



BRIEF COMMUNICATION

INCEST SURVIVOR MOTHERS: PROTECTING THE
NEXT GENERATION

CHRISTINE M. KREKLEWETZ AND CAROLINE C. PIOTROWSKI

Department of Family Studies, University of Manitoba, Winnipeg, Manitoba, Canada

Key Words—Incest, Abuse, Mothers, Protection.

INTRODUCTION

THE MAJORITY OF the sexual abuse literature concerning incest survivors has focused on the long term negative effects on the individual; however, only a few empirical studies to date have examined female incest survivors as parents (Cohen, 1987; Cole & Woolger, 1989; Cole, Woolger, Power, & Smith, 1992). These studies indicate that incest survivors face issues and challenges as mothers which reflect the unique interaction between their past history and their parenting perceptions and behaviors. Paradoxically, the children of incest survivor mothers are at high risk for sexual abuse, yet mothers are rarely perpetrators themselves. Therefore, an important issue for both mothers and clinicians alike is the protection and prevention of sexual victimization of the next generation. The main objective of the present study was to describe the complex experience of parenting pre-adolescent daughters for incest survivor mothers. We chose to focus on a detailed and indepth description of how incest survivor mothers perceive the protection of their children, as well as how they act to protect their children, particularly their daughters, from sexual abuse.

While many mothers of incest victims were sexually abused themselves as children (Butler, 1985; Goodwin, McCarthy, & DiVasto, 1981; Halliday, 1985), little research has focused on factors that contribute to the reoccurrence of the system of abuse. Examining the effect of incest on later parenting, specifically with regards to protective behaviors towards their children, is an important area of study for two reasons. First, while some research has suggested a social learning model in which it is proposed that those who were abused as children grow up to abuse others, to date the maternal role in the incestuous family does not fit this model—she is not the perpetrator, yet her children are at risk.

Funding for this project was provided by a University of Manitoba Research Center on Family Violence and Violence Against Women (332-2815-05) grant award to Caroline Piotrowski, principal investigator, and Jaye Miles and Christine Kreklewetz, co-investigators.

Received for publication July 21, 1997; final revision received February 19, 1998; accepted February 23, 1998.

Reprint requests should be addressed to Christine Kreklewetz, M.Sc., Department of Family Studies, University of Manitoba, Winnipeg, MB, Canada R3T 2N2; E-mail: Krekiew@cc.umanitoba.ca.

Second, a number of factors contribute to the risk status of children of incest survivors (e.g., social support, mental health, etc.), however, little is known about the parenting behavior of incest survivors themselves. Previous case studies of incest survivors in therapy indicate that these mothers have numerous concerns about themselves as parents (Cole & Woolger, 1989).

According to Courtois (1988), while many female incest survivors function quite well as parents, others are unable to do so because their mothering is impeded by the long term effects of incest. Kritsberg (1993) refers to a difficulty of the protection of children as "blind spots," where the survivor's own defenses may interfere with their ability to avoid potentially dangerous situations for their children.

The mother's role in the incestuous father-daughter relationship is a controversial one, and is not as well understood as that of the male perpetrator or the child victim (MacFarlane & Waterman, 1986). Blame has often been attributed to mothers of sexually abused children for not protecting their children, for "colluding" or "allowing" the sexual relations between the father (or father figure) and the child to continue. However, mothers in families of incest have often been found to generally be in a poor position to protect, guide, and support their daughters to avoid potential victimization (Jehu, 1988). If a mother is a victim of incest herself, she may experience particularly severe long lasting symptoms.

The most commonly reported symptom for adult survivors of sexual abuse is depression (Browne & Finkelhor, 1986; Sanderson, 1990) which can be accompanied by feelings of powerlessness (Gelinis, 1983). Extensive research has shown that even mild depressive symptoms can impair parenting perceptions and behaviors (Downey & Coyne, 1990).

In an effort to better understand the interaction between the long term effects of incest and the parenting perceptions and behaviors of incest survivor mothers, we conducted detailed and indepth open-ended interviews. Our main focus was the issue of child protection, and the direct and indirect role that mothers played in keeping their children safe.

METHOD

Participants

Sixteen incest survivor mothers were recruited from 15 health care and counseling agencies in a mid-sized Canadian city. Mothers had a history of paternal incest where the abuser was identified as a male parental figure and the abuse was not an isolated incident. Each woman had at least one daughter between 9 and 14 years of age around which the interview questions were focused. Two of the mothers had daughters aged 17 and 18 years, and were asked to recall their parenting experience with this daughter during the desired age range (9-14 years) (see Table 1 for further demographic information).

Procedures

Data collection involved audiotaped interviews in participants' homes or at an agency office, lasting approximately 1.5 hours. Interview questions were open-ended, based on a modified version of George and Solomon's (1993) Caregiving Interview. Additional questions and probes pertinent to the themes of protection, parentification, and sexuality issues were added. Women were encouraged to talk about their experience as a parent focusing on their relationship with their daughter. All the interviews began with the question, "What is it like for you to be a parent/mother?" or "How would you describe yourself as a parent?" Periodic verbal checks during the interview helped ensure that the interviewers assumptions and understandings were parallel to the mothers.

Mothers' Age
Daughters' Age
Number of Children in Family

Income Level
<\$30,000
>\$30,000

Ethnicity
Caucasian
Metis

Mothers' Marital Status
Never married
Married
Separated/divorced-remarried
Separated/divorced-single

Experience with Child and Family
Yes
No

Counselling
- Currently receiving counselling
Completed counselling

Years in Counselling
2 years or less
>2 to 5 years
>5 years

Coding and Analysis

Maternal interviews were transcribed verbatim, identifying the phrases, identifying the themes, and using a computer program (Padi) to refine, and condensed into a list of hundred individual phrases. Other emergent themes were identified independently coded into 10 categories and the relevant phrases were discussed with the counselor.

Protection Strategies

The most frequently mentioned protection strategy was information sharing. Mothers were encouraged to be more open to the community and to share their experiences with their daughters.

... it was my kind of mission to me ... I was just bound and determined and even more importantly, a

Table 1. Family Demographic Characteristics

| | Mean | Range |
|---|------------------------|---------|
| Mothers' Age | 37 (<i>SD</i> = 4.04) | (44-32) |
| Daughters' Age | 12 (<i>SD</i> = 3.02) | (8-18) |
| Number of Children in Family | 4 (<i>SD</i> = 1.17) | (2-6) |
| | Frequency | % |
| Income Level | | |
| <\$30,000 | 8 | 50 |
| >\$30,000 | 8 | 50 |
| Ethnicity | | |
| Caucasian | 13 | 81 |
| Metis | 3 | 19 |
| Mothers' Marital Status | | |
| Never married | 1 | 6 |
| Married | 5 | 31 |
| Separated/divorced-remarried | 2 | 13 |
| Separated/divorced-single | 8 | 50 |
| Experience with Child and Family Services | | |
| Yes | 9 | 56 |
| No | 7 | 44 |
| Counselling | | |
| Currently receiving counselling | 10 | 63 |
| Completed counselling | 6 | 38 |
| Years in Counselling | | |
| 2 years or less | 7 | 44 |
| >2 to 5 years | 6 | 38 |
| >5 years | 3 | 19 |

Coding and Analysis

Maternal interviews were transcribed verbatim. Each transcript was analyzed separately, coding phrases, identifying themes, and comparing them across other transcripts using a qualitative computer program (Padilla, 1990). Phrases were collapsed into general theme groups, then further refined, and condensed into sub-theme groups. Theme groupings were not mutually exclusive. Four hundred individual phrases reflected the themes of protection, sexuality, parentification as well as other emergent themes. In order to assess reliability of the coding themes, a second coder independently coded 10% of the phrases ($Kappa = .89$). To ensure face validity, the theme categories and the relevance of individual phrases were reviewed by a therapist and a sexual abuse counselor.

RESULTS

Protection Strategies

The most frequently mentioned protection strategies were communication, education and information sharing. Mothers felt that the more information they could gain about parenting and the more open the communication channels were with their children, the more protected their daughters would be. Implicit in this strategy was a strenuous effort to promote good communication with their daughters,

... it was my kind of mission in life as a parent to have those kinds of open discussions, have them feel they could come to me ... I was just bound and determined that I would be a resource for them ... they would have a good knowledge base and even more importantly, a good feeling about themselves and their bodies.

An interesting theme that emerged from the interviews was a change in mothers' ability and confidence in parenting after counseling. For most mothers, working on their own feelings from the past opened the doors to communication between themselves and their children. They reported that the counseling experience pertaining to their own abuse increased their self-esteem and enabled them to become more actively involved and protective in the parent-child relationship. One woman stated,

... I'd say in the past I have been like my mother. I haven't been fully conscious of why I was doing things or what I was doing ... I wasn't able to face things, like with (daughter's) abuse too, I wasn't able to protect her even though I had concerns. I wasn't able to because of what it meant in my own life was so horrific—how could something like this be happening? So, you know, I could see that if you haven't resolved this, you can't really keep your kids safe.

While mothers were not asked directly about the symptoms of depression or physical or emotional absence from their children, 81% of the sample described earlier periods during which they were emotionally or physically absent from their children or both, especially when their children were pre-school aged or younger. These periods included physical illness, depression, heavy drinking, "nervous breakdowns," or when they "just couldn't function."

... I think throughout [my early years as a parent] I wasn't experiencing a whole lot of feelings, everything was pretty numb ... I think I was chronically depressed ... couldn't deal with issues that were happening and my own feelings were just so far away and inaccessible. When I started in counseling ... the experience of having feelings was so bizarre, it was wonderful, but it was really bizarre, because I just didn't remember having feelings like that ... so when I think back to when the kids were young, it's difficult to remember first of all and second of all I think that if I could get my memory back there at all I don't think I'd find a whole lot in terms of feelings because it was like a crime, you go sort of with blinders on and you just survived and they [children] suffered from that too because that's where I was in emotional withdrawal, where I wasn't really accessible ...

A second protection strategy mothers used to safeguard their children was supervising their children's contact with certain individuals and situations and developing safety plans. Some mothers mentioned how their children were not allowed access to their own abusers or with individuals they felt may be potential abusers. In some cases mothers did not allow their children to have contact with family members who refused to acknowledge the mother's own past abuse. While mothers saw this strategy as protecting their children from potential abuse, limiting their children's contact with extended family members sometimes elicited feelings of guilt and regret;

... it's hard to take because there's been a lot of losses ... loss of grandparents, cousins, aunts, and uncles ... on the one hand it's ... you sort of step back and say was it worth it but on the other hand if they're not willing to name it and deal with it maybe it's better because it could be repeated.

Supervision Issues

When talking about their daughters' safety and need for protection, mothers sometimes mentioned unsafe situations and people outside of the family. While mothers stated they could not control what happened outside of their home, most felt they had control over their children's safety inside their home. Nevertheless, five of the seven women in this study who were married or living with a partner expressed some ambivalence, worries, or concerns about trusting their male partner with their preadolescent daughter:

I used to panic when my husband would put the kids to bed and I'd be downstairs, and he'd be up putting them to bed and if it was quiet I'd be up there ... if he hugged them too long I'd be monitoring them ... I would intervene, oh, right away, I'd be there like a shot.

I don't spend any time worrying about anything happening from my own family ... I know my husband would never

do anything and I trust (son), but sort of sick to even say that but

One mother never left her piece of advice given by a safety and trust:

Be ever vigilant, always, ever of way ... you can't assume that thought in that direction but ...

Monitoring Behaviors

Finally, the third, and "monitoring behaviors." Most as their social activities were by an older brother,

... if her older brother who ... but I see him go in there, i "Okay." But if I think she's in t just getting this," "Okay." He brother ...

Mothers perceived certain behavior with regard to their as well as allowing their

For some mothers, coming to fearful:

... if she is over at someone if it sounds like I'm interrogating somebody's hurting her, ever, a kids her own age do ... I'm just never do ... I won't let her go to go across the street to a neighbor

Developmental Issues

Most mothers agreed that smaller, and were less able to their child's physical harm. Interestingly, some the same age as when the young children were at lit mothers acknowledged that the fact that they were more often) contributed to maternal molestation.

The present preliminary perceptions and behavior

do anything and I trust (son), but having said that there's one little piece of radar that's there all the time anyway . . . I feel sort of sick to even say that but . . .

One mother never left her children alone with her new husband for the first year. The following piece of advice given by one mother to other survivor mothers profoundly underlines her sense of safety and trust:

Be ever vigilant, always, even if you don't want to even consider it you have to be vigilant even at home in some kind of way . . . you can't assume that you can trust anyone . . . my husband would die if he thought that I had even the remotest thought in that direction but . . . It's nice to be trusting . . . but . . . but . . . and I'll leave that but in there.

Monitoring Behaviors

Finally, the third, and rather unique protection strategy that emerged from the data was "monitoring behaviors." Mothers were concerned about monitoring their daughters at home as well as their social activities with peers. The following example came from a mother who was abused by an older brother,

. . . if her older brother who is 17 would go into her bedroom, let's say he's just getting a comic or getting something . . . but I see him go in there, immediately I say "[Daughter's name]?" and she says "I'm in this room mom" and I say "Okay." But if I think she's in the room and he's gone in there, then I jump on him and say "What are you doing?" "I'm just getting this," "Okay." He may not know why I'm asking, but in my head I'm saying, "I'm watching your older brother . . ."

Mothers perceived certain situations to be very high risk and expressed both fear and cautionary behavior with regard to their daughters safety in situations which involved adults drinking alcohol, as well as allowing their daughters to sleep over at a friend's house.

For some mothers, common adolescent behaviors also evoked responses ranging from cautionary to fearful:

. . . if she is over at someone's house I'll say "So, what were you doing?" "Oh, just listening to music or playing," and if it sounds like I'm interrogating her, "yeah, in a way I am." I don't want to think that she's at somebody's house when somebody's hurting her, ever, and I don't care if it's people I know, I'm just cautious. I don't let her do some of the things kids her own age do . . . I'm just horrified at some of the things some mothers let their kids do stuff at her age that I could never do . . . I won't let her go to the mall, I won't let her hang around with friends . . . I won't let her out after dark even to go across the street to a neighbor to visit a friend. I guess I'm terrified of her being abused in those situations.

Developmental Issues

Most mothers agreed that their children were at greatest risk for harm when they were younger, smaller, and were less able to protect themselves from sexual abuse. They made repeated reference to their child's physical size and suggested that their small stature left them more vulnerable to harm. Interestingly, some mothers even judged their daughter's age of vulnerability to be around the same age as when they themselves had been abused. In contrast, other mothers felt that very young children were at little risk, because they were easier to monitor closely. Finally, while some mothers acknowledged that their early adolescent daughters were now older and physically larger, the fact that they were more difficult to monitor closely (i.e., spent time away from home more often) contributed to maternal fears and anxiety that puberty was a high risk period for sexual molestation.

DISCUSSION

The present preliminary study represents a first step towards understanding the parenting perceptions and behaviors of incest survivor mothers. Similar to findings by Cohen (1987), all of

the mothers in this study described themselves as very protective, and often overly-protective parents, wanting to parent differently and better than they were parented. Many survivors strive to be the "perfect mother" including over-protecting and over-nurturing behaviors (Sanderson, 1990; Westerlund, 1992). The supervision strategies discussed here enabled the mothers to feel more effective as parents, and in their view, lowered the likelihood that their own children might also be victimized.

Clearly, help for these mothers came in the form of counseling, parent education literature, and parenting groups. The majority of women in this study talked about being emotionally withdrawn from their children or depressed at some point in their parental history. Interestingly, most of these women indicated that they enjoyed parenting more and saw themselves as more protective and "actively involved in parenting" after their counseling experiences. There was striking evidence of intergenerational recurrence of incest in this small sample of mothers with 50% of the women revealing that their daughters had been sexually abused. In six of these cases at least one of the siblings in the family had also been sexually abused. Further research is clearly needed to clarify the interaction between the timing of counseling for incest survivors, onset of parenting and the occurrence of children's sexual abuse.

Early intervention with mothers who are sexual abuse survivors appears to be critically important. Early assessment and counseling intervention with incest survivors (including prenatal assessment) regarding their own parenting histories and their current social environment could help to identify mothers at high risk much earlier in their parenting careers, and thereby lessen the risk of later sexual abuse for their daughters.

Without counseling intervention, researchers underscore incest survivor mothers' powerlessness to prevent their daughter's sexual abuse. Glaser and Frosh (1993) argue that an internal self-image of guilt, blame, anger, and a sense of worthlessness combined with unmet dependency needs or sexual exploitation contributes towards female victims of sexual abuse falling prey to perpetrators who may abuse their children. These researchers suggest that these women are also least likely to be able to prevent the abuse.

Mothers who receive counseling before becoming parents or while their children are very young may be much better equipped to protect their children from potentially abusive situations. Future research needs to test this hypothesis as well as the implications the increased and more effective monitoring strategies mothers described on the quality of the parent-adolescent relationship.

To be clear, these suggestions do not imply that the mothers were responsible for the abuse of their daughters—in every case, another person was the offender. The role of contextual factors, such as maternal depression, lack of power to protect her daughter in and out of her home as well as the perpetrator's control over the family (sometimes including physical and/or sexual violence towards the mother) must also be taken into account.

All the mothers in this study wanted their children to have as much information as possible about personal safety and self-assertiveness. For those with sexually abused children, none of the mothers perpetrated the sexual abuse, and all acted immediately as soon as they became aware of the abuse. This took the form of distancing themselves and their children physically from the perpetrator, laying charges against the offender, and seeking counseling for their daughter. While almost every mother in this study had taken at least one parenting course and found it helpful, some mothers felt that they didn't quite fit into "generic" parenting groups. Parenting courses and pamphlets geared to survivors, and survivor-issues (e.g., protection issues, behavioral, and emotional indicators of child sexual abuse) would be most helpful to this population.

Our finding that mothers were deeply concerned about their daughters' vulnerability to abuse and their lack of trust in others replicates work by other researchers and clinicians (Cohen, 1987; Kirschner, Kirschner, & Rappaport, 1993; Kritsberg, 1993; Sanderson, 1990). Similarly, other researchers have also found that married incest survivor-mothers expressed a need to protect their daughters from the possibility of sexual abuse by their husbands (Haller & Alter-Reid, 1986; Kelly,

1988). These two responses, given the high prevalence of trust betrayed by significant others as an unsafe place, and its effect on the profound effect of increasing awareness of perceptions regarding trust dynamics influence the individual.

The 16 mothers who survived a range of individual difficulties and caution must be applied in research are particularly important for understanding of the social welfare workers. There is occurring, and doubts surrounding was apparent from this study. Six of the women in this study

Recognition of the fact that characterized by poverty symptoms from their own survivor's children are at

Future research needs and systemic picture of the family climate. Of particular an incest survivor, focus on parent, focusing on mother during adolescence. Further and parenting professional of incest-survivor mothers

Acknowledgement—The author

- Browne, A., & Finkelhor, D. (1990). *A sourcebook on child sexual abuse*.
 Butler, S. (1985). *Conspiracy of silence*.
 Cohen, T. (1987). *Experiences of incest*.
 University Microfilms International.
 Coie, P. M., Woolger, C., & Finkelhor, D. (1985). Father-daughter incest. *Child Abuse and Neglect*, 9, 395-407.
 Cole, P. M., & Woolger, C. (1983). Parenting attitudes. *Child Abuse and Neglect*, 7, 385-394.
 Courtois, C. A. (1988). *Healing from incest*.
 Downey, G., & Coyne, J. C. (1987). *Loneliness*.
 50-76.
 Gelinas, D. J. (1983). The incest survivor. *Child Abuse and Neglect*, 7, 395-407.
 George, C., & Solomon, J. (1987). *Child Abuse and Neglect: A Sourcebook for the Society for Research in Child Development*.
 Glaser, D., & Frosh, S. (1993). *Child Abuse and Neglect: A Sourcebook for the Society for Research in Child Development*.
 Goodwin, J., McCarthy, T., & Alter-Reid, O. L. (1986). *Child Abuse and Neglect: A Sourcebook for the Society for Research in Child Development*.
 Neglect, 5, 87-96.
 Haller, O. L., & Alter-Reid, O. L. (1986). *American Journal of Psychotherapy*, 42, 10-18.

1988). These two responses may in fact be viewed as healthy, protective and realistic, especially given the high prevalence of child sexual abuse. Mothers in this study were victimized and had their trust betrayed by significant persons. It seems reasonable that many of these women saw the world as an unsafe place, and it clearly played a major role in parenting their daughters. This may speak to the profound effect of these women's victimization on their current relationships, or to their increasing awareness of the sexual abuse of their children. Future research on their partner's perceptions regarding trust in the marital relationship might shed future light on how these dynamics influence the intergenerational transmission of abuse.

The 16 mothers who shared their views here demonstrate only some of the diversity and wide range of individual differences in this population. Due to the small size of the present sample, caution must be applied in generalizing these findings. Key prevention issues arising from this research are particularly relevant for clinicians working with survivors and their families. A better understanding of the social context in which incest is occurring is imperative, particularly for child welfare workers. There is often an assumption that "all mothers know" that child sexual abuse is occurring, and doubts surround their protests of ignorance concerning their child's sexual abuse. It was apparent from this study that there are various levels of knowledge of incest before disclosure. Six of the women in this study revealed that they were also victims of domestic violence.

Recognition of the fact that incest survivor mothers are often coping within a social context characterized by poverty, family violence, single parenting, lack of resources and supports, and symptoms from their own past abuse, may help us to better understand the paradox of why incest survivor's children are at risk for abuse from perpetrators other than themselves.

Future research needs to examine of all family members, which would produce a more holistic and systemic picture of mothers', daughters', and partners' experiences, as well as of the overall family climate. Of particular importance are partners' perceptions and experience of parenting with an incest survivor, focusing on issues of trust; and daughters' perceptions of how they are being parented, focusing on mothers' monitoring behavior and adaptability concerning changing limits during adolescence. Further research in this area would provide valuable assistance to clinicians and parenting professionals in designing and implementing programs that take the unique perspective of incest-survivor mothers into account.

Acknowledgement—The authors wish to thank the brave women who generously shared their time and their experiences.

REFERENCES

- Browne, A., & Finkelhor, D. (1986). Initial and long-term effects: A review of the research. In D. Finkelhor & Associates, *A sourcebook on child sexual abuse* (pp. 143-179). Beverly Hills, CA: Sage.
- Butler, S. (1985). *Conspiracy of silence: The trauma of incest*. San Francisco, CA: Volcano.
- Cohen, T. (1987). *Experiences of motherhood among women who were victims of childhood incest*. Ann Arbor, MI: University Microfilms International.
- Cole, P. M., Woolger, C., Power, T. G., & Smith, K. D. (1992). Parenting difficulties among adult survivors of father-daughter incest. *Child Abuse & Neglect*, 16, 239-249.
- Cole, P. M., & Woolger, C. (1989). Incest survivors: The relation of their perceptions of their parents and their own parenting attitudes. *Child Abuse & Neglect*, 13, 409-415.
- Courtois, C. A. (1988). *Healing the incest wound: Adult survivors in therapy*. New York: W.W. Norton.
- Downey, G., & Coyne, J. C. (1990). Children of depressed parents: An integrative review. *Psychological Bulletin*, 108, 50-76.
- Gelinas, D. J. (1983). The persisting negative effects of incest. *Psychiatry*, 46, 312-332.
- George, C., & Solomon, J. (1993, March). *Toward a theory of caregiving*. Paper presented at the biennial meeting of the Society for Research in Child Development, New Orleans, LA.
- Glaser, D., & Frosh, S. (1993). *Child sexual abuse (2nd ed.)*. Great Britain: MacMillan.
- Goodwin, J., McCarthy, T., & DiVasto, P. (1981). Prior incest in mothers of sexually abused children. *Child Abuse & Neglect*, 5, 87-96.
- Haller, O. L., & Alter-Reid, K. (1986). Secretiveness and guardedness: A comparison of two incest-survivor samples. *American Journal of Psychotherapy*, 40, 554-563.



- Halliday, L. (1985). *The silent scream: The sexual abuse of children*. Toronto, Ontario, Canada: Guidance Center, Faculty of Education, University of Toronto.
- Jehu, D. (1988). *Beyond sexual abuse: Therapy with women who were childhood victims*. New York: John Wiley & Sons.
- Kelly, L. (1988). *Surviving sexual violence*. Minneapolis, MN: University of Minnesota Press.
- Kirschner, S., Kirschner, D. A., & Rappaport, R. L. (1993). *Working with adult incest survivors/the healing journey*. New York: Brunner/Mazel.
- Kritsberg, W. (1993). *The invisible wound: A new approach to healing childhood sexual trauma*. New York: Bantam Books.
- MacFarlane, K., & Waterman, J. (1986). *Sexual abuse of young children: Evaluation and treatment*. New York: Guilford.
- Padilla, R. (1990). *HyperQual user's guide version 3.0*. Chandler, AZ: Author.
- Sanderson, C. (1990). *Counseling adult survivors of childhood sexual abuse*. London: Jessica Kingsley.
- Westerlund, E. (1992). *Women's sexuality after childhood incest*. New York: W. W. Norton.

APPRECIATION

THE QUALITY OF an
 reviewers. While many c
 board, the lion's share is
 appreciation for their wo
 This list covers the tir

Abel, G.
 Agathonos, H
 Alexander, R.
 Anderson, C.
 Baird, C.
 Baird, D.
 Banyard, V.
 Bavolet, S.
 Bays, J.
 Becerra, R.
 Becker, J.
 Benedek, E.
 Bentovim, A.
 Berliner, L.
 Berman, S.
 Bernier, J.
 Billmire, E.
 Boat, B.
 Bonner, B.
 Brayden, R.
 Britton, H.
 Bross, D.
 Brown, E.
 Burgess, A.
 Camp, B.
 Cantwell, D.
 Cantwell, H.
 Carrilio, T.
 Casas, F.