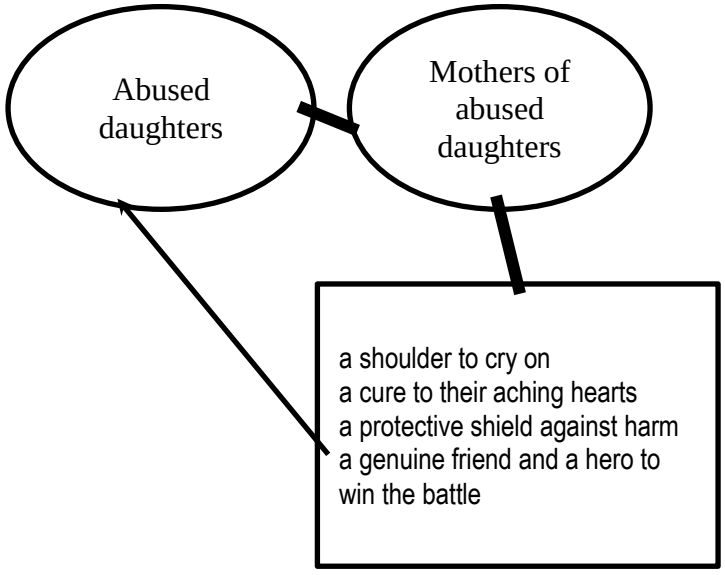


Figure 4. Link after discovering the abuse

Pattern 3 vividly presents the solid link between the mothers and daughters, yet there are instances that the daughters wanted to detach themselves, still their bonds with their mother are tighter. The circular figure encapsulating the mother and daughter respectively signifies their continuous determination to move on with life while the solid line connecting them represents the bond tightened by the abusive incident. A solid line leading to the thrust the mothers wanted to offer their

daughters was encapsulated in the box solidly connected by an arrow representing the mothers' positive will of helping their daughters survive from the abuse.

A study conducted by Rakovec, N. etal (2016) found that sexually abused children perceived that protective attitudes of mothers are very important especially when the abuse happened within the family. Supportive mother can decrease the negative long-term outcome of the abused that the mother's support can attribute to stop the ongoing abuse, it can eliminate immediate effects and decrease negative long-term outcome to a child experiencing the abuse. He also mentioned that 30% to 80% of victims do not disclose the abuse before adulthood. This suggests that many children may endure sexual trauma from childhood to adolescence without proper interventions.

The sexual abuse of a child can have a profound effect on the mother-child relationship, depending on the identity of the perpetrator and the length of the time over which the abuse occurred. This effect can occur long before the mother knows about the abuse. If the child thinks that the mother knows about the abuse, and it continues, the child will be angry with the mother without the mother's awareness. If the perpetrator is the father, and he has threatened the child with statements about the mother, this will affect the mother-child relationship. If the father has set up a dynamic of the child becoming the "adult partner" in the home and taking care of him, even if the mother is not aware, the child may grow to blame and hate her. Unfortunately, when the child believes that the mother should know and protect her, and the mother does not do this, the blame shifts away from the offender to the mother (Langston, 2020).

Williams (2011) cited that the family's contextual environment significantly influences adolescent reaction to sexual abuse. Each systematic level had significant variables. School engagement was the only significant variable. Parental social support and parental educational levels were significant exosystemic variables.

Beard et al. (2017) showed that reporting the FDI was significantly more likely to end the marriage of the survivor's parents than not reporting it and also found data consistent with their proposed new mechanism for generation to generation transmission of FDI through the female lineage: If the FDI-survivor (proband) models her behaviors with her own husband on her mother's behaviors with her husband, the proband FDI-survivor's father, this would set the proband-FDI-survivor's daughter up for FDI in the next generation(e.g., If the proband FDI-survivor fights with her husband and is unaffectionate to her husband like her mother did in her relationship with the proband-FDI-survivor's father, then the proband-FDI-survivor sets her daughter up for FDI, just as her mother had set her up).The study showed a significantly increased (more problematic) depression scale score in the survivors of FDI as adults. The problematic increased depression scale scores of FDI survivors in comparison to survivors of Child Sexual Abuse (Beard et al.,2017) result appears to have a theoretical explanation.

In the study of Testoni, I, Mariani C, & Zamperini A. (2018) shows the description of perpetrators revealed not only sexual abuse was perpetrated, but also psychological and physical abuse. About half of mothers did not come to their daughters' aid and those who cooperated with the abusers had mostly suffered from CSA at a time in their life. Only three mothers did help their daughters in contacting the anti-violence centers. However, most of the service centers were not concerned with the relationship between incest and

domestic re-victimization, while those who considered the problem, dealt with it only on the practitioner–patient level. In addition, despite the psychologists using professional and empathetic language, they disclosed their high emotional involvement and a genuine bewilderment. A discussion on the need to standardize the psychotherapeutic support given to these re-victimized women was presented, with a critique to the un-discriminated depathologization approach adopted by almost all anti-violence centers. In particular, the result of the study would like to prove that this approach is useful in treating victims who were not abused during infancy; it could be insufficient for women who suffered from incest.

Mothers experience a range of emotions and reactions following the disclosure that their children have been sexually abused. A mother will go through emotions associated with the stages of grief: shock, denial, anger, guilt, and depression. Depending on the identity of the perpetrator, she may struggle with belief and ambivalence. She will be confused, overwhelmed, and angry. Some reactions may be behavioral, such as keeping the disclosure a secret or withdrawing and isolating from friends and family.

At the point of disclosure, mothers know that hard choices have to be made. She knows she is torn. Some mothers may fear speaking their true feelings, judging them as wrong and inappropriate. However, the child victim also experiences a similar ambivalence. Few fathers are all bad. The more positive fathering abilities and the good times and memories impact the choice to say goodbye to the relationship and the offender. Mothers may temporarily suspend the relationship but hold hope for the future. Following disclosure of sexual abuse by a husband or partner, the choice is much more complex and

multi-sided than a choice between two family members, perpetrator, or victim. Choices are always made in a social context with layers of contributing factors. Historical influence, religious beliefs, attitudes of extended family members, financial options, and a host of other variables have a part in the mother's thought and decision process.

Mothers face an elemental struggle for survival. Her level of self-esteem will impact her ability to make effective choices. Mothers may be confused about what to do, are concerned about the needs of all the people affected by their potential decisions, remain aware of obligation and duties, and struggle with the conflict between their personal needs and the needs of others. Self-esteem and a sense of empowerment are central to the ability of mothers to respond effectively. (Langston, 2020).

The Agony of the Abused

Theme	Participants	Sample Responses
agony of threat to loved one's life	Participant # 2	He would kill me and her brother if she in case she decides to tell me what was happening. *(Natatakot daw siya magsumbong kase binantaan siya ng asawa ko na papatayin kami ng kapatid niya na bunsong lalaki)*
	Participant # 10	She really wanted to talk to me but she decided to kept silent because she was threatened that he will kill me if she will tell this to me *(Gustong gusto niya magsumbong sa kin pero iniisip nya kami baka daw patayin kami ng tatay niya)*
	Participant # 5	Her father told her that he will kill us if she decided to tell me the incident *(sabi ng tatay niya papatayin daw ang nanay niya pag siya ay nagsumbong)*

agony of possible disbelief	Participant # 2	I told my mother-in-law but she didn't believe me *(Nagsumbong ako sa byenan ko pera di siya naniwala)*
	Participant # 10	she decided to keep silent since her father is an OFW, and he will not stay longer *(Inisip na lang niya total aalis din eto at di naman magtatagal)*
	Participant # 10	Her father spoiled her by giving toys because she is a good girl. *(Sagana si Princess sa mga laruan tuwing dumadating ang tatay niya yun daw ang premyo niya kase mabait na bata raw siya)*
agony of fear	Participant # 1	She said her father put a knife on her. *(tinakot daw sya ng tatay nya at tinututukan ng kutsilyo)*
	Participant # 2	He would kill me and her brother if she decides to tell me what was happening. *(Natatakot daw siya magsumbong kase binantaan siya ng asawa ko na papatayin kami ng kapatid niya na bunsong lalaki)*
	Participant # 10	She really wanted to talk to me but she decided to kept silent because she was threatened that he will kill me if she will tell this to me *(Gustong gusto niya magsumbong sa kin pero iniisip nya kami baka daw patayin kami ng tatay niya. Inisip na lang niya total aalis din eto at di naman magtatagal)*
agony of physical pain	Participant # 2	He would kill me and her brothers if in case she decides to tell me what was happening *(Madalas din kaseng gulpihin ng asawa ko ang bunso namin)*

	Participant # 10	She really wanted to talk to me but she decided to kept silent because she was threatened that he will kill me if she will tell this to me *(Gustong gusto niya magsumbong sa kin pero iniisip nya kami baka daw patayin kami ng tatay niya)*
agony of emotional pain	Participant # 9	He would kill me and her if in case she decides to tell me what was happening *(Ayon sa kwento ng anak ko nung una daw tinakot siya ng ama niya na papatayin daw ako kaya di siya nagsumbong)*
agony of sexual pain	Participant # 5	According to her, he would abuse her many times *(Ayon sa anak ko maraming beses na raw ginawa sa kanya ng tatay niya ang pang-aabuso)*
	Participant # 10	My daughter told me that she was 9 years old when her father raped her in their CR *(Ayon sa kwento ni Princess unang nangyari daw noong siya ay 9 years old pa lang habang naliligo daw siya pilit na pumasok ang tatay niya sa CR at doon siya unang hinalay)*
	Participant # 9	She was raped every time I went to the market *(Ginagawa sa kanya tuwing umaalis ako sa umaga at namamalengke)*

The transcripts primarily picture the agony of the daughters raped by their biological fathers. The transcribed statements were deduced into themes referred to as **agony of threat to loved one's life**, **agony of possible disbelief**, **agony of fear, agony of physical pain, agony of emotional pain**, **and agony of sexual pain**.

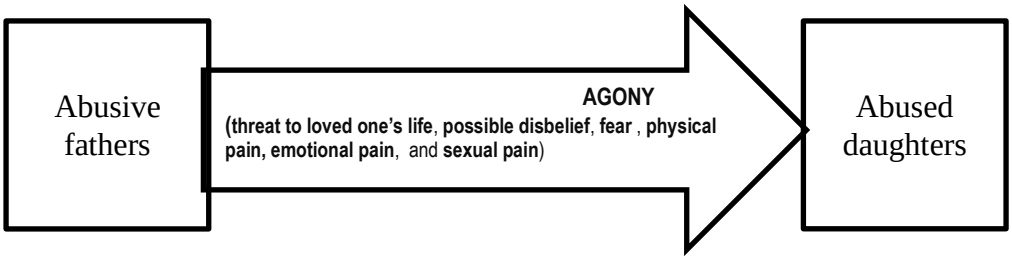


Figure 5. The agony of the abused

Pattern 4 presents the two main characters in the actual abuse, the father and the daughter as represented by the two boxes at the end and at the tip of the arrow. The abusive fathers directly and solidly caused agony to their daughters by abusing them and making them victims of rape. Specifically, the deduced agonies are agony of threat to loved one's life, agony of possible disbelief, agony of fear, agony of physical pain, agony of emotional pain, and agony of sexual pain.

Victims find themselves in a painful bind: there is a natural press to bring the World of Trauma into the Shared Reality, to find someone who will believe that they were abused and will support and protect them. However, they have been led to believe that there is no comfort for them in opening the secret, either because of the offender's threats or because earlier attempts to tell were ignored or punished. For some, the responses they drew to disclosures or attempted disclosures can be as or more traumatic than the abuse itself (Ullman, 2007).

How the discovery or disclosure of sexual abuse is handled is often more important to the child than the abuse itself (Sanford, 2010, Boon, et al., 2006, Van der Hart, et al., 2006).

Reasons for non-disclosure among this and other study respondents include embarrassment and shame, fears that they would not be believed or helped, or that they would be blamed for the abuse (ibid, Fleming, 1997, London, et al., 2008). Understandably, children with closer relationships or who are dependent upon the abuser are least likely to disclose (Kogan, 2004, Wyatt & Newcomb, 1990) and most likely to recant. To recant is to take back a disclosure of abuse. In one study, about a quarter of substantiated cases of sexual abuse had been recanted at least once (Malloy, 2007).

Quarshie, E.N, Osafo J, & Akotia C.S., (2017) reported that in Ghana, incest is considered sinful, taboo, and illegal. However, recent media reports show that incest has become a daily reality in Ghana. This study is a situational analysis of the pattern of incest in Ghana as reported in the media from January 2008 through July 2015. Qualitative content analysis was conducted on 48 incest news reports in Ghana. The findings showed that father-daughter incest was most frequent across the study period. Forty-seven females aged 3 to 25 years and a male-aged 3 years were identified as victims. Generally, the incest lasted between 1 day and 13 years before disclosure. Perpetrators employed psychological and/or physical methods to coerce their victims. Marital difficulties, diabolical control, and seduction by the victim featured prominently as alleged motives behind the abuse. The study observes that the recent increase in father-daughter incest warrants an immediate shift of research attention onto men's mental health in Ghana. This demonstrates that interfamilial offenders compared to extra familial offenders are lower on variables reflecting antisocial tendencies (e.g., criminal history, juvenile delinquency, impulsivity,

substance use, and psychopathy) and atypical sexual interests (e.g., pedophilia, other paraphilias, and excessive sexual preoccupation).

Disclosure occurs when the child reveals the secret of sexual abuse. She may tell a friend, a sibling, or a "safe" adult. However, it happens, disclosure begins the next stage of sexual abuse. Painful and confusing events may occur after the child talks about the sexual abuse. This is why it is so important for mothers to provide support to the child following disclosure. It is critical that the child be believed and protected.

Sexual abuse is disclosed at different levels. Most children do not tell about the abuse. Of those who do disclose, many factors influence the disclosure. These include perpetrator threats, sibling or other family member pressure, and fear of consequences of telling the secret. Sometimes the disclosure is accidental, and the child did not intend to tell the secret. Sometimes it is a very gradual process in which the child tells just a little at a time, maybe a few words in an unrelated conversation. The child may also tell the secret as if it was someone else who was being sexually abused. The child fears that she will not be believed, and she will observe the response of the adult and judge whether to continue telling or change the story. If the mother overreacts, the child may shut down, and the disclosure will not occur. The mother must be careful, loving, and wise in her responses. She needs to focus on listening and supporting her child and managing her own emotions. The mother will need to access support later, but first must address the needs of the victim. Finding out that your child has been sexually abused has been likened to an emotional earthquake. Mothers immediately experience anger, shock, denial, and disbelief. It is difficult to accept and process the disclosure information, and you need support for

yourself at this time. If the perpetrator is your spouse or partner, you lose what may have been a support source. Family and friends can be non-supportive as they also struggle with the disclosure of sexual abuse. You may have difficult and painful choices to make. If the abuse involves your partner, you have to make a choice between partner and child. If you choose a partner, you may lose your child temporarily to protective custody, or forever, due to the sense of betrayal he or she will feel. You may experience ambivalence on a daily basis. Children struggle with blaming the mother because they think she should have known. You also will struggle with self-blame. You will have thoughts and feelings about how this happened, how you did not know and did not protect. You may feel anger at the victim for not telling you. Understanding the process of victimization will help you direct your anger toward the perpetrator. The child's recovery depends on your support. Post-disclosure parenting is difficult. It will help if both you and your child are in counseling, with regularly scheduled joint sessions so that problems can be resolved. It is also important that siblings receive help as they are secondary victims of the abuse. Mothers experience long-term consequences when their children are sexually abused. Secrecy about what you are going through occurs as you find that people do not understand, and they judge, criticize, and are otherwise unhelpful. Your self-esteem is affected. You may continue to feel the pain and hurt and also feel isolated, betrayed, and anxious. Some mothers experience symptoms of posttraumatic stress or panic disorder. Some mothers get sick due to the stress (Langston, 2020).

Yusof et al (2015) mentioned that incest is a social problem of sexual nature which is often neglected and underreported. While it is distasteful and disapproved by most

societies, incest is a difficult crime to prosecute in view of complexed social issues surrounding it. Victims of incest tend to suffer in silence and are reluctant to report to the authorities or seek justice to punish the perpetrator as the perpetrator is a person who has familial ties with the victim. The tendency for society to blame the victims, the victim's embarrassment of having an illegitimate child as a consequence of incest and the fear of causing the family institution to breakdown if the incestuous incident is revealed are among the common reasons for victims of incest to conceal the occurrences of incest. When children are the victims of incest, discovery of the offense may be more difficult resulting in prolonged misery and permanent emotional scarring.

Kennedy and Prock (2016) sum up the shame felt by a survivor: "a survivor of abuse or assault may learn through the broader societal context, via media representations, dominant narratives, stereotypes, and so on, that certain behaviors are considered to be morally and socially unacceptable and certain statuses—incest victim, rape victim, and abused woman—are stigmatized and blameworthy".

The victim also experiences symptoms of intrusion, avoidance, negative reconstruction in thoughts patterns or mood, and changes in arousal and response. Symptoms must persist for at least one month and must negatively impact one's quality of life. The condition must not be attributable to medication, drug or alcohol abuse, or other illness (US Department of Veterans Affairs, 2018)

Disclosure of incest is a particularly challenging issue. Barriers to disclosure include threats by the perpetrator, fear of negative outcomes, no opportunity to disclose, lack of understanding about abuse, and closeness to the perpetrator (Schaeffer, P.,

Leventhal, J. M., & Asnes, A. G.,2011). Not surprisingly, the closer the relationship to the perpetrator the greater the delay in disclosing (Morrison, S. E., Bruce, C., & Wilson, S., 2018).

The primary emotional effect for victims of child sexual abuse is fear. Following disclosure, children fear the consequences of disclosure, as well as re-occurrence of the abuse. This places the child in a painful and stress-filled situation. He or she may have been groomed to feel it was his or her responsibility that the abuse occurred, or that, if they disclose, no one will believe them. If victims disclose, they are afraid that the abuse will reoccur or that the perpetrator will retaliate. Sometimes the child demonstrates these fears in an overt way, and mothers can see what is occurring in the child. Sometimes the child says nothing, but the fear is manifested through nightmares, night terrors, or other forms of anxiety.

Sexual abuse victims develop fears related to the abuse, such as fear of people, situations, and sensations. They become fearful, and this often includes fear of emotional upset or fear of conflict. They may develop phobias related to aspects of the abuse and experience anxiety or panic attacks. They may become suspicious, or they may do the opposite and act against the fear by approaching people or situations without fear when others would be fearful. They may fear all men, or the opposite, they may approach all men. They may dislike being touched, or they may have no physical boundaries, inappropriately touching others without permission. Many sexual abuse victims fear intimacy and have difficulties in establishing close relationships.

A predictable result of the disclosure is the denial of the offender who knows that serious consequences may occur if he admits. Offenders may deny vehemently, may undermine the child's story, and may accuse the child of other behaviors, making the account of sexual abuse less believable. Sometimes the most intense anger that child victims express is towards their mothers. Victims believe that mothers should have protected them, and many victims believe that mothers knew and did not stop the sexual abuse from occurring. Not only children, but often professionals, view mothers as having the ability to know that abuse was occurring. Historically, child abuse literature focused on the mother's collusion with the offender if he was the father-figure. Mother-blaming attitudes have continued, although research has demonstrated that most mothers did not know about the abuse prior to the disclosure, and most mothers respond in a a protective manner when they find out about the abuse (Langston, 2020).

According to Silver (2013), as stated by Huguard (2000), sexual abuse in a family or incest is a betrayal of relational ties and family roles. It damages a survivor’s capacity to trust and comfortably interact with others. It has been noted that early family therapists argued for the conception of incest as a “family affair” and that all family members should be blamed for child sexual abuse.

McDonald & Martinez (2017) mentioned that while sibling sexual abuse may be the most common form of sexual violence within the family, participants believed that their abusers had learned to be abusive due to their own victimization or exposure to pornography, were abusive to establish dominance over them, or had some undisclosed mental illness. While the study does not claim to test these explanations or include abusers'

own narratives, it offers insight as to how sibling sexual violence survivors make sense of their experiences and assign blame to abusers and their families. It also offers insights into future inquiries about sibling sexual abuse. It shows that daughters involved in incest are submissive, passive, fearful, whereas the abusive fathers are dominating, impulsive, used violence or threats to obtain the daughters sexual co-operation. Mothers are weak and are failing to provide help for their daughters. Incest survivors project more negative characteristics on their drawn characters than do control women. Victims believe that their abusers have learned to be abusive due to their own victimization or exposure to pornography, were abusive to establish dominance over them, or have some undisclosed mental illness.

According to Van der Kolk (2015), trauma causes the self to doubt decisions and beliefs and people may not trust their own instincts. He also explains, "these posttraumatic reactions feel incomprehensible and overwhelming. Feeling out of control, the survivors often begin to fear that they are damaged to the core and beyond redemption. If left unchecked, the belief that one is unworthy will become part of the survivor's identity. It will exacerbate the desire to isolate. The survivor may have to reconcile how a "loving god" could allow for such tragedy. Spirituality is often the foundation of one is being and trauma rocks one's core beliefs. What was once held as true and dependable is no longer reliable. Trauma makes one question who they are and the world they live in. One must reassess and reorganize spiritual beliefs, which can be a time of spiritual devastation or growth. Status is frequently changed or lost after a traumatic experience. Loss often alters the survivor: from a wife to a widow, a child to an orphan, a sibling to an only child, a

mother to a childless parent or from able bodied to dependent. Learning how to navigate the world in the “new normal” can be overwhelming

In the study of Bennett & Lagopoulos (2018), during trauma, one theory suggests that the memory process is impaired. There is a breakdown in communication between the brain's eight hemispheres, which may be part of the survival instinct. The individual must suspend emotional processing so all resources can focus on surviving. The information may then be stuck in the right hemisphere and without being assigned time it remains in the present tense with its original intensity. Unprocessed emotions are uncontrollable and therefore the survivor cannot predict when they will be triggered. Van der Kolk (2015) explains that when the survivor is triggered, “the emotions and physical sensations that were imprinted during the trauma are experienced not as memories but as disruptive physical reactions in the present"..

Child sexual abuse (CSA) committed by a parent or parental incest is related to particularly severe physical and psychological symptoms across the child’s life span (Beard et al., 2017; Stroebel et al., 2012). Further, the effects of father–daughter sexual abuse (hereafter referred to as incest) are significantly different from the effects of sexual abuse by an adult male other than their father (Beard et al., 2017). For example, compared to a group of females that had experienced child sexual abuse by a man other than their fathers (CSAO), survivors of father–daughter incest (FDI) were more likely to report feeling damaged, psychologically injured, estranged from one or both parents, shamed by others when they tried to open up about their experience, and depressed (Stroebel et al., 2012). Additionally, incest is associated with low self-esteem, self-loathing, feeling

contaminated and worthlessness, as well as somatization and low self-efficacy (Pettersen, 2013).

Gomes, V., Jardim P & Taveira F. (2014) mentioned that paternal incest is one of the most serious forms of intrafamilial sexual abuse with clinical, social, and legal relevance. A retrospective study was performed, based on forensic reports and judicial decisions of alleged cases of biological paternal incest of victims under 18 years old (n=215) from 2003 to 2008. Results highlight that in a relevant number of cases: victims were female; the abuse begun at an early age with reiteration; the alleged perpetrator presented a history of sexual crimes against children; sexual practices were physically poorly intrusive, which associated with a forensic medical evaluation performed more than 72 hours after the abuse, explain partially the absence of physical injuries or other evidence-these last aspects are different from extra familial cases. In conclusion, observations about paternal incest are likely to exacerbate the psychosocial consequences of the abuse and may explain the difficulty and delay in detect and disclose these cases. Few cases were legally prosecuted and convicted.

A 2011 systematic review and meta-analysis of the prevalence of child sexual abuse around the world places the prevalence among girls at around 20% and among boys at around 8%. (WHO, 2017). Another 2013 meta-analysis of the current prevalence of child (< 18 years of age) sexual abuse worldwide suggest that around 9% of girls and 3% of boys experienced attempted or completed forced intercourse (oral, vaginal or anal) and 13% of girls and 6% of boys experience some form of contact sexual abuse. (J. Barth et al, 2013).

Particularly damaging is the isolation, secrecy, betrayal, powerlessness, fear of reprisal, and shame that characterizes incest (Stroebel et al., 2012). Constructions such as, "it is because of my badness that it happens to me" often are the child's attempts to create some meaning that justifies the incest. A perceived inner core of depravity often becomes the basis for the child's identity and alienation from self and others, and can continue throughout life, despite extraordinary efforts to "do good" and/or to prove him or herself worthy (Pettersen, 2013). Due to secrecy and threats involved in the abuse, often there is no other source to counteract these messages, or a way to escape the abusive relationship (Kluft, 2011).

On Middleton, (2013) studies revealed that a series of 10 incestuously abused women were sexually abused from a very early age (before age 3) with the manipulation of their sexual response a key component in conditioning an enduring sexualized attachment. Shame and fear were also used to endure compliances and silence. The women were able to speak of it, describing the induction by their paternal abuser of orgasm at early age, typically around age of 6. The women have high indices of self-harm and suicidality are prone to placing themselves in dangerous reenactment scenarios.

Trepper and Barrett (2014) talk about risk factors that increase the possibility that incest will occur in a family. The more factors found in the family, the higher the likelihood of incest. In their view, these factors are as follows: (1) Families that are relatively isolated from others; (2) Families living in an environment that tolerates male dominance over women and children, albeit only silently and covertly; (3) Families who strictly stick to rigid sexual roles; (4) Families whose members sexualize their interactions; (5) Families

that do not deviate from the rules, extremely strictly stick to rigid patterns and do not accept changes nor differences between family members; (6) Families that support and tolerate secrets; (7) Families where the father has weak impulse control, assumes the right to know all children's private things, while also cultivating sexual fantasies about complete sexual power and control of others; (8) Families where the mother is prone to the passive-dependent personality style and will always take care of her needs and protect herself before taking care of her children's safety; (9) Families with a daughter who has a great need for attention, is in a conflicting relationship with her mother, emotionally very tightly "tied" to her father, and distant from her brothers and sisters; and (10) Families where the father was emotionally abused and neglected as a child, and the mother was sexually abused and/or emotionally neglected as a child.

Ljubljana (2009) mentioned that clinical experience suggests that it is rare that "only" one child is the victim of incest by the same perpetrator. When the daughter who is abused by her father grows up and may even leave home (sometimes it is enough that she starts puberty), he continues the abuse with his younger daughter, his son or grandchildren. A mother who has not experienced sexual abuse, physical abuse or similar violence in her past, or did have such an experience, but has processed it emotionally, will never stay silent and will definitely protect the child and leave her husband. The father in the incestuous family Contrary to popular opinion, most of the fathers who sexually abuse their daughters do not initially seek sexuality in the relationship – in the sense that they would look for sexual satisfaction with their daughter because they did not get it from their wife. Usually, these fathers are emotionally cut off from their wife, the mother in the family, and therefore

turn to their daughter, who at first may be very eager for her father's emotional attention. This father has no boundaries and may soon lose control of his sexual desires, which drive him to approach his daughter in an inappropriate, abusive manner. Sometimes incest can become a place where the father exerts power and control which he lacks in other areas of life. His daughter is the victim of this power, who "accommodates" his requests, which then turn into demands. The father is fully responsible for the sexual abuse. A father (or, rather, a miserable man) who is capable of sexually abusing his own children totally lacks the contact with the feelings of shame, disgust and contempt. He is not capable of compassion, although he can be very successful in his career. He sees only himself and calms his body by torturing and abusing the body of his helpless, guiltless children. Although apparently, he can function entirely normally with his wife, he experiences most adrenaline, sexual arousal, and pleasure with the child whom he sexually abuses.

Firestone, P., Dixon KL, Nunes KL & Bradford JM. (2005) compare incest offenders (IOs) whose victims include infants or toddlers to IOs with adolescent victims on several variables commonly examined in the sexual offender literature. Participants were 48 men whose youngest victim was less than 6 years of age (younger-victim incest offenders; YVs); and 71 men whose youngest victim was 12 to 16 years of age (older-victim incest offenders (OVs). In general, YVs showed more emotional disturbance and pathology than OVs. Compared with OVs, YVs had a greater history of substance abuse and more current problems with alcohol. In addition, YVs reported significantly poorer sexual functioning and were significantly more psychiatrically disturbed. YVs were also more likely to have a male victim, to have victimized a nephew/niece or

grandson/granddaughter, and to have denied their offense(s). It was evident that both the YVs and OVs demonstrated clinically significant difficulty with normal sexual functioning and exhibited deviant sexual arousal.

According to Jankova-Ajanovska (2010), some rape cases result in the pregnancy of the victim and if the case is not reported to the police after the act with a subsequent gynecological examination of the girl and the taking of a vaginal swab, there is no way of connecting the rape case with the perpetrator, except by parentage determination using DNA (deoxyribonucleic acid) analysis after abortion or induced delivery. In order to solve the rape case of a minor girl of 14 years, which resulted in pregnancy, where a 60-year-old man was accused of the rape, DNA was extracted from blood samples from the girl and the putative assailant and from the fetus after its induced delivery. The autosomal STR typing for 15 different loci showed differences in 6 STR loci between the putative assailant as a father and the fetus, thus excluding the tested paternity. A large number of identical loci between the mother's and the child's genotype led us to consider the possibility of incestuous paternity. Analysis of DNA samples from the girl's father and brother clarified the case as brother-sister incest.

The Agent of Abuse

Father as abuse stimulus

Theme	Participants	Sample Responses
	Participant # 1	I think it happened because of the company my husband keeps *Siguro dahil sa kakabisyo ng asawa ko at di ko nalaman agad*

Vices	Participant # 2	I think he did that because he was not aware of the alcohol that he took every night. *(Siguro dahil sa madalas siyang uminok ng alak kaya di niya alam ang ginagawa niya. Siguro dahil sap ag-iinom nya ng alak sa gabi kaya nangyari ito)*
Evil inclination	Participant # 1	Maybe they felt scared seeing their father beat me up, so it was not unlikely for them to think that he could kill me. *(Natakot siguro ang anak ko kase nakikita nila na binubogbog ako ng tatay nila kaya inisip nila na)*
	Participant # 9	This was happened because my husband was a demon. *(Nangyari ito dahil demonyo ang asawa ko)*
	Participant # 9	He always hurts me and I can tolerate it but not with my daughter. *(Wala siyang matinong Gawain parati niya akong sinasaktan)*
Sexual urge	Participant # 3	Maybe because he would drink every night that's why his drunkenness led to this. *(Siguro dahil sa pag-inom nya ng alak sa gabi)*

As mentioned in the study of Gqabi (2016), A child who is abused by a family member becomes overwhelmed, as the trust and safety that a home ought to guarantee are destroyed (Boyd & Mackey, 2000:138). While children are supposed to be cared for and feel safe at home, in the case of children experiencing incestuous abuse it is different as they live in fear and are highly traumatized. Most often incest occurs in the child's home and the child is usually pressured to participate (Zastrow, 2010:203). Regardless of the growing scholarly interest in the occurrence of incest, there is still limited scientific research in this country (Mtshali, 2010:114), specifically addressing the psychosocial effects of FDI.

In the studies conducted by Golge (2006), it was found that the father-girl incest related individuals have lower levels of intellectual structures and school conditions, and their self-esteem was low. It was reported that sexually abused children have not appropriate education with their ages [18-20]. The education level of victims was found low in this study too. It was revealed that 9 victims were not sent to the school after primary school graduation. This data supports the idea that planning an appropriate education for children may contribute to protection from abuse. The large family structure, substance use, divorce in family, low educational level and low income level are important factors affecting the incidence of incest. The perpetrators tended to have low education levels and were mostly the biological fathers (Bağ & Alşen, 2017;Gencer, 2016;Gölge et al., 2006;Muratoğlu, 2018).

Compared with older-victim incest offenders (OVs) younger-victim incest offenders (YVs) have a greater history of substance abuse and more current problems with alcohol. YVs reported significantly poorer sexual functioning and were significantly more psychiatrically disturbed. YVs are also more likely to have a male victim, to have victimized a nephew/niece or grandson/granddaughter, and to have denied their offense(s). Perpetrators employ psychological and/or physical methods to coerce their victims. Marital difficulties, diabolical control, and seduction by the victim featured prominently as alleged motives behind the abuse (Firestone et.al 2005).

Marsh (2007) found the most frequent effects in girls who were sexually abused by their fathers: suicidal behavior and attempts, chronic psychoses, induced obedience, anorexia, self-injury, repeated cycles of abuse, hysterical attacks, aggressive personality

disorders and chronic delinquency, prostitution or sexual sadism/masochism, self-exacerbation, introversion, emotional coldness, frigidity or a lack of trust in emotionally intimate sexual relationships, long-term personal problems, including guilt, anxiety, fears, depression and permanently damaged self-image, and the abuse of drugs and alcohol.

Roseth et al. (2011), cited those traumatic experiences of a mother from a past experience merge with destructive present behavior and anxiety filled about expectations about the future. Thus, according to Topcu (2009), larger families, alcohol or a substance abuse increased physical intimacy and divorce are some of the factors affecting the frequency of incest. Similarly, victims of parents were more likely to have more children and lower education levels in study. Additionally, more than half of the victims were found to live together with the perpetrators and 55% of these were unemployed.

Mother as abuse stimulus

Theme	Participants	Sample Responses
Physical absence in rearing their daughter	Participant # 5	I was thinking that God must be punishing me because I did not take good care of my children since I was focused on making a living *(Siguro pinaparusahan ako ng Diyos kase hindi ko masyado inalagaan ang mga anak ko nakatutok ako sa pag hahanapbuhay)*
	Participant # 7	*(Sa tingin ko malaki rin ang pagkakamali ko dahil iniwan ko siya sa asawa ko sana sinama ko na lang siya kung saan man ako nagpunta)*
Inability to suffice husband's sexual urge	Participant # 1	I am always with my children; I stay beside them when we sleep *(Parati ko naman kasama ang anak ko at magkatabi kami matulog)*

The transcripts were deduced to the following terminologies as to the possible agents or reasons why the abuses happened. The reasons were specifically stated in the transcripts, but these were trimmed down to two main themes namely **father as abuse stimulus** which includes the vices, evil inclination and sexual urge and **mother as abuse stimulus** which includes physical absence in rearing their daughter and inability to suffice husband's sexual urge.

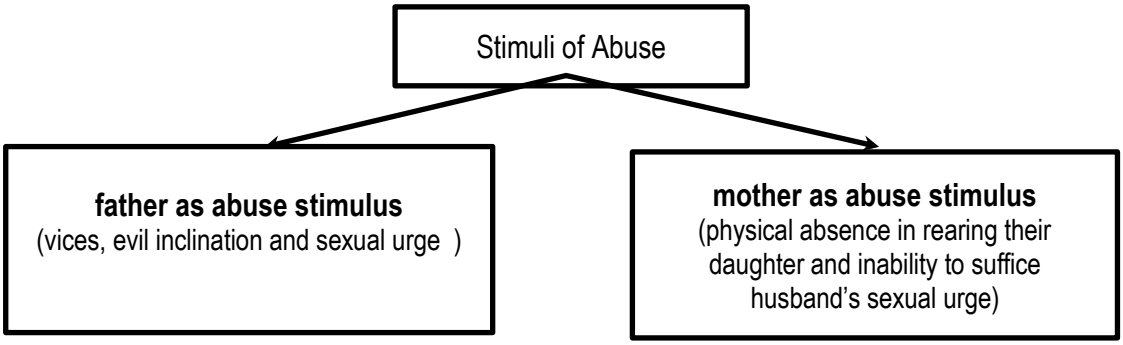


Figure 6. Stimuli of Abuse

Pattern 5 presents the primary stimuli of abuse based on the deduced themes. The first box pertains to the main theme identified called the stimuli of abuse that are directly connected by solid arrows which pertains to a compact identification of the two main stimuli of abuse. These stimuli include father as abuse stimulus which includes the vices, evil inclination and sexual urge and mother as abuse stimulus which includes physical absence in rearing their daughter and inability to suffice husband's sexual urge.

Some studies have noted higher incidence of assault and sexual abuse to be linked with lower income. However, this may reflect the link between income and risk of a wide range of community violence (Sedlack, et al., 2010) because intra-family sexual abuse has not been found to relate to income (Finkelhor,Hammer, & Sedlak, 2004). Studies have also found sexual abuse to be associated with parental alcoholism, parental rejection, and high levels of conflict. The protective family characteristics such as warmth, acceptance and clear boundaries around rules and expectations have been associated with lower incidence of abuse and of trauma symptoms in both practice and research literature (Masten & Coatsworth, 1998).

Roseth, Bongaardt, & Binder, P.E. (2011), cited those traumatic experiences of a mother from a past experience merge with destructive present behavior and anxiety filled about expectations about the future. Thus, according to Topcu, S. (2009), larger families, alcohol or a substance abuse increased physical intimacy and divorce are some of the factors affecting the frequency of incest. Similarly, victims of parents were more likely to have more children and lower education levels in study. Additionally, more than half of the victims were found to live together with the perpetrators and 55% of these were unemployed.

Torres-Yu (2011) The 'absent-mother' phenomenon appears to be an emerging practice as a rising number of women continue to join the global labor market. The latest assessment reveals that men no longer comprise the bulk of international migrants. Thus, estimates show that approximately 10 million children are growing up without a mother.

Most of the time, OFW children secretly dream about their parents coming home. Frequently, such a dream is kept secret or hidden behind a happy façade, as they have been "brainwashed" that parents do this to prepare for their future. With the passage of time, they become numb to the absence and silently accept their "orphan-like" status. Young children cope by playing, while older ones strike up friendships and justify the departure of their parents. Meanwhile, OFW teenagers, particularly females, acquire the penchant to look elsewhere for parental care (Bautista, 2011). In most cases, those who can't put up with the loneliness turn to drugs, alcoholism, bad company, and for a few, suicide. Distressingly, there are also reports of incest between fathers left behind with the older female children.

According to Lev-Wiesel (2006) there are Four types of mothers were defined: the Unaware mother, characterized by a complete lack of cognitive knowledge of the sexual abuse occurring in her home; the Unwitting Accomplice, characterized by latent cooperation with the sexual abuse perpetrated by her husband; the Enabler, characterized by overtly or covertly encouraging her spouse in the raping of her daughter; and the Common Fate mother, characterized by sharing a common fate with her daughters.

According to Duncan (2004), intergenerational aspects of sexual abuse include not only a risk of the trauma of sexual abuse being passed forward into the next generation, but also the belief system that sustains it. Women as children are vulnerable to acquiring (in some part) the maladaptive beliefs existing within their family that are learned and reinforced through social and cognitive conditioning, which in turn shapes their thoughts, beliefs, and behavior. The perpetrator of the sexual abuse also influences a woman's

thoughts and beliefs, especially those that define how she views herself in relation to the trauma of sexual abuse and her future relationships with men. When internalized, these maladaptive beliefs learned from the family and the perpetrator will continue to influence a woman's view of how to relate in future relationships and will (in some manner) define and guide her maternal attitudes and parenting behavior with her child.

When mothers come from these kinds of family environments, they report having difficulties that include an inability to speak up when children are being mistreated, not trusting or overestimating their ability to parent effectively; less ability to show love, affection, warmth, and genuine feelings toward children or with specific children; excessive anger and hostility toward children; inappropriate expectations of autonomy for their children; less acceptance of their children; and experiences of health problems that interfere with being available to their children on a consistent basis (Duncan 2004; Polusny & Follette, 1995). A tendency to use the family's denial system also creates the risk for victimization to children by perpetrators within the family and can reinforce a woman's inability to identify when her parenting is problematic or harmful to her children Duncan (2004).

Child abuse of any kind by a parent is a particularly negative experience that often affects survivors to varying degrees throughout their lives. However, child sexual abuse committed by a parent or other relative — that is, incest — is associated with particularly severe psychological symptoms and physical injuries for many survivors. Survivors of father-daughter incest are more likely to report feeling depressed, damaged and psychologically injured than are survivors of other types of child abuse. They are also more

likely to report being estranged from one or both parents and having been shamed by others when they tried to share their experience. Additional symptoms include low self-esteem, self-loathing, somatization, low self-efficacy, pervasive interpersonal difficulties and feelings of contamination, worthlessness, shame and helplessness. Furthermore, in cases in which a mother chooses the abuser over her daughter, the abandonment by the mother may have a greater negative impact on her daughter than did the abuse itself. This rejection not only reinforces the victim's sense of worthlessness and shame but also suggests to her that she somehow "deserved" the abuse. As a result, revictimization often becomes the rule rather than the exception, a self-fulfilling prophecy that validates the victim's sense of core unworthiness (Lawson, 2018).

Young daughters who take on the mother role are usually emotionally overwhelmed because they are behaving in ways that are beyond their developmental capacity. Not only are their own emotional needs not being met because they're being emotionally neglected, but they are overexerting themselves mentally, emotionally and physically, often without any emotional support. If they are also taking on the role as the father's sex partner, this is, obviously, extremely damaging and exacerbates the emotional trauma. Often the mother in the role reversal dynamic, without realizing it, lacks empathy for the daughter. The mother might lack empathy because she hasn't dealt with her own history of being in a role reversal with her mother. This is a complicated dynamic and, as illogical as it might seem, this does not necessarily mean that the mother in this situation does not love the daughter. The lack of empathy usually means that the mother is unable or unwilling to see the damage being done, despite the love she might feel for the daughter,

because she doesn't know how to be nurturing and her own unfulfilled emotional needs are so great. The mother also might not know how to express love to her daughter because her own mother never expressed it to her (Ferraro, 2015).

The road between a little girl and her mother is supposed to be a one-way street with support flowing consistently from the mother to the daughter. It goes without saying that little girls are totally dependent on their mothers for physical, mental and emotional support. However, one of the many faces of the mother wound is the common dynamic in which the mother inappropriately depends on the daughter to provide her with mental and emotional support. This role-reversal is incredibly damaging to the daughter, having long-range effects on her self-esteem, confidence and sense of self-worth (Bethany Webster, 2020).

In the study of Družba (2015), the most cruel thing that her mother does to the abused child is that she even advocates for the perpetrator (husband), blames the child, or forces the child into frequent contact with her father (for example, she goes to a party in the evening and leaves the children to be taken care of by the husband, she lets him shower the children, read fairy tales to them in bed, etc.). She suppresses her daughter’s every hint that she is in distress and would not want to be alone with her father; and she lets the child know that she is the one who cannot behave properly, that she is annoying, overly sensitive, and complains too much: she has to understand Dad, even when he is unkind, because he is tired and has a demanding job. Other children often “pretend,” at least outwardly, that nothing has happened, and the atmosphere in the family is packed with distress, shame, disgust and anger.

The outcry or discovery often is denied by the family, who then may unite around the accused and against the victim, viewing the child as a troublemaker (Elliott & Carnes, 2001). The child then becomes a pariah with the “non-offending” parent often forsaking the child for the perpetrator. These children are less likely to receive support and protection due to family denial and loyalty than if the abuser was outside the family or a stranger (Stroebel et al., 2012).

Hunter (2015) found that mothers who did not offer support and protection to their sexually abused children had a significant influence on the child’s nondisclosure of the abuse. Further, Swingle et al. (2016), with a sample largely comprised of female incest victims, concluded that disclosure may be harmful to victims for both short- and long-term mental health unless disclosure is accompanied by cessation of the abuse and inclusion of treatment.

On the Study of Wadipalapa (2019), discovered that the underage girls who became the victims of incest rape were generally depends much on the perpetrators and they received strong pressure from the superior male figure of the family. Furthermore, the perpetrators' sexual dissatisfaction with their partners and their social positions in the patriarchal Indonesian society often propelled incest cases in their own families. For the perpetrators, incest might be seen as a disguised form of sanction for the victims' mothers who were considered incapable of fulfilling the de-mands of a sexual role as a wife.

The Abuser

The transcripts present the face of the abuser as described by the participants as they abuse their daughters.

Theme	Participants	Sample Responses
symbol of pain	Participant # 3	He beats us up, even our childı *(Nambubugbog yan kahit mga anak ko sinasaktan niya)*
agent of fear	Participant # 4	Monica refused to his advantage and asked him why not doing it to another hospitality girl but her father said"he likes her?" *(Sinabi rin ni Monica na sa iba na lang daw niya gawin, pero ang sabi ng ama siya daw ang gusto niya)*
	Participant # 10	I confronted him but he did no admit it. When he left and went back to his work. I took my daughter to the hospital to seek for medico legal and file a case against him. *(Kinausap ko sya pero di siya umamin kaya nung umalis ulit siya pina medico legal ko ang anak ko kase takot din akong malaman niya ang plano ko na ipakulong siya)*
icon of selfishness	Participant # 1	When I came to see him in prison, I reprimanded him, but he said he only did that because he was under the influence of drugs. I told him that his reason was unacceptable. He did it so many times, so it was unbelievable that he did not know what he was doing. *(Nang pinuntahan ko sya sa kulungan sinumbatan ko sya nagawa lang daw nya yun kase naka drugs sya. Ang sabi ko parati mong ginawa sa anak mo tapos sasabihin*

		mo di moa lam ang ginawa mo)
	Participant # 4	Her father said “that is mine” *(Ang sabi daw ng ama “ para sakin talaga yan”)*
	Participant # 5	He told me to not tell anyone since it was embarrassing and that my children would have to stop schooling and that I should just forgive him. *(Ang sabi ng asawa ko huwag daw ako mag sumbong at nakakahiya, matitigil daw sa pag-aaral ang mga anak ko at patawarin ko na lang daw sila)*

The abuser is a **symbol of pain**, **agent of fear** and **icon of selfishness,** these are the themes deduced from the transcripts.

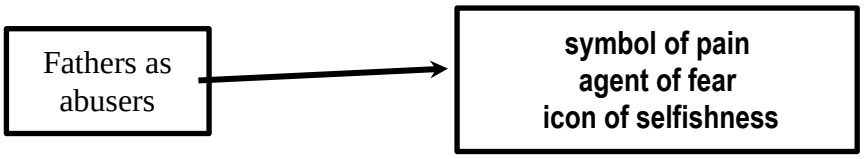


Figure 7. The father as an abuser

Pattern 6 presents the direct description of the fathers who raped their daughters as contained in the first box directly connected by a solid arrow which represents a compact description of these fathers pointing to the descriptions deduced listed inside the second box namely symbol of pain, agent of fear and icon of selfishness.

According to Putri et al. (2020), characteristics of incest perpetrator were using power, threats and manipulative, not appreciate the behavior is wrong, and has negative perception about women.

Men are more likely to perpetrate violence if they have low education, a history of child maltreatment, exposure to domestic violence against their mothers, harmful use of alcohol, unequal gender norms including attitudes accepting of violence, and a sense of entitlement over women. (Hills & Amobi (2016).

Generally, the incest lasted between 1 day and 13 years before disclosure:18.8% was reported after the first incident, 35.4% lasted between 1 and 4 weeks, 25% lasted between 1 and 2 years, and 20.8% lasted between 3and 13 years before disclosure. It appears the delay in reporting could stem from compliance techniques used by the perpetrators. As found in studies on other forms of intrafamilial abuses and sexual crimes in Ghana (e.g., Boakye,2009a, 2009b; Quarshie & Mensah, 2013), it is also possible the victims were too young to know where to report or how to go about it. Again, a possible explanation may be found in the fact that in a typical Ghanaian society, children are socialized to respect elderly persons and to obey them. This makes it difficult for the children to strongly resist the advances of such persons and to report any act of sexual violence immediately (Minkah-Premo, 2001, p. 27).

Stroebel et al. (2013) reported that retrospective data from 2,034 female participants, provided anonymously using a computer-assisted self-interview, were used to identify risk factors for father-daughter incest (FDI). A total of 51 participants had reported having experienced FDI. The risk factors identified within the nuclear family by the multiple logistic regression analysis included the following: 1] Having parents whose relationship included verbal or physical fighting or brutality increased the likelihood of FDI by approximately 5 times; 2] families accepting father-daughter nudity as measured

by a scale with values ranging from 0 to 4 increased the likelihood of FDI by approximately 2 times for each unit value increase of 1 above 0; 3] demonstrating maternal affection protected against FDI. The likelihood of being a victim of FDI was highest if the participant's mother never kissed or hugged her; it decreased by 0.44 for a 1-unit increase in affection and by 0.19 times for a 2-unit increase; and 4] being in homes headed by single-parent mothers or where divorce or death of the father had resulted in a man other than the biological father living in the home increased the risk of FDI by approximately 3.2 times. The results were consistent with the idea that FDI in many families was the cumulative result of a circular pattern of interactions, a finding that has implications for treatment of the perpetrator, the victim, and the families.

The unfolding of father-daughter incest activities Incest manifests itself in five stages: the engagement stage, sexual interaction, secrecy, disclosure and the post disclosure/suppression stage (New York's Child Welfare Training Institute, 2005:1; Zastrow & Kirst-Ashman, 2010:209).2.3.1 The engagement phase Opportunities for fathers to cultivate a flirtatious or threatening sexualized relationship with their daughters develop from fathers spending a lot of time alone with their daughters than with other children or even their wives (Finkelman, 2013:13).The abuse is usually introduced in a very low-key and non-threatening way (New York's Child Welfare Training Institute, 2005:1). Fathers experiment with sexual activities with their daughters to see how proximate they can be and how the daughter reacts to this kind of behaviour (Zastrow & Kirst-Ashman,2010:209). The opportunities for the fathers and daughters to be alone may be accidental in the beginning, but planned or created over time (New

York's Child Welfare Training Institute, 2005:1). Fathers may adopt a number of tactics to persuade the daughter and rationalize the abuse (Finkelman, 2013:95)

The concept of mother-daughter role reversal is a repeated theme in the clinical literature on paternal incest. Through a variety of permutations, this version of mother-daughter interactions is said to "set the stage" for incest to occur, using what appears to be the following sequence of "logic". The father in a family observes his daughter fulfilling the role that his wife is expected to play -- taking care of the children, making meals, and doing general household chores (either to help her mother or because her mother is not doing these things). He assumes that, because his daughter is providing other services that his wife is "supposed" to perform, it is acceptable to expect his daughter to fulfill his sexual needs, as well. The concept as a "pathological bind between mother and daughter which becomes the source and the solution" for paternal incest. This image was inspired by repeated images of daughters, their mothers caught up in destructive relationships that lead to incest and treatment that is focused on getting these mothers, and daughters back into their proper roles (Bethany Webster, 2020).

Fabre (2016) cited that mother's response to child sexual abuse depends on her relationship with the perpetrator. It was found out that mother's support was either missing or provided, but changeable more frequently when the perpetrator was her spouse or a current sexual partner. Possible explanations are more or less speculative that there is an emphasized maternal existential emotional dependence on the offender

Family Relationship after Unveiling the Abuse

The following transcripts present the family relationship specifically the husband and wife upon revealing the abuse.

Theme	Participants	Sample Responses
birth of hatred	Participant # 1	I felt relieved that he was sentenced to life in prison *(Mabuti na lang at nahatulan siya ng habang buhay na pagkabilanggo)*
	Participant # 1	Even though he said he was sorry, I told him that his words cannot bring back what has happened, and that he had already ruined my child's life. All my children are mad at him. *(Kahit nag sorry siya sa akin ang sabi ko sa kanya wala na magagawa ang sorry nya at di na nya maibabalik ang mga nangyari dahil nasira na nya ang buhay ng anak ko. Lahat ng anak ko galit sa kanya)*
	Participant # 2	I wish he was dead *(Kung pwede lang na mawala na siya sa mundo)*
	Participant # 3	I felt very much afraid and angry with my husband. I feared that if I did not had him imprisoned, he would do the same to our other daughters. I never thought he would do that to his very own child *(Sobrang takot at galit ko sa kanya. Natakot ako na pag hindi ko siya pinakulong ay ulitin nya ulit pati sa iba ko pang mga anak)*

	Participant # 6	I cannot forgive my husband for all that he did to my daughter. I want him to be gone from our lives. I hope he dies or rots in jails *(Sana mamatay na rin sya o kaya mabulok sa kulungan)*
	Participant # 9	Maybe this is the chance to lose him in our life *(Siguro eto na ang pagkakataon na mawala siya sa buhay naming)*
state of unforgiveness	Participant # 1	I could not forgive him for what he did to my child *(hindi ko sya mapapatawad sa ginawa niya sa anak ko Kahit nag sorry siya sa akin ang sabi ko sa kanya wala na magagawa ang sorry nya at di na nya maibabalik ang mga nangyari)*
	Participant # 3	I never thought he would do that to his very own child. *(Di ko akalain na magagawa niya yun sa sariling anak niya)*
	Participant # 6	I cannot forgive my husband for all that he did to my daughter. *(Hindi ko mapapatawad ang asawa ko sa mga ginawa nya sa anak ko)*
	Participant # 8	I totally lost my interest in my husband. I never thought that the reason he started allowing me to work in Japan was because he started making our daughter his sex partner. *(Totally nawalan na ako ng gana sa asawa ko kaya pala di na rin niya ako pinilit mag stay sa Pilipinas yun*

		pala ginawa niya ng sex partner ang anak namin)
family separation	Participant # 5	We lost peace in our home. I filed a case against my husband, but I could not send my son to prison. I felt like I was about to go crazy and lose my mind with all the things I was thinking about. I could not decide which issue to deal with first. *(Nawalan na kami ng katahimikan sa bahay. Kinasuhan ko ang asawa ko pero ang anak ko di ko magawang ipakulong din parang mababaliw na ako sa dami ng iniisip ko di ko alam kung sino ang uunahin ko)*
	Participant # 6	I want him to be gone from our lives. I hope he dies or rots in jails *(Gusto ko na siyang mawala sa buhay namin)*
	Participant # 9	I do not care if we will lose him. I want him to be out of our life even before I learned of this incident. I wanted to get away from him because he was often drunk and hurt me. *(kahit bago ko malaman ang mga pangyayari gusto ko na humiwalay sa kanya dahil madalas siyang lasing at nanakit sa akin)*
	Participant # 10	This incident really had a big impact in our lives and I already forget and cut our communications to my in-laws *(Malaki ang epekto ng mga pangyayari dahil tuluyan ko ng kinalimutan*

		ang ugnayan naming pati sa pamilya niya)
loosing respect	Participant # 5	I lost my respect and trust with my husband because he is evil *(Nawalan ako ng respeto at tiwala sa asawa ko ang tingin ko sa kanya demonyo sa lupa)*
	Participant # 7	It has been a long time since I stopped caring for my ex-husband, especially since we now have our own families. *(Matagal na talaga akong walang pakialam sa asawa ko lalo na at me mga sarili na kaming pamilya)*
	Participant # 9	I do not care if we will lose him *(Wala na akong pakealam sa asawa)*
trust	Participant # 1	I lost my trust in him *(Nawalan na ako ng tiwala sa kanya)*

The following themes were deduced as to the family relationship namely, **birth of hatred, state of unforgiveness, family separation, losing respect** and **trust**.

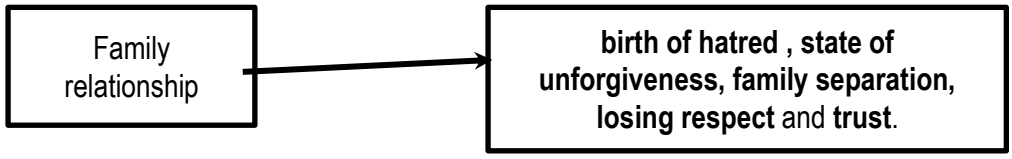


Figure 8. Family Relationship after Unveiling the Abuse

Pattern 7 presents the direct description of the family relationships as contained in the first box directly connected by a solid arrow which represents a compact description of the family relationship challenge to the descriptions deduced listed inside the second box namely symbol birth of hatred, state of unforgiveness, family separation, losing respect and trust

Buka (2007), stated in their studies that a major finding of study is that mothers with, compared to without, a history of depression appear to evoke guilt in their offspring more frequently over situations that are inherently difficult to repair (such as the parents' own problems) and less frequently over events that are easier to resolve (such as specific, easily remediable infractions). Moreover, mothers with, compared to those without, a history of depression react to guilt-evoking events in ways that may prolong and intensify the adolescents' guilt feelings such as by interjecting their own emotions into the situation. Further, they are less likely to use means such as forgiveness or discipline that force the situation to a conclusion. Finally, they engage more often in self-serving elicitation of guilt in their offspring, engendering guilt over separation and parental sacrifice, and marginalizing the adolescent's needs while pushing their own concerns to the fore.

Fabre (2016) cited that mother's response to child sexual abuse depends on her relationship with the perpetrator. It was found out that mother's support was either missing or provided, but changeable more frequently when the perpetrator was her spouse or a current sexual partner. Possible explanations are more or less speculative that there is an emphasized maternal existential emotional dependence on the offender. Mothers experience secondary victimization because of the ongoing relationship they have with the

primary victim. The sexual abuse of a child presents with ongoing and perhaps life-long consequences to mothers, as well as child victims. Mothers observe and are pained by the current problems and grief reactions their children experience after sexual abuse, and they fear future consequences.

Schneider (2001) refers to mothers of sexually abused children as co-victims. The disclosure of sexual abuse in a child results in an identity crisis for the mother, affecting her self-esteem, sense of competence in parenting victims and siblings, and trust in her judgment. Because of this, decision-making, assertiveness, and sense of autonomy are negatively impacted. The sexual abuse of a child can have a profound effect on the mother-child relationship, depending on the identity of the perpetrator and the length of the time over which the abuse occurred. This effect can occur long before the mother knows about the abuse. If the child thinks that the mother knows about the abuse, and it continues, the child will be angry with the mother without the mother's awareness. If the perpetrator is the father, and he has threatened the child with statements about the mother, this will affect the mother-child relationship. If the father has set up a dynamic of the child becoming the "adult partner" in the home and taking care of him, even if the mother is not aware, the child may grow to blame and hate her. Unfortunately, when the child believes that the mother should know and protect her, and the mother does not do this, the blame shifts away from the offender to the mother.

The way agencies and professionals intervene with mothers and address family and victim issues is another source of revictimization. Mothers are often not viewed as suffering in any significant manner. The grief and painful reactions they experience as a

result of their child's abuse is not honored and addressed. Expectations for their behaviors and coping abilities are high and tolerance for stress and trauma responses low. Mothers may be judged as incompetent if they demonstrate reactions of acute stress or emotionality.

The losses to mothers are large and significant. Mothers may lose their children, families, extended family members, homes, financial security, and self-esteem. Losses impact every area of the mother's life and may extend over time throughout the mother's life. She may perceive herself a failure in mothering, and if she finds meaning and purpose in mothering, she may experience despair and hopelessness. It is possible that the secondary victimization will continue long into the future if the child continues to experience long-term consequences of the sexual abuse.

If the perpetrator is a partner or other close family member, the sense of unfairness is more acute. When it is a person, you trust that harms you or someone you love, you feel betrayed. It is expected in close relationships that the other person will consider your feelings and needs and will not knowingly and deliberately harm you. If you then are hurt by that person, it feels like a betrayal. A common thought is: "If he really loved me, he would not have done this."

When the betrayal is caused by someone you care about, you want an apology. You want reconciliation. You want to see remorse and sorrow for their harming you and your child. In the case of sexual abuse, that probably will not occur. Most sex offenders will deny the abuse. They may call the victim a liar, blame someone else, or shift the responsibility to someone else. The abuser may not be able to provide meaningful amends

or restitution. In that case, mothers have to utilize coping resources and support to get past the sense of unfairness and betrayal.

Acceptance of the situation, the fact of the abuse, the betrayal of the trusted person, the short-term and long-term consequences to the child victim, as well as your own emotional response - These are all a necessary part of the process. Mothers cannot expect truth from a sex offender. The most important predictor of a child's recovery from sexual abuse is her mother's belief and support. Although ambivalence and denial are natural responses to grief, including the grief experienced at the disclosure of your child's abuse, you are responsible for protecting your child. You are responsible for making wise decisions regarding his or her ongoing safety. Your relationship with the perpetrator, no matter who he is, will never be the same.

The Stroebel et al. (2013) results above are consistent with other research on risk factors for FDI (e.g., Beard et al., 2017; Russell, 1999). Stroebel and colleagues concluded that FDI is a result of cumulative patterns of family interactions. Loyalty, secrecy, shame, and fear keep incest contained in the family for years and for some a lifetime (Collins et al., 2005). Added to this are the dysfunctional family dynamics that accompany incest: parent conflict, contradicting messages, triangulation, and improper parent–child alliances, within an atmosphere of denial and concealment (Courtois, 2010). Dissociation is one means by which victims of incest cope.

The characteristics of abuse, specifically the victim-perpetrator relationship, have gained attention (Clayton, Jones, Brown, & Taylor, 2018). While the literature has addressed some roles victim-perpetrator relationships play in sexual abuse, other aspects,

particularly trust and betrayal, have been overlooked when considering relationship dynamics regarding sexual abuse and its negative effects such as PTSD. This seems important in that 93% of reported cases of CSA (RAINN, 2019) involve relationships in which the victim knows the perpetrator.

Thus, betrayal blindness is seen as an evolutionary and non-pathological adaptive reaction to the risk of the attachment to the abuser (Bernstein & Freyd, 2014).

Women are more likely to experience intimate partner violence if they have low education, exposure to mothers being abused by a partner, abuse during childhood, and attitudes accepting violence, male privilege, and women's subordinate status. (Hills & Amobi (2016).

Further, the more important the relationship is to the survivor, the greater the potential for betrayal blindness. In cases where betrayal trauma is greatest, such as sexual abuse by a caregiver, victims often have little or no memory of the abuse or complete betrayal blindness (i.e., dissociative amnesia; Freyd et al., 2005). Victims may maintain a relationship with the abuser, often unaware they are being abused or justifying the abuse, and/or blaming themselves for the abuse (Bernstein & Freyd, 2014).

Healing the Bruises of the Abuse

The transcripts presented are the actual responses of the participants describing their family relationship after the abuse and how the victims cope up with the heart-breaking experience they have.

Internal Remedy

Theme	Participants	Sample Responses
Healing the emotions	Participant # 3	I no longer visit my husband since I do not want to see him anymore *(Di ko na dinadalaw ang asawa ko dahil ayaw ko na siya makita)*
	Participant # 4	They say that he should pay for what he has done *(Sabi ng mga anak ko dapat niyang pagbayaran).*
	Participant # 7	Despite what happened, this is where she can draw strength and inspiration. I just hope that she would find someone who would love her and accept her despite what happened. *(Dahil sa nagawa niyang makatapos ng pag-aaral, sa tingin ko eto na lang ang pinag-kukunan niya ng lakas at inspirasyon. Sana lang makatagpo siya ng magmamahal sa kanya ng tapat at handing tanggapin siya)*
	Participant # 8	She didn't want to live in the same house where all her nightmare happened because she is constantly being reminded of that traumatic experience *(Ayaw na rin niyang bumalik sa bahay dahil naalala daw niya ang mga nangyari sa kanya)*
	Participant # 9	I hope that she can forget this traumatic experience from her father. She is now in grade 10 and the shelter house says she is doing well and that she is going to college too *(Sana makalimutan niya ang mga pangyayari sa buhay niya. Tutal bata pa siya makakalimutan niya rin yun. Sa ngayon nasa grade 10 na siya at ang sabi ng shelter house maayos naman daw ang pag-aaral niya mabuti at pag-aaralin din siya sa kolehiyo)*
	Participant # 1	I want her to finish her studies, and for her to get a good life for herself. *(Gusto*

Setting hopeful goals		*ko matapos ang pag-aaral nya at maging maayos ang buhay niya)*
	Participant # 1	I want her to finish her studies *(Ang focus ko ngayon ay mapagtapos ko lahat ang mga anak ko)*
	Participant # 1	I no longer got married again because, since all my children are girls, I fear that what has happened may happen again. If their own father was able to do what he did, what more another man *(Di na ako nag-asawa pa kase na trauma ako na dahil puro babae mga anak ko baka mamya maulit ulit yung mga nangyari dati)*
	Participant # 1	I want to go overseas when all my children have settled in life. *(Gusto maka pag-abroad pag maayos na ang mga anak ko.*
	Participant # 2	I wish that despite of the incident she need to finish her studies *(Sana dumating ang araw na maging maayos siya kahit alam kung malabo na mangyari)*
	Participant # 3	I hope my daughter finishes her studies *(Sana makatapos ng pag-aaral ang anak ko)*
	Participant # 4	I hope she would still finish her studies *(Sana makatapos siya ng pag-aaral)*
	Participant # 5	I hope that she would be okay despite what happened *(Sana maging maayos siya sa kabila ng mga pangyayari)*
	Participant # 8	I wanted her to finish her studies because she now stays at a shelter house *(Gusto ko makatapos siya ng pag-aaral dahil ngayon ay nasa shelter house siya)*
	Participant # 8	I would like her to have a normal family life and I hope she gets to meet someone in the future who would love her despite her past and flaws. *(Gusto ko rin magkaroon siya ng normal na pamilya at sana mayroon tumanggap sa kanya)*

Realizing forgiveness	Participant # 4	If it were up to me, I would forgive my husband, but he can no longer live with us in the house. I would honor whatever decision my children have regarding this *(Kung ako lang okay lang sa kin na patawarin ang asawa ko pero di na pwede tumira sa bahay pero kung ano desisyon ng mga anak ko yun ang susundin ko)*

External Remedy

Theme	Participants	Sample Responses
Setting new environment	Participant # 2	I think I need to bring her far from our place because of the trauma she experienced, she might not be able to concentrate on her studies. *(Sa tingin ko kelangan kung ilayo ang anak ko kase kahit kasama ko siya sa bahay natatakot ako na baka di na magtuloy ng pag-aaral ang anak ko)*
	Participant # 6	I cannot think of anything good coming out of all that has happened. I want to bring my children to a far-away place but where will I take them? *(Wala akong naiisip na magandang magiging resulta ng mga pangyayaring ito. Gusto kong ilayo ang anak ko pero san ko sila dadalhin)*
Comforting the victims	Participant # 4	I want to be with her because my other children are already married *(Gusto ko na sya makapiling kase yung iba anak ko puro me asawa na)*
	Participant # 5	My prayer is for my daughter to finish her studies and for us to be together again. *(Ang panalangin ko lang sana makatapos ang anak ko at magkasama ulit kami)*
	Participant # 9	It would be nice if my daughter could finish her studies and we would be together again

		(Gusto kung makatapos ng pag-aaral ang anak ko at magkasama ulit kami)
	Participant # 10	I always tell my daughter that this is not her fault *(Ang parati kung sinasabi sa anak ko na hindi niya kasalanan ang mga nangyari sa kanya)*
Safekeeping the child to a place far from the incident venue	Participant # 1	My third child is with DSWD *(Nasa DSWD ang pangatlo kung anak)*
	Participant # 3	I prefer that she stays in the shelter home because at least there she can find her peace *(Mas gugustihin ko pa mag stay siya sa shelter house atleast doon matatahimik siya).*
	Participant # 3	Right now, I wish my daughter would come home but I also feel that it's not safe for her any more *(Sa ngayon gusto ko sana umuwi na rin anak ko sa bahay kaso feeling ko di na safe para sa kanya)*

The deduced themes on how the healing of bruises caused by the abuse are the **internal remedy** and **external remedy**. The internal remedy includes **healing the emotions**, **setting hopeful goals** and **realizing forgiveness**. While the external remedy includes setting a new environment, comforting the victims and safekeeping the child to a place far from the incident venue.

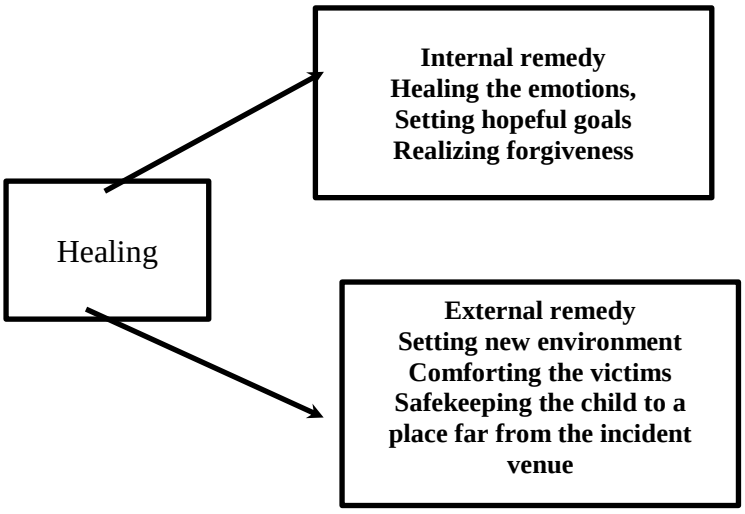


Figure 9. Healing the Bruises of the Abuse

Pattern 8 presents on how the victims undergo healing and reinvent themselves as an individual. The internal remedy includes healing the emotions, setting hopeful goals and realizing forgiveness while the external remedy includes setting a new environment, comforting the victims and safekeeping the child to a place far from the incident venue.

In the study of Bridges, D.M. (2013) stated that children that are left behind need to have continuous contact with their mother in order to sustain some kind of stability within the family. They concluded that more awareness and knowledge of incarcerated mothers' family relations need to be incorporated into institutional practice to maintain supportive relationships among family members.

According to Silver (2013), as stated by Huguard (2000), sexual abuse in a family or incest is a betrayal of relational ties and family roles. It damages a survivor's capacity to trust and comfortably interact with others. It has been noted that early family therapists

argued for the conception of incest as a “family affair” and that all family members should be blamed for child sexual abuse.

Korol’s (2008) research indicated that secure attachment and a healthy family environment are resiliency factors for dissociative disorder. Children who have secure attachment live in home settings that have little discord and can provide the abused child with a strong support system that seem to protect, to some degree the child’s risk of developing pathological dissociation. Conversely, children who have disorganized/disoriented attachment may develop dissociative symptomatology even if they have never been abused. Korol’s findings are very important in that they highlight the need for early treatment of abused children with disorganized attachment and who live in unstable, discordant environments. Because these children often have extreme difficulty in creating stable and satisfactory relationships, they are even more at risk for psychopathology. Korol suggested that mentors for these children might be helpful in allowing them to develop a healthy relationship with a non-family member. Such relationships may help build the child’s self-esteem, trust in others, and serve as a good role-model for healthy interaction and adaptive coping strategies. Korol also noted that more research should be done on interventions with mothers who suffer from mental illness and alcohol or substance abuse, since they often are not able to provide consistent support for their children during the first few years of life that are so essential to developing healthy attachment.

Catherall (2004) categorizes parents of traumatized children as "secondary victims" indicating that parents are individuals who have problems of their own as a result

of the abuse. "Secondary victims need help in understanding their own complex healing processes, even if they do not label them as such- as well as the healing process of primary victims and how the processes interact". A thorough understanding of the parental experience will provide critical information that will be useful when working with other parents who have children who have been sexually abused. Ultimately, by better understanding, the experience of parenting sexually abused children, therapists will be able to work more effectively with parents, and as a result have a positive impact on the overall treatment of sexually abused children

Williams (2011) indicated that the family's contextual environment significantly influences adolescent reaction to sexual abuse. Each systematic level had significant variables. Parental social support and parental educational levels were significant exosystemic variables.

In the study of Bridges, D.M. (2013), children that are left behind need to have continuous contact with their mother in order to sustain some kind of stability within the family. They concluded that more awareness and knowledge of incarcerated mothers' family relations need to be incorporated into institutional practice to maintain supportive relationships among family members.

Healing the mother-victim relationship and re-establishing a sense of trust is critical to the victim's recovery. It is important to understand that, as mothers provide security, and trust is re-established, attachment increases. The mother-victim attachment bond is one of the most critical predictors of reduced consequences to sexual abuse. It is

also important that mothers understand the betrayal bond that may be established between the abuser and the victim.

2. Develop "A TOOLKIT FOR MOTHERS OF SEXUALLY ABUSED CHILDREN".

The basis of the toolkit was the outcome of the study conducted to identify the needs and strategies for handling mothers whose children were sexually abused by their biological fathers. It is observed in our laws and society that sexually abused children have support programs and policies to assist them in coping, healing and recovery with their trauma but when it comes to the well-being of mothers there are no existing guidelines to support them. In this toolkit, you will discover strategies and guidelines in handling cases of mothers whose children were sexually abused by their biological fathers which will help in providing interventions that will help them live better lives.

This Toolkit is designed to be a source of practical information about sexual abuse that offers support and resources to navigate the journey of healing and support to mothers of sexually abused children. This can also be used by guidance counselors, shelters of sexually abused children and other communities that handle the same cases. It addresses the need to be informed and to be familiar with the issue of sexual abuse in order to help battle the detrimental effects deeply corrupting young innocent victims and to eventually safeguard them from further abuse.

There are eight (8) parts of this Toolkit:

Part I is the Abuse Discovery, it discussed the feelings and experiences of mothers before, during and after the discovery of the abuse. It also explained the reasons why children do

not tell the abuse, what it is, who abusers are, and warning signs of abuse, predictable stages and prevalence effects on mothers.

Part II, is about the Status upon knowing the abuse. The arising themes are anger, pain, confusion, jealousy, and strength. It focuses on specific skills, supports and actions to help mothers manage their feelings and choose actions as they move through this crisis to resolution and recovery.

Part III, the Link after discovering the abuse that described the role of the mothers as 'a shoulder to cry on, a cure to their aching hearts, a protective shield against harm, a genuine friend and a hero to win the battle. It covers the Guidelines for dealing with a child's disclosure of sexual abuse. The intervention and skill development for mothers to fight the battle.

Part IV, the Agony of the abuse, such as threat to loved one's life, possible disbelief, fear, physical pain, emotional pain, and sexual pain. It describes the effects of the abuse, the struggle, the pain and the long effect of the abuse on the victim's well-being.

Part V, Stimuli of Abuse, Physical Absence in Rearing their Daughter and Inability to Suffice Husband's Sexual Urge. It covers the characteristics and behavior of the offenders. It also discussed the agony and traumatic experiences of the mothers.

PART VI, The father as an abuser, Symbol of Pain, and Agent of Fear. On this part, discussion is about the stages of grief and the important role of mothers to support and assist their child to overcome their sufferings.

PART VII, Family Relationship after Unveiling the Abuse, Birth of Hatred, State of Unforgiveness, and Family Separation. It covers the effect of the abuse among family members. The experiences and pain that mothers suffer after the discovery of the abuse.

PART VIII, Healing the Bruises of the Abuse, Internal Remedy, Healing the Emotions, Setting Hopeful Goals, for External Remedy, Setting New Environment, Comforting the Victims and Safekeeping the Child. This chapter focuses on recovery and healing to both victim and mother.

CASE SUMMARIES OF MOTHERS

Case # 1 Marie

Alma is 41 years old and presently working as a volunteer in a shelter house of abused where her daughter was now living. The shelter house supported her daughter's studies who is now in Grade 12. Alma was 19 years old when she met her husband, a tricycle driver. She works part-time crew at Jollibee and also a student taking up BS Accountancy. She was not able to finish her studies because she got married and got pregnant with her child. She had no intention to marry her husband but her parents are very conservative and doesn't want to be the center of gossip from other people. She got a small wound their tricycle got a small accident. She was afraid to go home because of her wound so she slept on her boyfriend's house but she claimed that nothing happens them sexually but the next day when she got home, her parents did not believed her so she had no choice but to get married.

At first, they are happy though they are living with her in-laws, but when she got pregnant, husband started to use drugs and didn't support her financially. She was also physcially and sexually abused while she was pregnant. She wanted to leave him but everytime she attempt to do it her husband apologize to her and she gave in becuase she knew that her parents would not allow her to file saparation because her family was conservative.

She continue to be with her husband again and her mother-in-law supported them financially and her husband help her taking care of their children. He was the one sending

my eldest daughter to school. They are very close and help her doing homeworks. Until when I was pregnant with my 5th chlild. My aunt told me about the incident that my husband raped my daughter who is 10 years old that time.

"*I wasn't aware that my husband sexually abused my child. It was my aunt-in-law who informed me about the crime. I was pregnant with my fifth daughter. According to my other daughter they also witnessed the incident. My daughter who was 10 years old that time and she didn't inform [me] because according to her, she was threatened by her father that he will kill her mother and other siblings*".

"At first, I did not believe them because he was their father. It was August when Ellaine started being sexually abused. I gave birth in September. My daughter was being sexually abused for two months. Even I was physically abused; my head was banged. I sent my husband to a rehabilitation center because of his addiction to drugs. He would threaten my kids if they said anything, saying that he would kill me. I talked to Ellaine. She just cried when I asked her why she did not say anything she said her father put a knife on her I told my in-laws about this but they did not believe me. Ate Balen, my in-law's niece helped me. She accompanied me when we got a medical check-up for Ellaine, and we went to the Marikina precinct to file a complaint. I told my daughter that if I found out earlier, I would have killed my husband and cut his penis off. I was so mad at my husband. It hurt. It felt like heaven and earth collided. I blamed myself because I did not find out sooner. I could have done something against it. When I came to see him in prison, I reprimanded him, but he said he only did that because he was under the influence of drugs. I told him that his reason was unacceptable. He did it so many times, so it was unbelievable that he

did not know what he was doing. I lost my trust in him. I could not forgive him for what he did to my child. I felt relieved that he was sentenced to life in prison. Even through he said he was sorry, I told him that his words cannot bring back what has happened, and that he had already ruined my child's life. All my children are mad at him".

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"*Right now, I am focused on working as a caregiver. I also work part-time at the Laura Vicuna Foundation. I am still sad when I remember everything that happened, but I do not lose hope because I pray to the Lord for strength to help me through this. I also fear that Ellaine might find out about her 8 year-old sibling who was molested by my brother, who is now in hiding".*

"I want Ellaine to finish her studies, and for her to get a good life for herself. At first, she wanted to be a lawyer, but now she is studying Accountancy. She lives with at the Laura Vicuna Foundation. I am still sad because my other child was molested by my brother, who ran away. My third child is with DSWD. My mother died early because of everything that has happened in our family. Sometimes I wish I had never gotten married. I also want to blame my parents for forcing me to get married even when nothing has happened between us. My focus right now is to have all my children finish their studies. I no longer got married again because, since all my children are girls, I fear that what has happened may happen again. If their own father was able to do what he did, what more

another man? I also do not want to be physically abused anymore. I want to go overseas when all my children have settled in life.

Right now I keep on praying that this would end soon, they only strength that left me are my children. I know that there is a good reason behind this and God will not give you a cross that you cannot carry".

Case # 2 Celia

Celia is 45 years old, they have no permanent address, she had 2 kids Nelia (12 y.o) nathan (5 y.o). They had a cart of junk materials that they bought and sell to junkshop somewhere in Quezon City. Kids are sleeping inside the cart.

I learned the incident when my child didn't attend her class for almost 2 weeks. I approached her while she was crying " I am not feeling well mama".

At first I did not believed my daughter I though she is making excuse not to attend her class. When I went to sari-sari store, I saw her friend and told me about the rape incident. At first, I didn't believed because I know my husband love her and I know she is very close with him. When I asked her what happened, she cried and told me the incident that she was raped in the public CR near the Quezon City area. According to her she was raped when she was 7 years old and was threatened by his father not to tell anyone or else he will kill me and my youngest son. He frequently hit my son with no reason. He was always drinking liquor every night to the point that he spent all the money that we save. I confronted my husband but he denied it and I decided to ask for the barangay to blotter him and the barangay coordinate with Police Station and DSWD. We were advised to go to Medico Legal to submit to file the charges against my husband. The Police station ask

me why did we informed them after 5 years according to them there is limitation of filling the case since it has been years ago.

It took 5 years before I learned that my daughter was raped by my husband. I was not aware that it would be possible for him to sexually abused her daughter. We are okay and the only problem is our everyday expenses for our food.

I really got angry and felt betrayed by my husband but I am confused and afraid if I will sue him because no one would support us since I only finished Grade 1 and I had no source of income. The case was still in the process but I learned with the police station that she escaped and I had no news about him. I decided to send my daughter to shelter house with the help of Guidance Counselor who referred our case.

I used to visit her in the shelter house and we became close with each other and she's now open to tell what she felt about the incident though I felt guilty that I was not able to recognize her sufferings. If only we are close that time, I might avoid the abuse.

I think I need to bring her far from our place because of the trauma she experience, she might not able to concentrate with her studies. I wish that despite of the incident she need to finish her studies. I am now with my sister (nun) who help me and my son to go on with our life.

"I just wish that my daughter can recover with the incident though I know that it is not possible because until now she had no intention to go back to school and she learned now how to smoke and drink with her friends. She doesn't want to listen to me to the point that she blamed me for what had happened to her".

Case # 3 Julie

Julie was 47 years old living in Nueva Ecija with eight (8) kids, husband is also 47 years old and a farmer. Julie was a helper but stay-out becuase she has to attend to her children's needs. They are a typical family in a province, kids are studying in public schools but their basic needs are quite limited. It was March 2017, whe she attended the burial of his broher who is living in Baguio when she received a call from one of her daughter that she needs to go home quickly. She was nervous that time and decided to get home.

" I got nervous that time and immediately went home when my daughter told me that their youngest sister Rhia (12 years old) was sexually abused by my husband after the drinking session with his friends. It was 12 midnight when they heared that Rhia is shouting, when they checked it she is running away from their father, both of them naked. They asked help from the Barangay about the incident. I was shock when they told me that Rhia was raped many times by my husband and there were also an attempt when they are still young also but they managed to escaped. They were threatened by my husband if they will tell me about the incident. I told them that they should informed me so that I can make an action and send him out of our home. I cannot believed it since they were all closed with their father. I thought we had a good relationsip". It took me two years to find out what happened. Now, I realized why he no longer had sex with me. He would always say he was already tired. I never took notice of that because I knew how hard it was to work in the farm. I was really so angry that is why I put him behind bars. My children no longer want him to be released from prison. I prefer that he is no longer with us and for my other

children to come home to me. He beats us up, even our children. I do not know why this happened because I have always prayed. Even if we were hard up, we were happy. Maybe because he would drink every night that's why his drunkenness led to this.

Julie felt that she was responsible for what happened to her daughter.

"Yes I feel that I was the one responsible for what happened to my daughter, because I failed to watch over her and take care of her. Many times in the past I felt she had a problem but because I was busy selling my wares, I did not mind her that much as long as I saw that she could still study".

"I felt very much afraid and angry with my husband. I feared that if I did not had him imprisoned, he would do the same to our other daughters. I never thought he would do that to his very own child. We are fine now but I really feel very sad about what happened to her because she might not be able to handle the trauma. She might not be able to withstand going to court, retelling and reliving everything that happened".

"He asked for forgiveness, but it's too late. I need to decide for the welfare of my child. What he did was not normal. I found out from my daughter that he has done this many times whenever we are out of the house. He would do it between afternoon and evening when we are not home".

"My husband said if he gets released from prison he would reform himself but I told him it's too late and he won't be able to do anything now. My daughters do not want him to be released from jail. My husband threatened to kill us.

I hope my daughter finishes her studies. I no longer visit my husband since I do not want to see him anymore. Right now, I wish my daughter would come home but I also feel that

it's not safe for her any more. I prefer that she stay in the shelter home because at least there she can find her peace.

These days I don't feel any sense of certainty because I need to be away from my daughter so that she can be safe. I feel very sad but I must bear with this sadness for now.

Case # 4 Marieta

Marieta is 48 years old, her husband is 44 years old, military. They have 7 kids and living in Cabanatuan City. She had a previous relationship but did not worked because he was also abusing her physically so she decided to end their relationship she was very your that time and luckily they had no child. She met her husband when she was 23 years old, and husband is 19 years old. They got married and live happily with 7 kids.

"My third daughter, aged 19 years old, told me about their father's abuse of their youngest sister Monica, aged 12 years old. My husband tried to rape my third daughter herself and her sister, aged 15 years old, but since they fought his advances, so ever since then, they never went near him again. They did not want to tell me because they did not want our family to be destroyed. Their father is a military man who comes home only every Saturday and Sunday. Monica refused to his advantage and asked him why not doing it to other hospitality girl but her father said,"he likes her".

"I only found out this month. I noticed that every time he comes home he no longer wants to be intimate and have sex with me even if I just took a bath. We had a good relationship together before, and my children are very close to him. He started abusing

our older daughter Jasmine but she was very brave and vocal unlike Monica who never spoke and never said anything"

"It was very painful. I could not think straight at first, I could not eat and I was very thin before. I kept thinking why he did this to our child. I thought he was my true love because he was already my second husband. My first husband and I separated without a child after not even a year of being married and being together. My second husband and I had seven children. We were okay and we were always happy every time he would come home, I feel very sad because I still love him but my children are more important to me. My first child, a son who is also in the military, wanted to kill him. He could not believe that his father could do such a thing especially since he idolized his father so much and wanted to follow his footsteps".

"My children and I drew close to one another. They have no grudges against me and are not angry even if they know I could still accept their father. But I choose to heed their wishes to forget their father. When I visited him in jail, he asked for forgiveness and said he was ready to pay for all that he did but I told him that he can no longer come home to us because of what he did".

'They used to be very close, but now I am really angry with him, and even all of my children are angry and do not want to see him again, even if that meant he would rot in prison".

"I feel sorrowful and enraged but I try to forget everything because I know this is all very painful for my children. I want to be with her because my other children are already married. I hope she would still finish her studies. If it were up to me, I would

forgive my husband but he can no longer live with us in the house. I would honor whatever decision my children have regarding this. They say that he should pay for what he has done".

Case # 5 LIRIO

Lirio is 47 years old and had a previous relationship but with one child (son) but did not last. They live for 3 years and got separated. She works as a secretary in one small company, her husband is 48 years old, a farmer.

"My daughter told me that her father would abuse her every time I am out of the house. At first, I did not believed her because I knew my husband very well, having been together for 12 years. I have a child from a previous relationship whom my husband also loved, so I did not think he would do such a thing to his own flesh and blood because he treated my child from a previous relationship like his own. So to remove all doubts from my mind, I had my daughter checked by a medico-legal, and from there I was able to prove that something indeed happened to my child. However, I still doubted and thought, maybe she had a boyfriend and he was the one who did this to her".

"One month after that incident, I myself saw how my husband abused my child when I went home from work earlier than usual. I had fever so I asked permission from my boss if I could rest and go home. I actually saw how my own husband abused my daughter from behind. I struck him with a broom. He left and escaped. I asked the neighbors for help so that he could be brought to jail, but then he run away. "It took me three years before I found out because I trusted my husband that he would do no such thing to our

daughter. According to her, he would abuse her many times and would tell her that he would kill me if in case she decides to tell me what was happening".

"I was infuriated with my husband because I thought he really respected me and my daughter. I was shocked to find out that she abused even his own brother. I really did not know what to do. He told me to not tell anyone since it was really embarrassing and that my children would have to stop schooling and that I should just forgive him". I was thinking that God must be punishing me because I did not take good care of my children since I was focused on making a living. I could not do otherwise because my husband does not earn enough as a construction worker to sustain us, plus two children who is studying. Before, I was a Catholic but now I am part of Jehovah's Witness". "I felt like I was floating all around and going crazy. I could not focus on my work. I kept thinking that every time I was out of the house, something bad would happen so I decided to bring my daughter to the Home for the Girls in Palayan. I felt very sad that would no longer be with her, but I console myself with the fact that in that place, she would be safe from my son and from my husband".

"We lost peace in our home. I filed a case against my husband but I could not send my son to prison. I felt like I was about to go crazy and lose my mind with all the things I was thinking about. I could not decide which issue to deal with first".

"My daughter was sad because she blamed herself for why our family became torn apart. I really do not know why this had to happen to us. My daughter has lost trust and confidence in our family for what happened. She preferred to stay in the shelter because there she could find her peace. The management of the shelter are supporting her through

school. From time to time I would give her money whenever I visit her. Even if I earn a little, I try to give her allowance money".

"I felt miserable not knowing how we could ever be one family again but I have not lost hope that we can mend and heal as a family".

"My prayer is for my daughter to finish her studies and for us to be together again. I hope that she would be okay despite what happened. I do not know if she could still come out victorious out of what happened because sometimes I see signs that she wants to commit suicide. Even if I talked with her, it seemed that she could not understand what I was saying".

Case # 6 Marivic

Marivic is 49 years old. She had two daughters Lady, 11 years old and Cariza, 14 years old. Her husband is 42 years old and worked in a construction in Parañaque. She worked as seamstress and had a good relationship with husband. Most of the time he used to do some household chores like cooking, taking care of their children. Marivic had no idea that there is a horrible happened in their house when she was at work.

"*My daughter Cariza l told to me that her younger was raped by his father. Cariza shared that she caught my husband Karling, abusing her sister inside our bathroom. This is why he would spend so much time inside the bathroom and he would often bring our younger daughter there, intimidate her, and threaten to kill me and her older sister. He would bring a rusty knife, and abuse Lady twice a week after sending Cariza to the wet market. I did not suspect that something was wrong because my husband was a quiet and*

loving father. Even if he can only contribute a little to our daily expenses, this did not become an issue between us because he has no vices and because he is loving to his family. We also often have sex, maybe twice a week because I am out of the house during weekdays. He always brings home something as a pasalubong even if it is just a simple thing. He is very close to Lady since she was small, but Cariza is closer to me".

I was really so shocked and angry because I did not expect this. A lot of things were running through my mind, and it was divided between shame and fear. I did not want my husband to be imprisoned because I will feel ashamed especially since he is the father of my children. In terms of money, I was not that affected because I still make a living for our day to day expenses. I also did not want my children to be angry with me and destroy our lives altogether

I lost my zest for life. I grew up in a happy family, and had fear of God but because of what happened I do not know anymore who to blame. I no longer want to live but I need to be strong for my children, especially since I know we will no longer have our peace with all these neighbors who like to meddle with our lives.

I cannot forgive my husband for all that he did to my daughter. I want him to be gone from our lives. I hope he dies or rots in jails.

I have so many questions in life. Sometimes I think I should not have worked in a far-off place so that I could have taken good care of and monitored my children. I want to blame myself for all of these.

I cannot think of anything-good coming out of all that has happened. I want to bring my children to a far-away place but where will I take them? I suspect my firstborn was also abused, but when I asked her, she said no she was not molested.

Case # 7 Cynthia

Cynthia is 42 year old and has another family. She used to live with her ex at a young age but due to some misunderstanding, they decided to part their ways. She went to the US with her parents and met her new partner. She had 2 kids with her first husband, Shane 8 years old when she left and her brother who is 14 years old that time. She used to send money to her children but husband doesn't want to accept it since he has a good business in Taguig and he send his kids to private school. He also had another relationship and had 2 kids.

When Shane visited her at the US when she was 17 , she told her that she was sexually abused when she was 9 years old. She did not believed her and asked her not to discuss it to their family and she will do an investigation.

"At first, I did not believe her and we even fought so she went back home to the Philippines. Shane told me that she was only 9 years old then when her father started abusing her. At first he was just touching her in the private places of her body. He instructed her to leave her bedroom door open every time she changes her clothes. She was not aware that this was wrong but eventually she got mad and realized he should not be doing those things to her because she was his child. Her father became angry and threatened to stop supporting her schooling and to just send her away. Oftentimes, he would ask her to go inside his

room from 9-11PM from the time she was only 10 years old until she turned 15. Her brother caught what they were doing but he did not say anything nor get angry over what happened. One day when her brother came home, he told her that he would do the same thing that their Dad had been doing to Shane. There was even an instance when her brother went home with his friends and forced Shane to also have sex with them. However, my daughter refused to do so". "I think I made a huge mistake leaving her to her father. I wish I could have just taken her with me wherever I went that time. I could not do anything now because Shane would not want to file a complaint over the shame that this will bring to her, especially since she is about to finish her studies".

"Even if my daughter does not say much, I know she is very angry with me but she does not wish to file a complaint against her father. She and I would often talk about what she went through. She mentioned before that there was even a time when she committed suicide by taking sleeping pills".

"There was no longer any discussion over what happened. Shane's father went away with his second wife. My daughter also chose to forget all that has happened to her.

Case # 8 Rosalie

Rebeca is 44 years old, she has 2 kids, her husband is 48 years old and both of them working in an electric company. She was her secretary that time. She had an opportunity to work in Japan with the connection of his husband. Michelle was only 9 years old when she left.

"They lived in my Mother's house who owned a store at the time. Michelle was usually quiet. She was a consistent honor student. I come home every six months. I didn't notice anything because everything seemed normal. Until one day when finally she couldn't take it anymore, she told me the whole story about her ordeal. Her father started molesting her when she was 9. At first, it was just by touching her private parts. It continued until there was already penetration. It had been made possible by my husband because my mother was busy with her store business. There was one time when her father assured her that what they were doing was just okay because it was my fault for leaving them. My daughter was afraid of telling anyone about what's happening because there was always a sharp weapon on her bed. In a span of 3 years, my husband had abused her 3 times a week. I was shocked when one day my mother called to inform me that my daughter may not graduate from elementary because she had not been attending her classes for a long time. At the time, my contract was about to end and I had no intention of renewing it so I could focus on taking care of them. That's when I learned about what's happening to my family".

"I *confronted my husband and he denied it. I asked for help and assistance from our local barangay and I was told to report everything to DSWD. My husband suddenly walked out of home and disappeared. I had him on blotter and submitted my daughter to medico legal for physical examination. Needless to say, the result was positive. My daughter was raped".*

"I could only blame myself for what happened to my family. I thought my husband wasn't capable of any wrong doing considering how good a person he was. I may have

had my shortcoming as a wife but that is not a valid reason for him to do that and worst to his own daughter. I felt so ashamed and worried about what our relatives and other people would say. They knew that we had a very good and happy family. I also felt of jealousy when my daughter told me that she had started liking what her father was doing to her. I got worried when she asked me to not pursue any charge against her father. I thought that maybe, my daughter has also been affected psychologically".

"I was so angry at my husband and at the same time confused about everything. I also worried about what our church would say considering my husband was once a pastor. Despite all my worries, nothing could prevent me from filing and pursuing a case against my husband because what he did was wrong and I wanted to show my daughter my support and love for her. My daughter and I did not have enough talk at the time because I felt that I was not being myself. I considered seeking a psychologist's help. I tried so hard to let my daughter know and feel that I was always on her side, that no matter what, I always got her back. I wanted her to finish her studies because she now stays at a shelter house. She didn't want to live in the same house where all her nightmare happened because she is constantly being reminded of that traumatic experience. I would like her to have a normal family life and I hope she gets to meet someone in the future who would love her despite her past and flaws.

Case # 9 Susan

Susan is 52 years old, housewife; her husband is 55 years old, laborer. They had 3 kids and living with other relatives since they cannot afford to pay a decent house for

rent. It was a typical family; environment is not good since drinking liquor are normal in their place. Most of the time they fought and she was hurt physically but she tolerate it all as long as they are living together.

"I caught my husband when I was about to get the wallet that I left at home. That time my daughter was only 5 years old. I caught my husband kissing the sensitive part of my daughter who was also crying. I hit my husband but he was able to escape. I filed a case and I found out that he did it many times so I went to the hospital to seek for Medico Legal and was found out that she was raped and the worse thing is she also got STD from my husband.

My daughter was threatened that he will kill me if she will tell me about the abused. She was raped every time I went to the market. My husband used to drink alcohol from the money that he was earned as a laborer. He denied that he raped my daughter. He claimed that he didn't know what he was doing. I wanted to kill my husband if it is not a sin I will kill him. I was really angy because she was still young and yet he raped her. I wish that he did it to other girl or hospitality girl. This was happened because my husband was a demon. He always hurt me and I can tolerate it but not with my daughter. I wish that she will be rot in jail and and cut off his penis". "I was sad and devastated and I wish him to be killed in prison. It would be nice if my daughter could finish her studies and we would be together again. I wish that she can forget this traumatic experience from her father. She is now in grade 10 and the shelter house says she is doing well and that she is going to college too".

"*In my mind, it's okay to lose him in our life because he is useless. My children have a more peaceful life without him than he continues to abuse my daughter. I took my daughter to a shelter house in Quezon City where she was safe because I felt that my daughter was not safe because he might escaped from prison. I wish that he was dead for us to be safe and peaceful".*

I do not care if we will lose him. I want him to be out of our life even before I learned this incident. I wanted to get away from him because he was often drunk and hurt me. Maybe this is the chance to lose him in our life.

Case # 10 Marina

"It was my daughter's teacher who told me that Princess was sexually abused by my husband, when I visit the school to get her card. He used to work abroad and had a vacation every 6 months. We already separated three years ago because I caught him having an affair. We had 2 children and we lived in his parents' house. He was responsible person and he used to cook for us and I did not suspect that he is capable of doing it to her daughter. When I confronted my daughter she confessed that she was sexually since she was 9 years old up to 13 years old every time her father was in vacation and asked me to go shopping. I didn't know that was the time when he was doing it. According to my daughter she was not able to tell because she was afraid because every time she was raped her father had a knife inside the pillow so she kept silent until her teacher asked them to make an auto biography of their life so she decided to discussed it with her teacher because she cannot tolerate her father anymore. "It was 4 years later

when I learned the incident that happened to my daughter that she was raped by her father. Her teacher was the one told me about the story. Her father spoiled her by giving toys because she is a good girl".

"When I talked to my daughter she told me that she was 9 years old when her father raped her in their CR and she was threatened that he will kill me if she will tell this to me. She really wanted to talk to me but she decided to kept silent since her father is an OFW and he will not stay longer"

I was angry with my husband, I though this evil act can only commit by a drug addict. I didn't know that he can do it to our daughter. I confronted him but he din not admit it. When he left and go back to his work. I took my daughter to the hospital to seek for medico legal and file a case against him. It was confirmed in her medical result that she was raped. I even plan to seek help from Tulfo's assistance but I realized that I didn't want other people to know this. My Mother-in-law got angry with me and she told me I need to think first the cirscumstances if I will pursue the case. I know that this is not only reason because my husband supported them financially. I decided to seek help also fro DSWD and we decided to transfer to other place.

This is really a big trial in our life. My in-laws disapproved my decision to file a case against my husband. But I still I want to fight for my daughter and I am glad that my parents supporting my battle. I wanted to work for my family but I am afraid to leave my children. I hardly sleep and keep my self-intact. This incident really had a big impact in our lives and I already forget and cut our communications with my in-laws but

sometimes I cannot understand myself because part of me wanted to forgive my husband but I was ashamed with my daughter.

"So far my focus has been on my children despite of the trauma and it forced me to be strong and never forget to pray always. I always tell my daughter that this is not her fault. Sometimes she told me that she may not the real daughter of her father because no one would do that to her her own daughter. I was always crying and somebody told me that I also need help from a professional psychologist and even my daughter but I had no enough budget for this now that I am alone supporting the needs of my children.

MY PERSONAL REFLECTIONS

My experience as a Guidance Counselor in school settings and volunteered works in shelter house of sexually abused triggered my interest to explore the world of mothers who experienced same trauma when their daughter was sexually abused by their biological father. At first, I was hesitant if I can continue my studies because as I go along with the stories of my participants who shared their journey upon knowing the abuse of their child and the perpetrator is their husband. There are times that I had to divert my attention to other things because each stories keeps popping on my head and sometimes it also questioned my values on the trust issues to opposite sex particularly to those who have daughters and had a good family relationships. I even suggested and remind my friends to always monitor their husband who are very closed with their daughters. I gave them some tips on how to prevent sexual abuse in the family. I don't understand why those fathers commit such crime. They should be loving and supportive husband and father to his family. The most striking stories that I cannot forget is the mother who witnessed the abuse and questioned her capability as a sexual partner and even feel jealous to her daughter. I cannot comprehend with her reactions and I paused awhile before responding to her narration. I thought that she might angry with her husband but she also felt angry with her daughter for feeling that way. When I learned her story, I realized that she herself was also a victim when she was a child and was raped by her grandfather. Another story was a mother who was confused between his son and her daughter when she found out that her son also sexually abused her daughter that according to him he thought that it is normal since he also witnessed his father abusing his sister. I felt the agony of this mother because

she cannot overcome the trauma and at the same time she felt guilty and betrayed knowing that the perpetrators are husband and son. Before conducting this research, I though that this happened only due to dysfunctional family and a poor relationship of mothers to her husband but I found out that It can happened to others even they have a good family background and regardless of status in life but the most important is mother should be vigilant and careful and need to safeguard her daughter and must be aware of the signs if child was abused and must listen to her children.

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Chapter IV

Summary, Conclusions and Recommendations

Summary of Results

This chapter organizes the summary of findings, conclusions that were drawn, and recommendations based on the data gathered, analyzed and interpreted.

The Qualitative Multiple Case Study used in this research afforded structure more appropriate in understanding the purpose of this study. More so, it also aims to develop a TOOLKIT FOR MOTHERS OF SEXUALLY ABUSED CHILDREN.

This research is only limited to children who were sexually abused by their biological father or incest. It is a qualitative approach using multiple case study research design.. The term case study is a design of inquiry found in many fields, especially evaluation, in which the researcher develops an in-depth analysis of a case, often a program, event, activity, process, or one or more individuals. Cases are bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period of time (Yin, 2009, 2012).

The reviewed literature and studies both local and foreign had their goal to understand the common experiences of mothers whose children were sexually abused by their biological father. In-depth review of the existing literature suggested that there is a significant need for the early assessment, diagnosis and treatment on trauma of mothers before, during and after the disclosure. This led to the creation of an intervention program

to help mothers, process their trauma, stand with the rights of their children, maintain the trust and regain confidence for the new and productive life ahead.

Mothers with sexually abused children specifically by husband were the participants of the study. One (1) mother utilized whose child was sexually abused by biological father presently under home study program of Ramon Magsaysay (Cubao) High School; Four (4) mothers of sexually abused from the shelter house of Laura Vicuna Foundation; five (5) mothers of sexually abused contained from Lunduyan Foundation; and six (6) from DSWD with the total of fifteen (15) participants.

However, due to the lack of participation of mothers that the researcher interviewed, it was trimmed down to 10 participants on this study.

The total participant of this study is 10. Three (3) mothers from Laura Vicuña Foundation; Four (4) others from Palayan City of DSWD; and Three (3) mothers recommended from other Guidance Counselors in public schools.

The criterion of selection is limited to mothers whose daughter was sexually abused by their biological father. The age of the child is between 7 to 16 years old who still living with her mother with the age of 40-59 years old.

The situation of the couple was separated with the husband, either the husband was already convicted or could not be located.

Summary of Results

1. The experiences of mothers whose children were sexually abused by their biological father before, during and after the discovery:

The Discovery - Before the Disclosure

Based on the results of transcripts the mothers' discovery stage of the abuse may be trimmed to the following indicative themes: **person, time** and **event.**

The indicative theme on **person** specifically prescribed that the abuse was discovered from various people namely the victim herself, the mother of the victim and from another person. In terms of the indicative theme which is time the mothers' discovery of the abuses varies, ranging from two months to ten years but most of them discovered the abuse for long period.

Relative to **time,** age of the victims may also be uncovered; age of the victims ranges from five to nine years old and the helplessness during the situation was expressed by the victims. Regarding as to the indicative theme of **event**, the abuse was unraveled through daughters confiding to their mothers, teachers and friends informing the mothers of the abuse, actual event of the abuse discovered by mothers themselves as well as relatives expressing their grief over the incident to the victim's mother. Relative to this, the abuse was described as painful, unbelievable, and unexpected by the mothers.

These indicative themes directly helped the mothers realize the difficulties they encountered in the arms of their own biological fathers. This represents how the indicative

themes of time, person and event leads to the discovery of the abuse which leads to positive responses of being strong for their daughters as represented by the results.

Divulging the Abuse (During the Disclosure)

The arising themes from the transcripts painted various portraits of mothers. An evident vision is **a mother in anger** and pain knowing that their daughters were abused by their biological fathers, **a mother in confusion** who cannot easily manage and understand the entire scene of the abuse, **a mother in a jealous state** since her daughter confided that in the long run of the abuse, she felt the sexual urge with his father. More so, **a mother in shame** is also visible for her daughter as well as her entire family because they may be put into conviction by the people around them and **a mother of strength** who never doubted their heart of sending her husband to jail and let him pay for his crime.

The Aftershock (After the disclosure)

Looking into the transcripts on how mothers see the situation after the painful revelation of abuse among their daughters by their biological fathers, the following themes pertaining to them as mothers are being their daughters' **a shoulder to cry on, a cure to their aching hearts, a protective shield against harm, a genuine friend** and **a hero to win the battle** for their abused daughters.

It vividly presents the solid link between the mothers and daughters, yet there are instances that the daughters wanted to detach themselves, still their bonds with their mother are tighter. The mother and daughter respectively signify their continuous determination to move on with life while the solid line connecting them represents the bond tightened by

the abusive incident. A solid line leading to the thrusts the mothers wanted to offer their daughters was encapsulated in the box solidly connected by an arrow representing the mothers' positive will of helping out their daughters survive from the abuse.

The Agony of the Abused

The transcripts primarily picture the agony of the daughters raped by their biological fathers. The transcribed statements were deduced into themes referred to as **agony of threat to loved one's life**, **agony of possible disbelief**, **agony of fear, agony of physical pain, agony of emotional pain**, **and agony of sexual pain**.

The results present the two main characters in the actual abuse, the father and the daughter as represented by the two boxes at the end and at the tip of the arrow. The abusive fathers directly and solidly caused agony to their daughters by abusing them and making them victims of rape. Specifically the deduced agonies are agony of threat to loved one's life, agony of possible disbelief, agony of fear, agony of physical pain, agony of emotional pain, and agony of sexual pain**.**

The Agent of Abuse

The transcripts were deduced to the following terminologies as to the possible agents or reasons why the abuses happened. The reasons were specifically stated in the transcripts, but these were trimmed down to two main themes namely **father as abuse stimulus** which includes the vices, evil inclination and sexual urge and **mother as**

abuse stimulus which includes physical absence in rearing their daughter and inability to suffice husband's sexual urge.

It presents the primary stimuli of abuse based on the deduced themes. The first box pertains to the main theme identified called the stimuli of abuse that are directly connected by solid arrows which pertains to a compact identification of the two main stimuli of abuse. These stimuli include father as abuse stimulus which includes the vices, evil inclination and sexual urge and mother as abuse stimulus which includes physical absence in rearing their daughter and inability to suffice husband's sexual urge.

The Abuser

The abuser is a **symbol of pain**, **agent of fear** and **icon of selfishness,** these are the themes deduced from the transcripts.

It presents the direct description of the fathers who raped their daughters as contained in the first box directly connected by a solid arrow which represents a compact description of these fathers pointing to the descriptions deduced listed inside the second box namely symbol of pain, agent of fear and icon of selfishness.

Family Relationship after Unveiling the Abuse

The following themes were deduced as to the family relationship namely, **birth of hatred, state of unforgiveness, family separation, losing respect** and **trust**.

The data presents the direct description of the family relationships as contained in the first box directly connected by a solid arrow which represents a compact description of the family relationship challenge to the descriptions deduced listed inside the second

box namely symbol birth of hatred, state of unforgiveness, family separation, losing respect and trust.

Healing the Bruises of the Abuse

The deduced themes on how the healing of bruises caused by the abuse are the **internal remedy** and **external remedy**. The internal remedy includes **healing the emotions**, **setting hopeful goals** and **realizing forgiveness**. While the external remedy includes setting a new environment, comforting the victims and safekeeping the child to a place far from the incident venue.

The data present how the victims undergo healing and reinvent themselves as an individual. The internal remedy includes healing the emotions, setting hopeful goals and realizing forgiveness while the external remedy includes setting a new environment, comforting the victims and safekeeping the child to a place far from the incident venue.

2. Development of "**A TOOLKIT FOR MOTHERS OF SEXUALLY ABUSED CHILDREN"**

The basis of the toolkit was the outcome of the study conducted to identify the needs and strategies for handling mothers whose children were sexually abused by their biological fathers. It is observed in our laws and society that sexually abused children have support programs and policies to assist them in coping, healing and recovery with their trauma but when it comes to the well-being of mothers there are no existing guidelines to support them. In this toolkit, you will discover strategies and guidelines in handling cases

of mothers whose children were sexually abused by their biological fathers which will help in providing interventions that will help them live better lives.

This Toolkit is designed to be a source of practical information about sexual abuse that offers support and resources to navigate the journey of healing and support to mothers of sexually abused children. This can also be used by guidance counselors, shelters of sexually abused children and other communities that handle the same cases. It addresses the need to be informed and to be familiar with the issue of sexual abuse in order to help battle the detrimental effects deeply corrupting young innocent victims and to eventually safeguard them from further abuse.

This Toolkit has eight (8) Parts:

Part I is the Abuse Discovery, it discusses the feelings and experiences of mothers before, during and after the discovery of the abuse. It also explains the reasons why children do not tell the abuse, what it is, who abusers are, and warning signs of abuse, predictable stages and prevalence effects on mothers.

Part II is about the Status upon knowing the abuse. The arising themes are anger, pain, confusion, jealousy, and strength. It focuses on specific skills, supports and actions to help mothers manage their feelings and choose actions as they move through this crisis to resolution and recovery.

Part III, the Link after discovering the abuse that described the role of the mothers as " a shoulder to cry on, a cure to their aching hearts, a protective shield against harm, a genuine friend and a hero to win the battle. "It covers the guidelines for dealing with a

child's disclosure of sexual abuse. The intervention and skill development for mothers to fight the battle are also included here.

Part IV, the Agony of the abuse, such as threat to loved one's life, possible disbelief, fear, physical pain, emotional pain, and sexual pain. It describes the effects of the abuse, the struggle, the pain and the long effect of the abuse on the victim's well-being.

Part V, Stimuli of Abuse, Physical Absence in Rearing their Daughter and Inability to Suffice Husband's Sexual Urge. It covers the characteristics and behavior of the offenders. It also discusses agony and traumatic experiences of the mothers.

PART VI, The father as an abuser, Symbol of Pain, and Agent of Fear. On this part, discussion is about the stages of grief and the important role of mothers to support and assist their child to overcome their sufferings.

PART VII, Family Relationship after Unveiling the Abuse, Birth of Hatred, State of Unforgiveness, and Family Separation. It covers the effect of the abuse among family members. The experiences and pain that mothers suffer after the discovery of the abuse.

PART VIII, Healing the Bruises of the Abuse, Internal Remedy, Healing the Emotions, Setting Hopeful Goals, for External Remedy, Setting New Environment, Comforting the Victims and Safekeeping the Child. This chapter focuses on the recovery and healing of both the victim and the mother.

Conclusions

In conclusion, mothers experienced the same trauma as their daughter when the disclosure was revealed. Knowing that the age of the victim was ranging from five (5) to nine (9) years old, it was very painful, unbelievable, and unexpected on the part of the mothers. The abuse was discovered from various people namely the victim herself, the mother of the victim and from another person and the discovery of the abuses ranging from two months to ten years and most of them discovered for the long period. Mothers experienced shock and significantly distressed upon learning about their children's victimization especially when the abuse was a long time ago and they blamed themselves for not acknowledging the signs that their children were raped.

Mothers also had mixed emotions during the disclosure, **mother in anger** and pain knowing that their daughters were abused by their biological fathers, **a mother in confusion** who cannot easily manage and understand the entire scene of the abuse, **a mother in a jealous state** since her daughter confided that in the long run of the abuse she felt the sexual urge with his father. More so, **a mother in shame** is also visible for her daughter as well as her entire family because they may be put into conviction by the people around them and **a mother of strength** who never doubted their heart of sending her husband to jail and let him pay for his crime. However, after the painful revelation of abused, mothers still portrayed their importance as the protector of their children. They still wanted to give justice on the crime that their husband committed. Mothers wanted to protect their children as a cure to their aching hearts, a shoulder to cry on, a protective shield against harm, a genuine friend and a hero to win the battle against their biological

fathers, and positive will of helping out their daughters survive from the abuse.

Finally, the researcher came up with the development of a Toolkit for Mothers of Sexually Abused Children. This Toolkit is designed to be a source of practical information about sexual abuse that offers support and resources to navigate the journey of healing and support to mothers of sexually abused children. This can also be used by guidance counselors, shelters of sexually abused children and other communities that handle the same cases. It also addresses the need to be informed and to be familiar with the issue of sexual abuse to help battle the detrimental effects deeply corrupting young innocent victims and to eventually safeguard them from further abuse.

Recommendations

It is evident that the role of mothers whose children were sexually abused by their biological father is very important in the healing process of the victim. The mother should protect the child towards the abuser (biological father). It is imperative that the mother accepts the fact that abuse occurred, believe the child's disclosure, decide to take action to protect the child (e.g., separate from abuser), and recognize that the child is at continued risk of abuse. Without these, the mother may be unable to maintain a safe home and protect the child. Revictimization is a serious potential threat to the child's safety. Mothers experience a range of emotions and reactions following the disclosure that their children have been sexually abused. A mother may go through emotions associated with the stages of anger, confusion, jealousy, shame and strength. However, after the

disclosure, the mother needs to be strong to provide a positive will of helping their daughters survive from the abuse. Lastly, the healing process involves the internal remedy includes healing the emotions, setting hopeful goals and realizing forgiveness while the external remedy includes setting a new environment, comforting the victims and safekeeping the child to a place far from the incident venue.

Finally, the unheard voices of Mothers whose children were sexually abused by their biological father can be addressed by using/adapting the Toolkit for Mothers of Sexually Abused Children. It addresses the need to be informed and to be familiar with the issue of sexual abuse to help battle the detrimental effects deeply corrupting young innocent victims and to eventually safeguard them from further abuse.

This Toolkit is designed to be a source of practical information about sexual abuse that offers support and resources to navigate the journey of healing and support to mothers of sexually abused children.

This can also be used by guidance counselors in Basic Education and Tertiary level as a tool in developing a Counseling Program for mothers of learners/students who are experiencing abuse in the family; Shelters of Sexually abused children; Social workers, and Centers for Women of Abused as a supplementary materials in creating a program for mothers; Family Counselors, Mothers journeying with daughters/son; Barangay Community, and Teachers; This can also be used as a tool for developing supplemental materials about Self-Healing from forgiveness, Regaining Self-Esteem and Self-confidence, Family (Role of Parents and Guardians Safety; Legislation Policies on Women Empowerment;

It is also recommended to consider this toolkit as part in planning and developing of curriculum for Gender and Development (GAD) to include the results of this research; to integrate the empowerment and awareness of mothers and learners on the curriculum development since the Comprehensive Sexuality Education was already done. This was an additional reference materials in the integration of subject in Homeroom Guidance specifically, on Personal-Social domain with a topic of learning about the process of healing; Integration in ALS Curriculum about Gender and Development; Curriculum in Grade 10 under Contemplative Issues, among others; and integration in the Good Manners and Right Conduct (GMRC/VE) and Values Education Curriculum.

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Appendix A
Parent Letter

February 26, 2019

Dear (Mother),

My name is **Tina Amor V. Buhat**, I am working on the study of 'UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY". As you will know, there has been increasing case of incest. I think there is a real need for more understanding of the difficulties that face mothers when they discover that their child has been sexually abused which I hope will contribute to this. Would you be willing to help me by talking about your experience?

To tell you a bit about myself, I have worked for fifteen years as Registered Guidance Counselor in public school and seven years in non-government organizations handling sexually abused children. Over the years, I became aware that there is almost nothing that you can read based on mothers speaking for themselves about what it was like to find out that their child has been sexually abused, how they felt, what they did, and what they found helpful or otherwise in their contact with agencies of professionals.

I would like to learn from you what your experience has been, and how it has affected the rest of your life. I am asking each mother who considers taking part to meet with me for a preliminary interview in which I will explain in more detail the purpose of the study and answer any questions you may have. If, after that, you decide to participate, this would involve meeting for an interview of 1-2 hours and then once again a month or two later. I hope this work will be useful to other mothers whose children have been sexually abused and those working with them.

If you think you might be willing to help me, please fill in the form attached and return it to me and I'll contact you (confidentially) to arrange a time and place to meet. If you do contact me, no one will know about it but me, and everything you say will be in complete confidence.

I do hope that I'll hear from you.

Sincerely yours,

TINA AMOR V. BUHAT
Researcher

Appendx B
Letter of Intent

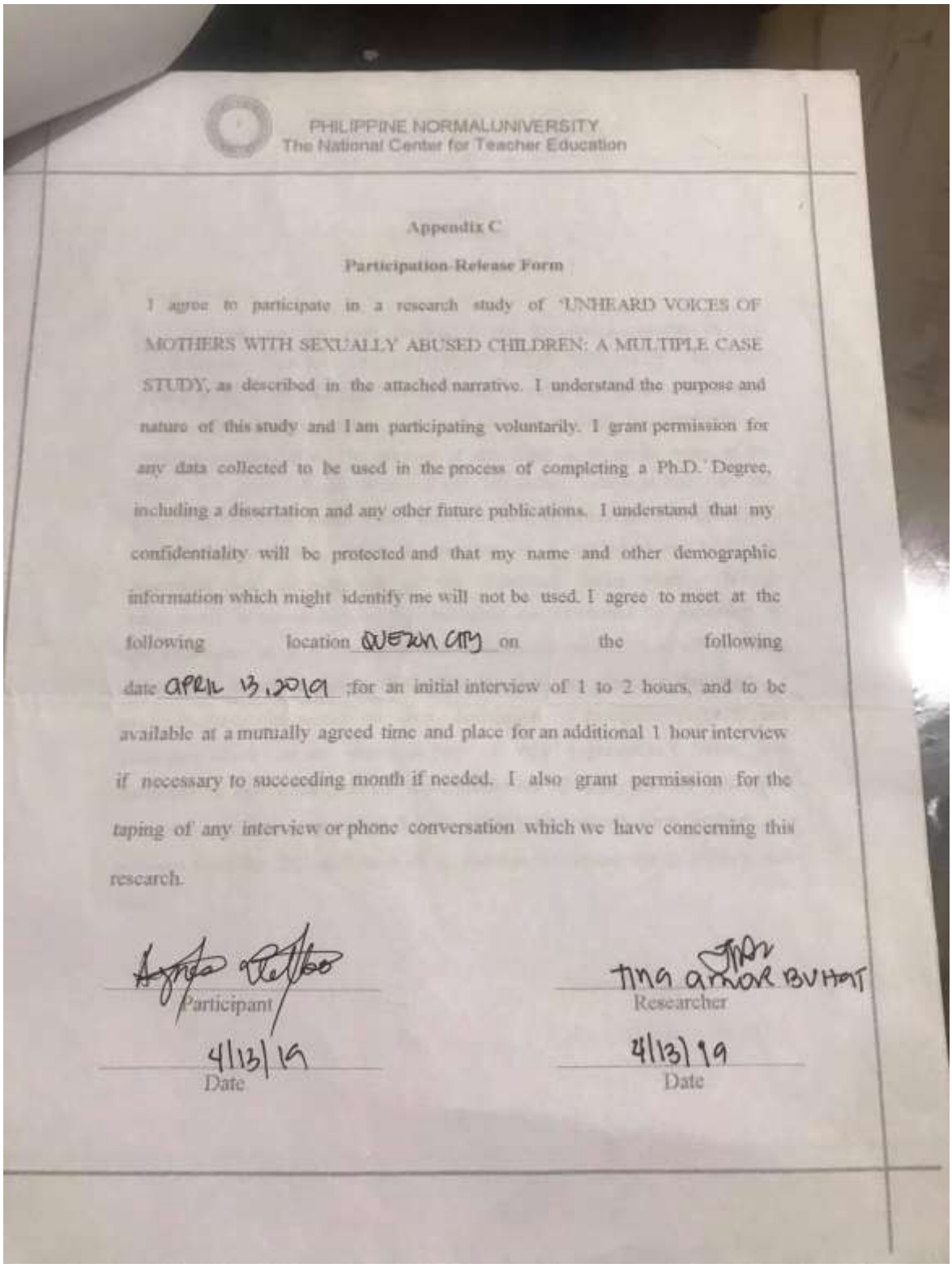
Dear (Mother),

Thank you for your interest in my dissertation research on the 'UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY. I value the unique contribution which you can make to my study and am excited about the possibility of your participation in it. The purpose of this letter is to repeat some of the things we have already discussed and to secure your signature on the participation-release form which you will find attached. The Multiple Case Study Research Model, which I am using, is a qualitative one which is concerned with the meanings of the experience under study. Through participants or co-researchers, the researcher can understand the meanings of the experience as it is known by the experiencing person. You will be asked to recall the specific experience when the abused of your child was disclosed. I am particularly interested in your description of thoughts, feelings and behaviors which are an important part of your experience. I value your participation and thank you for the commitment of time you are making. If you have any further questions before signing the release form or there is a problem with the date and time on it, feel free to contact me at (0906)) 028-4012.

Sincerely yours,

TINA AMOR V. BUHAT
Researcher

Appendix C
Participation-Release Form



PHILIPPINE NORMAL UNIVERSITY
The National Center for Teacher Education

Appendix C

Participation-Release Form

I agree to participate in a research study of 'UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY, as described in the attached narrative. I understand the purpose and nature of this study and I am participating voluntarily. I grant permission for any data collected to be used in the process of completing a Ph.D. Degree, including a dissertation and any other future publications. I understand that my confidentiality will be protected and that my name and other demographic information which might identify me will not be used. I agree to meet at the following location QUEZON CITY on the following date APRIL 13, 2019 ;for an initial interview of 1 to 2 hours, and to be available at a mutually agreed time and place for an additional 1 hour interview if necessary to succeeding month if needed. I also grant permission for the taping of any interview or phone conversation which we have concerning this research.

Participant
4/13/19
Date

TINA ARNOR BUHAT
Researcher
4/13/19
Date

Appendix D
Interview Questionnaire

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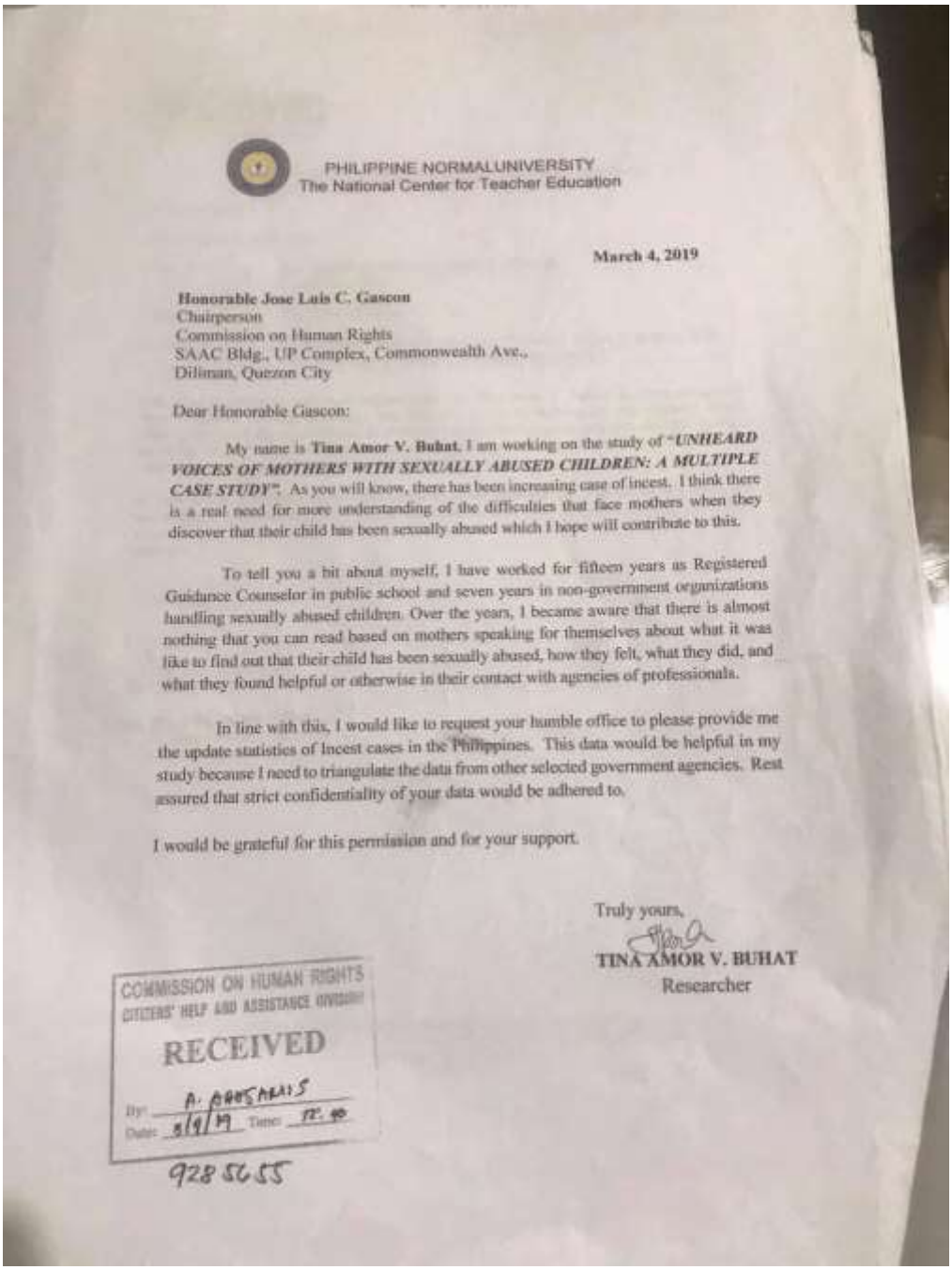
PREAMBLE
Greetings to you Madam, I am **Tina Amor V. Buhat**, PhD Guidance and Counseling Student, I am working on the study of '***UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY".*** As you will know, there has been increasing case of incest. I think there is a real need for more understanding of the difficulties that face mothers when they discover that their child has been sexually abused which I hope will contribute to this. To tell you a bit about myself, I have worked for fifteen years as Registered Guidance Counselor in public school and seven years in non-government organizations handling sexually abused children. Over the years, I became aware that there is almost nothing that you can read based on mothers speaking for themselves about what it was like to find out that their child has been sexually abused, how they felt, what they did, and what they found helpful or otherwise in their contact with agencies of professionals.
RESEARCH INSTRUMENT
I. Respondents Robotfoto *(At this point, I will preliminarily ask you if certain demographic information that would somehow complement my research data for analysis. Please fill in the required information and tick boxes as appropriate)*
Name (optional)_____Age last birthday _____Married/Separated/Widowed/Single No. Of siblings_____ Age_____Sex _____
II. *This segment of the interview will account for an in-depth understanding of mothers' experiences before, during and after the disclosure of their children who were sexually abused by their biological father.*
Interview Questions
1. Can you tell me briefly what happened when your child was sexually abused? 2. How long did it go on before you found out/began to suspect 3. How did you feel at the time? 4. Why do you think it happened? 5. How has your day-to-day life changed since you found out the sexual abuse of your child? 6. How did the sexual abuse of your child affect your relationship with your husband? 7. How did it affect your relationship with your child? 8. How did your husbands relationship with your child change? 9. How do you feel now about what happened? 10. How do you see your child's life developing from here, what are your hopes for her future?

CLOSING

Finally, before we end this activity, is there anything else you feel I should know about this study?
Thank you very much for your time and active participation.

Appendix E
Endorsement Letter



PHILIPPINE NORMALUNIVERSITY
The National Center for Teacher Education

March 4, 2019

Honorable Jose Luis C. Gascon
Chairperson
Commission on Human Rights
SAAC Bldg., UP Complex, Commonwealth Ave.,
Diliman, Quezon City

Dear Honorable Gascon:

My name is **Tina Amor V. Buhat.** I am working on the study of "***UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY***". As you will know, there has been increasing case of incest. I think there is a real need for more understanding of the difficulties that face mothers when they discover that their child has been sexually abused which I hope will contribute to this.

To tell you a bit about myself, I have worked for fifteen years as Registered Guidance Counselor in public school and seven years in non-government organizations handling sexually abused children. Over the years, I became aware that there is almost nothing that you can read based on mothers speaking for themselves about what it was like to find out that their child has been sexually abused, how they felt, what they did, and what they found helpful or otherwise in their contact with agencies of professionals.

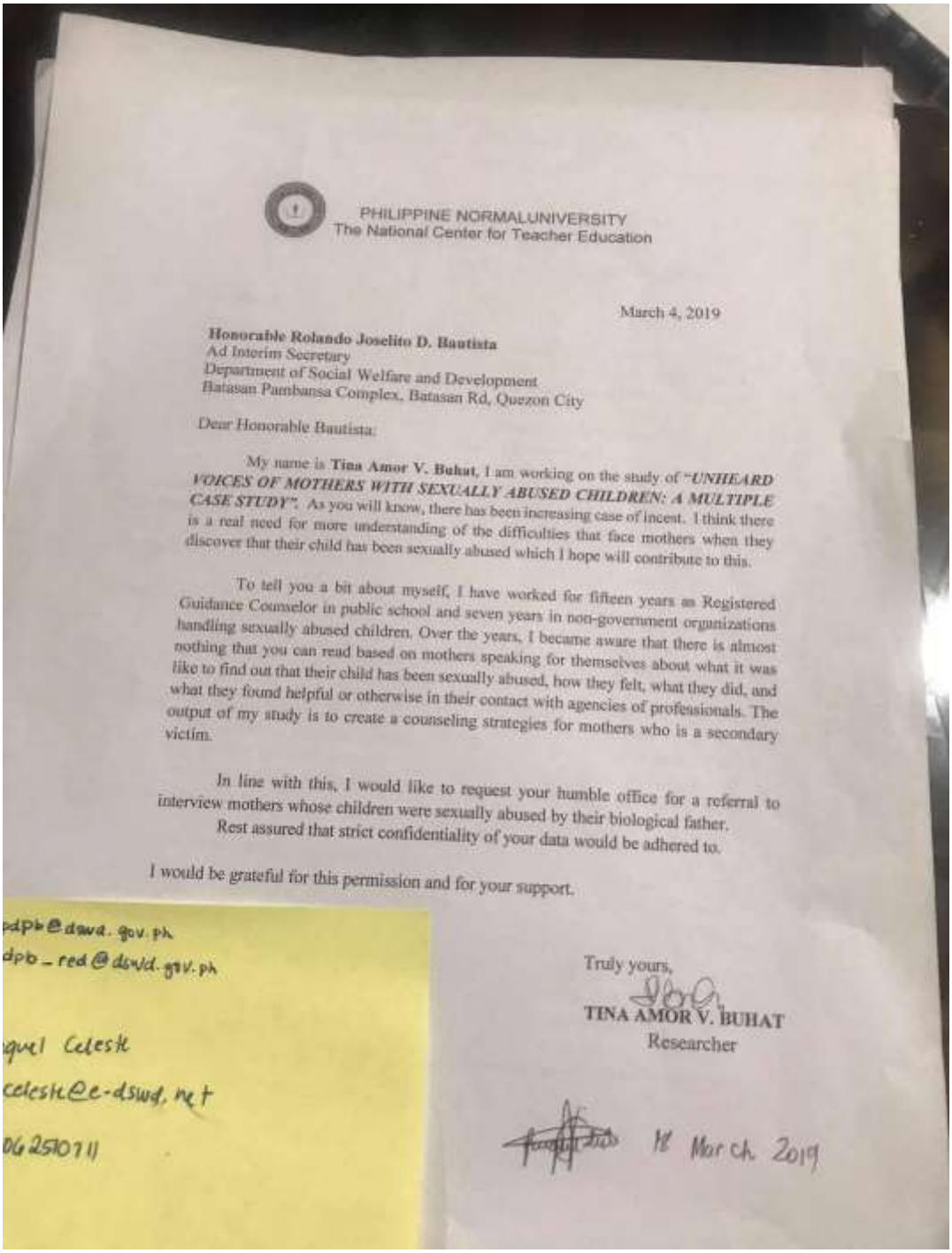
In line with this, I would like to request your humble office to please provide me the update statistics of Incest cases in the Philippines. This data would be helpful in my study because I need to triangulate the data from other selected government agencies. Rest assured that strict confidentiality of your data would be adhered to.

I would be grateful for this permission and for your support.

Truly yours,

TINA AMOR V. BUHAT
Researcher

COMMISSION ON HUMAN RIGHTS
CITIZENS' HELP AND ASSISTANCE DIVISION
RECEIVED
By: A. AGUSARIS
Date: 3/9/19 Time: 12:40
928 56 55



PHILIPPINE NORMALUNIVERSITY
The National Center for Teacher Education

March 4, 2019

Honorable Rolando Joselito D. Bautista
Ad Interim Secretary
Department of Social Welfare and Development
Batasan Pambansa Complex, Batasan Rd, Quezon City

Dear Honorable Bautista:

My name is **Tina Amor V. Buhat**, I am working on the study of ***"UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY"***. As you will know, there has been increasing case of incest. I think there is a real need for more understanding of the difficulties that face mothers when they discover that their child has been sexually abused which I hope will contribute to this.

To tell you a bit about myself, I have worked for fifteen years as Registered Guidance Counselor in public school and seven years in non-government organizations handling sexually abused children. Over the years, I became aware that there is almost nothing that you can read based on mothers speaking for themselves about what it was like to find out that their child has been sexually abused, how they felt, what they did, and what they found helpful or otherwise in their contact with agencies of professionals. The output of my study is to create a counseling strategies for mothers who is a secondary victim.

In line with this, I would like to request your humble office for a referral to interview mothers whose children were sexually abused by their biological father.

Rest assured that strict confidentiality of your data would be adhered to.

I would be grateful for this permission and for your support.

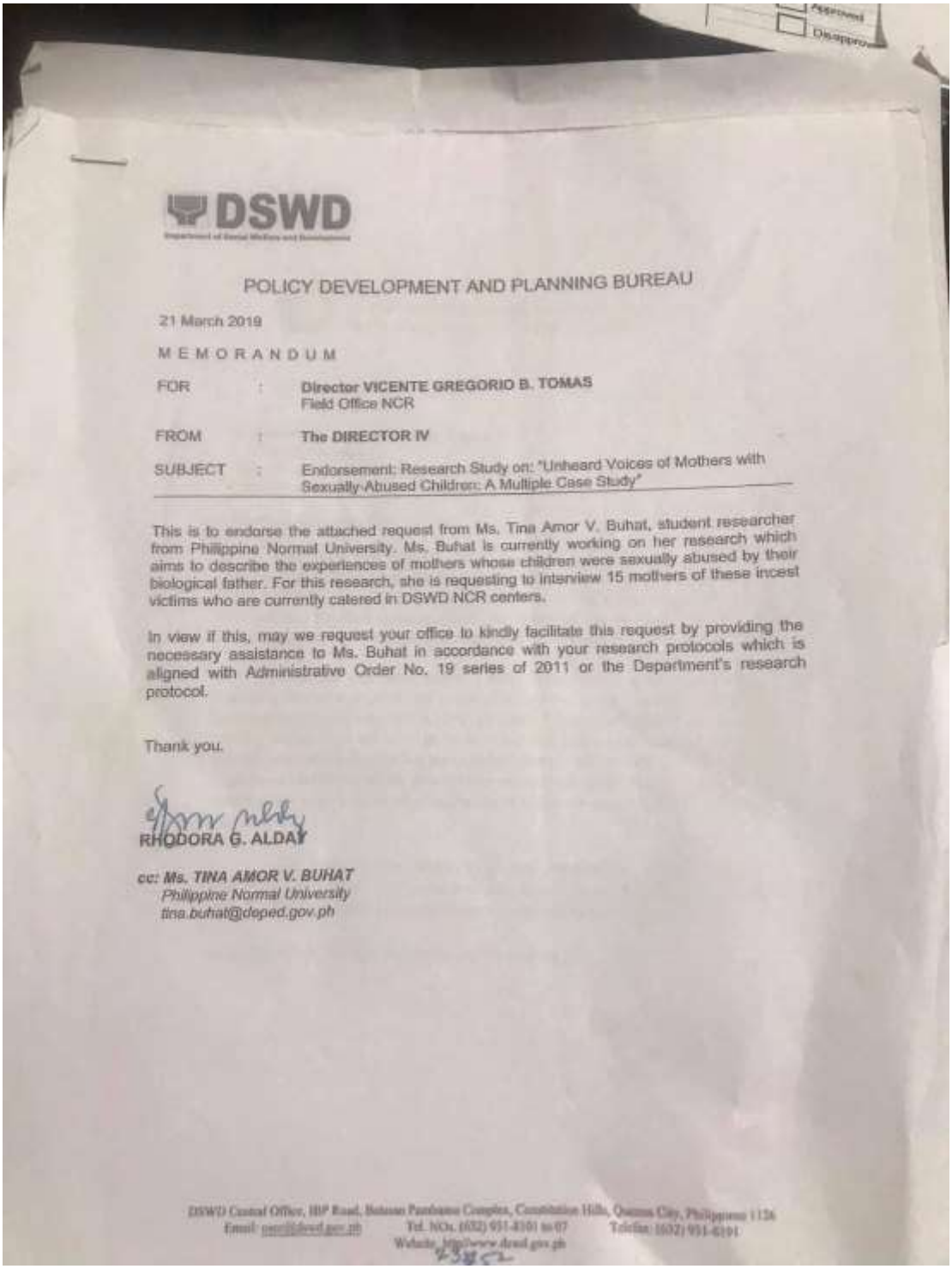
Truly yours,

TINA AMOR V. BUHAT
Researcher

18 March 2019

dpb@dswd.gov.ph
dpb_red@dswd.gov.ph

quel Celeste
celeste@e-dswd.net
06251071



DSWD
Department of Social Welfare and Development

POLICY DEVELOPMENT AND PLANNING BUREAU

21 March 2019

MEMORANDUM

FOR : **Director VICENTE GREGORIO B. TOMAS**
Field Office NCR

FROM : **The DIRECTOR IV**

SUBJECT : Endorsement: Research Study on: "Unheard Voices of Mothers with Sexually Abused Children: A Multiple Case Study"

This is to endorse the attached request from Ms. Tina Amor V. Buhat, student researcher from Philippine Normal University. Ms. Buhat is currently working on her research which aims to describe the experiences of mothers whose children were sexually abused by their biological father. For this research, she is requesting to interview 15 mothers of these incest victims who are currently catered in DSWD NCR centers.

In view if this, may we request your office to kindly facilitate this request by providing the necessary assistance to Ms. Buhat in accordance with your research protocols which is aligned with Administrative Order No. 19 series of 2011 or the Department's research protocol.

Thank you.

RHODORA G. ALDAY

cc: Ms. TINA AMOR V. BUHAT
Philippine Normal University
tina.buhat@deped.gov.ph

DSWD Central Office, IBP Road, Batasan Pambansa Complex, Constitution Hills, Quezon City, Philippines 1126
Email: ... Tel. NOs. (632) 951-8101 to 07 Telefax: (632) 951-8191
Website: http://www.dswd.gov.ph

DSWD

FOR : DIR GEMMA B. GABUYA
Regional Director

FROM : PPD Chief

SUBJECT : Recommendation re: Study entitled "UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY"

Date : May 2, 2019

We are in receipt of a letter from the Doctor of Philosophy Major in Guidance and Counseling student from Philippine Normal University, Manila requesting permission to administer interview questionnaires to mothers in whose children were sexually abused by their biological father who are currently catered in Home For Girls, Palayan City, Nueva Ecija. The student assured that the data gathered will be used for academic purposes only and it will be treated with utmost confidentiality.

Based on the review of the initial thesis manuscript chapters (submitted along with other required documents), may we share some relevant information and recommendation corresponding to the said request:

Proponent	Tina Amor V. Buhat
School	Philippine Normal University, Manila
Title of the Study	UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY
Relevant information of the Study	
Objectives	This study aims to describe the experiences of mothers whose children were sexually abused by their biological father. It is only limited to children who were sexually abused by their biological father or incest. The limitation of this study is also due to its design. This is qualitative research. It cannot be generalized to all of the same population. The reviewed literature and studies both local and foreign had its goal that will understand the common experiences of mothers whose children were sexually abused by their biological father. In –depth review of the existing literature suggested that there is a significant need for the early assessment, diagnosis and treatment on trauma of mother before, during and after the disclosure. This would create counseling strategies to help mothers, process their trauma, stand with the rights of their children, maintain the trust and regain confidence for the new and productive life ahead.
Research Design	This is a qualitative study using the multiple case study research design. The term case study refers to both a method of analysis and specific research design for examining a problem, both of which are used in most circumstances to generalize across populations.
Sampling Technique, Sample, Size and Site	The methods used to study a case can rest within a quantitative, qualitative or mixed-method investigative paradigm SAGE. Mothers with sexually abused children specifically by husband will be the participants of the study who are currently catered in Home For Girls, Palayan City, Nueva Ecija.

DSWD

Pantawid Pamilyang Pilipino Program

I-632

March 4, 2019

USEC. JESUS LORENZO R. MATEO
Undersecretary for Planning and Field Operations
Department of Education
DepEd Complex, Meralco Ave.,
Pasig City

Dear Usec. Mateo,

In relation with the Pantawid - National Program Management Office (NPMO) initiative on addressing concerns of Pantawid children Not Attending School (NAS), we are writing to respectfully request for an orientation / meeting with the designated DepEd personnel in-charge of the following:

- Philippine Educational Placement Test
- Alternative Learning System
- Alternative Delivery Modes
- Other DepEd programs for children no longer attending school

This initiative was also briefly shared with you in our 22 February 2019 meeting in DSWD. Pantawid-NPMO Task-Force Bata Balik-Eskwela (BBE) has already been pilot-tested in selected communities in regions NCR, II, III and IV-A. The experience in the pilot areas and the information that may be gathered from the requested DepEd orientations will be valuable in the finalization of the Task-Force BBE guidelines and in providing appropriate and relevant interventions to the Not Attending School children.

For further clarification and other inquiries, your staff may contact Ms. Khristina Umali or Ms. Charelle Pasion of the Institutional Partnership Division through phone number 962-3424 or through e-mail to pantawidpartnership@dswd.gov.ph

We are sincerely hoping for your favourable response to this request. We hope to be able to schedule the orientation / meeting from March 11-15, 2019.

Sincerely Yours,

DIR. ERNESTINA Z. SOLLOSO
OIC-National Program Manager
Pantawid Pamilyang Pilipino Program

cc: [illegible]
Public Affairs and Alternative Learning System-DepEd

Dir. [illegible]
Bureau of Curriculum Development-DepEd

Dir. [illegible]
Bureau of Education Assessment-DepEd

Dir. [illegible]
Bureau of Learner Support Services-DepEd

Dir. [illegible]
Deputy Program Manager for Operations

[illegible]

DEPARTMENT OF EDUCATION
RECEIVED
MAR 12 2019
RECORDS DIV
EDWIN R. [illegible]

DSWD Central Office, IBP Road, Batasan Pambansa Complex, Constitution Hills, Quezon City, Philippines 1126
Email: osec@dswd.gov.ph Tel. Nos.: (632) 931-8101 to 07 Telefax: (632) 931-8191
Website: http://www.dswd.gov.ph

3/13/19

DSWD
Department of Social Welfare and Development

TO : **Ms. Emelita Bolivar**
Center Head
HFG – Payan City, NE

FROM : **Policy & Plans Div. Chief**

SUBJECT : **Approved Research Study Entitled "Unheard Voices of Mothers with Sexually Abused Children: A Multiple Case Study"**

Date : May 8, 2019

This is to endorse the approved Research Study entitled "Unheard Voices of Mothers with Sexually Abused Children: A Multiple Case Study from the Doctor of the Philiosophy Major in Guidance and Counseling student of Philippine Normal University, Manila.

Attached herewith are the following documents, to wit:

1. Approved Research Request Form
2. Copy of the approved recommendation
3. Terms and conditions
4. Questionnaires for interview
5. Copy of the research request letter

For your information and assistance

LALAINE R. DE LEON

CC: Tina Amor. V. Buhat
Researcher
: Shiela R. Sicat
OIC -RCC

Appendix F Coding

TANONG: Can you tell me briefly, what happened when your child was sexually abused? Maaari mo bang isalaysay ang nangyaring pang-aabuso sa iyong anak.		
RESPONSE	Code	Theme
I wasn't aware that my husband sexually abused my child. It was my aunt-in-law who informed me about the crime. I was pregnant with my fifth daughter. According to my other daughter they also witnessed the incident. My daughter who was 10 years old that time and she didn't informed because according to her, she was threatened by her father that he will kill her mother and other siblings. 19 years old ako noon ng nakilala ko ang asawa ko na 17 years old noon, HS grad lang ang asawa ko. Nag aaral ako ng accountancy pero di ko natapos hanggang 1st year college ako. Nag part-time job ako sa Jollibee, bilang isang crew. Nag baback ride ako sa kanya noon ng minsan nabangga kami marami ako mga gasgas kaya natakot ako sumama ako sa kanya kase magagalit ang tatay ko. Inuwi ako sa bahay nila pero walang nangyari sa amin. Umuwi ako sa bahay after 3 days pero nagalit ang mga magulang ko sila naniniwala na walang nangyari sa amin. Imposible daw wala nang yari samin, pag-uusapan daw kami ng mga kapitbahay idedemanda daw nya ng rape ang asawa ko kung di ako pakakasalan. Edad 20 years old na ako ng nagbuntis sa panganay ko. Meron bisyo ang asawa ko noon parati ako sinasaktan pag hindi ako pumayag me mangyari sa amin. Parati kase ako pagod sa bahay kaya wala ako gana makipag sex sa kanya. Nalaman ng mga magulang ko nagalit sa kanya kaya nagpasya ang asawa ko na umalis kami sa bahay at sa bahay nila kami tumira. Nagbibigay ang byenan ko ng pera pambili ng gatas ng anak ko binilhan din ng tricycle para pang hanapbuhay pero di nagbibigay ng pera at nasundan si Arlene after 5 years. Hindi na nagbibigay ng pera ang asawa ko umasa na sa byenan ko at may mga naririnig ako na nag drugs ang asawa ko. Lumipat ng bahay ang byenan ko lumipat na rin kami hanggang sa nagging 4 na ang anak ko. 10 years old si Arlene at buntis ako sa pang-apat na anak ko ng nag-umpisa ang pang-aabuso ng asawa ko sa anak ko. 28 years old na asawa ko ng inumpisahan nyang abusuhin ang anak ko. Buntis ako ng 9 mos sa bunso at 10 years old si Arlene na inumpisahang abusuhin. Nalaman ko ng manganak ako. Ang nagsabi sa akin ay yung pamangkin ko na nagsumbong si Arlene na me ginagawa daw sa kanya ang tatay niya.	R1	**The Abuse Lense** The Discovery - Before the Disclosure
Nalaman ko lang ang insidente nitong 12 years old na sya kase di naman sya nagkukwento sa akin. Naabutan kung umiiyak ang aking anak na si Nicole, di raw siya makakapasok sa school kase masama ang pakiramdam niya. Di pa ako nagduda kase minsan nagdadahilan siya para di makapasok. Bumili ako sa tindahan, nakita ko ang kaibigan ng anak ko at nagsumbong sa akin na si Nicole daw ay inaabuso ng aking asawa. Noong una di ako naniwala kase close sila ng tatay niya. Pero nung tinanong ko siya, umamin sya na simula ng 7 years old pa siya inaabuso ng tatay niya. Natatakot daw siya magsumbong kase binantaan siya ng asawa ko na papatayin kami ng kapatid niya na bunsong lalaki. Madalas din kaseng gulpihin ng asawa ko ang bunso namin. Galit na galit ako sa asawa ko at kami ay dumulog sa barangay at kami ay dinala sa presinto. Nerefer din kami sa DSWD para sa ibang assistance. Pina medico legal ko ang anak ko. Pero ang sabi ng presinto bakit ngayon lang	R2	**The Abuse Lense** The Discovery - Before the Disclosure The Agony **of the Abused**

daw kam nagreklamo 5 taon na ang nakalilipas ang sabi ko wala akong alam sa mga pangyayari. Pansamantalang ikinulong ang asawa ko ngayon.		
Noong March 2017 andun ako sa province sa Baguio namatay ang kapatid ko. Tumawag ang anak ko pinapauwi na ako. Kinabahan ako at kinabukasan umuwi ako sinalubong ako ng 2 anak ko na babae nagsumbong na inabuso daw ng tatay nila ang aming bunso na si Rhia (12 years old). Nag iinuman daw nung gabi ang asawa ko at iba pang kapitbhay naming. Bandang alas 12 ng gabi narinig nila si Rhia na sumisigaw at nagtatakbo sa labas na nakahubad. Hinabol nila at nakita nila ang tatay nila na lasing at hubad baro din. Tumawag sila ng Barranggay at pinadampot ang tatay nila. Nalaman ko sa mga anak ko na ilang beses na palang inaabuso ang bunso nila kapatid pero takot silang magsumbong dahil pinag bantaan sila ng ama nila. Nalaman ko na pinagtangkaan din pala niya ang 2 ko pang anak pero di natuloy dahil lumaban sila. 13 at 14 years old ang 2 ko pang anak. Sinabi ko sa kanila na dapat noon pa sila nagsumbong at para pinalayas ko ang ama nila. Nagulat lang ako dahil akala ko maayos kami dahil agkagaling ko ng trabaho wala ako napansin na kakaiba ang sitwasyon. Magiliw naman sila sa isat-isa. Ang asawa ko ay farmer at ako ay namamasukan sa bayan bilang kasambahay pero hindi stay-in.	R3	**The Abuse Lense** The Discovery - Before the Disclosure
Isinumbong saakin ng pangatlong anak ko na dalaga edad 19 years old ang panghahalay ng kanilang ama sa kanilang bunsong kapatid na si Monica, 12 years old. Sila mismo na isa pang anak ko edad 15 ay pinagtangkaang abusuhin ng sila ay edad 9 hanggang 12 pero sila an nanlaban kaya simula noon di na sila naglalapit sa ama. Ayaw nilang sabihin sa kin dahil ayaw nila masira an gaming pamilya. Militar ang kanilang ama na umuuwi lang tuwing Sabado at Linggo. Di na raw makatiis ang aking anak na d ikuwento sa akin dahil akala nila d gagawin sa bunso nilang kapatid na parating nagpupunta sa kampo para ipagluto ang tatay nila. Ilang beses na palang inaabuso ang bata pero di man lang nagkukwento kase parating pinapangtakot ang kaniyan baril. Minsan nagsabi si Monica na di nya dapat ginagawa yun sa kanya dahil siya ay sariling anak. Ang sabi daw ng ama " para sakin talaga yan". Sinabi rin ni Monica na sa iba na lang daw niya gawin, pero ang sabi ng ama siya daw ang gusto niya.	R4	**The Abuse Lense** The Discovery - Before the Disclosure **The Abuser Entry 5**
Nagkwento ang anak ko sa akin na inaabuso daw siya ng tatay niya pag wala ako sa bahay, sa una di ko siya pinaniwalaan kase kilala ko naman ang asawa ko sa matagal na pagsasama namin sa loob ng 12 taon. Meron ako anak sa una na lalaki at minahal ng husto ng asawa ko kaya di ko naiisip na sa sarili niya anak magagawa niya ang ganon kase itinuring niyang tunay na anak ang anak ko sa una kung kinasama. Para mawala ang duda ko pina medico legal ko ang anak ko at dun ka napatunayan na me nangyari nga sa kanya. Pero nagduda pa rin ako na baka meron siyang boyfriend at yun ang me gawa. Lumipas ang isang buwan dun ako naniwala ng aktuwal na nahuli ko ang asawa ko na ginagalaw niya nga ang anak ko ng minsang umuwi	R5	**The Abuse Lense** The Discovery - Before the Disclosure

ako ng bahay galing sa pinapasukan ko kase me lagnat ako kaya nagpaalam ako sa amo ko. Nahuli ko ang asawa ko na hinahalay ang anak ko patalikod. Pinaghahampas ko siya ng walis at biglang tumakas. Humingi ako ng tulong sa mga kapitbahay para siya dalin sa presinto pero siya ay nakatakas.		
Mananahi ako sa Paranaque, madalas maiwan ang 2 kung anak sa bahay kasama ang tatay nila na noon ay nagtatrabaho bilang isang construction worker. Naisalaysay sa akin ni Cariza (14 anyos) noon siya ang panganay kung anak. Ang isa ay si Lady (11 anyos). Nahuli daw niya na inaaboso ni Karling (42 y.o) ang aking asawa si Lady sa loob ng banyo. Kaya pala madalas matagal sa banyo ang tatay nila madalas na doon dinadala ang aking anak na noon ay takot na takot dahil sya ay pinagbantaang papatayin ako at ang ate nya. Mayroon daw hawak na kalawangin na kutsilyo ang kanilang ama. 2 beses isang lingo kung abusuhin si Lady matapos utusan si Cariza sa palengke. Nagsimula daw ito noon 11 anyos pa lang ang aking bunso. Si Cariza ay nagtapat sa akin nung ako ay pinagpayuhan na humanap na ng ibang trabaho, yun pala ganito ang mga nangyayari pag wala ako.	R6	**The Abuse Lense** The Discovery - Before the Disclosure
19 years old na ang anak ko na si Shane ng malaman ko na sya ay inaabuso ng kanyang ama simula pa noong 9 years old sya. Naghiwalay kami ng ama nya nong sya ay 8 years old pa lang pareho na kmi me mga sariling pamilya. Pumunta ako sa US naiwan si Shane at ang kanyan kuya na 14 years old na that time. Maayos ang trabaho ng aking asawa nakapag aral sa private school ang mga anak ko. Nag hiwalay kami dahil sa hindi kami magkasundo sa maraming bagay. Parehong me kaya an aming mga magulang. Nagpapadala rin ako ng pera sa mga anak ko pero hindi tinatanggap ng asawa ko. Nong 17 years old na si Shane pumunta sya sa akin sa US doon kwenento nya lahat. Noong una di ako naniniwala at nag away pa kami kaya bumalik sya ng Pilipinas. Ayon sa kwento ng anak ko 9 years old pa lang inaabuso na siya pero puro hawak hawak lang sa maseselang bahagi ng katawan niya. Ang sabi sa kanya iwanang nakabukas ang room nya habang siya ay nagbibihis. Noong una di sya aware na masama yun kalaunan nagalit na daw siya na hindi dapat gawin yun sa kanya dahil siya ay anak neto. Nagalit sa kanya at binataan siyang patitigilin ng pag-aaral at palalayasin siya. Madalas bandang 9pm-11 pm siya pinapasok sa kwarto simula ng 10 years old hanggang 15 years old siya. Nahuli ng kuya nya ang ginagawa sa kanya pero hindi eto nagsumbong o nagalit. Minsan isang araw dumating ang kuya niya at siya ay sinabihan na gawin ang ginagawa ng Dad nila sa kanya. May pagyayari din na nagsama ng barkada ang kuya niya at pinipilit sya na makipag sex sa barkada nito ngunit siya ay di pumayag.	R7	**The Abuse Lense** The Discovery - Before the Disclosure
Di ko agad nalaman siguro mga 12 years old na si Michelle nung nalaman ko kase nag abroad ako nasa Japan ako year 2000 nun meron akong maganda offer na job sa Japan. Iniwan ko 2 anak ko si bunso lalaki 4 yrs. Old samantalang s Michelle 9 na noon nakatira sila sa	R8	**The Abuse Lense**

nanay ko na merong tindahan na ako ang nag bigay. Ang asawa ko that time ay nasa agency nag wowork nagpapa alis sya ng mga factory workers for Japan sa mga electronics na trabaho sa Japan. Malaki ang kinikita nya kaya ako naman ang parang office secretary doon. Nung una ayaw ako paalisin ng asawa ko pero ako ang nag pumilit saying kase ang kikitain ko. Madalas naman wala kibo si Michelle noon. Tahimik na bata at matalino parating nasa honor. Umuuwi ako ng Pilipinas every 6 months. Wala ako nahalata kase normal naman ang samahan namin sa bahay. Siguro di na makatiis ang anak ko kaya nag kwento siya sa akin na simula ng 9 years old daw siya ay inaabuso na siya ng tatay niya. Sa umpisa daw hinihipuan lang siya sa maseselang parte ng katawan niya. Kalaunan nagkaroon na ng penetration kase madalas na busy din ang lola niya sa tindahan. Minsan daw mag isa siya s kwarto tinabihan siya ng tatay niya at sinabing okay lang daw ang ginagawa nila tutal kasalanan ko daw dahil wala ako. Natakot siyang mag sumbong kase parating merong matalas na bagay sa kama niya. Sa loob ng 3 taon inaabuso siya ng tatay niya 3 beses sa isang linggo. Wala daw siyang mapagsabihan kahit sa school kase parati raw siyang tulala. Nagulat na lang ako nung grade 6 na siya tinawag ng nanay ko na baka di siya maka graduate ng elementary dahil matagal na pala siyang di pumapasok. Tamang tama pauwi na ako sa Pilipinas noon at gusto ko na rin mag focus sa kanila. Doon ko nalaman ang nangyayari sa kaniya.		The Discovery - Before the Disclosure
Nahuli ko ang aking asawa ng minsang bumalik ako sa bahay dahil naiwan ko ang aking wallet. Noon ay 5 years old lang ang anak ko d pa siya nag aaral. Nahuli ko ang asawa ko na kasalukuyang hinahalikan ang maselang bahagi ng aking anak at umiiyak. Hinambalos ko sya ng kahoy at siya ay nakatakas. Pinapulis ko ang aking asawa nalaman ko na maraming beses na niya ginawa sa anak ko na walang kamalay malay. Pina medico legal ko ang anak ko at nalaman ko na positibong na rape niya ang anak naming dahil ayon sa doctor na tumingin punit na ang hymen ng anak ko at ang masakit pa nahawaan niya ng sakit.	R9	**The Abuse Lense** The Discovery - Before the Disclosure

TANONG: How long did it go on before you found out/began to suspect Gaano katagal bago mo natuklasan o bigla kang nagkaroon ng duda? Gaano katagal na ang nangyayaring pang-aabuso sa iyong anak, bago mo ito malaman?		
RESPONSE		
Nalaman ko ng magkwento ang mga anak ko at ang kapatid ng byenan ko na inaabuso ang anak ko. Sa umpisa di ako naniniwala kase alam ko tatay nya yun. August inumpisahan abusuhin si Arlene, September ako nanganak, dalawang buwan inabuso ang anak ko. Parati ako binubugbog at inuuntog ang ulo ko. Pinare habilitate ko ang asawa ko kse nalulong na sa drugs, tinakot nya mga anak ko nap	R1	The Agony **of the Abused**

ag nagsumbong sila, papatayin ako. Kinausap ko si Arlene, umiyak lang siya, sabi ko bakit di siya nagsumbong sa kin, tinakot daw sya ng tatay nya at tinututukan ng kutsilyo. Nagsumbong ako sa byenan ko pera di siya naniwala. Ang tumulong sa akin si Ate Balen, pamangkin ng byenan ko, sinamahan kami at pina medical naming ang anak ko at pumunta kami sa prisento ng Marikina at nag file kami na complain. Ang sabi ko sa anak ko kung nalaman ko agad pinatay ko yang tatay mo at pinutulan ko ng ari. Sa bahay lang naming inabuso ang anak ko pag wala ako.		
5 taon bago ko nalaman ang pang-aabuso sa anak ko. Wala akong kaalam alam kase maayos naman kami maliban sa madalas kaming magtalo dahil kinakapos kami ng pangkain.	R2	
Dalawang taon bago ko ito nalaman kung di pa sila nagsumbong sa actual na pangyayari. Kaya pala madalas nawawalan na siya ng gana makipag sex sa akin. Madalas pagod daw siya at di ko lang pinansin dahil alam ko mahirap talaga ang trabaho sa bukid.	R3	
Nalaman ko lang ngayon buwan na ito kaya pala napapansin ko kapag umuuwi siya ay parang wala na siyang gana makipag sex sa akin kahit bagong ligo ako parati pag umuuwi siya.	R4	
Mga tatlong buwan bago ko nalaman ang mga pangyayari kase me tiwala ako sa asawa ko na di niya kayang gawin ang ganon. Ayon sa anak ko maraming beses na raw ginawa sa kanya ng tatay niya ang pang-aabuso tuwing wala siya ang sabi ng tatay niya papatayin daw ang nanay niya pag siya ay nagsumbong.	R5	The Agony of the Abused
Di ako nag suspetsa kasi tahimik at mapagmahal na ama ang aking asawa. Kahit maliit lang ang inaabot sa akin panggastos hindi naging issue sa kin kase ang sabi ko di bale na total walang bisyo at mapagmahal sa pamilya. Madalas din kaming mag sex, dalawang beses sa isang lingo dahil wla ako ng weekdays. Madalas nya rin kaming bigya ng pasalubong kahit maliit na bagay lang. Napaka close nila ni Lady simula noong bata pa sila pero s Cariza ay mas malapit sa akin.	R6	
Almost 10 years ko bago nalaman at nakumpirma ang mga pangyayaring pang aabuso sa aking anak. Maaring nagduda na ako dati pero hindi ko masyado pinansin dahil ang alam ko maganda ang pakikitungo sa kanila ng ama nila. After 2 years ng paghihiwalay naming nag-asawa ulit ang kanilang ama. Ako rin ang nagpasya na kunin ang aking anak.	R7	
3 taon bago ko nadiskubre ang lahat. Kinausap ko ang asawa ko at tinanggi niya ang lahat. Humingi ako ng tulong sa barangay namin at sinabi na ireport ko muna sa DSWD. Biglang nawala ang asawa ko noon. Pina blotter ko sya at pina medico legal ang anak ko. Positive na talagang ni rape ang anak ko.	R8	
After 3 months ko pa nalaman kung di ko pa nahuli sa akto ang walang hiya kong asawa. Ayon sa kwento ng anak ko nung una daw	R9	The Agony of

tinakot siya ng ama niya na papatayin daw ako kaya di siya nagsumbong. Ginagawa sa kanya tuwing umaalis ako sa umaga at namamalengke. Madalas uminom ng alak ang asawa ko madalas doon nauuwi ang kakarampot na sweldo niya bilang laborer. Ang sabi niya di raw niya alam ang ginagawa niya.		the Abused
4 na taon bago ko malaman kung di pa sa kwento ng teacher niya. Ayon sa kwento ni Princess unang nangyari daw noong siya ay 9 years old pa lang habang naliligo daw siya pilit na pumasok ang tatay niya sa CR at doon siya unang hinalay. Sagana si Princess sa mga laruan tuwing dumadating ang tatay niya yun daw ang premyo niya kase mabait na bata raw siya. Gustong gusto niya magsumbong sa kin pero iniisip nya kami baka daw patayin kami ng tatay niya. Inisip na lang niya total aalis din eto at di naman magtatagal.	R10	The Agony of the Abused

How did you feel at the time? Anong naramdaman mo nang malaman mo ang pang-aabuso sa kanya?		
RESPONSE		
Galit na galit ako sa asawa ko. Masakit parang binagsakan ako ng langit at lupa. Sinisisi ko ang sarili ko na di ko agad nalaman sana nakagawa ako ng hakbang laban sa asawa ko. Nang pinuntahan ko sya sa kulungan sinumbatan ko sya nagawa lang daw nya yun kase naka drugs sya. Ang sabi ko parati mong ginawa sa anak mo tapos sasabihin mo di moa lam ang ginawa mo?	R1	The Abuser Entry 1 Divulging the Abuse (During the Disclosure
Galit na galit ako sa asawa ko gusto ko siyang patayin pero ang winoworry ko siya lang ang nagta trabho para sa amin. Wala kase akong natapos hanggang grade 1 lang ako.	R2	Divulging the Abuse (During the Disclosure
Galit nag galit ako kaya pinakulong ko siya at ayaw ng mga anak ko na palabasin siya. Mas gusto ko na wala na siya at umuwi na ang ibang mga anak ko sa akin. Nambubugbog yan kahit mga anak ko sinasaktan niya.	R3	The Abuser Entry 2 Divulging the Abuse (During the Disclosure
Masakit sa akin, di ako makapag-isip nung una at di ako makakain at ang payat ko noon. Iniisip ko kung bakit niya ginawa yun sa anak namin. Akala ko siya na ang true love ko kase pangalawang asawa ko na siya. Yung una asawa ko wala pang isang taon na nagsama kami at naghiwalay din pero wala kaming naging anak. Kanya lang ako nagkaanak ng pito. Maayos naman kami at masaya pag umuuwi siya ng bahay.	R4	Divulging the Abuse (During the Disclosure
Galit nag alit ako sa asawa ko akala ko maayos ang pagtingin niya sa aming mag-iina. Mas lalo akong nagulat at nagalit ng malaman ko na pati ang kapatid niya ay inaabuso din siya. Hindi ko malaman kung ano ang gagawin ko. Ang sabi ng asawa ko huwag daw ako mag	R5	The Abuser Entry 3 Divulging the Abuse (During the Disclosure

sumbong at nakakahiya, matitigil daw sa pag-aaral ang mga anak ko at patawarin ko na lang daw sila.		
Sobrang nagulat at me halong galit ang naramdaman ko dahil hindi koi to inaasahan, maraming bagay ang gumugulo sa isipan ko noon, nahahati sa hiya at takot. Ayokong makulong ang asawa ko dahil nahihiya ako sa mga tao lalo na at ama siya ng aking anak, kung sa pera di naman ako masyado affected kase kumikita ako para sa mga pang araw araw na gastos. Ayoko rin na magalit ang mga anak ko sa akin at masira ang buhay naming pare pareho.	R6	Divulging the Abuse (During the Disclosure
Almost 10 years ko bago nalaman at nakumpirma ang mga pangyayaring pang aabuso sa aking anak. Maaring nagduda na ako dati pero hindi ko masyado pinansin dahil ang alam ko maganda ang pakikitungo sa kanila ng ama nila. After 2 years ng paghihiwalay naming nag-asawa ulit ang kanilang ama. Ako rin ang nagpasya na kunin ang aking anak.	R7	
Iyak ako ng iyak noon sinisisi ko ang sarili ko sana di ko na lang sila iniwan. Alam ko di magagawa ng asawa ko yun dahil mabuting tao at responsible siya. Maaring nagkulang ako sa sex sa kanya pero di tama na sa anak niya gawin yun. Nakaramdam din ako ng hiya kase ano na lang ang sasabihin ng mga kamag-anak naming. Alam nila maayos ang pamilya ko. Nakaramdam din ako ng selos that time kase natuklasan ko sa anak ko na nung una daw galit nag alit siya sa ama niya pero di niya ma explain ng magtagal na parang hinahanap hanap niya ang sarap ng pakiramdam niya lalo na pag hinahalikan daw ang ari niya. Natakot din ako sa nalaman ko kase parang ayaw na niya rin ituloy ipakulong ang tatay niya. Sa isip ko meron na ata psychological problem ang anak ko.	R8	Divulging the Abuse (During the Disclosure)
Kung hindi lang kasalanan sa Diyos gusto kong patayin na lang ang asawa ko para deretso na. Galit na galit ako kase paslit pa ang anak ko ginawan niya ng kahayupan. Sana nag hanap na lang siya ng bayarang babae.	R9	Divulging the Abuse (During the Disclosure
Galit na galit ako ako sa asawa ko akala ko yung mga adik na tatak lang ang nakakagawa non sa mga anak nila yun pala wala itong pinipili. Kinausap ko sya pero di siya umamin kaya nung umalis ulit siya pina medico legal ko ang anak ko kase takot din akong malaman niya ang plano ko na ipakulong siya. Nalaman sa resulta ng medico legal na talagang siya ay naabuso. Inisip ko na ipa Tulfo siya pero ayoko naman malaman ng maraming tao kaya nag file ako ang kaso laban sa kanya. Galit na galit ang mga	R10	The Abuser Entry 4 Divulging the Abuse (During the Disclosure

byenan ko mag isip daw muna ako dahil malaking kahihiyan ang gagawin ko. Ang asawa ko rin kase ang natutustos sa kanila. Lumipat kami ng bahay ng mga anak ko at humingi rin ako ng tulong sa DSWD.		
TANONG : Why do you think it happened? Sa iyong palagay, bakit ito nangyari?		
RESPONSE		
Siguro dahil sa kakabisyo ng asawa ko at di ko nalaman agad. Parati ko naman kasama anak ko at magkatabi kami matulog. Natakot siguro ang anak ko kase nakikita nila na binubogbog ako ng tatay nila kaya inisip nila na kayang totohanin ng tatay nila na patayin ako.	R1	The Agent of Abuse
Siguro dahil sa madalas siyang uminok ng alak kaya di niya alam ang ginagawa niya.	R2	The Agent of Abuse
Hindi ko alam kung bakit nangyari ito sa amin kase madalas naman ako magdasal kahit madalas kami kinakapos kahit paano masaya rin kami. Siguro dahil sap ag-iinom nya ng alak sa gabi kaya nangyari ito.	R3	The Agent of Abuse
Di ko alam kung bakit nangyari ito sa amin kase masaya naman kami nung nakilala ko siya nasa 23 anyos lang ako siya 19 anyos matagal niya rin akong niligawan kait alam niyang hiwalay ako sa asawa. Naging maayos pagsasama namin.	R4	
Siguro pinaparusahan ako ng Diyos kase hindi ko masyado inalagaan ang mga anak ko nakatutok ako sa pag hahanapbuhay. Wala naman ako magawa kase kulang ang kinikita ng asawa ko sa construction tapos 2 pa silang nag-aaral. Dati katoliko ako ngayon Jehova's Witness na ako.	R5	
Hindi ko alam kung bakit nangyari sa amin ito, parati naman akong nagsisimba, di naman ako materialistic na tao. Naging faithful naman ako sa asawa ko, naging mapagmahal akong ina at responsible sa pamumuhay naming.	R6	
Sa tingin ko malaki rin ang pagkakamali ko dahil iniwan ko siya sa asawa ko sana sinama ko na lang siya kung saan man ako nagpunta. Wala akong magawa dahil ayaw na rin magreklamo o magdemanda ng anak ko dahil nahihiya siya at malapit na siyang makatapos ng pag-aaral.	R7	The Agent of Abuse
Sa tingin ko ako ang me kasalanan pero sa tingin ko me pagkukulang din ang anak ko kase di niya agad sinabi sa kin.	R8	
Nangyari ito dahil demonyo ang asawa ko. Wala siyang matinong Gawain parati niya akong sinasaktan. Okay lang	R9	The Agent of Abuse

huwag lang ang anak ko na musmos pa. Dapat sa kanya mabulok sa kulungan at putulan ng ari.		
Hindi ko alam kung bakit ito nangyari hanggang ngayon di ako makapaniwala. Ang sabi ng mga magulang ko susuportahan daw nila kami kase di tama ang ginawa niya krimen yun.	R10	
How has your day-to-day life changed since you found out the sexual abuse of your child? Paano nabago ang iyong pang-araw araw na buhay noong nalaman mo ang pangaabuso sa iyong anak		
RESPONSE		
Doon pa rin kami s byenan ko nakatira pero di na rin kami tinulungan ng byenan ko nagalit siya sa akin. Nung una sinusuportahan pa rin kami pero nung tinuloy ko ang kaso nagalit sa akin. Ang sabi ni ate Balen pabayaan ko na raw kase nanay daw yun at mawawala rin yung galit nya. Ang sabi ni Ate Balen ituloy ko daw ang kaso mag dahilan ako sa byenan kung san ako pupunta. Kasalanan daw ng anak nya yun kaya dapat lang na ituloy ko kesa di makulong baka sunod sunurin ulit ang pang aabuso sa anak ko. Nasentensyahan ng habang buhat ang asawa ko.	R1	The Aftershock (After the disclosure)
Malaki ang pagbabago dahil naging close kami ng anak ko at parati ko siya kinakausap na magsabi sa kin ng mga problema niya pero di siya ganon ka open sa akin.	R2	The Aftershock (After the disclosure)
Oo pakiramdam ko ako ang nagtulak sa sinapit ng anak ko, hindi ko siya nabantayan at naalagaan. Maraming beses na pakiramdam ko meron siyang problema pero dahil sa busy ako sa pagtitinda hindi ko siya masyado pinansin basta nakakapag aral siya.	R3	The Aftershock (After the disclosure)
Nalungkot ako dahil kahit paano mahal ko pa rin siya pero mas importante ang mga anak ko sa akin lalo na at ang panganay na anak kong lalaki na sundalo rin ay gusto siyang patayin. Hindi ito makapaniwala na magagawa ng tatay niya na halos idolohin nya kaya ito ay sumunod sa yapak niya na maging sundalo rin	R4	The Aftershock (After the disclosure)
Para akong lutang at tulala sa araw-araw di ako maka focus sa trabaho ko iniisip ko parati na pag wala ako sa bahay ay parating me masamang nangyayari sa bahay kaya napad desisiyonan ko na ipasok ang anak ko sa Home for the Girls sa Palayan. Nalulungkot ako at di ko na kasama ang anak ko pero iniisip ko na lang na mas safe siya doon sa anak ko at asawa ko.	R5	The Aftershock (After the disclosure
Nawalan ako ng gana sa buhay, lumaki ako sa maayos na pamilya at Malaki ang takot sa Diyos, pero sa nangyaring ito di ko alam kung sino ang dapat sisihin. Ayoko na ring mabuhay pero iniisip ko maging malakas ako para sa mga	R6	The Aftershock (After the disclosure

anak ko kahit alam kung mawawalan na rin ng katahimikan s buhay namin dahil ang mga kapitbahay namin na mahilig makialam sa mga buhay buhay.		
Parati akong naguiguilty sa sinapit niya alam ko kahit di siya magsalita, galit din siya sa akin. Nahihiya rin ako sa mga kapitbahay at iba naming kamag-anak lalo na at nalaman ko rin na inabuso siya ng kuya niya. Hindi ko alam kung paano kinaya ng anak ko ito.	R7	The Aftershock (After the disclosure
Galit na galit ako sa asawa ko at the same time naguguluhan din ako sa sitwasyon namin. Iniisip ko ang sasabihin ng church naming sa mga pangyayari. Naging pastor din kase ang asawa ko. Pero alam kung mali kaya itinuloy ko ang kaso sabi ko bahala na basta maipakit ko sa anak ko na ako ay sumusuporta sa kanya.	R8	The Aftershock (After the disclosure
Sa isip ko okay lang na mawala siya sa buhay namin tutal wala naman siya silbi. Mas tahimik ang buhay naming ng mga anak ko na wala siya kesa patuloy niyang abusuhin ang anak ko. Dinala ko ang anak ko sa isang shelter house sa Quezon City atleast doon safe siya kase feeling ko di na safe anak ko sa bahay baka bigla siyang makatakas. Kung sana patay na siya mas matatahimik ako.	R9	The Aftershock (After the disclosure
Napaka laking dagok sa pamilya namin galit na galit ang mga byenan ko sa akin wala daw ako utang na loob. Hindi ko sila inintindi ang importante sa akin ngayon ay ang mga anak ko. Sa ngayon continue ang kaso laban sa asawa ko at tinutulungan ako ng mga magulang at kapatid ko. Gusto kung magtrabaho pero takot ako na iwanan sila. Hindi ako nakakatulog madalas naiisip ko ang mga nangyari sa buhay namin.	R10	The Aftershock (After the disclosure
How did the sexual abuse of your child affect your relationship with your husband? Paano naapektuhan ang pagsasama ninyong magasawa sa nangyaring pang-aabuso sa iyong anak		
RESPONSE		
Nawalan na ako ng tiwala sa kanya, hindi ko sya mapapatawad sa ginawa niya sa anak ko. Mabuti na lang at nahatulan siya ng habang buhay na pagkabilanggo. Kahit nag sorry siya sa akin ang sabi ko sa kanya wala na magagawa ang sorry nya at di na nya maibabalik ang mga nangyari dahil nasira na nya ang buhay ng anak ko. Lahat ng anak ko galit sa kanya.	R1	**Couple Relationship Resulted from an Abuse**
Nawalan ako ng respeto at tiwala sa asawa ko ang tingin ko sa kanya demonyo sa lupa. Kung pwede lang na mawala na siya sa mundo.	R2	Couple Relationship Resulted from an Abuse
Sobrang takot at galit ko sa kanya. Natakot ako na pag hindi ko siya pinakulong ay ulitin nya ulit pati sa iba ko	R3	Couple Relationship Resulted from an Abuse

pang mga anak. Di ko akalain na magagawa niya yun sa sariling anak niya.		
Maganda naman dati ang pag-sasama namin ng asawa ko, ang mga anak ko ay malapit sa kanya, nung una yung anak na nakatatanda ay sinimulan din abusuhin pero matapang sa Jasmine di gaya ni Monica na hindi nagsasalita.	R4	Couple Relationship Resulted from an Abuse
Nawalan na kami ng katahimikan sa bahay. Kinasuhan ko ang asawa ko pero ang anak ko di ko magawang ipakulong din parang mababaliw na ako sa dami ng iniisip ko di ko alam kung sino ang uunahin ko.	R5	Couple Relationship Resulted from an Abuse
Hindi ko mapapatawad ang asawa ko sa mga ginawa nya sa anak ko. Gusto ko na siyang mawala sa buhay namin. Sana mamatay na rin sya o kaya mabulok sa kulungan.	R6	Couple Relationship Resulted from an Abuse
Matagal na talaga akong walang pakialam sa asawa ko lalo na at me mga sarili na kaming pamilya.	R7	Couple Relationship Resulted from an Abuse
Totally nawalan na ako ng gana sa asawa ko kaya pala di na rin niya ako pinilit mag stay sa Pilipinas yun pala ginawa niya ng sex partner ang anak namin.	R8	Couple Relationship Resulted from an Abuse
Wala na akong pakealam sa asawa ko kahit bago ko malaman ang mga pangyayari gusto ko na humiwalay sa kanya dahil madalas siyang lasing at nanakit sa akin. Siguro eto na ang pagkakataon na mawala siya sa buhay namin.	R9	Couple Relationship Resulted from an Abuse
Malaki ang epekto ng mga pangyayari dahil tuluyan ko ng kinalimutan ang ugnayan naming pati sa pamilya niya. Pero minsan di ko maintindihan ang sarili ko parang gusto ko siyang patawarin pero nahihiya ako sa anak ko.	R10	Couple Relationship Resulted from an Abuse
How did it affect your relationship with your child? Paano naapektuhan ang relasyon ninyong mag-ina?		
RESPONSE		
Naging aloof ang anak ko sa akin nung umpisa lalo na ng dinala ko sya sa shelter house na kung saan sya ay pag-aaralin ng libre at tagal ay naging ma din ako sa Laura mga gawaing bah nya sa akin. Sins binibigay ko rin pambaon nya at ibang pangangailangan.	R1	
Di kami masyado malapit ng anak ko mas close siya sa tatay niya pero pinipilit ko na maging kampante sya sa akin pero parang mas galit siya sa akin.	R2	
Maayos naman kami pero nalulungkot ako na nangyari sa kanya yun baka hindi niya makayanan dahil sa trauma pati sa pagpunta naming sa korte baka hindi nya makayanan isalaysay ang mga pangyayari.	R3	

REDUNDANT TO OTHER TRASCTRIPTS

Mas naging malapit kami ng mga anak ko sa isat-isa. Wala naman galit para sa akin ang anak ko kaya lang kahit alam nila na kaya ko pa rin tanggapin ang ama nila, pinili ko pa rin na sundin ang payo nila na talikuran na naming ang tatay nila. Nung dinalaw ko ang asawa ko humingi siya ng tawad at handa daw siya pag-bayaran ang nagawa niyang kasalanan pero sinabi ko na di na siya makakabalik pa sa buhay naming dahil sa ginawa niya.	R4	
Parating malungkot ang a sarili niya dahil nagkawat kung bakit ganito ang nan	REDUNDANT TO OTHER TRASCTRIPTS	
Parating malungkot ang m sa school. Gusto ko silan sa dinanas naming pero wala akong sapat na pera para gawin ito.		
Kahit di magsalita ang anak ko alam ko malaki rin ang galit niya sa akin pero di naman nya na gustong idemanda ang ama niya. Madalas kaming mag-usap ng anak ko tungkol sa mga dinanas niya noon. Nabanggit din niya sa akin na dumating ang time na nag suicide sya sa pamamgitan ng pag-inom ng sleeping pills pero naisip nya pa rin ang kalagayan ko bilang ina nya na lubos na nagmamahal sa kanya.	R7	
Di pa rin kami masyado nag-uusap ng anak ko that time dahil sa tingin ko wala ako sa wisyo feeling ko need ko rin psychologist para ma process ako. Pinipilit kung maging malapit sa anak ko para maramdaman niya na mas siya ang pipiliin ko.	R8	
Noong una parating wala sa sarili ang anak ko at di kumakain kaya nag decide ako na dalhin siya sa shelter house kse kulang din ako sa pera. Ang sabi kase sa kin ng DSWD mas safe siya doon at makakakain ng masustansyang pagkain, pag-aaralin at mabibigyan siya ng Psychologist na tutulong sa kanya. Malungkot ako at magkakahiwalay kami pero nangako ako sa kanya na parati ko siyang pupuntahan doon.	R9	
Si bunso parating hinahanap ang tatay niya di ko pa maipaliwanag ng husto at di pa niya maiintindihan. Si Princess ay nawalan na rin ng gana pumasok gusto niya lang sa bahay. Parati niyang sinasabi sa akin na sana di na bumalik ang tatay niya.	R10	
How did your husband's relationship with your child change? Kumusta ang relasyon ng anak mo sa kanyang ama? Meron bang pagbabago? Paano nabago ang relasyon ng iyong anak sa iyong asawa		

RESPONSE		
Yung ibang anak ko tinatanong kung babalik pa raw ang tatay nila sabi ko hindi na okay lang daw kase nagalit sila sa ginawa sa kapatid, sana daw masaya sila at kasama pa nila ang ate nila ngayon. Galit na galit si Arlene sa ama nya di daw nya ito mapapatawad kahit kalian. Di nya akalain na magagawa nya sa sarili nyang anak samantalang close sila noong bata pa siya. Narealized ko na di ko pala sya totoong mahal dahil nagkabiglaan din.	R1	
Hindi na sila nag-uusap at parating minumura ng anak ko ang ama niya. Gusto siyang saktan ng anak ko pero natatakot siya para sa kapatid niyang bunso kase dun nabubunton ang galit niya sa amin. Binubugbog ang anak ko na lalaki at minsan di pa pinapakain.	R2	
Humihingi siya samin ng tawad pero huli na kailangan kong magdesisyon para sa kapakanan ng anak ko. Hindi normal ang ginawa niya, Napag-alaman ko sa anak ko na maraming beses na niyang ginawa ito pag wala kami sa bahay. Sa pagitan ng tanghali at gabi pag wla kami sa bahay.	R3	
Malapit sila sa isat-isa noon, p sa kanya pati lahat ng mga a kung maari daw mabulok na s	REDUNDANT TO OTHER TRASCTRIPTS	
Nawalan na ng tiwala ang a nangyari. Mas gusto na niya mag stay sa shelter house atleast dun daw meron siya katahimikan. Sa ngayon pinag-aaral siya doon. Paminsan minsan nagbibigay ako sa kanya ng pera pag ako ay dumadalaw kahit maliit ang kita ko inaabutan ko siya ng pambaon.		
Ayaw ng Makita ng mga anak ko ang ama nila. Ang sabi ni Lady hindi raw nya mapapatawad ang ama niya habang buhay. Ang alam daw niya ang magulang ang dapat mag protect sa anak. Pero sa ginawa nito di niya alam kung kanino pa siya magtitwala.	R6	
Wala nang pag-uusap na naganap sa kanila lumayo na ang ama niya kasama ang pangalawang asawa niya. Pinili na rin ng anak ko na kalimutan ang mga nangyari sa kanya.	R7	
Dahil nga sa pinakulong ko ang asawa ko nawalan na rin sila ng pagkakataon na mag-usap. Ang hinihintay rin ng anak ko ay ang humingi ng tawad ang tatay niya pero ang sabi ng asawa ko di daw niya pinilit ang anak naming at nagustuhan na rin daw neto ang ginagawa sa kanya.	R8	
Wala ng naging pagkakataon na magkita pa sila ng anak ko dahil pinakulong ko na siya. Ang sabi ng anak ko ayaw na niya Makita ang tatay niya kahit kalian.	R9	

Humihingi ng patawad ang asawa ko sa akin ang sabi ko sa anak namin siya humingi ng tawad dahil sinira niya ang buhay ng anak niya. Hindi siya kumikibo handa raw niyang pagdusahan ang kasalanan niya.	R10	
How do you feel now about w Ano ang nararamdaman mo r	REDUNDANT TO OTHER TRASCTRIPTS	
RESPON		
Sa ngayon naka focus sa pag ta sa mga ibang kakilala ko, nag papart time din ako sa Laura Vicuna Foundation. Malungkot pa rin ako pag naalala ko ang mga nangayari pero di ako nawawalan ng pag-asa dahil parati akong nagdadasal sa Diyos na makayanan ko ang lahat. Natatakot din ako na malaman ni Arlene na isa niyang kapatid ay nasa DSWD na ngayon ay 8 years old na dahil inabuso naman ng kapatid ko ngayon ay nawawala at nagtago.		
Gusto ko ng makulong ang asawa ko at wag n siya bumallik sa buhay namin.	R2	
Sinabi ng asawa ko na palabasin siya at magbabago na siya pero ang sabi ko huli na at wala na siya magagawa. Ayaw na ng mga anak ko na palabasin siya sa kulungan. Nagbanta ang asawa ko na papatayin niya kami.	R3	
Nalulungkot at nagagalit ako pero pinipilit ko pa rin kalimutan ang lahat dahil alam kung napakasakit sa mga anak ko ang mga pangyayari.	R4	
Malungkot ako di ko alam kung mabubuo pa kami pero di pa rin ako nawawalan ng pag-asa na magkaayos ayos ang pamilya namin.	R5	
Marami akong katanungan sa buhay, minsan iniisip ko dapat di na lang ako nagtrabaho sa malayo para naalagaan at namomonitor ko ang mga anak ko. Gusto kung sisihin ang sarili ko.	R6	
Marami akong gustong Gawin para sa anak ko pero nararamdaman ko na matabang na rin siya sa akin. Wala nalang siyang ibang mapupuntahan.	R7	
Sa tingin ako ang dapat sisihin sa mga nangyari. Dahil bata pa ang anak ko noon di pa niya kayang ipag tanggol ang sarili niya at di rin sya aware na mali ang ginagawa sa kanya.	R8	
Malungkot ako sa sinapit ng anak ko at galit nag alit ako sa asawa ko sana mapatay na rin siya sa kulungan.	R9	
Sa ngayon ang focus ko sa mga anak ko kahit masakit ang mga pangyayari pinipilit kung maging malakas at di ako nakakalimot mag dasal parati.	R10	

How do you see your child's life developing from here, what are your hopes for her future? Paano kaya mababago ang buhay ng iyong anak mula sa pang-aabuso. Ano ang nakikita mong pag-asa para sa kinabukasan nya?		
RESPONSE		
Gusto ko matapos ang pag-aaral nya at maging maayos ang buhay niya. Nung una gusto nya maging abogado pero ngayon nag-aaral siya ng Accountancy nakatira na siya kina Sister Marivic sa Laura Vicuna Foundation. Malungkot pa rin ako dahil yung isang anak ko inabuso rin ng kapatid ko na sa ngayon ay tumakas. Nasa DSWD ang pangatlo kung anak. Namatay na rin ng maaga ang nanay ko dahil sa mga pangyayari sa pamilya naming. Minsan iniisip ko n asana di na ako nag-asawa ko. Gusto ko rin sisihin mga magulang ko kase pinilit kami na ipakasal kahit wala naman nangyari sa amin. Ang focus ko ngayon ay mapagtapos ko lahat ang mga anak ko. Di na ako nag-asawa pa kase na trauma ako na dahil puro babae mga anak ko baka mamya maulit ulit yung mga nangyari dati. Kung sarili ama nga nang-abuso ng sariling anak, lalo na siguro kung iba ang ama at ayaw ko rin maranasan nab aka bugbugin ulit ako. Gusto maka pag-abroad pag maayos na ang mga anak ko.	R1	Healing the Bruises of the Abuse
Sa tingin ko kelangan kung ilayo ang anak ko kase kahit kasama ko siya sa bahay natatakot ako na baka di na magtuloy ng pag-aaral ang anak ko. Sana dumating ang araw na maging maayos siya kahit alam kung malabo na mangyari.	R2	Healing the Bruises of the Abuse
Sana makatapos ng pag-aaral ang anak ko. Di ko na dinadalaw ang asawa ko dahil ayaw ko na siya Makita. Sa ngayon gusto ko sana umuwi na rin anak ko sa bahay kaso feeling ko di na safe para sa kanya. Mas gugustihin ko pa mag stay siya sa shelter house atleast doon matatahimik siya.	R3	Healing the Bruises of the Abuse
Gusto ko na sya makapiling kase yung iba anak ko puro me asawa na. Sana makatapos siya ng pag-aaral. Kung ako lang okay lang sa kin na patawarin ang asawa ko pero di na pwede tumira sa bahay pero kung ano desisyon ng mga anak ko yun ang susundin ko. Sabi ng mga anak ko dapat niyang pagbayaran.	R4	Healing the Bruises of the Abuse
Ang panalangin ko lang sana makatapos ang anak ko at magkasama ulit kami. Sana maging maayos siya sa kabila ng mga pangyayari. Di ko alam kung makakaahon pa ang anak ko kse paminsan nakakakitaan ko siya na gusto na niyang magpakamatay. Kahit kausapin ko siya parang di nya naiintindihan ang mga sinasabi ko.	R5	Healing the Bruises of the Abuse
Wala akong naiisip na magandang magiging resulta ng mga pangyayaring ito. Gusto kong ilayo ang anak ko pero san	R6	Healing the Bruises of the Abuse

ko sila dadalhin. Sa tingin ko nga naubuso din ang panganay pero ng tanungin ko siya hindi naman daw.		
Dahil sa nagawa niyang makatapos ng pag-aaral, sa tingin ko eto na lang ang pinag-kukunan niya ng lakas at inspirasyon. Sana lang makatagpo siya ng magmamahal sa kanya ng tapat at handing tanggapin siya.	R7	Healing the Bruises of the Abuse
Gusto ko makatapos siya ng pag-aaral dahil ngayon ay nasa shelter house siya. Ayaw na rin niyang bumalik sa bahay dahil naalala daw niya ang mga nangyari sa kanya. Gusto ko rin magkaroon siya ng normal na pamilya at sana mayroon tumanggap sa kanya.	R8	Healing the Bruises of the Abuse
Gusto kung makatapos ng pag-aaral ang anak ko at magkasama ulit kami. Sana makalimutan niya ang mga pangyayari sa buhay niya. Tutal bata pa siya makakalimutan niya rin yun. Sa ngayon nasa grade 10 na siya at ang sabi ng shelter house maayos naman daw ang pag-aaral niya mabuti at pag-aaralin din siya sa kolehiyo.	R9	Healing the Bruises of the Abuse
Ang parati kung sinasabi sa anak ko na hindi niya kasalanan ang mga nangyari sa kanya. Me mga pagkakataon na nag ask siya baka di raw siya totoong anak ng tatay niya dahil wala daw gumagawa ng ganon sa sariling anak. Napapaiyak na lang ako parati. Me nagpayo sa akin na ipa psychologist ko daw ang anak ko pero wala naman ako sapat na budget lalo na at mag-isa ko na lang tinataguyod ang mga anak ko.	R10	Healing the Bruises of the Abuse

Appendix G
Thamatic Analysis

Respondent Code	General Theme	Family System	Stage 1 BEFORE THE DISCLOSURE		
			Person	Time	Event
R1	**The Abuse Lense** The Discovery – Before the Disclosure ● Family system, time, person and event are the common general themes in the discovery of the abuse.	● Nuclear ● Marital conflict (forced marriage) ● Married at young age ● Husband is abusive and has partner ● 5 children	● Husband (abuser) ● Reposndent (abused) ● Eldest daughter (abused at 10 years old)	● Pregnant in their fifth child ● Daughter is 10 years old ● Daughter is abused two month	● Clueless ● Discovered through aunt-in-law ● Husband attempted to abuse 2 children but there is resistance ● There is threat from the victim's father
R2		● Nuclear ● Husband is drug addict ● 2 children	● Husband (abuser) ● Respondent (not discussed if abused) ● Eldest daugter (abused since 7 years old)	● Daughter is abused from 7 years old to 12 years old	● Clueless ● Discovered through neighbor and admission from the child ● There is threat from the victim's father
R3		● Nuclear ● Alcoholic husband ● 3 children	● Husband (abuser) ● Respondent (away from home due to work) ● Youngest daughter (abused for two years)	● Daughter is abused at age 12 for two years	● Clueless ● Discovered through admission of children ● Husband attempted to abuse 2 children but there is resistance ● There is threat from the victim's father

R4		• Nuclear • 2nd husband is a military • 7 children	• 2nd Husband (abuser) • Younger daughter (abused whenever she goes to father's camp to cook for meal)	• Younger daughter (abused whenever she goes to father's camp to cook for meal)	• Clueless • Discovered through admission of children • Husband attempted to abuse 2 children but there is resistance • There is threat
R5		• Nuclear • 2nd husband • Has 1 daughter from previous husband • 2 children	• 2nd husband (abuser) • Youngest daughter (abused at age 9)	• Daughter is 9 years old at the time of abuse	• Has prior knowledge but doubtful • Caught in act her husband doing the abuse when she came home from work • There is threat from the victim's father
R6		• Nuclear • Both are working • 2 children	• Husband (abuser) • Youngest daughter (abused at age 11)	• Daughter is 11 years old at the time of the abused • 2 times a week inside their bathroom	• Clueless • Admission from the other child • Witnessed by the other child • There is threat from the victim's father
R7		• Dysfunctional family • Separated from husband	• Husband (abuser) • Youngest daughter	• Daughter is abused from 10 years old	• Clueless • Admission from the child who is

		● Both sas own family ● Daughter and son left in husband's care ● 2 children	(abused since 10 years old)	to 15 years old)	a victim but become doubtful ● There is threat from the victim's father ● Brother also attempted to abuse the victim
R8		● Extended family ● Respondent is working abroad ● Left 2 children in husband and grandmother's care	● Husband (abuser) ● Eldest daughter (abused at age 9 years old)	● Daughter is abused for 3 years, from 9 years old to 12 thrice a week	● Clueless ● Admission from the child ● There is threat from the father's victim ● Husband went missing after the conversation regarding the incident
R9		● Nucelar ● 3 children	● Husband (abuser) ● Respondent (abused) ● Daughter (abused at age 5)	● Daughter is abused for 3 months	● Clueless ● Caught in acther husband doing the abuse when she came back home because she left her wallet ● There is threat from the victim's father
R10		● Nuclear ● Husband is an OFW	● Husband (abuser)	● Daughter is abused	● Clueless ● Discovered through the

		● 2 children	● Daughter (abused at age 9)	for 4 years	child's teacher but doubtful ● Confirmed by the victim ● There is threat from the victim's father

Respondent Code	General Theme	Stage 2 DURING THE DISCLOSURE				
		Sorrow	Confusion	Jealousy	Shame	Strength
R1	During The Disclosure - Divulging the Abuse ● Reactions and emotions are the general themes expressed in this stage. ● Stage 2 reveals the common emotions such as – sorrow, confusion, jealousy, shame and strength	● Regret for not being able to discover the abuse as early as possible ● Lost trust in husband				● Too much anger against the husband become the respondent's motivation ● Belief that the agent of abuse is the husband's vices ● Resolving of the incident through filing of case

						● Keeping the child in a safe place (shelter house) ● Focusing on moving on, childrens study and their future. ● Hoping for healing and to move-on and for her child to finish her study
R2		● Lost trust and respect in husband	● Confused and afraid to sue husband because no one would support and had no source of income			● Too much anger against the husband become the respondent's motivation

						● Belief that the agent of abuse is the husband's vices ● Resolving of the incident through filing of case ● Safety of the child matters ● Keeping an open communication with the child ● Hoping for healing and to move-on and for her child to finish

						her study
R3		● Self-blame for what happened	● There is fear if the husband will be forgiven who will do it again			● Too much anger against the husband become the respondent's motivation ● Resolving of the incident through filing of case ● Keeping the child in a safe place (shelter house) ● Hoping for healing and to move-on and for her child to finish

						her study
R4		● Sadness ● It is unbelievable for the respondent	● Confused between forgiving the husband and following child's decision	● Thought that the husband is her true love		● Too much anger against the husband become the respondent's motivation ● Resolving of the incident through filing of case ● Keeping the child in a safe place ● Hoping to move-on and for her child to finish her study
R5		● Self-blame for what happened ● Sadness ● Overthinking	● Confused with the thought of forgiving husband		● Respondent was told by husband that it would	● Too much anger against the

		● Anxious whenever away from home ● Feeling on a blank state ● Lost peace at home	and son or to asking for help		be shame to tell anyone	husband become the respondent's motivation ● Resolving of the incident through filing of case ● Keeping the child in a safe place ● Hoping for healing and to move-on and for her child to finish her study
R6		● Shocked ● Anger ● Fearful ● Lost peace at home ● Do not know who to blame			● Feeling shameful because of what happened between husband and daughter	● Too much anger against the husband become the

		● Lost motivation				respondent's motivation ● Keeping the child in a safe place
R7		● Self-blame for leaving the daughter in the care of husband ● Feeling guilty ● Trying to fix relationship with daughter			● Feeling shameful because of what happened between husband and daughter	● Too much anger against the husband become the respondent's motivation ● Keeping the child in a safe place ● Hoping for child's healing, fixing relationship and the child to find an accepting partner

R8		● Self-blame ● Trying to fix relationship with daughter	● Confusion with everything that happened	● Jealous of the daughter's thought of liking what husband was doing to her		● Too much anger against the husband become the respondent's motivation ● Resolving of the incident through filing of case ● Keeping the child in a safe place ● Hoping for healing and to move-on and for her child to finish her study, fix their relationship

						and find an accepting partner in the future.
R9		● Sad and devastated				● Too much anger against the husband become the respondent's motivation ● Resolving of the incident through filing of case ● Keeping the child in a safe place ● Hoping for healing and to move-on and for her child to

						finish her study
R10		● Traumatized ● Having nightmares	● Confused between forgiving husband and concern for the daughter			● Too much anger against the husband become the respondent's motivation ● Resolving of the incident through filing of case ● Keeping the child in a safe place ● Hoping for healing and to move-on

Respondent Code	General Theme	Stage 2	Stage 3 AFTER THE DISCLOSURE			
		Strength	a shoulder to cry on	a cure to their aching hearts	a protective shield against harm	a genuine friend and a hero to win the battle
R1	After The Disclosure - The Aftershock ● Coming from the analysis of Stage 2, it revealed the impact to the relationship of the mother towards the victim and vice versa ● The Strength of the respondents elicits the coping and protection of the child and the family as well.	● Too much anger against the husband become the respondent's motivation ● Belief that the agent of abuse is the husband's vices ● Resolving of the incident through filing of case ● Keeping the child in a safe place (shelter house) ● Focusing on moving on, children's study and their future. ● Hoping for healing and to move-on and for her child to finish her study			● Keeping the child in a safe place (shelter house) ● Filed a case	● Rebuilding relationship with the child ● Pproviding the needs of the child ● Being a volunteer at the shelter house
R2		● Too much anger against the husband become the respondent's motivation ● Belief that the agent of abuse is the	● Open communication		● Keeping the child in a safe place (shelter house) ● Filed a case	

		husband's vices ● Resolving of the incident through filing of case ● Safety of the child matters ● Keeping an open communication with the child ● Hoping for healing and to move-on and for her child to finish her study				
R3		● Too much anger against the husband become the respondent's motivation ● Resolving of the incident through filing of case ● Keeping the child in a safe place (shelter house) ● Hoping for healing and to move-on and for her child to finish her study		● Becoming child's strength	● Keeping the child in a safe place (shelter house) ● Filed a case	
R4		● Too much anger against the husband become the respondent's motivation ● Resolving of the incident		● Prioritizing the child	● Keeping the child in a safe place ● Filed a case	● Rebuilding relationship with the child

		through filing of case ● Keeping the child in a safe place ● Hoping to move-on and for her child to finish her study				
R5		● Too much anger against the husband become the respondent's motivation ● Resolving of the incident through filing of case ● Keeping the child in a safe place ● Hoping for healing and to move-on and for her child to finish her study	● Listening to the child's sentiments		● Keeping the child in a safe place (shelter house) ● Filed a case	
R6		● Too much anger against the husband become the respondent's motivation ● Keeping the child in a safe place		● Becoming child's strength	● Keeping the child in a safe place	
R7		● Too much anger against the husband become the respondent's motivation	● Listening to the child's sentiments		● Keeping the child in a safe place (in her place)	

		● Keeping the child in a safe place ● Hoping for child's healing, fixing relationship and the child to find an accepting partner				
R8		● Too much anger against the husband become the respondent's motivation ● Resolving of the incident through filing of case ● Keeping the child in a safe place ● Hoping for healing and to move-on and for her child to finish her study, fix their relationship and find an accepting partner in the future.		● Prioritizing the child	● Keeping the child in a safe place (shelter house) ● Filed a case	● Rebuilding relationship with the child
R9		● Too much anger against the husband become the respondent's motivation ● Resolving of the incident			● Keeping the child in a safe place (shelter house) ● Filed a case	● Rebuilding relationship with the child

		through filing of case ● Keeping the child in a safe place ● Hoping for healing and to move-on and for her child to finish her study				
R10		● Too much anger against the husband become the respondent's motivation ● Resolving of the incident through filing of case ● Keeping the child in a safe place ● Hoping for healing and to move-on	● Listening to the child's sentiments	● Prioritizing the child ● Becoming child's strength	● Keeping the child in a safe place (shelter house) ● Filed a case	

Respondent Code	General Theme	Stage 3 AFTER THE DISCLOSURE				Stage 4 Healing the Bruises of the Abuse
		a shoulder to cry on	a cure to their aching hearts	a protective shield against harm	a genuine friend and a hero to win the battle	Remedy
R1	Healing the Bruises of the Abuse ● Based on the results of stage 3 process an assumption that Internal Remedy and External Remedy revealed as solution to be able to heal the respondent and its family from the negative experience. ● **internal remedy** and **external remedy**. The internal remedy includes **healing the emotions**, **setting hopeful goals** and **realizing forgiveness**. While the external remedy includes **setting a new environment**, **comforting the victims** and **safekeeping the child to a place far**			● Keeping the child in a safe place (shelter house) ● Filed a case	● Rebuilding relationship with the child ● Providing the needs of the child ● Being a volunteer at the shelter house	● Internal Remedy ● Healing the emotions ● Setting hopeful goals ● External remedy ● Safekeeping the child to a place far from the incident venue
		● Open communication		● Keeping the child in a safe place (shelter house) ● Filed a case		● Internal Remedy ● Healing the emotions ● External remedy ● Safekeeping the child to a place far from the incident venue
R3			● Becoming child's strength	● Keeping the child in a safe place (shelter house) ● Filed a case		● Internal Remedy ● Healing the emotions ● External remedy ● Safekeeping the child to a place far from the incident venue

R4	**from the incident venue**.		● Prioritizing the child	● Keeping the child in a safe place ● Filed a case	● Rebuilding relationship with the child	● Internal Remedy ● Healing the emotions ● Setting hopeful goals ● External remedy ● Comforting the victim ● Safekeeping the child to a place far from the incident venue
R5		● Listening to the child's sentiments		● Keeping the child in a safe place (shelter house) ● Filed a case		● Internal Remedy ● Healing the emotions ● Setting hopeful goals ● External remedy ● Safekeeping the child to a place far from the incident venue
R6			● Becoming child's strength	● Keeping the child in a safe place		● Internal Remedy ● Healing the emotions ● Setting hopeful goals ● External remedy ● Safekeeping the child to a place far from the incident venue
R7		● Listening to the child's sentiments		● Keeping the child in a safe place (in her place)		● Internal Remedy ● Healing the emotions ● External remedy ● Setting a new nvironment ● Safekeeping the child to a place far from the

						incident venue

R8			• Prioritizing the child	• Keeping the child in a safe place (shelter house)
				• Filed a case
					• Rebuilding relationship with the child	• Internal Remedy
						  • Healing the emotions
						  • Setting hopeful goals
						• External remedy
						  • Safekeeping the child to a place far from the incident venue

R9				• Keeping the child in a safe place (shelter house)
				• Filed a case
					• Rebuilding relationship with the child	• Internal Remedy
						  • Setting hopeful goals
						• External remedy
						  • Safekeeping the child to a place far from the incident venue

R10		• Listening to the child's sentiments	• Prioritizing the child
			• Becoming child's strength
				• Keeping the child in a safe place (shelter house)
				• Filed a case
						• Internal Remedy
						  • Healing the emotions
						  • Setting hopeful goals
						• External remedy
						  • Safekeeping the child to a place far from the incident venue

Appendix H
A Toolkit for Mothers with Sexually Abused Children

FOREWORD

Disclosure of a child's sexual abuse is a traumatic event for mothers. Life is difficult and stressful, and mothers experience many painful emotions. They are worried about their children and are concerned about the effects and long-term consequences of the sexual abuse. They may have been involved with the report of abuse. Mothers experience strong emotions, initially feeling shock and denial, and often going through a grief process that includes anger, shock, guilt, intense pain, and confusion. Mothers are afraid and anxious and often show signs of posttraumatic stress. If the perpetrator is a husband, partner, other family member, or friend, mothers experience feelings of betrayal. Mothers experience secondary victimization because of the ongoing relationship they have with the primary victim. The sexual abuse of a child presents with ongoing and perhaps life-long consequences to mothers, as well as child victims. Mothers observed and are pained by the current problems and grief reactions their children experience after sexual abuse, and they fear future consequences. The disclosure of sexual abuse in a child results in an identity crisis for the mother, affecting her self-esteem, sense of competence in parenting victims and siblings, and trust in her judgment. Because of this, decision-making, assertiveness, and sense of autonomy

are negatively impacted. Mothers experienced secondary trauma that poses social and psychological challenges with far reaching implications.

The road between a daughter and her mother is supposed to be a one-way street with support flowing consistently from the mother to the daughter. It goes without saying that little girls are totally dependent on their mothers for physical, mental and emotional support. However, one of the many faces of the Mother wound is the common dynamic in which the mother inappropriately depends on the daughter to provide her with mental and emotional support.

The researcher developed this toolkit specifically designed for mothers whose children were sexually abused by their biological father. ***Toolkit*** *is a contextualized resource materials based on the result of the researcher's studies*. It is a compilation of practical answers to many frequently asked questions, to guide and assist mothers to understand the journey of their children and to heal their own wound, and to provide options for directions in effectively navigating the very difficult path of their lives.

Life is difficult for mothers after the disclosure of their child's abuse and few resources are available to support them. They have no supportive family or friends. They have limited knowledge about sexual abuse and there is a struggle on how to understand what has happened to their child.

Most mothers of sexually abused children say that they need and want to help after the disclosure.

The basis of the toolkit was the outcome of the study conducted to identify the needs and strategies for handling mothers whose children were sexually abused by their biological fathers. It is observed in our laws and society that sexually abused children have support programs and policies to assist them in coping, healing and recovery with their trauma but when it comes to well-being of mothers there is no existing guidelines to support them. They are secondary victim especially if the perpetrator is their husband. Often mothers of these children experience shock, anger, disbelief and suffer secondary trauma that leads to depression, post-traumatic stress disorder (PTSD) following their children's sexual abuse disclosure. In this toolkit, you will discover strategies, protocols and guidelines in handling cases of mothers whose children were sexually abused by their biological fathers.

This toolkit explored issues and identify how health care and social services became trauma-informed, set policies, and encouraged interactions with clients that facilitates healing and growth.

This Toolkit is designed to be a source of practical information about sexual abuse that offers support and resources to navigate the journey of healing and support to mothers of sexually abused children. The toolkit aim to address the need to be informed and to be familiar with the issue

of sexual abuse in order to help battle the detrimental effects deeply corrupting young innocent victims and to eventually safeguard them from further abuse. There are eight (8) parts of this Toolkit:

Part I is the Abuse Discovery, it discussed the feelings and experiences of mothers before, during and after the discovery of the abuse. It also explained the reasons why children do not tell the abuse, what it is, who abusers are, and warning signs of abuse, predictable stages and prevalence effects on mothers.

Part II, is about the Status upon knowing the abuse. The arising themes are anger, pain, confusion, jealousy, and strength. It focus on specific skills, supports and actions to help mothers manage their feelings and choose actions as they move through this crisis to resolution and recovery.

Part III, the Link after discovering the abuse that described the role of the mothers as 'a shoulder to cry on, a cure to their aching hearts, a protective shield against harm, a genuine friend and a hero to win the battle. It covers the Guidelines for dealing with a child's disclosure of sexual abuse. The intervention and skill development for mothers to fought the battle.

Part IV, the Agony of the abuse, such as threat to loved one's life, possible disbelief, fear, physical pain, emotional pain, and sexual pain. It

describes the effects of the abuse, the struggle, the pain and the long effect of the abuse on victim's well-being.

Part V, Stimuli of Abuse, Physical Absence in Rearing their Daughter and Inability to Suffice Husband's Sexual Urge. It covers the characteristics and behavior of the offenders. It also discussed the agony and traumatic experiences of the mothers.

PART VI, The father as an abuser, Symbol of Pain, and Agent of Fear. On this part, discussion is about the stages of grief and the important role of mothers to support and assist their child to overcome their sufferings.

PART VII, Family Relationship after Unveiling the Abuse, Birth of Hatred,

State of Unforgiveness, and Family Separation. It covers the effect of the abuse among family members. The experiences and pain that mothers suffers after the discovery of the abuse.

PART VIII, Healing the Bruises of the Abuse, Internal Remedy, Healing the Emotions, Setting Hopeful Goals, for External Remedy, Setting New Environment, Comforting the Victims and Safekeeping the Child. This chapter focus on recovery and healing to both victim and mother.

This toolkit aims to provide knowledge to service providers such as Guidance Counselors, Social Workers, Shelters of Sexually Abused Children, Barangays and other community helpers who are working with mothers who experienced trauma due to children who were sexually

abused by their husband/biological father of their daughters. The following are the guidelines for using the toolkit:

A. GUIDELINES FOR REGISTERED GUIDANCE COUNSELOR:

1. Guidance Counselor/other helping professionals need to have informed consent and ensure that the client is willing to disclose their lived experiences without getting out of the counseling plan.
2. Listen without being non-judgmental and bias on the lived stories of mothers whose children were sexually abused by their biological fathers would be of great help in setting the trust with the client.
3. The use of person, time, and event themes in gathering information is a must for making the counseling plan and choosing the approach for intervention.
4. Strengthening the mothers' capacity to make better plans for her family even without the presence of the father is considered for the healing process.
5. The four Stages of Healing Process would be best to look into when it comes to creating counseling plan.
6. On understanding the feelings of the mothers during the disclosure of the experience of sexually abused children is vital to the delivery of the approach and healing process.
7. The internal and external remedy in the fourth stage of healing should be considered in delivering counseling approach.

The progress on emotions, thoughts and plan of action of the mothers towards their children who were sexually abused are indicative of the effectivity of the Toolkit.

B. GUIDELINES FOR SOCIAL WORKERS/SHELTER HOUSE

The Social workers/Shelter house can use this toolkit as a source of giving information on each phase by providing assistance and be informed on what to do if abuse takes place in household. The focus is on the abuse discovery on where to report and the process of reporting to authorities. The abuse may be reported but the child denies that abuse has occurred when questioned by social services, law enforcement, or abuse assessment/social worker interviewer. (Other Phase can refer to Registered Guidance Counselor or other helping professionals like Psychologist, Psychiatrist etc.)

The following are the basic information that needs to provide to mothers with sexually abused children:

1. Basic information about sexual abuse and about surviving the post- disclosure process: expected effects of abuse on victim; involvement with law enforcement, court, and counseling; mother's grief and emotional response
2. Someone to talk to friend or family member, mentor, spiritual advisor
3. Referral to Registered Counselor or other professional and medical support for physical and mental health

4. Knowledge about the abuse incident: what, when, where, how often, and the child's reaction

5. Space away from the perpetrator

6. To be acknowledged and listened to by professionals working with the family

7. To feel respected

8. To regain control of their minds and lives

9. To understand how sexual abuse and domestic violence are related but are separate issues

10. Support in making decisions: to separate or divorce, to move, to tell family members and friends

11. To know about options regarding parent custody, no-contact orders, restraining orders

12. To understand Child Protective Services and protective custody orders

13. To know how children can be expected to react, both child victim and siblings

14. To know how to take steps in changing the environment, protecting the victim and siblings from further abuse.

C. GUIDELINES FOR THE BARANGGAY/TEACHERS/PARENTS

This toolkit could be a guide and source of important information on how to assist parents if abused happened in the family. Guidelines on where to report and who will handle the

case if parents had no knowledge on where to get support. Referral system is highly promoted.

TOOLKIT FOR MOTHERS OF SEXUALLY ABUSED CHILDREN

Introduction

One form of sexual abuse that incites great concern is the acts of raping that occur within a family circle popularly known as incest. Incest could simply be defined as a sexual relationship between close relatives, which is jurisdictionally illegal and/or considered as a social taboo (Beard, Stroebel, O'Keefe, Harper-Dorton, Griffee, & Young, 2015). Mothers are still in the process of coping up with the situation on what are the immediate concerns if it is the husband or the child. As perceived, one of the types of sexual abuse is the so-called "incest". According to Gutierrez (2017), the word incest comes from the Latin word, incestuous, which means "impure" or "unchaste." Incest rape is defined as forced sexual activity between family members. It was also mentioned that in the Philippines, there are commonalities in the incident of incest: fathers and uncles perpetrate most cases. 99% of victims are girls. The rape usually happens at home. Often it occurs when one or both parents are away, working overseas or in a different city, and the children are left under the care of a relative.

Maltz & Holman (2017) stated that Incest is the most common form of child sexual abuse. Incest defined as any sexual contact between a child or adolescent and a person who is closely related or perceived to be related,

including stepparents and live-in partners of parents. Most victims are female; most perpetrators are male. In the majority of cases, a father or stepfather abuses a child. Incest also includes sexual activity initiated by siblings, cousins, mothers, uncles, aunts, or grandparents. Incest involves sexual activity that occurs only once as well as activity that takes place over an extended period, often several years. The types of sexual activity include fondling, oral sex, anal sex, and intercourse. The breakdown of trust within the family heightens the psychological damage caused by the sexual abuse.

Most of the child protective services view the mother's role in child sexual abuse as a role confusion issue and very often blame mothers for what they knew or should have known, offering her little support as mothers face a very complex family issue. Many mothers are overwhelmed with guilt as they think back over possible difficulties to move forward and provide support to their children.

Disclosure is an unwanted, devastating sudden change in your child's life and as well, as mothers life. Your child is afraid of the consequences of disclosure, and you mirror your child's fear. Your child may experience extreme trauma about having made the disclosure. Children often revoked their statement afterwards, changing or denying afterwards their story because they fear repercussions as well as their mothers' and others' distress because of the disclosure.

Your child has the same feelings of betrayal and hurt regardless of the age of abused. Disclosure precipitates a crisis in which your child is in desperate need of mothers support, belief and protection.

The child's story is the one to believe because they do not lie about sexual abuse. This is why you must know how to respond when your child talks about her sexual abuse. Mothers' response may be decisive influence in their child's talking about the abuse. An attentive, supportive, calm mother instills a feeling of safety and trust in her child. Mother must be the primary believer and supportive to their child. As a mother of a sexually abused child, mothers are engulfed in a painful, chaotic, and crisis. The researcher developed this healing toolkit specifically designed for mothers whose children were sexually abused by their biological father to serve as intervention program.

The basis of the toolkit was the outcome of the study conducted to identify the needs and strategies for handling mothers whose children were sexually abused by their biological fathers. It is observed in our laws and society that sexually abused children have support programs and policies to assist them in coping, healing and recovery with their trauma but when it comes to well-being of mothers there is no existing guidelines to support them. They are secondary victim especially if the perpetrator is their husband. Often mothers of these children experience shock, anger, disbelief and suffer secondary trauma that leads to depression, post-

traumatic stress disorder (PTSD) following their children's sexual abuse disclosure. In this toolkit, you will discover strategies, protocols and guidelines in handling cases of mothers whose children were sexually abused by their biological fathers.

This Toolkit is designed to be a source of practical information about sexual abuse that offers support and resources to navigate the journey of healing and support to mothers of sexually abused children. It addresses the need to be informed and to be familiar with the issue of sexual abuse in order to help battle the detrimental effects deeply corrupting young innocent victims and to eventually safeguard them from further abuse. There are eight (8) parts of this Toolkit:

Part I is the **Abuse Discovery**, it discussed the feelings and experiences of mothers before, during and after the discovery of the abuse. It also explained the reasons why children do not tell the abuse, what it is, who abusers are, and warning signs of abuse, predictable stages and prevalence effects on mothers.

Part II, is about the **Status upon knowing the abuse**. The arising themes are anger, pain, confusion, jealousy, and strength. It focus on specific skills, supports and actions to help mothers manage their feelings and choose actions as they move through this crisis to resolution and recovery.

Part III, the **Link after discovering the abuse** that described the role of the mothers as 'a shoulder to cry on, a cure to their aching hearts, a protective shield against harm, a genuine friend and a hero to win the battle. It covers the Guidelines for dealing with a child's disclosure of sexual abuse. The intervention and skill development for mothers to fought the battle.

Part IV, the **Agony of the abuse**, such as threat to loved one's life, possible disbelief, fear, physical pain, emotional pain, and sexual pain. It describes the effects of the abuse, the struggle, the pain and the long effect of the abuse on victim's well-being.

Part V, **Stimuli of Abuse**, Physical Absence in Rearing their Daughter and Inability to Suffice Husband's Sexual Urge. It covers the characteristics and behavior of the offenders. It also discussed the agony and traumatic experiences of the mothers.

PART VI, **The father as an abuser**, Symbol of Pain, and Agent of Fear. On this part, discussion is about the stages of grief and the important role of mothers to support and assist their child to overcome their sufferings.

PART VII, **Family Relationship after Unveiling the Abuse**, Birth of Hatred, State of Unforgiveness, and Family Separation. It covers the effect

of the abuse among family members. The experiences and pain that mothers suffers after the discovery of the abuse.

PART VIII**, Healing the Bruises of the Abuse**, Internal Remedy, Healing the Emotions, Setting Hopeful Goals, for External Remedy, Setting New Environment, Comforting the Victims and Safekeeping the Child. This chapter focus on recovery and healing to both victim and mother.

PART 1 Abuse Discovery

Disclosure of sexual abuse implies a point in time when the secret is disclosed. The secret is no longer hidden. However, finding out is actually a process, not a point in time. Mothers often do not know that their children are being sexually abused. Children are sometimes instructed to keep the secret or they are threatened with harm. Children may try hard not to let their mothers know. They feel guilty, ashamed, and frightened. They want the abuse to stop but may not believe that telling anyone will make a difference. They may have held the secret for so long that they feel guilty about the secret.

Children often do not tell because they care about the abuser and do not want to lose that person's affection or attention. Children are also very afraid that no one will believe them. Children have less power than adults do, and they know this. An adult may have told them that no one will believe them. Perpetrators sometimes tell children that their mothers already know about the abuse. Sometimes children provide verbal or

behavioral clues to mothers, and they believe that these have been noticed and deliberately ignored. If the perpetrator is not close to the child, however, such as a family member, the child is less likely to hold the secret and more likely to tell about the abuse.

Finding out about the sexual abuse of your child is a process that may occur over a period as you suspect or initially learn that your child has been abused. You may have thought something was wrong, but you were not sure. You may have confronted the perpetrator and been told that nothing was going on. The perpetrator may have gotten very angry or even threatened you for thinking they were sexually abusing your child. You may gain more information about the abuse as your child discloses more. If the child is defending herself against the reality of the abuse, that defense will prevent both you and her the awareness and knowledge of the truth.

It may be months or years before you learn the extent of the abuse - or as much as your child or the offender discloses. You may never know the full extent. If your child is older and was abused by a non-family member one or a few times, he or she may be able to provide times, places, events, and details. However, your child may be so young that he has no way to communicate the information effectively.

Your ability to absorb information about the abuse is affected by your initial shock and your ongoing emotional state. You may not be able

to truly hear and understand what you are told initially. Shock and denial are normal in the first stage of disclosure. It is important, however, to get past that as soon as possible so that you can provide support and protection to your child.

Chapter 1

Facing the Rock Bottom

Before the Discovery

Disclosure is a process that occurs over time and is dependent on factors such as the availability of a safe person, trust in the relationship, skill of the child victim to overcome anxiety and fear, and skill in communication. Disclosure of incest is a particularly challenging issue. Barriers to disclosure include threats by the perpetrator, fear of negative outcomes, no opportunity to disclose, lack of understanding about abuse, and closeness to the perpetrator (Schaeffer et al., 2011). Not surprisingly, the closer the relationship to the perpetrator the greater the delay in disclosing (Morrison, Bruce & Wilson, 2018).

Many parents are reluctant to report abuse to authorities and would rather hand the matter privately. Many children believe that their mothers

know about the abuse, making it difficult for them to disclose to them. However, children disclose to mothers more often than to others adults.

Developmentally, children simply do not have the skill level to accomplish so difficult a task as disclosing that an adult, particularly a family member, is abusing them.

Forces that contribute to disclosure of sexual abuse.

- Someone pressing the child to talk about the abuse
- Confession of the perpetrator
- Accidental disclosure to family member, friends, classmates, and teachers
- Positive intervention process that encourages disclosure
- Availability of a child advocate
- Maturity of the child

Forces that contribute to the suppression of the disclosure include:

- Someone pressing the child not to talk about the abuse
- Loyalty to the perpetrator (victims have more loyalty to close family members and are less likely to disclose.)
- Threats and fear instigated by perpetrator
- Denial of perpetrator
- How long the abuse has been occurring
- Dissociation
- Immaturity

Why Children Do not Tell

Many factors influence whether a child will tell about sexual abuse. Primary factors include the age of the child, identity of the perpetrator, level and type of threat, perception of the child regarding probability of being believed and protected from the perpetrator, severity of the abuse, and presence of Post-Traumatic Stress Disorder (PTSD) symptoms. The child judges whether it is safe to tell. If the perpetrator is a family member, the child usually takes longer to tell. The disclosure may feel like betrayal, and the child experiences ambivalence, particularly if disclosure means the child loses a loved family member. Disclosure is a complex process and does not rest on one factor alone, such as a perception that the mother may not believe the disclosure, although that is a primary factor.

Other reasons children do not tell:

- Dependency of children on adults for basic survival needs
- Ongoing needs of developing child
- Child's understanding that he or she is supposed to obey parents and other adults with authority
- Desire to protect perpetrator, such as brother or father
- Normalizing of the abuse as perpetrator tells victim that this is normal behavior
- Threats and bribes of perpetrator
- Fear of violence
- Anxiety and fear about what will happen if they disclose
- Guilt and sense of responsibility for the abuse

- Shame related to the abuse, particularly if her body responded to the stimulation
- Inability to bring up the subject of sex due to family and/or adult inhibition or prohibition against talking about sex openly
- The child making a partial disclosure and believing that the adult understood the content and did not act to protect
- Belief that the mother or parents do not really care about him
- Reluctance to give up the bribes and rewards that the perpetrator gives
- Love and loyalty for the perpetrator and possible betrayal bond
- Reluctance to give up the physical affection of the perpetrator
- Fear of being blamed for the abuse
- Fear of destroying the family

During the Discovery

The mother's awareness is a key issue in the discussion of finding out about sexual abuse. How she perceives the child's behavioral signals and "clues" relates to a number of historical and internal factors such as:

- Was the mother sexually abused?
- How much knowledge does she have about warning signs of sexual abuse?
- Who is the perpetrator?
- If it is a family member, has she had any reason to think that abuse is a possibility?
- Is she aware that the perpetrator has been sexually abused?
- Have there been other incidents of concerning behavior, such as affairs?

- If the perpetrator is a family member, was she previously aware of a sexual addiction, such as pornography, compulsive masturbation, promiscuity, sex with prostitutes?
- What is the mother's value system regarding loyalty?

Almost all non-physical warning signs of sexual abuse could have an alternate explanation. Mothers fear that they may be over-reacting. Without clear disclosure from the child, the mother's suspicions will result in ongoing internal conflict. Asking a child directly is something many mothers are not comfortable doing. Asking indirectly may not elicit a clear response from the child.

The discovery of child sexual abuse may occur at a certain point or it may take years. Mothers may notice something wrong, have suspicions, and try to confirm those suspicions over a period of years. Mothers may not know for a period of time, then suspect for a period, then know about the abuse but not know what to do.

On the study of Thapa, T. (2018), mothers had average level of awareness regarding girl child abuse. However, significant proportion of mothers still lacks good level of awareness and it was found significantly associated the age, ethnicity, educational status, type of family, age at marriage and number of children. A nationwide study of such kind using qualitative tools as well as conducting awareness raising activities

focusing on girl child abuse and sexual abuse in girl child is recommended.

Fuller (2016) stated that parents of Child Sexual Abuse (CSA) victims experienced a wide range of negative emotions on learning of the abuse, which affected how they responded to their child. They described feelings of anger, shock, guilt and failure that led, in some cases, to them becoming isolated and overprotective or otherwise intrusive in their child's life. It also affected their confidence in their ability to emotionally and practically support their child through the experience. The struggles described by the parents in this research highlighted the need for a multifaceted approach in effectively responding to CSA—in particular, by providing support that simultaneously meets the needs of the primary victim and those of the parent, providing both the time and care necessary to cope and adjust post victimization.

Once disclosure has occurred, mothers look back at the signs and clues and feel guilty that they did not realize that abuse was occurring. The more knowledge and information that mothers had prior to the disclosure about sexual abuse and its warning signs, the more guilty they may feel about not "knowing" prior to that point.

No specific period or pattern exists in the finding out process. Mothers bring their own histories. Families bring their own histories. If the perpetrator is a family member, father, grandfather, brother, cousin,

complicating factors interface with the disclosure. Extended family members may lobby for continued secrecy or against reporting to authorities that abuse has occurred.

A subsequent point in the process of disclosure is reporting the abuse to authorities. This is not the end because discovery and disclosure continue. It is to be expected that, without a great deal of support and protection, children recant. They disclose and then take the disclosure back. The abuse may be reported but the child denies that abuse has occurred when questioned by social services, law enforcement, or abuse assessment/social worker interviewer.

After the Discovery

For a mother, knowing that abuse has occurred does not resolve the confusion, anxiety, ambivalence, and internal conflict. Mothers may struggle with the meaning of the sexual abuse. Perpetrators who are also partners may blame the child for the abuse or say that the child initiated or enjoyed the sexual activity, not characterizing it as abuse. Mothers with abusive or violent partners may be threatened or may live in a state of chronic helplessness related to their own abuse. Some mothers do not have a point of comparison because they have been abused as children. Value systems regarding sexual behavior are derived from family experience. If mothers do not have ***adequate knowledge of healthy***

sexual behavior, normal childhood development, and the dynamics of power in relationships, they may be unable to come to a place of acceptance of the harm done by the abuse.

Myrick and Green (2013:199) argue that non-offending mothers, after disclosure of CSA need support from therapists and other professionals throughout the process of investigation and immediately after disclosure. They further indicate that more valuable and social support may include *support groups, treatment providers and survivors' advocates*. Mothers clearly need support from all stakeholders so that they, in turn, can support their children during their traumatic stage, as they themselves are not recognized as secondary victims.

Mothers may be so angry about the abuse that they cannot be clear-headed in decision-making. They may want to hurt or kill the perpetrator and mentally construct plans to do so. They may be consumed with anger, rage, and a desire for retribution. The pain may become so great that they resort to alcohol or drugs to self-medicate, coping in unhealthy ways. They may sink into a depression.

These responses to disclosure will create additional consequences beyond those already present because of the sexual abuse. This is a time when the child victim desperately needs *support, reassurance, love, and protection*. If the mother falls apart, the child will blame herself for this.

She may believe that she should not have told and hold the responsibility for all the consequences of disclosure.

Mothers need to take care of themselves following disclosure. They have discovered that their children have been sexually abused, and they are responsible for providing care for their children. This requires ***coping skills* and *strategies* and *healthy habits*, such as *eating properly*, *getting enough sleep, exercising, and spending time with friends***. Knowledge that sexual abuse has occurred precedes a time of decision-making. Mothers must solve problems and face difficult choices. They need to be ***clear-headed, rational, and healthy***. This requires a *solid support system, adequate information and resources, and physical and mental health.*

What Mothers Need:

1. Basic ***information about sexual abuse*** and about ***surviving*** the ***post-disclosure*** process.
2. Expected effects of abuse on victim/daughter
3. Involvement with law enforcement, court (understand child protective services and protective custody orders, to understand how sexual abuse and domestic violence are related but separate issues)

4. Group/Individual Counseling and medical support for physical and mental health (mother's grief and emotional response)
5. Someone to talk to (friend, family member, mentor, spiritual advisor, counselor or other helping professionals) to regain control of their minds and lives, support and in making decisions to separate or annulment)
6. Knowledge about the abuse incident: what, when, where, how often, and the child's reaction
7. Space away from the perpetrator
8. To know how children can be expected to react, both child victim and siblings
9. To know how to take steps in changing the environment, protecting the victim and siblings from further abuse

Resource Materials for Coping Strategies of Mothers with Sexually Abused Children (see Appendix J)

https://mindful.stanford.edu/additional-resources/self-care/body-scan-meditation/

PART II Status upon knowing the abuse

Finding out your child has been sexually abused is an emotional earthquake that shakes you to your core. It sends you into deep crisis fractures your family and sends you suddenly into unknown territory. All at once, you experience anger, shock, denial, disbelief fear and shame.

You may find yourself without support and resources. It the perpetrator is your spouse or partner, you immediately lose that support, as your partner becomes an enemy to be feared or your partner may try to persuade you to believe him rather than your abused child, adding to your acute distress.

If the perpetrator is an older sibling, you are thrown into an intense double bind of protecting the abused child and finding ways to prevent the older sibling from committing further abuse, while as their mother also continuing to love, support and protect both children.

As family and friends struggle with this disclosure, they too can be non-supportive. This can leave you reeling with doubts about whom you are or thought you were how you did know and you did not protect your child.

Chapter 2

Emotion Regulation

It is important to understand your emotions so you can learn from and manage them. In later chapters, we will focus on specific skills, supports and actions you can take to help you manage your feeling and choose your actions as you move through this crisis to resolution and recovery.

Anger is a normal human response to shock, pain, and betrayal

- You are often furious after you learn your child has been sexually abused
- You may be angry at the perpetrator, the victim, yourself, and/or many people and systems now involve in your life
- Children are usually angry at their mothers for not protecting them and not stopping the abuse
- Other family members may also be angry at you, holding you responsible for not protecting your child and blaming you; you may be angry at being judged and blamed
- Some family members never get past denial and never believe and support the victim.

Confusion is common. When we try to make sense of something outside our ordinary life experience, our thoughts and feelings conflict. You do not understand how this happened could have happened, or how you didn't know it was happening.

Confusion is a response common to any event that is out of the ordinary. What can be frightening about sexual abuse is that it can continue for a long time and become a normal, accepted part of life of a child. Children commonly feel confused by the sexual abuse because of conflicting emotions, thoughts and beliefs about the abuse, and liking some of what happens. They do not understand what is happening to them.

Conflicting Emotions:

- Guilt, shame, embarrassment
- Sympathy for the offender
- Love for the offender
- Feeling dirty
- Feeling trapped
- Jealousy
- Shame

Thoughts and Beliefs:

- It's my fault.
- Telling is betrayal.
- Abuse is punishment because I am a bad person.
- No one else has ever had this happen.

- This happens to everyone, and it is normal.

They may like:

- Candy, money, toys, or privileges that the perpetrator gives them
- Affection, closeness, and feeling loved
- Pleasure that sometimes occurs during the sexual interaction

The fact that the body responds when touched is one of the most confusing aspects of sexual abuse. The child is powerless over his body. Some children disappear during incidents of sex abuse. The child blocks the memories of the abuse and hopes that it will never happen again.

Jealousy

Jealousy is a complex emotion that encompasses feelings ranging from suspicion to rage to fear to humiliation. It strikes people of all ages, genders, and sexual orientations, and is most typically aroused when a person perceives a threat to a valued relationship from a third party. The threat may be real or imagined.

In families (Goldberg, 2019) where trauma including sexual abuse occurs, the dynamics may vary. The victim of abuse can become a scapegoat who is responsible for all family problems. In other families, members can support and protect victims, which sometimes requires them to ignore their own needs and goals, as well as the needs and goals of other family members. Subsystems of family members can form which oppose each

other, and that often leads to jealousy among children, particularly if their needs are not heard.

In the study of Pretorius, G., Chauke, A. P., & Morgan, B. (2011) mothers of sexually abused children experienced the emotions like loss, jealousy, disbelief, anger, guilt, depression, trust and blame upon the discovery of the abused. Mothers often undergo a crisis following the disclosure of abuse, but their needs appear to be secondary to the treatment of the child and perpetrator. However, these mothers may be unable to provide support to their children due to their own emotional anguish. Mothers' responses and provision of support to the child are important in the child's recovery process after disclosure.

Shame

It is normal for mothers to struggle with negative thoughts after the disclosure of her child's sexual abuse. It is also important to realize that thoughts, feelings, and physical response are connected. What you think affects how you feel. How you think and feel affects the biochemistry of your body and your immune system. Disclosure and the post-disclosure process are stressful. Mothers are considered secondary victims to the abuse, and disclosure is a traumatic event. If the perpetrator was a husband or partner, the mother is a primary victim of betrayal, as well as a secondary victim of the sexual

abuse. Stress results in negative effects to the brain, body, and immune system. Chronic stress elevates the damage caused by these biochemical changes. Counteracting stress with lifestyle changes and managing negative thoughts will help stabilize emotions and reduce negative physical and mental health. Practicing mindfulness will alert you to your negative thinking patterns.

Some common thoughts after discovering your child has been sexually abused:

- "I should have known." This thought is similar to the "why didn't I see it?" thought. The answer is that *offenders are very smart, and sexual abuse is a secret*. No one wanted you to know. Also, mothers are not all-knowing. The child's symptoms may or may not have been concerning. I'm a bad parent.
- "It's my fault." The answer is that *it is always the fault of the perpetrator*. Always. People make choices, and choices have consequences. You are not the offender.
- "It's a mistake." This thought is similar to the thought "*No way, this isn't true*." You are still in the denial stage of grief. Almost all mothers come to the point of believing. For some, it takes time, and this may mean that the child is not safe in her care. Believing it happened is essential to preventing its re-occurrence.

- "The abuser should be killed." Maybe so. That is what was done in ancient times. However, the justice system will provide consequences to the offender if enough evidence is gathered. It is important that you let the legal and justice system do their jobs, and you do yours. You are not responsible for the abuser's punishment.
- "I can't do this." Most mothers can get through this process if they have support and assistance. You will need to gather information, get support from friends, family, and agencies, and practice your coping skills.
- "I can't report to the authorities." Some parents decide not to put their children through the investigation if the abuser is a stranger or non-family member. The problem: the abuser will abuse again. If the offender is a family member and you do not report the abuse, you are colluding with the abuser and maintaining the secret. The child is at risk because of your unwillingness to provide support and protection. If or when law enforcement, Child Protective Services, or professionals find out you knew and did not tell, the child will probably be removed from your care.
- "I can't tell anyone." It is hard to tell friends or other family members. However, if you keep remain quiet about the abuse, you are unable to have the support and assistance that will help you

get through the process. Instead, you will feel alone and isolated, with more acute and longer lasting emotional response.

- "My child hates me." She may hate you for telling the authorities. She may hate you for not telling the authorities. She may hate you for keeping her safe from her father, brother, uncle, teacher. She may hate you for not knowing. The only answer to this thought is: "*I will do my best to be supportive and help her through her feelings.* This isn't about me, and it makes sense that she's angry at me."
- *"My child's life is destroyed." If a child discloses the sexual abuse, is believed by the mother and other significant adults, and is protected from further abuse, the consequences of the abuse are greatly reduced. With support, some children get past this experience with no residual effects. If the abuse was severe and lasted a long period of time, it will cause more serious consequences but not destroy her life.*
- *"She shouldn't have to go to court." Many mothers want to protect their children from having to go to court and testify. If the child had a formal taped interview, he may not have to go to court. It is very difficult for children to face their abusers in court. However, not going to court may mean that the offender goes free and is able to reoffend. Laws about this issue are in transition at this time.*

- "What did my child do to bring this on?" *Nothing*. The child is never at fault. The abuser has more power and is completely responsible for the sexual abuse.
- "I want to die." Many mothers feel desperate and hopeless. *Get help. Your children need you.*

  With support and effective coping strategies, you will be able to get through this.

Strength

The needs of mothers are rarely the focus of professionals following disclosure of child sexual abuse. Meeting the needs of the child victim is primary, and mothers are expected to provide emotional and physical support to the abused child. However, if the mother is to effectively fulfill that role, her own needs must be addressed. She needs help in dealing with her emotions and making adjustments to her life following the disclosure.

PART III Link after discovering the abuse

Your reaction will influence how your child and family cope following the disclosure of the abuse. The most important reaction is to believe and acknowledge what your child is telling you. Most children do not tell because they fear not being believed, and they fear the consequences of telling. The most harmful reaction to the child's disclosure is verbal

disbelief or punishment for the disclosure. When the child discloses, and the adult does not believe her, the child doubts his own internal sense of right and wrong.

Perpetrators often tell victims that there is nothing wrong with what they are doing. Doubting himself following disclosure can open the child to future victimization. **If the child is punished, she experiences a negative consequence to telling. This can affect her future ability to be honest in relationships.** In general, children recant disclosures when they are not believed. In the case of incest, if the non-offending parent does not believe the child, the child can experience this as pressure to recant.

Chapter 3

Confirmation to Affirmation

A Shoulder to Cry On

Healing the mother-victim relationship and re-establishing a sense of trust is critical to the victim's recovery. It is important to understand that, as mothers provide security, and trust is re-established, attachment increases. The mother-victim attachment bond is one of the most critical predictors of reduced consequences to sexual abuse. It is also important

that mothers understand the betrayal bond that may be established between the abuser and the victim.

Child victims of sexual abuse may demonstrate a range of behavioral symptoms that include stealing, lying, nightmares, bed-wetting, self-harm, inappropriate sexual behaviors, and eating disorders. They may demonstrate a range of emotional and psychological symptoms. It is important that mothers respond to these symptoms in supporting, caring, loving, patient ways, rather than with harshness, judgment, and punitive discipline.

Mothers can respond by:

- Identifying the child's feelings and trying to understand and connect with them.
- Remaining physically close to the child.
- Providing safety.
- Reassuring the child.
- Being consistent and predictable in meeting the child's needs.

A Cure to Aching Hearts

If you have suspicions that your child has been sexually abused, but you have been unable to confirm these suspicions, you have an opportunity to prepare for the disclosure. The following guidelines are

meant to help you in that process. If your child has already disclosed, these guidelines remain useful. She may continue to disclose incidents and details. Your ability to be present, listen, and believe your child is critical to her now and in the future. Mothers are the most important predictor of the child's recovery from sexual abuse.

Guidelines for dealing with a child's disclosure of sexual abuse:

1. **Believe your child**. The most important thing you can do right now is let your child know that you believe him. When the child discloses, she is afraid that she will not be believed or that the consequences of telling will be severe. The abuser has told her lies to prevent the secret from being told.
2. **Remain calm.** The child may disclose just a little of the abuse and watch for your reaction. If you are appear shocked, angry, disgusted, or seriously upset, she may shut down and not tell more of the abuse or she may recant (take back) what has already been told. The child may want to protect you from getting hurt. The abuser may have used your reaction and the pain you would be caused as a way to keep the secret. The child also has feelings of guilt, shame, confusion, fear - your response will either reassure the child or increase these negative emotions.
3. **Do not show anger while you are talking to your child.** You may feel angry at the perpetrator. Hide it. Then allow yourself the opportunity later to feel your feelings and talk to someone safe, finding your own sources of

support. If anger leaks out while you are talking to your child, make sure that she understands that you are not angry at her, but you are angry that an adult did something to hurt her.

4. **Provide a quiet, safe place to talk to your child.** If the child starts to talk to you in a public place or with others present, try to move the conversation to a quiet place as quickly as possible. You want to protect your child by having as few people as possible know about the disclosure. Right now, your goal is to help your child stay safe and calm.
5. **Listen**. Tell him/her you believe her and do not ask questions or press for details. Leave that to the people who will investigate the case. If you ask questions or upset your child, she may be unwilling to talk to professionals, and you may then be unable to help him/her stay safe.
6. **Help your child understand that abuse happens to other children**. Tell your child that many children are abused but that most children do not tell about it. Let your child know that you are very glad that she had the courage to tell. Tell your child that it was the adult or older child's responsibility to help you stay safe, and they were wrong to do this to you.
7. **Do not make any promises.** You may want to say that you will make sure this never happens again. You may be unable to keep that promise. You may not have the power to move the abuser out of the child's life or perhaps out of the child's home. Your belief and support in your child, however, is the best predictor of your being able to keep her safe. She will feel more comfortable in talking to authorities. This will affect the legal

process and your child's safety. You can tell your child that you will do everything that you can to help her stay safe.

8. **Suspend judgment while you are talking to your child.** Do not judge the abuser or the abuse. Be as calm, neutral, and nonjudgmental as you can be. If the abuser is someone the child knows and loves, she will be ambivalent about the disclosure and may want to take it back immediately. If you criticize the abuser, she may want to defend him. Read Betrayal Bond and Stockholm syndrome regarding the victim's loyalty to the abuser.
9. **Let the child know that you must report what he/she is telling you so that you can help him/her stay safe.** If you do not let him/her know that you are telling someone else, he/she may feel betrayed when he/she finds out that you told.
10. **Reassure your child**. Let her know that you are glad that she told you.
11. **Acknowledge the courage that it took**. Let her know that the abuse is the fault of the abuser, and she is not guilty. Let her know that what happened to her is wrong, and that you want to protect her so that it will not happen again.
12. **Let the child know that you will find help for her**. Begin to talk to your child about counseling and talking to someone who is trained in helping children get better after abuse occurs. Let her know that other adults want to help her stay safe.
13. **Report the abuse immediately after talking to your child**. If you do not tell about the abuse, you will be unable to keep your child safe.

Remember: Your job now is to believe, support, and protect. However, if you do not act responsibly and protect your child, Child Protective Services may assess you as not capable of parenting your child at this point.

14. **If the perpetrator is someone you know and love - husband, partner, father, brother, son - supporting your child, and reporting the perpetrator are intensely painful responsibilities**. It is important that you shortly lay aside the ambivalence and confusion, as normal as they are, so that you can focus on the child.
15. **All states have mandatory reporting laws for professionals.** When you tell a professional, they are bound by law to report abuse to the proper authorities. Law enforcement and the Child Protective Services will usually be involved immediately. A legal case will be opened. An appointment may be scheduled for your child to be interviewed at a Child Abuse Assessment Center.
16. **Do not conduct an investigation regarding what your child has disclosed**. Allow the investigators to follow up. Let them talk to the abuser. This is one of the most difficult time periods. Try to remain as patient and calm as possible. Try not to interfere in the legal process.
17. **Take care of yourself so that you can prepare for the stressful experiences ahead**. Pay attention to your own health. Cope with the stress. Develop a positive support group of individuals you can call.
18. **Taking care of yourself helps you be able to support your child to the best of your ability.** As much as possible keep daily functioning normal.

19. **Continue providing a predictable routine for your child**. Spend time with your child. Play. Relax.

A Protective against Harm

Mothers hold a key role in the ongoing protection of children. The child who has experienced sexual abuse is at a higher risk of being re-abused. Therefore, it is critical to build into the structure of the child's life protective features to prevent further abuse. For a child suspected of being abused, intervention and skill development may potentially prevent abuse or bring awareness so that disclosure occurs more quickly.

Mothers should "keep their eyes open" and be "vigilant" in protecting their children. The following are the suggestions:

1. Talking with your Child about Sexual Abuse
2. Alert List for Children
3. Emergency Plan
4. Teaching Self-Protection
5. Internet Guidelines for Children
6. Rules and Guidelines
7. Rules for Home and Family Visits

The home environment is critical in providing protection to children. Listed below are several areas in which mothers can increase the safety of their children.

1. Structure and stability in the home
2. Predictable schedule with continuous supervision

3. Awareness or relationship with all adults with whom your child has contact
4. Close supervision
5. Rules and expectations regarding where child goes, with whom, how often
6. Monitoring of computer use
7. Honoring instinct and intuition regarding extended family members, friends, and strangers
8. Open communication with child
9. Discussion and development of safety plan with child
10. Instruction in good touch and bad touch
11. Limits on where child can go, whose home he can visit, and who must be present to supervise

Children also have internal protective factors. These can be developed and strengthened. Mothers can support their children in maintaining good health, managing their emotions, developing a positive set of friends, and developing healthy age-appropriate independence. Mothers can work with counselors and therapists who are teaching their children new skills, attitudes, and behaviors.

1. **Positive self-esteem** - Counselor, parent, and child can work together in increasing the child's self-esteem. Certain factors serve as

cornerstones for healthy self-esteem. These include: living with awareness (mindfulness), accepting thoughts, feelings, and behaviors; accepting responsibility; honesty; assertiveness; and experiencing meaning in life.

2. **Effective coping mechanisms** - Coping skills can be taught. Options available during stress points in life, plans for specific, useful strategies that bring better outcomes.
3. **Good health** - Regular check-ups, dental visits, nutrition, exercise, sleep routines, proper hygiene, all contribute towards a sense of good health and well-being.
4. **Social skills** - Deficits in the area of social skills can be addressed, with new skills added to the child's repertoire.
5. **Positive peer relationships** - Opportunities for increasing peer group support, involvement in organizations that are supervised, such as Girl Scouts, and have fun and value components.
6. **Intelligence** - Basic intelligence perhaps cannot be changed. However, school performance, enjoyment in school, and academic success can be improved with intervention, support, and accountability.
7. **Able to ask for help** - Asking for help may require practice, but it is a needed skill in self-protection. Many times the answer lies outside the self of the victim or weaker party. Checking things out with a safe adult can serve to protect the child.
8. **Independence appropriate to age** - Parents need to support self-efficacy - that sense of "can do" in a child or adult.

9. **Ability to regulate emotion** - Emotion regulation can be improved through the use of a positive skill set.

Other family variables can be changed with professional intervention, such as alcohol and drug treatment, parenting classes, counseling, and other classes.

1. *Prosocial behavior of parent* - Parents can receive alcohol and other drug treatment and classes/groups related to criminal behaviors.
2. *Secure attachment to caregiver* - Parenting classes can address the ways that parents relate to children and the physical affection they provide.
3. *Structured household with rules and expectations* - With assistance, parents are able to increase the physical safety of the home through increased structure and the addition of rules and expectations. Family meetings are useful in this regard.
4. *Extended family member involvement with children* - Improved relationships with safe extended family members can be fostered.
5. *Positive relationship between child's parents* - Couples counseling or family counseling can decrease the family tension level and improve relationships.
6. *Parental skill level in emotion regulation and stress management* - Parents in parenting classes or other interventions can be taught effective skills to regulate emotions and stress.

Malz et.al (2017) mentioned that incest survivors grow up in families that often appear to be like any other family. However, a closer look revealed primary relationships that are riddled with secrets and psychological stress. Like a team of rock climbers connected by ropes that scale the side of a mountain, all family members are integrally connected in a journey through time. A family "team" operates in a state of interdependence, with younger members extremely dependent on the older members for guidance and support. The inappropriate behavior of any one member has consequences for all the other members and seriously jeopardizes the integrity of the family team as a whole. An undetected abusive relationship between two members of the family creates layers of dishonesty that extract a personal toll on those maintaining the secret and that weaken the whole team's ability to function.

Trust is betrayed when forced secretiveness prevails. Understanding family influences can benefit survivors. They can learn how each member of their family contributed to or was affected by the incest. Survivors learn that psychological problems suffered by older family members may have set the stage for incest to occur and to remain hidden. *Self-blame* is alleviated when survivors realize that what happened to them would have happened to any child of their sex entering the family when they did. This understanding helps free survivors from feelings of guilt and responsibility

and thereby allows them to strengthen their identity apart from their family of origin.

A Genuine Friend

Children who have been sexually abused display emotions and demonstrate patterns in behaviors and relationship that are similar and can be expected. Being aware and prepared for these to occur can help you to separate your own emotions from the situation and be more available to your child for support.

Common emotional responses and behaviors include:

- Withdrawal - Your child may be overwhelmed by painful emotions and may want to withdraw physically or emotionally from the family. She may isolate, avoid interaction, not talk to you, not listen when you speak, and appear detached from the family.
- Mood swings - Your child's mood may change rapidly and be unpredictable. Her way of relating, communicating, receiving or showing affection, are variable. These may be random and catch you off guard. The pendulum swing of emotions may be daily, with depression or rage changing to calm and responsiveness.
- Anger - Your child is angry with the offender, the process, herself, and you. The safest target for angry feelings is the person most trusted. Therefore, mothers may be the target for the most anger.

- Unreasonable demands - Some children may have learned skills of manipulation or control in the process of surviving sexual abuse. They may feel entitled to extra privileges and demand things, time, or money.
- Sexualized behaviors - A sexually abused child may act out sexually towards other children or towards adults. They may demand participation in sexual activities or discuss sexual activities with other children or adults.
- Avoidance - Some children will not want closeness with anyone, adult or child, and recoil from physical touch. They may feel uncomfortable with being touched because it reminds them of the abuse.
- The sexually abused child may have feelings of unworthiness, guilt, and being damaged goods. She may think that no one will ever love or care about her unless sex is involved in the relationship.
- Self-harm - Sexually abused children may hate their bodies and want to do self-harm by scratching, cutting, or burning themselves.
- Confusion - Your child may think and believe that she has been abused but sometimes also think that she imagined it.
- Blame - Your child may blame you, the mother, for not protecting her and may not be able to talk to you. She may be afraid that she will hurt you.
- Many areas of a child's life are negatively impacted by sexual abuse.

Thoughts and feelings about the sexual abuse, holding themselves responsible for it because:

- Physical sensations felt good.
- Abuse occurred over a long period of time.
- They did not stop the abuse.
- They did not say "no."
- They were not forced.
- They did not tell.

Your response as a parent when your child says or does the things above is critical. *Support* from the mother is the most important factor in a child's recovery from sexual abuse. How you respond, what you say, how you parent - all of these affect your child's ability to recover from the sexual abuse, develop healthy habits, improve ways of relating to others, and grow up as a healthy adult without many of the negative consequences of abuse.

- Reassure the child that you love her and that is why you will provide boundaries. Establish the boundaries and then maintain them - even under pressure.
- When you observe changes in your child's behavior, discuss them and involve the child in looking for solutions. Have your child help you set consequences for specific behaviors.
- When your child's moods fluctuate and are unpredictable, remind yourself that it is not about you and try not to personalize situations. Your child is in pain, and you want to help. However, you cannot control someone else's feelings.

- Provide consistent love and care, while maintaining boundaries.

When your child blames you, do not get defensive. Listen. Love. Detach. In this way, she can learn to trust you, trust your responses.

- Remain calm. If she explodes in anger, remain calm. Give alternatives. Give consequences. Calmly.
- Accept that your child does not understand why she is saying what she is. She is in pain and striking out. You may be the closest and most trustworthy target.
- Do not accept your child striking you or place yourself in danger. Assure your child that you are willing to sit down and talk or to do some other activity that may distract her from present painful feelings.
- Be consistent, be fair, and be predictable in your responses. Your child will be comforted and feel more secure.
- When children act out sexually, they may be trying to meet needs that were previously met during sexual abuse. Although some sexual abuse involves pain and force, many times it occurs in a context of love, caring, intimacy, touch, validation, companionship, affection, and nurturing.
- The child is unaware that this is not appropriate between an adult and a child. The child has been told by an adult that it is appropriate. Try to understand how confusing this is to the child.
- You will need to work with your child so she can learn other ways to meet the needs previously met through sexual abuse.

- Children who have been sexually abused will benefit from structure and consistency in the home and guidelines and rules to follow. Rules should be clear, be explained prior to an expectation that the child will follow them, and consequences for not following the rules should be outlined. Rules should cover situations that may occur both at home and away. Your child will feel safer and more secure with these rules in place.
- Privacy -Teach your child that everyone has the right to privacy, and this is why you knock when doors are closed. Be sure that you follow the rule.
- Bedrooms and bathrooms - These two areas are triggers for children as most sexual abuse occurs in one or both of those rooms. You will want to decide on clear rules and guidelines regarding sharing bedrooms, being in another child's bed, being in the bathroom when someone else is in the bathroom, and sharing bath times.
- Touching - Let your child know that no one should touch another person without permission. Let her know that private parts are to be touched by no one other than a doctor during a medical examination. If the child is very young, include that you may help them with bathing or toileting.
- Clothing - Have family rules about being clothed. A sexually abused child may be overstimulated by seeing others in their underwear or walking around nude.
- Setting limits, saying "no" - Teach your child assertiveness. Teach them how to say "no" clearly when someone touches them in a way they do not like. Practice this with them.

- Emergency plan - Teach your child what to do if someone goes beyond their limits, even though they have said "no." Teach your child about safety plans, emergency people to call. Teach your child to scream, if to do so will not result in their being harmed.
- Sex education - Teach your child basic sexual information. Let her know that it is all right to talk to you about sex. Provide appropriate words for body parts, such as penis, vagina, breasts, buttocks. Help the child find ways to talk about the abuse that does not trigger the trauma.
- Obscene and sexualized language - Set family rules that obscene language is not allowed. For children who have been sexually abused, language can be a trigger for painful feelings.
- Secrets - Have a "no secret" rule in your home. Make it clear that if an adult ever asks a child to keep a secret, the child should immediately tell you.
- Being alone with one person - Whenever a child is struggling with sexually acting out, she is high risk for further abuse or for abusing a younger child. Protect your child. During these times make sure that she is never left alone with someone.
- Wrestling and tickling - These behaviors have sexual overtones. Set rules that they are not allowed in the home. They may appear to be normal childhood behavior; however, a younger, weaker child may feel uncomfortable or humiliated. Some sexual abuse occurs within the context of "tickling." Pay attention and protect your children.

- Other thoughts and feelings - Let children know the difference between feeling and behavior. Let them know that feelings are normal, including sexual feelings. However, a feeling does not give a right to a behavior. Discuss the topics of choice and responsibility with your child.

A Hero to win the Battle

If the perpetrator is a parent or other family member who your child will continue to see, set guidelines and limits around those situations. Do not be afraid of being harsh. Others may judge you. Maintain your role as protector.

You unconditional love and acceptance of your child will help her rebuild her self-esteem and recover from the sexual abuse. Modeling effective coping skills and self-care and demonstrating your own emotion management will help her find ways to control her emotions and begin to self-regulate.

Additional guidelines for you as the parent of a child who has been sexually abused:

- Put the needs of your child first.
- Supervise and protect your child at all times.
- Be consistent with schedule, structure, rules, and consequences.
- Practice mindfulness with your child. Be there. See her. Be aware. Do not take her for granted. Listen.

- Develop and maintain a strong support network for yourself.

PART IV The agony of the abused

Victims of child sexual abuse may appear passive and compliant. They may look like "good kids" and not show some of the behavioral problems outlines in lack of self-control. However, children who have been sexually abused have a reservoir of anger, hostility, and sometimes hatred, welled up inside them.

Child sexual abuse victims are angry at:

- Perpetrators: for every act of abuse, for the violation, for the pain, for the betrayal, for the threats, for the secret
- Non-protective parent, usually the mother: for not protecting them, for not keeping them safe
- Themselves: for the abuse occurring and being unable to stop it

They may also be angry at:

- Themselves: for deserving to have this happen to them
- Themselves: for being out of control
- Themselves: if they have disclosed, for the disruption to the family
- Professionals: for asking questions
- Law enforcement and Child Protective Services: for interfering with normal family life (separation, foster care, or visitation arrangements)

- Siblings: for keeping the secret and older siblings for not protecting them
- Extended family members: for their responses following disclosure

This anger is often repressed and turns into depression and withdrawal from normal activities. Child victims may later act out in a variety of behaviors against both others (abusive language, fighting) and themselves (self-harm in addition, self-destructive choices).

This anger does not usually reduce over time unless the victim engages in counseling and processes through the sexual abuse events and the anger, assigns responsibility and let's go of self-blame. This is a significant process

and may be life-long, depending upon the extent of abuse and identity of perpetrator.

Chapter 4

Relieving the Pain

Threat to Loved One's Life

After sexual abuse is disclosed, mothers have many fears about the

consequences. The disclosure may affect almost all areas of their lives, depending on the identity of the offender to the victim. Mothers fear what will happen to them, their children, their marriage and primary

relationships, their other children, extended family members, community relationships, jobs, health, finances. They fear the legal process, the court process, interactions with social services. They fear the perpetrator. They fear their inability to support and help the child victim. They fear their ability to get through this and survive the emotional consequences. They fear a re-offense. They fear signs that look like a possibility of a re-offense.

Mothers may also develop posttraumatic stress disorder (PTSD), and have anxiety and panic attacks associated to their child's abuse.
The greatest fear that a mother experiences is losing her child. She is afraid that the court will take protective custody of her child, and for almost all mothers, that fear is cataclysmic. She is confident that she would not be able to survive that event. If the court took protective custody of the abused child, it may take her other children. The pain and anxiety associated with that fear is overwhelming.
If the offender is her husband or partner, she may fear losing him. This sets up a double-bind that feeds the ambivalence. She loves both the offender and her child and has to decide who to support. If she decide sshe will support her partner, she may lose her child. If she chooses to support her child, she loses her partner. This dilemma seldom has a solution.

Reunification of families is fraught with danger to the child. Treatment providers may say that the offender is safe now, but no one has the ability to know that for sure.

Mothers struggle with so many conflicting and painful emotions. They blame themselves for the abuse. They feel desperate, lonely, isolated, ashamed, and stigmatized.

Mothers are also afraid of the consequences to their jobs, professions, and finances. If they lose the financial support of their partners, they do not know if they can pay for housing and other bills. Perhaps the mother did not work and now has to find a job. All of these concerns add to the weight of responsibility and fear that mothers carry.

Mothers are also afraid of not being believed and supported. Similar to the child victim, they may not be heard when they report the abuse. The perpetrator may be well known in the community or have a good reputation. Mothers fear powerlessness.

Possible Disbelief

Children who have experienced sexual abuse are afraid of the consequences of telling. The offender has used fear to keep the secret untold. Children are afraid of what other people will think and feel when they find out about the abuse. They are afraid of what will happen to them and their families. They

may be afraid of what will happen to the offender. Children have been told many things by the offender, and they believe them. They remain quiet and the abuse continues.

Children are afraid that they:

- Will not be believed
- Will be rejected by their mothers
- Will be blamed for the abuse
- Will hurt their families
- Will be thought of as dirty and ugly
- Will be rejected and the offender will be supported

Sometimes children are afraid of what will happen to the offender. He may be an important person in their lives like a father, uncle, or brother. They may fear the offender:

- Will be rejected
- Will be put in jail or prison
- Will commit suicide
- Will be beaten up by angry family members

Children have usually been taught to fear the consequences of telling. They may have been told:

- "No one will believe you."
- "You will be taken away and put in a foster home."
- "Your family will be broken up and it will be your fault."
- "Everyone in the family will reject you."

- "No one will ever want to marry you."
- "I will hurt you," "hurt your dog (pet)," "hurt your brother."

If you tell, nothing will happen, and I'll abuse your little sister next." Children feel helpless and powerless. They fear that telling will not matter or make a difference. They fear:

- Telling will not make a difference.
- Everything will stay the same.
- Nobody can stop the abuse.
- Things will get worse than they are.

Fear

Child sexual abuse involves a power relationship between an adult or older child and a child victim. Because of the difference in power, the child feels helpless to stop the abuse. Children are expected to obey their parents and to do what adults Instruct them to do. Children do not have the power to refuse sexual abuse. If they fight, depending on how vicious the offender is, they can get badly hurt. If the child is younger and smaller than a youth perpetrator, the same threats and fears exist. Some children may scream or cry, but many others do not. If the abuse occurs during the night in their own beds, children may pretend to be asleep. Children usually endure the abuse because they have no choice. If the perpetrator is the parent or primary caregiver, a child is even more helpless because the abuser has

continuous access. The child develop coping strategies to survive the abuse incident and to manage some of its effects, such as guilt, fear, depression, and anger.

Because of the imbalance in power in the relationship between the abuser and the victim, a child can never consent to sexual abuse. Children know that adults are supposed to protect them and take care of them. This knowledge increases their sense of helplessness.

Physical Pain

Child sexual abuse affects the health of child victims. Explanations for this include:

1. Stress, especially chronic stress such as that experienced by children repeatedly abused, causes a release of stress related hormones into the body. These hormones have a negative impact on the immune system and place the child at risk of physical illness.
2. Emotions are closely tied to the child's health. The fear and anxiety of the sexual abuse victim causes symptoms of illness as the child's anxiety is expressed physically. Because sexual abuse is physical violation, the child has fears around bodily functioning. This may be related to the PTSD symptom of hyper arousal.
3. Dissociation results in a lack of body awareness. Children may be unable to distinguish between emotions and physical sensations.

Examples of somatic symptoms in child sexual abuse victims:

- Stomach pain
- Digestive complaints
- Headaches
- Asthma
- Bladder problems
- Abdominal pain
- Other bodily pain not explained by medical diagnosis, such as back or leg pain
- Constipation or diarrhea
- Encopresis (inability to control bowels)
- General fatigue

Emotional Pain

The emotional impact of child sexual abuse varies from child to child. However, short-term effects in child victims are demonstrated in a complex array of emotional problems. These include:

Fears and phobias - These fears are associated to the abuse event and the abuser. They may include the offender, strangers, all men, other adults, dark places, being alone, night time, or any individually specific cue that reminds them of the abuse.

Depression - Depression may develop as the child holds the secret and may continue following disclosure. The threats of the perpetrator and the fears of telling, the helplessness and the hopelessness, the sadness and the grief - all contribute to the possibility of acute and chronic depression.

Guilt - Children tend to blame themselves. They think they did something wrong and hold the responsibility for the abuse. They believe they have done something bad. Often the abuser tells them that they are bad and that the abuse was their fault.

Confusion - The child is confused. Nothing is the way it is supposed to be. They want to feel loved and protected, safe and secure in this world. Sexual abuse affects their view of the world, of adults, of themselves.

Anger- The child is angry, sometimes at the perpetrator, and often at the parent who did not protect. That anger may erupt at anyone in authority, siblings and other family members, or other children at school. If the abuser is a member of the family, the child will often feel safe to take the anger out on the non-offending family member, such as the mother. This phenomenon requires mothers to be patient and tolerant of this anger, understanding where it is coming from, and that it is not about the relationship with the mother.

Following disclosure, the safety of the child is primary. The child must be protected from further abuse. The child will experience a range of emotions,
and the mother's patience, understanding, and support will help alleviate them. Counseling provides a safe place for the child to talk about feelings and learn ways to coping with them.

Sexual Pain

Sexually abused child victims have been sexualized by the experience in such a way that it alters sexual development and sexual behavior patterns.
Some children develop sexually inappropriate behaviors, one of the warning
signs that a child has experienced sexual abuse.

Sexually inappropriate behaviors include:

1. Sexual behaviors that are different from those normal for the age of the child
2. Behaviors that indicate the child has adult-level knowledge of sexual activities
3. Non-response to repeated requests to stop the sexual behaviors
4. Sexual behaviors in public after the child has been told these are not acceptable
5. Other children complaining of the sexual behaviors of the child

6. An element of force or pain involved in the sexual behavior with other children
7. Sexual behaviors that involve pain or discomfort to the child
8. Sexualizing non-sexual objects
9. Anger associated with sexual behavior
10. Use of bribery or threat with sexual behaviors
11. Attempting sexual behaviors with adults who are uncomfortable with them
12. Seductiveness with adults
13. Unusual affection-seeking
14. Sexual contact with an animal
15. Promiscuity in adolescence
16. Juvenile prostitution

PART V - Stimuli of abuse

No general sex offender "profile" exists as sex offenders tend to be similarto those in the general community. No generalizations can be made about the

age, education, employment, social and economic status, mental health, gender, or criminal tendencies, or any other specific factor or variable. If certain characteristics, behaviors, environmental, and relational factors are present at once, the likelihood is high. Some characteristics predict abuse.

Sexual arousal and preference for sexual behaviors outside the realm of normal, healthy, or appropriate:

- Sexual behaviors with others against their will
- Enjoyment in inflicting pain on others
- Pattern of violence and aggression
- Exposure in public setting
- Secretly watching other undressing or engaging in sexual activity

Pro-offending attitudes and self-statements of sex offenders, condoning sexual abuse:

- Tell themselves that the behavior is not serious or harmful
- Tell themselves that the victim enjoyed the sexual activity
- Justification of behavior such as "victim enjoyed the activity"

- Victim initiated the sexual activity
- Give themselves permission to engage in behavior

Lack of social and interpersonal skills:

- Problems in intimate relationships
- Poor communication skills
- Social isolation

Lack of empathy for victim:

- Unable to put themselves in another person's place
- Unable to feel what another person may be feeling

Poor stress management and self-control:

- Difficulty managing emotions
- Highly impulsive
- Unable to say "no" to self

Other non-disclosed deviant behaviors in offender history:

- More to the story than self-report of offender (In other words: offenders lie.)
- Additional disclosures of other events not previously disclosed by victim(s)
- Additional victims or additional behaviors such as exhibitionism or frotteurism

History of abuse:

- Physical, sexual, or emotional abuse during childhood

Chapter 5

Strengthening Resilience

Physical Absence in Rearing Their Daughter

Mother blame is more likely to be an issue if the perpetrator is the father or father figure in the family. If the sexual abuse is perpetrated by a stranger or community member, even if over a long period of time, the mother is not likely to be blamed. The offender will be held responsible. However, if the child is abused by the father, it is assumed by many that the mother had knowledge of the abuse, that she enabled, that she chose not to protect, and that she may have fostered the abusive relationship to avoid sexual activity with the father.

Mothers in incestuous families are either inadequate at playing their roles as mothers or they try to care for everybody's needs except their daughters. They are usually emotionally and physically detached from their daughters and unable to protect their children from incestuous abuse (Ackerman & Kane, 2005:591) because they ignore the signals of incest and their daughter's reports of the abuse (Schetky & Green, 2014:36). In most cases, mothers are miserable about their marital situation and feel powerless about their family situation (Proulx et al., 2014:157). These mothers are commonly desperate to sustain their dysfunctional marriages (Bellack,

A.S., Hersen, M., Morrison, R.L. & Hasselt, V.B.V. 2013:192) and derive sexual gratification from domination of their husbands by means of physical abuse or even humiliation (Mrazek & Kempe, 2014:101). Often, these mothers are married to oppressive and authoritarian men who behave cruelly towards them. The weakness and dependency of these women prevent them from challenging their husband's pathological behavior (Schetky & Green, 2014:37).

When a child is sexually abused, mothers experience long-term consequences in their lives. They know that the impact of sexual abuse is life-long, and the damage to the child is irreparable. Although the child may recover, many areas in her life will be affected. The adjustment process for mothers is unique in each individual.

However, hurt, fear anger, and guilt are common to almost all mothers. If the child's abuse is not accepted, and the thoughts and feelings are not processed, the pain and hurt can affect the mother for years.

The sexual separation between the mother and the father is driven by the mother's absence from home as well as her coldness and hostility towards her husband (Mrazek & Kempe, 2014:101). This coldness and hostility makes the father to experience weak sexual relationships with their wives

and to turn to their daughters for sexually affectionate activities (Draucker & Martsolf, 2006:80-81; Lentz et al., 2012164). The unavailability of these mothers also forces their daughters onto their fathers for attention (Schetky & Green, 2014) and increases the chances of intimate sexual Relationship (Mrazek & Kempe, 2014). In some instances, both parents intentionally or involuntarily view incest as more acceptable than an extramarital relationship (Lentz et al., 2012:164). Some fathers are not willing to seek sexual satisfaction outside the family, but rather prefer to use their daughters for sexual satisfaction. This is driven by the reason that these fathers want to be viewed as competent patriarchs (Mrazek & Kempe, 2014:100). Mothers conspire in the incestuous abuse to keep away from their sexual responsibilities (Draucker & Martsolf, 2006:81) and their roles.

These mothers allow role reversal with their daughters and let them assume the privileges and responsibilities of a wife. These privileges and responsibilities instill a belief in these daughters that they are their fathers' sexual partners or companions (Mrazek & Kempe, 2014:100-101; Schetky & Green, 2014;37).

Following disclosure and the child's initial recovery and adjustment, mothers may feel that the worst consequences to the abuse are past and that is possible. Some resilient victims with support and coping resources

are able to move past the abuse and not be impacted negatively throughout their lives. Many factors affect this possibility:

- Age of the child at time of abuse
- Identity of the perpetrator
- Length of time the abuse occurred
- Severity and force involved in the abuse
- Whether the victim is believed at the point of disclosure
- Maternal support following disclosure
- Internal coping resources
- Ability of the child to move through normal childhood development stages
- Effect of stress on child's brain, body, and immune system

Most sexual abuse victims, however, experience long-term consequences that negatively affect many areas of their lives. When a child is ill or disabled, a mother's life process is altered and feelings of grief, pain, and loss are normal. Mothers' process through the stages of grief when a child has been seriously harmed, is diagnosed with serious illness, or dies. Mothers experience the same process when discovering that a child has suffered sexual abuse. Mothers are aware of the future impact of the diagnosis and feel pain for their children's future losses.

Mothers of sexually abused children are at risk for depression. Many mothers find primary life meaning and purpose in the role of parent. The disclosure of a child's sexual abuse can leave the mother feeling incompetent and unable to provide protection to her child. She may feel powerless and helpless. If the child's recovery is difficult, she may despair of the situation ever improving. Her self-confidence and self-esteem will be negatively affected, and this will affect other areas of her life.

The hurt and pain that mothers experience is sometimes not noticed because the focus is on the victim's safety, well-being, and the legal process of the case. However, mothers are secondary victims in cases of childhood sexual abuse. If the perpetrator is the husband or partner, mothers are primary victims due to the sexual relationship with her partner. She may develop grief symptoms that affect her physically, emotionally, behaviorally, psychologically, socially, and spiritually. Many mothers develop symptoms of Post Traumatic Stress Disorder (PTSD). They may experience nightmares, heightened anxiety, be hyper vigilant, have an increased startle response, experience intrusive thoughts of the abuse, avoid reminders of the abuse, and may experience panic attacks.

Even years after the abuse, as mothers observe the previously abused child struggling with adult relationships, continuing to manifest PTSD symptoms, or addicted to alcohol and other drugs, the pain and hurt will resurface. It is possible that years later the mother will recognize the unhealed places in her own life and how she affect her present roles and relationships.

Mothers are traumatized by the abuse of their children, are also suffering during the period following disclosure, and perhaps long after. It is critical that mothers pay attention to their feelings and honor the ongoing pain and hurt they experience because of their child's sexual abuse. As with all grief experiences, the pain will lessen as time goes on. However, an ache may continue to be present for many years to come. If possible, mothers should access individual counseling so they have a safe place to talk and process feelings. Family counseling is recommended for the support of mother and other family members during the time of chaos and reorganization following disclosure.

Inability to Suffice Husband's Sexual Urge

When you discover that your child has been sexually abused, you feel grief.

You will experience the range of emotions associated with loss: sadness, fear, anxiety, anger, confusion. This is a normal process. You may also feel emotions related to ongoing stress as you go through the process of disclosure, investigation, and possible choices and changes in your life.

Fathers who commit incest are known to blame their children's mothers for their actions and commonly describe their abusive behavior as resulting from the caring or love they feel for their daughters (Bancroft et al. 2011:116&117). They have strong sex drives with little or absent shyness, which makes their sex lives with their wives to be aggressive, demanding and lacking emotional bonding or affection (Singh et al., 2005:40). In most cases these fathers come from broken homes, seldom completed their education (Singh et al., 2005:40) and are more likely to be alcohol dependent (Firestone et al., 2005:228).

When you read the following negative thought patterns, think about your normal responses to everyday events and how these negative thoughts may create or increase negative emotions in your life.
Focusing only on the problem, not the solution. You have a mental filter that selects to focus on the negative, not the positive. Instead of being solution focused, you are problem-focused. When you are stuck in the problem, it is difficult to find the way out.

- Catastrophizing. You exaggerate the situation. You view whatever has occurred as the worst possible event. It is a disaster. Something is not just a mistake, it is a failure. You may see the event or situation as the end of the world - your world - rather than a day in your life - or a week, month, or year. Not your whole life. Your life and your child's life is never defined by one event.
- Expecting the worst. You focus with your imagination on the worst case scenario. In your mind, you see a situation through to the end, and the end is not good. You see it as very, very bad. Horrific. Expecting the worst is similar to catastrophizing, but it is future-focused.
- Stereotyping. You have categories, and they are neat boxes into which you can place yourself and others. An example: "terrible twos." Are all two year olds terrible? No. Or adolescents. Do they all rebel and drive their parents crazy? No.
- Shoulds. Words that have a lot of power that you may frequently use include "should," "ought," "must," and "have to." Each of these words assumes something. They assume a common standard of behavior. They assume that others live by your rules. If you say these words about yourself, you are holding something an expectation for yourself and these words evoke guilt and shame.
- Thinking in absolutes. You overgeneralize by using words like "always," "never," "everyone," or "no one."

- All-or-nothing thinking. You do not see things as part of a picture. Instead, you see a part, and judge it as the whole picture.You think in extremes and distort reality. You see yourself or someone else as a complete failure or complete success - with no middle ground.
- Negative labeling. If you use negative labeling about yourself, you are lowering your own self-esteem. These negative labels become your identity, create your reality, and limit your future choices. Labeling is all-or-nothing thinking. For example, you may make a mistake and then call yourself a "loser." You are labeling your entire self instead of seeing the behavior as one mistake and choosing not to judge yourself based on that. You are not your mistake. Labeling is irrational. What you do cannot be who you are. When you view yourself or others through the filter of labels, change does not seem possible.
- Personalizing or Blaming. Personalizing is when you see events through the filter of your responsibility and feel guilty, ashamed, or inadequate. For example, your child does not behave, you see yourself as a bad mother. Your husband has an affair, you see yourself as a bad wife. Blaming is the opposite. When events occur, you do not see your part in the event. You tend to think it is someone else who is responsible and assign guilt to that person. You do not see that you may contribute to the problem.

  "Yes, but _____." When you are given a possible solution, your first response is to state what is wrong with the plan. You think it will not work and want to give your reasons why you believe this. You are closed to possibilities. You see through the negative lens.

- Jumping to conclusions. You practice mind-reading or fortune-telling. When something happens, you make an assumption. That assumption may or may not be based in reality. When you practice mind-reading, you think you know what someone is thinking or why they did something. However, you have no way to know what another person is thinking or what was in their mind when behaving in a certain way. With fortune-telling, you predict negative future events. An example is saying "I'm going to fail" or "I'll never get better." You expect the worst.

PART VI The father as an abuser

The sexual abuse of a child can have a profound effect on the mother child relationship, depending on the identity of the perpetrator and the length of the time over which the abuse occurred. This effect can occur long before the mother knows about the abuse. If the child thinks that the mother knows about the abuse, and it continues, the child will be angry with the mother without the mother's awareness. If the perpetrator is the father, and he has threatened the child with statements about the mother, this will affect the mother-child relationship. If the father has set up a dynamic of the child becoming the "adult partner" in the home and taking care of him, even if the mother is not aware, the child may grow to blame and hate her. Unfortunately, when the child believes that the mother should know and protect her, and the mother does not do this,

the blame shifts away from the offender to the mother.

However, victim responses can generally be incorporated into categories of:

- **Attitude toward the perpetrator** - Ambivalence is the common denominator in victim perspective towards abusers. Victims both like and dislike, enjoy and despise, love and hate their perpetrators. Many victims report the relationship with the perpetrator as positive, while others report it as neutral or negative.
- **Pre-abuse and abuse behaviors** - Children describe warning signs occurring before the sexual abuse. However, at the onset of abuse, some children were not aware that it was sexual abuse. Victims describe perpetrators: using sexualized language, treating them differently, not respecting their privacy, having a lot of physical contact, touching them on their private parts or exposing themselves in a supposed accidental manner.
- **Perpetrator statements** - Victims describe offenders providing justifications for the abuse and making statements about being lonely or needing affection. They describe perpetrators making promises and then breaking them. Victims said that offenders minimized the significance of the sexual abuse and made statements about it being an acceptable behavior.
- **Coercion** - Almost all victims interviewed said that coercion had been used by the perpetrators. Most said they were threatened of consequences if they did not cooperate. Consequences included threats of harm to the

child or punitive consequences to the offender. Sometimes the threats were indirect, through bribery or exploitation. Almost all children were told to keep the abuse a secret. Many children also experienced physical violence if they did not cooperate.

- **Vulnerability** - Children are vulnerable and want the parent's attention and affection. If they disclose, they recognize that their security is compromised. They may lose home, mother, siblings, school, and friends if they tell.
- **Beliefs** - The children who were interviewed were clear about the effects the abuse had on their lives and made statements recognizing long-term consequences of the abuse.

Chapter 6

Dealing with the Transgressor

Symbol of Pain

Victims of child sexual abuse need to process through their grief reactions. The child has experienced losses in many areas, and mourning is a necessary part of grief. If victims do not mourn these losses, they are more likely to demonstrate trauma symptoms. Short-term effects and long-term consequences of sexual abuse are intensified if this grief process does not occur.

A child victim of sexual abuse has experienced loss of trust,

freedom, and identity. The child's ability to process these losses will affect her life as an adult, decreasing her ability to trust, be independent, be self-aware, have positive self-esteem, and have a sense of control over her life as an adult. Victims need to grieve their abandonment, numbness, lost relationships, damage to self, loss of innocence, damaged world-view, damaged belief and values, loss of childhood, and loss of self.

Stages of a child's grief include:

1. **Shock and emotional numbness**. The first reactions to trauma are shock and a feeling of numbness. These are normal coping responses. This period provides a buffer so that the person can absorb the news and begin to adapt. The length of time and the person's experience of this stage depends on individual personality and history and external circumstances. A child will usually have no understanding of what has happened to him. If pain, fear, and threats were involved, the child has no way to process these experiences. He may continue paralyzed by the fear and anxiety. Memory of the event may be repressed.
2. **Denial**. Denial is the response of the mind to trauma. The mind looks for an alternative explanation to the painful event or to the reality of a situation. When faced with intense loss or trauma, the mind has a protective device to prevent the person from being completely overwhelmed and unable to function. This protective device is denial.

Denial has different forms, such as denying the event itself, denying the seriousness of the event, denying parts of it, or denying responsibility. Even when the mind comes to terms with reality, the emotions may not follow. Victims may have nightmares, other trauma symptoms (See PTSD), or somatic symptoms and not view these as related to the traumatic event.

3. **Anger and rage**. These are normal, healthy grief responses. When loss occurs, people ask "why me?" and are angry at others, self, and God. However, a child may or may not know that what happened to her was wrong. The offender may normalize the abuse or provide rational explanations. The child victim is confused and lost. Anger may be acted out, not at the perpetrator, but at other children or other adults. Anger is a warning sign of abuse.
4. **Guilt**. Guilt is a normal, expected response to grief. Adults may assume responsibility for a loss or ask themselves what they could have done differently. They blame themselves. They may feel sad or ashamed. A child often feels an unrealistic responsibility for adult actions. This is seen during divorces or when a parent leaves the home. At these times the child sometimes thinks that something they did caused the event. It is common for child victims of sexual abuse to feel responsible and guilty about the abuse.
5. **Anxiety.** The child experiences anxiety as a result of loss of control, loss of freedom, and a sense of helplessness. He will worry about being believed, be afraid of other people's reactions to the disclosure, and be

afraid of the perpetrator. If the perpetrator has access to the child, the child victim may live in a perpetual state of chronic anxiety. This state of stress will cause reactions in the child's body, brain, and immune system, and may result in ongoing emotional and psychological problems and physical illness. Anxiety may lead to panic attacks, phobias, and negative and obsessive thought patterns.

6. **Depression**. Feelings associated with grief are similar to symptoms of depression. A child victim may experience sadness, tiredness, loss of interest in everyday activities, have problems sleeping, and cry often without apparent reason. During a grief process this is normal. Sometimes appetite is affected. It is important to pay attention to the child's response during this stage as she may engage in self-destructive ways to soothe herself, such as eating disorders, cutting, or substance abuse. Depression can result in hopelessness, hostility, anger toward self, loneliness, despair, and suicidal thoughts. Child and adolescent victims of sexual abuse often talk about or act out thoughts of suicide. Professional consultation and intervention is critical if your child is depressed.

Tasks of the grief process include:

- Overcoming denial and accepting losses.
- Feeling the pain and working through it.
- Adapting to the current life, role, and sense of self and the world.

Mothers can observe their child's grief experience, provide comfort and support, and intervene as necessary. Safety, structure and routine will assist your child in moving through the stages of grief. Your presence and availability will reassure her that she is not alone.

Agent of Fear

The primary emotional effect for victims of child sexual abuse is fear. Following disclosure, children fear the consequences of disclosure, as well as re-occurrence of the abuse. This places the child in a painful and stress-filled situation. He or she may have been groomed to feel it was his or her responsibility that the abuse occurred, or that, if they disclose, no one will believe them. If victims disclose they are afraid that the abuse will reoccur or that the perpetrator will retaliate. Sometimes the child demonstrates these fears in an overt way, and mothers can see what is occurring in the child. Sometimes the child says nothing, but the fear is manifested through nightmares, night terrors, or other forms of anxiety.

Sexual abuse victims develop fears related to the abuse, such as fear of people, situations, and sensations. They become fearful, and this often includes fear of emotional upset or fear of conflict. They

may develop phobias related to aspects of the abuse and experience anxiety or panic attacks. They may become suspicious or they may do the opposite and act against the fear by approaching people or situations without fear when others would be fearful. They may fear all men, or the opposite, they may approach all men. They may dislike being touched, or they may have no physical boundaries, inappropriately touching others without permission. Many sexual abuse victims fear intimacy and have difficulties in establishing close relationships.

The emotion of fear is biochemical, not just a "feeling." Fear is related to brain chemistry and brain function. Cortisol is a stress hormone that is released during times of fear. This hormone causes cascading effects in the body and initiates the release of other hormones. If the fearful response is chronic - in other words, the thing that is feared returns repeatedly - neurochemical processes adapt, and brain structures are affected. Individuals with PTSD who have experienced childhood sexual abuse have hippocampal shrinkage - the hippocampus does not develop as it would normally. Developing children are not meant to live in fear and have cortisol flooding their systems on a regular basis. This stress has an effect on body, brain, and immune system, and may result in physical illness.

PART VII Family Relationship after Unveiling the Abuse

Mothers are angry after they find out that their children have been sexually abused. They may be angry at the perpetrator, the victim, themselves, or the many people and systems now involved in their lives. Victims are usually angry at their mothers for not protecting them or for not intervening earlier.

Other family members may also be angry at mothers. They may hold them responsible and guilty because they did not intervene sooner or they may hold them guilty for embarrassing the family and not keeping the secret.

They may blame mothers for the abuse. The mother responds with anger For being blamed.

The anger of the mother can be transformed into depression as the Mother directs that anger towards herself. She may manifest symptoms of depression: sadness, crying, worthlessness, hopelessness, and physical symptoms.

Anger is a normal emotion. What a person does with the anger is what makes it either good or bad. Mothers need to direct the energy of anger into protective and productive activity for both her and her child's benefit.

If the perpetrator is the husband or partner of the mother, ambivalence will be a chronic state. Ambivalence is having two sets of conflicting feelings – to love and to hate something or someone at the same time, to have ongoing. Internal conflict and shifting of emotions both for and against a person or situation. Even if the decision to support the child is firm, and the choice of the child over the partner was deliberate, the mother will continue to have conflicted emotions regarding the perpetrator.

Anger is an emotional common denominator. It affects all relationships. Although a normal human emotion, anger is destructive if not managed. It increases levels of neurochemicals and neuro hormones in the body and creates physiological stress which can produce physical illness.

Chapter 7

Building Unconditional Love

Birth of Hatred

A betrayal is a breach of trust, the violation of a promise, and evidence of disloyalty. Betrayal is built of lies and dishonesty. It causes harm to the person who has been betrayed. When someone betrays another, it is intentional and done with purpose. Self-motivation and self-interest define the betrayer's actions. After betrayal occurs, it becomes difficult to trust the person again and to have confidence in their words and intentions. This lack of trust generalizes to others, who may also betray.

Betrayal may be traumatic if it involves fear and violence. A betrayal bond causes the person betrayed to bond with the betrayer in such a way that violence or threat of death may not dislodge the bond. Carnes (1997) describes the development of a betrayal bond. He describes the wound, the hurt and fear that are now present. The stress of the betrayal results in a neurochemical response similar to addiction. What may occur is that the bond becomes compulsive.

Rather than avoiding the person who has betrayed, the person may develop an attachment, an addictive attachment to the person who has hurt them.

Emotional responses reinforce each other and spiral out of the person's control. This process may include:

- Initial Hurt
- Fear and possibly terror
- Anxiety - possibly hyper-alert (See posttraumatic stress disorder for symptoms)
- Lack of safety
- Numbness (See denial and dissociation)
- Self-blame
- Loss of ability to trust instincts and judgment
- Distortion of reality

Betrayal bonds are common in cases of domestic violence , child sexual abuse, adult sexual abuse, cult membership, kidnapping, and addiction. What is most harmful is desired, and the ability to let go of the relationship or process is profoundly difficult. The victim attaches to the abuser. This is seen in the case of children protecting their abusers and domestic violence victims lying to others about the abuse and returning again and again to an assaultive

relationship. The bonds are rooted in the betrayal. Betrayal bonds are demonstrated by loyalty and attachment to the betrayer and self-destructive denial in the person who has been betrayed.

Signs that indicate a betrayal bond may exist include:

- Covering up and defending the other person when others judge him.
- Continuing to believe false promises.
- Patterns of destructive fighting.
- Not reacting to an event to which others respond negatively.
- Obsessing over the other person, relationship, and behavior.
- Feeling powerlessness about the other person's behavior.
- Loyalty to someone who is hurting another person.
- Willingness to hold hurtful secrets.
- Belief that you can change the person from hurtful to not-hurtful.
- Paying attention to the person's positive attributes and ignoring degrading or destructive behaviors.
- Inability to detach from the person even when you do not like them, love them, or trust them. You stay when a part of you hates them.
- Missing and longing for a relationship that almost destroyed you.
- Overlooking all the broken promises, destructive behaviors, and exploitation and covering it so that others will not know.

Betrayal bonds are important to understand in the dynamics of child sexual abuse. Both child victims and mothers of sexually abused children can develop betrayal bonds with the perpetrator. This is more likely if he is a family member. Both have experienced betrayal and violation of trust.

Betrayal bonds do not dissolve on their own. Time does not heal them. Dissociation and lack of awareness maintain the risk of self-destructive behaviors in the victims of betrayal. It will be necessary to face the attachment to the betrayer, face the wounds, face the feelings, learn to trust yourself, and learn to trust others.

State of Unforgiveness

The recovery process following disclosure of your child's sexual abuse involves telling yourself the truth. The truth includes: what is going on right now in your life, what happened in the past, and what may happen in the future. It requires rigorous honesty with yourself. It also requires acknowledging who is responsible for what and assigning that responsibility. That also includes examination of all the ways you feel guilty and responsible and reality-testing your thought process. This truth-telling includes all of life.

Telling yourself the truth is about acceptance. It is accepting life on life's

terms (Alcoholics Anonymous, 2001). The Serenity Prayer asks for the serenity to accept the things that cannot be changed. This is paradoxical because without acceptance, serenity cannot be achieved. Without serenity, acceptance cannot be achieved. Without acceptance of things as they are, you will continue to be disturbed about all aspects of your experience.

The practice of mindfulness fosters increased ability to feel your feelings, be aware of your thought patterns, and accept the reality of your life at this time. This includes the abuse disclosure, post-disclosure process, your feelings, and the short-term effects to your child. The opposite of acceptance is denial. Denial, except in the earliest stage of grief, is not a positive coping strategy. When in denial, we usually want to escape reality and may use other unhealthy ways of coping. Mindfulness fosters awareness, rather than denial. Mindfulness also contains a nonjudgmental aspect, which will help you decrease your anger and judgement towards yourself and others.

A common response to sexual abuse when it involves family members is to pretend that everything is fine. It is going along and denying the reality of the pain. It is not telling yourself the truth. If your child has been abused over a period of time, she will experience consequences of that abuse. Depending on her age, the severity of the abuse, the use of

force, the identity of the perpetrator, the length of time it was experienced - all these factors impact the extent of consequences.
If a child is believed - and that requires mothers facing the truth - and if she supports and protects her child, he or she may not experience the long-term consequences of the abuse. However, if the mother does not believe, does not support, does not protect, the probability is that the victim will grow up to experience many of the consequences common to sexual abuse.

Telling yourself the truth does not mean telling everyone else the truth. This is your process. And it is a private, alone process. You need to choose who you can trust so that you protect yourself. This is not paranoid. It is self-care and boundary-setting. You do not have to say out loud to anyone else, unless you choose to tell a counselor, close friend or family member, any of the thoughts you may have about your truths.

Some possible truths:

- Thoughts
- Feelings
- Motivations
- Goals
- Values

- Responsibilities
- Roles

All of these truths involve what is, not what you want things to be or hope things were or thought things were, but what is.

Patricia Wiglund in Sleeping with a Stranger (1995) provides questions to ask yourself in this process of telling yourself the truth. She includes groups of questions about:

- Activities - What do you do?
- Opinions - What do you think about different issues?
- Feelings and beliefs - What do you feel and believe?
- Values - What are your values?
- Needs - What are your needs?
- Responsibilities - What are your responsibilities?

Telling the truth means facing it all: the good, the bad, and the ugly.

Family Separation

Financial issues may be a significant stressor for mothers of sexually abused children.

Additional expenses and reductions to the family's income may result from:

- Attorney fees

- Counseling fees
- Reduced family income
- Child care expenses
- Transportation costs

If the offender is the father and the principal wage-earner of the family, the mother may face grave financial losses. If he is prosecuted, convicted, and incarcerated, he will be unable to provide any financial assistance. This may initiate a financial crisis for the family. Consequences may be loss of the family home, changes in school districts for children already destabilized, inability to maintain car payments, and other financial assistance. Each of these potential consequences creates stress in mothers who need to be fully present and available to the victim and other children who require their support.

If the mother has been working prior to the disclosure, she may find it difficult to maintain her work schedule while attending legal, investigative, therapeutic, and court appointments. She may also have difficulty coping with post-disclosure emotions. These may interfere with her job, and her employer may not be understanding. Mothers who have not been working because of small children in the home may have to return to work. This will require adjustments by mother and family.

Mothers may have young children that require babysitters while attending appointments. If they have to obtain employment, child care may be necessary during the job-search and after employment. Depending on where the family lives, travel to and from appointments may be costly.

Counseling for victims and other family members is critical. Financial assistance for victim counseling is usually available through funds designated for victim services.

Victims need counseling to lessen the traumatic effects of the abuse. They need to process feelings, recognize that the perpetrator is responsible for the abuse, correct false beliefs, and rebuild trust, sense of safety, self esteem and coping resources. Counselors can facilitate victim empowerment and teach resilience and self-protection during sessions. Other negative consequences to victims (e.g., damaged goods syndrome, blurred roles and boundaries) are addressed during counseling. As the child recovers and mental health improves, risk for future abuse is reduced.

Mothers and the victim's siblings also need counseling. Mothers need a safe place to process pain, anger, guilt, and confusion. They need support in problem-solving and decision-making. Siblings need a safe place to

discuss the family crisis and how it is affecting them. Siblings also need evaluation to assure that they have not experienced sexual abuse. The family unit
requires counseling if it is to heal and function in a healthy
manner. Many families do not have health insurance or do not have mental health coverage in their plans. In those cases, counseling may be out of pocket expense in the family budget.

If the father or husband is the perpetrator, a divorce may occur following disclosure. When marriages and family partnerships dissolve, wives and mothers are generally the financial losers. Their standard of living is usually negatively affected. In these cases, mothers may need tocarefully evaluate thoughts and feelings about offenders, as the financial
stress may be a motivator for family reunification. This may be an unconscious process with mothers and not a deliberate choice to allow him back into the home because of financial considerations. It is helpful to discuss finances and relief options with supportive resources and access assistance wherever it is available.

Loosing Respect and Trust

If the father is the abuser, and if he was convicted for the crime and is currently incarcerated, the need continues for the mother to provide ongoing support to the child. Several issues are relevant to that scenario. The relationship between mother and child is critical to the child's recovery. If a strong emotional attachment was present between mother and father, the mother may continue that relationship through phone calls, letters, and visits while the father is incarcerated. The child victim may interpret this as betrayal and disloyalty. If older, the child will know how long the abuser will be incarcerated and will suspect that he will be returning to the home. She will be afraid and unable to progress in her recovery until she feels safe and protected from further abuse.

It is important that mothers understand that, without an offender receive professional sex offender treatment, the likelihood of continued abuse is high. Even with treatment, many precautions must be in place, including rules for contact, accountability, and even lie detector tests. Long-term recidivism (return to criminal behavior) studies are rare. However, one 25 year study (Langevin, Curnoe, Federoff, Bennett, Langevin, Peever, Pettica, & Sandhu, 2004) showed very high recidivism rates for sex offenders, with three of five offenders reoffending, using convictions or

court appearances as critieria. The number was higher (four of five) when other offenses and undetected sex crimes were used as criteria. Sex offender treatment completion does not predict low recidivism rates.

If the father or father-figure perpetrator is out of the home, but not Convicted or incarcerated, the mother's responsibility is to provide safety. If no legal restraints are in place (e.g., Court-ordered supervised visits, Restraining Orders, No Contact Orders), then it is up to the mother to negotiate with the father the safest visitation schedule. Supervised visitation is optimal. If this is not possible, then agreement regarding minimal parenting time and no overnight visitation is an alternate, although less safe option. Without legal process and court order, the father has parental rights and freedom to access the child. Consultation with your attorney to determine your options.

When a child is sexually abused, the mother's own sense of trust is seriously impacted. Regardless of the identity of the abuser, whether he or she is stranger, school teacher, neighbor, or family member, the mother will feel that she is less safe, and her child is less safe. She is less likely to trust others to care for and not harm her child. Mothers, whose roles involve providing safety and protection to their children, will no longer take safety factors for granted. They will now look with a jaded eye on everyone with whom their child comes in contact.

Sexual abuse is an emotional assault on both the victim and the mother's sense of security in the world. In cases where sexual abuse is perpetrated by people the child knows, a bond of trust is violated between the child and family member, teacher, coach, adult friend, or other close person. Society has both written and unwritten rules that adults are to care for children, and that adults will not use their physical strength or adult authority to hurt a child. It is also understood that an adult will not use a child for sexual gratification. Children are taught this expectation - that adults care for and protect children - and are taught to do what adults instruct them to do.

Someone they should have been able to trust has violated children who have been sexually abused by adults they know. Unfortunately, this is the most common scenario. A person known by the child and family perpetrates sexual abuse more often. This predicates a violation of trust in which the child knows and trusts someone who then harms them. It then becomes more difficult for the child victim and adult survivor of sexual abuse to trust. Because of this, survivors often fear intimacy and are unable to form trusting relationships.

As secondary victims, mothers may no longer be able to trust absolutely. A dose of doubt, a mite of distrust supplants automatic trust in anyone.

Mothers may develop distrust of men, distrust of counselors, distrust of pastors, distrust of schools, of systems, of law enforcement, of social workers, and the court. If the perpetrator was a partner, the dilemma worsens as their inability to trust an intimate partner is exacerbated. Many mothers have separated from the offenders, and time has passed since the abuse. However, the possibility of establishing a new, intimate relationship may be negatively impacted by the mistrust of self to make a safe partner choice and the mistrust of any potential partner. Mothers may not be able to manage the thought of another potentially abusive person entering her family.

Unfortunately in cases of child sexual abuse, offenders may continue in the lives of both victims and mothers. Mothers may remain in intimate relationships with offenders because:

- The offender denied the abuse, and social services did not "found" the case.
- The mother is ambivalent.

These are merely examples of situations in which mothers may live in the same household with the person who abused their child.

Part of the healing process in mothers' lives is *to grieve losses*. Loss of trust is one of those. Mothers of sexual abuse victims may now see

potential offenders at the zoo, at the grocery store, at school, and in the church sanctuary. Their antennae are tuned to that signal, picking up the warning signs of offenders and the energy of perpetrators. Others, who have not experienced either sexual abuse or being the mother of a sexual abuse victim, have no such mechanism at work. This hyper alert status is, in actuality, an isolating factor in which mothers feel "different" from others.

Part of the dynamic effects of child sexual abuse is that the mother, because of her perception of failure in her protective role, may not be able to trust herself. She must relearn to trust herself before she can relearn to trust others.

PART VIII Healing the Bruises of the Abuse

To cope is to deal with a problem successfully, to adapt to change in ways that are effective and healthy. Coping skills are abilities possessed by people who face reality, manage the distress of a circumstance, event, or change, and adapt personally in a positive, growthful way. Mothers may be able to cope effectively on one day but not on another day. Grief is not static, and pain ebbs and flows. The important thing is for mothers to have a repertoire of skills to choose from when they experience stress and painful emotions.

When coping effectively, a person is able to manage the stress and tolerate the distress. Mothers will experience a multitude of stressors following disclosure, and these vary depending on the identity of the perpetrator and to what extent external agencies are involved in their lives. Stressors may be either external or internal. Examples of stressors include: ambivalence , fear, pain and grief, lack of sleep, nausea/inability to eat, angry family members, perceived interference of social services, maintaining work and family schedules, abuse-related appointments and interviews, court appearances, finances, and victim symptoms.

Effective coping skills are healthy and adaptive. They include

defense mechanisms that help mothers relieve pain, function in daily activities, maintain personal health, support victims, find effective solutions to problems, and make decisions. Examples of effective coping skills include:

1. ***Affiliation*** - Turning to others for help and support. Discussing problems with friends, family members, counselors, and others who express willingness to help.
2. **Altruism** - Managing the distress of a life-altering event by reaching out to others and helping them. Feeling a sense of satisfaction and gratification from working to meet the needs of others.
3. **Anticipation** - Managing an emotional conflict or stressor by anticipating a situation, event, or circumstance and experiencing the emotional response ahead of time. Then, planning how to deal with the conflict or stressor effectively by developing realistic positive responses.
4. **Humor** - Finding the amusing or humorous aspects of a given situation, no matter how serious or life impacting, and choosing to laugh. Laughter is like medicine. It raises the level of endorphins (the body's natural heroin) in the body and elevates the mood. Humor is healing.
5. **Assertiveness** - Communicating feelings, thoughts, opinions in a respectful manner. Standing up for yourself. Confident and direct speech that is characterized by holding the head high, eye contact, and non-aggression.

6. **Self-awareness** - Observing internal and external response, feelings, thoughts, behaviors. Self-reflection on motivation and responses. Mindfulness of the five senses: sight, hearing, smell, taste, touch. Aware of surroundings and present experience.
7. **Sublimation** - Channeling negative emotions into socially acceptable behaviors. Managing pain, conflict, and distress through participation in sports, music, volunteer activities, education, and art.

Healthy coping skills will keep your body healthy. Stress creates a chemical process in your body, releasing hormones and causing a cascade of physical responses. Chronic stress depletes transmitters that enhance positive mood such as serotonin and dopamine. Chronic stress negatively impacts the immune system and leaves you susceptible to many illnesses and disease processes.

Chapter 8

Healing and Affirmation

The needs of mothers are rarely the focus of professionals following disclosure of child sexual abuse. Meeting the needs of the child victim is primary, and mothers are expected to provide emotional and physical support to the abused child. However, if the mother is to effectively fulfill that role, her own needs must be addressed. She needs help in dealing with her emotions and making adjustments to her life following the disclosure.

Internal Remedy

Healing the Emotions

Protective factors are those variables in a child's life, either internal or external, that serve to reduce the risk of sexual abuse or, if it occurs, serve to minimize the negative consequences. These factors serve to make the world a safe place for the child. Some protective factors reside within the child:

- Positive self-esteem
- Effective coping mechanisms

- Good health
- Social skills
- Positive peer relationships
- Intelligent
- Able to ask for help
- Independence appropriate to age
- Ability to regulate emotion

Setting Hopeful Goals

What can mothers do to increase resilience in their children? A child's resilience can be increased and negative consequences of sexual abuse can be reduced by:

- Focusing on the child's assets and strengths
- Helping the child use available supportive resources

Things that a mother can do to help her child become more resilient:

- Love your child unconditionally and show your love through physical affection and verbal telling - "I love you." "I believe you." "I believe in you." "I will always love you." "Nothing you could do would make me not love you."
- Provide structure, rules, and positive discipline so that your child feels safe.
- Be a role model to your child - displaying attributes of resilience (see Resilience section under Mothers).

- Praise your child frequently to increase self-esteem and sense of worth in child.
- Encourage independence and autonomy in your child.
- Help your child learn about emotions, what they are, how to recognize them, how to manage them.
- Provide explanations for decisions and involve your child in decision making.
- Encourage compassion and reaching out to others with care and concern.
- Assist your child in developing communication skills and conflict resolution skills. Model these skills to your child.
- Communicate. Communicate. Communicate. Talk to your child about daily events as well as feelings, opinions, school, work, news. Keep the doors open in communication so that your child feels safe in discussing with you any concerns and areas of safety.
- Teach responsibility and assist your child in understanding about self-responsibility for behaviors. Point out the connections between behavior and consequences.
- Accept your child no matter what. Speak the language of acceptance so that your child will able to accept both himself and others.

EXTERNAL REMEDY

Setting New Environment

Empowerment is about personal power. When you are empowered, it means that you are capable of making decisions and being in charge of your life. Your life consists of your choices and your decisions. You are the expert on your life. To allow someone else that role is to disempower yourself, to give away your power, and to limit your life options. You cannot control very much in life. You have no control over other people, over bureaucracy, or over systems. One thing you can control, however, is you - your choices and your responsibilities.

When you have low self-esteem, low self worth, and low self-confidence, you are disempowered. Without healthy self-esteem, you may believe that you are not competent, capable, or worthy. When you are empowered, you do not allow someone else to make your decisions for you or define you as a human being. You define yourself. You tell yourself, "I can," and then you act. You do not ask someone else to tell you who you are or to tell you what you can and cannot do.

As an adult, you have the responsibility and the right to be the

person you believe you are and to use your unique talents, gifts, and abilities. Those who are disempowered have usually been crushed by someone else. Perhaps they were beat down emotionally, or they are tired, put down, discouraged, or in despair. Before you can rise up and be powerful and assertive, you have to face your own beliefs regarding your worth and your abilities. Empowerment is the process of increasing your ability to make choices and turn those choices into actions.

To be empowered, you foster your ability to make strong, deliberate decisions. This requires you to:

1. **Frame the problem** - define the problem, put a frame around it, describe it clearly to yourself and others. You have to know the problem before you can plan how to solve it.
2. **Generate alternatives** - brainstorm all the possible solutions. Do not leave any options out because they sound outrageous. Include them all. You can eliminate potential options later.
3. **Evaluate anticipated consequences of each alternative**. Think through to the end of the tape. If you decide this, _____will happen. If _____ happens, then _____ may happen. If _____ happens, then _____. Think outside the box. Free associate. Look for unintended consequences of every possible alterative.
4. **Choose a course of action**. The best choice is likely not the easy choice. Some say that the best choice is usually the hardest choice.

5. **Once you have chosen, follow through**. Take the first step.

Factors that influence your ability to feel empowered. They include:

1. **Locus of control** - Whether you believe that responsibility, choice, and control in your life are internal or external. This affects both motivation and decision-making. If you have an external locus of control, you are more likely to feel helpless and continuing blaming external influences, rather than assuming control over your life.
2. **Self-efficacy** - Your belief about your capability to influence your life and reach goals. You know that you can make decision and make changes in your life. Self-efficacy is a strong influence on motivation, affecting how you feel, think, and act. With self-efficacy, you have a can-do attitude and work to meet your goals. Self-efficacy reduces stress and depression. Self-efficacy has to do with perceptions about your abilities while self-esteem has to do with perceptions about your value and worth.
3. **Emotional intelligence** - Your awareness of your emotions, ability to identify and label your emotions, and ability to manage them. Also your awareness of the emotions of others and ability to identify cues, non-verbal and verbal, and respond appropriately.
4. **Personal experience** - What you have experienced in your life. This includes messages you were given as a child regarding self-empowerment, self-esteem, and self-efficacy; role models; abuse and trauma experiences; mental health issues: depression, anxiety; and relationship experiences as an adult.

5. **Personal values and beliefs** - What is important to you and what you believe in and value. Examples of personal values include morals and ethics, family and social relationships, spirituality, integrity, honesty, love, courage, compassion, and dignity. Personal values drive choices and decisions.

A safety plan for the home includes the following features:

- Abuser will not supervise or babysit.
- Abuser will not be left alone with child.
- Abuser will not share bedroom with child.
- Child's bedroom is located close to parent's room.
- Alarm on bedroom door of abuser (sibling or parent, if in home).
- One family member in bathroom at a time - no sharing bathroom.
- All family members dressed when out of bedroom.
- All family members knock on door before entering.
- Abuser does not change infant's diaper.
- Abuser does not dress, bathe, or help young children get dressed.
- No pornographic materials are in the home.

Out-of home safety requires that mothers communicate with children about safety rules and procedures to follow if an adult or older child/adolescent is inappropriate with them (crossing boundaries implying potential risk). Teaching the child self-protection and resilience

will increase the child's self-esteem, and this lowers the child's risk of re-abuse.

Empowerment includes:

- Ability to make decision
- Access to information and resources
- Variety and wealth of options
- Assertiveness skills
- Hope
- Belief that you can make a difference in your own life
- Ability to define your voice and make it heard
- Ability to express anger appropriately
- Sense of belonging - you are not alone
- Knowledge of your personal rights
- Communication skills
- Competence - Knowledge that you can act
- Openness to growth, change, and self-improvement - Knowledge that you have not arrived
- Positive image of yourself

Learned helplessness, betrayal bond, Stockholm syndrome - All contribute to disempowerment and inability to appropriately speak up for yourself, make decisions, and follow through.

Sometimes you may be in a position that feels disempowering or

with a person who usurps your power. You may notice physical signs when you are in the victim role. Perhaps you experience stress in your body: your heart is beating rapidly, you are nauseous, feel pain in your gut, cannot breathe, feel anxiety or panic. On the other hand, you may give up, go to bed, and avoid all people. Depression and anxiety are results of giving away your power.

You are responsible for your own empowerment. It is up to you to discover who you are, what you are capable of, and have a sense of your internal power. You can create of your life what you choose. Choose not to be a victim. You can make decisions that will sustain you in the present and lead to a more satisfying and rewarding future.

Comforting the Victims

A mother's belief and support of her child is a proven protective factor for children who have been sexually abused. With increased maternal support:

- The child experiences fewer symptoms following disclosure.
- The child experiences less depression following disclosure.
- The child experiences fewer long-term consequences of sexual abuse.
- The child demonstrates more competence in social skills.
- The child feels less isolated and experiences less withdrawal and less self-condemnation.

Safekeeping the Child

Mothers play a key role in teaching their children how to protect themselves in the future so that risk of future abuse can be minimized. Many times children do not disclose sexual abuse simply because they do not know it is wrong. Mothers can teach their children what abuse is and how to respond if an adult or older children attempts to engage in inappropriate behavior. Children are also afraid in situations where a perpetrator is coercive and threatening. Mothers can help children with strategies to follow if such situations occur. However, sex offenders are highly skilled in manipulation and grooming tactics.

Some of the important information that children need to learn and understand:

- The definition of abuse
- Explanation of good touch and bad touch
- What a secret is
- The importance of not holding a secret
- Who sex offenders are
- Why they abuse children
- How to protect themselves from abuse
- How to tell if they are being abused.
- What to do if someone they know is being abused

- What to do if they are being abused
- Who to tell if they are being abused
- What happens after they tell about the abuse

Major areas of focus when teaching a child about self-protection from sexual abuse:

- **Safety** - children need information about sexual abuse, recognition of unsafe people, recognition of feelings, and instruction regarding maintaining safety with strangers, community members, and family.
- **Body awareness** - children need to know about their bodies, their private parts, and how their bodies function.
- **Communication** - children need to know how to express their emotions and how to set boundaries.
- **Sex education** - children need accurate age-appropriate information about sexual development, sexual behaviors, and reproduction.
- **Touching** - children need information about good and bad touching and privacy.
- **Secrets** - children need to understand what secrets are and how to tell a secret when they feel unsafe.

- **Encouragement to tell and not hold secrets** - children need to know that mothers want them to tell secrets and understand why telling secrets helps.
- **Healthy relationships** - children need to understand the difference between healthy and unhealthy relationships. Children need to learn how to judge people and situations in relationships as safe or not safe.
- **Assertiveness training** - children need to learn how to say "no" and how to be heard.
- **Self-defense** - children can be taught how to fight back when it is safe to do so.

How to Look Out for Signs of Grooming for Abuse

Grooming, a process in which an adult befriends a child to lower their defenses and eventually sexually abuse them, is unfortunately all too common (Francis, L. 2019)

"Grooming" is a term experts use to refer to the actions that sexual abusers take to get close to and gain the trust of those they are interested and/or that person's family. For instance, a neighbor might volunteer to help fix your roof after a storm or babysit your child when you have an emergency and have to get out the door quick. While these seem like nice, neighborly

things to do, they could be far more sinister.

There are, largely, two different spaces in which sexual abusers groom their victims: in person and online.

The Signs Someone May Be Sexually Grooming a Child in Person

According to Camille Cooper, the VP of Public Policy of the Rape, Abuse and Incest National Network, more than half of sexual abuse contact cases involve family members. This means that even with the closest of relatives, including grandparents, siblings, or step-parents, parents should always be on guard for suspicious or suspect behavior. There are clear signs that grooming is taking place, and oftentimes, there is more than one sign.

Parents should take account of all behavior of adults around them and recognize that there are, of course, many more pieces to this puzzle. Just because an uncle likes to play video games with your son doesn't mean abuse is happening but there are patterns of behavior that parents can be on guard for.

Here are some signs that someone maybe grooming your child for abuse:

They Become Useful to the Family

One way abusers work to gain the trust of the family of the child they are targeting is by making their lives easier. "They befriend the child, the

family, and other adults in the child's life. "They'll provide the child and family members with opportunities, privilege, emotional support, financial support. It could just be attention in a two-family home when both parents are working a lot of hours. It could be taking your kid to practice and saving you time." No, this doesn't mean that every time someone offers to do you a favor have nefarious intent. But it is a common sign of abuse to be wary of and note.

They Want to Be Alone With Your Child

Most adult men, per Cooper, rarely want to be alone with children who aren't theirs. "I always tell parents: if any adult male wants to be alone with your children, that's a red flag. Most normal adult men want to be alone with other adult men or adult women." She adds that if there's an adult man in your life who exclusively wants to be alone with your kid, to take them to a movie alone or to the basement to play video games, that might also be a red flag.

They Consistently Prefer The Company of Children

While being good with kids and playing with them at a family dinner is no big deal, Pumo says a warning sign that grooming might be taking place or that someone you are around could be an abuser is if they almost exclusively prefer the company of children. "It could be an adult who you

notice consistently prefers the company of children, or a particular child over same aged peers and other adults," she says. "At a party, is this adult always just with the kids?"

They Share Secrets With Your Child or Ask Your Child to Keep Secrets

One way abusers try to gain a child's trust is through secrets. Maybe it's a letter filled with jokes that the person tells a child is just between them. Maybe it's more personal. In any case, secrets can work to infiltrate a child's world and, later, intimidate them. Of course, secrets can simply be used to cover up other acts. "It doesn't even have to be about abuse".

They Have Contact With Your Children When You Are Not Present

Another big warning sign that an adult has intentions to abuse your child is if they contact them when you are not around. This could mean phone calls, yes, but also text messages, emails, or other social media platforms.

They Are Extremely Interested In Your Child's Romantic Life

While any adult figure might be curious about whether or not your child is dating, real and serious concern about your child's romantic life could be a sign of grooming or intent to groom. Being overprotective of a child's dating life — such as not letting her date, not letting her go to parties or places that certain types of harm will be done, or anything above and beyond what might be considered appropriate — is a dynamic of abuse.

That taking a special interest in a child's sexual development, or expressing a need to know if they have a boyfriend are also warning signs.

They Ignore Your Boundaries

Most parents have normal boundaries for their children in the company of adults. Most adults respect those boundaries. Those who consistently attempt to cross the line — maybe they go directly to them for a hug when they enter the home — might be trying to see what you pick up on — and if you'll stop them from continuing that behavior.

They Buy Your Child Gifts

"If anyone comes bearing gifts and your kid says 'Look what so-and-so got me,' and it's a really nice toy or a gadget or something the kid reallywanted, watch out,". "That's part of the grooming process." This is especially true if these are the gifts that aren't aligned with gift-giving holidays like Christmas or birthdays.

Their Home Is Filled With Children's Toys

Abusers of children often fill their home with stuffed animals and video game consoles that children might like to play with rather than things that align with more adult interests. Concerns should be raised about a person in the neighborhood who has his house tricked out with stuffed animals, video games. "Most adult men, if they have stuff that they've put into their homes, it's usually sporting goods, fishing gear, motorcycles". "It's not

going to be things that appeal to minors."

They Touch Your Child

People who groom children for abuse tend to begin touching your child to see how far they can go before you or the child says they are uncomfortable.

It could begin with tickling games and then move into massages and, ultimately, sexual abuse. "They'll test it out slowly to make sure that this is going to work with this particular child". "Once they've [tickled or massaged your child] a couple of times, and this is normal, and this is what you do, then you go for touching a breast or a penis. How does the child respond in the moment?" If your child doesn't let you know, or you don't talk to the person about that touch, the person in question will see that as a green light to continue to heighten the abuse.

How too Talk to Your Kids About Boundaries to Prevent Sexual Abuse

Luckily, parents can begin conversations about physical boundaries very early on in an age appropriate manner that can help prevent abuse. However, even the most smart children can be groomed. Not only should you have conversations about appropriate and inappropriate touch and get down to brass tacks about body parts, but you should also cast yourself as an adult who always listens to kids when something might be wrong.

Have Conversations About Appropriate and Inappropriate Touch

Getting real about what is inappropriate or appropriate should start very early on. There's no reason to wait on this, and it can be done in an age appropriate manner. Parents need to tell their young children that it is never okay for anyone to touch their private parts and that if someone does, they need to tell their parents right away. Parents of older kids can get into real conversations about sexual abuse and grooming. The conversation should be had consistently, and evolve over time.

Teach Them Clinical Terms for Body Parts

Kids need to be as comfortable saying penis or vagina as they are saying elbow, knee, or toe. "It's about creating a culture in the home where there isn't shame or stigma around talking about these parts of the body," she says. That way, if children are being touched in those areas, they can clearly state that they are without using euphemisms or not knowing how to describe the nature of the abuse.

Don't Force Your Kid to Hug Anyone

Hugs are good for your kid. They're known to decrease anxiety while promoting a deeper sense of well-being and safety. The last thing parents want to do is limit this kind of physical affection. However, it's essential for you to put your kid in control of hugging, to give them the power of consent.

Allowing your kid to control the level of intimacy they're okay with is tremendously empowering — and crucial to helping them govern their

bodies. Forcing a child to hug a relative when they don't want to teaches a kid not to trust their own intuition. "That's a predator's dream".

Tell Them There Are Good Secrets and Bad Secrets

People who groom children for abuse often make them engage in keeping secrets from their parents or the people around them. In order to inure kids against that type of manipulation. Parents need to tell their kids that there are good secrets and bad secrets.

"The good secrets are the types of secrets you can tell very soon, like, 'I got a present for mommy for her birthday and she will find out on Friday.' That's a secret you can tell very soon. The kind of secrets you can never tell are always bad secrets — and you must always tell them because they are always bad." Small children can easily understand this concept. Plus, the worst case scenario is that your kid accidentally tells you what they got you for your birthday. That's not so bad, is it?

Exert Your Own Boundaries Over Your Body to Prove A Point

An easy way to teach kids not to violate the boundaries of others, and therefore that they also have boundaries that shouldn't be violated, is to exert your own. "If your daughter is climbing on me I say to her: 'This doesn't feel good to my body, I'm asking you to stop. It's important that you listen to

me, because I have a right to be comfortable in my own body.' These are circumstances that regularly present themselves, and for parents, they can easy become teachable moments.

Always Listen to Your Child

The majority of people express that the first time they disclosed abuse to someone, they got a very negative reaction and were shut down.
Don't let this be the case. Children need to know that they can talk to their parents. And when a child raises concerns about something involving an adult friend, relative, neighbor, or other acquaintance, you need to listen to them. You need to tell them they did the right thing by coming to you and that you'll take this matter seriously. You need to tell them it's not their fault.

What Parents Can Do When They Suspect Child Grooming or Sexual Abuse Might Be Happening

Set Strict Limits

If you haven't seen any abuse happening, but are uncomfortable with the way an adult talks to your child, it's important to set limits with them from the outset.

Do Not Talk To The Abuser

If your child tells you they have been abused, the last thing you should do Is confront the abuser. That could get in the way of any future Investigations into the abuse and make it harder for that person to be

convicted.

Alert the Authorities

Immediately call the authorities as soon as your child tells you what happens. If you suspect that abuse is happening in a family that you know, look up hotlines in your state to report your concerns to.

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Appendix I
RESOURCE MATERIALS FOR COPING STRATEGIES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN

Healthy Coping Materials

To cope is to deal with a problem successfully, to adapt to change in ways that are effective and healthy. Coping skills are abilities possessed by people who face reality, manage the distress of a circumstance, event, or change, and adapt personally in a positive, growthful way. Mothers may be able to cope effectively on one day but not on another day. Grief is not static, and pain ebbs and flows. The important thing is for mothers to have a repertoire of skills to choose from when they experience stress and painful emotions.

Some of the most common coping skills that help mothers deal with disclosure includes:

A. Breathing

One of the easiest and most effective coping skills is to focus on your breath. Stop what you are doing, take a break, and just breathe - when you feel stressed, when feel overwhelmed. It is important to breathe properly. (See health benefits below.) Many people do not breathe naturally, from the diaphragm, a large muscle in your abdomen. When you breathe from your chest, you take short, shallow breaths, and this can actually increase anxiety. When you breathe from the diaphragm, also called a "belly breath," you are calmer and more relaxed. Take a few minutes now and practice:

1. Find a comfortable position, either sitting or lying down. If sitting, make sure that you keep your back straight and release the tension in your shoulders. Have your feet resting flat on the floor. Let your shoulders drop.
2. Then close your eyes.
3. Place one hand on your stomach and the other on your chest.
4. Take a few breaths, and pay attention to your belly rising with each in-breath and falling with each out-breath.
5. If your chest rises and falls, practice breathing, allowing only the belly to rise and fall when you breathe in and out. Imagine a balloon being inflated on the in-breath and deflated on the out-breath.
6. It is important to focus on your body as you breathe. Do not continue, "thinking" stressful thoughts.
7. Stay in the moment. Pay attention to the sensations in your body - to the air as it goes into your nostrils, to the air leaving your body on the out-breath, to the sensation of your belly rising and falling. Open your senses.

8. Your attention is likely to stray. Notice when your mind wanders and gently bring it back to the present moment. Continue to focus on your breathing.
9. Continue to breathe and to consciously, intentionally relax your body.

You may want to "stop and breathe" a few times a day - for just a few minutes at a time. The benefits are increased, though, when you extend your times of focused breathing. The average adult normally takes about 23,000 breaths in a day. Using this natural function of breathing as a way to relax also improves your sense of overall well-being. It is an accessible, relatively easy way to cope with your stress.

B. Mindfullness

If you have ever been deeply unhappy with your life for any length of time, you know how difficult it can be to do anything about it. No matter how hard you may try, things just do not get better or not for long. You feel stressed out, exhausted with the effort of just keeping going. Life has lost its color, and you don't seem to know how to get it back.
Mindfulness is about focusing on one thing in the moment. It is an intentional choice to be more fully aware of your life. Breathing is a part of mindfulness practice. You can focus on your breath while you eat, walk, or wash dishes. You can focus on your breath while you are in a stressful situation, talking to an attorney or to law enforcement. You can take mini-breaks.

MINDFULLNESS PRACTICE IS THE WAY TO CULTIVATE THE BEING MODE OF MIND DAILY PRACTICE

During Week 1, practice each of these exercises for 6 out of the next 7 days:

Body Scan Meditation

- Lie down, making yourself comfortable, lying on your back on a mat or rug on the floor, or on your bed, in a place where you will be warm and undisturbed. Allow your eyes to close gently
- Take a few moments to get in touch with the movement of your breath and the sensations in the body. When you are ready, bring your awareness to the physical sensations in your body, especially to the sensations of touch or pressure, where your body makes contact with the floor or bed. On each outbreath, allow yourself to let go, to sink a little deeper into the mat or bed.
- Remind yourself of the intention of this practice. Its aim is not to feel any different, relaxed or calm; this may happen or it may not. Instead, the intention of the practice is, as best you can, to bring awareness to any

sensations you detect, as you focus your attention on each part of the body in turn.

- Now, bring your awareness to the physical sensations in the lower abdomen, becoming aware of the changing patterns of sensations in the abdominal wall as you breathe in and as you breathe out. Take a few moments to feel the sensations as you breathe in and as you breathe out.
- Having connected with the sensations in the abdomen, bring the focus or "spotlight" of your awareness down the left leg, into the left foot, and out to the toes of the left foot. Focus on each of the toes of the left foot in turn, bringing a gentle curiosity to investigate the quality of the sensations you find, perhaps noticing the sense of contact between the toes, a sense of tingling, warmth, or no particular sensation.
- When you are ready, on an in breath, feel or imagine the breath entering your lungs and then passing down into the abdomen, into the left leg, the left foot, and out to the toes of the left foot. Then, on the outbreath, feel or imagine the breath coming all the way back up, out of your foot, into your leg, up through your abdomen, chest and out through your nose. Then, on the outbreath, feel or imagine the breath coming all the way back up, out of your foot, into your leg, up through your abdomen, chest and out through your nose. As best you can, continue this for a few breaths, breathing down into your toes and back out from your toes. It may be difficult to get the hang of this as best you can, continue this for a few breaths, breathing down into your toes and back out from your toes. It may be difficult to get the hang of this, just practice this "breathing into" as best as you can, approaching it playfully.
- Now, when you are ready, on an outbreath, let go of your toes and bring awareness to the sensations on the bottom of your left foot, bringing a gentle investigative awareness to the sole of the foot, the instep, the heel (noticing the sensations where the heel makes contact with the mat or bed).
- Now, allow the awareness to expand into the rest of your foot to the ankle, the top of the foot, and right into the bones and joints. Then, taking a slightly deeper breath, directing it down into the whole of your left foot, and, as the breath lets go on to the outbreath, let go of the left foot completely, allowing the focus of awareness to move into your lower left leg, the calf, shin, knee and so on, in turn.
- Continue to bring awareness, and a gentle curiosity, to the physical sensations in each part of the rest of your body in turn to the upper left leg, the right toes, right foot, right leg, pelvic are, back abdomen, chest, fingers, hands, arms shoulders, neck, head, and face. In each are, as best as you can, bring the same detailed level of awareness and gently curiosity to the bodily sensations present. As you leave each major area, "breathe in" to it on the in breath and let go of that region on the outbreath.

- When you become aware of tension or of other intense sensations in a particular part of the body, you can "breath in" to them – using the in breath gently to bring awareness right into the sensations, and as best as you can, have a send of their letting go, or releasing, on the outbreath.
- The mind will be inevitably wander away from the breath and the body from time to time. That is entirely normal. It is what minds do. When you notice it, gently acknowledge it, noticing, where the mind has gone off to, and then gently return your attention to the part of the body you intended to focus on.
- After you have "scanned", the whole body in this way, spend a few minutes being aware of a sense of the body as a whole and of the breath flowing freely in and out of the body.
- If you find yourself falling asleep, you might find it helpful to prop your head up with a pillow, open your eyes, or do the practice sitting up rather than lying down. Feel free to experiment it with doing the practice at a different time of day.

Each day, **write a few notes** in the spaces provided about what you were most aware of during the body scan. What were you **thinking**? **What sensations in your body** did you notice? What **emotions or feelings** did you practice?

C. POSITIVE SELF-TALK

Self-talk is the internal conversation you have with yourself. This dialogue continues throughout your day (and night) and is linked to your emotions. What you say to yourself reflects your emotional state. It also creates and reinforces emotions. What you say to yourself affects your behaviors, your relationships, your self-esteem, your ability to be hopeful, your energy, and your health habits. Your management of stress depends on the quality of your internal conversation. With mindfulness, you can increase your awareness of what you say to yourself. You can observe your thoughts and identify your patterns of thinking. You can think about what you are thinking. You can create positive affirmations. With awareness, you can pay attention to your negative thought patterns and practice positive affirmations.

Developing a positive self-talk habit will reduce your stress. Stress reduction has a positive impact on your immune system and your health. Talking to yourself can keep you well, warding off illness

and infection. Words are powerful.

1. Notice negative thoughts
2. Identify the ones you use most frequently.
3. Choose to either mindfully be aware of that negative thought - observe it, feel it.
4. Or - create a counter-statement to say to yourself in its place, in effect, arguing with the negative thought.

You can notice your negative thoughts and their effect on you by journaling. When you become aware of the thought, write it down. Later pay attention to how often you repeat that thought.

You can replace negative self-talk by changing the words you use. You can tune it down. Instead of "angry," you can say "irritated." Instead of "miserable," you can say "uncomfortable." You can choose to use different adjectives or qualifiers. For instance, "a little angry" instead of "very angry." You can change negative words to positive words. You can ask yourself questions about what you say to yourself. For instance, when you tell yourself that you cannot handle going to court, ask yourself, "How can I handle going to court?" and then answer yourself!

Create positive affirmations that fit you and what you want in your life. Is peace important? Is safety important? Is being healthy important? Does your self-esteem need a verbal boost? Your ability to manage, stress and survive the crisis? Create the statements you want to repeat to yourself and then repeat them several times a day. Place them around your house where you will notice them. Immerse yourself in positivity.

Everyone talks to him or herself. That inner voice has something to say about almost everything: your feelings, thoughts, and behaviors. It is often a critical voice and does not accurately reflect reality. This self-talk sometimes repeats what you heard said about you when you were a child (old tapes) or critical statements made about you as an adult. These statements impact your self-worth and the value you place on yourself. This, in turn, influences choices and decisions that you make.

Give yourself positive words of encouragement. Support, yourself. Plan and practice useful changes. When a self-blaming thought enters your mind, such as "I'm an awful person," "I'm bad," "I'm an idiot," substitute

a positive phrase for the negative one, applauding your strengths instead of focusing on your weakness.

Use the following positive self-talk examples to improve your overall happiness and positivity.

1. “I deserve to be happy.”
2. “I have the power to be happy no matter the circumstance.”
3. “I accept all the good that is in my life.”
4. “I have a positive outlook no matter the situation.”
5. “I have many reasons to smile.”
6. “I am joyous about my opportunities.”
7. “I am grateful for everything I have in my life.”
8. “I have everything I need inside to live a happy fulfilling life.”
9. “I welcome into my life an abundance of joy.”
10. “My thoughts are filled with positivity.”
11. “I think very highly of myself because it is deserved.”
12. “I am letting go of negativity.”
13. “I am a magnet for positivity, abundance, and happiness.”
14. “I enjoy life and I am full of positive energy.”
15. “I am constantly growing and evolving into a better person.”
16. “I am striving for progress, not perfection.”
17. “I am happy for today’s possibilities.”
18. “Every day I have more reasons to be happy and joyful.”
19. “I am calm, happy, and content.”
20. “My life is a gift and I appreciate everything I have.”

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D. PHYSICAL ACTIVITY

You need to exercise every day. This does not mean that you have to join a gym. You can walk to work or park further from work and walk a few blocks each morning and evening. You can

choose to walk up the stairs instead of using the elevator or escalator. Or you can run up the stairs. You can spend some time each morning stretching or doing simple yoga exercises. Try to plan daily walks each day. Take bike rides. People who exercise daily are less likely to get sick. A guide to the amount of exercise is to try to boost your heart rate for at least 30 minutes 5 times per week.

Adding more exercise into your life will reduce your stress. The more stress you are experiencing, the more you need to exercise. Exercise also improves your mood. Exercise that increases your heart rate also causes the release of endorphins into your system. Endorphins are the body's natural feel-good chemicals, an internal, natural opiate. The release of endorphins results in a calming, positive mood-enhancing effect. Pay attention. When you exercise, notice when you experience an increase in positive feelings and a sense of well-being. Exercise also results in reduced heart disease, healthier joints, increased flexibility, maintenance of your bone mass, and improved memory.

Other advantages of exercise include:

- Decrease in stress hormones - Cortisol is called the stress hormone because it is secreted at high levels when you experience stress. Cortisol provides a burst of energy, increases memory functions and immunity, and lessens sensitivity to pain, and helps the body stay in balance. However, if it remains in the body too long, for example, when you experience chronic ongoing stress, it causes damage. Excess cortisol can suppress thyroid function, cause blood sugar imbalance, decrease bone density and muscle tissue, raise blood pressure, and lower immunity. Exercise is effective in lowering levels of cortisol.
- Distraction - Exercise gets your mind off your troubles. It relieves you of the continuous mental pondering of problems and decisions and allows you a mental and emotional break. Exercise can silence the internal dialogue and bring you into the present, the here and now. Your mind can focus on your physical body and on the change of activities. Usually exercise also involves a different setting, whether the park, a gym, a bike trail - if you practice mindfulness, you will increase the benefit of the exercise.
- Self-esteem boost - Regular exercise results in positive increases in your self-esteem. Your sense of competence will increase as you choose to take care of your body and your emotions through exercise. You may also experience increases in self-esteem related to your weight and appearance.

- Social support - Many types of exercise involve other people. You may participate in sports, go to the gym, walk with a friend or partner, go to a yoga class, and get to know other people. Some of these may become good friends and become positive supports in your life.

If you are planning to incorporate exercise in your life and have not been exercising recently, gradually increase the amount of time and allow your body to adjust. If you have health problems, be sure to check with your physician. If you are over 50 years old, you also need to check with your physician before adding a new, vigorous type of exercise into your lifestyle.

The Center for Disease Control and Prevention reports other benefits of regular exercise.

- Lowers anxiety and depression and improves mood and feelings of well-being.
- Increases energy.
- Tones your muscles and maintains bone, muscle, and joint health.
- Burns calories so you lose excess pounds and maintain optimal weight.
- Helps control your appetite.
- Relieves stress.
- Improves self-image.
- Increases resistance to fatigue.
- Helps you relax, feel less tense, and sleep better.
- A positive social event that can be shared with family and friends.
- Increases work productivity.
- Builds stamina.
- Improves efficiency of heart and lungs.
- Reduces risk of coronary disease, cancer, and diabetes.
- Improves bone density after menopause.
- Reduces blood pressure in women with hypertension.

A comprehensive exercise plan includes three types of exercises:

1. Aerobic exercise - Increases your heart rate, breathing rate, and works your muscles. Aiming for 30 minutes a day, 5 days a week of aerobic exercise is a healthy goal for most people. However, start at a reduced time of 5-10 minutes a day and then gradually increase. You could also exercise at two different times during the day. If your goal is to lose weight, you will want to increase your exercise time. Examples of aerobic exercise include dancing, swimming, tennis, bike-riding, running.

2. Strength training - Helps build strong bones and increases muscle strength and tone. With more muscle mass, you will burn more calories. Strength training usually involves weights.
3. Flexibility exercises - Stretching exercises help keep your joints flexible. Prior to aerobic exercising, do stretching exercises to prepare your body. Stretching in the mornings helps you wake up your mind and body.

Walking for 15 minutes will lift your mood. Regular exercise will result in a healthier body, increase your ability to manage stress, provide a positive self-esteem boost, and increase your endorphin level. When the stress is worse, and you least want to do anything physical - when you most want to close the curtains, go to bed, and forget about life - that is the time you most need to engage in strenuous, invigorating exercise. Join a gym. Join a dance class. Watch a video on yoga or kick boxing. Find a friend to hold you accountable for regular exercise.

Reference: WebMD: Health and Fitness
MayoClinic.com: Fitness

Time Required
10 minutes daily for at least a week. Evidence suggests that mindfulness increases the more you practice it.

How to Do It
The steps below are adapted from a guided walking meditation led by mindfulness expert Jon Kabat-Zinn. This and other guided meditations can be found in his audiobook, Mindfulness Meditation in Everyday Life.

1. **Find a location**. Find a lane that allows you to walk back and forth for 10-15 paces—a place that is relatively peaceful, where you won't be disturbed or even observed (since a slow, formal walking meditation can look strange to people who are unfamiliar with it). You can practice walking meditation either indoors or outside in nature. The lane doesn't have to be very long since the goal is not to reach a specific destination, just to practice a very intentional form of walking where you're mostly retracing your steps.
2. **Start your steps.** Walk 10-15 steps along the lane you've chosen, and then pause and breathe for as long as you like. When you're ready, turn and walk back in the opposite direction to the other end of the lane, where you can pause and

breathe again. Then, when you're ready, turn once more and continue with the walk.

3. **The components of each step.** Walking meditation involves very deliberating thinking about and doing a series of actions that you normally do automatically. Breaking these steps down in your mind may feel awkward, even ridiculous. But you should try to notice at least these four basic components of each step:

   a) the lifting of one foot;
   b) the moving of the foot a bit forward of where you're standing;
   c) the placing of the foot on the floor, heel first;
   d) the shifting of the weight of the body onto the forward leg as the back heel lifts, while the toes of that foot remain touching the floor or the ground.

   Then the cycle continues, as you:

   a) lift your back foot totally off the ground;
   b) observe the back foot as it swings forward and lowers;
   c) observe the back foot as it makes contact with the ground, heel first;
   d) feel the weight shift onto that foot as the body moves forward.

4. **Speed.** You can walk at any speed, but in Kabat-Zinn's Mindfulness Based Stress Reduction (MBSR) program, walking meditation is slow and involves taking small steps. Most important is that it feel natural, not exaggerated or stylized.
5. **Hands and arms.** You can clasp your hands behind your back or in front of you, or you can just let them hang at your side—whatever feels most comfortable and natural.
6. **Focusing your attention.** As you walk, try to focus your attention on one or more sensations that you would normally take for granted, such as your breath coming in and out of your body; the movement of your feet and legs, or their contact with the ground or floor; your head balanced on your neck and shoulders; sounds nearby or those caused by the movement of your body; or whatever your eyes take in as they focus on the world in front of you.
7. **What to do when your mind wanders.** No matter how much you try to fix your attention on any of these sensations, your mind will inevitably wander. That's OK—it's perfectly natural.

When you notice your mind wandering, simply try again to focus it one of those sensations.

8. **Integrating walking meditation into your daily life.** For many people, slow, formal walking meditation is an acquired taste. But the more you practice, even for short periods of time, the more it is likely to grow on you. Keep in mind that you can also bring mindfulness to walking at any speed in your everyday life, and even to running, though of course the pace of your steps and breath will change. In fact, over time, you can try to bring the same degree of awareness to any everyday activity, experiencing the sense of presence that is available to us at every moment as our lives unfold.

Reference :https://ggia.berkeley.edu/practice/walking meditation

E. JOURNALING

Journaling is the practice of writing in a journal or diary, usually every day, and recording your thoughts, feelings, and experiences. Journaling can relieve stress if you use it as an opportunity to express and explore your feelings. When journaling, try not to censor your writing out of fear that someone else may read it. Instead, write it all down, and make sure to keep your journal in a private place. If you are experiencing stress about an event, situation, person, or experience, journaling can help you externalize the emotions you may be holding in. For example, you may be angry but are not expressing that anger to anyone. Journaling provides an opportunity for you to relieve yourself of hostile emotions that may affect your heart and health.

Journaling serves to reduce the intensity of emotions and facilitates a release of pressure. In order for journaling to be most effective, you should write as much detail as you can. This requires you to focus your awareness and practice mindfulness of the emotions you feel. Acceptance of the present feelings will help you stay with the process and not move away to another activity in an effort to avoid the pain. A benefit of journaling is that, as you move from high to low stress, you may also move from problem-focus to solution-focus. Journaling does not require you to go anywhere or do anything other than grab a pen or pencil, paper or journal, find a quiet spot, and start writing.

Daily journaling can also be an outlet for creativity. Some people draw pictures, use colored pencils or pens, doodle, draw diagrams,

and write poetry as they explore themselves through journaling. Another form of writing that can be used during your journaling time is automatic writing. This is a type of writing in which you set an amount of time and write whatever comes to your mind. Without judging, without pre-thinking what you will write - you simply write. Usually you associate one word to another and one thought to another. You can find clues in your writing about some of your unfelt and unspoken thoughts and feelings.

Journaling, poetry, and other writing - Writing, whether daily entries in a journal, writing poetry, or writing a short story or song, are all therapeutic and healing. These are ways of expressing negative or angry thoughts that may be incapable of release in other ways. These are safe, healthy ways of self-eexpression, creative exercises that offer multiple healing benefits.

Journal therapy also referred to as journal writing therapy or simply writing therapy involves the therapeutic use of journaling exercises and prompts to bring about awareness and improve mental health conditions as a result of inner and outer conflicts. According to the Center for Journal Therapy, it is the "the purposeful and intentional use of reflective writing to further mental, physical, emotional, and spiritual health and wellness." Though there are few professionals who specialize solely in journal therapy, many psychotherapists incorporate therapeutic journal writing into their treatment.

Psychological and health benefits of journaling include:

- Increased understanding of thoughts and feelings.
- Increased self-knowledge.
- Increased focus and attention.
- Improved self-esteem and empowerment.
- Increased ability to connect different parts of your life and see the whole picture.
- Improved problem-solving.
- Trauma processing to reduce posttraumatic stress-related symptoms.
- Improved cognitive function - you can think better.
- Accesses unconscious and subconscious processes.
- Improved self-expression and self-trust.
- Strengthening of the immune system, preventing illness.
- Counteracting negative effects of stress.
- Decreased symptoms of asthma, arthritis, and other health conditions.

Your journal is private and your experience in journaling is unique. No rules are relevant to your journaling. You do not have to use

correct spelling, grammar, or punctuation. You can organize your journal in any way that you want and write about whatever you want. Journaling reduces stress, helps you stay well, and brings about healing of body and mind.
Reference: https://www.goodtherapy.org/learn-about-therapy/types/journal- therapy

F. ART THERAPY

Creativity releases pent-up emotions and allows the expression of otherwise unspoken feelings. Art is self-expression - externalizing the internal and facilitating healing. It is calming and elevates self-esteem. You feel better about yourself, and in that moment feel competent and capable. Any artistic expression is therapeutic, whether, coloring, painting, making a collage, yarn work, basketry, quilting, crafts -each is a process to express feelings, and the process, not product, is the goal.

References:

https://www.kaylahuszar.com/parenting

http://www.arttherapyblog.com/art-therapy-ideas/mothers-day-art-activity-my-mother-myself/#.YYd6j2BBxPY

http://www.arttherapyblog.com/videos/inspiring-feature-on-art-therapy-program-helping-people-with-disabilities/#.YYd66WBBxPY

http://www.arttherapyblog.com/art-therapy-activities/expressive-art-therapy-technique-body-tracings-of-love/#.YYd7PGBBxPY

G. MUSIC THERAPY

Listening to music is a coping skill that many people say they use during stress. It is important to choose music that is opposite to your negative mood. For instance, if you are depressed, listen to upbeat music. Also, pick music with words that emphasize wholeness, health, positive thoughts, and positive relationships.

Music has the ability to affect both psychological and physical processes and is highly effective in reducing stress. Most people, when asked what they do when they are stressed, will mention music as one of their strategies of stress reduction. Soothing

music accompanies relaxation tapes. Mothers sing to infants and children (sometimes before they are born) to calm, soothe, and reassure them. Music is an integral part of the human experience. History records man's use of music as a stress-reliever throughout time.

Music reduces anxiety. It increases relaxation and calmness. And people enjoy music--it creates pleasure. Studies show that listening to music produces physical changes in the heart rate, skin temperature, and muscle relaxation. The roots of auditory nerves (hearing) are more widely distributed and connected than other nerves in the body. Music affects digestion, circulation, organ functioning, and respiration. This occurs two ways: the immediate effect of music on cells and organs and its effect on emotions which then have an effect on physical functioning. Even plants respond to music. When you have music in the background, your stress responses are reduced and you are better able to relax when stressed.

Benefits of listening to music:

1. Changes in brainwaves - slower tempo promotes calmness
2. Stabilizes brain functions and continues when you are no longer listening to music
3. Alters breathing and heart rates
4. Brings about the relaxation response
5. Produces a positive state of mind
6. Reduces depression and anxiety
7. Enhances creativity
8. Increases optimism
9. Helps in pain management
10. Improves mood
11. Lowers blood pressure
12. Increases concentration
13. Improves surgical outcome when patients listen to music before surgery

Classical music is one of the best types of music for relaxation. Some suggested composers are Bach, Haydn, Handel, Vivaldi, and Mozart. The music of Mozart has been so effective that the term "Mozart Effect" was coined to describe the positive effects of listening to this music. It results in increased levels of alpha brainwave activity that is similar to increases during relaxation, hypnosis, and meditation. Pachelbel's Canon is another piece of

music that is very popular for its ability to help people relax.

Music has a powerful and positive effect on you. Finding music that you like and that relaxes you is an important part of your plan to reduce stress, maintain calm, and better care for yourself.

Reference: https://www.mosac.net/page/317

H. FRIENDS

Turning to friends during stressful times and surrounding yourself with caring, supportive people reduces painful moments, provides a sense of security and safety in your life, and meets your need for love and affiliation. Pay attention to how your friends respond to the disclosure and your experience. If you sense judgment and alienation, choose whether to directly discuss your feelings or simply avoid that person for a time. You need support, not judgment and criticism from your friends.

Healthy coping skills will keep your body healthy. Stress creates a chemical process in your body, releasing hormones and causing a cascade of physical responses. Chronic stress depletes transmitters that enhance positive mood such as serotonin and dopamine. Chronic stress negatively affects the immune system and leaves you susceptible to many illnesses and disease processes.

The disclosure of a child's sexual abuse results in a crisis in the mother's life. Many mothers consider the event traumatic, and during the time period following disclosure, mothers experience many posttraumatic stress symptoms. Some are diagnosed with PTSD. Stress results in negative effects on body, brain, and immune system. In order to remain mentally and physically healthy, mothers need to use healthy coping skills, counteracting the effects of stress on their bodies, and build a support network of friends and family. The mother is considered the primary support for the victim, and her belief and support are the best predictors for the victim's recovery.

When a tragedy occurs, people access friends, family, and other community members to help them get through the crisis. One of the early processes following disclosure is determining who in your network of family, friends, and acquaintances is able to provide emotional support. Unfortunately, certain types of crises, like child sexual abuse, do not bring positive responses from friends and family.

Many family members will be angry that you reported the abuse. There are many rationales for their behavior. If the abuser is a family member (husband, brother, grandfather), the family may want to resolve the problem in the family and not get legal or social services involvement. Standing against this kind of resistance is not easy for mothers who themselves are ambivalent and in need of support. Family members may also have known or know about other family secrets that they do not want addressed. They may be afraid. They may be ashamed. They may not want others in the community to know about their family problems. If abuse and/or other addictions has been a part of the family system, then a silent family rule is often: don't talk, don't feel, don't trust. This rule may have been carried from generation to generation and results in children's being hurt and problems being perpetuated. It is important to determine the family members that will support you through the post-disclosure process and avoid those other family members that may attempt to guilt or shame you.

Friends are sometimes not supportive. They may be afraid. To have something like this happen to a friend means that it could happen to them. Talking to your friends, telling them what you need and asking for help will direct you to those friends who are most willing and able to walk with you through this process. You will need friends to accompany you to interviews and court processes. You may need help with childcare during required appointments. You will want someone to talk to and cry with. You will need someone to encourage you, as well as someone to hold you accountable. Many mothers experience immediate grief symptoms. They may already have mental health diagnoses (e.g., depression), and this event exacerbates the symptoms. Mothers may have been abused as children, and a child's abuse may trigger memories and pain related to that history. Taking a walk with a friend, going to the gym, and other healthy coping strategies will help counteract the stress.

Community support, such as pastors, priests, crisis workers, and others, can help you get through the crisis and provide ongoing support. Contact your pastor or priest. Check with the local women's resource center and find out what services are available. They sometimes have support groups available for mothers of sexually abused children. Contact a local therapist and ask for information about therapy groups that may be useful. Get into individual counseling so that you have professional help to assist you through this process.

No matter who the abuser was, the post-disclosure process is difficult for mothers. Shock and denial, followed by anger, guilt, fear, anxiety, and possibly depression, are initial reactions in mothers. A child will most likely experience long-term consequences because of abuse. This is a trauma to the child, and mothers are secondary victims as they observe and support their children's recovery process.

Reference: https://www.mosac.net/page/112

Appendix J

Clearance to Proceed from EPRDC

PHILIPPINE NORMAL UNIVERSITY
The National Center for Teacher Education

Index No.	PNU-MN-2016-EPR-FM-016
Issue No.	01
Rev. No.	01
Date	09.24.2018
Page	1 of 1
Doc. No.	CC-09242018-073

EPRDC — CLEARANCE TO PROCEED

BASIC INFORMATION

REC Code:	021119-350
Research Proposal Title:	**Unheard Voices of Mothers with Sexually Abused Children: A Multiple Case Study**
Researcher / Project Leader and Designation/Affiliation:	**Tina Amor V. Buhat**

The following items [√] have been received and reviewed in connection with the above study to be conducted by the above researcher.

[-] Research Proposal in prescribed format
[-] Informed Consent Form/s /Assent Form
[-] Data Collection Tools

and hereby approved:

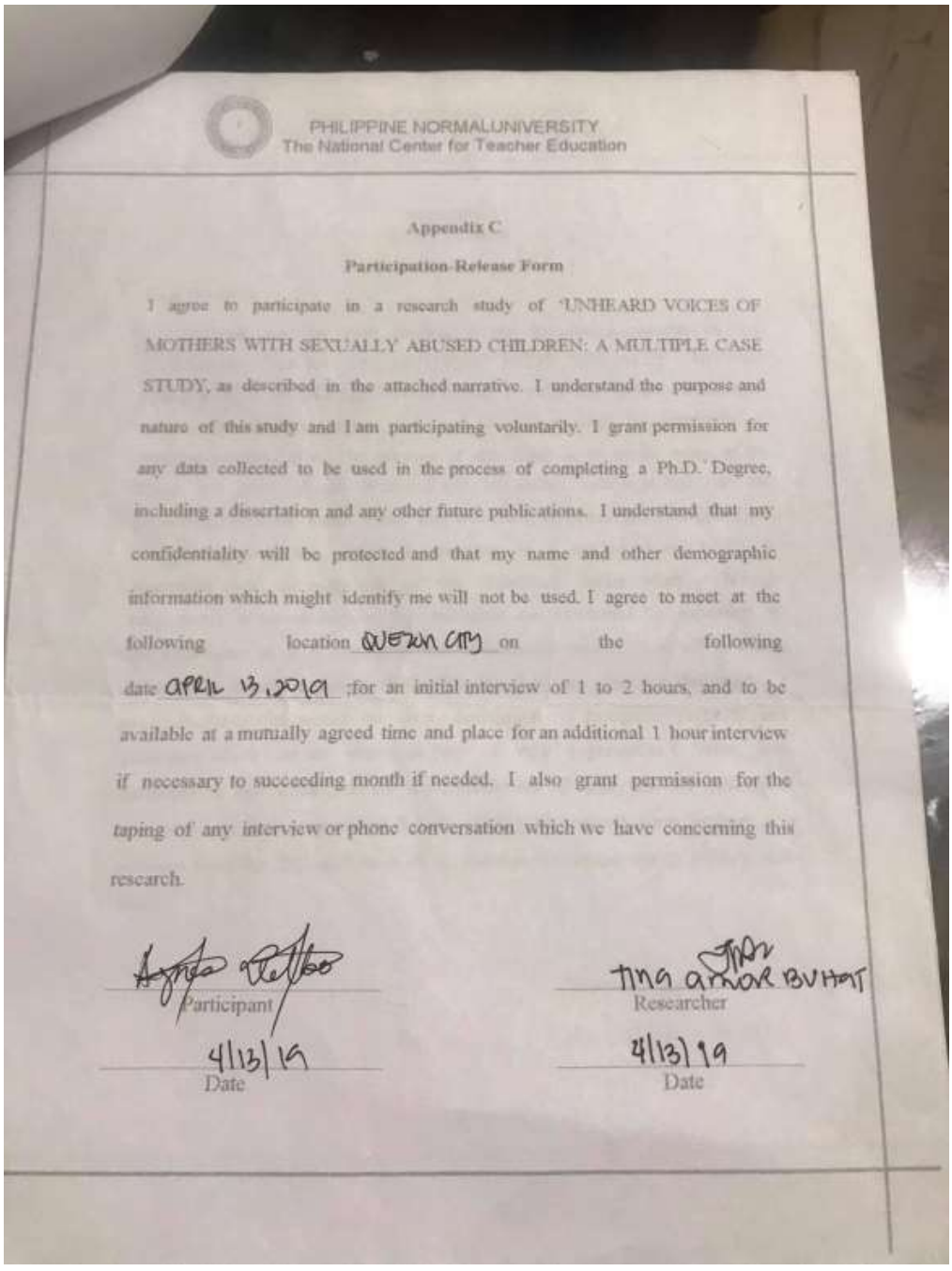
[-] To proceed to the validation of the data gathering tools
[-] To proceed to data collection, organization and write-up

Date of Issuance: **February 11 2019**

TERESITA T. RUNGDUIN, Ph.D.
Secretary
Research Ethics Committee

RENE R. BELECINA, Ph.D.
Chair
Research Ethics Committee

Appendix K
Sample Accomplished Informed Consent Form



PHILIPPINE NORMAL UNIVERSITY
The National Center for Teacher Education

Appendix C

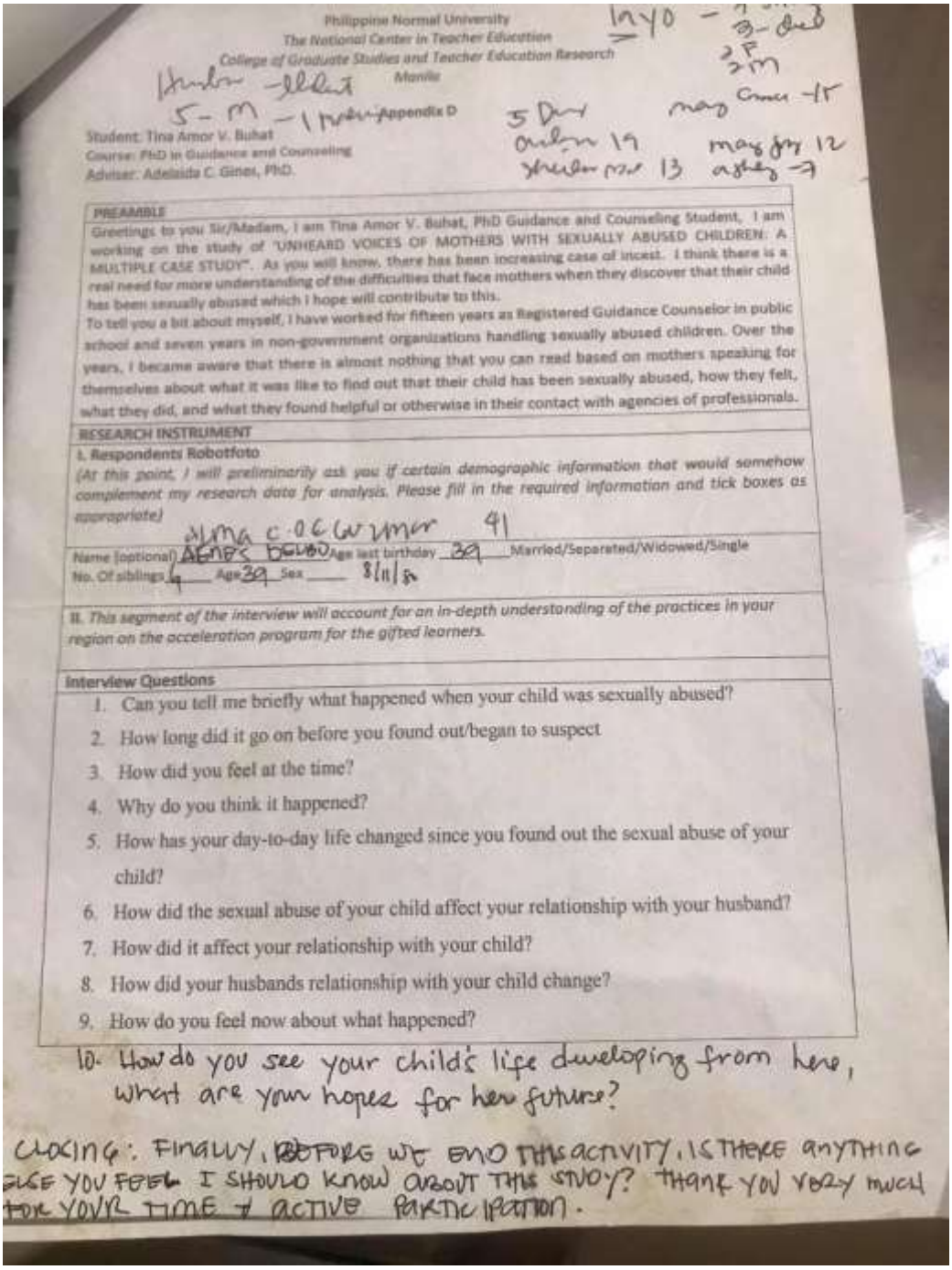
Participation Release Form

I agree to participate in a research study of 'UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY, as described in the attached narrative. I understand the purpose and nature of this study and I am participating voluntarily. I grant permission for any data collected to be used in the process of completing a Ph.D. Degree, including a dissertation and any other future publications. I understand that my confidentiality will be protected and that my name and other demographic information which might identify me will not be used. I agree to meet at the following location QUEZON CITY on the following date APRIL 13, 2019 ;for an initial interview of 1 to 2 hours, and to be available at a mutually agreed time and place for an additional 1 hour interview if necessary to succeeding month if needed. I also grant permission for the taping of any interview or phone conversation which we have concerning this research.

Participant
4/13/19
Date

TINA ARNOR BUHAT
Researcher
4/13/19
Date

Appendix L
Sample Interview Transcription



Philippine Normal University
The National Center in Teacher Education
College of Graduate Studies and Teacher Education Research
Manila

Appendix D

Student: Tina Amor V. Buhat
Course: PhD in Guidance and Counseling
Adviser: Adelaida C. Gines, PhD.

PREAMBLE

Greetings to you Sir/Madam, I am Tina Amor V. Buhat, PhD Guidance and Counseling Student, I am working on the study of "UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN: A MULTIPLE CASE STUDY". As you will know, there has been increasing case of incest. I think there is a real need for more understanding of the difficulties that face mothers when they discover that their child has been sexually abused which I hope will contribute to this.

To tell you a bit about myself, I have worked for fifteen years as Registered Guidance Counselor in public school and seven years in non-government organizations handling sexually abused children. Over the years, I became aware that there is almost nothing that you can read based on mothers speaking for themselves about what it was like to find out that their child has been sexually abused, how they felt, what they did, and what they found helpful or otherwise in their contact with agencies of professionals.

RESEARCH INSTRUMENT

I. Respondents Robotfoto

(At this point, I will preliminarily ask you if certain demographic information that would somehow complement my research data for analysis. Please fill in the required information and tick boxes as appropriate)

Name (optional) AGNES Age last birthday 39 Married/Separated/Widowed/Single
No. Of siblings 4 Age 39 Sex 8/11/88

II. This segment of the interview will account for an in-depth understanding of the practices in your region on the acceleration program for the gifted learners.

Interview Questions

1. Can you tell me briefly what happened when your child was sexually abused?
2. How long did it go on before you found out/began to suspect
3. How did you feel at the time?
4. Why do you think it happened?
5. How has your day-to-day life changed since you found out the sexual abuse of your child?
6. How did the sexual abuse of your child affect your relationship with your husband?
7. How did it affect your relationship with your child?
8. How did your husbands relationship with your child change?
9. How do you feel now about what happened?
10. How do you see your child's life developing from here, what are your hopes for her future?

CLOSING: FINALLY, BEFORE WE END THIS ACTIVITY, IS THERE ANYTHING ELSE YOU FEEL I SHOULD KNOW ABOUT THIS STUDY? THANK YOU VERY MUCH FOR YOUR TIME & ACTIVE PARTICIPATION.

Appendix M

Certificate of Compliance

PHILIPPINE NORMAL UNIVERSITY The National Center for Teacher Education Taft Ave. Cor. Ayala Blvd., Ermita, Manila 1000 Philippines TrunkLine: +63-2-317-1768 loc 750/751 ▲ eprdc@pnu.edu.ph ▲ www.pnu.edu.ph		Index No.	PNU-MN-2016-EPR-FM-020
		Issue No.	01
		Rev. No.	01
		Date:	09-24-2018
		Page	1 of 1
EPR	CERTIFICATE OF COMPLIANCE	QAC No.	CC-09242018-027

BASIC INFORMATION

REC Code:	**08242021-80**
Title of the Research Project/Thesis/Dissertation:	**Unheard Voices of Mothers with Sexually Abused Children: A Multiple Case Study**
Researcher/Project Leader and Designation/Affiliation:	**Tina Amor V. Buhat**

The following items [V] have been received and reviewed in connection with the above study conducted by the above researcher/principal investigator:

[ ] Thesis

[✓] Dissertation

[ ] Research Article in APA Format

And hereby certified that it has fully complied with the PNU Code of Research Ethics and Guidelines for Review as stipulated in the BOR Resolution No. U-2303 s. 2015.

Date of Issuance: **August 24, 2021**

Dr. TERESITA T. RUNGDUIN
Secretary
Research Ethics Committee

Dr. RENE R. BELECINA
Chair
Research Ethics Committee

(All documents without the PNU QM Stamp or Control Identifier are uncontrolled)

Appendix N
Certificate of Language Editing

Philippine Normal University
College of Teacher Development
Faculty of Arts and Languages

9 Aug. 2021

CERTIFICATION OF EDITING

This is to certify that I have edited in its entirety the thesis of MS TINA AMOR BUHAT on *UNHEARD VOICES OF MOTHERS WITH SEXUALLY ABUSED CHILDREN A MULTIPLE CASE STUDY.*

Yours truly,

Prof. Ma. Concepcion Y. Raymundo, M.A.
Language Editor
PNU CTD FAL

TINA AMOR V. BUHAT, RGC, RPm, LPT

- 09060284012 tavbuhat@gmail.com

Education / Qualifications

Postgraduate : Philippine Normal University (Manila, Philippines)
Ph.D. in Guidance and Counseling

Masters of Arts and Education major in Guidance and Counseling
Units in Education major in Values Education

College : Far Eastern University (Manila, Philippines)
Bachelor of Science in Psychology
June 1985 – March 1989

Publications:

1. Evaluation on the Implementation of Special Program in Foreign Language (SPFL) in the Public Secondary Schools, International Journal of Language and Linguistics 2020;
2. Helping professional level of awareness on Multicultural and Social Justice Counseling Competencies authors: Buhat, TAV., et al., (2019)- Philippine Guidance and Counseling Association, Journal Publication 2019
3. Developing a Curriculum for the Transition Program of Special Learners in the Philippines Buhat, TAV., et.al, (2018) - International Journal of Curriculum and Instruction
4. Report On The Survey Of Spanish Language Implementers For School Year 2019-2020
5. Status of Basic Education Guidance Counselors in the Philippines: An Assessment (2019-2020)
6. Report on the Survey on the Curriculum Exits of the Senior High School Graduates School Year 2017-2018 (2020)
7. International Journal of Language and Linguistics, Impact Assessment on the Implementation of Special Program in Foreign Language (SPFL) in the Public Secondary Schools (2020)
8. Technical-Vocational-Livelihood Blueprint: Heuristics of Curriculum Implementation among Senior High School Model (2017)
9. Inter-Intra Multi-dimensional Needs of Ramon Magsaysay (Cubao) High School Students SY 2006-2007: (2008)

Published Book

A Course Module for Teaching Learners with Developmental Disabilities (Manuel, S.J., Buhat, T.A.V., Tecson, A.R., & Sibayan, I.S., 2021)

Research involvement / conducted:

1. Relevance of NCAE Result in Choosing a Career of RMCHS Students SY 2008-2009
2. Evaluation of RMCHS Career Guidance Program using Kirkpatrick Model SY 2010-2011
3. "The Play Therapy Programs An Evaluation using the CIRO model", SY 2009-2010
4. Personal Attributes, Professional, Counseling and Instructional Competencies among Helping Professionals of QC, District IV, 2012.
5. FICS Analysis: Determinants of Student Retention of Ramon Magsaysay (Cubao) High School Students SY 2010-2011"

Why am I strong candidate?

A Registered Licensed Guidance Counselor in Philippines, Registered Psychometrician and a Licensed Secondary Teacher; Has knowledge in Curriculum development for Special Education and Guidance; Has knowledge in administration and interpretation of psychological tests and some projective techniques; seminar presentations on personal and psychological development. Has 23 years teaching experience in teaching General Psychology and other subjects in Social Sciences in the tertiary level. Has the ability to work in a fast pace and team environment as well as the ability to work independently and with good customer service orientation. Has knowledge in different clerical functions.

Relevant Experiences

- Proponent on the Development of National Policy Guidelines for Comprehensive Guidance and Counseling Programs and Services in Basic Education in the Philippines
- Co-lead in the Development of Homeroom Guidance Curriculum for Basic Education learners
- Co-lead on the Development of Curriculum for Special Education Program (Transition Curriculum for learners with disabilities, Gifted Curriculum and Acceleration Policy)
- Attended Benchmarking at Singapore (Special Program in Foreign Language) and Indonesia Urban Agriculture Training for Special Education Teachers
- I am a volunteer License Counselor of Shelter house for Sexually Abused Children, administer psychological test and conduct counseling to victims of abused
- Served as a Counselor to the community during the Pandemic for front liners who are experiencing trauma and depression
- Conduct psychological first aid and counseling to victims of typhoon Yolanda (Tacloban City)
- Developed Modules and facilitate psychosocial intervention to employees of Bureau of Curriculum Development
- Guidance Counselor in public school for 10 years
    - Assists the students about legal services, career counseling, financial planning, medical or psychological advice or a number of other areas where a trained professional is looked to for direction in a given area
    - Encompasses activities of guidance, which are carried on in a group situation to assist its members to have experiences desirable or even necessary for making -

appropriate decisions in the prevailing contexts. In a more specific term, it is guiding the individual in a group situation

- Coordinates the gathering of meaningful information concerning students through such means as conferences with students, teachers and parents; standardized test scores, academic records, anecdotal records, personal data forms and inventories
- Interprets student information to students, parents, teachers, administrators and other professionals concerned with the welfare of the students;
- Identifies students for proper categorizing such as gifted, handicapped, with problems and needs.
- Assists the student and his parents in relating the student's interests, aptitudes and occupational opportunities and requirements to long range educational plans and choices; and
- Collects and disseminates to students, teachers and parents information concerning careers, opportunities for further education and training, and varied school curricular offerings.
- Assists students, teachers and parents who need such services to be aware of and accept referral to other specialist in student personnel and community services;
- Identifies students with special needs, which require the services of referral sources.
- Educational and guidance needs of students specially the aptitude and interest for particular electives and capacity to participate in co-curricular activities
- Evaluates the achievement of the school's guidance and counseling for a particular school year/calendar year based from the above mentioned duties and functions

- Guidance Counselor in private school for 5 years
    - Assists the Guidance and Counseling Head in the implementation of the activities of the department
    - Administers entrance examinations and other psychological tests students; conducts preliminary interviews of prospective applicants/students
    - Provides assistance and counseling to students with problems in their subjects during enrollment period
    - Provides professional counseling services and referrals to students with specific counseling needs
    - Conducts career counseling and seminars to students
    - Conducts orientation programs to students and parents re school policies, services and functions of the different departments
    - Conducts/ facilitates job fair, seminars, and symposia for students, faculties and employees
    - Facilitates peer counseling programs
    - Prepares training modules for the different seminars provided by the Guidance and Counseling Center for the development of students and employees such as motivation, personality development, teambuilding, counseling strategies, time management etc.

Psychometrician:

- Administer, score and interprets standardized intelligence, EQ Tests to selected Public Elementary schools for proper placement of Curriculum
- Conduct initial assessment to students referred by teachers for possible placement in SPED curriculum
- Develop program and facilitate leadership and peer counseling seminar-workshops

PROFESSIONAL AFFILIATIONS (PHILIPPINES)

- Philippine Guidance & Counseling Association (PGCA), Member
- Integrated Professional Counselors Association of the Philippines (IPCAP), Secretariat
- Guidance Counselor's Circle (GCC), Member
- Quezon City Guidance Counselors Association (QCGCA), PRO
- National Organization of Professional Teachers, Inc.
- Philippine Psychological Corporation, Member
- Psychological Association of the Philippines (PAP), Member
- Career Development Association of the Philippines (CDAP), Member

Relevant Seminars / Lectures Conducted:

First National Summit on the Rights of the Child in Education	14-15 Nov 2019
Understanding Depression and Suicide	6 Feb 2019
Training on Mental Health and Psychosocial Support for Guidance Counselors and Nurses of Division Office of Region IV-B	8 Feb 2018
Anti-Bullying Prevention and Awareness Seminar	20 Jul 2018
Consultative Workshop on Gifted and Talented	24-29 Sep 2017
Finalization of Special Education (SPED) Adapted PE Curriculum	27 Feb-3 Mar 2017
Validation of SPED Adapted PE Curriculum	6-9 Feb 2017
Workshop on the Alignment and Development of the K-12 SPED Adapated PE Curriculum	4-9 Dec 2016
Basic Psychological First Aid Training – Speaker	23 Oct 2016
Basic Course on SPED for ALS Implementers	9-12 Oct 2016
IPCAP 13TH NATIONAL CONVENTION " Shifting Gear: Becoming Effective Millennial Counselors"- Facilitator	9-11 Mar 2016
Capacity Building of Calm Network on SPED and Child Labor Initiative	11 Feb 2016
Resource Speaker, " Parenting with a Heart"	24 Oct 2015
Guest Speaker, UNTV "Social and Cultural Issues in School Counseling	11 Aug 2015
Resource Speaker, Bagong Silangan HS : Effects of Bullying	23 Jul 2015
Guest Speaker, UNTV "Parenting How to know if your child is being bullied or a bully	July 23, 2015
Guest Speaker, UNTV "Social and Cultural Issues in School Counseling"	August 12, 2015
Global Youth Summit - Speaker	6 Feb 2016
Community Based Advocay and Monitoring Groups of Children and Young People in "Peer Educators Counseling Training Workshop"	21-23 Nov 2014
In-Service Training for Teachers "Understanding the Bully Saving the Bullied	27-29 May 2013 23-25 Mar 2013
"10 Things Teeneagerswon't normally tell their parents" Ramon Magsaysay (Cubao) High School	27 Jan 2012
Facitlitator, Quezon City Guidance Counselors Seminar-Workshop Theme: Equipping, Mentoring, Supervising, Guiding and Counseling: Keys towards an Effective Guidance Services Program	18-20 Dec 2011
In-Service Training of Taguig Science High School Administration and Teaching Force on the Topics of Guidance and Counseling, Stress Management and Conflict Management	27 Oct 2011