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The discovery process: What mothers see and do in gaining awareness of the sexual abuse of their children

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Abstract

Objective— The aim of this study was to explore how mothers discovered that their children had been sexually abused. The exploration included learning from whom or in what ways mothers learned about the abuse, whether there were prior suspicions, if actions were taken to determine likelihood of abuse, and the barriers to recognizing abuse.

Method— An exploratory survey of 125 nonabusive mothers of sexually abused children in three clinical sites was used. The sample included primarily Caucasians and African Americans in a Midwestern state. A focus group study was used to develop the instrument. The survey was analyzed using descriptive statistics.

Results— Mothers first came to learn of sexual abuse from a verbal report (42%) or behaviors (15%) of their victimized child. Almost half of the mothers had a sense that something was “not quite right” prior to knowing about the abuse. Mothers took many actions to try to clarify what was occurring including talking with their child (66%) or watching things more closely (39%) Evidence most convincing mothers of the abuse included child’s disclosure (74%), child’s behavior (66%) and child’s emotions (60%). Factors increasing uncertainty included denial by the abuser (21%).

Conclusions—This exploratory study provides initial data on how mothers come to learn of and believe the sexual abuse of their children. Educating mothers about effective ways to explore suspicions and weigh the evidence for or against abuse may enhance maternal protection and expedite investigations.

Keywords

Sexual abuse; Abuse discovery; Nonabusive mothers; Incest; Abuse disclosure; Child abuse

Introduction

The role of mothers in the protection of children and in helping children heal after trauma, including sexual abuse, can hardly be overstated. Most studies of mothers examine post-discovery belief and support of the child (Elliott & Carnes, 2001), as well as victim recovery (Everson, Hunter, Runyan, Edelsohn, & Coulter, 1989; Hanson, Saunders, & Lipovsky, 1992). Although it is clearly important that mothers of sexually abused children discover and accept the abuse of their children, little is known about how mothers discover this hidden phenomenon, nor how mothers deal with conflicting data before definitive awareness.

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For many mothers, discovery of abuse may be more of a process than an event (Humphreys, 1992). Rarely does a child simply make a straight-forward report after the first incident of abuse (Alaggia, 2004; Sorenson & Snow, 1991). In fact, the majority of sexually abused children do not reveal sexual abuse during childhood (London, Bruck, Ceci, & Shuman, 2005). Often, the child is “groomed” to become accustomed to an escalating set of events that progress from “innocent” touch to serious abuse incidents (Salter, 1995). By the time the child is experiencing severe abuse, several things may have occurred: he/she may feel responsible, may feel guilty for not telling sooner, may become inappropriately acclimated to the abuse as a normal life event, or may even enjoy certain aspects of the relationship with the perpetrator and thus cooperate with protecting him/her. The child may fear being disbelieved or causing the family trouble with a disclosure (Crisma, Bascelli, Paci, & Romito, 2004). Children are also frequently threatened not to tell (Salter, 1995) and active disclosure in childhood actually may result in more violent abuse, according to a retrospective study of 122 women (Jonzon & Lindblad, 2004). In some cases, the mother may even approach the abused child with her concerns and have the child blatantly deny any abuse, or disclose and then retract the disclosure (Summit, 1983). Further, 20% to 50% of children may be initially asymptomatic, making detection even more difficult (Kendall-Tackett, Williams, & Finkelhor, 1993). Needless to say, these factors can be very confusing to mothers. In such situations the mother’s discovery process can be in spite of the child’s reactions or statements, rather than because of them. One recent qualitative study indicates that disclosure patterns may be quite diverse; in addition to accidental, purposeful, or prompted/elicited reports, children may give behavioral and indirect verbal signs (Alaggia, 2004).

Because mothers sometimes have to piece together a puzzle of facts, hunches, and fragments of what they have seen and heard, the discovery process may take time. Parallel to the process of gaining more information is the internal process of acceptance that sexual abuse might have or did happen. Myer (1985) postulated that a progression of maternal responses may mirror those observed with someone grappling with grieving a death: denial, guilt, depression, anger, and finally acceptance.

Early theories about child sexual abuse assumed that mothers consciously or unconsciously “knew” about their children’s abuse, even if they were in denial about it (Justice & Justice, 1979; Joyce, 1997). While some mothers find it difficult to believe abuse is happening or has happened, and others deny it even when there is clear evidence; other mothers may actually seek additional information or confirmation before they elect to take decisive action.

It may be that mothers have a sense that “something isn’t quite right” before they know what that might be and before they have any solid evidence. What the mothers do with their intuitive concerns—including what actions they might take—is of interest because it may inform clinical approaches to prevention, early intervention, and support. The more professionals learn about how mothers come to have concerns and what they do about such concerns, the better they can help mothers resolve discomfort and find clarity. In addition, discovering how mothers come to believe the abuse happened is important in stopping abuse before it goes further, lasts longer, or creates additional damage.

Victims’ perceptions of their mothers may influence their willingness to disclose. Donalek (2001) conducted qualitative interviews with nine victims of incest regarding their first disclosure. These women reported they had not directly disclosed sexual abuse as children partly because they saw their mothers as needy. These victims saw the incestuous burden as an essential secret, but also the disclosure as a loss, with problems no matter what they did. Yet reporting to mothers may be very important. Cyr and colleagues (2003) discovered that children who first reported abuse to their mothers received significantly more maternal support than those who first told someone other than the mother. That study suggests that if a child

selects mother as the first person to tell about abuse, this may indicate a stronger mother/child relationship and make belief easier for a mother. Rubien (1996) found that children had fewer problems after disclosure if the first person they told about the abuse was the mother and if the outcome of telling was favorable.

It is possible that different cultural groups deal differently with making reports of sexual abuse. In a study comparing Hispanic and African American families, 159 girls and their parents were surveyed. Hispanic girls experienced more abuse and waited longer to disclose (Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001). Hispanic girls were also significantly more likely to be abused by fathers and stepfathers than were African American girls.

This study is the first to examine mothers' process of discovery of sexual abuse from the mothers' own point of view. The following five questions address previously neglected research topics:

1. How do nonabusive mothers learn about the sexual abuse of their child?
2. Do mothers have a sense that something is "not quite right" with their child prior to officially learning that their child has been abused?
3. When mothers suspect something is not right, but prior to learning that their child has been sexually victimized, what actions do they take?
4. What information do mothers use to determine whether or not their child has been abused?
5. What are the barriers for mothers to believing their child has been sexually abused?

Method

Participants

Participants from three Midwestern cities were recruited at three diverse child-serving counseling agencies. Mothers were eligible for the study if they were the primary female caretaker of the sexually abused child and had not been suspected or accused of sexual abuse. The children were all currently receiving counseling services for the sexual abuse. Confirmation of sexual abuse by at least one involved professional was required, although the sites reported that over 95% of the cases they served were substantiated cases by Child Protective Services. Mothers were paid \$15 for their participation.

The demographic characteristics of the 125 mothers, recruited over a 2 ½ year period, are summarized in Table 1. Mothers were primarily Caucasian and African-American and from a wide range of situations. Sixty eight percent of the mothers suspected only one of their children of being victimized, 24% suspected two child victims, and 8% believed that three or more of their children had been sexually abused. Mothers in 82% of the cases believed there was only one sexual perpetrator, 10% reported there were two abusers, and 8% reported more than two offenders.

Of the 192 children suspected of having been sexually abused, 68% were females. When mothers suspected more than one of their children had been victimized, mothers were asked to report on the child whom she had listed first when asked the names of her abused children. The age range of these 125 children was as follows: 20% were age 6 or under, 43.2% were between 7–11 years, 27.2% were 12–15 years, and 9.6% were aged 16 or older.

Procedures

Data for this study were collected as part of a larger study on the nonabusive mothers of sexually abused children. Mothers were invited to participate through fliers provided to therapists and posters in waiting rooms. The mothers could determine when and if to participate, so that survey completion could range from several weeks after first hearing a report of abuse up to as long as their child was receiving therapy (up to 1 year). It was designed to be read at a fourth grade level and those needing assistance due to reading or language difficulties were provided a translator/interviewer or someone to read the instrument. No mothers refused (after volunteering), nor were there any incomplete responses. Researchers were present with the mothers in a conference room and were available to orient them to the procedure and explain confidentiality and informed consent. Mothers were provided with a toll-free number if they had any questions or experienced any distress due to the study. The study was approved by the University of Michigan IRB and also operated under a federal Certificate of Confidentiality.

Measures

Questions designed for this study were mostly closed-ended and based on frequently provided responses in a prior focus group study with nonabusive mothers of sexually abused children (article under review). Questions were designed with input from professionals who worked with the mothers in the clinical settings and with feedback from national experts in the field of child abuse. Because the study is exploratory, standardized measures were not available for the questions addressed in this research. Mothers were asked to check from lists regarding how they first discovered sexual abuse of their child, where they obtained additional information about the abuse, what they did when they first suspected abuse (but prior to confirmation), why they came to believe abuse may have happened, and what made belief difficult. Response categories for the source of information (first or subsequent) included, in part, “child told me,” “professional told me,” “saw something,” “doctor’s exam,” and “how my child acted.” Categories were also provided to ask mothers what made the abuse more or less believable: child’s disclosure, therapist’s opinions, abuser’s disclosure, child’s behavior, abuser’s denial, no opportunity for abuse, and so forth.

Data analysis included descriptive statistics (frequencies and percentages) as well as correlations and independent t-tests. T-tests were used to analyze differences between mothers first informed by their child directly and those who learned by other means. T-tests were also used to determine if there were significant differences between biological and non-biological mothers. Bivariate correlations (Pearson) between the number of protective actions, demographic information, and perceived support were also examined.

Results

Mothers first learned about the sexual abuse of their children from a variety of sources (Table 2). When asked to identify the one first source of their information, by far the largest proportion (41.6%) learned from what they were told by their victimized children. Other leading sources of information were behaviors of the children and information from professionals.

Although learning about the *first* source of information was important, this study explored *all* of the mothers’ sources of information during the early disclosure phase. Information from interactions and discussions with the child was not only the first source of data, but also was the most frequently used by the mothers. Over half of the mothers learned of the abuse by their children telling them and over one fourth gleaned information from how their children were acting.

Before mothers gained specific and concrete information of the abuse event(s), whatever their source, nearly half of mothers had a feeling that something “wasn’t quite right.” After mothers had a suspicion that something was not right, but before any agencies were involved, mothers tried to do a variety of things to understand what was happening (Table 3). A total of 301 distinct actions were reported by 105 of the mothers (note: some mothers reported they had taken actions prior to abuse reports even though they denied any prior suspicions). The most common actions were to talk with the child (66.7%), watch things more closely (46.7%), try to get more information (37.1%), and confront the suspected offender (35.2%).

The mothers were asked about their level of certainty that the abuse had happened at the time they completed the survey. Using a 6-point likert scale, most mothers reported that they were “completely certain” (68.8%) or “very certain” (13.6%), showing a high degree of belief in the abuse at the time of survey completion. Another 10% were “mostly certain;” only 7% reported “some certainty” or “very little certainty.” Comparisons were not made between high and low belief mothers because such a small percentage reported uncertainty.

Mothers were asked why they were certain the abuse had occurred. Again, information received directly from their children was the most frequent convincing evidence of the abuse. Table 4 shows the kinds of information that increased or decreased mothers’ certainty that the abuse occurred. Over 70% found the disclosure of their child convincing, and 66.4% reported that their children’s behavior helped them feel certain; 60% also relied on their children’s emotional reactions and responses as evidence.

Similarly, this study was designed to understand mothers’ major impediments to believing in the abuse. Forty-seven of the mothers claimed to have had no uncertainty about the abuse from the beginning. The remaining 78 (62.4%) mothers reported a total of 159 barriers to their belief in the abuse (Table 4). The most common response was that “I would have/should have known” if abuse was happening (25.6%). The abuser’s denial of abuse influenced 20.8% to be uncertain about the abuse, and “what I know about the abuser” made 20% of the mothers hesitant to believe. Six specifically stated they just did not want to believe the abuse had occurred.

One question (a 6-point likert scale) focused on the difficulty mothers reported in understanding why their children could not tell them about the abuse. A correlation was found between income and understanding their children’s secrecy ($r=.197, p<.05$), and education and understanding their child’s difficulty with disclosing abuse ($r=.235, p<.05$). The mothers with higher income and more education had significantly less trouble understanding why their children could not disclose the abuse sooner and more clearly to them.

T-tests were used to analyze differences between mothers who were first informed by their child’s disclosure (41.6%) and those who first learned through other means (58.4%). There were no significant differences between the two groups in level of certainty that the abuse had occurred or a prior sense that something was “not right.”

Bivariate correlations were used to determine if there were significant differences between mothers based on the number of actions they took when suspecting abuse. Significantly fewer protective actions were reported to be taken by mothers with higher incomes than those with lower incomes ($r = -.195, p < .05$). Mothers reported taking fewer protective actions if they did not suspect something was “not right” prior to discovery ($r = .234, p < .01$). Mothers with higher levels of personal support took significantly more protective actions at first suspicion than those with less personal support ($r = .247, p < .01$).

Biological mothers ($n = 108$) were significantly different from non-biological mothers in how they first gained information about the abuse, with more of them learning directly from a child report than the non-biological mothers ($p < .05$). An additional significant difference was that

certainty in the abuse having happened was enhanced more for non-biological than for biological mothers based on a therapist's opinion.

Discussion

Maternal response is the strongest predictor of a child victim's outcomes following the discovery of abuse (Elliott & Carnes, 2001). Therefore, it is important for professionals to understand how mothers sense something is wrong and then decide to take definitive action. This study went beyond examining if the mothers believe and support their children to include how mothers come to learn of abuse and what factors make it more or less likely that they will believe. Mothers first learned about abuse primarily from verbal disclosures by their abused children. This study also shows that information (both verbal and behavioral) that comes directly from the child is the most compelling source of information for mothers in trying to determine whether or not abuse occurred. Additionally, many mothers had a sense that "something wasn't quite right" prior to learning of the abuse (49%). This study provides some evidence that mothers in these oft-confusing situations do take action, even prior to knowing abuse happened. Mothers who felt something was "not quite right" took an average of three actions that could reasonably be expected to increase the children's safety.

Discovery of abuse by mothers is a process and the current study underscores that finding (Alaggia, 2004; Humphreys, 1992). It also points to a need to help mothers listen, notice, and respond appropriately to suspicions of abuse. Past research shows great difficulties for children in self-disclosing abuse (Paine & Hansen, 2002) so assisting mothers to be responsive will enhance legal and therapeutic interventions. It is unclear from the current study if non-disclosing children felt uncomfortable confiding in their mothers, distrustful of maternal responses, embarrassed to share such information with mothers, or fearful of the alleged perpetrators. The large numbers of children disclosing the abuse to their mothers in this study is significant given that Rubien (1996) found children had fewer problems after abuse disclosure if the first person they told was their mothers.

The current study also shows that interpreting child-focused information, both verbally and behaviorally, is the most compelling data for mothers in trying to determine whether or not abuse occurred. The importance of this is underscored by Lawson and Chaffin's study (1992) which found that 57% of the interviewed children in their sample (n=28) denied abuse initially in cases that were later confirmed due to diagnosis of a sexually transmitted disease. The authors found disclosure rates to be 3.5 times greater when the caretaker accepted the possibility of abuse. According to the current study, lower income mothers and less educated mothers may especially need help in understanding why their children kept the abuse a secret. On the other hand, higher income mothers may need more encouragement to take action if they suspect abuse.

Limitations in this study point to future research directions. One major limitation is that this study only included mothers where abuse ended up being reported to Child Protective Services (CPS). Further, the data are retrospective, and the reports relied solely upon mothers' self-reports. Selection bias is possible because the participants were volunteers. Because mothers' responses may vary considerably across time, studies that follow mothers through their discovery process would build on this initial study. Further, this study was impaired by having minimal information on the perpetrators and not knowing the exact time since abuse and/or discovery. Some mothers were receiving therapy, which may have influenced their responses. Children's behaviors raised concerns for a substantial number of mothers; however, it is unclear *what specific* behaviors raised concerns. While the study provides insights and raises new questions about the understudied area of maternal discovery of sexual abuse, conclusions are tentative.

Because it is likely that the 301 separate actions mothers took when they felt suspicious did prevent some additional occasions of abuse, training mothers in effective steps to take if they have concerns may enhance their protectiveness. When mothers find themselves in a questioning phase, resource materials and professional guidance could be useful in sorting through fears, possibilities, and probabilities. Reducing the length of this period of uncertainty for mothers would serve children and families well. This may be accomplished with pamphlets in doctor's offices or schools, or public awareness campaigns. For example, informing mothers that there are no obvious or definitive clues behaviorally pointing only to sexual abuse may be useful.

Mothers most frequently chose to "talk with the child" when feeling suspicious, so assisting mothers to be more effective in their inquiries of the child would be a valuable intervention. While over one-fourth talked with relatives and nearly as many talked with friends about their concerns, we do not know if these conversations were useful. These data indicate that responses of friends and professionals (especially therapists) are crucial in helping mothers come to an understanding of what has happened. The general public could benefit from clear messages in how to be helpful since they will be the friends consulted. Targeting the "friendly advisor" may also be more effective because individuals may be more able to conceptualize themselves in an assistive role rather than as the mother of a sexually abused child themselves.

Evidence that sexual abuse may not have happened may inhibit maternal actions when suspicions arise. In the current study, the most frequent response of mothers who admitted to doubts about the abuse (78) was the notion that as a mother she "would have" or "should have" known. One-fourth of the mothers ascribed to this idea. Two related reasons for disbelief were that the mother was "always around" and that there was "no opportunity".

Hesitancy to believe abuse also focused on offenders' denial and character. Only 12% of mothers ever heard a direct confession from an offender. Yet 35% of mothers who suspected abuse questioned the suspected offender. The notions of being able to ascertain who abuses, or that confrontation uncovers the truth, needs challenging. Mothers need to understand how manipulatively offenders can operate and that approaching a suspected offender could be dangerous to herself or her child. It also can undermine official investigations/ legal action.

A third category supporting disbelief concerned the child's story changing (14%). Mothers must be informed about the ways in which children disclose their story, often over time and with increased detail, including retractions. The idea that there are clear "behavioral markers" among abused children should be dispelled because that may falsely reassure mothers whose children do not present such signs.

A mother's process in coming to learn about her child's sexual abuse often is fraught with conflicting information and confusion. Yet, as this study shows, mothers do respond to their suspicions and their children's behavioral or verbal cues, and are willing to take action. Professionals and family members can assist mothers in this period of confusion by providing solid information and assisting mothers in resolving their dilemma in order to choose appropriate actions and reactions.

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Table 1

Sample Demographics (N=125)

Variable	Percentage
Age	
20–30	25.6
31–40	48.0
41–50	16.8
51 or older	9.6
Ethnicity	
African American	22.4
Other women of color	11.2
Caucasian	66.4
Household Income	
\$10,000 or less	31.2
\$10–30,000	34.4
\$30–50,000	23.2
Over \$50,000	8.8
Missing	2.4
Education	
Less than HS completion	16.8
High school graduate	23.2
Some college	40.8
Vocational degree	9.6
College degree	9.6
Age of Abuse Child	
0–6 years	20.0
7–11 years	43.2
12–18 years	36.8
Relationship to Child	
Biological mother	86.4
Foster mother	4.0
Adoptive mother	2.4
Stepmother	2.4
Grandmother	2.4
Mother's Relationship to Offender *	
Husband/Partner	20.0
Ex-Partner/Ex-husband	19.2
Another child of hers	9.6
Other relative	23.2
Known non-relative	24.8
Stranger	3.2

* In cases where there were multiple offenders, data reflect the closest relationship to the mother.

Table 2
Initial Source of Mother's Information about Child's Sexual Abuse (n=125)

	Percentage
Child told me	41.6
Child's behavior	15.2
Professional told me	15.2
Someone else told me	12.8
I saw something	5.6
A hunch	4.0
Doctor's examination	3.2
Abuser told me	1.6
Other	.8
Total	100

Table 3
Actions Taken By Mothers Believing Something Was “Not Right”*

	Percentage*
Talked with child	66.7
Watched “things” closely	46.7
Sought more information	37.1
Confronted suspect	35.2
Talked with relatives	30.1
Talked with friends	27.6
Avoided contact with suspect	20.0
Other	11.4

* Percentages are based on the 105 mothers who had enough prior suspicions to take action before the authorities were involved. Twenty mothers stated they took no actions because they had no prior suspicions.

Table 4
Information decreasing or increasing maternal doubt about sexual abuse

	Percentage
Information decreasing doubt about abuse* (n=125)	
Disclosure of Child	73.6
Behavior of Child	66.4
Child's Emotions	60.0
Therapist's Opinion	36.8
Abuser's behavior	35.2
What I witnessed	30.4
Abuser's disclosure	25.6
Other's concerns	24.8
Medical examination	22.4
Judge's opinion	14.4
Information increasing doubt about abuse* (n=78)	
I would/should have known	41.0
Abuser denied	33.3
What I know of abuser	32.0
Child's story changed	22.2
Family didn't believe	19.2
I'm always around	16.6
Not applicable (no uncertainty)	60.0

* Forty seven mothers denied having uncertainty. Totals do not add to 100 because mothers could give multiple responses.