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“It’s Not Written in Stone”:

A Narrative Analysis of the Mothering Experiences of Women who Experienced
Childhood Sexual Abuse by a Family Member

by

Eva Burrill, BA –Sociology and Gender & Women’s Studies

(Dalhousie University, 2013)

A thesis submitted to the Lyle S. Hallman Faculty of Social Work at

Wilfrid Laurier University

In partial fulfillment of the requirements for the degree

Masters of Social Work

(April 20 2015)

WILFRID LAURIER UNIVERSITY

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“It’s Not Written in Stone”: A Narrative Analysis of the Mothering Experiences of
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By

Eva Burrill

ABSTRACT

Within the existing body of literature on women survivors of intrafamilial childhood sexual abuse (CSA), there is extant literature that indicates that survivors will experience mothering challenges later in life. However, little research has focused on the possibility that mothering might also function as a site of healing. Addressing this gap, this thesis explores the mothering experiences of six women who experienced childhood sexual abuse by a family member. Working within a narrative methodology, data was gathered through semi-structured, in-depth interviews, and analyzed using a combination of categorical-content and holistic-content analysis. Three overarching themes were identified: 1) The Impact of Abuse on Self and Relationships, and the Intergenerational Transmission of Trauma, 2) The Restorative Potential of Mothering, and 3) The Role of Motherhood Discourse. Read through a relational-cultural theoretical lens, the findings indicate that the relational experience of mothering can function as a source of empowerment, resilience, and healing.

Keywords: intrafamilial childhood sexual abuse, mothering, empowerment, resilience, healing

TABLE OF CONTENTS

	PAGE
ABSTRACT.....	iv
ACKNOWLEDGMENTS	ix
CHAPTER 1—INTRODUCTION	1
Study Rationale and Purpose	1
Research Motivations	3
A Note on Language	4
Thesis Content Outline	5
CHAPTER 2—LITERATURE REVIEW	7
Childhood Sexual Abuse Survivors	7
Parenting Difficulties Among Childhood Sexual Abuse Survivors	8
Parenting Practices and Competence	8
Over-Protectiveness	10
Relational Issues.....	10
Calling for a Qualitative Approach: A new wave.....	11
Summary.....	13
Resilience.....	13
Mothering/Motherhood.....	16
A New Direction.....	18
CHAPTER 3—METHODOLOGY.....	19
Addressing the Research Questions and Purpose	19
Epistemological Framework.....	19

Theoretical Framework.....	20
Rationale for a Narrative Approach	22
Role of the Researcher and Research Stance	24
Population and Sampling Strategy	25
Demographics Summary.....	29
Data Collection/Recording/Transcription.....	29
One the Use of an Interview Guide	30
Location.....	32
Recording and Transcription Process	33
Quotation Editing Process	34
Data Analysis	34
CHAPTER 4—FINDINGS	37
Part I: Interview Context	38
Sophia	38
Laura	39
Susie	39
Amanda	40
Sarah	41
Meghan	40
Summary	42
Part II: Impact of Abuse	42
Impact of Abuse on Self and Relationships	42
Feelings of Vulnerability and Being Unsafe	43

Impact on Self-Worth and Intimate Relationships	44
Trust and Connection	47
Coping Strategies	49
Isolation and Disconnection	50
Survival	52
Summary	53
Intergenerational Transmission of Trauma	54
Desire to “Break the Cycle” of Abuse	54
Over-Protectiveness and Difficulty Trusting	56
Disclosure	58
Summary	60
Part III: The Restorative Potential of Mothering	60
The Healing Power of Unconditional Love and Regard	61
Healing and Empowerment in the Mothering Process	64
Part III: The Role of Motherhood Discourse	66
Meghan	66
Amanda	68
Laura	70
Sarah	72
Sophia	74
Susie	75
Summary	76
CHAPTER 5—DISCUSSION AND CONCLUSIONS	77

Overview of the Study	77
Summary of Major Findings in Relation to the Literature	78
The Impact of Abuse	78
The Restorative Potential of Mothering	80
The Role of Motherhood Discourse	80
Reading the Major Findings Through a Feminist, Relational-Cultural Lens	81
Empowerment	82
Resilience	83
Healing	85
Practice Implications	86
Early Intervention	86
RCT Individual Trauma Therapy for Survivor Moms	87
RCT Group Therapy for Survivor Moms	89
Research Limitations	92
Recommendations for Future Research	92
Conclusion	94
REFERENCES	94
APPENDICES	103
A. Informed Consent Form.....	103
B. Interview Guide.....	106
C. University Research Ethics Board Approval Letter.....	108
D. Therapist Self-Reflection Questions.....	109
E. Orientation Guide.....	110

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CHAPTER ONE—INTRODUCTION

This introductory chapter establishes the grounds for a research project on the mothering experiences of women who have experienced intrafamilial childhood sexual abuse (CSA), and charts the trajectory of the document in its entirety. It outlines the rationale behind the study and its purpose, describes my personal and political motivations for engaging in the project, provides an explanation regarding use of labels throughout the text, and briefly charts the chapter content.

Study Rationale & Purpose

There is currently a large body of literature on the negative impacts of childhood sexual abuse on survivors' lives, such as increased risk for depression, posttraumatic stress disorder, and substance abuse (Ackerman et al., 1998; Jumper, 1995; Meyerson, 2002). A burgeoning topic of inquiry within this area of research has focused in particular on the parenting experiences of women who have experienced CSA, and documents the presence of challenges and risks for survivors of childhood sexual abuse regarding their parenting capacities (Armsworth & Stronck, 1999; Banyard, 1997; Burkett, 1991; DiLillo, Tremblay & Peterson, 2000; Lev-Wiesel, 2006). The majority of the work in this area is conducted with a quantitative methodology, features many discrepancies and contradictions between studies, and pays little attention to protective factors and resilience. Recognizing these inconsistencies and shortcomings, a number of researchers have conducted qualitative research to more adequately capture the complexity of the mothering experiences of women who have experienced CSA (Kreklewetz & Piotrowski, 1998; Gil, 2009; Wright, Fopma-Loy & Oberle, 2012). While this qualitative research addresses important gaps within the existing literature, it is nonetheless notably lacking in a gender analysis, and is conducted within the framework of “traditional Western-European theories of

psychological development” that emphasize the separate self as the measure of maturity and development (Hartling, 2003, p. 2).

This research project moves away from individual psychology-based, gender-blind analyses of survivor mothering. Instead, working within a relational-cultural theoretical (RCT) framework, it looks to the mothering relationship as a potential source of empowerment, healing, and resilience.

I chose to address the experiences of intrafamilial CSA survivor moms in particular, as existing literature finds that they are at a heightened risk of encountering isolation and relational difficulties due to their early traumatic experiences in family relationships (Lev-Wiesel, 2006, p. 78). RCT posits that isolation is “the primary source of human suffering,” and that “connection is at the core of human growth and development” (Jordan and Walker, 2004, p. 2). Given the core premise of RCT, I wondered whether connection within the mothering relationship might function as a source of resilience and empowerment, even among mothers for whom the research indicates are at increased risk of relational challenges. I wondered if later experiences of mothering might help to heal the trauma of childhood sexual abuse by a family member.

The research was guided by the following questions:

- i) How do women who have experienced intrafamilial childhood sexual abuse encounter motherhood and their mothering relationship with their children?
- ii) What factors contribute to a sense of empowerment for these mothers?
- iii) Can motherhood function as a site of resilience?
- iv) Can motherhood function as a foundation of healing?

Working within an interpretivist paradigm, this research follows a narrative methodology in order to expand space within the literature for the voices of mothers who have experienced

intrafamilial CSA. It features in-depth, one-to-one interviews with six mothers from the province of Nova Scotia who have experienced intrafamilial CSA, regarding their mothering experiences.

Research Motivations

The decision to conduct a graduate research project in a clinical social work program that carves out little space for thesis students was a weighty one. In the end, it was the confluence of personal and political factors that pushed me to move forward. On a personal level, people within my networks of connection and support, and by association, myself, have been impacted by the intergenerational legacy of intrafamilial childhood sexual abuse. I have felt and heard the many ways that the legacy of this often silenced form of abuse disconnects us from one another, and shapes our capacity to engage. While my own location and motivations for conducting this research are intertwined within a network of relationships that have been affected in one way or another by intrafamilial childhood sexual abuse, I do not speak to the experiences of those outside the parameters set out by this research project; their stories are not mine to disclose. There are many unnamed voices that have informed and strengthened my approach to this research. I bring a feminist perspective, grounded in connection, to an analysis of participants' narratives.

On a political level, I approach this work as a feminist researcher who rejects the blanket pathologization of mothers who have experienced intrafamilial CSA, and believes in the capacity of belonging and connection to provide a source of healing for those whom have experienced sexualized abuse. I understand this research to be feminist as it has been conducted with an eye toward developing a more comprehensive understanding of the conditions under which women may experience empowerment. Further, according to feminist writer Andrea O'Reilly, writing about mothering is a "feminist political statement when we resist idealized notions of

motherhood and instead look to its complexities” (2008, p. 61). By looking to the relational experience of mothering rather than to challenges with parenting practices and skills, as is the predominant approach in existing literature on CSA survivors, I seek to understand the complexities of *mothering* as a survivor of intrafamilial CSA. Following O’Reilly’s contention, I conceptualize this research project as a feminist political statement that speaks to existing literature on the restorative possibilities of mothering.

A Note on Language

Within the pages of this document, I have chosen to use the word “incest” only when describing the research of others who use it. “Incest” is a highly stigmatized word, and I wanted my use of language throughout the research process to reflect my openness to hearing participants’ experiences. I therefore use the language of “childhood sexual abuse by a family member” and/or “intrafamilial childhood sexual abuse.” Not once throughout the course of the interview process did a participant use the word “incest,” and so I continue in this direction as I present participants’ narratives.

For the sake of brevity, clarity and readability, I often refer to mothers who have experienced childhood sexual abuse as “survivor moms.” I recognize, however, that to a certain extent this label reduces the richness of lived experience to two experiences: mothering and trauma. It is my sincerest hope that I capture the incredible complexity of participants’ experiences, even in the face of this somewhat reductive labeling.

Throughout this project, I have struggled with a parallel tension between my desire to honour participants’ stories in their entirety, and the need to reduce their complexity into common themes and patterns so as to reach the overall goal of the research project. I have moved through this tension with great difficulty. During the interview process my desire to learn more

about participants' lives opened up the narrative and helped me to make sense of their mothering experiences as they understood them. However, during the coding and analysis phase of the project, this desire often left me with pages and pages of interview segments for every code. After my initial round of coding, I had an entire binder full of quotes to use in the findings chapter of my thesis. While paring down this binder full of narratives was a difficult and lengthy process, it nonetheless allowed me to come out of the data analysis phase of the project with a felt sense of each participant's subjectivity. Coming to know their stories so deeply helped me to let go of the need to capture every single detail. I came to understand that their collective narrative on mothering speaks volumes to their subjective strength and complexity.

Thesis Content Outline

This thesis is divided into five chapters. Chapter One introduces the research topic, questions, and motivations. Chapter Two provides an overview of existing literature on mothers who have experienced CSA, including the contradictions, limitations, and gaps that this project addresses. Chapter Three describes the methodological approach of the study, and includes such areas of inquiry as data collection, transcription, and interview experiences. Chapter Four explores themes arising from both categorical and holistic-content analyses of participants' interviews, and is presented in four parts: 1) Interview Context; 2) a. Impact of Trauma on Self and Relationships, and b. Intergenerational Transmission of Trauma; 3) The Restorative Potential of Motherhood; and 4) The Role of Motherhood Discourse: Propelling and Constraining the Restorative Potential of Mothering. Finally, in Chapter Five, I demonstrate how this project fits into and expands the parameters of existing literature on the topic; present my conclusions regarding the possibilities of empowerment, resilience, and healing in the mothering relationship; identify the practice implications of this research project; and outline potential

future research to be conducted to further explore this area of inquiry. A brief conclusion of the study draws the chapter to a close.

CHAPTER II—LITERATURE REVIEW

This chapter maps out existing literature pertaining to the mothering experiences of survivors of intrafamilial childhood sexual abuse towards the goal of identifying a conceptual space within the literature for this research project. It outlines major themes, methodological issues, and contradictions within this growing body of research, develops a feminist critique of the language used, and draws on relational-cultural theory (RCT) to challenge the use of individualistic frameworks of resilience.

Childhood Sexual Abuse Survivors

There is extant literature on the long-term negative effects of childhood sexual abuse (CSA), connecting CSA to “increased risk for psychopathology, interpersonal problems, and repeated victimization in adulthood” (Fitzgerald et al., 2005, p. 662). Of particular relevance to this research project is that studies indicate that many individuals who have experienced CSA encounter difficulty maintaining healthy relationships in their lives (Davis & Petretic-Jackson, 2000; Rumstein-McKean & Hunsley, 2001). Among those who have experienced intrafamilial CSA in particular, the struggle to maintain healthy relationships has been noted to intensify, as the abuse often transforms the family unit from a source of safety and belonging to “a place of terror” (Lev-Wiesel, 2006, p. 78).

Within this body of literature, an emerging area of research focuses on the impact of CSA on motherhood. In the 1980s, practitioners began drawing attention to the phenomena of women who have experienced CSA who were expressing anxiety about their capacity to parent (Gelinas, 1983; Herman & Hirschman, 1981). Out of these clinicians’ observations has come several decades of research that indicates that those who experience CSA encounter difficulties with parenting later in life (Kim et al., 2010). A much smaller component of this new area of research

has focused on the experiences of mothers who have experienced intrafamilial CSA (Armsworth & Stronck, 1999; Burkett, 1991; Cohen et al., 1995; Cole et al, 1992; Fitzgerald, 2005).

Parenting Difficulties Among Childhood Sexual Abuse Survivors

The earliest research on CSA and parenting focused primarily on parenting difficulties related to CSA, and this continues to be the major focus of this body of work. Themes arising from a review of this area of literature are presented below. I have chosen to present both intrafamilial and non-specified CSA research together, as researchers within the area have drawn upon one another's findings, often without addressing or specifying the differences between the impact of extra and intrafamilial CSA on later mothering capacities and perceptions. Throughout this section of the chapter, I also often uncritically use the word "parenting" and "parenthood" to refer to research on survivor moms, as this is how it is presented within existing literature. Later in the chapter I will critique this use of language, and describe why clarity of language is central to an analysis of the mothering experiences of survivors of CSA.

Parenting practices and competence. Mothers who have experienced CSA have been found more likely to perceive their own mothering abilities as less competent than mothers who have not experienced CSA, and to report more difficulties with parenting than non-abused mothers (Cohen et al., 2015; Fitzgerald et al., 2005). Cole et al. (1992) researched the parenting experiences and practices of mothers with a history of father-daughter sexual abuse. They found that survivor moms were more likely to express feelings of being an inadequate parent than mothers without a known history of CSA. Banyard (1997) also reported this finding in a secondary analysis of archived data on 518 low-income mothers. Banyard found a history of CSA to be correlated with mothers' negative perceptions of themselves as parents. He also found that survivor moms were more likely to make use of physical discipline. However, when DiLillo

et al. conducted a study similarly comparing sexually abused and non-abused mothers from a low-income sample, they did not find any significant difference in the “frequency of spanking and punishment” between the two sample groups (2000, p. 775). Ruscio (2001) found that not only are survivor moms no more likely than non-abused mothers to exhibit authoritarian, physically abusive behaviours toward their children, they are also *more likely* to exhibit permissive parenting practices, such as difficulty providing “structure, guidance, clear behavioral expectations, and consistent discipline” (p. 380). This supports other findings that survivor mothers are at risk of experiencing difficulties setting boundaries and limits (Saltzberg, 2000; Armsworth & Stronk, 1999).

Fitzgerald et al. posited that an observational study of survivor moms would show them demonstrating “poorer quality of interaction with their children” than mothers without a history of childhood sexual abuse (2005, p. 667). However, they found that despite the mothers’ self-reported perceptions that they were inferior mothers compared to non-abused mothers, they displayed comparable mothering capabilities and positive “interactional styles” (p. 661). Mapp (2006) later helped to explain the discrepancy in the above findings regarding “interactional styles” by testing for factors mediating the correlation between a history of CSA and physical abuse of one’s child. Mapp found that the only factor connecting a history of CSA and a risk of physical child abuse was the mother’s “level of depression.” She concluded that a mother’s experience of CSA is not what determines the potential for physical abuse of her child, but rather the factors that influence how she is able to resolve her childhood trauma (p. 1305). Other authors have also located factors that foster the potential for survivor moms to become physically abusive toward their children, or to experience other forms of parenting difficulties, such as partner violence and depression (Schuetze & Das Eiden, 2005; Zuravin and Fontanella, 1999).

Over-protectiveness. According to the literature, mothers who have experienced CSA are more anxious about the possibility that their children might also experience sexualized trauma. Their anxiety about protecting their children is often more intense than parents who have not experienced traumatic events (Armsworth & Stronck, 1999; Lev-Wiesel, 2006). In particular, survivor moms reportedly experience anxiety about the relationships between their children and adults, both in family and the broader community, out of fear that the adult might abuse their position of power over the child (Lev-Wiesel, 2000). Their fears and anxieties often lead to overprotective parenting (Kreklewetz & Piotrowski, 1998).

Relational Issues. In a comparative study consisting of semi-structured interviews and observations, Burkett (1991) found that mothers who had experienced intrafamilial CSA were more “self-focused” than non-abused mothers, and were also more likely to get their emotional needs met from their children. She categorized previously abused mothers into two categories: “underfunctioning” mothers—those who “struggle with depression, chemical abuse, and despair,” and mothers who “overfocused” on their parental role. These mothers she described as “caught up in a smothering, overcontrolling kind of pseudonurturing” (p. 9). Burkett theorized that the emotional dependence previously abused mothers exhibited toward their children was perhaps in part related to the mothers’ difficulties meeting their need for connection with other adults. This hypothesis has since been further explored.

In a community sample of survivor moms featuring self-reports of parenting experiences, Alexander et al. (2000) drew on Burkett’s hypothesis as the motivation for their research. They examined the nature of survivor parenting difficulties, the effect of supportive partners, and whether a history of CSA impacts parents more than other forms of abuse (p. 831). This study confirmed that a mother’s history of CSA “predicts her emotional overdependence upon her

child to the extent that she is unable to meet her needs for intimacy within her current adult relationships” (p. 835). This finding is consistent with more recent research on mediating factors regarding CSA and negative parenting, which have found that the presence of a supportive partner/spouse can mitigate the negative effects of CSA on parenting experiences (Cohn et al., 1992; Seltmann & Wright, 2013; Wright, 2005).

Mothers who have experienced CSA have also been found to struggle with issues of emotional engagement and connection (Armsworth & Stronck, 1999; Cohen et al., 2015; Kreklewetz & Piotrowski, 1998). In a qualitative study of 40 mothers’ perceptions of how their experiences of intrafamilial CSA impacted their parenting “skills, abilities and attitudes” (p. 304), Armsworth and Stronck found that disconnection was a theme overarching all of the interviews conducted (1999). The participants in their study described difficulty achieving and maintaining closeness with their children. They also spoke about the connection between their numbing and dissociative coping strategies and the struggle to remain present to their children. This finding is consistent with the work of Wright, Fopma-Loy, and Fischer (2005), who found that the use of avoidant coping strategies among mothers who have experienced CSA is associated with “negative outcomes” across “intrapersonal, interpersonal, and intrafamilial domains” (p. 1187).

Calling for a Qualitative Approach: A New Wave

As the above review describes, there are a number of inconsistencies and contradictions within this growing body of literature. Several researchers have also noted the limitations of a predominantly quantitatively researched body of literature on survivor parenting, and have sought to address this gap through qualitative analyses that capture the complexities of lived experience (Gil, 2009; Kreklewetz & Piotrowski, 1998; Wright, Fopma-Loy & Oberle, 2012). In her Doctoral Dissertation, therapist Gil conducted a phenomenological study of mothers who

have experienced CSA (2009). Her goal was to add an “in-depth exploration and holistic depiction of the complexities that characterize this population” (p. 82) to the literature, such that social workers might in the future be able to more effectively support survivor moms and help ebb the tides of intergenerational trauma (p. 184). Through the phenomenological approach, Gil was able to perceive that there were a number of protective factors that allowed the participants in her study to have a positive experience of mothering.

In Kreklewetz and Piotrowski’s 1998 in-depth study of sixteen “incest survivor mothers,” they focused on the issue of protective parenting from the perspective of mothers (p. 1305). They found the issue of “overprotection” for mothers in their study was complex and featured various strategies, the most important of which they identified as “communication, education, and information sharing” (p. 1307). While participants in this study shared that they experienced a variety of parenting difficulties and connected them to their childhood experiences of sexual abuse, they also articulated a number of protective factors, such as counselling, groups, and educational literature. The majority of participants shared that they were able to parent more positively after they sought support (p. 1310). Kreklewetz and Piotrowski’s qualitative approach paints a more in-depth picture of mothers’ experiences of protecting their children, rather than pathologizing their fears regarding the potential that their children might experience sexualized violence.

Recognizing the lack of attention to the area of recovery for mothers who have experienced CSA and the predominant focus on “later psychopathology associated with being a survivor of CSA” (p. 537), Wright, Fopma-Loy, and Oberle (2012) conducted a grounded theory study of the mothering experiences of CSA survivors. From the data collected, they developed a model entitled “the hard work of mothering as a survivor.” This model represents the immensely

complex and “dynamic” process of recovery and resilience in conjunction with parenting. It also draws attention to the environmental factors that impact survivor mothers’ resilience, in addition to her individual capacity to cope (p. 548).

Summary

The existing literature on mothers who have experienced childhood sexual abuse points to a number of parenting challenges that survivor mothers are at risk of encountering. However, the exact relationship between a history of CSA and various parenting difficulties has not been clearly established, as is evidenced by the inconsistencies amidst the research, including inconsistencies in sample populations and sizes. As pointed out by researchers who have examined mediating factors between parenting difficulties and experiences of CSA, the variances between samples obscure the contributions of such factors as poverty, race, domestic violence, depression, and whether the abuse was intra or extrafamilial (Cohen, 2015; DiLillo, Tremblay & Peterson, 2000; Mapp, 2006). The correlation between CSA and later parenting difficulties is complex, and mediated by various forms of marginalization and oppression.

There is an emerging emphasis on the need for qualitative research in this field. Several authors have begun to capture the complexities of the mothering experiences of women who have experienced CSA from the perspectives of survivor moms themselves. This is an important move toward the production of a body of literature that more accurately depicts the lived experiences of survivor moms.

Resilience

Within much of the literature on CSA survivors, researchers primarily employ an individualistic conceptualization of resilience that is based on the capacity to function in the face of adversity (Liem et al., 1997, p. 594). In this approach, researchers attempt to locate factors

that indicate how some survivors are better able to overcome the negative effects of childhood sexual abuse than others. In their study of twenty-two women who survived childhood sexual abuse, Valentine and Feinauer sought to understand how some “resilient” participants are able to overcome “low self-esteem, depression, shame, and other long-term personal difficulties” (1993, p. 216). They found the following themes across interviews that indicated resiliency:

extrafamilial social support; positive self-perception; “religion or spirituality, external attributions for blame and cognitive style; and an inner directed locus of control” (p. 218).

McClure et al., define resilience as a “level of well-being (self-acceptance, ability to engage in positive relationships with others, and environmental mastery)” (2008, p. 81). Similarly, Hyman and Williams define resilience as “competent functioning in several interrelated spheres despite adversity” (p. 203). They operationalize the notion of “competent functioning” and/or “level of well-being” in five areas that they then quantify with the use of a 13-point scale (p. 205), where one point is assigned for each “resilience response” in each of the following areas: “physical health, mental health, interpersonal relationships, adherence to community standards, and economic well-being” (p. 203).

This research project moves away from the frameworks of resilience present in the existing literature on survivors. I reject the notion that such categorizations as “competency,” “economic well-being,” and “adherence to community standards” can be measured objectively as indicators of women’s resilience. Such categorizations are deeply situated within the current patriarchal context in which women face barriers to employment, make less income than men on average, and are disproportionately sexualized and criminalized. A working definition of resilience in a research study by and for women must take into account the influence of a patriarchal social context on women’s lived experiences. Further, within a Western, neoliberal,

patriarchal context, categorizations such as “well-being” and “adherence to community standards” are delineated within the value set of self-sufficiency and independence; such classifications do not take into consideration that growth and development can occur in and through relationship, as argued by relational-cultural theory and feminist authors writing on mothering. Within a relational-cultural theoretical framework, women must “resist the values placed on self-sufficiency and independence in North American cultures” (Gilligan et al., 1990, p. 11, as cited in Jordan, 2004, p. 30), and instead turn to connectedness as a source and indicator of resilience.

Within the body of research focusing in particular on survivor mothering, there is very little research that seeks to locate and understand resilience. Of the few researchers who do examine resilience, their work is also situated predominantly within an individualistic framework (Kreklewetz & Piotrowski, 1998; Wright, Fopma-Loy, and Fischer, 2005.) For instance, Wright, Fopma-Loy, and Fischer (2005) assessed resilience amongst mothers who have experienced CSA across multiple dimensions, and found that social support was one of the most important protective factors contributing to their resilience. Despite the fact that this finding is ostensibly supporting the importance of connection, it is nonetheless framed within a conception of the need for *individuals* to be supported. While social support is arguably the *most* relational finding within individualist frameworks of resilience, it is nonetheless “often described within the research as a *one-way, unidirectional* form of relating, or something that one gets from another” (Fiore, Becker, & Coppel, 1983, as cited in Hartling, 2003, p. 7). The notion of a Self who is to be supported by Others remains within an individualistic framework, whereas a relational theory of development focuses on a “two-way, growth promoting quality of relating known as *connection*” (Jordan, 1992, as cited in Hartling, 2003, p. 7).

As the emphasis of this research project is to explore the relational experiences of mothering of women who have experienced intrafamilial CSA, I move away from existing frameworks of resilience present within the literature, and instead draw on *a relational framework of resilience*. A relational definition of resilience differs from the definitions of resilience present in existing literature on survivors in the following ways:

- i. From *individual “control over”* dynamics to a model of *supported vulnerability*
- ii. From a one-directional *need for support from others* to *mutual empathic involvement* in the well-being of each person and of the relationship itself
- iii. From separate *self-esteem* to *relational confidence*
- iv. From the exercise of *“power over”* dynamics to *empowerment*, by encouraging mutual growth and constructive conflict
- v. From *finding meaning* in self-centered *self-consciousness* to *creating meaning* in a more expansive *relational awareness*. (Jordan, 2004, p. 32)

Within RCT, resilience is understood instead as “the ability to connect, reconnect, and resist disconnection in response to hardships, adversities, trauma, and alienating social/cultural practices” (Hartling, 2003, pp. 3-4).

Mothering/Motherhood

Many of the sources I came across when compiling this literature review were ostensibly about “parenting.” However, every one of these “parenting” articles focused exclusively on the parenting capacities and styles of *mothers*. Further, without exception, all of the articles failed to critically analyze the frameworks through which they came to understand “motherhood,” thus naturalizing the mothering practices they described. While mothering practices are made to seem

innate and natural, they are in fact socially constructed and function ideologically and politically (Beatson, 2013, p. 74; O'Reilly, 2010).

In her seminal text on motherhood, Adrienne Rich distinguishes between two different definitions of motherhood, “one superimposed on the other: the *potential relationship* of any woman to her powers of reproduction and to children; and the *institution*,” which aims to keep women under patriarchal control (1986, p. 13). Feminist writer Andrea O'Reilly further delineates these two meanings of motherhood, as described by Rich:

The term *motherhood* refers to the patriarchal institution of motherhood that is male-defined and controlled and is deeply oppressive to women, while the word *mothering* refers to women's experiences of mothering that are female-defined and centered and potentially empowering to women. (2008, p. 3)

When entering into the institution of motherhood, women become regulated by the following expectations: “self-denial, self-abnegation, inherent goodness, unwavering love, duty-bound presence” (O'Reilly, 2010, p. 571). The uncritical reproduction of patriarchal ideological expectations of mothers in the literature sets survivor mothers up—as it does all mothers—to fall short of meeting stringent, societal standards.

Further, by failing to address the gendered nature of parenting, and blending the meaning of the words “parenting” and “mothering” together, authors in the existing body of literature on mothers who have experienced CSA naturalize motherhood as institution, and fail to look to *mothering* as a relational and potentially empowering experience for survivor mothers. These notable absences obscure the gendered reality of motherhood, thus erasing a key component of mothering analysis from the literature landscape.

A New Direction

A review of the literature highlights a number of key areas within existing research on survivor moms that might be advanced by a feminist, qualitative methodology. This research project is based in a feminist, relational-cultural approach so as to broaden the scope of literature to include the possibilities of relational healing, resilience, and empowerment through mothering.

CHAPTER THREE—METHODOLOGY

The present chapter maps the trajectory of this research project: it explains the motivation and rationale behind its conception; reviews the research design, process of recruitment, data collection, and analysis; explores issues and questions that arose along the way; and provides justification/rationale for decisions and actions made throughout the research process.

Addressing the Research Question and Purpose

This research project was developed and carried out following a qualitative, narrative research design, toward a dual objective: opening a feminist space within the literature for the self-narrated stories of mothers who have experienced childhood sexual abuse by a family member; and, creating a safe space to share experiences and interpretations of mothering anonymously with the purpose of empowerment through storytelling. The research questions guiding this project were:

- i) How do women who have experienced intrafamilial childhood sexual abuse encounter motherhood and their mothering relationship with their children?
- ii) What factors contribute to a sense of empowerment for these mothers?
- iii) Can motherhood function as a site of resilience?
- iv) Can motherhood function as a foundation of healing?

Epistemological Framework

This research was conducted within the worldview of interpretivism, which grew out of a rejection of the positivist belief that reality can be objectively measured and understood (Engel and Schutt, 2013, p. 49). Instead, interpretivism holds the ontological conviction that individuals create meaning of their experiences, and that these unique meanings are the foundation for their perspectives regarding what constitutes reality. Interpretivists believe that “social reality is

socially constructed” (Engel & Schutt, 2013, p. 49). Epistemologically, interpretivism believes that research findings cannot be understood objectively. Rather, research findings are themselves a construction of reality that has been formulated through the lens of the researcher (Bailey, 2007, p. 54). Given the subjective nature of research findings, interpretivists walk cautiously along the research path, taking into account throughout the research process the injection of their values, beliefs, and worldviews into the social realities of research participants. This process is believed to increase the “trustworthiness” of research (2007, p. 54). The goal of research within the interpretivist paradigm is to develop an understanding of the experiences of research participants and the meaning they make of their social realities (2007, p. 54; Engel and Schutt, 2013, p. 49).

I chose to conduct research within this paradigm out of a recognition that the current “reality” constructed by psychological and sociological studies of individuals who have experienced intrafamilial CSA is largely pathologizing. By focusing primarily on risk factors and parenting difficulties, existing literature paints a picture in which survivors’ parenting capacities and abilities are largely pre-determined by their childhood experiences of sexual abuse. From an interpretivist perspective, however, the existing literature can be understood as one way of making sense of the experiences of individuals who have experienced intrafamilial CSA. This suggests that other interpretations are not only possible, but also likely. Interpretivism allows space for the introduction of new stories and realities from the voices of mothers who have experienced intrafamilial CSA into the growing body of literature on the subject.

Theoretical Framework

In Bass and Davis’ corner stone self-help book, *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*, the authors point out that in existing survivor accounts, motherhood is often identified as a healing path (1988). While this subject is touched on only

briefly in Bass and Davis' book, it has been a key source of inspiration for this research project. The idea that healing can occur in and through caring and connection falls within the realm of relational theories of development rather than traditional theories of social and psychological development, in which separation and individuation are touted as indicators of healthy development (Jordan, 2000, 2004; Jordan & Hartling, 2002; Miller & Stiver, 1997, as cited in Vogel, 2006/2007, p. 5). Instead, relational-cultural theory (RCT) views intimate relationships as an integral step in the journey toward developing "the sense of self" (Frey, 2013, p. 178). In essence, the developmental goal of independence becomes replaced by relational competence and interconnectedness in relational theory.

Distinguishing between the relational-cultural theoretical and traditional individualistic definitions of relationship is central to understanding the meaning of growth and development from an RCT perspective. Central to this distinction is the relational-cultural concept known as "mutuality." Mutuality is the capacity between individuals to be attuned to one another's subjectivity and to recognize the value "of the wholeness of the other person" (Jordan, 1991, p. 82). Thus, rather than understanding Others as existing to fill the needs of the Self, the Self understands and respects the inner world of the Other, is open to sharing their own internal world, and to being a part of the growth of the Other (p. 82). Mutuality occurs when there is a "matching of intensity of involvement and interest, an investment in the exchange that is for both the self and the other" (p. 82). Within a relational-cultural framework, growth is not marked by one's capacity to build networks of individuals to provide them with unidirectional support, but rather by one's capacity to be open to connecting with others in a mutually enhancing fashion.

In addition, RCT provides a fitting theoretical framework for this research as it also looks to the impact of broader structural forces upon individuals' development and perspectives. It is both a psychological and sociological theory that looks to micro *and* macro factors to determine sources of disconnection and disempowerment. Relational-cultural theorists believe that our development, our psychological and emotional wellbeing, and the relationships with which we engage cannot be considered in isolation. Rather, in RCT, our personal/relational environments are deeply intertwined with broader social forces (Comstock et al., 2008).

Relational-cultural theory originally developed out of the recognition that women's experiences are not adequately addressed by traditional theories of development; it was generated as a theory by and for women (West, 2005). The notion that our perspectives, development, and worldview are inextricably intertwined falls directly within the realm of interpretivism. The pairing of RCT and the interpretivist paradigm also strongly informs the narrative methodology of this research, as I seek to understand the ways that mothers who have experienced intrafamilial CSA make sense of their experiences of mothering, and whether mothering might function as a source of empowerment, healing, and resilience.

Rationale for a Narrative Approach

The objective of this study was to analyze the mothering experiences of women who experienced childhood sexual abuse by a family member to determine the meaning they make of those experiences. From the project's outset, I wanted to find a methodological approach that would allow me to capture the nuance and texture of participants' stories and frameworks of meaning making. In my search for such a methodology, I came across the field of narrative research.

Broadly stated, qualitative research “[attempts] to make sense of, or interpret, phenomena in terms of the meanings people bring to them” (Denzin and Lincoln, 2011, p. 3, as cited in Creswell, 2013, p. 44). Narrative qualitative research narrows the scope of interpretation of meaning still further to the analysis of narratives or “stories” regarding a particular event or experience and how they are told and understood by the participant and the researcher. It is often broadly conceptualized as the linear organization of participants’ stories by the researcher into narratives that are deemed relevant to the research topic (Creswell, 2013). However, the field of narrative research is not only often non-linear, in fact it is also highly contested and interdisciplinary, elusive, and, as pointed out by a number of researchers in the field, difficult for researchers new to the narrative methodology to find a clear explanation as to actually how to “do” narrative research (Riessman, 1993; Andrews, Squire & Tamboukou, 2013, p. 1). There are no “strict instructions” for conducting and analyzing research, as can be found in such methodologies as grounded theory (Squire et al., 2014, p. 95). Narrative methodology also has no “automatic” beginning or end points (Andrews, Squire, & Tamboukou, 2013, p. 1).

Within the field of narrative research there are a great many debates regarding what constitutes a narrative and what such narratives can tell us. For instance, some researchers view narratives as expressions of external social realities, while others view them as a demonstration of narrators’ internal states (Andrews, Squire, & Tamboukou, 2013, p. 6). Still others view narratives as co-constructions between narrators and interviewers (Squire et al., 2014, p. 80). The varying definitions and approaches to narrative and narrative collection foster a diverse field of research. It is this methodological chaos that drew me to narrative research as the best fit for this research project. It is a field open to creativity. The focus of narrative research is on developing creative strategies for analyzing the meaning-making and interpretive processes of research

participants and/or interviewers, through the use of narrative collection, however the researcher defines said narrative. Charmaz describes the motivations of narrative research:

[Narrative] aims to explore and conceptualize human experience as it is represented in textual form. Grounded in hermeneutics, phenomenology, ethnography, and literary analysis, narrative research eschews methodological orthodoxy in favor of doing what is necessary to capture the lived experience of people in terms of their own meaning and to theorize about it in insightful ways. (2011, p. 225)

Succinctly echoing Charmaz's statement, Wells states, "It is thinking rather than procedure that advances knowledge" in the narrative approach (2008, p. 14).

Narrative research is well suited to this study due to its emphasis on human agency, identity, and subjectivity, and to the social realities that "speak [themselves]" through participant's stories (Riessman, 1993, p. 5). This feminist social work research project was designed with the objective of opening a space within the literature for nuanced, self-narrated descriptions of survivor moms' lived experiences as a means of counteracting the largely deterministic and pathologizing representations. A narrative methodological framework places the experiences of participants at the centre of analysis, and holds space for the possibilities of agency and change.

Role of the Researcher and Research Stance

As a feminist social work researcher with a background in Gender and Women's Studies, I brought a strong feminist theoretical foundation to this project. By opening up a feminist space within the literature for the voices of mothers who experienced childhood sexual abuse by a family member, I hoped that this research project could function as an act of resistance against the dominant pathologizing and deterministic narratives currently present in the literature on this

topic. Given my feminist perspective and motivation for conducting this research, I struggled to avoid interrupting the perspectives of participants who imparted their mothering stories through the lens of dominant pathologizing and deterministic motherhood discourses. The depth and breadth of narratives participants shared with me depended partially upon my capacity to stay present to and manage my own reactions and reflections during the interview process, as well as to ask pertinent follow-up questions to understand their worldview. The degree to which I was successful in creating safe, open, non-judgmental space is reflected in the varying length and detail of the stories shared.

Instead of challenging perspectives or using different language than participants, I drew on my feminist worldview not as a tool to change minds, but as a means with which to further the project's purpose of *opening a space* for alternative perspectives on mothering. I chose rather to validate and normalize the stories mothers shared, and especially in the case of mothers expressing shame for not being "good enough" mothers. This methodological choice was based in the narrative work of Hyden (2008), who holds that narrative researchers have to work on a number of fronts in order to create an interview space in which participants have control over their own stories, such as "conducting interviews in physical spaces that are conducive to storytelling, pursuing topics in a way that does not presume the prevailing discourse on the topic, and opening discursive space by challenging a narrative performance or redirecting the course of the interview" (as cited in Wells, 2011, p. 30).

Population & Sampling Strategy

The population featured in this research project is mothers who experienced childhood sexual abuse by a family member, and who self-identify as having established sufficient emotional safety to allow them to engage in conversation about the impact of their abuse without

a high-risk of being triggered and re-traumatized by re-living their history. As Judith Herman argues in her classic book *Trauma and Recovery: The aftermath of violence—from domestic abuse to political terror*, the process of “recovering” from trauma includes three main non-linear stages: “the establishment of safety,” “remembrance and mourning,” and “reconnection with ordinary life” (1992, p. 155). This means that participants chosen to be part of the research project were able to recognize and articulate a series of shifts throughout their “recovery process,” including “a gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, and from stigmatized isolation to restored social connection” (p. 155). The majority of participants identified as having moved through the first two steps of the recovery process as identified by Herman. However, the issue of social connection remained a struggle for a number of participants, and for most, the search for restored social connection was featured in their stories. To further ensure participants’ emotional safety during the interview process, I did not ask participants any questions regarding the specific details of the abuse they experienced.

I began the search for participants without having adequately expressed who “counts” as a woman and/or mother in this research project. Due to my own politicized views of gender inclusivity and motherhood, I had failed to consider that my own worldview is not in fact the majority view, and therefore needed to be communicated in my recruitment materials. This point of clarification was raised by a woman working in the field of mother support in Nova Scotia during the process of outreach to people working in the fields of trauma work and motherhood to help inform the project. It subsequently informed my outreach communications, and the information I imparted to those helping with the recruitment process, as well as potential participants. My communications shifted to more clearly articulate that I was interested in

interviewing people who self-identified as “woman” and “mother,” regardless of biological sex or biological motherhood. I intentionally imparted these broad definitions after the question was raised, as my project focuses on the *relational experience of mothering* rather than simply birthing and experiences of birthing. This decision impacted the characteristics of the research sample, as it opened up the space for a non-biological mother to volunteer to share her experiences and reflections. Her story enriches and deepens the findings in this study, and was only made possible due to this important shift in the recruitment process.

I recruited six self-identified women and mothers who have survived childhood sexual abuse by a family member to participate in this study. Despite being contacted by a number of women during the Fall months, I capped the quantity of participants at six due to both the time-constraints of a Masters of Social Work degree, and to the objective of the research project, which was to establish deep, nuanced narratives and analysis rather than to reach a point of data saturation and/or generalizability.

I recruited participants from the province of Nova Scotia because I wanted to produce research that is relevant and useful to the communities in which I have been raised and supported. Participants were recruited through purposive and snowball sampling, with the help of a social service agency in Halifax, Nova Scotia, which I will heretofore refer to as “Pith Counselling Services,” so as to protect the identifies of the women who participated in this study. I also received recruitment assistance from a few other individuals working in community organizations in Halifax. Four participants were recruited from Pith Counselling Services (Pith), and two were recruited through word of mouth, as news of the research project spread through various organizations in the province. I chose to recruit participants from Pith because of their women-oriented mandate. I felt that their principles and politics closely mirrored the approach of

this research project, and that this alignment might foster a useful collaboration. With the help of a close contact in various feminist communities in Halifax, I was able to connect with the Director of Counselling Services at Pith, who arranged a meeting between Pith's counsellors and myself, and each took a copy of the project's Informed Consent form, Interview Question guide, recruitment poster and research proposal so that they could pass on information about the study to any clients who expressed an interest. The Director also placed recruitment posters in the reception area of Pith, which is a safe space open only to staff, volunteers, and clients.

Due to the confidential nature of the information collected in this study, I included in my recruitment process the stipulation that my contact information be provided to women who expressed interest in participating, and not vice versa. I did not encounter any ethical or confidentiality issues regarding improper disclosure of interested parties' identity, and this is likely in large part due to the trauma-informed professionals who helped connect me to potential participants. Potential participants were also informed that my research was being conducted towards a graduate thesis, and that I am not affiliated with Pith's counselling services, so as to clarify that their decision whether or not to participate would not impact their capacity to access counselling services in any way.

Participants contacted me via my Wilfrid Laurier University student e-mail account, which was included on the recruitment poster. I chose to be contacted by e-mail rather than by phone, as my phone number is long-distance from Nova Scotia, and I did not want potential participants to be turned away due to lack of finances. However, with this choice I may have inadvertently excluded potential participants who did not have access to the Internet.

Of the survivor moms who participated in the study, two indicated that they heard of the study from a counsellor at Pith, two by word of mouth, and two by the recruitment flyer.

Demographics Summary

Four of the participants resided in urban areas, while two lived in more rural communities. I have chosen not to disclose any more detailed demographic information regarding geographic area so as to protect the identities of the research participants.

The women in this study range in ages forty-five to fifty-five years, and their children's ages ranged from sixteen to thirty years. Three mothers had one child each, two had two children each, and one had three children. The study included one married mother, one mother who lost custody of her children in a divorce, three single, divorced mothers who had primary custody of their children growing up, one mother who had access to her non-biological son taken away, and one single mother who never married. Of the mothers who provided demographic information, all identified as heterosexual. Each of the mothers has at minimum some post-secondary education. Three of the mothers were employed at the time of the study, and three were unemployed. Three mothers identified as Caucasian, one identified as Caucasian with some indigenous ancestry, and two did not provide any demographic information outside of the information they shared during our interview. It is important to note that two participants expressed a desire not to be reduced to a statistic with the use of demographic information—one shared this concern in a personal communication, and another during the course of our interview. This speaks to the importance of qualitative research that captures the nuances of women's lived experiences.

Data Collection/Recording/Transcription

Semi-structured, one-to-one, in-depth interviews were conducted with participants, in the location of their choosing. Prior to being interviewed, participants were given a copy of the Informed Consent form, information about the project, and a copy of the interview guide to

review. They were then asked to choose a pseudonym that would be used throughout the research process, including in the final thesis publication. At the time of the interview, participants were asked whether or not they would like their interviews to be audio recorded, and reminded of their right to withdraw from the study at any time, and/or to contact the Wilfrid Laurier University Research Ethics Board should they have any questions or concerns regarding the project.

On the Use of an Interview Guide

When I first began developing the research design for this project, I intended to conduct interviews following Patton's "informal conversational interview" model, in which the researcher is guided and motivated by the area of research, but follows the interview in a more naturally-occurring conversational manner (as cited in Wells, 2009, p. 24). I wanted to exert as little control over the narrative as possible with the research goal of opening a space within interviews for alternative stories of mothering in mind. However, Hyden (2008) points out that remaining entirely non-directive does not necessarily always serve the function of creating space for narratives or of allowing the participant to have control over their own stories. With Hyden's point in mind, I elected to ask more directive questions through the use of an interview guide (Appendix A), including questions regarding the context of their lives as a whole so that I could more comprehensively make sense of how they interpret and make meaning of their mothering experiences. My decision to develop an interview guide as the means to more directiveness in interviews came from the suggestion of Catherine Riessman, a well-known narrative scholar. In her book, *Narrative Analysis*, Riessman advises that researchers develop an interview guide that features five to seven broad, open-ended questions about the subject at hand, and includes

follow-up probe questions should participants require some additional help formulating responses (1993, p. 55).

The interview guide featured direct questions regarding participants' lives before and after becoming a mother. In particular I asked questions about changes in their relational styles, relational capacities, and relationships with family, friends, and intimate partners, as well as whether or not they feel that their childhood experiences of abuse impacts their lives differently since becoming a mother. I then asked participants to reflect upon what it is about their mothering experience that they think encouraged the change and/or lack of change.

I found the interview guide to be both a blessing and a curse as a new researcher, as it helped orient participants and myself to the topic at hand, but also functioned as a sort of crutch when I became nervous or unsure of myself. Instead of working harder to join with participants in the directions they chose to take questions, when I was feeling nervous, tired or distracted, I noticed a tendency in myself to withdraw slightly and pull us back to the interview guide. My mental and emotional state thus greatly impacted the depth and direction of narratives shared in the interview process. For instance, in my methodological journal I wrote an entry regarding an interview with a participant I had known previously from another context:

The space between us felt so intimate and so safe, and yet so heavy, and also so hopeful, as she shared her visions for the ways the world could be better. Tears flowed from her as she shared about how she wished things could have been, her messages to future survivor moms, and to service providers. It was true speaking from the heart—speaking from years of pain and self-work, of growth and counselling, and the need to connect. It was such an honour to bear witness to her story and her pain and her hope.

I noted in that same entry that I felt very comfortable with this participant due to our previous connection, and our mutual comfort shaped the space we created together. Ours was the longest and most detailed interview, and we took the most forays away from the interview guide.

Location

Also in accordance with Hyden's strategies for opening space for narratives within interviews (as cited in Wells, 2009, p. 31), participants were given three options for spaces in which to conduct their interviews: in their homes, in another comfortable space of their choosing, or to book a space at Pith. The latter option was presented with the stipulation that Pith is a small space with a lot of demand, and it might be difficult to coordinate a time around participants' schedules. Only one participant chose to share their story at Pith, and one of the agency's counsellors stayed after hours to assist us should we have any issues or concerns. Two participants chose to do their interviews in public parks, and three spoke to me in their homes.

The location of interviews also impacted the depth and breadth of narratives shared by participants in their interviews. What felt comfortable to participants did not always necessarily feel comfortable to me. I had to drive to a few locations I had never been to before, for instance, and was therefore anxious prior to the interview. There were also occasionally family members or strangers present, which made it difficult to focus, and/or made me feel uncomfortable asking probing questions. In one particular interview conducted in a participant's home, an individual who had done harm to the research participant was at the home during the interview even though they were not supposed to be. This meant that we had to stop and start each time the individual walked through our interview space, and their presence threw me off and impacted my ability to be present and dig deeper into the participant's stories. However, the participant elected to continue. Our interview was one of the shortest and least detailed of the six. In general,

narratives shared in environments where either a participant or myself felt ill at ease tended to be shorter and less detailed, both due to their short responses, and to my discomfort with asking follow up questions.

Recording & Transcription Process

With the permission of participants, I audio recorded our interview conversations. The audio recordings allowed me to better analyze “narrative performance”—the interconnection of how a story is told and the teller’s identity and life story (Reissman, 2008, as cited in Wells, 2009, p. 33). Several times throughout the interview process, participants told a story or made statements or identified people they wished to have left out of the transcript. In these cases, I quickly jotted down the time in question on the recorder, as well as the information the participant wished to have erased. Later I left the requested details out of the transcript. At no point during the interview process did any of the participants ask that our interview go unrecorded.

I kept a detailed methodological journal during the research design, recruitment, and data collection phases of the project. I made note in particular of major shifts or decisions during the research process, issues arising during the recruitment process, the relational dynamics and context of each interview, and my initial reflections on the content of narratives. My journal was fodder for my initial coding schema, as well as a starting-point for data analysis.

After I recorded interview conversations and completed my process notes, I transcribed the conversations verbatim, including expressions of emotion, as they might further clarify the meaning the participant or myself made of the narrative. This later facilitated a comprehensive narrative analysis.

Quotation Editing Process

In an effort to provide participants with as much control over their stories as possible, I e-mailed each participant the segments of their interviews I had chosen to include in the study for them to review. I chose to send them unedited quotations, so that they could make the decision as to what they wanted included or removed. I was surprised by the variety of responses I received to this approach. Some participants expressed that they didn't care about "ums" and "you knows," and indicated that I should only edit their quotations if I had time or decided it was important. Others felt that this greatly disrupted the intention and clarity of their stories, and became very engaged in a collaborative editing process. In a series of e-mails back and forth with several participants, I eventually decided to "clean up" all of their quotations, so that they are all presented in a similarly clear fashion.

Data Analysis

In order to adequately represent participants' narratives and the meaning they expressed, I analyzed the data using a combination of holistic-content and categorical-content analysis.

I began with a purely categorical-content analytic method, following Lieblich, Tuval-Masiach and Zilber's four components: "1) Selection of the subtext [...] 2) Definition of the Content Categories [...] 3) Sorting the Material into the Categories [...] 4) Drawing Conclusions from the Results" (1998, pp. 112-114). Due to the directive and specific nature of the project's interview process, I was able to skip the first step regarding the selection of subtext to reveal the "content universe" of the interviews (p. 112). According to Lieblich, Tuval-Masiach and Zilber, when an interview is focused on a particular topic rather than conducted more broadly as a "life story" conversation, the interview transcript in its entirety may be used for content analysis (p.

113). I analyzed the interviews for content categories openly, and then “defined the major content categories that emerge[d] from the reading” (p. 113).

However, after completing the categorical-content analysis, I realized that my coding strategy was missing out on an integral component of how participants were constructing meaning of their experiences—motherhood discourse. I then decided to expand my data analysis method to include holistic-content analysis, in which the “entire life story” as represented by participants is understood to constitute the “narrative” used in analysis (Wells, 2009, p. 44). I followed the five analytic steps of holistic-content analysis as described by Lieblich, Tuval-Masiach, & Zilber, 1998, pp. 62-63): 1) I repeatedly read the transcribed material until a pattern emerged; 2) composed an interpretation of the life story; 3) located important themes arising out of the conversations; 4) returned to the transcribed narrative and marked each emergence of identified themes; and 5) made note of my conclusions after analyzing each narrative for identified themes.

Within this approach “narrative” *also* encompasses the interpretation of stories by the researcher (Wells, 2009, p. 45). This analytic perspective attempts to steer clear of any notion of objectivity by pointing to the researcher’s set of interpretations as also constituting a story with subjective meaning attached. The motivation behind this approach is largely psychological, and its intention is to “*explore and understand the inner world of individuals*” (1998, p. 7, as cited in Wells, p. 45), as well as to highlight the “core pattern” in an individual’s “life story” (Wells, 2008, p. 45). As Lieblich, Tuval-Masiach, & Zilber (1998) explain, holistic-content analysis is more suited to research that focuses on “the person as a whole, that is, his or her development to the current position” (p. 12). Looking at the evolution of participants’ stories through a holistic-content analysis, I was able to determine the ways in which motherhood discourse impacted

participants' relational development. Further, holistic-content analysis is consistent with the objective guiding this research, which is to open a feminist space within the literature for the *subjective* experiences of mothering as narrated by survivor moms.

CHAPTER FOUR: FINDINGS

This chapter presents the patterns and themes that arose from repeated reading and analysis of interview transcripts, as well as the context of each interview. I analyzed interviews by drawing on Lieblich, Tuval-Masiach, and Zilber's categorical-content analysis and holistic-content analysis methods (1998). I identify three overarching themes that appear in the interviews. The first and second themes I defined through the use of categorical-content analysis, a method that is meant to draw out categories and themes appearing across participant narratives (Lieblich et al., 1998). This approach served the purpose of exploring the shared experiences of mothers who experienced intrafamilial CSA. The third theme arose from a holistic-content analysis of interviews, which is designed to interpret an individual's story as a whole, identifying a "global impression" of each narrative, as well as identifying themes within the narrative (Lieblich et al., 1998). I chose to use this analytic method in tandem with categorical-content analysis as a means to pay due diligence to the subjective life experience of each participant, in light of the project's research objective: to create a feminist space within the literature for survivor moms to self-narrate their experiences of mothering. In keeping with holistic-content analysis, I broadly relay each participant's life story as it relates to the third identified global theme.

I begin with an exploration of the relational and physical context of each interview in Part I, drawing on entries from my field journal. My intention is to provide readers with an understanding of the ways in which the context of the interviews—such as my use of language, the physical location of the interview, and the connection between the participant and myself—impacted the depth, detail, form and structure of each narrative shared by the participants. My decision to include a description of interview context is based on Bruner's argument that

narratives and their analyses are acts of interpretation and are therefore constructions (Bruner, 1996). The point of this narrative project is not to present a picture of objective reality, but to focus on the meaning participants make of their experiences within the context of our conversations.

Parts II and III present the themes arising from a categorical-content analysis of the interviews. In part II I explore the “Impact of Trauma on Self and Relationships” and “Intergenerational Transmission of Trauma,” and in Part III I move on to explore in detail “The Restorative Potential of Mothering” as described by participants. Part IV captures the theme arising from a holistic-content analysis, and is entitled “The Role of Motherhood Discourse: Propelling and Constraining the Restorative Potential of Mothering.”

Each participant is referred to within the findings by a pseudonym of their choosing.

Part I: Interview Context

Sophia

Sophia shared her mothering story with me at her home on a hot summer’s day in 2014. I sat across a coffee table from her, an audio recorder sitting between us, alongside the coffee and water she provided. I felt incredibly at ease in her presence, perhaps because we had met previously in a different context, or perhaps because, from the moment I arrived, Sophia bustled about her home, working to make *me* feel comfortable. It was my first interview, and I think she sensed my nervousness.

I was struck by Sophia’s capacity to channel her childhood trauma, disappointing relationships, and distance from her children, into an ongoing practice of self-care, learning, advocacy, and hope. I was overcome by emotion at her strength and clarity of vision for a better world a number of times throughout our conversation; I felt our hopes for a just world were

greatly aligned, and as a result I felt connected to her. I was thus able to remain present to her story. Sensing my genuine respect for her journey, she felt comfortable to share her mothering experiences and reflections in great detail.

After our interview, I wrote in my field journal:

[Sophia] had an incredible capacity to share meaning and reflections without following a particular narrative structure. Sometimes I actually couldn't tell where we were in time—when she was a child, a woman, a mother, etc. But I could always sense a theme.

Laura

Laura invited me to speak with her at her home. She and I spent several hours together, during which she told me about her childhood experiences of abuse and the impact it has had throughout her life. While we shared some good laughs during our time together, I sensed that Laura was weighed down by her sadness at the disconnection between herself and her child. She shared photos of her child with me, and we spoke in great detail about the loss of this relationship.

As Laura shared her experiences of being stigmatized as a single mother, and as someone diagnosed with mental illness, I became bogged down in my quiet anger and resentment about the way she has been treated by the system. Here was a woman who expressed wanting nothing more than to be “the best mommy she could be,” and yet she had faced stigma, judgment, and structural barriers at every turn. My anger on her behalf actually inhibited my capacity to be fully present at times, but it also fuelled me to ask useful probing questions.

Susie

Susie and I spent an hour together in her home, where she shared some of her thoughts and reflections on her mothering experience. I arrived at her home feeling very anxious, both

because she was the first participant that I had not previously met, and because I was in a particularly unpredictable and stressful stage of recruitment. I struggled to enter into a conversational headspace, but my capacity to engage was inhibited by my internal monologue regarding whether or not I would be able to find enough participants and finish the interview portion of the project in time.

I also felt a bit uneasy about the physical space at which we met, as she had originally indicated she would prefer to meet at Pith. When I informed her that scheduling might be complicated, but that I would contact the agency and begin the process of booking a room, she recanted and said talking at her home would be fine after all. It was my first experience in which there were others at home during a participant's interview, and in which I felt uncertain about the safety of the space. I felt I had to take Susie at her word, but our conversation was interrupted a number of times by a family member walking through the room, and I several times asked her if she wanted to reschedule the interview. The flow and coherence of the conversation was impacted by my personal anxieties over the physical context of our conversation and the future of the project. Additionally, these circumstances impacted my ability to build a fast connection and rapport with Susie, negatively impacting the depth and detail of our interview.

Amanda

Amanda and I spoke for close to an hour, and we met in a public park. We were interrupted a few times by passersby, but for the most part we were alone and able to focus on our conversation. I had previously met Amanda, and so felt very comfortable in her presence. However, this was Amanda's first time speaking about her experiences of abuse to a "professional," and her first time sharing certain portions of her story with anyone at all. All other participants had previous counselling experience in one capacity or another, and so I felt

confident when they stated that they felt safe to share their experiences with me. With Amanda I was initially afraid that my questions would trigger her, and that I might be unprepared should this occur. I think my lack of confidence combined with her lack of previous experience verbally processing the impact of her childhood trauma got the interview off to a slow start. I was quickly struck by Amanda's incredible strength and capacity to face everything life has thrown her way with humour and compassion, and my confidence in her safety grew. This enabled me to ask questions more freely, and our interview benefited greatly from this shift.

Sarah

Sarah and I held our interview at Pith, and the safety and privacy of the space helped me to feel comfortable and safe asking questions. I did not have the distraction of continually assessing the environment to determine if the safety of our interview space had been compromised, and this helped me to be present with Sarah. I wrote in my field journal that the space "changed my capacity to hear what Sarah was saying."

Sarah and I have very different communication styles, and she often had to ask me to reframe my questions, and/or I would have to ask her to clarify her responses. Many of her answers were very short and to the point, and I worried that I had failed to build a safe connection with her from the outset. Towards the end of the interview she shared that she had been quite anxious about our conversation, and that a lot of issues related to her childhood trauma had been coming up for her lately. I did re-iterate that she was well within her rights to end the interview or withdraw from the study should she begin to feel unsafe or uncomfortable, but she responded that she felt fine to continue. I think her anxiety and state of mind, as well as our different communication styles, inhibited her from feeling fully safe to share her experiences with me.

Meghan

Meghan and I met on a beautiful sunny afternoon, and sat on a park bench for two hours talking about mothering. Meghan's was the final interview of the study, and we spoke only a few days before I returned to Ontario. I therefore experienced none of the anxieties about the project that I had previously brought to interviews, and despite the fact that people often walked by our bench, I felt incredibly comfortable, present, and open to hearing her experiences. This was in part, I think, due to Meghan's many years experience of trauma counselling, as well as her passion for words. She had a vivid way of telling stories, bringing years of conscious reflection and self-work to this particular narrative. The two hours flew by quickly. I felt full of hope throughout our interview—it was a wonderful note on which to finish this phase of the project.

Summary

Based on the above reflections, it is clear that the emotional and physical context of the interviews impacted the depth and detail of the narratives shared by participants. This contributes to the presence of much longer and richly detailed narrative segments by some participants than others in the following analysis.

Part II: Impact of Abuse

Impact of Abuse on Self and Relationships

Each interview began with a series of questions regarding participants' experiences before motherhood. I asked questions like, "Do you feel like your childhood experiences played a part in your life before becoming a mother?" and "Can you tell me a bit about how you saw yourself before you became a mother?" The following themes arose from this line of questioning.

Feelings of vulnerability and being unsafe. Each of the participants described their experiences of childhood sexual abuse by a family member as situated within a broader context of violence, both within and outside of the family. For Meghan, for instance, the impact of the sexual abuse was intertwined with the family violence she endured:

I don't even know if that abuse affected me as much as the physical abuse from my mother. That, to me, was the loudest pain; it was louder than the other. And the other just sort of dawned on me: "Yeah that wasn't right either." But it was not as loud as the other pain. So they're mixed in my experience.

Sophia echoed this experience when she described her childhood as "living in a shadow of fear," hiding from the violence of her emotionally volatile father and her overworked mother. The sexual abuse, she recalled, began during a time when she was seeking refuge outside the family home.

Laura articulated the way in which violence became normalized and shaped her perception of the world:

When I was a kid I thought that everybody's family was like mine. Then when I would go to somebody's house and their father wasn't beating up their mother, it's like, it was so weird. It's like, "What's wrong with you?" It was so uncomfortable that I would leave.

Most of the women described the sexual abuse, situated within the broader context of abuse, as creating a perpetual condition of feeling vulnerable and searching for safety, both in their childhoods and as they aged. Meghan eloquently described this experience and her resulting self-perception:

The thing that trauma does, I think, is it makes you think it's not safe to let go in this world. And you start feeling the whole world is like that. You can't let go because you're

not in a safe environment! [...] I saw myself with great strengths, and great weaknesses. I just saw myself as vulnerable. And there were parts of me I didn't know how to protect. Well, I did protect them, but I closed off. I certainly didn't have an all-bad image of myself. But I did have an image of myself as vulnerable, and could be attacked at any moment. But I knew I also had strengths. I had pretty good taste in friends, so again, it was looking for that safety thing.

For Amanda, the feeling of vulnerability manifested as a search for “love in all the wrong places.” When I asked about her life before becoming a mother, Amanda responded:

I come from a large background of family abuse. So when I hit my teenage years, I was looking for love and acceptance in all the wrong places. And I did some things that I probably shouldn't have done. So, now I know it was all related to the abuse. It was basically, I attracted the wrong type of people. And they were partiers and drinkers and drug abusers and abusers of themselves. That's, I don't know why, but that's, I think it was because that was the crowd I was hanging around with. And I never seen myself as someone worthy of anything better at that point.

Each of the participants, in one way or another, connected their search for safety and “love in all the wrong places” to the ways in which their experiences of sexual abuse shaped their self-perception. Susie described herself as

...actually probably a bit out of control. Because what happened to me as a child and into my early teenage years shaped who I was, and bad choices that I made along the way.

Impact on self-worth and intimate relationships. A number of participants described their experiences of childhood sexual abuse by a family member as impacting their self-worth

and intimate relationships. Susie connected her early experiences of abuse to later finding herself a few times in abusive intimate relationships:

I saw myself as not, I thought I didn't deserve better, and that's what I landed up to be dealin' with, so I sorta stayed in relationships that I shouldn't have been in, because I didn't feel good enough about myself that I would find someone better to be with.

Sophia explained that her ex-husband became abusive before they were married, but that she did not feel she had the strength, education/knowledge, and self-worth to leave him and look for another partner. She discussed how his behaviour was very much like the violence she had experienced in her family of origin, and so her childhood experiences normalized the domestic violence she experienced in her spousal relationship:

My husband became very abusive right at the beginning. He was very jealous, he was very aggressive, and very violent, and he broke dishes over his head to prove a point, that this is what he would do to me if I disobeyed him. I didn't have the presence of mind to say, "Look, this is not the kind of behaviour I want in my life." But, you see, it was the kind of behaviour that my father exhibited and we had no choice but to love him, because he was our father. So, I put up with it!

Sarah described a similar issue in her own intimate relationships. She explained that she had been taught she was worthless in her family as a child, and had also witnessed the violence in her parent's relationship. These early experiences impacted her choices in intimate relationships later in life:

I didn't feel that I had much worth. I was kinda happy that some guy wanted me? I didn't feel wanted. I didn't feel that I had any purpose in life. It was always drilled in my head that I was to be seen and not heard. That I was, self-pride was a sin. So, I

didn't have any self-worth [...] I was in an abusive relationship. The guy physically beat me. But I saw that with my mother and father, so I always thought that no matter what was wrong with the guy, that if I stayed and if I was good, or if I changed myself, that they would change, that they would become who I wanted them to be.

Laura shared that she perceived herself as a “sex toy” as a result of her abuse, and that this led to her seeing herself as “Scum of the Earth,” and not knowing who she really was:

I didn't know who I was. I didn't know what I was. If I went to work, I was a worker. When I came home, if you told me I was no good, or if you told me that I was, you know, whatever you told me, I'd take on that role. But I never owned it. Do you know what I mean? I just took it on. And I played it, too. And I played it.

She shared: “I wanted so bad to be normal. I wanted so bad to be like that person, and I wanted to be able to, to share my intimate relationships with somebody that was sharing theirs with me.” She explained that her strong desire for intimate connection, combined with her negative self-perception, led her to an unhealthy intimate relationship: “I was actually scared of him. He was very controlling.”

Similarly, Meghan expressed the feeling that she was an object to be used as a result of her early experiences:

It did make me feel like I was a thing to be used. You don't ever want to *know* you feel like that. And, I built kind of a safety net around myself so that, I sensed when that was going to happen. I thought I was keeping that out. But I think in other ways, I sort of just naturally let myself fall into that. I mean, not just sexually, but, in different ways I would just naturally fall into: “Oh yeah, people can walk over me.”

Meghan explained that the chaos of her childhood experiences and the resulting feelings of vulnerability led her to choose a relationship that was so safe she felt stifled:

When I think of my marriage, my plan was never to fight. I think of how naïve that is.

But my husband had the same plan. And he did it much better, because he could control things inside much better. And now, it's like: 'Oh my God; that would have been disastrous!' -Just going from being in a chaotic environment to a really controlled one.

The issue of negative self-perception reverberated across a number of the mothers' narratives, and they each connected their struggles with self worth to their early experiences of sexual abuse. As well, they described the vulnerability, lack of safety, and negative self-perception as contributing to a propensity towards being in unhealthy relationships, making poor choices, self-medicating, and/or feeling unsure of their identity.

Trust and connection. Another common theme participants connected to their childhood sexual abuse was an ongoing difficulty trusting people, and/or difficulty maintaining connections of any kind. Sarah shared: "It ruined my life. It changed my perception of what men were. I never trusted men. I didn't learn how to have relationships properly."

Susie similarly described the childhood sexual abuse as impacting her perception of men and capacity to trust them: "So now I have no trust. Because I think that almost every man, every second man, has this sort of stuff in their background. It's so prevalent."

When I asked Sophia about her experience of relationships with others before she became a mom, she struggled to answer the question, and indicated that the issue of trust is very complicated when everyone in your environment makes you feel unsafe:

The truth is, is that my whole life, I always had to trust people that didn't deserve my trust. Or I was put in a position where I had to act like I trusted, because trust and caring

go together in a way. That's a tough question a little bit. Yeah! I mean I guess, you know, I trusted my teachers at school, and I trusted my mom, and, I don't know! That's a good question. I don't know. I'll have to think about that a little bit more.

Amanda and Meghan spoke to the impact of the abuse on their capacity to build networks of friends. Amanda explained that she perceives herself as a very compassionate person and loves to help others, but that when they want to know more about her, she shuts down: "I guess it's just bits and pieces I'm ok with giving, but then when it becomes an in-depth friendship then they want to know more, and a lot of it I can't explain, so I shy away." She also described herself as having difficulty fostering connection with others: "I'm still not a multi-friendship type of person, because I can't do the connection. I can do connection for a short time, but, other than my husband, I'm very limited on friendships."

Meghan also spoke of only ever having a few close friends and finding it difficult to trust many people. She explicitly described herself keeping people at arm's length during her youth as an attempt to protect herself from breaches of trust, and from the pain: "I used to be bored because I had this thing on my mind; it was the resilience, I guess; I had to keep everything kind of 'Scotch Guarded'."

Sophia similarly described difficulty with relationships, connection, and engagement due to a process of self-protection/distraction from the pain of the trauma:

I didn't really have that strong a relationship with anybody, really, because, I was so caught up in trying to deal with the sexual abuse. And I just poured myself into reading, and into going to church, and choir, and all that kind of stuff.

As a kid, you know, having this notion of this wonderful world that I had seen in my mind, or envisioned or saw that was possible, I kind of, like part of me lived with that. But, at the same time, I had a hard time dealing with the reality of the world about what was really in the world.

Coping strategies. Developing coping styles of distraction, repression, and “Scotch-Guarding” was also a common experience described by participants—they described wanting to leave their childhood experiences of sexual abuse in the past. Sophia explained:

My way of coping with the whole thing was, I just read as many books as I could, and I just tried to keep myself busy, and I used to stay up late to watch movies, and, so I would go to school the next day, and, like I could talk about any subject, but my marks were awful, because I’d stay up late watching movies or reading books!

“I was anxious or whatever, I guess, to kind of put the whole thing behind me.”

Susie similarly described a process of distraction and trying to leave the trauma behind:

I was still a victim. I wasn’t healed. I wasn’t healing. I was in the victim mode, and going through all of the things that happen to people that are in the victim mode. Self-medicating. I was in denial. I blocked it out. I just thought, “It’s in the past, it’s not going to affect me today.”

Amanda similarly explained:

I was determined I was going to do it on my own, and that was all there was to it. And I don’t know why I was like that, but I knew that I didn’t want to go and sit and discuss everything in depth with someone. And maybe I should have. But to me, that would have just been keeping it alive, keeping the pain going, and I didn’t want to do that. I know

what happened, I know it was painful, and I know it happened for years, and I wanted to just, let it go.

Laura shared that her attempts to escape the ongoing impact of her early experiences of sexual abuse led to her attempting to take her own life a number of times. She explained that she never felt like she belonged anywhere, and so felt isolated from people and the world around her.

Isolation and disconnection. A number of participants similarly described how repressing and avoiding their trauma, as well experiencing difficulty trusting and maintaining relationships contributed to a sense of isolation and disconnection from others. Susie shared: “I just thought that I was all alone back then. And thought I was the only one going through this.”

Laura similarly described the feeling of isolation and disconnection:

I had no feeling. I had no desire, and no feeling. I, just a brief time, that brief time, it was like, I wanted to know what a healthy relationship was, so I could relate to people.

Because I never ever felt like I fit or I belonged. And that would be really huge if I could overcome that. And it's like, it didn't work.

For Sophia, the feeling of being isolated and disconnected from others was rooted in her fear that there was something horribly wrong with her as a result of the sexual abuse, and that reaching out to others would result in rejection and further isolation:

When I went to high school, the guidance counsellor, I told them what happened, and they asked me, did I want to go to counselling? And I said, “Well, no,” because I was afraid of what would happen. And, I guess maybe, I, at that time, even then, recognized the effect of all the violence and abuse that I'd been through. The effect it had on my psychology. And I guess I was worried they would find something that I wouldn't like.

Because I had this notion that when you go to therapy, they're digging for something evil,

and something dirty, and something that's in everyone's psyche. But, for some reason I had this idea that if they looked inside my brain, maybe they would find something really evil, right? And that I'd be like thrown away in jail or prison or something for the rest of my life. Or, you know, a psychiatric ward, or whatever.

Sophia reflected upon how she kept the secret of the sexual abuse from her family, both out of fear of rejection of “something really evil” in her, but also out of a desire to protect her family from the truth. Sophia described an isolating and heavy sense of responsibility for protecting her family:

I couldn't say anything! Because I was afraid that if my father found out about what he did, that he would have killed him. And if my father killed him, then my father would have been killed. And as violent and as abusive as my father was, I mean, he was my father. I loved him.

She went on to explain: “Yeah it is a lot of weight for a [young child]! I mean, to walk around, protecting their family from the violence of somebody.”

Several participants joined Sophia in talking about their feelings of isolation and disconnection being compounded by the weight of the secret they held from their families, friends and communities—that a family member had sexually abused them.

Susie shared that she had spent her whole life thinking her parents were in the dark about the abuse, only to find out [later] that they had known all along and had acted to do something about it: “So my parents did know. But they never discussed it with me. I wish they had have. I didn't have anybody.”

Laura saw herself as protecting people in her life from the truth of the abuse, and described herself as “living a life of lies.”

Amanda also reflected the desire to protect people from the truth:

Because the sexual abuse come from someone that was supposed to be family and everybody knew, and because I didn't want to hurt other people, there's very limited people that know who did this. And it's because I didn't want pain to come to that person's family. And it would have just killed them.

From a very young age, the majority of participants described themselves as learning to bear the weight of their pain in isolation so as to selflessly shoulder it on behalf of their families.

Survival. A number of participants described their experiences of emotional, physical, and sexual abuse within their families, and explained that they were able to survive these experiences due to their own strength. Sarah shared, "It's sad to say, but family is not a permanent thing for me. Never has been. My family was dysfunctional":

There was no cohesiveness in our family. We all just survived. We existed. That's what we did. And I saw what it was like when I would go to other people's houses. I saw what their parents were like. I saw what their siblings were like, and I knew ours was wrong. I knew, dead wrong. This is not normal. Nobody lives like this.

Sarah explained that growing up in the "dysfunction" of her family made her strong: "I like to think I'm tough. Didn't matter what was thrown at me, I would be able to come out sort of on top."

Meghan also described her experience growing up with her family as "dysfunctional": "It was painful for me. It was so painful. I loved my family so much. I love them. But there's so much dysfunction." Meghan expressed that it is important to her that professionals understand that the chaos of her childhood does not mean she needs to be "fixed," and described herself as a person with "great strengths":

They need to know I'm not broken. I am a full human being just as they are. There are some things that are hurting me, that might be different than the things that are hurting them. But it all feels like hurt. It's all the same. So I'm not broken, I don't need to be fixed. I'm hurting and I need a compassionate human being, who isn't afraid of their own hurt.

Amanda similarly explored the relationship between surviving abuse and her own personal strength:

Strength, I'll tell you, when you come from sexual, mental, physical abuse as a child from an early, early age, one thing you learn is how to survive, how to be strong. It makes you a stronger person. Yeah, it hurts, but it makes you a stronger person.

Reflecting back on her life, Susie shared, "Well, I'm a survivor. There's no doubt about that. Through everything that I've been through, I'm a survivor. Perseverance, and, you know, surviving."

Laura described her strength in terms of resilience:

I'm super resilient. I've gone through lots in my years, and I get knocked down and I get back up again. Because I know that I can. I know that that spark is in me. And that spark is going to carry me through.

Summary: Impact of abuse on self and relationships. Participants described themselves as experiencing a number of adverse effects as a result of childhood sexual abuse, including: difficulty trusting people, negative self-perception, repressing and avoiding trauma, and subsequent feelings of isolation and disconnection. While they each shared negative experiences and perceptions of family as a result of their childhoods, many nonetheless described themselves as holding the secret of their sexual abuse to protect their family members. Despite

enduring a great deal of trauma, marginalization, and relational difficulties, the majority of participants perceived themselves as strong women who managed to survive unspeakable circumstances.

Intergenerational Transmission of Trauma

After exploring life before motherhood with participants, I asked questions about their experiences during motherhood, such as, “Have your childhood experiences played a part in your mothering experiences?” and “Do you feel like you’ve changed since becoming a mother?” The following themes arose from this segment of the interviews.

Desire to “break the cycle” of abuse. Across the interviews, participants spoke about their goal to stop various forms of family violence from being passed on to the next generation. Most of the mothers described themselves as the guardians or protectors of their children. For instance, Amanda stated, “They were my foundation for change. They were my reason. Protector. I wanted to make sure what I went through, they never saw it.” She also shared:

I didn’t know much of my family, but what I knew, sexual abuse, mental abuse, physical abuse, it was, like the professionals say, it was a trait. I don’t know why. And when I got pregnant with my first child, it was like, this can’t happen. This can’t happen to my children, it can’t continue for me, or I don’t want to have this baby.

Susie echoed this motivation: “I don’t want them [her children] to see what I saw. And go through what I went through.”

Similarly, Sarah shared, ““I swore if I ever had a child that I would never put them through what my [mother] put me through.”

Sophia, who lost custody of her children years ago, talked about “breaking the cycle” as a goal she held throughout her life. During her childhood, the dream of one day having children of

her own in a family free of violence “did give [her] a lot of hope.” However, she described how her childhood trauma impacted her mothering in spite of her goal:

When my [child] started walking around and stuff like that, and picking up things, and was going to break things, I started like, slapping [their] hand, you know? And part of me was aware of what I was doing, but part of me wasn't. And then, I think, because I hadn't dealt with the sexual abuse, part of me, somehow, may have been subconsciously, something to do with the sexual abuse. And not just that, but all the violence that happened to me, I began kind of taking out my frustration or anger on my [child].

Sophia expressed her abusiveness towards her child with great sadness and regret, but also situated it within her own ongoing project to curtail the intergenerational transmission of abuse:

As I gain knowledge that I thought would be beneficial to them, I did try to encourage [them] to look at that kind of education or training, and in the last year, couple of years, with my [child], you know, I've tried to incorporate a lot of what I've learned, through the encouragement of mobile crisis and other counselors. Encourage [them], you know, how to deal with the issues in [their] life. I think it helped [them].

She also situated her ongoing struggle to help her children within a broader vision of ending family violence:

Certainly we can make it a lot easier so that a lot of the struggles that are destroying our families and destroying our communities and I mean, physically destroying the world, can be addressed! And we can have a world where everybody has something! Everybody has a life, and is challenged in positive ways, and, I mean then they'll just do movies and re-creations of things of the past and it'll be like, “Oh yeah! Family violence, what's that?” You know? That's my dream, right?

With the exception of one mother, participants joined Sophia in her discussion of the inadvertent impact of their childhood experiences of trauma upon their children despite their goal to end family violence. Susie explained:

What happened to me back then still deals with my day-to-day life. The choices I make, the poor choices that I make. I'm a good mom. And I've tried to keep this sort of stuff out of my kid's lives, but unfortunately due to the environment, it still shows up in their lives no matter what I've done.

Over protectiveness and difficulty trusting. The issue of being overprotective due to difficulty trusting others was a common experience expressed by participants. Amanda reflected upon the impact of her approach to protecting her children: "I wanted to make sure what I went through, they never saw it. Which wasn't always a good thing because I was over-protective." She elaborated on the issue of being over-protective:

I think it's been challenging for me, because I, every moment, I always thought, "Are they ok?" There was times when I didn't trust them to make the right decisions. And not because I didn't trust their judgment, but because I didn't trust everyone else around them. So the neighbour next door that was kind and wanted to give them candy, I always questioned that. Different things like that, because, the person that sexually assaulted me was the over-kind, here's candy, here's money, here's... So there was many times throughout their life that I think I should have, until they gave me reason to judge, I should have let go a little bit more. It was because I was fearful of someone hurting them, that I always second-guessed their motives. Other people's motives.

When I asked her what advice she would give to future mothers who experienced childhood sexual abuse by a family member, Amanda reflected an understanding of the negative impact

upon her children of her difficulties trusting people, and urged future mothers not to follow in these steps:

Don't be overprotective. Children need to make their own errors. You need to get past the trust issues. You cannot control everybody else in the world, no matter how hard you try, and dammit, I tried [laughs]. All you can do is trust your children, talk to them, let them know, if this happens it doesn't matter. I'm going to believe you, we are going to. You have to let them. That would be my advice.

She also wondered aloud whether going to seek help herself might have helped her to avoid becoming overprotective of her children.

Laura also described herself as being over-protective out of fear for her child's safety:

I was very protective. I didn't let [my child] leave the yard. All their friends would be going down to play with this one and that one, and nope. It's like, "You're not leaving the yard, no, no, no." And, "You're not going to so and so's house if there's a man there." I was afraid, if there was a chance that a [perpetrator] would show up of mine, I was scared, because I didn't want anybody to hurt [my child]. That was my precious cargo. And it's like, "There's no way you're gonna hurt my [child]." So did I shelter [my child]? Did I smother them? Yeah, I did.

Laura also reflected upon her over protectiveness and shared, "I think had I been able to deal with my sexual abuse issues, and trust issues, prior to having my daughter, then I think that would make me a better mommy today."

Sarah explored the impact of her own difficulties trusting on her approach to mothering:

I always wanted to know what adults [my child] was around. Not the children so much as I would drop [my child] off at somebody's house, I wanted to go in and I wanted to meet

them. I wanted to get a sense of who they were. I wanted to talk to them for a little, you know, just chitchat. I wasn't interrogating, but I wanted to get a feel and a sense of trust with somebody I was leaving [my child] with. I had a hard time letting go of that? Of, saying, "OK. Let the door close, let [them] go have their fun, let [them] go be with their friends. Not everybody's a pedophile." So. That was a hard thing to let go of [...] I think I sometimes overprotected. But I couldn't express what I had gone through. I think I was very overprotective with my [child] because I knew what potential was there for damage, and for abuse.

Interestingly, the only participant who did not discuss the issue of being overprotective with their children was Meghan, who sought trauma counselling when her child was very young. Meghan shared: "This process of a mix of therapy and being a parent, and maybe especially parenting, it's a whole process of taking these baby steps of letting go, letting go, letting go." For Meghan, parenting and going to trauma counselling simultaneously allowed her to make use of the skills she was learning to inform her mothering practice and as well to teach them to her child, so as to minimize the transmission of trauma. She encouraged other survivor mothers:

Get help. Don't believe that there's no help. Keep going until you get it. Don't be afraid of your feelings, but learn from someone who knows; from books, or people; someone who knows how to be with their feelings. If you can be with your feelings, and accept them and let them do what they do and then dissipate, you can do anything.

Disclosure. A number of participants also discussed the ongoing weight of not disclosing their experiences of intrafamilial childhood sexual abuse to their children, exploring the ways in which non-disclosure has impacted their relationships. Laura felt that by protecting her child from the truth of her childhood trauma, she had also inadvertently kept her child from being able

to understand their mother's perspective and experiences. She connected this secret between them as a great contributor to her child's decision to move out in their teen years: "[My child] doesn't know any of my stuff. None. And that makes it really difficult, because I know that that's why [they] chose not to stay here any longer. And it hurt a lot. And it still hurts."

Amanda shared about disclosure in the context of reflecting back over her choice to not disclose her childhood experiences of abuse to her children while they were growing up, and the possibility that a different choice might have helped them to understand her parenting choices:

As a mother, there comes a time. I think it's just honesty and sharing. Knowing when the right time is. It's just been recently that I told my adult [child] exactly some things that happened. So I think sharing and being honest, maybe at a little younger age, not in depth, but so that they understand some of your decisions. Once they understand why you may have reacted a certain way, the bond is just opened up. They understand. Once they're to the age. Because I think so many people just hide it. I mean I'm not talking about when they're young kids, but once they get in their late teens, early adulthood, and they start questioning some of your parental skills, or ways, then it's time. People need to be honest. You need to sit down and you need to have a conversation and then they go, "Oh my God, Mom, how did you ever do this?" Right? "I understand now why you did that." So just communication and truth, I think. It's huge. It's huge.

Susie confirmed that for her and her children, disclosure earlier in their lives helped to shape their connection as a family:

They are aware of what has happened to me. I made sure that when they were, I don't know what ages—very early, before they even went to school—that they were told no one touches them. I don't keep secrets from my kids at all. They knew everything.

Susie described the relationship between her and her children as “close-knit” and spoke of their closeness as shaped by the fact that there are no secrets between them. She advised other survivors who are considering motherhood:

If they ever had anything happen to them as a child, to get help before they have children. To heal before they have children. Because if you don't, what you do will affect their lives until you start to heal.

Summary. Each of the participants expressed a heartfelt desire to protect their children from going through abuse such as they had during their childhoods. However, the majority of participants described the impact of a number of adverse effects of their childhood trauma upon their relationships with their children, including: lack of trust and over protectiveness, and heightened disconnection due to non-disclosure. The one participant who did not describe the ongoing effect of her childhood trauma upon her mothering experience attributed this to her decision to start trauma counselling early on in her child's life. The majority of other participants reflected that perhaps if they had sought counselling before having children or during their children's youth that this might have helped to mitigate the negative impact of their trauma on their mothering experiences. They urged other women who have experienced childhood sexual abuse by a family member to seek help before considering motherhood, so that they might be better prepared to follow through on their goal to stop the intergenerational transmission of family violence.

Part III: The Restorative Potential of Mothering

Despite the difficulties associated with mothering as a survivor of childhood sexual abuse by a family member, participants also described many positive experiences of mothering. In

particular they described ways in which mothering set the foundation for healing on a number of fronts. When describing her own mothering process, Amanda shared:

I don't think people understand the word healing. It's not just getting over the pain. It's working it through your mind, looking at your children, and saying, "I can't change the past. But I can make the future brighter." And, this that happened or that that happened, wasn't my fault. So it's multi-staged. Healing is multi-staged, it really is.

This description is consistent with the portrait of mothering as survivors of intrafamilial CSA portrayed in and across participants' interviews, which highlighted the ways in which aspects of mothering helped them to heal. Common themes included the healing power of unconditional love and regard, and healing through watching their children grow and be parented as they wished they had been.

The Healing Power of Unconditional Love and Regard

Participants commonly expressed that for them, mothering is about unconditional love and connection. Amanda shared, "That's what mothering is all about to me. Unconditional love and support." She indicated that for her, mothering is about always accepting and loving her children, no matter what:

We've had our ups and we've had our downs [chuckles], but they know when the chips are down, they know who to call. They know. And, just never turning my back on them. They're not going to make the right choices, and being a mom you have to realize that, and you have to support it.

When I asked Amanda if the nature of her relationships has changed since she became a mother, Amanda described her unconditional love, regard, and support for her children as teaching her what family ought to be, as well as how to connect with people:

So it is when you understand the meaning of family, you know that family doesn't hurt you. Family doesn't turn their back on you. Family is the one thing that should always be there, and I never had that. So, since I've had children I've learned that. Since my husband's family's come into my life, I've learned that. So yes. I understand you have to be there. You have to be supportive. You have to allow the relationships to happen. You can't back away. And that's been a learning curve for me, because if someone started to get close I would back away. And now, I'm starting to, it's been a long haul, but, twenty years ago we'd never be having this conversation, because I wouldn't let it happen.

Susie similarly described the meaning of motherhood as "love" and "closeness." When I asked her about what she had learned from her mothering experience, she explained:

I learned about unconditional love. Not just from me to my mom, that I had, but that [my children] have unconditional love for me. All the mistakes that I've made since I've had them...I've made some terrible poor judgment calls on certain things. And [my children] they've been there for me no matter what. So I feel unconditional love from them. And I have unconditional love for them. And I told them a long time ago that it doesn't matter what they do. I'll always be there. And same goes for me and them. Like, unconditional love.

For a number of the participants, the giving and receiving of unconditional love has fostered healing. Meghan aptly described the restorative power of love as expressed throughout participant's stories:

I remember talking to [my counsellor], and I said, "It seems to me none of this makes sense unless you're in love." When you're in love the world is a beautiful place. When things hurt, we can have compassion; we can know they can heal. My whole life has

actually been like that. And I don't mean just in love with a person, but, when you're seeing through love, everything looks nice.

Regarding her own experience of mothering in particular, Meghan reflected upon how the unconditional love and regard between she and her child helped her to see that healthy, mutually loving, and safe relationships are possible:

It made me realize that some relationships *are* real. I had a big thing my whole life; my big question: "Are relationships real?" Because, they seem not to be. I seem to be feeling a whole lot for different people in my life, and they don't seem to feel anything, or they're hurting me. "Are they real?"

She then went on to explain that realizing that she and her child had built an authentic, healthy relationship together was healing for her:

I'm a part of this. I'm not watching somebody else who did it right. *I* did it, you know? I did it by *not* doing, in a way; by letting go. I'm in this relationship; my [child] and I did it. We created this together. Just the fact that a relationship like this can exist -it CAN exist ; that's healing in itself.

Sarah, who described her life before mothering as always trying to please others hoping that they would eventually be good to her, explained how learning that she could be the recipient of unconditional love, trust, and regard helped her to realize her own worth:

I've had [pets] my whole adult life. Unconditional love. [My child] showed me the same. So, it showed me that people were capable of it. A child. Loved me unconditionally. I gave. They gave. I wasn't worthless after all. It gave me a sense of worth, self-worth. It definitely made me happier. It changed how I could be somebody that, somebody would depend on me, and not question it.

She also described the unconditional love between her and her child as helping her to “blossom,” as she started to access parts of herself to which she had long ago lost access:

It opened up a part of me that I knew was there, that I knew existed, that was always smothered, kept down, and so I got left to do it, and to be with him, and I knew I could do it. I wasn't allowed to be that type of person in the house growing up. I wasn't allowed to be vibrant or happy. So it got to be suppressed. Any good feelings were put way down low. And buried.

Healing and Empowerment in the Mothering Process

The majority of participants also spoke about how they experienced healing and/or empowerment through watching their children grow up in safe environments and moving through developmental stages without family violence. Amanda described how bringing up her children has helped her to restore her self-image, showing her that she is strong, and capable of making changes:

And I've done a lot of healing the last, well since I had kids I've done a lot of healing. Because I watched them grow, I watched them go through stages. I knew that what I had gone through, they hadn't. They've always had a mom and dad, and that has helped me become a stronger person. Yeah, that all happened, it's all painful, it's all there, it's never going anywhere, but I look at myself today and I say, “Wow. Look at where you've come from, look at what you went through, and look at where you are today.” That's huge [...] I wanted to see my mothering skills foster individuals that helped communities and were an asset to everyday life instead of a hindrance. I didn't want them to go in the footsteps that I did. And I think I did that. That has been the best healing tool, if I can call it tool,

that's probably not the best word, in my life this far. Because I succeeded. For once, I succeeded [laughs].

Laura described a similar process of developing a stronger and more positive sense of self as she parented her child the way she wished she had been brought up:

My experience with [my child], yeah. It gave me a sense of, my guts told me how to raise [my child]. And watching [them] grow, it was me. It was me that was [their] influence, so I was [their] family and [they were] my family. And there was always so much positive about [my child]. So much. And it's like, [they're] a reflection of me.

Meghan described a process of growth and healing as she developed a healthy and loving relationship with her son. She spoke in particular about the wonderful realization that mothering allowed her: that her life could be full and meaningful, and not ruled by the pain of her childhood abuse:

I'm much more mature, of course. And I believe what I only had hunches about (before). Because I know through experience that life can be beautiful. And, that you can come into more and more truth as you live. So, yeah, I'm the same basic person, but, I'm not (even) so much a believer as much as I *know*. I know for sure certain things now. I believe in other things but I *know* especially the parenting stuff, and, that you can, not just heal, but that the pain can be an aside. That can be something that's there, but it doesn't have to stop you from embracing life fully.

Summary. Despite the adverse effects of intrafamilial childhood sexual abuse participants described upon their lives both before and after becoming mothers, the majority nonetheless expressed mothering as a site of healing—both in the form of unconditional love and regard, and in seeing their children grow up in a safe and loving environment.

Part IV: The Role of Motherhood Discourse—Propelling and Constraining the Restorative Potential of Mothering

As I combed through the narratives categorizing them into themes across interviews, I sensed that there was an important aspect of participants' stories that was not being represented by my chosen mode of analysis. I realized that participants were expressing themselves through discourses of motherhood that both propelled them to and constrained them from healing and thriving. Participants shared their stories in ways that mobilized motherhood discourse to display strength and agency. Some of their stories also displayed the immobilizing impact of patriarchal motherhood discourse. In order to capture the ways in which participants construct motherhood, and also how patriarchal motherhood discourse constructs their experiences and expressions of motherhood, I analyzed each participant's narrative through holistic-content analysis—that is, I located patterns and themes occurring *within* each participant's narrative. I identify and explore the patterns relating to motherhood discourse that emerged from an analysis of participant's narratives in the remainder of the chapter. However, I do not situate these patterns within a detailed description of participants' stories, due to concerns regarding confidentiality.

Meghan

Meghan discussed motherhood in a number of different ways throughout our interview. When she reflected upon her life as a child growing up in the “chaos” of her family, she spoke of motherhood in such a way that it expressed agency and hope:

All through my life I wanted children. It's like I knew from the day I was born practically, I was born to be a mother. And I was born to be a mother to do it right. I used to criticize my mother, “Look what you're doing! I'm a kid! I'm little, I'm small. You're, you're a bully!” And she would fly into a rage. She was hardly even conscious of what she was

doing. But I remember, thinking to myself, “When I have children, this is what I’m going to say…” and, “When I have children, this is what I’m going to do…”

In the preceding segment, Meghan identifies herself as having knowledge and understanding of mothering that is inherently different from that of her own mother’s. In so doing, she differentiates herself from the family violence she experienced, and distances herself from her abusers. She linguistically separates herself from her past experiences of abuse, thus effectively “breaking the cycle” of violence—a concern that arose across participant’s interviews.

She also explains how during her childhood, envisioning herself as a mother was a means of expressing hope of survival and a brighter future. Situating herself as an agent, one who will do mothering differently in her own adulthood, Meghan reflects her own strength even in the face of abuse. This is consistent with her description of herself later in life as someone with “great strengths.”

Later in the interview, Meghan captured her process of reconceptualizing motherhood, in which she created her own definition and started to let go of the pain she associated with the mothering she had received as a child:

When I became a mother I didn’t want to be a “mother.” I wanted to be called something different, because I didn’t have a good feeling attached to “Mother.” I had to grow into that. And it was many years after my [child] was growing up that I decided to claim the word “mother.” There was so much hurt around it for me, because I *wanted* a mother; I wanted to be loved. And because the word “mother” means everything; it means creation, it means Mother Earth, what a huge role! But, when I finally grew into it - I’m just thinking of this now, actually - when I did finally claim that, “Yeah, I’m a mother,” what I’m doing is identifying with life. That’s what I’m doing; because, it is life. It’s nurturing

life. So, yeah! Motherhood has a different meaning for me now that it's merging with, accepting life, accepting what comes through you.

Here Meghan portrays the evolution of motherhood throughout her life: First as a symbol of hope and agency during her childhood and adolescence; second, as a label to be resisted due to pain and trauma; and third, as an expression of connection and acceptance she eventually “grew into.”

In the two narrative segments shared above, Meghan captures the adaptability of motherhood discourse across her life course. Over the course of our interview, Meghan mobilized and constructed motherhood discourse to help her cope with and process the trauma of her childhood abuse, and to express hope, strength and agency.

Amanda

In our interview, Amanda initially positioned herself as a powerful agent who took control of her life in young adulthood:

I think so many people just curl up and blame everything on that. Every action that they do, and that's what I was doing. Everything I did was because of the abuse. And at some point you have to say, “Wait a minute, I have to pave the road the way I want it. That's not going to affect me anymore, I'm going to make it better.” And I did that.

However, when I asked Amanda what helped her to be able to make changes in her life, she spoke about how motherhood was the singular factor pushing her to make changes in her life: “That's what made me change. That's what made me say, ‘Wait a minute, I have someone else now that I have to look after.’ And I went back to school. That's what saved me, was my children.” She went on to say, “I think they made me, this is gonna sound silly. But they made me strive to do better. To improve my life, to beat the odds, to not be another statistic. I didn't

want to be that person.” Amanda described herself as going back to school, graduating high school, attending post-secondary education, and finding a good job after she began having children. She drew on patriarchal discourses of motherhood in which mothers are inherently self-sacrificial and altruistic towards their children, thereby constructing herself as a “good” mother and re-affirming her own worth as a mother. Amanda’s reflection upon motherhood as the motivating factor behind her decision to change her life from hanging out with the “wrong crowd” and “looking for love in all the wrong places” demonstrates how she drew upon patriarchal motherhood discourse in such a way that it propelled her to make positive external changes in her life.

However, Amanda’s narrative also demonstrated that she has drawn on patriarchal motherhood discourse during her mothering experience in such a way that it has kept her from reaching out and connecting with others, and from accessing trauma counselling:

I never ever sought out a counsellor, I never went to any community events, I’ve never participated in, this is my first ever, and it’s because I’ve reached a point where I’ve dealt with it by burying it, and once I had kids, that was my foundation to better my life.

Throughout our interview, Amanda drew on the notion of the self-sacrificial mother, describing herself as pouring herself into her children’s lives, “burying” her childhood trauma so as to protect her children from its impact. Amanda described her children as her “whole world” and explained the impact that their growing up and leaving home has had upon her:

My hardest moment definitely was when they went out on their own. I struggled with that, I still struggle with that, because my baby’s heading off. Because that means, I feel like I’m not needed, right? And I think being needed was probably one of the best feelings of my life. I knew they needed me. They needed me for food, they needed me to keep them

clean, they needed me to help them with school. So once they head out into the world, they're adults. They don't need me every second of the day. And that's been a struggle with me [chuckles]. 100%. Yeah, I would say that's been my biggest struggle so far.

Thus, while patriarchal conceptions of motherhood helped Amanda to be able to live a meaningful life and keep the adverse effects of her childhood trauma at bay throughout her adult life, the absence of her children—her “whole world”—has left her without what she identifies as the “biggest” connection she has ever experienced. Pouring herself into mothering to the exclusion of self-care and trauma recovery work has left Amanda feeling unsure about how she will live her life without the constant care for her children, and with ongoing adverse effects of childhood sexual abuse, such as difficulty with intimacy. Amanda's narrative revealed that her life has been both positively and negatively shaped by patriarchal motherhood discourse.

Laura

Laura's story was also deeply shaped by patriarchal motherhood discourse, both in such a way as to produce shame and feelings of not being a “good” mother regarding certain aspects of her life, and as a means of shaping a strong self-image regarding others.

Laura relayed the story of how she became pregnant with her child with negative self-judgment and shame, demonstrating the impact of normative conceptions of how “good” mothers are married and financially stable when they decide to have children. She explained how she became pregnant with a child when she was having sex with a man she did not care about, and ended the story by stating, “so that's how [my child] came about. I'm not proud of it.” That Laura would end the story of her child's conception on a note of shame indicates the power of patriarchal motherhood discourse in constructing Laura's experience.

Laura spoke about her child as providing her with purpose and meaning: “[My child], [they were] my reason for living. At that point, you know. It’s like, ok, now I have a reason to live.” For Laura, the normative idea that motherhood is about utter self-sacrifice perpetuated the struggle with self-perception and identity that she had earlier described herself grappling with as a result of her childhood sexual abuse. When I asked her if she had experienced any healing as she mothered her child, Laura responded:

No. Not really. It was because, my life was, there was so much in my life that was all lies, and so much of it that was in gaps and pieces, and that I couldn’t remember anyway, that my child was all there was. My child, my child was my life. My child was all that there was. My child, there was nothing else. Like, I was invisible, but I was my child’s mother. I was invisible to me.

Here Laura describes how the patriarchal notion of self-sacrifice in motherhood played into her coping strategy of “playing roles” but never knowing her own identity. Her own “invisibility” and self-sacrifice for her child also led to her putting off reaching out and/or accessing trauma counselling services for much of her child’s life, something she explained would perhaps have helped her mothering experience and relationship with her child. Instead, she described herself as not knowing a lot of what “mothers should know,” making her a “bad mother.”

However, Laura also mobilized the patriarchal notion of maternal instinct as a means of helping her to survive life as a single mother. She described how as a new mother, her child cried constantly, and as a result, no one in her life wanted to help out. She shared how she was utterly alone in the responsibility for this new life, and how difficult it was to make ends meet as a single parent. In the face of these barriers, Laura described a faith in her maternal instinct as guiding her to be a “good” mother:

At that point, you know. It's like, ok, now I have a reason to live. Like I have this little person that I have to shape. And I don't know how. I didn't have any help as far as what they have today. But I believed in my guts that I knew whatever it was that I was doing was right. I believed it. And that made me the good mommy I was that year.

The normative conception of maternal instinct or “gut” helped Laura to navigate her feelings of shame and isolation, and as well to restore her identity as a “good mother” in her narrative.

Sarah

Sarah explored her life story in ways both shaped by and shaping of motherhood discourse. She mobilized motherhood as an expression of agency during her childhood and as a means of differentiating herself from and standing in opposition to the violence of her family of origin: “I knew ours was wrong. I knew, dead wrong. This is not normal. Nobody lives like this. I swore I would never ever raise a child the same way I was raised.” She described herself as always knowing she wanted to be a mother and shared:

I think it was the idea of knowing that I had potential to not be my mother. And it wasn't that I was striving, and that's not what I got up for every day, to say, “I'm not gonna be like her.” But I knew that that's not what mothering was. I knew it could be good, and I knew it could be happy, and, I just knew. I felt it, I see, I saw it.

Similarly to Meghan, Sarah constructed her own definition of mothering as a childhood survival strategy and as a means of creating her own identity apart from her “dysfunctional” family.

While Sarah mobilized motherhood as a survival strategy, she was also impacted negatively later in life by patriarchal motherhood discourse. Sarah is the only participant in this study who is a non-biological mother, and she tentatively navigated her role as mother throughout our interview. For instance, despite describing in great detail her role as primary

caregiver of her child as they grew up and her unconditional love and dedication to them, she nonetheless qualified herself as only “essentially” their mother. This signifies the influence of the patriarchal conception that biological motherhood is *real/true* motherhood upon Sarah’s experience of mothering. This notion perpetuates Sarah’s shame regarding her inability to have her own biological children, and also sets her up to experience herself as perpetually “less than” “real” mothers. This shame likely perpetuated the shame that Sarah experienced as a result of her own childhood experiences of trauma and may have further hindered her from reaching out for trauma support.

Sarah did not seek support until she lost access to her child to their biological parent. Sarah describes herself as uncharacteristically happy during the time she had with her child and as lost in their absence: “I was cut off from [their] life, cold. That’s when the [self-medicating] started and everything else. I lost a piece of me, I lost who I was.” When I asked if the word “healing” meant anything to her in relation to her experience of mothering, Sarah described: “I don’t think there was any healing. No, it just shifted to another mindset.” Here Sarah indicated a shift in her orientation, beginning to focus exclusively on her child’s needs and repressing her own trauma. Similarly to Amanda and Laura, Sarah found herself at a loss in the absence of her child after having poured herself into mothering and put off dealing with her own experiences of childhood sexual abuse. Patriarchal discourses of motherhood as self-sacrificial played into Sarah’s desire to “push back” her childhood trauma, and negatively impacted her experience of mothering.

Sophia

In Sophia’s narrative, motherhood took on a number of different roles. Like Meghan and Sarah, Sophia mobilized motherhood as a means of surviving the childhood sexual abuse she

endured. However, for Sophia, motherhood exclusively functioned as a symbol of strength and hope for a brighter future. She explained:

The one thing, as a child being sexually molested, I know it sounds a little bit, you know, maybe unusual, but, the two things that I wanted to accomplish in my life if I got through that, was to be a good wife and a good mother. And I knew that I had to get through, the whole horrible, gross, awful, disgusting events that occurred.

For Sophia, the vision of being a “good mother” helped her to cope with the chronic sexual abuse she endured. Motherhood functioned as Sophia’s light at the end of the tunnel, and provided her with the strength to persevere.

Sophia later came to understand her own identity through the lens of “good” motherhood:

In a lot of aspects I see myself as a good mother, because mostly I cooked food from scratch, I made them healthy food, and I talked to my kids a lot, I played with them, and we would watch movies and talk about the movie, and we would go and do things. I’d take them to the playgrounds, and the parks, and things like that.

However, because Sophia’s life and identity had been shaped by patriarchal motherhood discourses, when she lost day-to-day custody of her children in her divorce, she interpreted this as her own “failure” as a mother, and expressed a great deal of grief and shame regarding the separation. Articulating her own sense of “less than” or “not good enough” mothering, Sophia shared: “there were a lot of things that kind of undermined my dream of being a wonderful mother. It affected me, you know?”

Finally, Sophia constructed motherhood as a broader ethics of care, both as a means of expressing an ongoing connection with her distanced children, and of making sense of her ongoing struggle to care for herself in a way she was never cared for growing up:

[mothering is] a lifelong thing, and then at the same time, in a way I think we have a responsibility to kind of parent ourselves, and others, and the world, in a way, you know. Because we're all here on this boat together, and we gotta make it sink, or we gotta make it sail!

Susie

Susie's story was shaped and constrained by normative motherhood discourses. She described how becoming a mother propelled her to change her life:

[I wanted] to make more out of my life, because I now have children to provide for. I just can't go wild. I have to be a respected mother. Because when you don't have kids, you're single, you can do whatever you want. But once you have kids you have to think of them. So sometimes you just have to rein in some of those things.

Her description, however, entails a patriarchal discourse of motherhood that regulates women's behaviours as they struggle to meet societal definitions of "respected" motherhood. For Susie, then, the normative notion of being a "respected mother" pushed her to judge some of her behaviours negatively, and to subsequently "rein them in." Her sense of self and identity as a mother was thus shaped by normative motherhood discourse. Re-shaping of her identity in order to fit patriarchal definitions of motherhood contributed to Susie's insecurity regarding her mothering and her need for external validation. She explained this in relation to the importance she attributed to her children being received positively by friends, community members, and teachers:

Being a mom, like that sort of stuff has been instrumental in how it makes me feel as a mom. Beause for many years I wondered, "Was I a good mom? Was I doing it right?" And so I was being reinforced that the stuff that I've been doing, I'm doing right.

While external validation regarding her success as a “respected” mother helped her to encounter her motherhood experience positively, it nonetheless perpetuated her struggle to define her own worth. Like Laura, she expressed that she did not experience any healing during motherhood. However, she mentioned that motherhood made her more resilient. As I analyzed the ways that patriarchal motherhood discourse has shaped Susie’s mothering experience, I realized that she defined resilience in relation to the motivation to make external changes in her life to be a “respected mother.” However, the focus on external signification and validation of “good” mothering contributed to Susie putting off reaching out and asking for support in healing from her own childhood experiences of sexual abuse. As her identity as a “good” mother was societally reinforced and applauded, it superseded her own silent personal struggle to come to terms with her childhood trauma. Susie shared that she has only more recently sought trauma support services.

Summary

An analysis of how participants described mothering across their life courses revealed that their mothering experiences are both propelled and constrained by patriarchal motherhood discourse. During childhood, the idea of one day becoming a mother functioned for some as an expression of agency, hope for the future, differentiation from family abuse patterns, and strength, and supported participants to survive their experiences of childhood sexual abuse by a family member. Some participants drew on patriarchal motherhood discourse in ways that helped support them through their mothering experiences, while others were more negatively constrained.

CHAPTER FIVE—DISCUSSION AND CONCLUSIONS

In this closing chapter I draw together existing literature and the central findings of this project, demonstrating how this study fits into and expands previous research on the mothering experiences of women who have survived intrafamilial childhood sexual abuse (CSA). I then read the major findings through a relational-cultural theoretical framework to identify the study's unique findings, and to respond to the original research questions guiding the project. Finally, I examine the research and practice implications of this study's findings, and address the project's limitations. The chapter ends with a concluding statement regarding the study.

Overview of the Study

This study has taken a narrative methodological approach to analyzing the mothering experiences of six women who experienced childhood sexual abuse by a family member. In addition, it has also explored the following research questions:

- i. What factors contribute to a sense of empowerment in survivor moms?
- ii. Can mothering function as a site of resilience?
- iii. Can mothering serve as a foundation for healing?

I took a qualitative, exploratory approach to this research, as the relational experience of mothering is a new area of inquiry. Further, the majority of existing research has been quantitative, thus obscuring the complexity of survivor moms' lived experiences.

Participants' interview transcripts were analyzed using a combination of categorical-content and holistic-content analysis, and this process revealed three overarching themes, which I distinguished as:

- i. Impact of Abuse;
 - a. Impact of Abuse on Self and Relationships

- b. Intergenerational Transmission of Trauma
 - ii. The Restorative Potential of Mothering
 - iii. The Role of Motherhood Discourse: Propelling and Constraining the Restorative Potential of Mothering.

Summary of Major Findings in Relation to the Literature

The Impact of Abuse

The first overarching theme of this research confirmed much of the existing literature on the long-term *adverse* effects of childhood sexual abuse, including the risk of experiencing parenting challenges, such as overprotection and difficulty trusting others, poor self-perception, and other relational issues (Alexander et al., 2000; Burkett, 1991; Cohen et al., 2015; Fitzgerald et al., 2005). However, the stories shared by participants in this study portrayed more complex and dynamic perspectives on mothering challenges than in much of the existing quantitative literature. The findings reported within this theme were more consistent with the few qualitative studies that have been conducted.

Participants spoke about how they often struggled with feelings of vulnerability and being unsafe as a result of their childhood experiences of abuse, and connected these struggles to a difficulty trusting others. They shared that these feelings often lead them to be overprotective of their children, a theme similarly found in the work of Armsworth and Stronck (1999). In Kreklewetz and Piotrowski's qualitative study of sixteen "incest survivor mothers" (1998), however, they found that their participants situated "overprotectiveness" of their children within a range of other "protection strategies" they used to keep their children safe from sexual abuse (p. 1307). Participants felt that drawing on a variety of protective strategies, such as "communication, education and information sharing," increased the chances that their children

would be protected (p. 1308). Like the participants described by Kreklewetz and Piotrowski, participants in this study illustrated a number of protective strategies they used to ensure they would “break the cycle of abuse.” Several participants shared that they had likely overprotected their children due to their difficulties trusting others. However, they all reflected that if they had gone to therapy to cope with their childhood trauma before having children or early in their children’s lives, they would likely have been able to be protective without engaging in overprotective behaviours. One participant, Meghan, attended trauma therapy early on in her child’s life and shared that this positively benefited her mothering experience. Meghan’s experience and the reflections of the other participants in this study are consistent with Kreklewetz and Piotrowski’s finding that survivor mothers’ parenting abilities and confidence improved after going to counselling. Further, participants’ reflections on the negative impacts of having avoided dealing with their childhood experiences of abuse are consistent with the findings of Wright, Fopma-Loy, and Fischer (2005), who found that avoidant coping strategies are a “significant risk factor” and are “strongly and consistently associated with negative outcome[s] across [self, relationship, and familial] domains” (p. 1173).

Participants also described feeling isolated and disconnected, beginning in childhood and continuing on through adulthood. This finding is consistent with the work of Armsworth and Stronck (1999), who reported that participants in their study indicated “they never felt connected to people during childhood and adolescence” and that this continued into their mothering experience (p. 310).

The Restorative Potential of Motherhood

Participants in this study also spoke about how the struggle to connect with others impacted their mothering. However, contrary to the findings of Armsworth & Stronck (1999),

the majority of participants primarily spoke about experiencing a connection with their children that had been unavailable to them with others. Rather than the singular focus on poor perceptions of parenting competence that is present across much of the literature, survivor moms in this study spoke of their experiences with their children as teaching them about their own self-worth and lovability. The majority also perceived themselves as primarily “good” mothers, some of whom either due to unprocessed trauma or systemic or interpersonal trauma sometimes made errors in judgment in their mothering practices. Participants even shared a number of strategies for building connection with their children, including disclosing their own childhood experiences of sexual abuse by a family member, developing family policies for open and honest communication, and sharing education and resources.

In addition to the power of connection and love in their relationships with their children, many of the participants spoke of the healing effect of watching their children grow up in a safe environment. This finding is a departure from existing literature, which focuses very little on the issue of healing and recovery. In the work that does examine recovery and resiliency, areas external to the mothering relationship itself are analyzed to determine risk and protective factors (Wright, Fopma-Loy, and Oberle, 2012). In contrast, the survivor moms in this study identified their mothering relationship as foundational towards understanding the significance of dealing with their own past experiences of abuse. They also identified the connection with their children as helping restore a sense of strength and self-worth.

The Role of Motherhood Discourse

A holistic-content analysis of participants’ narratives highlighted how motherhood discourse both propelled them towards and constrained them from engaging in healing work. A number of participants drew upon and shaped motherhood discourse as an expression of agency

and hope. However, the majority of participants often talked about motherhood through the lens of the patriarchal ideology of motherhood. This manifested in either the expression of shame for not meeting the standards of a “good” mother, or in self-sacrificing for their children such that they ignored doing their own recovery work. The influence of patriarchal motherhood ideology on the self-perceptions and experiences of survivor moms is entirely absent within the existing literature. This absence leaves a body of literature that uncritically reproduces the patriarchal institution of motherhood by not paying attention to the gendered experiences of parenting and their impact on recovery from gendered and sexualized trauma. The clinical implications of this will be further explored later in this chapter.

Reading the Major Findings through a Feminist, Relational-Cultural Lens – Highlighting Unique Contributions to the Literature

In her seminal book, *Trauma and Recovery*, Judith Herman identifies:

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation [...] The first principle of recovery is the empowerment of the survivor. (1997, p. 133)

Similarly, in writing about relational resilience, relational-cultural theorist Judith Jordan discusses how trauma, especially trauma inflicted by other humans, “interrupts our experience of relatedness and thus threaten[s] our capacity for resilience” (2004, p. 37). In particular she focuses on how the “survival skills of the incest survivor—dissociation, hypervigilance, isolation, and lack of trust”—tear survivors out of connection. Human-inflicted trauma turns relationships—the very source of growth and healing trauma survivors require—into something to be feared

and avoided (p. 37). Finally, feminist mothering writer Andrea O'Reilly identifies the relational experience of mothering as a potential source of empowerment for women (2008, p. 3).

Given that the work of such prominent feminist writers focuses on the integral nature of connection and empowerment to healing from trauma, and the potential of the mothering relationship for empowerment, I wondered if mothering might function as a site not only of challenges and risks for survivors of intrafamilial CSA (as is reported in the existing literature), but also of one of healing and recovery. Reading the findings of this study through a relational-cultural theoretical lens, I explore my conclusions regarding my original query in the remainder of this section.

Empowerment

Within the relational-cultural theoretical perspective, power is defined as “the capacity to move or to produce change” (Miller, 1991, p. 198). In her chapter, “Women and Power,” Jean Baker Miller states that in the traditional role of caregiver, women use their power to encourage the growth of others. For Miller, the act of caregiving is essentially mobilizing one’s power “to empower another—increasing the other’s resources, capabilities, effectiveness, and ability to act” (1991, p. 199). Within this framework, power, or the capacity to move or produce change in another, “represents the fundamental core of relational empowerment” (p. 168). Empowerment “is based on the capacity to turn toward and trust in the relationship to provide the ongoing” basis for a dynamic relational context (Surrey, 1991, p. 168). A relationally empowering context then provides a basis for action and empowerment in other areas of life (p. 168).

Applying this relational-cultural lens to the mothering of participants in this study indicates that many did in fact experience relational empowerment. In their interviews, the majority of participants spoke about how they used all of the resources available to them to

“break the cycle of abuse” and protect their children from harm. They also spoke about how seeing their children grow up in a safe environment different than the one they themselves had grown up in was healing, and positioned themselves as agents creating this generational shift. In relational-cultural language, participants in this study described themselves as exerting their power as mothers to make a change for their children. In turn, many of the participants spoke about how their self-worth and identity was strengthened by the unconditional love and regard of their children, as well as by the feeling of trust and closeness they experienced with their children. Each participant described their lives changing in one way or another as a result of building relationship with their children, such as reaching out for support and going to therapy, feeling better able to connect with others, and feeling more secure about themselves. The self-image and relational changes described by participants can be understood as a result of the mutual empowerment that can occur within the relational context of mothering. This suggests that given adequate support and resources, survivor moms would not only be able to reduce the mothering challenges reported by existing literature, they may also be able to experience empowerment—the core of healing from trauma.

Resilience

As discussed in the literature review in Chapter Two, relational-cultural theory defines resilience not in terms of inner individual strength in the face of adversity, but rather as “the ability to connect, reconnect, and resist disconnection in response to hardships, adversities, trauma, and alienating social/cultural practices” (Hartling, 2003, pp. 3-4). Further, as described by Judith Jordan, a relational definition of resilience differs from traditional definitions in the following ways:

- i. From *individual “control over”* dynamics to a model of *supported vulnerability*

- ii. From a one-directional *need for support from others* to *mutual empathic involvement* in the well-being of each person and of the relationship itself
- iii. From separate *self-esteem* to *relational confidence*
- iv. From the exercise of “*power over*” dynamics to *empowerment*, by encouraging mutual growth and constructive conflict
- v. From *finding meaning* in self-centered *self-consciousness* to *creating meaning* in a more expansive *relational awareness*. (2004, p. 32)

A number of participants described themselves as resilient within a traditional individualist theory of development. Laura described resilience as her “inner spark” that always helped her back up when she fell. For Sarah, resilience manifested as “toughness.” Similarly, for Amanda and Susie, resilience was described as their “strength” and capacity to make it through difficult circumstances. However, while these four participants described traditional notions of resilience, they also described their mothering experiences more generally through a framework of relational resilience. They described growth in their relationships with their children, and for many of them, these relationships were the first in which they ever felt truly connected.

Notably, two participants rejected traditional theories of resilience. Before she became a mother, Megan understood resilience as a factor preventing her from truly engaging or connecting with others, in order to self-protect. She described herself as no longer needing this survival strategy. Instead she has experienced healing and transformation both in trauma therapy and in her relationship with her son—a process of “letting go.” As she spoke of survival and resilience throughout our interview, she rejected “control over dynamics,” and described herself as going through a process of embracing vulnerability, finding meaning, mutual empathy, and “constructive conflict” in her relationship with her son. Sophia similarly described herself as

moving from an “old” to a “new” definition of resilience, as she educated herself and engaged in self-work. The “new” definition featured reaching out for support and connecting with others.

Participants, whether overtly or not, described being in a process of developing relational resilience. I argue that in developing trusting, mutual, and empowering connections with their children, they were setting the foundations for the later work of reconnection with themselves and their past experiences of abuse. The majority of participants described doing this reconnection work in therapy. A number of them also described the process of learning in therapy how not to disconnect. For instance, Laura explained how after going to therapy later on in her child’s life, she learned how to be present for the first time. Meghan described how she learned in therapy how to remain present when confronted with distressing feelings, rather than avoiding them.

In essence, for many of the participants in this study, the mothering relationship functioned as a foundational step in developing relational resilience. They described themselves experiencing and building connection with their children. This step facilitated later experiences of reconnection and learning to resist disconnection.

Healing

When asking participants about their experiences of healing, I asked them what the word “healing” meant to them, both in relation to their lives before and after becoming mothers. I chose to pursue this line of questioning so as to ascertain whether or not the word “healing” was one participants would use to describe their own experiences, and if so, how they defined it. In response, the majority of participants responded that the word healing held no significance for them in relation to their lives before becoming mothers. However, they described themselves as experiencing healing in their mothering experiences, both as a result of the unconditional love

and regard they gave to and received from their children, and from seeing their children grow up safely. This is consistent with a relational-cultural definition of healing, in which “healing is about [relational] movement” (Walker & Miller, 2004, p. 141). The majority of participants described themselves experiencing connection, love, and trust with their children, as well as developing self-worth within the context of this relationship. Within the context of a growth-enhancing relationship with their children, participants were able to experience relational movement—the foundation of healing. Given Judith Herman’s contention that the experiences of connection and empowerment are integral to healing and recovery from trauma, as well as the relational-cultural conception of healing as movement toward connection, the findings indicate that the mothering relationship can function as a source of healing.

However, as the third overarching theme of this study revealed, the healing capacity of the mothering relationship is in dynamic relationship with patriarchal motherhood ideology. The institution of motherhood both propelled and constrained participants’ capacity to heal, as many struggled to meet societal definitions of “good” mothering by selflessly mothering and avoiding doing their own recovery work.

Practice Implications

Early Intervention

Across the interviews, participants stated that they felt their experiences as mothers would have been improved had they sought professional trauma counselling before they had children, or early in their children’s lives. In particular, the majority of mothers explained that despite their goal and hard work to keep their trauma from impacting their own children, by not dealing with the abuse and attempting to leave it all behind, issues like difficulty trusting and being present nonetheless affected their children negatively. Meghan, the one participant who did

seek trauma counselling early in her child's life, shared that the combination of counselling and parenting was immensely healing for her, as she was able to take what she learned in therapy and directly apply it to her relationship with her child. Meghan's account of her experience, in conjunction with other participants' reflections upon how their mothering experiences might have been better supported and strengthened, suggests early intervention trauma counselling is key in supporting survivor moms to have a positive and empowering experience of mothering. The work of Kreklewetz and Piotrowski (1998) supports this contention, as their work described survivor moms as experiencing increased mothering confidence and abilities after attending therapy.

Relational-Cultural Individual Trauma Therapy for Survivor Moms

In the majority of interviews, participants shared their experiences of mothering in ways that were shaped by gendered discourses. As discussed in Part III of the findings chapter, patriarchal conceptions of the "good" mother as self-sacrificial often constrained participants from reaching out for the support that might have helped them to restore connection in their lives. They also spoke about how often their childhood trauma and their tendency to avoid dealing with it impacted their mothering in spite of the importance they placed on "breaking the cycle of abuse" with their children.

Relational-cultural individual therapy is particularly well suited for working with women on the interrelationship between trauma, mothering and the broader patriarchal social, political and economic context. One of the focuses of this type of therapy is on supporting women to identify and move past the gendered notion that an "ethic of caring for others" necessitates self-sacrifice (Jordan, 1991, p. 283), and to instead develop the capacity to acknowledge the equal importance of one's own experience to the experiences of others (p. 284).

RCT also focuses on the importance of developing a practice of “self-empathy” by drawing on the Other-empathy that women are socialized to practice. The development of self-empathy helps clients to empathically incorporate previously “troublesome self images” and to begin structuring more positive “relational images and self-representations” (p. 286). As self-empathy grows, the capacity to experience empathy for and connection to others is deepened. As Judith Jordan puts it, “Self-other boundaries are importantly altered here; it is not a self endangered by others and defending against others but a sense of ‘I’ that is more permeable to the ‘we,’ more available for relationship” (p. 287). Thus, relational-cultural therapy helps to restore self-image, to heal one’s perception of self in relation to others, and to build relationships based on the restored capacity to connect empathically. It does all of this with an eye to the influence of societal factors on relational experiences.

The findings from this study indicate that in addition to the focus on developing self-empathy and self-validation, an important task for the relational-cultural therapist is to pay attention to the discourse through which clients describe their experience. Attention to the ways in which research participants in this study drew upon and shaped motherhood discourse in order to make sense of their experiences highlighted that their recovery processes were both propelled and constrained by motherhood discourse. Attention to discourse in relational-cultural therapy would allow therapists to help their clients identify the influence of patriarchal ideology on their mothering experiences and work to loosen its hold. This might help to reduce the amount of shame mothers feel for not meeting the definition of “good mother.”

Relational-Cultural Group Therapy for Survivor Moms

Each of the participants in this study described feeling isolated, disconnected, and alone as a result of their experiences of childhood sexual abuse. They described a multitude of ways in which disconnection impacted their mothering.

Therapist Nikki Fedele identifies how group work is particularly well suited to fostering the relational process of moving from disconnection to mutuality (2004). She states:

Group work, with its focus on relationships, provides a special forum in which to address [...] relational restructuring. In an empathic, supportive group, women remember and talk about things they have never shared before. Women in relational groups develop clarity about their experiences and their resulting strategies for disconnection. They experience hope about mutually satisfying relationships and expand their relational opportunities. (2004, p. 197)

Fedele argues that by developing authentic connection in group therapy, women are able to begin reflecting on their usual strategies of disconnection from within the therapeutic safety net.

Within a relational-cultural therapeutic group, the experience of similarity creates a safer space for difficult relational work. Early research in this area suggests that homogenous groups better facilitate the creation of a safe relational space and the possibility of empowerment and validation (2004, p. 203). Given past criticisms of RCT for being based in the experiences of white, middle class women (Enns, 2004; Jenkins, 2000), and as well that this research is based on the experiences of six white women, it is of particular importance to qualify this notion of safety in homogeneous groups.

Following the criticisms of the original “Self-in-Relation” theory for inadequately addressing the experiences of marginalized women, relational theorists began intentionally

exploring how this new theoretical framework could more adequately represent the experiences of women from diverse backgrounds (West, 2005). Through this exploration has come a new wave of research and theory that focuses more overtly on how the context of individuals' lives—especially experiences of “oppression, marginalization, and social stratification” (Frey, 2013, p. 178)—impacts their capacity to build growth-fostering relationships (Comstock et al., 2008). In this more recent manifestation, relational-cultural theory has also focused more explicitly on the ways in which the social and cultural contexts of individuals' lives intersect to uniquely impact strategies of disconnection. In keeping with feminist therapeutic approaches, RCT now places marginalization and oppression at the forefront of analyses of relationship and connection, and emphasizes the connection between “personal issues and broader sociopolitical and socioeconomic considerations” (Frey, 2013, p. 177).

Theorists and researchers working within the relational-cultural theoretical framework consider how marginalization, oppression, and unexamined privilege are often at the root of disconnection, both between clients and their therapists, and between clients in group therapy. For instance, past experiences of abuse, oppression, and injustice reduce racialized women's capacity to trust in the possibility of mutual and empowering relationship with white women (Comstock et al., 2008, p. 283). RCT views this lack of trust as a rational response to the context of racialized women's experiences, and offers several strategies for therapists to help clients work through “historical mistrust” to build restorative connection:

- i. Develop and practice cultural competence;
- ii. Develop a practice of self-reflection on privilege and personal strategies of disconnection (a list of questions to guide this self-reflection was developed by Comstock et al. (2002), and can be found in Appendix D);

- iii. Discuss with clients how the desire to connect with others is impacted by “fear, shame, suspicion, and mistrust,” and that these experiences are shaped by broader social and cultural contexts (a list of questions to guide this process can be found in Appendix E);
- iv. Help clients to identify psychological and contextual barriers to mutuality. (p. 284)

The notion of safety in homogenous RCT groups refers not to the creation of exclusionary groups for heterosexual, white, able-bodied, middle-class women, then, but to the creation of groups for all women with the shared experience of childhood sexual abuse by a family member. RCT theorists have identified building restorative connection across experiences of marginalization and oppression as important but difficult relational work, but work that is possible to do when there are common experiences between individuals. In keeping with the preceding example, racialized group members may experience isolation and disconnection in an RCT group for survivor moms, based on “historical mistrust” and on the unexamined privilege of white group members. However, the commitment of an anti-oppressive, self-reflective, relational-cultural group therapist would help to explore these disconnections, both interpersonally and contextually. If adequately supported and processed within the group, experiences of isolation and disconnection in group therapy related to privilege, oppression and marginalization may become part of a movement toward developing mutual empathy and relational resilience (Comstock et al., 2002, p. 260).

Relational-cultural therapeutic groups created specifically for mothers who have experienced childhood sexual abuse by a family member might help survivor moms to: identify sources and strategies of disconnection; learn and practice their relational skills; normalize their mothering experiences by connecting with other mothers; and help them to understand the ways that patriarchal ideology shapes their experiences of disconnection.

Research Limitations

Due to the time constraints of the graduate thesis stream in Wilfrid Laurier University's Faculty of Social Work, as well as my choice to work within a narrative methodological framework, the size and scope of this project is small and relatively homogenous. I had to complete recruitment and interviews within a two-month period. Time limitations were further intensified by my choice to primarily recruit participants from one social service agency, which was short-staffed due to vacations, and in the midst of a staffing transition. Since my main focus was simply finding enough participants within the allotted time frame, I was unable to ensure that a diversity of participants was represented in the study. With the exception of one, all participants who provided demographic information identified as Caucasian and heterosexual. This study, while importantly introducing a gender analysis to the existing body of literature, is nonetheless missing an analysis of race, class, sexuality, and other forms of marginalization, and their impact on mothering.

Recommendations for Future Research

There are three major areas of research that should be further examined in order to lend authority to the exploratory findings of this study.

First, the relational framework of resilience and empowerment that frames the findings of this study is not otherwise studied amidst the existing literature. Future research will need to examine the restorative potential of connection that has been explored in this thesis. In particular, I recommend a long-term mixed-methods study of survivor moms, examining their relational experiences with their children. The study would compare two sample groups: survivor moms of young children, and survivor moms of teen-adult children. In examining survivors' relational experiences pre- and post- trauma counselling, the study would compare the efficacy of early

therapeutic intervention to intervention conducted later in life. This study design would address the “limitation” of retrospective research, as identified by some researchers within the existing literature (DiLillo & Damashek, 2003). It would include a self-report and in-depth interview regarding participants’ relational experiences pre- and post-counselling, with a particular focus on disconnection and isolation and their impact on mothering. The pre-and post- self-report and interview data of the two sample groups would then be compared in order to determine the extent to which relational trauma counselling improves the mothering experience, and whether counselling during their children’s early years is more or differently beneficial to the mother’s experience than counselling later in life.

Second, an analysis of the impact of patriarchal motherhood discourse on mothering experiences arose out of a holistic-content analysis of participants’ narratives in this study. As the first narrative study conducted within this field of research, however, the findings are far from exhaustive. Future narrative research focused on discourse analysis will underscore the integral nature of examining survivor moms’ worldviews through their use of language during therapy.

Third, there is a need for research that captures the similarities and differences in mothering experiences across diverse groups of women. Relational-cultural theory understands that the relational context of women’s lives is impacted by the broader social, political, and economic systems of which they are a part. While this theory informed my analysis of gendered language and the role of patriarchal motherhood discourse in shaping survivor moms’ experiences, I was unable to extend this analysis to other forms of marginalization due to the relative homogeneity of my sample.

Conclusion

Existing literature on the subject of mothering as a survivor of intrafamilial childhood sexual abuse is conducted within a risk-oriented, individualizing, and gender-blind framework that largely pathologizes the mothering practices and experiences of survivor moms. This research project has introduced a feminist, relational-cultural theoretical framework to this body of literature in order to determine if mothering might function not only as a site of risk and struggle, but also as one of resilience, empowerment, and healing.

Guided by the research question, “how do women who have experienced intrafamilial childhood sexual abuse encounter motherhood and their mothering relationship with their children?” this research project conducted in-depth one-to-one interviews with six mothers who had experienced childhood sexual abuse by a family member. Contrary to much of the existing literature, participants in this study indicated that their relationships to mothering are dynamic, complex, and not at all pre-determined. Survivor moms interviewed in this study encountered many challenges that are consistent with some of the existing literature, including difficulty trusting and connecting, and being overprotective of their children. However, they also described experiencing personal and relational transformation and empowerment both within their mothering experiences, and as a result of them. The relational experience of mothering, while perhaps disproportionately challenging for some survivor moms, can also function as a foundation for healing, resilience, and empowerment.

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Appendix A

INFORMED CONSENT STATEMENT

WILFRID LAURIER UNIVERSITY

Project Title: From Determinism to Empowerment: An analysis of the mothering experiences of women who have experienced child sexual abuse in their families

Principal Investigator: Eva Burrill, MSW (Candidate)

Advisor: Shoshana Pollack, PhD

You are invited to participate in a research study. The purpose of this study is to look to the storied experiences of mothers who experienced child sexual abuse (CSA) in their family of origin to determine whether, and under what conditions, motherhood might foster empowerment and/or healing. Eva Burrill, the principal investigator in this research study, is a student in the two-year Masters of Social Work program at Wilfrid Laurier University (WLU), and is conducting this research toward the completion of her graduate thesis. Dr. Shoshana Pollack, the advisor on this project, is a professor in the Lyle S. Hallman Faculty of Social Work at WLU.

INFORMATION

Participation in this study is voluntary. Your information and participation will not be shared with service providers. Your decision whether or not to participate will in no way effect your ability to continue to access services you receive from the agency that informed you of this study. If you have indicated interest in participating in this research project and have been selected by the researcher, you will be asked to do an interview. The interviews will conducted in an open-ended, conversational style, and you will be asked questions about your experiences as a mother and if and/or how your mothering experiences have felt empowering. You will not be asked questions about the abuse itself.

There will be 5-6 participants being interviewed in this research project. Interviews will take place in a private setting of the participant's choice. Each interview will take approximately 1-2 hours and will be audio recorded and transcribed by the researcher. This is your story. It is therefore your *right* to decide whether or not you wish to be audio-recorded and/or to ask that the audio recorder to be turned off at any point during the interview. Should you at any point ask for the recorder to be turned off, the researcher will, with your permission, take handwritten notes. It is also your right to refuse to answer any questions during the interview and to end the interview at any time.

IDENTIFICATION OF THE RESEARCHER

Eva Burrill (MSW, Candidate), the researcher for this project, has a background in Women's Studies and Sociology from Dalhousie University. She is interested in learning more about what helps empower women survivors of childhood sexual abuse. In particular she is interested in

developing trauma-informed mother-support services, and believes that this work must start with women voicing their own experiences, reflections, and ideas for how mothers who have experienced gendered and sexualized violence can be better supported.

RISKS

You will be asked to share your experience of mothering as a survivor of child sexual abuse by a family member. There may be times that you feel distressed during the interview. In the event that you experience distress, the researcher has compiled a list of resources she may refer you to if needed.

BENEFITS

Your participation in the study will enhance our knowledge of how survivors of childhood sexual abuse in their families experience mothering and may assist in advocacy and development of appropriate trauma-informed supports.

The researcher will reimburse any transportation costs involved in travelling to the chosen interview location, including cost of gas and/or bus fare. The researcher will also cover the cost of your childcare during the interview process.

CONFIDENTIALITY

The interviews are for research purposes only. Interviews will be kept confidential, and will be accessible only to you, the researcher, and the research advisor. Information you share in the interview will be included in the researcher's master's thesis. However, responses will be kept confidential by: using a fake name chosen by you; excluding identifying information from quotations used in the written thesis and presentations about the thesis; keeping audio recordings on a computer that requires a password; keeping hand-written interview and transcription notes in a locked filing cabinet, and keeping a master list of your contact information and other necessary identifying information on a computer that requires a password. The researcher will contact you to determine if you wish to review the quotations to be published; it is ultimately your decision what information becomes public. If you indicate that you would like the opportunity to review your quotations, the researcher will send them to you for review via e-mail. The researcher will not proceed with publication before obtaining your approval via e-mail or telephone. Should there be any changes throughout the course of the research project that are relevant to your decision to continue or withdraw consent, the researcher will inform you in a timely fashion.

In case of future research project or publication opportunities, the researcher will keep your interview transcripts after the thesis has been completed; the audio recording itself will be deleted. Should you decide to withdraw your consent at any point in time, however, the researcher will delete your information and any files pertaining to your interview. In the event that you withdraw consent after the thesis has been published, the researcher will delete your interview recording, transcriptions and notes, but will not be able to change your published information.

This research will be used for the completion of a master's thesis report and defense at the Lyle S. Hallman Faculty of Social Work at Wilfrid Laurier University. The final written thesis will be printed and kept on file at Wilfrid Laurier University, where others will have access to it. If you would like your own copy of the final thesis, the researcher will provide you with one, free of cost in Spring 2015.

Limits to Confidentiality

Your name and other confidential information will not be released unless it is required in one of the following circumstances:

- i. If someone is in imminent physical danger, and the information you have shared could prevent the harm from occurring (suicide or homicide)
- ii. If there is risk to a child under the age of 16 (this includes abuse, neglect, abandonment, and/or witnessing violence)

CONTACT

Should you have any questions or concerns about the study, you may contact the researcher, Eva Burrill, by e-mail at burr1190@mylaurier.ca, or by phone at 519-998-1244. This project has been reviewed and approved by the University Research Ethics Board at Wilfrid Laurier University. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, by phone at 519-884-1970, EXTENSION 4994 (6), or by e-mail at rbasso@wlu.ca.

CONSENT

Having read and understood the above information, I now agree to participate in this research study. I have been given a copy of this informed consent form to keep for reference.

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

I give permission for direct quotations from my interview to be used in the publication or published presentation of this research study.

Yes No

Signature: _____

Date: _____

Appendix B

INTERVIEW GUIDE

I'd like to ask you some questions about your mothering experience as a survivor, but first I'd like to know a bit about what your life was like before you became a mother.

Can you tell me a bit about what your life was like before you became a mother?

Probes: self-image, relationships, community membership, community resources/services accessed

How did being a survivor of child sexual abuse by a family member influence or impact your life before you became a mother?

Probes:

- do you feel like your childhood experiences played a part in your life before becoming a mother?
- what were your perspectives on family? On relationships (i.e. intimate relationships, friendships)?
- if you could use one word to describe your process of change and growth before you became a mother, what would it be? Can you tell me a bit about what that word means to you/why it speaks to you?
- does the word "healing" mean anything to you in relation to that part of your life? How about the word "resilience"?

I wonder if you could tell me a bit about what mothering has been like for you...

Probes:

- what does being a mother mean to you? Has being a mother been different than you thought it would be? If so, can you tell me a bit about that?
- have your childhood experiences played a part in your mothering experience?
 - if your childhood experiences played a part in your life before becoming a mother, do you feel as if they played a different part in your life after you became a mother?
- do you feel like you've changed since becoming a mother? If so, can you tell me a bit about it?
 - The way you engage with your self and your past? Have you learned anything about your self? (i.e. emotionally, psychologically, behaviourally, attitudinally)
 - has the way that you engage in relationships with the people in your life changed since you became a mother?
 - has your definition of and perspective on family shifted at all?
- if you had to use one word to describe your process of change and growth while mothering, what would it be? Can you tell me a bit about what that word means to you/why it speaks to you?
- does the word "healing" mean anything to you in the context of mothering? How about the word "resilience"?

As you speak about your experience of being a mother, what are some of the biggest things that stick out to you?

Probes: key/most impactful moments, hardest experiences, most positive experiences

-if life has changed for you since becoming a mother, what do you think it is about motherhood that contributed to that change?

-are there any resources, services, or relationships that you found/find really helpful in supporting you to mother your child? If so, what about them do you think has been helpful?

-are there any resources, services, or relationships that you found really unhelpful/harmful to your mothering experience? If so, what do you think could have helped you to have a different mothering experience?

-if you could tell future mothers who are survivors about your experience of mothering, what sticks out to you as the most important knowledge to share?

-if you could tell future service providers and professionals about your experience of mothering, what sticks out to you as the most important knowledge to share?

APPENDIX C



June 13, 2014

Dear Eva,

REB # 4076

Project, "From Determinism to Empowerment: An analysis of the mothering experiences of women who have experienced child sexual abuse in their families"

Expiry Date: May 30, 2015

The Research Ethics Board of Wilfrid Laurier University has reviewed the above proposal and determined that the proposal is ethically sound. If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable ethical norms, please submit a "Request for Ethics Clearance of a Revision or Modification" form for approval before the changes are put into place. This form can also be used to extend protocols past their expiry date, except in cases where the project is more than two years old. Those projects require a new REB application.

Please note that you are responsible for obtaining any further approvals that might be required to complete your project.

If any participants in your research project have a negative experience (either physical, psychological or emotional) you are required to submit an "Adverse Events Form" within 24 hours of the event.

According to the Tri-Council Policy Statement, you must complete the "Annual/Final Progress Report on Human Research Projects" form annually and upon completion of the project.

All the best for the successful completion of your project.

Yours sincerely,

A handwritten signature in black ink that reads "Robert Basso".

Robert Basso, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University

APPENDIX D

Relational-Cultural Therapist Self-Reflection Questions

1. What are your strategies for disconnection, and how are they exercised in relationships with others who are culturally different from yourself?
2. What do these strategies look like in your personal and counselling relationships?
3. What are some of your relational and controlling images, and what experiences have helped to shape these images?
4. How have these images affected your capacity to create and maintain mutually empathic, growth-fostering relationships with others who are culturally different from yourself?
5. What parts of your authentic experiences do you leave out of relationships?
6. In terms of authentic relationships, how do you name and deconstruct obstacles to mutuality in your personal and counselling relationship(s)?
7. What are some sociocultural influences that have affected your capacity/ability to develop and maintain mutuality in your relationships?
8. In response to sociocultural influences, what strategies have you used for survival? For resistance? For managing shame? (Comstock et al., 2002,
9. How does the sociocultural makeup of various relational contexts affect your sense of safety regarding authentic relating and mutual engagement?
10. What relational strengths do you possess that complement the multicultural counselling competencies that were developed by AMCD and formally endorsed by the American Counselling Association (Sue et al., 1991)? (Comstock et al., 2002)

APPENDIX E

Orientation Guide: Introducing Group Members to Relational Process

1. What are your strategies for disconnection and how might they be exercised in the group?
2. Given your strategies for disconnection, how have you experienced the central relational paradox?
3. What are some of your relational images, and what experiences shaped these images?
4. How have these relational images kept you out of connection, and how might they affect your participation in this group?
5. What part(s) of yourself have you left out of relationships?
6. How has inauthentic relating affected your sense of self-worth and relational confidence?
7. In terms of authentic relating, what parts of yourself will you be challenged to bring into the group?
8. What are some sociocultural influences that have affected your capacity/ability to develop/maintain mutuality in your relationships?
9. In response to such sociocultural influences, what types of strategies have you used for survival? For resistance? For transformation? For managing shame?
10. How does the sociocultural makeup of the group affect your sense of safety regarding authentic relating and mutual engagement?
11. What relational strengths do you bring to the group?