

**THE EXPERIENCE OF MOTHERING PRESCHOOL CHILDREN  
FOR  
WOMEN WHO WERE SEXUALLY ABUSED IN CHILDHOOD**

by

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### **Abstract**

The present study explored the experience of mothering preschool children for women who have histories of childhood sexual abuse. Previous research in this topic area has identified many long term negative effects of sexual abuse (Browne & Finkelhor, 1986; Courtois, 1988). In particular, the negative effects on the survivors' relationships have been noted (Briere, 1989; Gelinas, 1983). However, research in the area of the adult survivors relationships with their children is limited and in some cases is flawed by a mother-blaming bias (Burkett, 1991). By focussing on the mother's subjective point of view, the current research attempted to describe this phenomenon and understand it more fully. An existential phenomenological research method was employed in order to attain these goals. Seven participants volunteered to take part in this research and were asked to describe their experiences while mothering their preschool children. These unstructured interviews were audio-taped, transcribed and analyzed for common themes.

Mothering, for these participants, was revealed to be a complex, intense and transformative experience. The following themes were found to be present in these mothers' experiences: 1) the experience of being overwhelmed, 2) the experience of fearing for their children's safety, 3) the experience of self-doubt and uncertainty, 4) the experience of needing to withdraw, 5) a sense of needing to break with the past, 6) a sense of evolving as a mother, and, 7) a sense of child a catalyst in healing. The results of this research have several implications for future research and counselling. In particular, the healing potential of the mother-child relationship for women who were sexually abused as children is suggested by these findings.

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## Chapter One

### INTRODUCTION

#### Statement of the Problem

Before the mid-1970's, aside from infrequent references in psychiatry (e.g. Rascovsky & Rascovsky, 1950; Weiner, 1962), child sexual abuse was considered an extremely rare occurrence in our society (Weinberg, 1955). Freud had, in fact, documented the sexual abuse of several of his female clients at the turn of the century and had developed his seduction hypothesis based on these accounts (Masson, 1984). Under pressure from his colleagues, however, he rejected this hypothesis and instead interpreted the women's stories as childhood Oedipal fantasies (Rush, 1980). In so doing, Freud suppressed the truth about the prevalence of child sexual abuse and his actions contributed to the pervasive secrecy surrounding this problem in society.

The most recent wave of feminism has brought revolutionary changes to society's perception of child sexual abuse. An increased awareness of patriarchal oppression has freed many women to speak out about the abuse in their lives. "Social and personal denial and suppression of such abuse have given way to acknowledgement and validation" (Courtois, 1988, p.5). It has become apparent that child sexual abuse is neither extremely rare nor is it an irrelevant issue in our society. Sandra Butler's book The Conspiracy of Silence (1978) and Judith Herman's book Father-Daughter Incest (1981) were crucial in breaking the silence surrounding this issue. They documented the experiences of victims and provided a feminist analysis of the causes of child sexual abuse. Their work became a foundation for future research.

With the growing recognition of child sexual abuse as an important social problem in the last twenty years, a body of literature that examines the various facets of child sexual abuse has begun to grow along with increasing societal awareness. Important contributions to knowledge in this area have been made by many researchers and clinicians (e.g. Butler, 1978;

Courtois, 1988; Finkelhor, 1979, 1984; Herman, 1981, 1992; Sgroi, 1982, 1988; Summit, 1983). Their research has generated information on the dynamics and effects of child sexual abuse as well as on possible treatment approaches for victims of child sexual abuse.

Literature that focuses on adult survivors of child sexual abuse represents one facet of this topic area. Addressing the negative after-effects for adults who were sexually abused as children has been the aim of both the research-based literature (Briere & Runtz, 1986; Browne & Finkelhor, 1986; Fromuth, 1986; Scott & Stone, 1986; Wyatt & Powell, 1988) and the treatment-oriented literature (Briere, 1989; Courtois, 1988; Meiselman, 1990) in this area. According to these studies, adult survivors are known to suffer from emotional, physical and developmental difficulties ranging from depression and phobias to migraine headaches and poor self esteem many years after the abuse has stopped. The concept of post traumatic stress (Herman, 1992) helps explain the existence of long term effects of sexual abuse in adults.

The negative effects of sexual abuse on the survivor's relationships have also been noted in some of the literature (e.g. Briere, 1984; Gelinas, 1983; Browne & Finkelhor, 1986) in which problems with intimacy, fear and mistrust are identified. Literature that focuses specifically on the survivor's relationships with her children indicates that mothering in particular can be a stressful and difficult experience for adult survivors because of the issues of intimacy, boundaries and emotional strain that are raised in this relationship (Bass & Davis, 1988; Courtois, 1988; Gelinas, 1983). However, positive aspects of mothering and the potential this experience offers for personal growth for sexual abuse survivors are also noted by some authors (e.g. Bass & Davis, 1988). The literature suggests that the survivors' relationships with her children are significant and can evoke particular issues for the survivor that are important to explore and understand.

Literature on child development (e.g. Bowlby, 1969; Mahler, Pine & Bergman, 1975; Winnicott, 1982) and literature addressing the transition to motherhood (Llewellyn & Osborne,



1990; Block, 1990) provide additional support for the suggestion that it is important to understand the survivor's relationship with her children and the impact her children can have on her. Becoming a mother and caring for small children introduces many changes in a woman's life and sometimes has the potential to bring up old conflicts and concerns for the mother (Benedek, 1970; Block, 1990). Issues surrounding intimacy and separation that characterize the mother-child relationship may be particularly salient for mothers who were sexually abused, because of the invasive nature of their abuse. Information about how the many issues associated with mothering affect the survivor is particularly needed, to better understand the needs of the survivor in relationship to her children.

The limited available research on the sexual abuse survivor and her children has largely been concerned with documenting and examining the survivor's potential to abuse her own children (e.g. Burkett, 1991; Goodwin, McCarty & Di Vasto, 1989). Societal expectations that mothers should always be nurturing, self-sacrificing and should be the primary caretakers of their children (Braverman, 1988) as well as assumptions that sexual abuse survivors are psychologically flawed or inadequate for this task (Ehrenreich & English, 1979) have influenced much of this research. These assumptions are biased, however. The research that rests on these assumptions is inevitably flawed by the same bias (Avis, 1988). Other research in this area has examined aspects of the survivor's parenting such as acceptance and control of her children and the survivor's feelings of adequacy in her mothering role (Cole & Woolger, 1989a; Cole, Woolger, Power & Smith, 1992). This research has been narrow in focus and has resulted in very limited findings that suggest the survivor may have difficulties with promoting autonomy in her children. This research leaves many significant aspects of this complex relationship unexplored.

Efforts to examine this issue have taken place largely in the absence of information from the survivor about what it is like to be a mother. Some phenomenological research on the experience of mothering for women in general (Bergum, 1989; Zimmer, 1990) has used the

women's subjective point of view as a valid source of knowledge. This research emphasizes the necessity of similar research on women who were sexually abused as children. One exploratory study that included the sexual abuse survivor's perspective on mothering had some success in shifting and broadening the focus of research to exploring the mother's perspective (Cohen, 1987). Cohen interviewed 17 sexual abuse survivors who were mothers in a phenomenological study that examined the experience of motherhood for these participants. However, to date an understanding of the abuse survivor's experience of mothering is very limited.

To summarize, literature on the long term effects of sexual abuse, the transition to motherhood, and child development suggest that the survivor's relationship with her child may be highly significant to her, that it may raise unique challenges for her, and that it could potentially bring up issues for her that are related to her history of abuse (Bass & Davis, 1988; Benedek, 1970; Gelinas, 1983; Herman, 1992). Research on the survivor's relationship with her children, however, has not been successful in shedding light on the nature of this relationship, the meaning of this relationship to survivors or the issues and concerns that it raises for survivors. In some cases, a biased emphasis on the survivor's abusiveness (Burkett, 1990; Goodwin et al., 1989) has pre-empted the consideration of issues which may be particularly relevant to the survivor's relationship to her children. In other cases, quantitative research designs (Cole & Woolger, 1989a; Cole et al., 1992) inhibited a broad exploration of this relationship; exploration that is required in order for the richness and complexity of the mothering experience of survivors to be more fully understood. In all of this research, an exploration of the subjective experience of the mother has been ignored. By shifting the focus of the research to the mother's perspective on this relationship and exploring what it is like for the sexual abuse survivor to mother, the imbalance and biased assumptions that exists currently in the literature may be addressed.

Isolated examples of research on sexual abuse survivors' experience of mothering

(Cohen, 1987) suggest that in addition to including the mother's perspective, research in this area that is exploratory in nature has the potential to tap into the broad range of themes that anecdotal and treatment material indicate may be relevant for survivors who are mothering. Thus, research that is exploratory in nature and probes the mother's subjective experience and the meaning she attributes to her mothering may elicit a broader range of issues and concerns than has previously been accessed and, thus, contribute to the construction of a more complete picture of this phenomenon. The experience of sexual abuse survivors that are mothering preschool children is one area that may be particularly important to understand because of the dynamics of the mother-child relationship at this stage in the child's development.

### Definitions

Broadly defined, sexual abuse is any sexual activity between a child and an adult (Sgroi, 1982). More specifically, sexual abuse includes a range of behaviours from fondling, exposure and masturbation to oral, anal and vaginal intercourse. From a legal perspective, incest is one particular kind of sexual offence where sexual intercourse occurs between blood relatives (Wells, 1990). A psychological and clinical perspective, however, calls for a broader definition that takes into account the violation and exploitation experienced by the victim.

Courtois and Watts (1982) point out that for children, sexual contact is damaging whether or not they are actually related to the abuser. The elements that make sexual contact abusive are the exploitation of the child's trust, the adult's abuse of power, and the child's inability to give consent by virtue of his/her relatively powerless state (Courtois, 1988). As Gelinas (1983) states, "it is the relationship, not the biology, that is betrayed" (p. 313). There is a power inequity inherent in all adult-child relationships. Therefore, for the purpose of the present research, the definition of sexual abuse is any sexual activity between a child and an adult where the adult is in a position of trust and/or authority regarding the child. This definition can include sibling abuse if "there is an unequal power relationship between the two siblings by

virtue of differences in age, size, family position, etc." (Goodman & Nowak-Scibelli, 1985, p. 534).

The term "sexual abuse survivor" has evolved to identify a person who is an adult now and experienced sexual abuse as a child (Courtois, 1988). Use of this term remains controversial because it tends to promote a one-dimensional view of women who have been sexually abused and minimizes other aspects of her identity.

### **Incidence and Prevalence**

It is difficult to estimate the prevalence of child sexual abuse. This is partly due to the fact that sexual abuse victims are not an easily identifiable population. In addition, the use of differing definitions of sexual abuse in the research contributes to the problem of estimating how common sexual abuse is in our society. Several surveys have been conducted in an attempt to determine prevalence, which have produced a range of statistics. Finkelhor's survey (1979) of 530 female college students indicated that 18% were victims of incest. Russell (1986) found, in her survey of 930 randomly sampled women from San Francisco, that 16% reported having been sexually abused by a relative before the age of 18. In Canada, Badgely (1984) conducted a cross-country survey with a random sample of 1,008 adults. This survey revealed that 34% of women and 13% of men had unwanted sexual contact before the age of 18. Varying operational definitions of sexual abuse for each of the above surveys make it difficult to compare results. However, overall the research indicates that between 1 in 3 and 1 in 5 women are sexually abused as children.

Both Russell (1986) and Badgely (1984) found that the vast majority of incest perpetrators are male. Russell places the estimate of the percentage of offenders that are male at between 80% and 95%. Russell (1986) and Badgely (1984) also found that the victims of child sexual abuse are predominantly female. While it is acknowledged that women are offenders in some cases and that boys are also victimized, this research limited its focus to the

more typical profile of the male offender and the female victim, particularly in light of the research focus on the experience of mothering for women with histories of sexual abuse.

### **The Purpose of the Study**

It was the purpose of this research to explore the phenomenon of mothering for women who were sexually abused as children. Descriptions from the mother's point of view of what it is like for survivors of sexual abuse to mother young children are lacking in the research literature. The current inquiry attempted to address this gap in the research. Thus, the question that guided this research was: **What is the experience of mothering preschool children for women who were sexually abused in childhood?**

The present research has the potential to contribute to theory, research and clinical practise. As the meaning and significance of the experience of mothering for sexual abuse survivors is described and understood more fully, theories on the long term effects of sexual abuse can be further developed and expanded to more accurately reflect the reality of the lives of women with histories of sexual abuse. The exploratory nature of this research project means that it is possible for issues and themes related to this topic that have not yet been raised to be brought to light thus raising further questions and stimulating further research in this field. Also, since relationship problems are frequently addressed during therapy with women who were sexually abused as children (Courtois, 1988), the information gained from this research may be capable of aiding clinical practitioners to work effectively with these women and the issues surrounding their relationships with their children.

## Chapter Two

### REVIEW OF THE LITERATURE

#### The Dynamics of Sexual Abuse

Some common dynamics of child sexual abuse have been reported by Finkelhor (1984) and Sgroi (1982) based on their clinical work and on their research. Sgroi (1982) describes child sexual abuse as commonly occurring in phases of gradual engagement whereby the perpetrator may initially expose himself to the child or kiss her inappropriately and gradually move to more direct sexual contact such as masturbation and/or intercourse. Force is used in a small number cases and mostly where the child is older and less compliant (Russell, 1986). The abuser's position of power makes it more likely that he will only have to use bribes, tricks or coercion to get a younger child to comply and keep the abuse a secret. Gelinas (1983) notes:

it is easy to gain the compliance of a young child by misrepresenting sex as affection or training, by threats and by exploiting the child's loyalty, need for affection, desire to please and especially trust of the parent (pp. 313-4).

Secrecy is an important dynamic of child sexual abuse (Finkelhor, 1984; Summit, 1983). The abuser's position of authority vis a vis the child and the child's position of powerlessness, as well as her feelings of fear, loyalty, and shame work together to maintain the secrecy. Given these dynamics, it is not uncommon for a child to be abused repeatedly over a period of several months or years (Russell, 1986) or for several siblings from the same family to be abused by the same perpetrator (Herman, 1981).

Another aspect of child sexual abuse is the traumatic impact it has on child victims. Based on their own work and on the available literature, Finkelhor and Browne (1985) developed a theoretical model to analyze the experience of child sexual abuse in terms of its potential to psychologically damage the child. This model is also very useful for guiding the treatment of child victims of sexual abuse. Finkelhor and Browne identified the following four

"traumagenic dynamics" (p. 531) of sexual abuse or four trauma-causing aspects of sexual abuse: **Traumatic sexualization**, the inappropriate and dysfunctional shaping of the child's sexuality by the sexual abuse experience; **Betrayal**, the trauma a child experiences when she discovers that someone she trusted has harmed her or failed to protect her; **Powerlessness**, the erosion of the child's sense of self-efficacy by repeated invasion of her body against her will; and **Stigmatization**, the sense of shame and guilt the child experiences regarding the sexual abuse. According to Finkelhor and Browne (1985), these central features of the experience of sexual abuse have the potential to alter the child's emotional and sexual development, her cognitive functioning, her world view and her self-perceptions, and underlie the broad range of negative consequences for children who are sexually abused.

In summary, the literature on the dynamics of child sexual abuse indicates that sexual abuse is commonly a gradually escalating, secretive, and traumatic experience for a child. This literature provides a context for examining the topic of women with histories of sexual abuse and their experience of mothering. Adult survivors who are caring for their children suffered traumatic experiences when they were children, experiences that had a significant and negative impact on them. Many victims of child sexual abuse carry the secret of their abuse and the trauma of this experience with them into adulthood (Bass & Davis, 1988; Courtois, 1988).

### **The Long Term Effects of Sexual Abuse**

Literature on the long-term effects of sexual abuse indicates that when the trauma of childhood sexual abuse remains unresolved, it can produce serious negative consequences for the adult woman that frequently impairs her ability to function (Briere, 1984, 1989; Browne & Finkelhor, 1986; Courtois, 1988; Haugaard & Repucci, 1988; Jehu & Gazan, 1983; Meiselman, 1978, 1990; Scott & Stone, 1986; Wyatt & Powell, 1988). This review of the literature on the long term effects of sexual abuse will, first of all, identify and describe several areas of the survivor's life that have been found to be affected by sexual abuse. Literature that examines

the after effects of sexual abuse on the survivor's relationships in general and on her relationships with her children in particular will be reviewed in depth because of the particular relevance of this literature to the proposed research. Finally, literature that attempts to explain the occurrence of long term effects of sexual abuse through a conceptual framework will be reviewed.

Literature that examines the long-range effects linked to sexual abuse has been summarized and reviewed by several authors (Browne & Finkelhor, 1986; Courtois, 1988; Haugaard & Repucci, 1988; Jehu & Gazan, 1983; Meiselman, 1990). These overviews indicate that the long-term effects of sexual abuse can be organized into several categories: emotional effects, effects on self-perception, effects on sexuality, physical/somatic effects, effects on social functioning and effects on relationships. It is important to note that these after effects have a wide range in the severity with which they are experienced by adult women who were abused as children. The severity with which they are felt depends on a variety of factors surrounding the initial trauma and the victim's support network (Browne & Finkelhor, 1986; Courtois, 1988).

In their review of the research on the after effects of sexual abuse, Browne & Finkelhor (1986) found that depression was the most commonly cited emotional impact of sexual abuse. For sexual abuse survivors, feelings of powerlessness and hopelessness can have a paralysing effect on them emotionally (Bagley & Ramsay, 1986). Suicidal thoughts and suicide attempts are not uncommon expressions of the hopelessness that survivors feel (Briere & Runtz, 1986). Anxiety is another common long term effect of sexual abuse (Briere, 1984). This anxiety can take the form of generalized fear and tension as well as more specific fears and phobias (Courtois, 1988).

Another area in which sexual abuse can affect the adult survivor is in the area of self-perception (Courtois, 1979; Herman, 1981). The image that survivors have of themselves is often a negative one. This negative self-concept is characterized by low self-esteem and feelings of guilt and shame because of having "incorporated a marked sense of badness"



(Courtois, 1988, p. 105). The negative self-image of women who have histories of abuse is sometimes fed by their belief that they are to blame for the abuse because they did something to precipitate or invite it (Meiselman, 1990).

The after effects of sexual abuse include a variety of somatic complaints such as chronic pain, migraine headaches, respiratory complaints, gastro-intestinal and gynaecological problems (Courtois, 1988). Courtois (1988) suggests that these problems are linked to survivors' feelings of self-blame and self-hate. She writes, "many survivors feel betrayed and disgusted by their bodies; they both extend their self-hatred somatically and use their bodies to manifest these feelings" (p. 106). The existence of sexual problems has also been noted by several researchers (Courtois, 1979; Meiselman, 1978; Westerlund, 1992). Some more common sexual problems include avoidance of sexual contact and/or compulsive sexual contact, arousal and orgasmic inhibitions, flashbacks during sex, feeling numb, and physical pain.

These after effects are capable of producing serious impairments in personal and social functioning. They put survivors at increased risk for substance abuse, eating disorders, self-mutilation, psychiatric illnesses, medical problems, and learning difficulties (Briere, 1989; Browne & Finkelhor, 1986; Fromuth, 1986). Browne and Finkelhor (1986) conservatively estimate that 40% of women who were abused as children experience negative effects to the degree that therapy is required.

**Long Term Effects on Relationships.** Research indicates that sexual abuse can result in a variety of interpersonal problems for women with histories of sexual abuse (Briere, 1984; Jehu, Gazan, & Klassen, 1985). An extensive study by Briere (1984) conducted at a community health centre with 153 female subjects revealed that fear is a prominent relational problem for sexual abuse survivors. In response to a questionnaire, 48% of the women with sexual abuse in their pasts said they were afraid of men; only 15% of the women without abusive pasts said they were afraid of men. Similarly, 12% of sexual abuse survivors said they

had a fear of women and only 4% of non-abused women said they were afraid of women. More specifically, fear and conflict in intimate relationships appear to be problems for women who were sexually abused. Meiselman (1978) reports that in her clinical sample of 58 sexual abuse survivors and 100 control subjects, 64% of women with histories of sexual abuse and 40% of control subjects complained of conflict with or fear of their husbands or sex partners.

The themes of fear, distrust and conflict are elaborated on in a study by Jehu et al. (1985). These researchers interviewed 22 women who had been sexually abused. Problems in relationships were cited by the majority of the women. These problems included limited social skills (82%), feeling different from others (82%), mistrust of others (73%), insecurity in relationships (73%), and feeling isolated from others (50%). Feelings of anger and hostility toward men were reported by 46% of these women while anger and hostility toward women were reported by 36% of the interviewees. This research indicates that sexual abuse has a significant negative effect on survivors' relational functioning. It identifies mistrust and a fear of intimacy as common problems for women who were sexually abused as children.

Treatment literature on the interpersonal effects of sexual abuse reiterates the themes of distrust, fear, and intimacy difficulties raised by research studies in this area (Briere, 1989; Courtois, 1988; Gelinias, 1983; Herman, 1992; Meiselman 1990; McEvoy, 1990). Herman (1992) describes a common pattern in relationships for many women with histories of childhood sexual abuse. She believes that relationships of women abused as children are often "driven by the hunger for protection and care and are haunted by the fear of abandonment or exploitation" (p. 111). Because of these women's heightened emotional neediness, Herman speculates, they often idealize people they become attached to and this idealization inevitably ends in disappointment. Herman suggests that adult survivors may experience anger, depression and anxiety in response to this disappointment and are likely to withdraw from relationships because they lack the social skills to resolve the conflict. The low self esteem of women who were sexually abused, their emotional neediness, fear and hostility appear to be

relevant factors in this destructive relational pattern. Other clinicians describe similar patterns in survivors' relationships and use the terms "disturbed" (Briere, 1989), "conflicted" (Courtois, 1988), and "unstable and stressful" (Meiselman, 1990) to summarize the many relational difficulties stemming from sexual abuse.

Gelinas (1983) offers an explanation of how child sexual abuse leads to problems in relationships. She hypothesizes that survivors are "parentified" (p. 319) through their victimization, that they are "taught to put everyone's needs before (their) own" (p.319). She suggests that in their adult relationships, women who were sexually abused feel burdened by and resentful of persistent caretaking. Meiselman (1990) concurs: "...many survivors have perfected the caretaker role originally learned in the incest family...but the achievement of a truly equal relationship in which their own emotional needs can be gratified is another matter" (p. 58).

Another perspective on these relational difficulties links the adult survivor's interpersonal problems to the violation of the child's psychological boundaries during the sexual abuse (McEvoy, 1990). McEvoy writes, "all forms of child sexual abuse, including incest, involve a repeated invasion and violation of the victim's personal boundaries, resulting in a blurred sense of self and loss of personal power" (p. 48). Based on her extensive clinical experience, she suggests that as adults, these women may have problems distinguishing between their own and other peoples' needs, feelings, and perceptions. From this perspective, women who were sexually abused as children can develop boundaries that are too rigid (reflecting their fear and their need to protect themselves) or boundaries that are too open (reflecting their emotional neediness). In either case, these problems with personal boundaries make healthy, intimate relationships, in particular, difficult to establish and maintain.

**Long-term Effects on Survivors' Relationships with their Children.** There is a general consensus in the literature on the long-term effects of sexual abuse that mothering is frequently a difficult and stressful task for women with histories of sexual abuse (Bass & Davis,

1988; Courtois, 1988; Gelinas, 1983; Herman, 1992; Meiselman, 1990). These clinicians identify common issues which may arise for survivors who are caring for their children. Courtois states that the survivor's "unresolved abuse experience may prevent her from developing emotional and physical closeness with her children" (p. 112). Gelinas (1983) also believes that women who were sexually abused may find intimacy with their children difficult and that these women may distance themselves from their children in order to protect themselves from being overwhelmed by their children's demands.

For women who experienced sexual abuse as children, providing a balance between discipline and affection for their children can also be a challenging task. Bass and Davis (1988) summarize these intimacy and balancing problems as confusion regarding boundaries. For the survivor whose boundaries were repeatedly violated as a child, they suggest, it can be difficult to distinguish between her own needs and feelings and those of her children. This literature suggests that the problems with intimacy and boundaries identified as relationship difficulties for sexual abuse survivors, may manifest themselves specifically in these women's relationships with their children.

Although the problems survivors face in their relationships with their children are identified and emphasized in this literature, several references to survivors and their children point out the strengths these women bring to parenting and the positive aspects of parenting for sexual abuse survivors (Bass & Davis, 1988; Courtois, 1988; Herman, 1992). These authors believe that a heightened awareness of the possibility of abuse may motivate sexual abuse survivors to make sure their children are protected. This awareness can make some survivors "good and even exceptional parents" (Courtois, 1988, p. 113). In a similar vein, Herman (1992) writes, "for the sake of their children, survivors are often able to mobilize caring and protective capacities that they have never been able to extend to themselves" (p. 114). Bass and Davis (1988) note that parenting gives many survivors "a second chance at fun" (p. 271). Although women who were sexually abused may have missed out on fun as children, their own children

will often draw these women into playful activities. Bass and Davis suggest that being in relationship with children can inspire hopefulness, healing and growth.

### **A Conceptual Framework**

Finkelhor and Browne (1985) suggest that the "traumagenic dynamics" model they proposed helps explain both the immediate effects of sexual abuse in children as well as the long term effects of sexual abuse for adult women. If the trauma is not resolved in childhood, it can continue to affect the victim's life into adulthood. The four trauma-causing factors - traumatic sexualization, stigmatization, powerlessness, and betrayal - are considered by Finkelhor and Browne to be the source of the initial trauma for the child as well as being related to the long term negative effects for adult women who were sexually abused as children. A child might respond to betrayal, for example, with anger, lack of trust, and a fear of intimacy. These responses can persist, however, and in the long term they can have a negative effect on the adult woman's relationships.

In keeping with this traumatic stress framework, several researchers and clinicians have proposed the use of the term "post traumatic stress syndrome" (PTSS), a diagnostic category of the DSM IIIR (1987), to describe and understand the symptoms suffered by survivors of sexual abuse (Courtois, 1988; Herman, 1992; Lindberg & Distad, 1985). This is because the sequelae of sexual abuse are similar to the psychological aftermath of traumatic experiences in general. Post traumatic stress syndrome is characterized by persistent reexperiencing of the trauma, persistent avoidance of reminders of the trauma and persistent symptoms of increased emotional arousal (DSM IIIR, 1987). Sexual abuse survivors frequently experience after effects that correspond to these criteria. The use of the term post traumatic stress emphasizes the underlying assumption that the after effects of sexual abuse are reasonable, normal responses to an event "that would be markedly distressing to almost everyone" (DSM IIIR, 1987, p. 250).

An important aspect of this framework is that it explains and normalizes the way in

which after effects for women who were sexually abused as children are often experienced. Similar to PTSS, sexual abuse after effects can persist continuously from the time of the trauma (chronic), they can present for the first time many years after the event (delayed), and they can remit and appear sporadically and spontaneously over a survivor's life (Courtois, 1988). Like other trauma victims, women who were sexual abused as children can have "triggering" experiences where the emergence or reemergence of symptoms is precipitated by an experience that in some way reminds the survivor of the original abuse. Gelinas (1983) describes "developmental triggers" as "any normal developmental occurrence that calls into play a new area of functioning that apparently has been impaired or disordered" (p. 317). Marriage and childbirth are given as examples of developmental events that can precipitate symptoms of trauma for women with histories of sexual abuse. Gelinas as well as other clinicians (Bass & Davis, 1988; Courtois, 1988) cite examples of women who seek treatment as their daughters approach the age they were when their sexual abuse began.

In summary, in this review of the literature on the long term effects of sexual abuse, many negative consequences of sexual abuse for survivors were noted. Clinical and empirical evidence for the long term, harmful effects of sexual abuse is substantial and widely accepted. The area of interpersonal relating can be particularly difficult for sexual abuse survivors. Issues such as lack of trust, fear of intimacy, hostility, persistent caretaking and boundaries are identified as common relational difficulties for survivors. From the literature on the effects of sexual abuse on survivors' relationships with their children, intimacy, boundaries and the potential to grow appear to be some of the aspects of mothering for survivors that are particularly salient. The conceptual framework of post traumatic stress indicates that the trauma of childhood sexual abuse can express itself throughout the survivor's adult life (Herman, 1992) and that particular events, such as childrearing, can sometimes signal the resurgence of issues related to the trauma (Gelinas, 1983). Given that relationships in general and mothering in particular raise difficult issues for survivors and given that children have the

potential to trigger the reemergence of after effects for women with histories of sexual abuse, the survivor's relationships with her children appear to have particular relevance in her life. Research examining the survivor's relationship with her children and the issues suggested by this literature is needed in order to understand the experience of mothering and the meaning this experience has for adult women with histories of sexual abuse.

### **Motherhood: Change and Challenge**

The literature reviewed so far has been research and clinical contributions from the sexual abuse topic area. In turning to literature outside the sexual abuse field, additional support for the relevance of the relationship issues raised within the sexual abuse field and the importance of understanding the survivors experience of mothering can be gained. Literature on the transition to motherhood, for example, characterizes this stage of a woman's life as an important developmental phase for most women (Block, 1990; Llewellyn & Osborne, 1990; Rich, 1976; Walker, 1990). The many and profound changes brought about by motherhood are frequently emphasized in this literature. Walker (1990) writes that "these changes encompass all aspects of the woman's self and her world,... as the child is born and develops through babyhood, to childhood and into adulthood" (p. 85). Changes in the new mother's identity have been discussed in terms of taking on a new social role (Unger & Crawford, 1992). Because motherhood is viewed as central to a woman's identity in our society, many mothers find it difficult to maintain a perception of themselves in other roles (e.g. paid employee) and balance these with motherhood.

Ussher (1989) notes the changes in a woman's relationship to her body brought about by bearing children. The size, shape and function of a woman's body changes with pregnancy, childbirth and breastfeeding. A mother's response to these changes can range from fear and disgust to ambivalence to awe and excitement.

Motherhood can also bring about changes in the dynamics of a woman's relationships

(Walker, 1990). The new mother's relationship with her partner is the relationship most likely to undergo changes since the new mother's time and emotional energy is often taken up with the baby (Cowan & Cowan, 1992). However, a woman's relationships with her friends and particularly her relationship with her own mother are also likely to change when she becomes a mother (Block, 1990; Osborne & Llewellyn, 1990; Walker, 1990).

It can be assumed that for sexual abuse survivors, motherhood would have the potential to initiate similar changes and challenges as for those women making the transition to motherhood who were not sexually abused. However, women who were abused as children also frequently experience long-term effects of abuse in those areas of their lives that are commonly affected by the transition to motherhood (e.g. sense of self or identity, their bodies, their relationships) (Courtois, 1988). Since survivors are often struggling in these areas of their lives already, the added challenges of motherhood might have a heightened relevance in their lives.

The capacity for motherhood to trigger unresolved conflicts and anxieties has also been generally noted in the literature on the transition to motherhood (Block, 1990; Benedek, 1970; Llewellyn & Osborne, 1990; Rich, 1976). Benedek (1970) argues from a psychodynamic perspective that motherhood has the potential to stir early memories because contact with a helpless, dependent infant reminds the mother of her own helplessness and dependence as a child. She believes that women, as mothers, tend to relive the conflicts they experienced growing up; conflicts around dependency, autonomy, control and sexuality. Both Rich (1976) and Block (1990) suggest that one common issue triggered by motherhood may be issues related to the women's relationship with her mother.

The possibility that mothering provides opportunities to re-examine relationships, conflicts and issues from the woman's past is particularly relevant to the examination of the sexual abuse survivor's experience of mothering. Since women who were sexually abused have experienced particularly traumatic pasts and conflicted relationships, the potential for



mothering to awaken issues from childhood would appear to be very real. This aspect of mothering identified by the literature on the transition to mothering supports the sexual abuse literature that indicates survivor's children can trigger memories and feelings from the past (Bass & Davis, 1988; Courtois, 1988; Gelinas, 1983).

This literature implies that for women who were sexually abused, the changes initiated by motherhood may be unique because of their histories of abuse. It raises the question of what changes, in particular, manifest themselves for sexual abuse survivors when they become mothers. Given the potential for children to bring up conflicts from a mother's past, the experience of mothering for survivors may be particularly important to examine. A better understanding of how the changes and challenges of motherhood are experienced for the sexual abuse survivor is necessary. Thus, the present research is aimed at examining the mothering experience for women with histories of sexual abuse in order to gain such an understanding.

### **Child Development and the Mother-Child Relationship**

The paradigms of child development can be examined for further evidence that the experience of mothering is an important area of investigation for sexual abuse survivors. Writers from within the psychodynamic field have described the prominent features of the stages of infant and child development (Bowlby, 1969, Mahler, Pine & Bergman, 1975; Sullivan, 1953; Winnicott, 1965; Winnicott, 1982). The early years of the human infant's life are marked by profound dependency. Children require an extensive period of close physical and psychological attention. Mahler et al. (1975), for example, describe a stage of normal symbiosis between mother and child during the first year of the child's life when, they believe, mother and baby share a common psychic boundary. Winnicott (1965) used the term "primary maternal preoccupation" (p. 53) to describe the intense connectedness between mother and baby. While some feminists take issue with the mother-blaming tone of Winnicott's work, he

also stressed the importance of the "holding environment" (p. 43) that he saw as actual physical holding but also included psychological containment as the child developed.

Rubin (1983) articulates the view of object relations theorists when describing the intense intimacy of the mother-child relationship. She writes: "... it is she (mother) with whom we make our first attachments, she with whom we form a symbiotic bond within which we do not yet know self from other... the object of our most profound attachment, our first loved other" (p. 49-50). In addition to the individual psychology of the mother-child relationship, Chodorow (1978) argues that there are cultural and social forces that influence the mother-child bond to become, typically, an intense and relatively exclusive bond in our society. Bowlby (1969) and Sullivan (1953) echo the above theorists' views of this relationship in their use of the terms, "attachment" and "emotional interdependency," respectively.

The profound dependency of infancy and the closeness of the mother-child bond diminish over the child's preschool years (Mahler et al., 1975). They are replaced during the toddler stage with the child's increasing struggles for separation and autonomy (Bowlby, 1969). Infant development theorists cited above describe children of this age as commonly engaging in a push-pull relationship with their primary caregivers, usually the mother. Toddlers frequently vacillate between pushing their mothers away in order to be more independent and pulling them closer in order to reassure themselves. For the mother, this stage of development involves constant and sometimes rapid adapting to the changing needs of the child for closeness and separation. In addition to the psychological aspects of this developmental stage, the physical energy and persistent curiosity of toddlers have been noted (Rich, 1976). According to Llewelyn and Osborne (1990), mothers of toddlers and pre-schoolers "require sustained powers of patience, tact, and physical energy" (p. 170) in order to deal with them sensitively.

To summarize, the literature on child development suggests that the mother-child relationship during the pre-school years is characterized by blurred boundaries, intense

intimacy, and separation struggles. These themes have particular significance for women who were sexually abused because boundaries and intimacy are frequently issues in survivors' relationships (Courtois, 1989; McEvoy, 1990). These aspects of mothering parallel the experience of sexual abuse, both experiences containing elements of physical and psychological invasiveness. The psychological and physical resourcefulness required for mothering toddlers may also be an issue for women who were sexually abused and can often be emotionally depleted.

Thus, from this literature on child development, it can be inferred that there may be particular challenges and difficulties during the first few years of mothering young children for women who were sexually abused as children. This literature also provides compelling support for the necessity to fully examine the nature of the survivors' relationships with her children, the issues these raise and the meaning of the mothering experience to her.

#### **Mother-blaming in the Literature on Women who were Sexually Abused and their Relationships with their Children**

Research by Burkett (1991) and Goodwin, McCarty, and Di Vasto (1989) focuses on sexual abuse survivors as mothers who abuse their children. This research will be critiqued for bias against mothers. Given that women who were sexually abused as children often grew up in highly dysfunctional families (Herman, 1981; Russell, 1986), there is reason to believe that survivors' traumatic experiences as children may negatively affect their ability to parent (Main & Goldwyn, 1984). However, it is necessary to acknowledge the realities of the consequences of abuse without blaming mothers unfairly for things that go wrong with their children. Unless the social context in which survivors mother their children is understood and taken into account, an examination of women who were sexually abused as mothers can become flawed by a mother-blaming bias.

In families and in society at large, mothers generally have less power and fewer

resources than fathers to aid them in their parenting (Knowles & Cole, 1990). Yet society also has unrealistically high expectations of mothers to be always nurturing, self sacrificing and solely responsible for the welfare of their children (Braverman, 1988). In addition, assumptions about the psychological flaws and inadequacies of mothers are pervasive in our society (Ehrenreich & English, 1979).

Literature that is influenced by these expectations, that does not recognize the inequities or does not question these assumptions, is biased (Avis, 1988). It tends to focus unfairly on mothers' abusiveness to the exclusion of other contributing factors in their children's lives and holds them responsible when things go wrong (Caplan & Hall-McCorquodale, 1985). Mothers whose children disclose sexual abuse, for example, are often unfairly assumed to be responsible by friends, family and professionals for their children's victimization (Carter, 1993). Social institutions such as the justice system and the social welfare system perpetuate this bias through child welfare laws (Carter, 1990). Unfortunately, this same mother-blaming bias is prevalent in the literature on child sexual abuse where mothers are frequently blamed for their daughter's sexual abuse at the hands of the fathers (e.g. Zuelzer & Reposa, 1983; Furniss, 1983).

Goodwin et al. (1989) attempted to find statistical data to support anecdotal evidence that sexual abuse survivors perpetuate a cycle of abuse by abusing their own children. They compared a sample of 100 mothers whose children had been abused with a sample of 500 mothers whose children had not been abused. Information about their childhood sexual experiences was obtained through psychiatric interviews or the administration of a sexual stress questionnaire. Their results showed that "of the mothers of abused children, 24 per cent reported a prior incest experience, whereas only 3 percent of the control women reported prior incest" (p. 185). According to Goodwin et al., these results support their hypothesis regarding intergenerational transmission of abuse through the sexual abuse survivor. The implication is that mothers who were sexually abused are more likely to abuse their children than mothers

who have not been sexually abused.

The biased assumptions these researchers hold regarding maternal responsibility make the results of this study difficult to interpret. The bias in this study stems from the authors not accurately identifying who the actual abusers were in the sample of "abusive mothers." They made the faulty assumption that the mothers "have contributed in some way to the development of a family situation where child abuse or neglect is substantiated" (p. 185). There are many child abuse situations in which mothers are not involved, do not contribute to their development, and in which they may have tried and failed to prevent abuse from occurring (Myer, 1985). For example, the child's father, grandparent or babysitter may have abused the child without the mother's knowledge. To refer to mothers whose children were being abused as "abusive mothers" without distinguishing who the actual perpetrators were is both inaccurate and unfair. Since it is uncertain which of the 100 mothers in their sample had actually abused their children and which were deemed abusive by implication, the results of this study are highly questionable. Although the after effects of sexual abuse indicate that mothering may be particularly challenging for survivors (Gelinas, 1983; Courtois, 1988), the question of whether these challenges translate into abusiveness can not be answered by this research.

Research by Burkett (1991) on the intergenerational transmission of abuse also contains mother-blaming bias. She compared the parenting behaviour of a group of 20 sexually abused mothers with the behaviour of a group of 20 non-abused mothers. She wanted to examine whether the abused mothers were more likely to "parentify" their children and set up role reversal patterns. Videotapes of these two groups of mothers completing tasks with their children were transcribed and the behavior of all participants was coded using Benjamin's Structural Analysis of Social Behavior. The SASB is a circumplex model on interpersonal relations which uses the axes of affiliation and dominance. The results of this study showed that survivors were more likely to engage in behaviours that promoted enmeshment and caretaking of the parent. Enmeshment and caretaking of the parent are not the same thing as

sexual abuse and yet Burkett interpreted these results as evidence that women with histories of sexual abuse are agents for the transmission of intergenerational abuse.

This research by Burkett (1991) is flawed for similar reasons that the previous study was flawed - the inaccurate targeting of mothers and only mothers as subjects for research on intergenerational transmission of abuse. The orientation Burkett has to the problem of sexual abuse is limited to viewing sexual abuse as a problem of internal family functioning. By ignoring the larger social context, she also ignores the factual evidence that sexual abuse is largely a problem of male violence against women and children (Herman, 1981). In so doing, she unfairly targets mothers, and not fathers, in her investigation of the intergenerational transmission of abuse. Because this bias is present in her orientation to the problem, it permeates the whole study. In cases of incest, examining the father's parenting behaviour, his psychological maladjustment or his sense of entitlement might, in fact, be more relevant.

Some treatment literature also perpetuates the popular notion that sexual abuse survivors are the agents of intergenerational abuse. Meiselman (1978) uses the term "incest carriers" (p. 217) to describe sexual abuse survivors because of the role she sees them playing in reoccurring cycles of sexual abuse. She hypothesizes that sexual abuse survivors may set up their own daughters to be sexually abused. According to Meiselman, the survivors' inability to actively work out marriage difficulties and problems with sexual responsiveness, frustrate and deprive her husband who then turns to his daughter to meet his sexual needs. The implication is that the sexual abuse survivor is responsible for the sexual abuse because she failed to fulfil her marital duties to keep her husband sexually satisfied.

This analysis of sexual abuse is biased for the same reasons that the research by Burkett (1991) and Goodwin et al. (1989) is biased. It is based on the biased assumption that the mother is responsible if abuse occurs. This unfairly blames the mother and exonerates the real perpetrator, an adult male, in the vast majority of cases of child sexual abuse (Russell, 1986). This literature contains no reference to the partner of the sexually abused woman or to

the broader social context within which child abuse takes place. Although the blatant inequity of this analysis becomes apparent when the assumptions regarding maternal responsibility are rejected, echoes of this analysis can frequently be found in the literature on sexual abuse (Gelinas, 1983; Goodwin et al., 1989; James & MacKinnon, 1990; Machotka, Pittman & Flomenhaft, 1967).

Although this literature is biased and therefore unable to address the issue of survivors as abusive mothers, the question of the extent to which survivors actually do abuse their children remains to be addressed. Attempts to determine the incidence of child abuse perpetrated by the sexual abuse survivor are hampered by a lack of statistical data on this subject (Kaufman & Zigler, 1987). The question can be examined indirectly, however, by referring to related literature and making inferences from it.

Herman (1992) argues against the hypothesis of intergenerational cycles of abuse. She points out that "survivors of childhood abuse are far more likely to be victimized or to harm themselves than to victimize other people" (p. 113). Research that shows a strong correlational link between suicide attempts and childhood abuse but a relatively weak correlation between antisocial behavior and childhood abuse is cited as support for her position (Brown & Anderson, 1991; Herman, Perry & van der Kolk, 1989). This suggests that sexual abuse survivors, like other survivors of childhood abuse, are more likely to be abusive toward themselves than abusive toward others. Herman concludes that she believes the vast majority of women who were sexually abused as children do not become child abusers.

Herman (1992) also acknowledges that a small minority of abused women do become perpetrators of abuse. Gender stereotypes are apparently heightened in these circumstances so that men with histories of childhood abuse are more likely to take out their aggression on others, while women with histories of child abuse are more likely to be victimized by others or to injure themselves (Carmen, Reiker & Mills, 1984). This suggests that of the minority of abuse survivors who perpetuate abuse, only a minority will be women. Some adult women

survivors of sexual abuse would fall within this small portion of female abuse survivors who abuse their children. It is relevant to note here that in many cases, women who do sexually abuse children appear to be coerced or drawn into the abuse by men who were the initiators of the abuse (Faller, 1987). The actual incidence of women who were sexually abused as children and who become child abusers is not known.

In summary, literature has been reviewed that focused on the survivor's potential to abuse her own children (Burkett, 1991; Goodwin et al., 1989; Meiselman, 1978) and was shown to be biased because it inaccurately assumes that the mother is responsible when her child is abused. Arguments by Herman (1992) against the view of survivors as abusive parents were reviewed. Literature that focuses narrowly on the survivor's potential to abuse her children ignores other aspects of the survivor's relationship with her children. Potentially important and unique issues for survivors who are mothering such as intimacy, boundaries, growth potential and triggering have been identified in the literature (Bass & Davis, 1988; Benedek, 1970; Courtois, 1988; Gelinas, 1983). Although the danger of abusiveness may be one aspect of this relationship, a broader research focus is required, a focus that would allow for the above issues as well as other issues that are salient to survivors and their children to emerge and be examined. At this early stage in the research on sexual abuse survivors and their children, an emphasis on abusiveness reflects premature and biased assumptions regarding the nature of this relationship.

### **Women with Histories of Sexual Abuse and Parenting Practises**

Two studies, one by Cole and Woolger (1989a) and another by Cole, Woolger, Power and Smith (1992) will be reviewed together because the orientation these researchers have to this topic is distinct from the approach taken by authors of previous articles. The stated aim of this research is to examine the survivor's parenting attitudes, practises and experiences. Thus, these researchers avoid an emphasis on the survivor's abusiveness and references to her role



in intergenerational abuse. However, ultimately the findings of these research projects are shown to be tainted by the same mother-blaming bias discussed above.

Cole and Woolger (1989a) studied a sample of 40 mothers; one group of 21 mothers had been sexually abused by their fathers and one group of 19 mothers had been sexually abused by an unrelated male. The mothers completed questionnaires about their parent's childrearing behavior and their own childrearing behavior in terms of the dimensions of acceptance and control. The aim was to examine potential effects of incest on later parenting. The results of this research indicated mothers who had been sexually abused by their fathers tended to endorse the promotion of self-sufficiency and independence in their children more so than the other mothers.

The focus of this investigation, assessing the women's parenting attitudes, is a potentially rich and meaningful area of exploration. The results, however, are disappointingly limited to one precise piece of information about parenting for women who were sexually abused (i.e. their tendency to endorse autonomy in their children). The accuracy that Cole and Woolger (1989a) were able to achieve using questionnaires and statistical analysis to assess these women's parenting behaviors is not in question. What is questionable is the extent to which the use of quantitative measurement constricted the consideration of relevant issues for these women and thereby missed important pieces of information regarding their parenting experience.

To illustrate this point, Cole and Woolger (1989a) used the "Parental Attitudes Research Instrument", an instrument that generates three factors: child acceptance-rejection, child indulgence-autonomy, and democracy-domination. Cole and Woolger make the assumption that these are crucial factors in survivors' parenting experience but no justification for these assumptions is offered. In fact, issues of intimacy and boundaries that the literature suggests might be salient for survivors (e.g. Bass & Davis, 1988), are not directly addressed in this questionnaire. Given the opportunity, these women may have raised concerns about different

aspects of parenting from those on the questionnaire. However, no attempts were made by these researchers to maintain a broader focus by including open-ended questions or interviews in the research design. Although this study has resulted in the uncovering of one piece of information about sexually abused women and their children, the richness and complexity that inevitably exists in the parent/child relationship has not been tapped. The issue of autonomy may, in fact, be important for women who were sexually abused but other issues may also be more salient for survivors who mother young children.

Finally, although Cole and Woolger (1989a) managed to avoid overt bias until the discussion, at that point they too succumb to mother-blaming. In discussing the results, Cole and Woolger suggest that the sexually abused woman's high interest in her children becoming self-sufficient as early as possible may "facilitate inappropriate affection between an emotionally needy daughter and a father prone to sexual abuse" (p. 415). In the absence of broader, contextual considerations, Cole and Woolger make biased assumptions regarding the mother's responsibility for her daughter's sexual abuse and the mother is again guilty by implication. These results could also be interpreted to mean that by stressing autonomy, sexually abused women instill self-reliance and in turn make their children less vulnerable to abuse. In summary, this study by Cole and Woolger, although accurately and properly conducted from a methodological perspective, results in considerably restricted information on parenting for sexual abuse survivors. In attempting to broaden the meaning of their limited results, these researchers interpret them in a biased manner that implicated survivors in the sexual abuse of their daughters by their husbands.

Research by Cole et al. (1992) is broader in its focus than the research by Cole and Woolger (1989a). The purpose of their study was to assess experiential aspects of survivors' parenting and parenting practises to see if feelings of adequacy would relate to any specific aspects of parenting style. Their study of 84 mothers included one group of women who had histories of sexual abuse with alcoholic fathers (20), one group of adult children of alcoholics

(25), and one group of non-risk mothers (39) whose fathers presented no known problems. They completed questionnaires on the quality of their family life in the past and on their current parenting practices and experiences. Cole et al. expected to find that the incest survivors would feel less adequate as parents and their results confirmed this expectation. Their findings indicated that the mothers who were sexually abused were less confident, less emotionally controlled, less consistent and less organized than the mothers in the other groups. They also found that these mothers made fewer maturity demands on their children than the other mothers.

The decision by Cole et al. (1992) to examine survivors' experiences in this study represents a positive effort to broaden the focus of their research. They used several measures in this study (Family Experiences Questionnaire, Parenting Dimensions Inventory, Family Environment Scale) instead of only one, and their findings are multidimensional as a result. This research was successful in identifying some aspects of the mothering experience for sexual abuse survivors (e.g. their sense of inadequacy and being emotionally overwhelmed) that the literature suggests may be a part of this relationship (e.g. Gelinas, 1983).

However, even with a broader focus and richer results, the limitations of using quantitative methods to examine the experiential aspects of parenting are apparent in this research. As in the research by Cole and Woolger (1989a), none of the issues of intimacy, boundaries or the potential for children to inspire growth that the literature leads us to expect might be part of the survivor's experience, are accessed by this research. And again, the sexually abused woman's experience is funnelled through the measures the researchers chose without opportunity to define her own issues. This funnelling process means that when responding to the questionnaires, women's experiences of mothering were made to fit within the boundaries that had been predetermined by Cole et al. This process inevitably constricted and may also have distorted the experiences of the women. With reference to survivors' experience of mothering, the one piece of the picture that Cole et al. have identified should not be

mistaken for the whole.

The criticism in the previous study regarding interpretation is relevant in this study as well. In this study, Cole et al. (1992) suggest that although incest survivors may want their children to be self-sufficient, they likely are not succeeding at this task because of the other types of difficulties their findings revealed (lack of emotional control, consistency and organization). This suggests to Cole et al. that "it is also likely that their children may be less well-behaved..." (p. 247), although the children's behavior was not directly assessed. In the study by Cole and Woolger (1989a), the sexually abused woman's endorsement of autonomy in her children implicates her in her husband's sexual abuse of her daughter. In the study by Cole et al. (1992), the woman's alleged inability to help her children be more autonomous implicates her in her children's bad behavior. Autonomy is viewed alternatively as negative and even dangerous and as positive and necessary for these mothers' children. In both cases, the women who were sexually abused as children were blamed for being inadequate mothers. This is both contradictory and unfair. Autonomy promotion may, in fact, be a particular parenting difficulty for survivors. However, the interpretation of these results to suggest that survivors are therefore negligent and inadequate make these studies not only limited but also biased.

In summary, studies by Cole and Woolger, (1989a) and Cole et al. (1992) were reviewed and critiqued. One criticism concerned the limitations of quantitative methods to examine the survivor's relationship with her children. The other criticism concerned the biased interpretations which resulted when the researchers inappropriately attempted to push the quantitative findings beyond their limits. The limitations of these two studies indicate the need for research on mothers who are sexually abused as children that is exploratory and unbiased in nature. At these early stages of research into this topic, the broadest possible focus is required to make certain that no issues are prematurely dismissed or ignored. The present research on the experience of mothering for women who were sexually abused was aimed at

exploring this topic broadly and contributing to the construction of a more complete and less biased picture of this phenomenon.

### **The Mother's Voice**

Whether it is the sexually abused woman's potential to abuse her children (Burkett, 1991) or whether it is her parenting difficulties (Cole et al, 1992) that are addressed in the literature, it is generally the impact the survivor has on her children that is the priority in this research. Literature on post traumatic stress syndrome (Gelinas, 1983; Herman, 1992) and on the transition to motherhood (Block, 1990; Unger & Crawford, 1992), however, suggests that childrearing and motherhood have the potential to impact significantly on the mother. Despite the importance of this experience for the mother and the significance of her perspective in this relationship, the literature that has been reviewed to this point has largely neglected the sexual abuse survivor's perspective on her relationship to her children and her experience of mothering.

A small number of research projects (Bergum, 1989; Cohen, 1987; Westerlund, 1992; Zimmer, 1990) exist in which the mother's voice has been emphasized and her subjective experience explored as a means to understand this phenomenon. Bergum (1989) and Zimmer (1990) explored aspects of mothering for women in general, not sexual abuse survivors in particular. However, these studies together with studies by Cohen (1987) and Westerlund (1992), which are specifically focused on sexual abuse survivors, provide direction and support for the present research project.

Bergum (1989) conducted a hermeneutic phenomenological exploration of the transformation of woman to mother. She had a series of "conversations" with six first-time mothers from midway through their pregnancies to several months post partum. She audiotaped and transcribed these interviews and analyzed the transcriptions for common themes to answer the question. "What is the nature of a woman's transformation to mother?"

The results of her research were expressed in the form of 5 transformative "thematic moments" that the women experienced as they became mothers: the experience of the decision to have a child, the experienced presence of the child, birth - separation to wholeness, a transformative sense of responsibility, and having a child on one's mind.

Bergum (1989) was able to gather rich and complex information on this phenomenon by allowing the women to speak directly about their experiences without imposing her assumptions and biases about what it means to become a mother. The two chapters of her book which are detailed descriptions of the last two themes ("One for another: The transformative sense of responsibility" and "Living with the child: The transformative experience of having a child on one's mind") have significance for the present research on mothering young children for women who were sexually abused. In these, Bergum describes the struggles the women had in balancing their own need's and their children's needs. She found that in taking responsibility for their children, the women felt forced to be responsible for themselves. When exploring the meaning of living with the child, she notes that the women felt their attention was divided, their thinking fragmented and that this caused them to doubt and question themselves. This study brings to light the struggles, dilemmas and complexities of the experience of becoming a new mother. It raises questions about whether the transformative aspects of mothering continue after the post partum stage and how the issues she identified might be experienced by mothers who were sexually abused as children. Whether these or similar issues are present for sexually abused women who mother and if so, in what way, are questions that have not been explored in the research to date. The present research project represents an attempt to extend this type of investigation to an important subsection of the population of mothers in general.

Zimmer (1990) also used a phenomenological approach to explore her research question, "What is the mother's experience of nurturing her young child?" In her study, ten mothers of children, 2 to 5 years, were interviewed about their experiences in two, four hour

taped sessions. The participants were asked to respond to a series of open-ended questions that challenged them to "look within to discover the nuances and meaning of their behavior and their responses to themselves in relation to their children" (p. 6122). The results of this study revealed "the phenomenon of nurturing to have both pleasant and unpleasant aspects, including intense emotional and physical components" (p. 6122). Feelings of ambivalence as nurturers, the necessity of self-nurturing, and dealing with conflict were other themes identified by these mothers.

Similar to Bergum (1989), Zimmer (1990) was able to access a broad range of rich information about a complex experience by allowing the women to explore the experience of mothering without imposing a theoretical framework onto their experience. This study too raises question about if and how the same structure and meanings of the experience of mothering might apply to specific groups of mothers such as women who were sexually abused. Given the emotional and physical after effects of sexual abuse (Courtois, 1988), the intense emotional and physical aspects of mothering identified by these mothers could have particular significance for survivors of sexual abuse. Would issues of ambivalence, self-nurturing and conflict in mothering young children exist for women who were sexually abused as well? If so, what meaning might they give to these experiences? These are questions that this research raises. The findings of Zimmer's study point to the need for research such as the present study that is specifically concerned with women who were sexually abused, where the mother's voice is given priority and explored as a valid source of knowledge.

A self-help book for sexual abuse survivors by Bass and Davis (1988) specifically addresses issues of mothering for women who were sexually abused in a chapter on parenting and children. Their writing is embedded in women's experience and frequent and lengthy quotations from survivors are used throughout the text. The conscious effort Bass and Davis make to stay close to the abused woman's perspective of parenting results in a broad range of issues being raised and discussed. The issues they address include survivors' feelings of fear

and overprotectiveness for their children, confusion regarding boundaries, the danger of becoming abusive, and the positive aspects of parenting for survivors. Many of the themes already noted in the literature on the long-term effects of sexual abuse and the literature on the transition to motherhood and child development, as well as new concerns are brought together in their discussion.

This contribution by Bass and Davis (1988) is important because it indicates that by avoiding bias and emphasizing the mother's perspective, it is possible to achieve an understanding of this experience that is fuller, richer and more inclusive than what has been reported in the literature to date. Empirical research that explores the mother's perspective is needed to confirm this anecdotal material and to further examine the experience of mothering for sexual abuse survivors.

Westerlund (1992) briefly examined the sexual abuse survivor's experience of mothering as part of her research on their sexuality. She used interviews and questionnaires to explore the experiences of these women. Part of the results of this study are described by Westerlund as "impressionistic material...generated from the participants' answers to the open-ended items on the questionnaire and the respondents' spontaneous reporting throughout" (p. 47). This material suggests what the women themselves gave priority to and what they felt was important about their experience. Of her 43 participants, 17 were mothers. The mean age of their children was 12.9 years. All of these mothers reported that their incest experience had affected their parenting in some way. More than a third said it made them more sensitive and responsive to their children; while just under half said it made them too troubled or depressed to be as responsive to their children as they would like to be. These mothers also raised issues related to feeling fearful and overprotective of their children, discomfort with physical closeness and spontaneous affection, and confusion regarding the boundaries between exploitive and nonexploitive touch.

This part of the research by Westerlund (1992) provides a limited example of how a



more exploratory approach to research on the sexually abused woman's relationships with her children, one that also taps into the mother's perspective on her experience, can be successful in achieving richer information on this relationship than has been achieved by previous research. The use of open-ended questions by Westerlund (1992) allowed for a broader range of issues to be accessed by this research, some of which have been suggested by the literature reviewed above and some of which had not been identified before. Previous research (e.g. Cole & Woolger, 1989a) explored separate aspects of this relationship using quantitative research methods.

Westerlund's (1992) research gives an indication of what might be found when the relationship as a whole is examined without imposing preconceived notions as to what is significant. The findings of her research suggest that focusing on the mother's voice has the potential to provide an important perspective that has been missing from the literature to date. This study by Westerlund, however, only incidentally addressed the survivor's experience of mothering. The results, while broad in spectrum, were not examined in depth because this topic was only one aspect of survivors' sexuality, the main focus of the research. Research that has the sexually abused woman's experience of mothering as its central focus is needed, to explore the issues raised here more fully and to perhaps access other issues that have not yet emerged.

A study by Cohen (1987) is one example of research that does focus entirely on the subjective experience of mothering for women who were sexually abused. Her research project was a qualitative, phenomenological study and included 17 self-selected participants whose children ranged in age from 9 months to 29 years. She used interviews in order to elicit women's responses to their past sexual abuse and to their present subjective experiences as mothers.

The results of this study indicated that the women found pregnancy and early motherhood to be "fulfilling and gratifying" (p.196) for the most part. However, a preoccupation

with "intrusive recollections of the past sexual abuse" and "a need to confront the families about it" (p.196) sometimes distracted them from the satisfaction of mothering. Some specific burdens they experienced were "fear of repetition of the abuse in their children," a heightened sense of responsibility and, "a constant need to maintain a facade of competency" (p.197). With regard to parenting issues, Cohen (1987) found that the mothers in her study lacked role models for parenting skills which resulted in "extreme difficulties in setting limits with their children" (p.197). Finally, fear, negativity, and a repressiveness of their own and their children's sexuality was an issue for these mothers.

Cohen (1987) has made a unique contribution to the empirical research on the sexual abuse survivor's relationship with her children. The results of this study confirm what the research by Westerlund (1992) suggested, that by allowing the mother's voice to be heard and using it as the source of data, a more complete understanding of the survivor's relationships and mothering experience is achieved. Also, important issues, such as the re-surfacing of memories of abuse and fear regarding their children's sexuality were raised in this research. Although this research represents a unique contribution to the literature, some shortcomings regarding to Cohen's data collection and analysis surface upon an examination of this research.

Cohen (1987) indicated that she used "nonstructured, nonstandardized, open-ended interviews" (p. 46). However, in describing the interviewing process, she noted that a "schedule format" (p.51), appended at the end of the thesis, was used. This interview protocol contained 24 questions that raised specific issues such as discipline, sexuality, and feelings of inadequacy. These questions imposed a framework on the interview that could have inhibited the participants from identifying issues that were significant to them and had the potential to lead the participants in a particular direction.

Also, Cohen (1987) writes that the thematic analysis "was organized along the developmental path of the child" (p.62). The 5 themes she identified included: the impact of trauma, early motherhood, specific burdens, parenting issues and, parenting the adolescent.

These themes do not reflect the "experience" of mothering but rather stages and issues related to mothering. Some of the 18 subthemes of the above themes are experiential in nature (e.g. gaining control, heightened sense of responsibility), but others again represent various categories of mothering issues and concerns (e.g. the sex of the child, discipline, relationship with family). Phenomenological research is intended to reveal the subjective experience of the participant (Van Manen, 1990). Cohen's themes are inconsistent and confusing with regard to this point. Also, no reference is supplied by Cohen for the method she used to analyze the transcripts of the interviews. This makes it impossible to determine how she understood and applied the concepts of phenomenology to her data. Research such as the present study, which is similar to Cohen's in design but which pays careful attention to the research method, is needed to build the base of knowledge in this area.

Finally, the subjects in Cohen's research had children whose ages ranged from 9 months to 29 years. Although this range in the children's ages allows for the broadest spectrum of the mothering experience to be examined, narrowing the sample to mothers of preschoolers would provide an opportunity for the particular issues that are related to intense dependency and physical and psychological intimacy to be examined in depth. By limiting the participants in the research to mothers of young children, it would be possible to focus more intently on a time of mothering that the literature on child development (Mahler et al., 1975; Winnicott, 1982) suggests has the potential to raise particular issues for women who were sexually abused as children. Research of this nature is required that identifies the unique experiences of mothers of small children. It is in this area that the present research aims to contribute.

## Chapter Three

### METHOD

Gerson, Alpert and Richardson (1984), in concluding their review of the psychological research on mothering, call for the focus of future research to be on "the experience of motherhood -- its meaning in the lives of women -- rather than its usefulness or its psychopathology..." (p. 453). The review of the literature above indicates that Gerson et al.'s call for research emphasis on experience rather than psychopathology or usefulness is especially needed in the body of research that focuses specifically on sexual abuse survivors as mothers. The present research was an attempt to heed this call. The research question that guided this study was: **what is the experience of mothering pre-school children for women who were sexually abused in childhood?** It followed, therefore, that a research method aimed at describing and exploring experience and meaning was required to answer this question.

Phenomenological research methods are useful to address questions that are directed at exploring human experience (Osborne, 1994; van Manen, 1990). One of the aims of phenomenology, according to van Manen is to gain "a deeper understanding of the nature or meaning of our every day experiences" (p. 9). This made a phenomenological approach particularly suited to address the research question of this study aimed at examining the experience of mothering for women who were sexually abused as children.

A phenomenological method was also appropriate for this study because it emphasizes subjective reality (Giorgi, 1985). Osborne (1990) highlights this aspect of phenomenology in his statement that the "aim is to understand a phenomenon by allowing the data to speak for themselves" (p.81). In phenomenological research, it is the individual's point of view, her feelings, her vision of her life and the world that are the focus of examination. Since the present research was directed at knowing what mothering is like from the perspective of women who were sexually abused, a phenomenological design was highly compatible with these goals.

Giorgi (1985) suggests that phenomenological methods are particularly useful when there are biases and omissions in a body of literature. Since the above review of the literature on sexual abuse survivors and mothering revealed a bias against mothers in some research and a lack of emphasis on the woman's experience of mothering, the suitability of a phenomenological method for this research problem was further indicated. Finally, through the use of a phenomenological method to address this research question, women were permitted to express their experience fully and on their own terms. Thus, the researcher's feminist goals of wanting to articulate and conceptualize aspects of women's experience that have been neglected in the social sciences (Jayartne & Stewart, 1991) were realized through the use of this research paradigm.

### **Bracketing**

Unlike quantitative research methods in which experimental design is used to minimize the researcher's influence on the research process, phenomenological methods recognize that all aspects of the research process will inevitably be influenced by the researcher (Osborne, 1990). It is important, however, for the phenomenological researcher to be explicit about his or her orientation to the phenomenon being studied. A bracketing of the researcher's assumptions and personal prejudices regarding his or her topic is undertaken to help the researcher to suspend judgement and refrain from imposing his or her meanings on the participants. Bracketing also alerts and orients the reader to the researcher's perspective and allows the influence of this perspective to be taken into account when examining the researcher's interpretation of the data.

My interest in women who have histories of sexual abuse and their experience of mothering stems, in part, from my experience of working as a group facilitator and counsellor for sexual abuse survivors over the past 10 years. Frequently, the women's relationships with their children are an issue that spontaneously arises in therapy. I am intrigued by an apparent

paradox surrounding this relationship. On the one hand, I have seen that mothering is a particular challenge for many survivors, especially when they are struggling and emotionally depleted themselves. On the other hand, I have been touched by the hopefulness and pride their children represent to many sexual abuse survivors. The experience of witnessing the struggles these women engaged in regarding their children moved me to search for a more complete understanding of this relationship that can be used to help survivors in their therapeutic process.

My own experience as a mother has also influenced my interest in this topic. I have two children who are now ages 10 and 7 years old. Their preschool years were years of significant personal growth for me. My intimate involvement in their lives during that time provided me with many opportunities to reexamine past issues and unquestioned assumptions and beliefs. This was both extremely difficult and tremendously liberating. Since I was working with women who were sexually abused during this time, I began to question whether this might also be occurring for them and, if so, what this process would be like for them given the issues they are often dealing with as a result for their past abuse.

As I began to read through the literature in this area, I recognized a lack of empirical research on women with histories of sexual abuse in general and on their relationships with their children in particular. This lack of emphasis on survivors and their children in the literature did not coincide with my experience of the significance of this relationship to these women and their therapeutic process. Also, some of the limited research that did exist was biased. This added a sense of injustice and frustration to my personal curiosity. As a feminist, I felt moved to try to address what I perceived as bias and inaccuracy in a research area that has importance to me as a counsellor.

My experience in counselling women who had been sexually abused led me to expect that the experience of mothering young children for sexual abuse survivors is both very challenging and very hopeful. My reading of the literature led me to expect that particular

issues such as intimacy, boundaries, and reemerging memories might be present for them. I was cognisant of the need to remain open to aspects of this phenomenon not covered by either my experience or the literature. Some basic values and beliefs I hold regarding mothering and women who were sexually abused are:

- 1) Sexual abuse survivors learned to cope with their abuse by developing various defense mechanisms that are sometimes carried through to adulthood and may affect their relationships to their children. These coping skills need to be honoured and respected.
- 2) Mothers in our society are generally not given the emotional, financial and social support needed to be able to provide good quality care for children. This makes the task of mothering difficult for women and they frequently feel they fall short of the high expectations placed upon them.
- 3) This does not exonerate mothers in any way from their responsibility to provide nurturing and protective mothering to their children. It does, however, provide a context within which to understand their experience.

### **Participants**

Seven women were selected for participation in this research. The experiences of these women were rich in information and represented a wide variance in mothering experiences. All of them fit the criteria that Colaizzi (1978) writes are sufficient for selecting participants for phenomenological research; these criteria being, "experience with the investigated topic and articulateness" (p. 58). The criteria of articulateness was assessed at the time that prospective participants phoned the researcher for information on the study. While this information was discussed and their suitability regarding the other criteria was examined, their ability to express themselves clearly and communicate verbally was assessed.

For this research project, "experience with the investigated topic" required that the participants were adult women who had been sexually abused as children. Adult, in this case,

meant over the age of 18. The criteria for having been sexual abused was based on the definition of sexual abuse stated in Chapter 1. That is, sexual abuse is any sexual activity between a child and an adult where the adult is in a position of trust and/or authority.

Experience with the topic of this research project also required that the participants were mothers. Participants for the present study were sexual abuse survivors who were currently mothers of their own biological children at least one of whom was over 12 months and none of whom were over 6 years old. This span of years captures the time in the mother-child relationship when parental caretaking and involvement are at their height. Benedek (1970) uses the term "total parenthood" (p. 188) for the preschool years because, during this time, parents bear a high degree of responsibility for their children and they have their children most completely as their own.

Some of the literature on child psychology (Bowlby, 1969; Mahler et al., 1975; Winnicott, 1982) indicates that this span of years in a child's development is a time of great physical and emotional dependency as well as a time of constant change toward increasing autonomy and independence. In addition, in our society, mother-child involvement during these years is heightened because of a relative absence of institutional and educational influences in the child's development until the age of 6. The intensity and fluctuation of the preschool child's needs means the experience of mothering during these years is more likely to include intimacy and separation experiences that may be of particular relevance for women who were sexual abused. The lower age limit for at least one of the women's children was placed at 12 months. The intensity of the mothering experience during the first year is often so great that some distance may be required before the mother is able to reflect on her mothering experience with any objectivity (Colaizzi, 1978).

Participants for this research did not have to have more than one child. Caring for a single child can result in a meaningful bond that has significance for women. However, adoptive mothers were excluded from this project. While the issues facing adoptive mothers



are valid and important, these issues may have confounded the mothering experience. Since the sample size for this research project was small, it was necessary to stay with a more homogeneous group.

A further criteria for this study was that participants were required to have had counselling to help them in their recovery from the affects of their past abuse. The consequences of child sexual abuse are significant and are frequently severe enough that women who were sexually abused require counselling (Briere, 1989; Browne & Finkelhor, 1986). Not all women who have been sexually abused require counselling. However, probing the experiences of women with abusive childhoods for research purposes is ethically appropriate only if measures are taken to insure that women will not experience undue emotional distress through the interviewing process. Thus, the criteria of having had counselling was decided upon to address this issue. While sexually abused women and therapists indicate that the treatment process for survivors is never completely over (Bass & Davis, 1988; Courtois, 1988), exposure to counselling suggested that the woman had some awareness of the abuse and that the healing process had begun. The participant's connection to a counsellor also indicated her ability to access help when needed and allowed for further psychological support if the need arose. Finally, it was speculated that exposure to counselling would aid the participant to speak more comfortably and articulately about her abuse and the impact of this on her experience of mothering.

Seven women met all of the above criteria and were interviewed for this study. Although quantitative designs require a sufficient sample size to allow one to generalize to the population, phenomenological research requires as many participants as are necessary to elucidate the various aspects of the phenomenon (Polkinghorne, 1989). At the outset, the number of participants for this study was set at a minimum of 5 with more being accepted if necessary to insure a thorough exploration of the themes. This guideline was in keeping with the number of participants in other phenomenological studies of a similar nature (Bergum, 1989;

Zimmer, 1990). The richness of the information from the 7 women who were selected was sufficient for common themes to emerge and for a point of saturation to be reached with regard to these themes.

### **Procedure**

Participants were recruited by word-of-mouth communication. This means that friends and colleagues of the researcher were informed of this research and they were asked to inform women they knew who were potentially suitable for participation in the study. Potential participants were invited to contact the researcher for more information. In addition, notices describing the research and asking for volunteers were placed in daycares, family agencies, counselling agencies and women's centres (see Appendix A). One woman volunteered as a result of word-of mouth information; the other 6 responded to the notices that had been posted. Initial contact with the participants was made entirely of their own volition and without influence from the researcher.

Women who contacted the researcher were given a full description of the study including the purpose and goals of the research, background information on the researcher, and requirements of the participants. They were invited to ask any questions they had regarding the research or the researcher. It was made clear that the interviews in this research were not the same as counselling but that a referral would be made for them to someone experienced in working with women who were sexually abused if the interviewing process brought up unresolved issues for them. Each respondent's ability to express herself was assessed as these matters were being discussed over the phone. Two women whose children did not fit within the required age range phoned about the research, but they were screened during the initial phone call. The first 7 women who met the criteria stated above were selected to participate in the study.

An appointment was made with each participant to conduct the first, audio-taped

interview. This interview took place in a location that was free of distractions and where the participants felt safe and at ease. Five of the women invited me to their homes. Two women asked to meet someplace other than their homes since they had arranged for childcare in their homes. These two interviews were conducted in the researcher's home. The interviewer began by briefly reviewing information on the research. During this time the women were reminded that they could choose to withdraw from the study at any time and did not have to complete interviews if they did not want to. They were also encouraged to express only what felt comfortable to them. Each woman was assured of confidentiality. Then, the participants were asked to read and sign two copies of a consent form (see Appendix B) and to choose a pseudonym for use in any oral or written communication of the results. This initial discussion was used to establish rapport and efforts were made to put the women at ease. Finally, participants were invited to ask any questions they had regarding the research before the interview began.

### **Data Collection**

Kvale (1983) suggests that the qualitative interview should be minimally structured so as to allow the participants to speak for themselves. While permitting the participants freedom of expression was of primary importance, the researcher helped to focus them at the outset by orienting them to the topic and beginning with an opening question (see Appendix C). In order to make sure that pertinent areas of the topic were addressed, a list of questions was generated and was referred to if the topics were first raised by the participants and appeared to require further exploration (see Appendix D).

Active listening and reflection were utilized to encourage participants to fully express themselves and elaborate on any thoughts and feelings. Silence was respected to make sure the participants had time to finish their thoughts. Where needed to get factual information and further clarification probes were used. Brief note-taking by the researcher took place after the

interview in order to track certain topics and to note relevant gestures and nonverbal communication.

The interviews lasted until participants had an opportunity to fully tell their story. They ranged in length from 1 1/2 to 2 1/2 hours. After the interview, the women were encouraged to call the researcher if they needed a referral for counselling or if they had questions to ask.

After each interview the tapes were transcribed. The researcher's supervisor, Dr. J. Daniluk, checked the transcription of the first interview to make sure the women were not led by the researcher during the interview. Tapes were erased after data analysis was completed. During data analysis, common themes were determined from the protocols. At this point, the researcher attempted to reach all of the participants for a validation interview. All of the women except one were contacted. This woman had moved since the initial interview and had not left a forwarding phone number or address. Despite many efforts to reach her by phone and mail, the researcher was unable to contact her for this follow-up interview. At the participants' requests, one validation interview took place at the woman's place of work, one took place in a restaurant and four took place in the women's homes. These validation interviews took between 1 and 1 1/2 hours.

A summary of each woman's experience and a description of the common themes was presented to the participants during the validation interview and they were given an opportunity to make additions, deletions, and changes to insure that the descriptions and themes were valid representations of their lived experience of mothering pre-school children. All of the women confirmed that the descriptions of their lives and the themes accurately reflected their experience of mothering. Some of them requested minor changes to their biographical sketches to insure their own comfort with the amount of detail in the stories. Changes were also made to a section on the nature of invasive memories and the emotional intensity experienced by the women. One woman, who has never experienced sudden "flashbacks" of her abuse in the way that some of the women did, wanted to have the section on children

triggering memories clarified to make sure it reflected her "milder" experiences of this phenomenon. Another woman who still, after 6 years, experiences these intense and sudden memories wanted this section elaborated. The participants' feedback was added to the data and additions were made to the analysis to describe this experience more clearly and to emphasize the broad range of emotional intensity that can accompany the resurfacing of memories.

### **Data Analysis**

The data analysis procedure followed the steps outlined by Colaizzi (1978). This is a thematic analysis procedure that attempts to identify and interpret significant themes. The following steps paralleling Colaizzi's procedure were taken by the researcher: 1) The transcriptions of the interviews were read completely and thoroughly so the researcher could become familiar with the content and gain a general feeling for the descriptions. The researchers notes were also incorporated into the data at this point and included in the data analysis. 2) The next step was "extracting significant statements" (p. 59) from the protocols that related directly to the phenomenon. 3) Then, the meaning of each significant statement was formulated. By "reading between the lines" and at the same time staying connected to the protocols, the researcher attempted to "illuminate those meanings hidden in the various contexts and horizons of the investigated phenomenon" (p.59). Again, caution was exercised so as not to formulate meanings that were not connected to the data. 4) Clusters of themes were organized from all the meanings of all the protocols. 5) These clusters of themes were then validated against the original protocols. 6) The researcher eventually integrated the results of the analysis into an "exhaustive description" (p. 61) of the phenomenon under study and attempted to identify its "fundamental structure" (p. 61). 7) Finally, the participants were contacted and asked for their input on the findings to this point. Any changes, omissions or additions from them were added to the data and changes were made so that this material was

incorporated into the final analysis.

During the process of analysis, some of the themes seemed to "gel" quickly and there was very little uncertainty about the various aspects or manifestations of the theme. An example of this was the theme of fearing for their children's safety. Although the women all experienced this in slightly different ways, there was a very clear thread of concern for their children running through all the transcripts. Other themes seemed to take longer or require more thinking before they emerged conceptually. The theme of a sense of evolving as a mother was one of these themes. This theme incorporates a process into its experiential nature and as such seemed to be more difficult to recognize.

Part of this process of analyzing the data involved working with language so as to, as accurately as possible, capture the essence of experience. This proved to be a difficult task in some cases. Several variations of the wording for some of the themes were allowed to stand as they were at first. These variations were "played with" until one of them emerged as having the language that was truly experiential and at the same time the most accurate description of the theme.

Ten themes were originally identified from the transcripts. Three of these themes collapsed into other themes until seven themes remained. Even before appropriate wording was found for a theme and all of the aspects of it were evident, themes revealed themselves on a feeling level in this process of analysis. It was then the task of the researcher to go back to the transcripts again to verify this theme and formulate a phrase to describe its essence. Discussions with the researcher's advisor were indispensable in this process of putting into accurate and meaningful words what was experienced at first only as a "gut" feeling. There appeared to be an intuitive "truth" to the themes that endured this process.

### Limitations

There are several limitations of this research project that are common to the

phenomenological paradigm. This research project did not have a representative sample either in characteristics or size. Phenomenological research is focused on exploring and understanding the experience of the individual. It was not concerned with generalizability to the larger population (Polkinghorne, 1991). Generalizability in this paradigm is considered to be "empathic," according to Osborne (1990; 1994), and not statistical. This means that generalizability is determined after the fact. If and when there is agreement between the findings of the research and other people's experience, then generalizability is said to be achieved.

The aim of phenomenological research is to "exhaust" the themes inherent in the phenomenon (Colaizzi, 1978), but it must be acknowledged, given the diversity of human experience, that this will never be accomplished. The researcher was reasonably assured, however, that 7 participants were sufficient to insure that the themes had reached a saturation point and no new themes would emerge.

This research also contains limitations inherent in self-reporting and voluntary participation. This means that it was limited by a self-selection process whereby certain women who were sexually abused as children were more likely to volunteer and certain women were less likely to volunteer. For example, only those women who felt comfortable talking about their experience of mothering and were motivated to participate in this process made themselves available to be interviewed. Lack of free time likely eliminated some women from participation. Also, some women may or may not have responded based on their ethnicity, class and sexual orientation and on my position as a white, middle class, heterosexual woman.

The data was limited to what the women chose to report during an interview and social desirability may have played a role in their reporting. Given the legal sanctions against child abuse and the high social expectations for mothers, factors such as shame, guilt, and denial could have limited disclosure of negative aspects of the participant's relationships with their children. The criteria that participants had to have some counselling placed limitations on this

research. This criteria was necessary for ethical reasons. The counselling process likely raised these women's level of awareness and gave them insights into themselves and their experiences of mothering that may not be part of the experience for those women who have not had counselling.

Finally, constraints of time and resources mean that this project was limited to only one data-gathering interview of about 2 hours and one validation interview of 1 hour with each participant. It is likely that more interviews over time could have achieved a more complete hexploration of this topic.



## CHAPTER FOUR

### RESULTS

This chapter is comprised of brief biographical sketches of the research participants, a listing of the common themes found in the experience of mothering for women who were sexually abused as children and a detailed description and discussion of each of the common themes.

#### The Women's Stories

A brief overview of the significant aspects of the participants' life histories is presented to supply the context for the description of the common themes. The overview focuses on the women's lives as mothers and also touches on the women's families of origin, the circumstances of their sexual abuse, their work and educational backgrounds and their current living situations.

All of the women were given the opportunity to choose a pseudonym for themselves. Some accepted this opportunity and supplied alternate names to conceal their identities. Some women, however, wanted to reject the secrecy and shame of their pasts and said it was important for them to use their real names.

#### Alana

Alana is a 33 year old woman who is the mother of one daughter, S, age 3 3/4 years old. She is a First Nations woman of the Anishnabe people. Alana does not live with H, S's father, however H participates in caring for S. He and Alana have a positive relationship and share a commitment to parenting S. Currently Alana works in the helping profession with women who were sexually abused. She provides education and training in the area of First Nations culture. S attends daycare when her mother and father are working.

Alana was born and raised in an urban environment, unlike her parents and

grandparents who were born on reserves and sent to residential schools. She has a younger brother and a younger step sister who was born after Alana's parents separated and her mother remarried. It is her mother's second husband that she grew up with and knew as her father. Alana recalls that her childhood family environment was filled with "raging silence" where very little emotion or affection was expressed. She attributes this to the negligent and uncaring atmosphere her parents experienced as children in the residential schools away from their families and communities.

Alana was sexually abused by her uncle. The abuse occurred throughout the summer that Alana was four and a half years old. She reported the abuse to child protection services several years ago and has recently followed through with a report to the police who are investigating her claims. The implications of this action for her extended family are significant and Alana is aware of the possibility for both disruption and healing that it might cause.

After high school, Alana worked at various jobs. She was a waitress off and on over a 10 year span. At different times, she also worked as a journalist for a Native newspaper, coordinated programs for Native students adjusting to life off the reserve and assisted in organizing Native women's political groups. In her late twenties, Alana entered university and completed a B.A. in theatre.

Alana met H in her last year of university. Throughout her twenties, she had several conflicted and unhealthy relationships with men. She was growing discouraged with trying to find the "right" man. She also felt a strong need to "settle down" and have a family. Alana found in H someone who also wanted to make having a family a priority. In retrospect, Alana feels that she rushed into the relationship and the pregnancy. Although she and H both were delighted with the birth of their baby girl, they were not able to make their relationship with each other work as a co-habiting couple for very long. They are both active parents however and live near each other to facilitate this arrangement.

In her early twenties, Alana was involved with what she calls various "street activities."

By this she means that she lived on welfare, drifting in and out of party scenes and drug experiences. During this time she lived with a woman who was going for counselling because she had been sexually abused as a child. Alana heard her talking about her past experiences and her counselling process and was motivated to start her own process of healing. She has spent the last eight years in counselling working through the impact of her abuse. In recent years, Alana has continued her personal healing while training as a sexual abuse counsellor at the college level. After searching for some time for a woman elder who would re-introduce her to traditional/matrilinial healing knowledge, she has found a woman who is a visionary Mohawk healer. Alana continues to grow and learn through her relationship with this woman elder.

In addition to being traumatized by sexual abuse, Alana views herself as having suffered vicarious trauma through her ancestor's abuse in residential school systems. She distances herself from "the patriarchal imposed system of values" (i.e. competition vs. co-operation). In working through issues of power and values, Alana uses "native history as a healing tool." She is part of a group of professional women healers and elders who want to establish treatment centres so they can share their power and knowledge of holistic living in this time. She is excited by the prospect of attending a United Nations conference on Indigenous people in China this year. There she will be presenting on First Nations issues in the healing profession and a First Nations perspective on protocol that is respectful and safe.

Alana's struggle to overcome her specific trauma of sexual abuse, the multi-generational oppression of her culture and the unresolved grief of multiple losses is on-going and has many manifestations in her life. She has recently started an intimate relationship with a First Nations man and is bringing to this relationship new skills and new hope.

Alana has always found great joy in her daughter's continuing presence in her life. At the same time, she has also always struggled to cope with the challenges that S provides. The constant closeness of their relationship, in particular, is an on-going issue for Alana. However, especially now that S can talk, Alana feels that she is making some progress in creating some

intimacy, something parents and children in her family have not had for many generations.

Alana describes herself at this point as "a basically happy, humble parent who is grateful for the teaching of the true meaning of caring and for the continuation of the gifts of life."

### **Theresa**

Theresa, age 25, lives with her 5 year old son, J. She currently works full time as a supervisor for a major drug store chain. J attends kindergarten and goes to a babysitter when his mother is working. Theresa never married J's father and he has no involvement in their lives.

Theresa has 2 siblings, one sister who is 9 years older than she is and one brother who is 6 years older than she is. When Theresa was 6 years old, her mother died. Over the next two years Theresa's father employed several housekeepers but none of them stayed very long. When Theresa was 8 years old, R, a woman in her thirties, was hired as a live-in nanny and housekeeper. For two years, R performed her duties as a nanny well and Theresa and R grew very close. Theresa's father also developed an intimate relationship with R and there were plans for the two of them to marry. Theresa's sister and brother were more or less independent by this time and preparing to move out on their own.

When Theresa was about 10 years old, R began to deteriorate mentally. She had what appeared to be psychotic episodes where she had hallucinations, black-outs and seizures and engaged in bizarre behaviour. It was at this time that R started to sexually abuse Theresa. Theresa says that she was deeply dependent on R, physically and emotionally, and that her father was a workaholic and emotionally distant. The sexual abuse was the only physical contact she had with anyone. Theresa believes that it was because of these dynamics that she did not question or protest against the sexual abuse.

The sexual abuse was kept a secret from Theresa's father and Theresa does not blame him for not knowing. However, she feels that R's mental state and bizarre behaviour were obvious and compelling reasons for her father to intervene to protect Theresa and relieve R of

her duties. He did not intervene and Theresa finds it difficult to understand her father's lack of action. Over the years R's behaviour became more and more bizarre and the plans for marriage were dropped. Theresa struggled throughout her teenage years to have R removed from their home. By the time she was 14 she was able to resist R's attempts to abuse her and when she was 17 years old she pressured her father into moving R out of the house.

During this time, Theresa also was sexually molested on two occasions by teenage boys who were friends of her family. As well, Theresa and her sister were subjected to inappropriate sexual touching and behaviour from their father throughout the time they lived at home.

Theresa was very resourceful as a teenager, working after school and becoming financially independent very early on. School was difficult for Theresa, not because she found the work hard to handle, but because she experienced on-going harassment from a group of boys and because she felt she never fit in. She quit high school just three months short of graduating. She left home, moved in with her brother and sister and began working full time at the drug store where she is still employed.

Theresa became pregnant about a year later, at 19 years old. Her relationship with her boyfriend was on and off throughout the pregnancy, but broke off permanently when J was born. Theresa took maternity leave and returned to work when J was 4 months old. J seemed surprisingly easy to care for as a baby. He was content and happy and he fit into her life with relative ease.

It was when J was two, three and four that Theresa's relationship with him became more stressful and difficult to manage. Theresa was feeling more and more pressured and tired from work. She felt lonely and cut off from her friends and she began to feel depressed. J seemed to be demanding more of her at a time when she had less and less to give. Theresa became resentful of his demands and J became even more willful and demanding of her attention.

Theresa sought counselling at this point and several times since in order to get help for herself and her son. Difficulties in having a sexual relationship with a boyfriend prompted her to go for help at one point. It was then that she began examining her past and acknowledging the impact of the sexual abuse she experienced as a child. Her most recent counsellor has been very helpful to her and she feels she has made progress resolving some of the sexual abuse issues. This in turn has helped her relationship with J. There is less tension between them now because Theresa is more relaxed and has more to give. She doesn't feel the need to be as controlling and demanding as she used to be with him.

Theresa has recently disclosed to her father the sexual abuse she experienced as a child and confronted him with his failure to protect her. Although he denies any wrong-doing, Theresa feels empowered by her confrontation. She struggles with the on-going stresses of single parenting but is finding that her ability to mother her son continues to improve. Theresa finds her position of supervisor at the drug store to be a demanding one and takes pride in being able to provide for herself and her son.

### **Erika**

Erika is a 40 year old woman who is currently taking prerequisite courses in preparation for entry into a massage therapy program. She lives with, B, her husband of 12 years and their daughter, J, who was 6 years old at the time of the interview. In addition to working on her courses, Erika has been occupied with various intensive counselling activities that are part of her process of personal healing and growth.

Erika is the third oldest child in a family of 6 children. She grew up in a poor, working class, Catholic family in a German-speaking country in Europe. She describes her mother as warm and kind but very powerless in the family and unavailable to her when she was growing up. Erika's father was also not available to her because of his heavy work load and because he suffered from chronic depression that Erika believes was related to his own experiences of

childhood abuse and neglect.

Erika's sexual abuse experiences include several different incidences. The first one occurred when she was a preschool child and the others occurred during school age and continued into her teenage years. The perpetrators included neighbours, a teacher, an uncle, and a stranger. Erika says that the abuse itself left her terrified but that her strict Catholic upbringing intensified the terror through its teachings on damnation and hell. She was certain that both she and the abuser would go to hell because that was the punishment for any sexual activity outside marriage. She knew that if she went to her parents about the abuse they would see her as the problem.

A pattern of sexually abusive relationships continued for Erika when she entered her teens. She says that her childhood experiences left her terrified of all authority. And yet at the same time Erika says that she was constantly seeking intimate relationships with men. This left her vulnerable to exploitation. At 15 and again at 16 she moved in and lived with men in their 40's and 50's who she feels manipulated her and used her compliant nature to their advantage.

In her early twenties, Erika trained as a secretary and eventually worked as a teacher in secretarial school for several years. At the age of 27 years she immigrated to Canada as a nanny. Shortly after, Erika met B and they were married. She returned to secretarial work and for the first six years of their marriage before J was born Erika describes herself and her husband as a very active, career oriented and "life-of-the-party" couple. She also points out that the heavy drinking that was part of that lifestyle was an indication that not everything was as carefree and upbeat as it must have appeared to others.

J's birth marked the beginning of many changes in Erika's life. The first 6 months were extremely difficult for her. Erika describes this time as a time of crisis because of the uncontrollable and mystifying feelings of fear and anger that surfaced for her. She had expected "bliss and harmony" and a quick return to work after J's birth. But when the time came to return to work, Erika was just barely coping emotionally and she felt incapable of doing

anything but taking care of herself and her daughter. After about 6 months, the sense of crisis passed but Erika was still experiencing difficulty being close to her daughter and being the parent she wanted to be. She began to reach out for help so that she could cope with and eventually understand the intense emotional response she had to her child.

In the course of the counselling she was involved in, Erika began to examine her drinking behaviour and soon recognized her dependence on it. She quit drinking and a few months later, memories of her past sexual abuse began to surface. The sexual abuse then became the focus of her therapy and she continues to work on resolving the affects of that abuse in her present life. Along with the sexual abuse issues she is working on, Erika continues to examine what she calls the extremely oppressive, authoritarian parenting practises which were common in Europe when she was growing up and which she feels she has internalized. She views these practises as abusive and strives to relearn respectful and non-abusive ways of parenting. As she does this, Erika's relationship with her daughter and her husband have grown and changed considerably. She is able to take great delight in J now and feels capable of more emotional and physical intimacy. She and B are in couples counselling because she says that as she changes, their relationship is forced to change as well and as a couple those changes are often difficult to negotiate.

As Erika prepares to train for a new career, she is positive and hopeful that much of the aftermath of her sexual abuse and its affect on her mothering has been resolved. She feels fundamentally altered by the experience of mothering and grateful for the ways it has broadened and deepened her vision of herself and her relationships.

### **Sarah**

Sarah, age 33 years, lives with her partner, K, and her daughter, I, age 6 years. She is at home full time with her daughter. Sarah is on income assistance because the damage caused by her past abuse and the recovery work she is now engaged in have made it impossible for



her to return to the workforce. Since I was born, much of Sarah's time has been occupied with getting help and finding resources to assist her in overcoming her sexual abuse. Sarah is divorced from I's father who lives out of province and is not involved in I's life. Sarah came out as a lesbian about 4 years ago and has been living with K for 2 1/2 years.

Sarah is the oldest child in her family. She has one biological brother, one adopted brother and one adopted sister. Her father was a teacher for the first part of his work career. He then took a series of government jobs and is currently employed in a union organization. Sarah's mother did not work outside the home until Sarah was 14. At that point she took a position with the government.

Sarah is the survivor of satanic ritual abuse which involved sexual abuse, programming, brainwashing and being used for child pornography. The abuse began when she was about 2 years old and continued until she was a teenager. Sarah's father, mother and several other extended family members were the perpetrators of this abuse.

Because of the brainwashing techniques and the severe trauma of this form of abuse, Sarah has difficulty remembering parts of her childhood. "Having a constant feeling of terror in my body without knowing why", is how she describes what it was like for her to be living in her childhood home. Sarah also says that although she did well at school, she remembers being fearful and physically uncoordinated throughout her years in school. Sleep deprivation was also part of the ritual abuse Sarah suffered which resulted in her having a constant feeling of exhaustion as a child.

Sarah completed high school and then attended university for a couple of years. She enjoyed university but was unfocussed about a career path and did not complete her degree. During this period of her life, she also worked at several odd jobs. When she was 23 years old, Sarah met her husband and they were married. During the first few years of their marriage, Sarah worked at various administrative and clerical positions and her husband became established in the computer industry.

Sarah had always wanted a large family. So when I was born she was delighted to have a baby of her own. However, starting with her labour and continuing into the first year after I was born, Sarah began to feel more and more confused, afraid and overwhelmed. Sarah was starting to regain bits and pieces of repressed memory from her childhood but she did not really understand what was happening for her mentally or emotionally. Sarah's husband was intolerant of her difficulties and when I was 13 months old, the marriage broke down. Sarah says that she could not deal with the pressure from her husband to be "normal" and provide good care for her daughter at the same time. She feels that her commitment to her daughter forced her to leave an unhealthy relationship before it became abusive.

As a single mother, Sarah struggled to cope with the demands of parenting without respite. She was diligent in seeking out resources for herself, however, and found a single mom's group that became a long term support for herself and I. When I was 2 1/2, Sarah began to regain large pieces of memory of her childhood abuse. Sarah found it very difficult to manage her mothering responsibilities during this time. She frequently experienced flashbacks and body memories of her abuse that were stimulated by the presence of her daughter and she had very little support from anyone. With persistence and hard work, she was eventually able to get some child care for I and therapy for herself from the Ministry of Social Services.

It was during therapy that Sarah discovered that one of the ways she copes with the trauma of sexual abuse is to fragment herself into different personalities. She identifies herself as "a multiple," avoiding the psychiatric term Multiple Personality Disorder. She sees her ability to "split" as a creative and useful survival strategy that she used when, as a child, she had very few choices. Sarah is also anxious to have the public educated about multiples and ritual/sexual abuse survivors. She says that unlike the stereotype of people with multiple personalities, she is not violent, she has never had a drug or alcohol dependency and she takes no medication for psychiatric disorders.

Currently, Sarah is feeling relatively free of the constant terror that she experienced

over the past several years. She is active in the gay and lesbian community and volunteers in agencies that serve gays and lesbians. She also participates in a church that is welcoming of her as a lesbian. I continues to stimulate memories of abuse for Sarah. But lately, Sarah has also been able to see I as a source of pride and confidence in her life. I is attending school and thriving as she has always done, according to Sarah, despite the difficult journey of healing her mother has been on since her birth.

### Julie

Julie is 23 years old and her son, A, is 6 1/2 years old. Julie is working part time on a Bachelor of Science degree and part-time on an environmental restoration project in her neighbourhood. At the moment, Julie lives with her partner, L, but this relationship of approximately 1 1/2 years is in the process of ending and Julie and L are going their separate ways. Julie has had a very conflicted relationship with D, A's father. D has visitation privileges and sees A on a regular basis. Julie has concerns about A's safety when he visits D because D still lives with his family of origin in which the abuse and alcoholism of the past have never been acknowledged or addressed.

Julie has one younger sister and 2 younger half brothers. Her mother and father separated when she was 2 years old. Julie's mother then became involved with R and for the next eight years he co-parented with Julie's mother. Julie's father moved out of province, started a new family and only sporadically had contact with his daughters. Julie remembers that poverty and abuse were two major features of her childhood. Her family never had enough to make ends meet. Julie feels that classism played a major role in the difficulties she had with peers at school. Julie's step father, R, provided some closeness and comfort for her but her mother was physically and emotionally abusive to her throughout her childhood.

Julie remembers several instances when she was sexually abused. When she was 8 or 9 years old, Julie was anally raped by a male babysitter. On several occasions during her

childhood, Julie was sent to stay with her biological father. It was during one of these visits when Julie was about 8 or 9, that she remembers her father, drunk and naked, climbing into bed with her in the night. Her memory of this incident is not clear and she is not certain whether any other abuse took place during her visits but considers this behaviour, in and of itself, to be abusive. When Julie was 12, she was repeatedly held down and forcibly molested by groups of boys in what was considered by the other children to be normal schoolyard games. In the context of the rest of her abusive childhood, Julie was able to minimize these instances of sexual abuse as "no big deal."

When Julie was 10 years old, her step father and her mother separated and Julie had virtually no one in her life that was loving and supportive. Her mother's abuse seemed to intensify as Julie got older and she would run away to escape the abuse. Between the ages of 12 and 16 she was in and out of foster care and group homes. She became sexually active when she was 13 and was not careful about using birth control. Julie feels that her sexual and physical abuse played an important role in her early sexual behaviour as a teen and ultimately in her becoming a mother at 17. She says she lacked clear sexual boundaries and the ability to be assertive. In addition, she was desperate for love and attention. Drugs and alcohol, too, played a role in the sexual situations in which Julie found herself as a teen. The combination of these factors led to a situation where she was very passive about protecting herself and trusted her boyfriend to "take care of" the birth control.

Julie became pregnant when she was 16. Her friends at school withdrew from her when they found out she was pregnant and without support from her friends and family, Julie felt she could not continue her high school. She quit and worked at McDonald's during her pregnancy. Julie lived in foster homes and then with her aunt over the time that she was pregnant and until A was 5 months old at which time she moved back with her mother for several months. She moved into her own apartment when A was almost a year, at about the same time that she broke up with D, A's father. Julie went back to high school when A was 3

months. Julie also started going for therapy just before A was born to get support for herself and to start examining the impact of the abuse in her life.

Julie says that she found it hard to be looking after A on her own after she got her own apartment but it was better than having to deal with continuing abuse from her mother, D, and D's mother, all of whom she felt blamed her for anything and everything. A was a happy, contented child and that made it easier for her to manage. There were still many times when she felt overwhelmed by the hard work of being a single mother. After graduating from high school with honours, Julie enrolled in university and started to work toward a bachelor of science degree.

After two semesters at university, Julie suffered an emotional breakdown. There were several factors that contributed to what she calls a "major life crisis." Julie was stressed by the demands of her course work and the demands of single parenting. She was also stressed by a lack of finances. At this time as well, she was starting to have questions about her sexual orientation and she was fighting with A's father about visitation and custody. But what turned all these already considerable stresses into a crisis was a new and heightened awareness of her past physical and emotional abuse that Julie started to experience. Julie became suicidal, deeply depressed and started to have panic attacks. She admitted herself to hospital for 2 1/2 weeks. During her time in hospital, Julie received some therapy and she attended a day program for 2 1/2 months after her release. It was 4 to 6 months later that Julie began to deal with her past sexual abuse.

When Julie began to get back on her feet, she returned to university but soon discovered that she was still too depressed to cope with the demands of university. She quit and took time off to sort out some issues in her life. Julie's sexual orientation was one of those issues and during this time she started coming out as a lesbian and entering the lesbian community. She also began to articulate her political views. It was during this time that Julie became a full time activist in issues related to classism, anti-poverty and mothering within the

women's and lesbian communities. Julie was continuing with her therapy as well and beginning to embrace some sense of her personal power. All this has made it possible for Julie to return to her schooling which has enhanced her self esteem considerably.

One of the on-going stresses in Julie's life is the custody challenges that D periodically initiates. Julie feels under constant threat that D will use her mental health record and the fact that she is a lesbian who parents with an anarchist perspective to gain custody of A. Her fear that the court will interpret almost any request for support as a sign of mental instability often prohibits her from asking for extra help when she is stressed.

Julie also struggles with poverty. She says that she has been able to at least start to address the cycle of abuse in her family, but she feels that she remains trapped in a cycle of poverty. Being poor all her life, Julie feels has been a barrier as far as having access to resources such as childcare, counselling and housing. The shame that society demands she feel about her poverty, Julie says, keeps her from reaching out and accepting the minimal resources that are available to lesbian mothers on welfare. And finally, although Julie has found creative ways to keep her depression at bay, it continues to be an issue in her life.

Julie managed to care for A through these extremely difficult times with the help of many supportive women friends who took over for her at various times. Her partner, L, in particular, has been very involved in A's life providing a solid connection for him. There have been times when Julie has felt that she has not been able to meet her own parenting standards and fully utilize her mothering capacities. At the present time, however, Julie is in a position emotionally to especially enjoy and appreciate A. She thinks that he is "a totally amazing kid." Julie is proud of her strength and her ability to survive difficult times. She is pleased that A has been able to experience the presence of a strong and caring woman as his mother.

### Lori

Lori is a 29 year old woman who has two children. Her daughter, S, is five and a half

years old and her son, J, is one and a half years old. At the time of the interview, S was living with and being cared for by Lori's aunt and J was living with his mother. Lori lives on income assistance and has been classified as disabled because the trauma of childhood sexual abuse still affects her to the extent that she is not able to function in the work place. Being damaged so severely, Lori finds mothering very difficult at times and has periodically placed S in the care of her aunt until she is able to manage her responsibilities again.

Lori was placed in foster care as a toddler. She remembers that when she was first placed with the foster family, there was no abuse or violence in the home. The atmosphere in the home changed dramatically, however, when she was brutally raped by her foster father. Lori was about 4 years old when this occurred. She was severely beaten by her foster mother when she told her what happened.

After several years of living in this foster family, Lori was adopted by them. From the time of the rape until she ran away as a teenager, she was subjected to continuous physical, emotional, verbal and sexual abuse from both her parents. Lori remembers trying to escape the violence and abuse by hanging out in the woods and ravines near her home. This provided some comfort and she was able to work out some of her pent up rage by smashing and throwing rocks. Some of her anger, however, was also taken out on other children and this left her without friends on the school yard. She also started stealing during her childhood. School was a terrifying experience for her because she was afraid of the teachers and because she was punished at home for doing poorly in school.

Lori ran away from home when she was 16 years old and became a ward of the court again until she reached the age of 19. During these teenage years, Lori lived on the street and like many of her friends she became addicted to drugs. She says she was very rebellious, very angry, and got into trouble with the law. She considers herself fortunate to have survived those years since many of her friends died before they were able to escape from their lives on the streets.

In her early twenties, Lori began a relationship with G. G was also a drug addict and a drug dealer who supplied Lori with the drugs she needed for her addiction. When S was born, Lori says that she was still using drugs but she was overjoyed at S's birth and wanted to get clean. Memories of her abuse started coming up during her labour and delivery and throughout that first year after S's birth, however, and they were so painful and so confusing that she continued to use drugs as a way of coping. Lori made several attempts to go straight but she realized as long as she was still with G who did not share her interest in her getting clean, these attempts were destined to fail. After several months of going back and forth to live with him, Lori moved out on her own when S was about 8 months old. Lori's started to "bottom out" shortly after. She knew she was "out of control" with her addiction and she didn't want S living in the chaos she was living, so she put S in the care of her aunt. A few months later, Lori was charged with impaired driving and this gave her the opportunity and motivation to get treatment.

The first year of Lori's recovery was very difficult. She tried to stay in contact with S and visited her when she could. S was such a powerful reminder for Lori of her own childhood, however, that seeing her brought up intense feelings that she was not able to process while her sobriety was so fragile and new. S's father also made it difficult for Lori to maintain a relationship with S by convincing Lori's family that she was unfit to care for S.

Lori attended AA meetings and started to get therapy for the abuse she experienced as a child. At first she felt overwhelmed by all the healing that needed to take place in her life. But gradually she became more stable and confident and started making changes in her life. She took a parenting course through a family support agency and, with that course and the ongoing support they gave her, she was able to take S back to live with her. She also started to read everything she could about parenting, absorbing what was to her, completely new information about how to relate to a child in a loving way. Lori worked at creating a close and trusting relationship with her daughter. She very consciously did things with S that were fun and creative and allowed the two of them to be together in relaxed situations. She still feels



sad, however, about the lost time when she was not able to care for her daughter.

When S was 4 years old, J was born. Lori did not discuss the circumstances around his birth or who his father is. What she did make note of was that she was clean for J's birth and infancy, unlike her experience with S. She found it exhausting to be there for him but because he did not trigger memories of her abuse, she found that she was able to care for him while drawing on and receiving support from friends. Lori feels she has been able to make some progress in her own recovery over the years and that it is paying off in her ability to parent J.

When J was almost a year old, Lori discovered S in the act of fondling her brother's genitals. This incident threw Lori into crisis. She knew that S was not acting out maliciously but it brought up such emotional turmoil and such fear that she might unconsciously react in anger against S that she again put S in the care of her aunt. Lori has remained actively involved in S's care this time. She is aware of the harm she may have caused S by the disruption of moving her back and forth between care-givers and is in the process of making a decision regarding what is best for her in the long term.

At this point in her life, Lori considers the fact that she has been clean and sober for 4 years her greatest accomplishment. She says that without her sobriety she has nothing and with her sobriety she has a chance of creating a life of joy and freedom for herself and her children. She continues to struggle on a daily basis with things many of us take for granted, like basic trust in people, being able to use public transit, speaking to her daughter's teacher at school. The damage she suffered as a result of her childhood abuse is still being felt by her. In addition to her drug addiction, Lori is working to overcome anorexia and dissociating or "splitting" as she calls it. In recent months, she has had some memories of what she suspects was ritual abuse. She is continuing with her therapy. Despite the tremendous abuse of her early years and the work required to overcome its affect on her life, Lori's goal is to become functional in society and to provide a safe and loving home for her children.

**Lynette**

Lynette is the mother of two girls, A who was 3 1/2 years old and B who was 2 years old at the time of the interview. Lynette is 21 years old and at home with her children full time. Much of her time over the past two years since leaving an abusive marriage and recovering memories of childhood sexual abuse has been spent getting counselling, attending various programs and accessing resources for herself and her daughters. Lynette is divorced and has sole custody of her daughters. Although her ex-husband has visitation privileges, his contact with the girls is sporadic and infrequent.

Lynette's family of origin consisted of her mother, father, one brother who is 3 years older than she is and one adopted sister who is 5 years younger than she is. Lynette's father has worked as a hospital orderly throughout his life and her mother has worked at home full time. While she was growing up, Lynette remembers her mother being drunk much of the time and her father working long hours.

Until about 15 months ago, Lynette had no memory of being sexually abused. Since her first memories surfaced at that time, she has pieced together much of what happened to her as a child. Lynette's father began molesting her at a very young age, probably when she was around 2 years old. This continued throughout her childhood until she was 13 years old when he raped her. The sexual abuse continued for about another year after the rape. Although Lynette's brother does not talk about it, she believes that her brother was also being abused because he sexually molested her and her younger sister. Lynette also has a memory of seeing her younger sister being sexually abused by her father.

When Lynette was 12 years old her parents separated and Lynette lived with her mother at first. However, living with her alcoholic mother became unbearable by the time she was 14 and she moved in with her father. Lynette's father stopped abusing her at this point but she then started having a series of relationships with boyfriends all of which were similar to her relationship with father, emotionally, physically and sexually abusive. She had no sense of

what a healthy relationship was and no idea how to relate to someone who treated her with respect. When she was 16, her boyfriend moved in with her at her father's house. She became pregnant when she was 17 and they were married. Shortly after her first baby, she and her husband moved into their own apartment.

Lynette's husband, like her other boyfriends, was abusive. When her youngest daughter was 1 year old, she left him and went to a transition house. This was a real turning point in Lynette's life. For the first time in her life she was safe and had supportive people around her to help care for herself and her children. Lynette began to blossom with growing self esteem and pride in her newly learned parenting skills.

After moving to a place of her own, Lynette began to connect with resources and people who could nurture her and teach her the skills she needs to provide for herself and her children. It was through some dream exploration work during a career planning workshop that the door to her memories of sexual abuse was opened. Over the next year, Lynette went for therapy and started the process of healing. An important part of this process for Lynette has been acknowledging and treating her addiction to food. She says that she started drinking when she was 12 years old but because she knew of the damaging affect of alcohol on the baby, during her pregnancies, Lynette replaced her growing dependence on alcohol with an addiction to food. Since joining Overeaters Anonymous, she has been working through the 12-step program and abstaining from overeating.

During the past year, Lynette's girls have been source of both hope and stress. They inspire her to keep going but also frequently exhaust her resources. Lynette has cut off all contact with her father since regaining her memories of abuse and does not allow her husband to have unsupervised access to B and A. Lynette's mother quit drinking several years ago and is supportive of her emotionally and in practical ways as well.

Lynette has reported her abuse to the police and they are currently investigating her allegations. She has recently had to deal with her oldest daughter's disclosure of sexual abuse

by Lynette's brother. This was particularly wrenching for Lynette because she has always feared for her daughters but until her own memories surfaced she had no "real" reason to suspect that her daughters were at risk from her family members. She has found some comfort in being able to give to her daughter the validation and support that she never received as a child. She also is observing her daughter make progress in resolving the abuse and is able to take comfort in her child's ability to heal quickly.

Lynette's adopted sister was put into foster care by her parents at age 10 because they were unable to cope with her violent behaviour. Lynette and her sister have recently reconnected and have been able to discuss their experiences as children and assist each other in piecing together the events of the past.

Lynette would like to train as a trades person once her daughters are a little more independent and her life is more stable. She has no desire to be involved in an intimate relationship with anyone at this point. She is concentrating on her daughters, herself and her healing processes and holding on to hopes for a bright future.

### **Common Themes**

Analysis of the data yielded seven common themes which were extracted from the in-depth interviews and the subsequent validation interviews with the women. Each of the themes identified portrays the experience of mothering for all of the women. The quotations were chosen because they best captured the experience of all the women and because they most accurately revealed the essence of the mothering experience for women who were sexually abused as children. The order in which the themes are presented does not suggest the relative importance or frequency of any of the themes for these participants.

The first four themes centre around the women's internal subjective experience only. The last three themes involve the women's internal experience in relation to external forces and factors. The fifth theme involves the women's experience in relationship to the past. The sixth

theme focuses on their experience of the role of mother. The seventh theme involves the child as an agent in their experience. The seven themes are as follows:

1. The experience of being overwhelmed.
2. The experience of fearing for their children's safety.
3. The experience of self-doubt and uncertainty.
4. The experience of needing to withdraw.
5. A sense of needing to break with the past.
6. A sense of evolving as a mother.
7. A sense of child a catalyst for healing.

#### **The experience of being overwhelmed**

For all the women who participated in this research, a sense of being overwhelmed was found to be part of their experience of mothering. They used words like "terrifying," "unmanageable," "freaked out," "exhausting" and "stressed" to convey the sense that mothering felt overwhelming to them. These women had a sense that their personal and emotional resources were very limited and that these resources were inadequate for the demands that mothering small children placed upon them. The mothers in this study struggled to cope with their responsibilities that were sometimes too much to handle. Some women found the newborn stage overwhelming; others found the toddler and preschool time most difficult. Times when memories of their own childhood abuse emerged were perceived by the women as being times when they felt particularly pushed beyond their abilities to cope with the demands of mothering.

An important aspect of the experience of being overwhelmed was described by the women as a feeling of being emotionally and psychologically exhausted. One woman expressed her constant lack of emotional energy and explained it this way: "I was constantly, I am still, tired. But I used to be simply exhausted because I think I had to make or create my

every response new. It's like I had nothing to go back to." While the women spoke of physical exhaustion in passing, it was the emotional depletion they emphasized and it was the emotional demands of mothering that they experienced as overwhelming. Being able to pay attention to their children, interacting with their children and offering support to their children are examples they gave of emotional demands that they felt frequently stretched their capacities to the limit. One woman talked about how even seemingly small tasks were sometimes experienced as too much for her: "I had very little to give. I wasn't even capable of setting down with S to colour with her. I just didn't know how." Depleted of inner resources, the women frequently felt tired and drained.

Another aspect of the sense of being overwhelmed for the women in this study was feeling overwhelmed by their own powerful emotions. The persistent stress and frustration of having "nothing to give" in the face of the ever-present needs of their children resulted in intense feelings of fear, despair, and anger. They used terms like "freak out," "loose it" and "panic" to talk about being swamped by these powerful emotions. One woman described her feelings when her baby cried: "It was terrifying for me, just absolutely terrifying. My whole insides would twist and turn and I would be so tensed and so terrified." Another woman talked about her feelings of despair, saying "there would be entire days on end where I just wouldn't do anything."

Feelings of anger also became overwhelming for the women. At times the anger was related to their past abuse and at times it was related to present injustices. At times this anger boiled over with their children. For some of the women, their anger would be expressed verbally: "I would yell at them for no reason," or "I'd blow up at him about it." Other women said that at times they spanked or slapped their children when they were in crisis: "I would just loose it and spank him sometimes which is totally against my principles, not just my principles, my everything but I would freak out because I was so full of despair." For these mothers, being overwhelmed meant being overwhelmed by powerful emotions that left them struggling to cope

with the demands of parenting.

In attempting to make sense of their feelings, several participants in this study attributed the experience of being overwhelmed to their abusive childhoods. They felt that their experience of childhood sexual abuse left them emotionally compromised. Struggling to cope with the impact of the abuse, the women were left with limited resources to bring to their roles as mothers. Several of the women had become addicted to drugs and alcohol or used food as a way of coping with the pain of their abuse and were in recovery at the time of the interviews. One woman put her child in the care of a relative until she got her addiction under control, "because I didn't want her living in that kind of chaos." For the three women in the study who abused drugs or alcohol, being addicted to a substance and even recovering from an addiction while attending to small children felt "crazy" and "unmanageable." Another participant was struggling with depression related to her abuse. She said, "In that depression I was just feeling like desperate all the time and a lot of it was about having been abused and being freaked out." The participants reported that their past sexual abuse left them emotionally compromised and preoccupied with their own internal turmoil. With the demanding task of taking care of small children added to their lives, they frequently felt spent and overwhelmed.

There were specific times when being with their children reconnected the women with their own childhoods. The term, "being triggered" was used by some women to refer to this experience of having their own childhood experiences resurface through their interaction with their children. Being triggered was experienced as being on a continuum. On one end of the continuum, it was like having gentle reminders of themselves as children similar to the way in which anyone might recall their childhood through contact with a child. Farther along the continuum, being with their children brought up unpleasant memories and feelings but the women still found them manageable. However, for some of these women being triggered also meant the sudden, powerful emergence of memories of their sexual abuse which they referred to as flashbacks.

The women reported it was during these incidences that along with the memories came highly charged emotions that often threatened to overwhelm them. One woman reflected on this experience of being triggered and the impact of this experience on her ability to function: "I triggers memory. She even still triggers memory. Taking her to school in the morning triggers memory. And so I'd get body memories and then I'd find some way to not have the full flashback come up because it was quite overwhelming". Another woman said of her son: "He would touch me and I would be ready to scream and I didn't even know what was going on." For some of the women in the study, being triggered meant being forced to re-live the overwhelming feelings of their childhood sexual abuse.

Another woman described the horror of a flashback in which she re-experienced being raped and the impact the flashback had on her ability to attend to her daughter:

I remember having to phone C up one day and say, Look you're going to have to come and get her. I can't be here for her. And that's because I was in my own memories of abuse by my foster father and all my family had like no clue as to what's going on with me. Like, what's wrong with you? Why can't you be there? Why can't you guys just go to the park? Meanwhile I'm hyperventilating from the pain of remembering the penis being shoved down my throat. My neck was injured from it being thrust backwards and this hundred and ninety pound man forces himself down on me and I'm supposed to see my daughter? Sorry. And I had nothing to give her. I had nothing to give her when those memories came. I didn't know how to be there.

For these women, mothering while being strongly triggered was like trying to attend to small, needy children while they themselves felt like small, needy and sometimes terrified children. As such, the women also expressed concern about how their emotional instability affected their children. After spending time working through one of these events, one mother said, "all the time when I was enraged and caught in that I don't know what happened to J. That's the real scary part for me. I don't know how she dealt with mom being so out of balance."

For the women in this study, their sense of being overwhelmed heightened the necessity of reliable support in the form of relief childcare. Sensing the inadequacy of their own personal resources, they felt the urgent need to reach out for other resources to provide needed support for themselves and their children. Unfortunately many of the women had



difficulties finding quality childcare and these difficulties amplified their sense of being overwhelmed. They spoke passionately of the need for more assistance for mothers who were sexually abused as children. As a solution to her lack of relief childcare, one woman said she took "time-outs" by going to her room when she started to feel overwhelmed, a solution that she felt was not adequate because she cannot leave her child on her own for long: "I've had to take a five minute time-out when I needed an hour and do an hour of calming down in a very short amount of time." For those mothers who were able to find people or agencies they could count on to be there for them and understand their need for help, they felt "intense relief" and gratitude. Babysitters, partners, daycares, parents who were willing and available to support them were regarded as their "life-lines." The personal limitations the women felt in relation to their mothering heightened the importance of support in their lives. From their perspective, reliable support could make the difference between coping or not coping.

To summarize, the sense of being overwhelmed for the mothers in this study included a feeling of at times being emotionally inadequate to the task of mothering. It also included feelings of intense emotion related to their own past victimization that the women struggled to contain so these emotions would not spill over into their mothering. The women's histories of childhood sexual abuse played a significant role in their sense of being overwhelmed in that the after effects of their sexual abuse resulted in emotional depletion. The experience of having traumatic childhood memories while dealing with the demands of parenting was particularly emotionally intense for the women. This sense of being overwhelmed was closely linked to their urgent need for support as the women mothered their children.

#### **The experience of fearing for their children's safety**

Another theme that emerged in this research on the experience of mothering for women who were sexually abused was the experience of fearing for their children's safety. This fear was both a general fear that their children would be hurt and a clear and specific fear that their

children would be sexually abused. For the women in this study, the world was not perceived to be a safe place for their children. For some the fear was manageable, low-level worry; for others, at times, it was full-blown panic. In talking about this fear, one woman summed it up as a "sense of not being safe still"; another woman described this fear as a feeling that, "there was no safe place" for her child. The women viewed the world as full of people, places and situations that held risk for their children, a world in which their children needed protection. The women's need to protect their children expressed itself as on-going vigilance and constant monitoring of the risks that they perceived around them.

This fear that the women felt with regard to their children manifested itself in various ways. For one woman it was very much an internal experience of being pre-occupied with worry for her children's safety: "A and B will be upstairs and I think I'll have to check on them because, just things like that, it's very difficult. I always think that, I obsess that they are going to be sexually abused." Another woman found herself trying to assess people in her neighbourhood as to who might be a pedophile. Terms like, "being creeped out" and "getting abusive vibes" were used by the women to denote the intuitive skills they drew on in this task of assessing danger. Five of the women reported that their fear had motivated them to educate their children early about sexual abuse prevention. Although they were aware of the limitations of sexual abuse prevention education, they wanted to give their children whatever tools they could in order to protect them from abuse.

The women's fear for their children was particularly manifested as of vigilance, suspicion and lack of trust. These women felt compelled to assess virtually every person who had access to their children as to their potential to abuse their children. In one woman's words, "just everybody was suspect." In several cases, the women had doubts about the trustworthiness of the children's fathers. One woman described her feelings of suspicion regarding her partner: "I remember a time where I watched my partner with J very, very closely and I felt horrible for doing it, but I couldn't imagine that there wouldn't be some sexual thing

going on." In other cases, the children's grandparents and other relatives were viewed as possible abusers and visits with them were closely monitored to insure the safety of the children.

A lack of trust in the larger community as well was felt by some women. They felt mistrustful that organizations and institutions charged with the care of their children were, in fact, safe for their children. One woman reported that at times when ritual abuse stories were in the news, she phoned her daughter's daycare frequently to check that she was safe. For one woman, fears for her children were growing as they approach school age: "I have major fears around sending my kids to school. There's a part of me that wants to believe that we live in a good world, just bad things happen." Although she wanted to believe this, in fact what she felt was that "there is no safe place." Not surprisingly, the result of their suspicion and fear was a sense of isolation and lack of support for these women. Although they all needed relief from the demanding responsibility of caring for their children, these mothers found it difficult to overcome their fears and allow other people access to their children.

The vigilance that the women felt toward other people was in several cases also extended toward themselves. One woman had assessed herself: "You know, it's just like I questioned, would I ever hurt my child, molest him or abuse him or whatever like what was done to me?" The question of whether she was "safe" for her own child also surfaced in one woman's fears that she might have hurt her child through her own lack of awareness: "I feel afraid that I've endangered A, that I've allowed an abuser to have access to him through my own denial. At one point, I was really freaking out about all the possibilities of all the people that could have abused A." In addition to this self-questioning, the women took great care to observe appropriate boundaries around nudity and physical touch. In describing how her sexual abuse history had influenced her parenting, one participant said: "It makes me more careful. Anything that has to do with body image or sexual boundaries and stuff, I'm super careful. ... It's made me really vigilant in that way."

The sense of fear the participants felt regarding their children was most intense at times when awareness of their own sexual abuse was high. Two women who did not have memories of sexual abuse until after their children were born, reported that with the memories came an increased fear for their children's safety. One woman's fear intensified as her daughter approached the age that she had been when she was abused: "When she started hitting 2 1/2 to 3 1/2, I started getting triggered all over the place about vulnerability..., just being really aware of like how many sexual offenders are out there." This same woman speculated that her wish to have a baby boy was linked to a sense of fear and increased vulnerability that she sensed would accompany the birth of a girl.

For these women the experience of fearing for their children was stressful in and of itself. However, uncertainty about whether or not their fears were "realistic" added to their stress. In some cases, the inappropriate behaviour of partners and relatives had given the women legitimate reasons to doubt the trustworthiness of these people. Several women had cut off contact with relatives because of "realistic" fears. In other cases, the real level of danger was not at all clear. The women sometimes had no concrete reason to be fearful or suspicious, just "vibes". Nevertheless, the fear was persistent and powerful. One mother describes her struggle with "irrational" fears when dressing her daughter:

Sometimes I think wearing pants that she'll be safer than with a skirt and underwear... Mind will play these games... I like them to wear shorts cause I think it's more difficult to abuse a child. You have to take pants off rather than just lift a skirt. Things like that, crazy things. And it's so difficult especially when you know realistically that probably more than likely nothing is going to happen.

Particularly at times of heightened awareness of their own abuse (e.g. being triggered), the women felt uncertain as to whether the fear they experienced was related to their abuse in the past or to their own children in the present.

The experience of fearing for the safety of their children was a pervasive theme identified by the women in this research. The women who participated perceived their children as vulnerable. In order to protect them from abuse, these mothers were watchful, vigilant and

mistrustful of others. They sometimes scrutinized themselves as well as others to insure their children's safety. The sense that they themselves were vulnerable as children made it difficult for them to assess the real dangers for their children in the present.

### **The experience of self-doubt and uncertainty**

The experience of self-doubt and uncertainty revealed itself as a theme in the experience of mothering for the participants in this research. They conveyed their self-doubt by describing many situations where they were "wondering", "questioning", "confused" and "unsure" as to how to carry out their responsibilities as a mother. The women felt poorly equipped to handle the challenges of mothering and unsure what to do when these challenges inevitably presented themselves. This lack of confidence in themselves as mothers is summed up in one woman's comment: "I would have expected to have some basic trust in my abilities." This woman went on to say, however, that her expectation was replaced by the reality of "never being sure I did the right thing." For these women, questioning themselves about "what is right and what is wrong" for their children was a significant aspect of their experience of self-doubt and uncertainty.

The participants in this study referred to their childhood experiences in attempting to understand the self-doubt and uncertainty they felt as mothers. They indicated that the unhealthy family environments they grew up in deprived them of good role models and the skills, knowledge and inner resources needed to be a caring parent. In one woman's words: "I tend to second guess my own parenting because I think I don't have any parenting skills because I didn't get raised with them." Without the experience of having had a competent parent, they wondered if they could trust themselves to know how to parent competently. Referring to how a lack of positive role models affects her mothering, one woman said:

I long for a ground to stand on. I long for some solid piece of information or something where I can rest myself, where I can draw my answers from, where I can draw my responses from. And I don't have it.

These women were aware that they had limited personal resources from which to draw as they mothered their children. At the same time, they were also aware of a strong desire to be competent, caring mothers. One woman expressed her uncertainty in terms of this divided awareness:

.... because I don't remember anything, being nurtured, I didn't know how to nurture her, but yet there was a desire, but that's all there was. It's like I knew on one hand what I wanted to give. The question was how do you give it? I had absolutely no idea.

The women felt a gap between their desires to be adequate, caring mothers and their abilities and it was in that gap that their self-doubt and uncertainty surfaced. The women felt that the self-doubt they experienced regarding their mothering arose from having no foundation of positive childhood experiences on which to build their skills and knowledge.

The women's perceived inability to know what was right and what was wrong in parenting situations was central to their experience of self doubt. One woman expressed her dilemma this way: "I've had a lot of difficulty discerning what is healthy, what is unhealthy? Where is the line?" The questions she raised were especially pertinent for the women in two specific areas of mothering. The first area was discipline and limit-setting. Describing what it was like for her to set limits with her child, one woman said: "Every time I set limits, I feel guilty". She said she questions herself carefully, "Is this fair? Is it the right thing to do?" Having experienced "abusive limit-setting" as a child, she struggled with "setting limits that were healthy, in a way that didn't terrorize anybody." For these women, having to set limits with their children was frequently a confusing task.

The second area where the women experienced confusion and doubt was the area of sexuality and physical boundaries. Given their experiences of sexual abuse, they found it hard to trust themselves to know what was appropriate. Some of the questions they were struggling with were: "when should you stop having baths or sleeping with your child?", "when should you stop being naked in front of your child?", and "what is normal sexual behaviour for children?"

In addition to a lack of trust in their abilities, several women said they felt they lacked factual information on sexuality when attempting to answer these kinds of questions for themselves.

In summary, the participants in this research experienced a sense of self-doubt and uncertainty in mothering their children. They sensed a deficiency in their abilities as parents based on a lack of adequate knowledge and thus frequently felt unsure of what was right or wrong for their children. Discerning boundaries regarding discipline and sexuality were specific areas of doubt and confusion for the women. A lack of parental role models was viewed by the women as a major contributing factor to their sense of doubt and uncertainty as mothers.

#### **The experience of needing to withdraw**

The experience of needing to withdraw from their children emerged as a theme for the mothers who participated in this study. All the women described times and situations when they found it difficult to be connected to their children and pulled back from engaging with them. They reported that at times they found themselves, "avoiding" their children, being "closed off" to them, and "wanting distance" from them. The need to withdraw from the intense intimacy of mothering small children took place on both a physical and psychological level for the women. The women expressed their sense of fear and danger that was underlying their need to withdraw from their children. The women experienced guilt and worry related to this need and used various strategies to balance their own needs for physical and psychological distance with their children's needs for connection.

The women's need to withdraw from their children on a psychological level was a prominent component of this theme. Terms such as "not being present" and "not being there" commonly denote physical absence. The women in this study repeatedly used these terms to denote their emotional reality of being absent. Even while the women were physically "present", emotional distancing from their children occurred internally. One woman described this experience with her children: "It's just, I'm not there fully for them emotionally. I'm just kind

of far away. I felt far away from them,... very much withdrawn." During times when the women felt emotionally withdrawn, they found it extremely hard to pay attention, respond to and interact with their children. Another participant expressed her difficulty in responding to her daughter: "I wanted distance. I wanted her to play by herself."

For some women there was also a significant physical component to the experience of needing to withdraw. Mothering small children was marked by times when intense physical involvement was required of the women. Two women reported that feelings of needing to withdraw were heightened during the infant stage when they were holding and breastfeeding their babies. They said they weaned their children earlier than they really wanted to because they found the physical connection uncomfortable. For both women, the conflict they felt between needing to be present and needing to withdraw manifested itself in physical symptoms. One woman developed wrist pain and another experienced a lack of physical sensation in her fingers during their children's infancies. The need to withdraw physically was also present for several women when their children were past the infant stage. One participant felt particularly anxious when lying down with her two preschool girls:

They both like to lay on my arms and I will feel very uncomfortable if they get too close to my breasts. I will feel very much, all of a sudden I feel insecure.... And A will sometimes want to put her leg on my leg. I can't handle that. I feel closed down.

For these women, the need to withdraw from their children was a way of coping with their fears of being overwhelmed. One woman described playing with her child as "just too dangerous, too scary." She said, "I had this fear the she would just want to play and play and play and it would never be enough." Staying present was frightening because it required the women to give when they were emotionally exhausted. Withdrawing, on the other hand, felt "safe" and "in control." One woman described a time in her baby's development when distance felt safe:

I enjoyed her immensely. In fact I think it was that I could sit back and watch her. I had this safety. I didn't have to hold her to my body and she would sit on her own, she would roll and crawl and had that distance.



Staying physically and emotionally connected to their children also felt dangerous for the women because it had the potential to stimulate memories and flashbacks of their abuse.

One woman expressed her need to withdraw in order to deal with emerging memories:

Being with I triggers memories and I need the space to deal with that... I have to take some time away from her to process the memory enough to say, 'Okay, this is a memory. This is not happening now. And I am safe now.' Then I can go back to her.

Because their children were cues for memory, the women needed to withdraw from their children as a way to protect themselves from being overwhelmed and to regain some control over their emotions.

Recognizing that their need to withdraw was not always compatible with their children's need for connection, the women attempted to contain these needs and provide for their children's needs as well. For one woman, time-outs for herself, not her child, became a useful strategy to get both their needs met. When she felt the need to withdraw, she would tell her daughter, "I can not be with you now" and take a limited amount of time to be alone in her room. Another woman described her strategy for accommodating her needs and her daughter's needs: "I became a master at setting up stuff for her so that she could be busy and I could be a spectator." At times when her daughter wanted her to play more intimately with her, she used a timer:

Then I would make a point of giving her 15 minutes and we set the timer.... I could cope with giving her half an hour or 15 minutes. I mean it worked, it worked because I could force myself to stay present for a specific amount of time. I was in control.

The women also worked hard to establish relief child care for themselves so that when they could not be present, another adult could. One participant placed her daughter in the care of a relative for a period of time when she was unable to "be there" for her daughter. These women's need to withdraw was accompanied by worry and guilt about the effect of their pulling away from their children.

In summary, the theme of needing to withdraw from their children was common to the experience of mothering for all of these sexual abuse survivors. The women experienced this

need on both a physical and a psychological level. Needing to withdraw from their children was a response to a fear that they would be overwhelmed by their children's needs and their own memories. They utilized a variety of strategies to balance both their own and their children's needs.

### **A sense of needing to break with the past**

All of the women in this study expressed a sense of needing to break with the past. These women had a keen awareness of the deficiencies and inadequacies of the home environments they had grown up in. They also perceived that some of those deficiencies and inadequacies had been "passed on" to them. Now in mothering their own children, they felt strongly that they needed to reject unhealthy patterns of parenting so as not to pass these deficiencies on to their children. One woman summarized this experience of needing to break the pattern of abuse from her past:

I might have just perpetuated that pattern because they raised me okay, right? But I don't get to say that because they didn't raise me okay. It left a lot of fall-out so I have to do something else. The same old stuff won't work.

For these women, breaking with the past meant not only denouncing the sexual abuse they experienced. It also meant denouncing the abusive child-rearing practises and beliefs in which the sexual abuse took place. Another woman, feeling repelled by the rules and beliefs of her family of origin after visiting with them overseas, said: "Everything I try to do here is totally against that."

An important part of the experience of needing to break with the past for these women was the critical perspective they took of the parenting they had received as children. The women had carefully examined their parents' values and behaviour and identified what they perceived as abusive. One woman whose parents grew up in residential schools reported that the rules in her family were, "Don't talk, don't feel." For another woman it was her father's "controlling" manner and "expecting too much out of me" that she found most hurtful as a child.

Still another woman identified her family's expectations that children should not behave like children as part of the unhealthy environment in her childhood.

Closely related to this sense of critical examination of the parenting the women had experienced as children was a sense for the women of their own internalization of the very things they were critical of in their parents. One woman expressed this part of the experience in relation to her son: "I can't expect so much out of him. But same thing with my past, my Dad expected so much out of me and in turn I'm like that with him." Another woman reflected this same experience with regard to her son: "I can see similarities between my mother's way of treating me and the way I treat him." These women needed to break with the past because the past, and the danger it represented, was, in fact, being felt by them in the present as they mothered their children.

Feelings of anger at the injustice of the abuse in their pasts was a significant element in this theme of needing to break with the past. For these women, feelings of anger were centred around how "unfair" the past abuse was. They said they felt "cheated" and "ripped off." Anger at all the losses she had incurred as a result of her abuse prompted one woman to say: "It's had a devastating price attached. We have paid supremely." For these women, the "devastating price" was still being paid because the abuse was still affecting their current lives, specifically the way in which they mothered their children. The fact that their children should be affected by their abuse seemed especially unfair to several women. After describing some of the difficulties she has functioning as a woman and a mother, one woman vented her feelings: "I'm angry and outraged that that's how the abuse has affected my life and my children's lives. I'm still living in it and with it and so are my children and it's not fair." For these women, a sense of needing to break with the past was fuelled by their anger and a sharp sense of injustice.

Another aspect of the experience of needing to break with past for these women was a sense of personal responsibility they felt to not repeat the past. One woman described this responsibility as "having to be the one to stop the cycle." A sense of accepting personal

responsibility for breaking with the past is reflected in this woman's words: "When I had A or soon before I had A, I made a decision I wasn't going to repeat my mother's mistakes." A native participant in this study perceived this responsibility in historical and spiritual terms. The teachings of her native ancestors indicate that the seventh generation of native people after contact with white people will be given the opportunity to heal themselves from the effects of cultural and individual oppression. She sees herself and her daughter as being part of that generation that is being given the resources and the responsibility to overcome the trauma of the past. She and the other women felt the weight of this responsibility to distance herself from abusive patterns of parenting in her past.

The women described their need to break with the past as both internal and external experiences. Internally this need was experienced as an insight or awareness. One woman witnessed her father being very critical of her son, his grandson. This led to a private moment of insight about needing to break with the past: "I'm trying so hard not to have my expectations so high because ... to actually see my Dad come right out and show it to me, it really hit home. You can't be that hard on your children." For other women, this need was experienced externally, that is, it expressed itself "in the moment" when relating to their children. In these situations the women felt compelled to actively resist the influence of the past. In relating an incident where her daughter did something wrong, one woman described how she stopped herself from repeating the abuse of the past:

It's like I saw the line. Because of what she did, I just about crossed the line myself. And the same thing that happened to me, I was going to do to her, but I caught it. It's like I saw it, so I didn't.

Another woman gave an example of how her need to break with the past expressed itself "in the moment" when relating to her daughters. Referring to her mother, she said: "She was verbally abusive and I find myself as a parent sometimes, I'll go to yell at them about something and I'll say, 'Hey, wait a minute'."

For several women, a sense of needing to break with the past was extended beyond

their personal histories to a sense of needing to break with their social and cultural pasts where abusive and oppressive beliefs prevailed. These women expressed a keen sensitivity to a wide range of abuses in our society and a commitment to non-violence. Racism, sexism, classism and homophobia were some of the injustices they raised and felt a need to take a stand against. Taking a stand against abuse in society in general had implications for them as mothers. For one woman, breaking with the past meant not repeating the gender stereotyping with her girls that she experienced as a child: "Cinderella is not allowed in my house. I hope to raise them with a feminine perspective... so they can be happy that they're women, celebrate their womanhood cause I never did that." Societal injustices were perceived by these women as part of the cycle of abuse they needed to reject.

In summary, the theme of needing to break with the past was experienced in several ways by the women in this research. The women felt critical and rejecting of their parent's childrearing practises but also recognized that they, too, were capable of passing on unhealthy ways of relating to their children. Feelings of anger and a sense of responsibility were also part of this experience of needing to break with the past. This need was experienced internally and externally as needing to "stop the cycle of abuse." A sensitivity to all forms of abuse in society as well as in the family was expressed by the women and influenced the ways in which they struggled to break with the past in mothering their children.

#### **A sense of evolving as a mother**

A sense of evolving as a mother emerged as a theme in this research through the participant's repeated references to learning new ways to parent and through their stories of growing and changing as mothers. For these women, rejecting what was abusive and unhealthy in their pasts was a reactive response to their childhood abuse. Finding better ways to parent and struggling to create loving, nurturing homes for their children, on the other hand, was a proactive response. It is within this later response that the sense of evolving as a

mother was experienced. One woman's comment brings the two experiences together: "I can't change the past, but I can change the future." This theme of evolving as a mother incorporates several elements that are common to life change and transition in general - feelings of motivation, a sense of striving and struggling, and feelings of pride and loss. All are aspects of the on-going growth process these mothers experienced. Evolution involves the passage of time. For the women in the study, this theme of evolving as a mother refers to these women's perceptions of how they were changing over the years they were mothering their children.

One part of the experience of evolving as a mother for these participants was the feeling of being strongly motivated to provide a healthy, nurturing environment for their children. One woman expressed her motivation as feeling compelled to offer her children something better than she experienced:

It's very important for me that I raise my children abuse-free. I find that for myself it's very important. I'm very cautious because I just don't want them to have the experiences that I went through. It just isn't fair.

The women were repelled by their abusive pasts, but they also felt drawn to the possibility of healthy, abuse-free futures that their children represented. And it is this sense of being "pulled" forward that the women perceived to be the motivation for the evolutionary process they were undergoing as mothers. When describing a parenting program she was considering taking, one participant expressed the inspiration she felt to be a good mother to her children: "I want to be all that I can be with them, for them, because of them."

Similar to and complimentary to the women's feelings of responsibility and commitment to stop the cycle of abuse, they experienced feelings of responsibility and commitment to start new patterns of positive parenting. Referring to her commitment to mothering, one woman said: "I just wanted to do it right so badly. I took my parenting very, very seriously. I knew this was the biggest job I ever had to do." A sense of "wanting to do it right" engaged the women in their journey of evolving as a mother.

Another element of the experience of evolving as a mother for these women was a

persistent feeling of needing to look for alternatives to negative parenting patterns. For some of the mothers, looking for alternatives was like being on a quest. They used phrases like, "seeking answers", "following leads", "asking questions" to convey the process of searching for and discovering better ways to parent. One woman used the metaphor of a puzzle to capture this aspect of evolving as a mother: "It's been more like a puzzle, mothering, than anything else,... Yeah, somehow we did it and the 'somehow' was just not giving up. I just kept asking questions and following up leads and just kept on doing that." The women also spoke about the hard work, struggle and frustration that was part of their quest to find positive ways to parent. "Progress and relapse" was the way one woman expressed the difficult learning process she was going through as a mother.

Evolving as a mother for these women meant looking for resources to help them grow and change. The mothers reported that they had read books, taken parenting classes and turned to family, friends and partners to help them learn good parenting skills. They had also drawn upon the services of professional counsellors, daycare workers, family support agencies and transition houses in their quest to transform themselves as mothers.

In addition to seeking external resources, the women looked within themselves for answers to their questions. Growing as a mother involved an internal process of, as one woman stated, "looking at my responses and trying to make sense of them." The women reflected on themselves and their children and examined the situations they encountered in their efforts to grow as mothers. For some, this meant "sorting through feelings"; for others this meant "thinking hard." One mother described this internal process when she was trying to understand a particular response she had to her daughter: "It took a couple of days and a lot of journal writing, a lot of thinking just to trace it back."

There were several areas of mothering that the women pointed to as areas where they were particularly aware of evolving and growing. In these areas, they felt their search for alternatives was starting to pay off. For many of the mothers, over time the need to withdraw

from their children subsided so that they could stay present more often. One woman described the change this way:

I'm giving him time now, with me. With working 40 hours a week, I don't have a whole lot of time... but the time that we do spend now is quality time which before, it was more of a nuisance to spend time with him because I was so wrapped up in my own things.

Feelings of being overwhelmed by their children also were easing for the women. They reported feeling "calmer", "stronger", and "less frightened". Several of them said that through their reading, their parenting classes and other resources, they had learned a whole variety of new skills that helped them to feel more in control and less helpless. Some examples of the skills they reported learning about and practising included limit-setting, offering consequences and choices, communication and language skills and anger management for themselves and their children.

Another aspect of the sense of evolving as a mother the women experienced was the sense of confidence and pride in the changes they were undergoing. Not surprisingly, the self-doubt and uncertainty the women struggled with was changing to a sense of confidence in themselves as mothers. One woman talked about how this was changing for her:

There is this healthy part that gets stronger and stronger and eventually that will be my ground to stand on because I longed for words, I longed for absolute truth, I longed to know the right way. And as I'm going on I realize that there is none. There is only one and that is within me and I have to access it.

As these women grew and changed how they were mothering, they were able to see their children benefitting from their progress. Seeing this brought a sense of accomplishment and pride for one woman whose daughter had previously been very abusive with other children. She recalled the moment she noticed how gentle her daughter had become: "I was happy. I felt success then. Like wow! I actually can parent. I actually can get them to change. I can remember thinking, it is worth it. I am doing something concrete."

Along with feelings of pride in the progress they were making, however, some women also reported feeling sadness and regret related to their perceptions that they had not changed



and grown soon enough or fast enough. Reflecting back on the first year of her daughter's life when she was still abusing drugs, one woman said, "I tried to create as much bonding as I could but in reality I missed that. It's gone. I can't get it back." One woman who did not remember her past sexual abuse until her daughters were 2 and 3 years old, regrets that she didn't have access to these memories sooner: "I keep saying to myself, I wish I knew before they were born." The evolutionary process was long and slow for these mothers and in the meantime, they felt opportunities had been missed to have the close and loving relationships they had hoped to have with their children. After years of growth and healing, one woman said, "It's hitting me now, my goodness, what have I missed?"

In summary, a sense of evolving as a mother was a theme in this research on the experience of mothering for sexual abuse survivors. For these women, evolving as a mother meant feeling drawn to provide healthy parenting for their children and searching for alternatives to the abusive parenting patterns from their pasts. They looked for resources in the community and within themselves to help them grow and make necessary changes in their parenting. The women identified several areas of growth in their ability to mother and expressed feelings of both loss and pride regarding the changes they were undergoing as mothers.

#### **A sense of child as catalyst for healing**

The theme of child as catalyst for healing was found to be present in the stories of the women who participated in this research. The women gave examples of how they were stimulated to remember and re-experience their childhood abuse through the presence of their children. Their stories revealed that through the experience of mothering they were motivated to address their own emotional and relational deficiencies so that they could provide a healthy atmosphere for their children to grow up in. The sense of their children as a compelling healing force in their lives, manifested itself in various ways and this healing process was experienced

in various areas of their lives. One woman summed up this sense of her daughter being a catalyst for her personal healing: "I have a sense that having her really awakened me to myself. J. has through her presence opened those wounds and allowed me to start my healing."

For the women in this study, the sense that their children were drawing them to resolve their childhood abuse was, at times, experienced as involuntary. The women expressed a feeling of being "forced" to deal with their past. Through mothering their children, memories and feelings came unbidden and without their conscious choosing. Two of the women related that it was because of flashbacks and body memories during labour and delivery that they received the first clues that they had been sexually abused. One woman described this experience:

And from the point I got into labour, I had no awareness of my sexual abuse at that point, but I started to react as though I was a little kid and as though I was being abused without knowing that was going on.... And that was my first inkling that something was going on that I didn't really understand... It triggered body memories and a lot of fear and terror and I had no idea where this was coming from.

With the memories and feelings that their children stimulated, came the beginning of their healing journeys. In addition to stimulating memories of abusive events, the women noted that their children stimulated them to reconnect with their own latent feelings of fear, vulnerability and sadness, that in turn initiated a healing process for them.

The emergence of repressed memories and feelings was necessary as the first step in the healing process because it forced the women to acknowledge the existence and affect of abuse in their lives. One woman made the connection between the presence of her daughter in her life and her inability to avoid the truth about her abuse. She first raised questions and then answered them herself: "Is that why children are here? Are they here to remind us of what we were like or what it was like?... Well, you know, I might not have gotten to the truth of it if she wasn't here." For these women, the experience of mothering drew them out of the protection of denial, a coping skill they had previously employed as a means of survival.

Being stimulated involuntarily to remember childhood abuse in the long term was experienced positively because it initiated a healing process. However, at the time the women were being triggered, they did not experience these events as entirely positive. In fact, at the time most of the women felt confused, distressed and overwhelmed by these experiences. Descriptions of some of the above themes provide examples of how difficult and unmanageable these experiences were. With the passage of time and increasing personal strength, however, the women found ways to manage their distress and accepted this as an inevitable and necessary part of their healing. One woman whose daughter had just turned six, calmly and matter of factly speculated that being triggered by her daughter is "probably going to go on until she's a teenager" but that "it's way easier now" than when she first became a mother. As their children grew, these women felt less anxiety and more confidence about these involuntary pulls toward healing. One woman even expressed gratitude for these "gifts", as she called them, because of the opportunities they provided: "I can pay attention and I can trace back and I can understand eventually what it is all about."

In addition to the involuntary nature of the experience of child as catalyst for healing, for the women in this study this experience also involved an element of choice. The women were moved by concern for their children's well-being to accept responsibility for and actively participate in their healing. Here it was not recovered memories, but the on-going intimate relationships with their children and daily interactions of mothering that provided the motivation for them to be functioning as a mother in as healthy a way as possible.

For some women this process of healing started with the recognition and acceptance that their children's welfare was dependent on them and on their ability to mother in a healthy way. One woman described the realization she came to regarding this connection between herself and her son:

If I'm not happy, he's not happy... If I'm going to have an attitude, he's going to have an attitude. I saw what I was doing to him and I didn't like it. I didn't like what he was becoming and so I decided I have to go, I have to try again and find someone again to help me. J wasn't the problem. It was me.

Sensing the link between her son's well-being and her own well-being, this woman took the challenge and went for counselling. Feelings of responsibility for and commitment to their children in some cases surfaced when they observed their children picking up their own negative habits. One woman who attends Overeaters Anonymous reported how her daughters motivated her to accept responsibility for her healing:

They help me grow. When I see them reacting negatively, I want to change so they can steer in a different direction. My two year old was getting very obsessive about food before I actively started working my program.... And I thought, Oh shit! I've got to change. I was really scared.

Several women also experienced this responsibility in terms of needing to be good role models for their children. One woman described how mothering has "forced" her to become a good example for her daughter to follow: "It's forced me to look at what's really going on in my life. It's forced me not to accept any kind of abuse from anybody. I have to protect her. If I don't accept abuse, then she won't learn to." The women repeatedly expressed that they felt compelled to work on the issues surrounding their sexual abuse so that their children would not be damaged by their inability to mother. One woman captured this sense of motivation and responsibility her children provided: "I know I got to keep working on all of this stuff so that they are healthy and so that they can function."

The women who were interviewed for this research experienced the healing influence of their children's presence in many areas of their lives. As is commonly the case, childhood sexual abuse had negatively affected the women's sense of self, their sense of worth, and their desire to live. The women expressed the sense that their children provided an antidote to some of these areas of negative self worth. Two of the women said that having a child had stopped them from having suicidal thoughts because, as one woman stated about her son, "when he came around it was like I had something to live for." One woman said that her daughter had the ability to banish feelings of shame that she struggled to overcome:

There's no way that shame has even a chance of getting in if she's around and we're outside... My own shame does not get into the picture if I'm out with her now... When I'm by myself then I do have days when I'm covered in shame. So it's really positive

that way.

Several of the women also related that their children brought a sense of healing through the opportunities they provided for playfulness, laughter and delight. One mother described the times she spent playing with her girls as "very nurturing, very soothing." The experience of mothering for these women was one of giving and affirming life for their children and themselves at the same time. It was this sense of healing that one woman referred to when she said of her daughter, "To reparent myself is the gift that she brings."

Another area of the women's lives in which the healing influence of their children played a role was the area of relationships. The women's relationships with their children were different from other relationships they had. As one woman describe it, her relationship with her daughter was more "constant" and "close" and there was "more at risk." The women experienced increased intimacy, responsibility and commitment in their relationships with their children. Five of the seven women described feelings of intense bonding, protection and joy at the births of their babies. Although this combination of factors was "scary" and "overwhelming" at times, it also motivated them to try to resolve some reoccurring issues they had in their other relationships. The women experienced relational healing through their children that counteracted some of the effects of their abuse.

One woman described herself as a "controlling person" in relationships in that she "basically liked to have my own way." When her son started forcefully expressing himself as a willful two and three year old she was pushed to the brink of crisis. As a child, she survived by being "in control", but as a mother being controlling was destroying her son's self-esteem and her relationship with him. Because of her compassion for him, this woman reported that she is learning a whole new way of relating that is based on respect for herself and her son.

One woman said that having a child "forced" her to change a pattern of withdrawing socially: "It forced me not to be a loner." Instead of retreating into isolation, this woman has become more comfortable socially because she says, "I have a child who wants to talk to me.

She's interested in the world." Some of the women reported that having children helped them to be more assertive in relationships. Before having a baby girl, "being heard" in her relationships was not that important, one woman said. She tended to avoid confronting others when she was not being heard. But with her daughter in her life, "there is more at risk" and she says she is "finding her voice" and "finding the words" so her daughter will witness a strong woman in relationships.

The area of intimacy in relationships was also an area in which the women experienced personal healing. As was noted in the theme of needing to withdraw, intimacy with their children also felt "dangerous" at times. Being in relationships with their children challenged many of the women to address their fears so they could welcome and enjoy closeness with their children. One woman is working to overcome her discomfort with physical affection because of her children: "I'm sure they kind of wonder. And I'm afraid that they'll grow up thinking that affection comes with tension." As she heals from sexual abuse, she says, she is able to enjoy the intimacy with her children: "After I see my counsellor, I usually feel a sense of peace and then I'm able to interact with them easily."

Healing in this area of the women's lives was connected to the previous theme of evolving as a mother. There was a sense among the women that as they healed from sexual abuse they were better able to connect with their children. One woman gave this example of what was happening for her:

After I've gone to the core, its like something wakes up inside of me... And it's like where maybe before there was some distance, we create a new closeness and that's happened all the way through my recovery... It's like you got to get rid of all the garbage and as I do that there's more room for love, more health, more healing.

Getting closer to their children in turn was part of their evolution and growth as a mother.

Referring to this circle of healing as a woman and growth as a mother, one woman said, "The more I get what happened to me validated, the less my daughter triggers me... As I'm learning to take care of me, I can take care of them."

The child as catalyst for healing emerged as an important theme in the experience of

mothering for the participants in this research. Areas of healing involved their sense of self and self worth and their ability to have healthy relationships. A circle of positive personal growth and growth as a mother was identified as being part of the sense of their children as catalyst for healing.

## CHAPTER FIVE

### DISCUSSION

This chapter includes a restatement of the purpose of this research and a synopsis of the women's narratives. The results of this study are discussed and compared with the literature. Finally, implications for future research and counselling are presented.

#### **Restatement of the Purpose of the Research**

The purpose of this research was to explore and describe the experience of mothering young children for women who had been sexually abused as children. The research question that guided the study was: **What is the experience of mothering pre-school children for adult women who were sexually abused in childhood?** In order to understand the subjective experience of mothering, a phenomenological approach was used to achieve these goals.

#### **The Essential Structure of the Experience of Mothering for Women who were Sexually Abused in Childhood**

The seven women who participated in this research ranged in age from 21 to 39. They represented a diversity of racial, cultural, socioeconomic and educational backgrounds. The women became mothers under various circumstances and at different stages in their lives. The birth of their children set the stage for the shared experience of mothering. The experience was intensely challenging and ultimately transformative for these women. The struggles they shared as they cared for and related to their children form the basis of this narrative.

For all of the women, the experience of sexual abuse in their childhoods was traumatic and formative. The abuse was remembered still with pain and fear. It had scarred their lives. Whether the sexual abuse was perpetrated by a family member or someone outside the family, the homes in which the women grew up were not safe, nurturing environments. They grew up



without observing or experiencing positive parenting role models.

Faced with the presence of children in their lives, the women in this study felt a strong responsibility to provide for their children what they never had - protection from abuse, competent parenting and a close relationship between mother and child. A commitment to these goals guided the women throughout their experience as mothers. The experience of abuse in their pasts, however, interfered with their ability to live up to their expectations of themselves as a mother. They engaged in an on-going struggle to achieve their goals in spite of the barriers they encountered.

The need to protect their children from abuse was an important part of mothering for these women. This meant that they were extra vigilant to insure that their children would not be sexually abused. Despite the very careful protective measures they took, the women were frequently preoccupied with fear for their children's safety. The possibility of child sexual abuse was not vague or far off for them. It was very real and very frightening.

The women also wanted to be competent, caring parents that could guide their children through their own learning and development. However, these mothers felt confused and uncertain about what is right, what is wrong and what is "normal", especially in the areas of discipline, limit setting and their children's sexuality. They felt that they could not rely on their automatic responses in these situations because of the deficiencies in their own childhoods. They felt strongly critical and rejecting of the parenting they had experienced as children and yet this experience was all they had to draw on. They were often at a loss as to how to parent differently than their parents.

The women also wanted to have close relationships with their children. Physically and emotionally, they wanted to have a sense of intimacy, the ability to stay present and responsive to their children. To do this was often difficult and filled with conflict. The intense connectedness of mothering small children required emotional and psychological resources that they often lacked. So although they wanted to be close to their children, the women needed to

withdraw from the intimacy at times to protect themselves from exhaustion and becoming overwhelmed. The women struggled to balance their children's needs for closeness and their own needs for distance and vice versa in terms of safety.

At times, the gap between what the women wanted to provide for their children and what they were capable of providing was too great. It was then that they felt stretched beyond their abilities and overwhelmed by the responsibilities of mothering. Not surprisingly, seeking and finding support for themselves was a vital concern for these women. They knew their limitations and sought out caring, reliable people who could take over for them when they needed respite. A lack of trust in other people's ability to keep their children safe made the task of finding support for themselves complicated and stressful. As well, many of these women experienced structural barriers such as poverty and a lack of resources which made the task of finding support for themselves even more frustrating and difficult. When support was not available, the women felt even more overwhelmed. When support was available, it gave the women a chance to recover their strength, separate their own issues from those of their children and continue caring for their children.

Running parallel to the difficulties of mothering for these women were feelings of hope and inspiration. The experience of mothering brought with it considerable benefits for them. The women felt motivated by their children to engage in a process of learning, growth and change so that they could be competent, caring mothers for their children. A lack of good role models by which to pattern their mothering forced the women seek out many resources to help them find healthy ways of mothering. They read books, they took courses, they spoke to professionals and they watched other parents in their quests to give to their children what they themselves had not had. Over time, they started to learn new skills and find answers to their questions. At the stage in this learning process that the women spoke to me, they were starting to trust themselves and feel confident in their capabilities as mothers.

The presence of children in these women's lives also stimulated them to acknowledge

and address the sexual abuse they experienced as children. Mothering was instrumental in promoting personal healing for them. Through their relationships with their children, repressed memories and feelings of their abuse surfaced. The evocation of their own childhood experiences was painful and disturbing, but ultimately positive. Healing came through remembering because in remembering the women were given the opportunity to resolve some of the grief and pain of their childhood abuse. The women were also moved to take responsibility for their personal healing so that emotionally they could be as healthy as possible for their children. They did not want their children to suffer because they were still disabled by the abuse.

However, being engaged in the process of healing from sexual abuse while mothering was a particularly difficult for the women. They had to balance the demands of mothering with the intense and sometimes overwhelming work of healing from sexual abuse. Being emotionally exhausted and distracted by the therapeutic process made it hard for the women to be present to their children. With the passage of time, however, as the trauma of their abuse was addressed, the women were starting to reap the rewards of their hard work in their relationships with their children. Mothering and healing became a cycle of reciprocal influence. Mothering initiated and promoted healing. Healing the personal and relational deficiencies related to their abuse in turn provided them with more resources in mothering their children.

Along with their experiences of hardship and struggling, these women spoke of commitment, inspiration and hope. The experience of mothering small children tested their abilities continually. But through it, they had also been able to call up incredible resources and strengths in themselves. While the women felt sad that they had not been able to change and heal fast enough or soon enough to be of maximum benefit to their children, none of them regretted having become a mother. They all knew that there was still more healing, learning and growing to come as they continued to be in relationship with their children.

### **Comparison to the Literature**

This study examined the experience of mothering for women who were sexually abused as children. Very little research on this topic has been conducted. Almost all of the research reviewed in Chapter 2 contained a bias against mothers that implicated them unfairly in the abuse of their children (e.g. Burkett, 1991; Goodwin et al., 1989) or focused narrowly on their parenting practises and how these affected their children (e.g. Cole & Woolger, 1989a; Cole et al., 1992). A handful of qualitative studies on various aspects of the experience of mothering for women in general (Bergum, 1989; Zimmer, 1990) and for women who were sexually abused were also reviewed (Cohen, 1987; Westerlund, 1992).

For the purpose of comparison the research that is related to the topic of the present study has been divided into four categories: 1) research on sexual abuse survivors as abusive mothers, 2) research on parenting practises of sexual abuse survivors, 3) research on mothering for women in general and, 4) research on the experience of mothering for sexual abuse survivors. The findings of the research in these categories will be compared to the findings of this research project for similarities and differences.

### **Research on Sexual Abuse Survivors as Abusive Mothers**

Burkett (1991) and Goodwin et al.'s research (1989) attempted to find scientific support for their hypothesis that mothers who were sexually abused as children perpetuate a cycle of abuse by abusing their own children. Difficulties in comparing the results of the above studies with the results of the present study arise due to the differing research methods used, the differing goals of the research and the differing assumptions regarding maternal responsibility. Quantitative analysis used by the researchers of these two studies produce numerical values that are difficult to compare with the descriptive findings of the present study. However, it is possible to address the issue of sexual abuse survivors as abusive mothers in relation to the current research. There was no attempt in the current research to establish evidence of

abusiveness or non-abusiveness in mothers with histories of sexual abuse. Rather, I attempted to explore from the women's perspective what it is like to mother young children. I found that the women were often overwhelmed by the demands of mothering and that they coped at times by withdrawing from their children. The women found mothering to be very difficult at times and some reported slapping or spanking their children during times of crisis. These experiences certainly reveal the problems and difficulties of mothering for the women in this study. They suggest that at times these mothers may have been at risk of abusing their children. However, there is no evidence that the women were abusive parents. Rather, some of the themes identified in this study (e.g. the experience of being overwhelmed and the experience of needing to withdraw) provide an understanding of the types of struggles sexual abuse survivors engage in when mothering and highlight the emotional complexities of their experience.

With regard to the findings by Burkett (1991) that sexual abuse survivors tend to encourage role reversals and enmeshment in their children, the current research did not examine mothering in terms of these constructs. None of the themes found in the present study offer any evidence that the women were engaging in these behaviours. It is acknowledged, however, that since the focus of the current research was on the experience of the mother and not on her behaviour, a comparison to Burkett's findings is difficult.

Results of the current research also suggest that the women felt a keen sense of responsibility to break with the abuse in their pasts and reported that they were growing and healing through their relationships with their children. Attention to these aspects of mothering are absent from the findings of the research by Burkett (1991) and Goodwin et al. (1989). It appears that the mother-blaming bias inherent in both of these studies focused the research narrowly on establishing evidence to support the contention that these mothers are abusive.

#### **Research on Sexual Abuse Survivors and Parenting Practises**

Cole and Woolger (1989a) and Cole et al. (1992) examined survivor's parenting

attitudes, practises and experiences through the use of various questionnaires. Like the previous category of research, the focus and goals of these two studies were very different from those of the present research. The current study focused on the subjective experience of the mother. It did not examine her behaviour directly or the impact of her behaviour on her children as did the research by Cole and Woolger. Neither did the present study compare the mothers in the study with any other group of mothers. However, various aspects of their findings are relevant to the findings of this study and these will be examined and compared.

In the research by Cole and Woolger (1989a), it was found that mothers who had incest in their past tended to endorse autonomy in their children more so than mothers who had no past incest experiences. The women in the current study reported fearing for their children's safety and needing to protect them. This would suggest that they might, in fact, discourage autonomy in their children. On the other hand, the mothers in this study also felt overwhelmed at times by the demands of mothering and emotionally stressed. Given that the more self-reliant their children are, the easier it is for mothers to cope during difficult times, this suggests that the mothers in the present study may have viewed self-reliance in their children favourably. Given the findings of the current study, it is possible to speculate that mothers who were sexually abused may feel ambivalent about self-sufficiency in their children. However, whether, in fact, they encouraged autonomy or encourage it more than other mothers is beyond the focus of this study.

The results of the present study have some similarities to those of Cole et al. (1992). Similar to a lack of confidence and feelings of inadequacy that Cole et al. reported in the mothers in their research, in the current research it was found that a sense of self-doubt and uncertainty was experienced by mothers who had been sexually abused as children. Also, consistent with a lack of emotional control cited in Cole et al.'s research findings, the current research identified the experience of being overwhelmed as being a significant part of mothering for these women. The convergence of these specific findings in these two studies

adds weight to the evidence that the sense of feeling emotionally overwhelmed and inadequate as mothers is a salient aspect of mothering for women who were sexually abused as children. Unlike the research by Cole et al., however, these experiential aspects of mothering were explored in detail in the present study and were embedded in the context of the women's past and present lives and the impact of their abuse. The descriptive nature of the present study's findings allowed for a deeper, more thorough understanding of the meaning and significance of the inadequacy and lack of control the mothers experienced.

Results of the present study can also be compared to the findings by Cole et al. (1992) regarding the issues of inconsistency and disorganization in the mothers in their study. Given the lack of emotional resources and the need to withdraw from their children that the women in the current study experienced, it is possible to speculate that inconsistency and disorganization were factors in their interactions with their children. However, inconsistency and disorganization are constructs that relate to particular parenting skills with the focus being on the mother's behaviour. Cole et al. used questionnaires, two of which (Parenting Dimensions Inventory and the Family Environment Scale) contain parenting factors which include organization and consistency categories. In contrast to the focus and methods of Cole et al., the current study used unstructured interviews to gather data and focussed on the internal experience of the mother. Thus, whether the internal experience of being overwhelmed, for example, translated into inconsistent and disorganized behaviour, is a matter of conjecture. In the absence of pre-determined constructs, the mothers in the current research did not spontaneously raise the issues of consistency and organization as being relevant to them.

The results of these two studies differ from the results of the present study in that neither of Cole and Woolger's (1989a) results or Cole et al's (1992) results brought to light any of the neutral or more positive aspects of the experience of mothering for survivors of sexual abuse. Feelings of commitment, responsibility and motivation that were identified by the mothers in the present research as well as the sense of growth, healing and transformation the

women reported were not examined or reported in these two research projects. This difference may also be explained by the fact that the particular factors on the standardized questionnaires used these researchers precluded these more positive issues from surfacing. In addition, the participants in the present study had all been involved in counselling for issues related to sexual abuse. This may explain why growth and healing were more salient issues for the women in this study.

### **Research on the Experience of Mothering**

Bergum (1989) explored the experience of becoming a mother in her phenomenological study. Since the current research focused on the experience of mothering young children, no commonalities between Bergum's first three themes, which focus on childbirth and pregnancy, and the themes found in the current study are evident. However, similarities between the last two themes Bergum described, which have more to do with the experience of mothering itself, and the results of the present study will be noted.

Bergum (1989) identified and described the theme of a transformative sense of responsibility. She writes: "To become a mother involves responsibility... In taking responsibility for the child, we are forced to be responsible also for ourselves." (p. 83-84) This sense of responsibility for the child and the self that Bergum identifies is clearly echoed by the mothers in the current research. Like the mothers in Bergum's study, these mothers felt forced to take responsibility for themselves. For the mothers in the present study, responsibility had specific meanings related to their childhood histories. It meant, for example, being responsible for their children's safety and taking responsibility for working on the deficiencies and disabilities they had, related to their sexual abuse, so their children would not go through what they did. Both the mothers in the current research as well as the mothers in Bergum's research reported experiencing a sense of responsibility that they believed had the power to transform them.

The theme of having a child on one's mind in Bergum's study highlights the divided



attention that new mothers experience. One consequence of this "fragmented thinking", Bergum suggest, is self-doubt: "To have a child on one's mind seems to put oneself in question...Care of the dependent and needful Other results in the self-questioning that new mothers feel"(p.102). Similarly, the mothers in the present research also reported experiencing self-doubt and uncertainty. For these mothers, self-doubt and uncertainty were related to having poor parental role models and their confusion often centred around questions about what is right and what is wrong in terms of parenting.

The similarities found when comparing the results of Bergum's (1989) research and the present research have several possible explanations. One explanation is that the experience of mothering for sexual abuse survivors overlaps with the experience of mothering for women in general in at least the two aspects of mothering identified above. Self-doubt and a sense of responsibility may have unique meanings and manifestations for survivors of sexual abuse who mother, but essential elements of these experiences may be common to all mothers whether or not they were sexually abused as children. A comparison of these two studies which used similar research methods to examine a similar question suggests that mothers who are survivors of sexual abuse may share these two aspects of mothering with women who have not been abused. A comparison of these studies may also imply that certain aspects of the experience of mothering newborns and the experience of mothering young children may also overlap. A sense of transformative responsibility and feelings of self-doubt may continue to be felt by all mothers as their children grow into their pre-school years.

Research by Zimmer (1990) on mothers' experiences of nurturing a young child found that the mothers in her study identified both pleasant and unpleasant aspects of mothering, that included intense emotional and physical components. In contrast to Zimmer's study, the mothers in the current study did not speak of mothering in terms of it being pleasant or unpleasant. However, they did experience both positive and negative aspects of mothering. For example, positive aspects of mothering for the women in this study included feeling

motivated and inspired to grow as mother and heal the trauma of the past. Negative aspects of mothering involved emotional exhaustion, stress and fear for their children's safety. Thus, both the research by Zimmer and the present research suggest that mothering young children can be a mixture of contrasting and complex experiences. Similar research methods that encouraged a wide ranging exploration of the mothering experience may account for the consistency in these findings.

The results of the current study and those of Zimmer's (1990) study are also similar in that both groups of mothers experienced mothering as emotionally and physically intense. For the women in the present study, this intensity involved fearing for their children's safety, feeling overwhelmed by memories, and needing to withdraw from closeness. Emotional and physical intensity had specific meanings that were related to aspects of mothering that are unique to sexual abuse survivors. The similarities between these two groups of women may be explained by the fact that emotional and physical intensity is inherent in the care and nurturing of young children for all mothers regardless of their childhood experiences. This finding is certainly confirmed by the literature on child development and motherhood (Bowlby, 1969; Llewelyn & Osborne, 1990; Rich, 1976) and by anecdotal material related to parenting small children.

Zimmer (1990) also found that the mothers in her study felt ambivalent as nurturers. Similarly, the mothers in the current research did not experience mothering in a one-sided manner. The experience as a whole included contradictory and conflicting feelings of anger, exhaustion, fear and inadequacy on the one hand, and pride, joy, commitment and inspiration on the other. Results of both studies reveal the experience of mothering young children to be complex. As with Bergum's (1989) research, the consistencies between the present study and Zimmer's may be due to the fact that the experiences of these two groups of mothers overlap in certain areas. It is reasonable to speculate that certain aspects of mothering young children would be shared both by mothers who were abused as children and those who were not. As well, both studies had similar goals and used similar methods to achieve those goals. The

convergence of the findings of the present study and those of Zimmer's (1990) study in the two areas discussed above is significant. It indicates that these aspects of mothering young children may be present for other mothers as well and points to the generalizability of the current study's findings.

#### **Research on the Experience of Mothering for Women who were Sexually Abused**

Westerlund (1992) examined parenting as part of a larger study on the sexuality of women with histories of sexual abuse. Unlike the findings of Westerlund's research, the women in the present research did not indicate directly that they felt their past sexual abuse made them more responsive. However, their sense of needing to break with the past and their sense of evolving as a mother appeared to be connected to their heightened sense of responsibility to adequately parent their children. As well, these mothers had a keen sense of the potential for their children to be abused and similar to the mothers in Westerlund's research, they were very sensitive to their children's needs for safety and protection.

The results of this research are also consistent with Westerlund's (1992) research findings that the sexual abuse survivor can sometimes be too troubled to parent their children effectively. The sense of being overwhelmed and needing to withdraw reported by the women in the current study confirms that mothers who were sexually abused as children may at times be unable to stay responsive and connected to their children to an extent that goes beyond the experiences of mothers in general. These themes reveal that the mothers were at times too overwhelmed by their own emotional difficulties and memories to be as attentive as they felt they needed to be to their children. The similarities between these two studies emphasize the very real difficulties that women with histories of sexual abuse struggle with as they mother their children.

Other similarities between Westerlund's (1992) research and the present study exist as well. For example, feelings of fear for their children's safety were reported by the mothers of

both studies. Also discomfort with and the need to withdraw from physical closeness were issues raised by both studies. Finally, Westerlund's finding that the mothers in her study felt confused about the boundaries between exploitive and nonexploitive touch parallels the confusion the mothers in the present study reported with regard to body and sexuality issues. These similarities in findings may have emerged because the women were given the opportunity to explore their experiences of mothering in an unstructured manner in both Westerlund's study and the present research. The consistencies in the findings of these two studies are important because they confirm that women who were sexually abused may experience these aspects of mothering that mothers who have not been sexually abused do not experience to the same degree.

Research by Cohen (1987) on the experience of motherhood among women who were victims of childhood incest explored the same topic as the current study and used a similar research design. Contrary to the results of the current study, she reported that early motherhood was mostly "gratifying and fulfilling" (p.196) for the participants in her research. The present research reveals mothering to be a mixture of both stress and turmoil, as well as inspiration and growth. Cohen does indicate that early motherhood was marked by "intrusive recollections" for her participants, which is consistent with the results of the current research. However, she interprets these as "distractions", while for the women in the present study resurfacing memories of abuse as well as several other distressing experiences constituted significant and serious concerns for these mothers. The differences in the weight attributed to the negative aspects of mothering young children between these two studies could be attributed to the fact that many of Cohen's (1987) mothers were past the stage of early motherhood and they were reflecting back on those years. The passage of time may have diminished the seriousness of the difficulties they experienced as mothers. For the women in the current research, intrusive memories, feeling overwhelmed, fears, and uncertainties were still very real and very distressing at times.

Although Cohen (1987) indicates in her results that early motherhood was gratifying and fulfilling for the most part, she offered very little support for this finding. In fact, the rest of Cohen's results seem to contradict this statement since she provided many more examples of mothering as difficult and stressful than gratifying and fulfilling. The only indication in Cohen's results as to what was particularly satisfying for these mothers was the limited identification of feelings of control that they felt in early motherhood. This, too, contradicts the results of the present study. In this study, a sense of growth as a mother and a sense of healing as a woman were experiences of mothering that were reported as positive and gratifying. And these elements of growth and healing were present in spite of the fact that the women also often felt overwhelmed and out of control.

It is difficult to make sense of the differences between Cohen's (1987) findings and those of the present study. Here, again, perhaps it is possible to point to the differences between the samples of mothers to explain the inconsistencies. Since many of the mothers in her study were past early motherhood, they may have placed this time in their lives in perspective with subsequent mothering experiences and viewed it as relatively more positive and satisfying. The women in the current study, however, were asked to discuss the first six years of their children's lives and since all were mothering young children their experiences were more current and ongoing. Also, Cohen did not ask her participants about the more positive aspects of their mothering experiences whereas in the current study, the women were encouraged to explore and discuss both positive and negative aspects of mothering young children.

Cohen (1987) also reported that the women in her study felt burdened by their need to keep up a facade of competency as mothers when in fact they felt very inadequate. The mothers in the current study certainly revealed many situations in which they felt overwhelmed and inadequate. The need to present an outward image of themselves as more competent than they felt, however, was not evident in the interviews. In order to account for this

discrepancy in findings between the two studies, it is possible to speculate that differences in the women's experience with counselling may have contributed to these inconsistencies. Only three of the 17 women in Cohen's study had been for individual therapy to address their past sexual abuse, while all of the women in the current study had received or were receiving some counselling. The growth and change that is often initiated with the counselling process could have helped the women in the current study to feel more open about their inadequacies and deficiencies. Having a sense that they were actively doing something to address their difficulties may have allowed them to feel less defensive about their inadequacies.

Although the women in the current study reported a sense of confusion and uncertainty regarding their children's sexuality, they did not indicate that fear, negativity and repressiveness were aspects of this experience for them as the mothers in Cohen's (1987) research did. This discrepancy in the findings may be due to the fact that Cohen questioned the women directly about what reactions they had to their children's sexuality. In the absence of direct questioning on this issues, the women in the present study did not emphasize the negative aspects of their children's or their own sexuality.

The results of the present study and Cohen's (1987) findings have several similarities as well. Both studies identify fear of a repetition of abuse in their children as a significant aspect of mothering for these women. Also, the issue of heightened responsibility in Cohen's study parallels the sense of responsibility that was part of several themes for the women in the current study. Finally, a lack of role models and difficulties with limit setting were two parenting issues that Cohen identified and which women in the present study also described.

The convergence of these particular results in these two similarly-designed studies suggests that some salient aspects of mothering for sexual abuse survivors have been brought to light. Given the fact that other literature also supports these findings, weight is added to the significance of these aspects of mothering. For example, Westerlund (1992) and Bass and Davis (1988) reported that fearing for their children's safety is an important concern for this

population of mothers. Also, Bergum's (1989) findings that as women become mothers they experience a transformative sense of responsibility coincides with the results of both Cohen's research and the current research, results that suggest mothers in these two studies experienced a heightened awareness of responsibility regarding themselves and their children. As a body of literature that explores the experience of mothering for women who have been sexually abused is being built, various aspect of this experience such as the three identified above appear to have emerged as enduring and important themes.

### **Implications for Future Research**

In this research the experience of mothering young children for women who had been sexually abused as children was explored in an attempt to understand and describe this phenomenon from the perspective of the women. A review of the existing research on mothering and sexual abuse survivors revealed that there is very limited knowledge in this area and that some of this limited information is tainted by bias. Many more studies are needed that will continue to probe the various facets of mothering from the abused woman's point of view in an unbiased and exhaustive manner.

A continuation of qualitative research is implied by the results of the present study. The current research was conducted with 7 participants. Replication of this research using a larger sample of women would help to refine the themes brought to light in this study. The need for continued phenomenological research with purposefully selected samples of mothers is also suggested. This study included one women who was First Nations, one women who had immigrated from Europe, two lesbian mothers and three women who were on income assistance. It is not known from the present research how these various aspects of the women's identity and circumstances may have influenced their experience of mothering. Research that is similar to the present study with groups of mothers selected on the basis of culture/ethnicity, sexual orientation and economic class needs to be undertaken to identify

themes that may be unique to these specific groups of women. Expanding the research to the widest possible range of mothers would deepen and enrich our knowledge of the experience of mothering.

Research that is similar to the present study but focused on the experience of mothers with full-time partners is also indicated. In the current research only one woman had mothered her child in the context of a long-term partnership with her child's father. The rest of the participants had cared for their children on their own and/or in the context of various arrangements with partners, ex-partners, friends and family. Those women who were or had at one time experienced being a "single mom", spoke of the burden of shouldering the responsibility for their children alone. Examining this same research question for single mothers and for mothers with full-time partners would be helpful in determining the needs and experiences of these different groups of mothers.

All of the women in the current study had been in counselling for issues related to sexual abuse. Counselling appeared to have had a significant impact on their lives. As with single parenting, this factor may have been important in shaping the women's experiences of mothering. It would be helpful to conduct research on the experience of mothering for women who had been sexually abused but who had not had any counselling. This suggestion, however, has serious ethical considerations which would make this research difficult to undertake.

Information on the experience of mothering for women who were sexually abused as children could be expanded by conducting research on the experience of mothering for women whose children are at different life stages than the children in the current study. It is reasonable to expect that mothering school-aged children (between ages 6 and 12) and teenagers (between ages 13 and 19) would bring into focus different issues and concerns for sexual abuse survivors than those experienced by the mothers of young children in the current research. Also, two of the women in the present study reported that they had memories of



abuse surface during pregnancy and childbirth. This "pre-mothering" stage also needs to be researched in order to more fully understand the concerns and issues for women with histories of sexual abuse at this stage.

For some of the women in the current research the gender of their child had particular meaning for them. One woman who had both a boy and a girl reported that her daughter stimulated memories of abuse much more so than her son. One woman was grateful her child was a girl because she felt that if she had a boy she would project her anger at male abusers onto him. Aspects of mothering related to the gender of the child have not been empirically examined. The current research indicates that this may be a useful avenue of investigation.

The present study serves to reveal the difficulties and struggles that women who have been sexually abused experience when mothering their young children. It highlights the necessity of resources and support for these mothers and raises questions about what supports and resources are needed to most effectively help sexual abuse survivors mother their children. Research that involves surveying existing available resources and asking the mothers to identify their needs for support is needed. Information from these types of investigations could be used to lobby for more services and to establish programs that specifically support mothers who have been abused.

### **Implications for Counselling**

Because of the serious and negative nature of the long term effect of sexual abuse (Briere, 1989; Courtois, 1988; Herman, 1992) and the impact these effects can have on the mother-child relationship, the potential for women who were sexually abused and are the mothers of small children to seek counselling is high. These women may enter counselling in several different ways. They may present themselves as someone who has been sexually abused and request help directly for this issue. Or, they may seek counselling for parenting problems or other issues such as depression, phobias, sexual problems and relationship

difficulties. As counselling progresses, sexual abuse can become a more significant concern relevant to the therapeutic process (Bass & Davis, 1988). Regardless of the initial presentation, the present research has several implications for counsellors who have clients with histories of sexual abuse and who are also mothering young children.

All of the women who participated in this study experienced overwhelming emotional turmoil at times that was related to their histories of sexual abuse. The stress of attending to small children while being emotionally distressed compounded their sense of being overwhelmed. At times, even the counselling they were engaged in, was itself very stressful, as painful memories and feelings resurfaced. An acute awareness and appreciation of the need to balance the trauma work and the parenting concerns of these women in counselling so that distress is carefully monitored is strongly indicated by this research. Balancing issues from the past with concerns from the present for women such as those in this study means that counsellors need to proceed cautiously with the trauma work and pace it so that women are able to continue to function as mothers. It also means that the counselling focus may periodically shift back and forth between sexual abuse, where painful feelings are worked through, and mothering, where support is offered and/or difficulties addressed.

For the women in this research past, sexual abuse issues and present mothering issues were experienced as equally important and pressing. Counselling for these women needs to reflect the women's experience and attend to both these aspects of their lives simultaneously. This research indicates that an integrated, balanced and sensitive approach is necessary when counselling women who were sexually abused and are currently caring for young children.

The need for counsellors to be aware of the potential for healing that children can have for women who were sexually abused is also suggested by this study. The women in this study experienced their children as facilitative in the process of coming to terms with their sexual abuse. The presence of young children in women's lives may reconnect women with

themselves as a children and with the feelings they experienced as a children. This could have the effect of opening the door to repressed memories and to feelings connected with the abuse. It could also be distressing for women. Counsellors can use this information to be prepared for the possibility of this occurring, to normalize it if it does occur, and to help women make sense of it. The women in this study were also motivated by their children to take responsibility for their healing. They wanted to resolve issues from their past because they wanted their children to benefit from their healing. Counsellors may be able to help women tap into this possible source of inspiration at times when hopes for personal gains are not enough to encourage them in their work.

Another area of counselling for which this research has implications is in the area of building support for women. The participants in this study all emphasized the need for support in their lives and spoke about the difficulties they had in finding it. Counsellors themselves need to actively and continuously support their women clients by listening respectfully to their concerns and then validating and normalizing the hardships they experience. Counselling may also involve encouraging the women to be self-nurturing. Exploring who in the women's lives is available to give them assistance, how they can get breaks from their responsibilities and how they can take care of themselves in other ways as well, may all be part of the counsellor's attention to self-care. Since these clients may be untrusting of people who could provide them with respite childcare, counsellors may need to help the women make decisions about the safety and reliability of childcare workers.

It is important to note here that many of these women encountered structural barriers to finding support for themselves. These barriers included factors such as a lack of programs and services for mothers, poverty and inaccessible education and job training. In many cases the women struggled to overcome their personal barriers to finding support (e.g. lack of trust) only to come up against societal barriers that still kept them isolated and overwhelmed by their responsibilities. Not all of the women were aware of the fact that their difficulties in finding

support stemmed in part from social and political factors. They saw this issue as their problem, an indication of their deficiencies and inadequacies. Counsellors of women in these circumstances will likely find it necessary to guide their clients in sorting out the various social and personal factors that are contributing to their frustration and isolation. A social perspective on mothering can help to simultaneously reduce feelings of self-blame and inadequacy and increase feelings of connection with other mothers.

There may be a role for the counsellor in this area in predicting the possibility of times of crisis in the healing process. This would allow the counsellor to help the woman make plans for these emergencies and thus maintain a sense of control. Counsellors may also need to act as an advocate for women who are attempting to create a support system. For example, home care services and extra daycare can be extremely helpful at times for sexual abuse survivors who have young children. In order to obtain these services for their clients, counsellors may need to speak to social workers on their client's behalf.

The results of this study indicated that the women experienced a sense of self-doubt and uncertainty with regard to their skills as mothers. They struggled with questions of what is normal and what is right or wrong in parenting. At times, they were unsure about whether their feelings of fear for their children were realistic or whether these fears had more to do with their own abuse. Limit-setting and sexuality were also areas of parenting that brought up feelings of uncertainty for them. These results suggest that counselling for mothers who were sexually abused as children may involve a process of guiding the women through these various areas of uncertainty so that they can find satisfactory answers for themselves. Counsellors may act as a resource as the women sort out their confusion.

Mothers who have been sexually abused may also require information on parenting classes, books and other parenting resources to help them become more confident of their parenting skills. Parenting groups specifically for women who were sexually abused would be a particularly valuable counselling tool given the isolation these women felt as well as the need

for support they experienced. Normalization and validation of one's experience, two of the major benefits of group work, would be very important for these women who often felt uncertain, self-doubting and lacking positive parental role models. Examining the absoluteness of such terms as right, wrong and normal may also be useful in assisting these women to be more comfortable with a level of uncertainty that is common for all parents.

In conjunction with this role, counsellors may need to reassure the women of their capabilities as mothers to counteract their feelings of inadequacy. Although women who were sexually abused may experience certain difficulties as mothers, this study indicates that they can also evolve as caring, competent mothers over time. These findings emphasize the importance of not pathologizing mothers with histories of sexual abuse. On the contrary, counsellors need to affirm their strengths and be aware of their capacities to grow and change.

The results of the present study indicate that the participants were critical of the parenting practises they experienced as children and needed to break with the past. This left them largely without role models to guide them as they mothered their children. This suggests that there may be a role for the counsellor in exploring the childhood family environment with women who were sexually abused. These women may benefit from examining how the parenting they received as children affected them and from identifying those aspects of their parent's behaviour they do not want to repeat with their children. In doing so, women who were sexually abused as children may be helped to construct a new and personalized vision of mothering that can serve as a guide to them in the absence of positive parental role models from childhood.

Finally, an exploration of the social and cultural dimensions of mothering as part of the counselling process is suggested by the results of this research. The women in this study expressed their feelings of being overwhelmed, their fears and uncertainties about being capable parents and their need to withdraw from their children. They also described the importance of being given the resources to be able to carry out the responsibilities of mothering

adequately. Although these aspects of mothering had unique and specific meanings for these women as survivors of sexual abuse, they are also experiences that have connections to all mothers who live in our society. For all women who care for their children in a society that has high expectations of them but offers little support in terms of resources and valuing their work, mothering can be a very difficult undertaking. At the same time that counsellors value and acknowledge the particular struggles for women who are survivors of sexual abuse, they may also connect these difficulties with those of all mothers. By placing the struggles these women experience in the larger context of a society that does not value and structurally support mothering, counsellors may be able to validate their feelings of being overwhelmed and reduce their feelings of inadequacy and self-blame. Ultimately, counsellors may assist in empowering women who have histories of sexual abuse by uniting them with all mothers and by encouraging them to join in the work of creating a society that does value and support women with children.

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## Appendix A

### Notice for the recruitment of research participants

#### **A RESEARCH PROJECT ON SEXUAL ABUSE SURVIVORS WHO ARE MOTHERING YOUNG CHILDREN**

My name is Hazel Loewen. I am currently conducting a study on the experience of mothering young children for women who were sexually abused as children. The purpose of the research is to learn how sexual abuse survivors experience caring for their children and what significance mothering has in their lives. This study is part of the requirements for a Master's Degree in Counselling Psychology (Faculty of Education, U.B.C.).

I plan to conduct personal interviews with 5 adult survivors of sexual abuse who are mothers. Participation in this research is voluntary and volunteers can withdraw from the study at any time.

#### **Criteria for participants:**

To qualify as research participants, volunteers must:

- \* be women over 18 who were sexually abused as children.
- \* be biological mothers of at least one child older than 12 months and no children older than 6 years of age and have no other children.
- \* have received or be presently receiving counselling regarding their past sexual abuse.

Research volunteers will be asked to meet with the investigator at a private location that is convenient for you on 2 occasions for a total of approximately 3 hours. During your first interview, you will be asked to describe your experiences and share your perspective on mothering a pre-school child(ren). This unstructured interview will be audio-taped. Complete confidentiality is ensured. Arrangements can be made to compensate for babysitting if necessary.

Your participation would be helpful and valuable to my research. You may also find it useful to share your story with me. I have worked as a group facilitator in the area of sexual abuse for many years and strongly support the strength and courage of women who are struggling to heal from sexual abuse.

Please call me at **585-6452** if you are interested in participating in the study. Or you may call my thesis supervisor at UBC, Dr. Judith Daniluk, at 822-5768 if you want more information. Thank-you.

**Appendix B**Consent Form

A Master's Thesis research study on

**The Experience of Mothering for  
Adult Women Survivors of Childhood Sexual Abuse**

The purpose of this research project is to describe and understand the experiences of adult sexual abuse survivors who are mothering young children. Five women will take part in personal, in-depth interviews with the researcher.

Your involvement in this research project requires that you meet with the researcher on two separate occasions for a total of approximately three hours - one time for an indepth, audio-taped interview, and the next time for a follow-up interview. This means that after the audio-taped interviews have been transcribed, you will be contacted and asked to read the description of your story and to indicate, if upon reflection, it accurately portrays your perception of your mothering experiences. Any suggestions you have regarding the material will be taken into account and all necessary adjustments made.

In order to ensure absolute confidentiality, all identifying information will be deleted from the study. You will be invited to choose another name that will replace your own name in any oral or written accounts of the research. All audio-tapes will be erased following data analysis and at no time will any identifying information be made available to anyone other than the investigator and her research supervisor. Confidentiality is ensured, except in cases where there is an apparent risk of harm to yourself or others (e.g. suicide, child abuse), in which case the researcher is legally and ethically bound to take action.

If any part of the outlined procedures remains unclear, please contact me or my research supervisor, Dr. Judith Daniluk, at the numbers indicated below. If at any time you wish to withdraw from the study, your right to do so will be respected.

I, \_\_\_\_\_, agree to participate in the study described under the conditions outlined and acknowledge receipt of a copy of this consent form.

Pseudonym requested: \_\_\_\_\_

Date \_\_\_\_\_

**Investigator:**

Hazel Loewen  
Dept. of Counselling Psychology  
Faculty of Education, U.B.C.  
Phone: 585-6452

**Supervisor:**

Dr. J. Daniluk  
Dept. of Counselling Psychology  
Faculty of Education, U.B.C.  
Phone: 822-5768

## Appendix C

### Orienting Statements

Before we begin the interview, I would like to give you some background on this research study. Our society has become more aware of child sexual abuse over the past 20 years. Some research on the effects of sexual abuse on adult survivors indicates that it can have a considerable effect on how they feel about themselves and on their relationships with other adults. Research on sexual abuse survivors and their children, however, is very limited. Consequently, we know very little about this topic. The part of this topic that this research focuses on is the mother's perspective of taking care of small children. This study is examining what it is like for women who were sexually abused as children to mother young children.

In this study, I am asking the question: **What is the experience of mothering for adult women survivors of child sexual abuse?** Does my question sound clear to you? Is there any thing you would like to ask?

Keeping this question in mind, could you please tell me about yourself and about your experience of being a mother. Sometimes people find it easier to address the question by telling a story that has a beginning and continues on from there. Would this be a comfortable way for you to tell me about your experiences?

## Appendix D

Questions which may be used to guide the interviews:

- (1) Would you tell me about some experiences with your child(ren) that stand out in your mind as significant?
- (2) Can you describe for me what some of the positive/negative aspects of mothering are for you? What aspects of caring for your child(ren) do you find easy/difficult?
- (3) How would you describe your relationship(s) with your child(ren)?
- (4) Could you describe for me how you think being a sexual abuse survivor has influenced your relationship(s) with your child(ren) or the ways in which you care for your child(ren)? How do you think being sexually abused as a child has **not** affected your mothering? How do you think you are most like mothers who were not sexually abused?
- (5) You likely had some expectations of what being a mother would be like. How has your actual experience of mothering been consistent with or different from these expectations?
- (6) What would you say to other sexual abuse survivors who are considering having children?