University of Alberta

Experiences of Motherhood That Contribute to the Recovery Processes of Adult

Survivors of Child Sexual Abuse

by

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A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

in

Counselling Psychology

Department of Educational Psychology

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Spring 2014
Edmonton, Alberta

Abstract

The experiences of motherhood and recovery among six female survivors of child sexual abuse were explored with the purpose of furthering our understanding of how motherhood can promote and contribute to sexual assault recovery processes. It has been well-established that child sexual abuse can have lasting effects that continue to impact survivors well into adulthood. Understanding experiences that further recovery can help to facilitate recovery processes among those who are still struggling.

A qualitative research methodology, basic interpretive inquiry, was used to complete an in-depth exploration. The results summarize the participants' stories of recovery, as well as outline the themes that were constructed from the data analysis. The themes outline that motherhood was beneficial as it: (1) exposed unhealed wounds from childhood abuse experiences making evident what was left to heal, (2) fostered empowerment to face recovery and work to better their lives, (3) provided opportunities for developmental repair from damaging childhood experiences and perceptions, and (4) increased a sense of personal value. One negative case is presented; her experiences were analyzed in contrast with the other participants to represent an alternative experience of motherhood and recovery. The study concludes with an examination of the results in light of the current research literature and implications and recommendations for future research and clinical practice are made.

Acknowledgements

First and foremost, I would like to express my profound gratitude to the women who generously shared their stories with me and participated in this research as part of their own efforts to end the silence around sexual abuse and to contribute to our understandings of healing and recovery. They exemplify resilience and strength, and I am honoured that they chose to share their experiences with me.

I am also grateful for all the time and effort invested in this project and in my learning process by each of my supervisory committee members. My supervisor, Dr. Robin Everall, provided a wealth of guidance, mentoring, and support throughout my doctoral program and this project. Dr. Cheryl Poth has been very influential in furthering my understanding of research methods, and her guidance was instrumental in organizing and completing this final document. Dr. Sophie Yohani provided essential research and clinical wisdom that strengthened my project from conception to completion. I am humbled to have had such generous, encouraging, and inspirational committee members.

I am indebted to all of my family who have supported me tirelessly throughout this project and in every project that I have committed to in life. In particular, my husband's support made it possible for me to pursue my dream of completing a Ph.D., and his guidance ensured that I stayed connected to the more important things in life throughout the process. My parents' contributions to my academic program and life are immeasurable; they have been my two greatest influences and inspirations.

I have been fortunate to be blessed with very special friends and colleagues. My classmates' kindness, generosity, and warmth made each day at school more enjoyable and rewarding. My professional family, that began at the Sexual Assault Centre and has expanded to include my newer colleagues, is made up of supportive and inspirational professionals whom I am grateful to have as consultants, sounding-boards, and friends. My friends outside of psychology have provided a very appreciated soundtrack of love and encouragement at every step. Finally, no acknowledgment would be complete without recognizing my very dear friend and colleague, Dr. Rochelle Major, who celebrated my successes as though they were her own, and whose constant belief and encouragement in me helped fuel this project.

There are many other people to whom I am very grateful and I feel have been instrumental in my growth throughout this program. I have been blessed with fantastic clinical supervisors and professors who have generously invested in me and my development as a professional and an academic.

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CHAPTER 1

INTRODUCTION

Research Background: Contextualizing the Study

Since the advent of research on child sexual abuse, its epidemic prevalence and potentially devastating ongoing effects have been well documented (Molnar, Buka, & Kessler, 2001; Oddone-Paolucci, Genuis, & Violato, 2001; World Health Organization, 2002). In fact, sexual violence against children has been determined to be a global problem, one that has been labelled by the World Health Organization as a serious human rights issue and a major public health concern (2005).

The long-term effects of child sexual abuse have received significant attention in the literature over the last 30 years, which is justifiable, given the potential widespread influence it can have on adult psychological, social, and physical functioning (Briere & Elliott, 2003; Brown & Finkelhor, 1986; Maniglio, 2009). Overall, the sexual abuse research literature on potential long term effects has validated the experiences of many survivors, justified imperative prevention and intervention efforts, and contributed to clinical understandings of abuse effects and treatment. While the devastation caused by child sexual abuse is essential to recognize, more recently research efforts have begun to examine the resilience, recovery, and ability to thrive that some survivors achieve within and outside of treatment (Hyman & Williams, 2001; Poorman, 2002; Wright, Fopma-Loy, & Fisher, 2005).

It has been noted that individuals who experience adversity, such as survivors of sexual abuse, are capable of being resilient to some effects of the adversity as well as recovering from effects that did develop (Harvey, 1996; Rutter, 1990). Theoretical literature on resilience and recovery has focused on the potential processes that lead to wellbeing despite adversity, such as taking advantage of *turning points* in life that provide new opportunities and insights (Rutter, 1990, 2006).

One of the most significant life-altering events, or turning points, that women can experience is that of becoming a mother (Nelson, 2003). Motherhood has been noted to have the potential to be a transformative experience for many women (Breen & McLean, 2009; Dillon, 2002; Nelson, 2003; Stern, 1995). Yet, most research on mothers focuses on the influence they have on their children, neglecting the fact that children can also have a significant influence on the adult development of their parents (Dillon, 2002). Research to date has indicated that parents may be affected in a variety of ways by their children, including shifting their views of the world and themselves, integrating past memories or experiences, becoming more cognitively flexible, inspiring personal growth, and providing opportunities for improving one's sense of self-worth (Dillon, 2002; Nelson, 2003).

Despite this potential for transformational growth, the sexual abuse literature and recovery literature have both neglected explorations of adult survivors' experiences of motherhood, with a few recent exceptions (Erdmans & Black, 2009; Wright, Fopma-Loy & Oberle, 2012). The results from one

particular qualitative study suggest that these explorations could be fruitful and should be furthered, as they found that some survivors' experiences of motherhood were catalysts for recovery by providing new insights on their past abuse experiences (Erdmans & Black, 2009).

Researcher Background

My interest in research on survivors of sexual abuse was born out of my first clinical experiences. I worked for over six years at the University of Alberta Sexual Assault Centre, providing short-term counselling and advocacy to survivors of sexual abuse and sexual assault. I supported over 150 survivors during this time, and I repeatedly witnessed both the devastation caused by sexual violence as well as the growth and recovery that was possible in its aftermath. My clients at the Centre were some of my greatest teachers, demonstrating remarkable resilience and strength.

My master's research (LoVerso, 2008) was designed to further explore a topic that I found survivors commonly raised in counselling: self-blame for their abuse. In that qualitative study I explored experiences and processes that facilitated the recovery from self-blame among female adult survivors of child sexual abuse. The analyses resulted in themes that encompassed common facilitative experiences within the larger process of overcoming self-blame. Each participant's process was unique, but the experiences and shift in perspectives that aided them in their processes shared common elements.

All of the participants who were mothers described several instances with their children that led them to relinquish some of their self-blame. By being

mothers to young children, the women had experiences that reminded them of the different perspectives that children have and the limitations in children's thinking and abilities. They recognized their own children's limitations, and understood that they too were limited at the time that they were abused. This allowed them to abandon blame specific to why they had not done more to protect themselves during the abuse. Their young children also helped them appreciate the innocence of children in general. Awareness of this innocence emphasized their perpetrator's responsibility for the sexual abuse they suffered, as they realized that each perpetrator took advantage of their innocence, instead of protecting it as adults should.

Additionally, the participants who were mothers explained that their children had motivated them to pursue further healing work. That is, out of a desire to be better mothers, they chose to face difficult aspects of their recoveries. These women also described successes that they had in parenting, such as in protecting their own children from being abused, and these successes increased their sense of self-worth as mothers and as individuals.

Of all the findings from my research on overcoming self-blame, those on the beneficial and facilitative aspects of the women's relationships with their children particularly interested me, as the research literature on survivors as mothers primarily focuses on their difficulties or deficiencies (Breckenridge, 2006). I was inspired to build upon these findings with a research project that could specifically give voice to those sexual abuse survivors who have

experienced positive growth and recovery processes within the context of motherhood.

Statement of Purpose

This study is guided by the question: how does the experience of motherhood contribute to the growth and recovery processes of female adult survivors of child sexual abuse? This in-depth exploration begins to address an oversight in the literature, which has primarily used a negative lens with which to examine motherhood among survivors (Brekenridge, 2006). The research question guided the exploration of the survivors' experiences of motherhood and subsequent recovery processes to specifically focus on those facilitative recovery experiences and processes that are born out of motherhood. This study also contributes to the research that explores the general recovery process among adult survivors. In particular, its purpose includes focusing on recovery outside of treatment, which has been noted to be an important direction for research in order to further our understanding of the overall recovery process (Harvey, 1996).

Research Rationale

Prior research has indicated that motherhood can provide opportunities for furthering recovery from child sexual abuse (Erdmans & Black, 2009, Wright, Fopma-Loy & Oberle, 2012); however, an in-depth exploration of this has not been completed before now. Within the sexual abuse literature, motherhood as a subject has not been examined thoroughly; instead it is commonly studied in relation to the children of survivors (McCloskey and Bailey, 2000) or the mother's parenting abilities (DiLillo & Damashek, 2003). Yet, more generally,

researchers have noted that more research is needed on that which contributes to recovery or resilience among mothers who have experienced child sexual abuse (Leifer, Kilbane, & Kalick, 2004). It has been noted that understanding how individuals can recover and thrive after trauma is the important first step in ultimately developing effective psychotherapeutic approaches to facilitate growth and healing after trauma (McElheran et al., 2012).

Following the recommendation of resilience researchers (Masten, Best, & Garmezy, 1990; Rutter, 1990), the guiding research question in this study was designed to consider *how* motherhood experiences may facilitate further recovery, rather than solely focusing on a description of motherhood among survivors. This difference recognizes that there are recovery processes that take place rather than static recovery factors (Rutter, 1990), and it maintains the focus of inquiry on these processes.

Dissertation Format

In order to fully contextualize the current study, the following chapter consists of an in-depth review of the relevant literature. This review includes thorough examinations of the child sexual abuse literature, as well as the literature on recovery and resilience. Following this is a chapter outlining the qualitative research methodology that was used in order to explore this area that had not been examined previously, as new areas of inquiry are best explored through inductive methods (Richards & Morse, 2007).

The resulting rich descriptive findings gained from the qualitative methods provided an important foundation for understanding this phenomenon (McLeod,

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2001). These findings are outlined in chapters four and five; where first the women's stories of recovery are outlined and then followed by the results of the analysis. Finally, in the last chapter, the results are summarized and discussed in relation to the existing research literature, and the clinical and research implications of the study are outlined. Overall, this exploration contributes both to the theoretical understanding of survivors' recovery outside of treatment as well as to a further understanding of how being a parent could be a beneficial resource to be used within treatment.

Chapter Summary

This chapter presented and contextualized the rationale for the research study within the relevant research literature and within my own experiences as a researcher and clinician, as well as outlined the purpose of the study and the format of this document. First, some of the most relevant previous research on sexual abuse, recovery, and motherhood were each briefly described, situating the current study within the literature. This was followed by a description of my previous research and clinical experiences that contributed to the development of this study. This included results from my own study that indicated that motherhood could contribute to the sexual abuse recovery process. After providing this background, the purpose of the study was explicated and the rationale for the study was furthered, as the importance of this research and the lack of research in this specific area were described. Finally, the last section outlined the format for this dissertation document. A detailed review of the literature follows in the proceeding chapter.

CHAPTER 2

LITERATURE REVIEW

The following review explores research and theoretical literature

pertaining to child sexual abuse, its long term effects, and recovery from it. The

review includes the definition of child sexual abuse and literature pertaining to its

prevalence and potential after-effects, such as adult psychological sequelae,

parenting outcomes, and experiences of motherhood among survivors. These are

followed by a review of the literature on resilience and recovery processes after

sexual abuse.

Child Sexual Abuse

Literature on child sexual abuse has a lengthy history; it is a topic that was

even considered by early theorists in trauma studies, such as Sigmund Freud

(1896/1959), and it has been the subject of a large amount of theoretical and

research literature since that time. The majority of the research on child sexual

abuse has been conducted over the last 30 years, and its widespread occurrence,

prevalence, and after-effects have been unequivocally demonstrated (Briere &

Elliott, 2003; Jumper, 1995). Much of the more recent research builds upon

earlier studies, and thus some of the seminal studies cited in this review were

conducted over 10 years ago. Yet, whenever possible, more recent research is

examined. Also, throughout the sexual abuse literature, female participants are

the norm, and it has only been more recently that research on child sexual abuse

has been expanded to consider the experiences of male survivors (Grossman,

Sorsoli, & Kia-Keating, 2006; Ray, 2001) addressing this previous gap in the

literature (Ray, 2001). Given that this study is also one of female participants, primarily the research reviewed is on female survivors.

Defining Child Sexual Abuse

Definitions of child sexual abuse in the research literature vary between studies; there is not one agreed upon definition. The use of different definitions has been noted to be a major methodological problem in sexual abuse research (DeLillo, 2001). Yet, overall the research studies use similar parameters and the two elements outlined by Finkelhor (1994a) as requisite for an experience to constitute sexual abuse: (1) sexual activities or exposure to sexual activities involving a child and (2) an abusive condition. Finkelhor (1994a) further describes abusive conditions as those where the perpetrator in relation to the child (1) has a large age or maturational advantage, (2) is in a position of authority or caretaking, or (3) uses force or coercion.

The variations in the definitions of child sexual abuse in the literature are primarily based on factors such as the age limit of a child and the minimum age differential between the child and the perpetrator. For the purpose of this study, child sexual abuse will be defined as outlined by Finkelhor (1994a), and the upper age limit to define a child will be 16, as this is the legal age of consent in Canada (Criminal Code, 1985). A precise minimum age differential between perpetrator and child was not set; however, a maturational difference was required. Finally, all sexual activities, including molestation, are considered to be abusive within the above-mentioned contexts; the definition will not be limited solely to particular

sexual acts. This definition is consistent with those used by the majority of

research studies in the literature (Pereda, Guilera, Forns, Gómez-Benito, 2009b).

Prevalence of Child Sexual Abuse

Prevalence estimates for child sexual abuse range significantly; studies in

the United States and Canada have found rates ranging from 13.5% to 32.3%

among females and 2.5% to 14.2% among males (Briere & Elliott, 2003; CDC,

2010; Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; Molnar, Buka, & Kessler,

2001; Putnam, 2003; Vogeltanz et al., 1999). Despite the range in these results,

most research has found relatively high rates, and these rates have been found

internationally. This was well established in a large review by Finkelhor (1994b)

on the prevalence rates of child sexual abuse in 21 countries. In this review

Finkelhor concluded that population estimates for child sexual abuse are likely

between 20% and 33% of women and 5% to 10% of men. Since this review,

these estimates have been supported by further research (Pereda, Guilera, Forns,

& Gómez-Benito, 2009a, 2009b; World Health Organization, 2002). Pereda et al.

(2009b) completed a comparison of recent prevalence studies with those used by

Finkelhor, and they concluded that the prevalence across these 21 countries has

remained constant. Other researchers have also confirmed that current rates of

child sexual abuse are consistent with the rates that have been reported over the

last 20 years (Casey & Nurius, 2006).

It has been noted that the variation in prevalence rates found in the

research literature is likely due to the use of different definitions and measures of

sexual abuse, research methodologies, and sampling techniques (DiLillo, 2001;

Finkelhor, 1994a). For example, studies inconsistently define the upper age limit of child survivors, the minimum age differentials between perpetrators and survivors, the relationships between perpetrators and survivors, and the sexual acts considered to be abusive. These discrepancies lead to inconsistencies in the literature, as they result in different prevalence estimates, as well as differing results regarding the potential effects of sexual abuse (DiLillo, 2001). As expected, prevalence estimates also vary depending on the specific populations sampled. Research on adult female psychiatric populations estimates that 35% to 75% have experienced child sexual abuse (Polusny & Follette, 1995). Similarly high rates have been reported in teenage mother populations where, in some studies, over 60% have reported child sexual abuse (Boyer & Fine, 1992). High rates, including those found in the general population, are repeatedly reported despite the methodological challenges inherent in researching sexual abuse, such as depending on participants' memories of abuse and willingness to disclose such personal experiences.

<div align="center">Long-Term Effects After Child Sexual Abuse</div>

Adult Sequelae of Child Sexual Abuse

The potential adult sequelae of child sexual abuse have been well-documented in the research literature (Jumper, 1995; Neumann, Houskamp, Pollock, & Briere, 1996; Oddone-Paolucci, Genuis, & Violato, 2001; Trickett, Noll, & Putnam, 2011). Studies have revealed that many survivors suffer detrimental effects to their psychological (Briere & Elliott, 2003; Neumann et al., 1996), physical (Leserman, 2005; Maniglio, 2009; Trickett, Noll, & Putnam,

<div align="center">11</div>

2011), and social (Colman & Widom, 2004; Polusny & Folette, 1995) wellbeing long after the abuse has ended. Child sexual abuse has been correlated with several serious psychological concerns, including increased symptoms of anxiety, depression, posttraumatic stress disorder, self-mutilation, substance abuse, suicidality, and dissociation (Briere & Elliott, 2003; Jumper, 1995; Neumann et al., 1996; Oddone-Paolucci et al., 2001; Polusny & Follette, 1995). Certain physical concerns have also been found to be more prevalent among adult survivors than among women who have not experienced abuse, such as headaches, gastrointestinal and gynaecological symptoms, earlier onset of puberty, and higher rates of obesity (Hulme, 2000; Leserman, 2005; Trickett, Noll, & Putnam, 2011).

Given that there is a relationship between psychological and social functioning, it is difficult to distinguish between the intrapersonal and interpersonal correlates of child sexual abuse (DeLillo, 2001). Yet, several types of interpersonal difficulties have been identified among adult survivors (Polusny & Folette, 1995). Research suggests, for example, that survivors are more likely to have difficulties with trusting and becoming emotionally intimate with others (Rumstein-McKean & Hunsley, 2001), sustaining a marital partnership (Cherlin, Burton, Hurt, & Purvin, 2004), and parenting their children (DiLillo & Damashek, 2003).

While adult sequelae after child sexual abuse have been repeatedly demonstrated in these different areas of functioning, it has not yet been determined to what extent sexual abuse or other potential factors contribute to

these adverse adult outcomes. In part, this is a consequence of the fact that much of the research in this area fails to examine the potential roles of other relevant "third variables" that may influence adult adjustment, such as family-of-origin factors (DiLillo, 2001; Nash, Neimeyer, Husley, & Lambert, 1998). The research that has included "third variables" has found evidence for the importance and significance of these other factors. For example, some research has suggested that aspects of the parent-child relationship or the general family environment are more related to later psychological distress among sexual abuse survivors than the actual sexual abuse (Bhandari, Winter, Messer, & Metcalfe, 2011; Melchert, 2000).

Yet, other research has found strong associations between child sexual abuse and later adverse outcomes, even after controlling for other factors. One study found child sexual abuse to be a more significant predictor of adult sequelae than child physical abuse, emotional deprivation, social class, and family structure and cohesiveness (Mullen, Martin, Anderson, Romans, & Herbison, 1994). Similarly, Molnar et al. (2001) found that after controlling for both child adversities and adult psychopathology there remained a significant association between child sexual abuse and adult suicidal behaviors.

It has been suggested that studies that have not demonstrated the independent effects of child sexual abuse have been potentially influenced by their limited statistical power (Roberts, O'Connor, Dunn, Golding, & the ALSPAC Study Team, 2004), as well as by the variations in risk and severity of abuse across different samples studied (Hill et al., 2000; Melchert, 2000). Many

researchers have concluded that the effects of child sexual abuse function independently of other child adversity factors (Banyard, 1997; Molnar et al., 2001; Roberts et al., 2004). Ultimately, determining the effects of these factors that are correlated remains a challenging task. As Briere (1988) noted, the multicolinarity between child sexual abuse, family factors, and future adult effects makes it difficult to "determine the unique (nonredundant) contribution of any given predictor to the variance in the criterion" (p. 81). More explicitly, it is difficult to ascertain how much of the adult sequelae that survivors experience is a result of the abuse or the family-of-origin factors, given that all three factors are correlated. Overall, the varying research results justify the consideration of both child sexual abuse and the broader context of the individual's development in future research in order to determine more about their independent influences, as well as their interactions (Nash, Neimeyer, Hulsey, & Lambert, 1998).

As sexual abuse researchers continue to grapple with establishing the relevant causes and effects (Hill et al., 2000; Merrill, Thomsen, Sinclair, Gold, & Milner, 2001), another important finding has been repeatedly demonstrated: not all survivors of child sexual abuse experience adverse adult sequelae (Mullen, Martin, Anderson, Romans, & Herbison, 1994; Rind, Tromovitch, & Bauserman, 1998). Research typically focuses on, and looks for, potential negative effects after abuse, and yet many survivors studied do not exhibit or experience these negative effects (Mullen et al., 1994). Mullen and colleagues (1994) explain that in their study of adult survivors, even among those more severely abused, "there was a wide range of outcomes, not by any means all negative. Abuse is not

destiny" (p. 45). Several studies have reported that many adult survivors consider themselves to be high-functioning and appear to enjoy high levels of general wellbeing (Banyard, 1999; Liem, James, O'Toole, & Boudewyn, 1997; Valentine & Feinauer, 1993; Wright, Fopma-Loy, & Fischer, 2005). Even studies documenting the wide range of serious after-effects that survivors may suffer also indicate that there is considerable variability in symptoms both at certain points in time and over time (Trickett, Noll, & Putnam, 2011). Finkelhor (1990) notes that there is evidence that between 20% and 40% of adult survivors of child sexual abuse do not experience the adverse psychological sequelae commonly cited to be associated with abuse.

The discovery of asymptomatic survivors, as well as the range of potential adult outcomes, has led researchers to conclude that the relationship between child sexual abuse and adult outcomes is not a direct causal relationship, but one that is mediated by other factors (Feiring, Taska, & Chen, 2002; Whiffen & MacIntosh, 2005). Several studies have explored potential factors that mediate adult outcomes after child sexual abuse, such as survivors' coping methods (Merrill et al., 2001), sense of perceived stigma (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996), and attributions of blame regarding the abuse (McMillen & Zurvin, 1997). For example, research has found that the effects on adult functioning are more severe when the survivor experiences a sense of self-blame for the abuse (McMillen & Zurvin; Whiffen & MacIntosh, 2005), or when avoidant coping strategies are used (Merrill et al., 2001). Research has continued to explore both mediating factors that contribute to, or undermine, adjustment

after abuse, as well as the moderating processes that are protective to survivors (Banyard, Williams, & Siegel, 2003; Wright, Fopma-Loy, & Fischer, 2005). Given the findings in the above mentioned research, it is likely that the context prior, during, and after the abuse, as well as resilience factors are all relevant to adult outcomes after child sexual abuse.

Parenting Outcomes in Studies of Adult Survivors

Parenting is an important aspect of interpersonal functioning and a primary developmental task in adults; hence, it has been examined extensively in the sexual abuse literature so as to determine how adult survivors function in this role. Research in this area is driven by the need to understand further the impact of child sexual abuse on aspects of adult functioning, as well as the intergenerational implications of abuse (DiLillo & Damashek, 2003). Yet, the prevalent focus in this research is the examination of deficits in survivors' parenting (Breckenridge, 2006). This focus has led to a multitude of studies that have identified potential negative effects and parenting practices among adult survivors.

Adult survivors of child sexual abuse have been reported to be more likely to physically abuse their children (DiLillo, Tremblay, & Peterson, 2000), to use more severe physical punishment (Banyard, Williams, & Siegel, 2003), to depend emotionally on their children (Alexander, Teti, & Anderson, 2000), to be permissive (Ruscio, 2001), and to feel less confident as parents (Fitzgerald, Shipman, Jackson, McMahon, & Hanley, 2005). Although these results are indicative of potential parenting deficits among survivors, the complexity of

parenting and studying parenting, as well as methodological limitations that pervade this research, should be taken into account when considering these results (DiLillo & Damashek, 2003). When many of these studies are examined more closely, it is clear that generalizations cannot necessarily be easily made.

In one such study, which is frequently cited, Burkett (1991) observed parent-child interactions and conducted in-depth interviews with 20 mothers who had experienced incest and 20 mothers who had no experience of sexual or physical abuse, all of whom had children between 5 and 10 years of age. The comparison group was matched with the abused group on experience with psychotherapy and being single parents or not; however, they were not matched based on child gender, and more of the abuse history group had female children. Burkett identified several purposes for her study, which each involved different examinations of potential deficits in mothers who have experienced sexual abuse. The findings did find such deficits; they indicated that the abused mothers were more likely to talk about and treat their children as close friends or companions, rely on their children more for emotional caretaking, and be more self-focused as opposed to child-focused than the comparison group mothers. However, Burkett notes that not all of the mothers with an abuse history behaved differently than those with no abuse history; in fact half behaved the same with their children as the non-abused women did. She explains that "It is important to keep in mind, therefore, that a history of sexual abuse need not necessarily result in aberrant or dysfunctional parenting" (p. 431). Despite this statement, citations of Burkett's

study commonly only note the deficits found in some of the mothers with an abuse history (DiLillo, 2001; DiLillo & Damashek, 2001; Fitzgerald et al., 2005).

In a similar study, Cohen (1995) used self-report measures to assess the parenting skills of 26 mothers who were survivors of incest and 28 mothers who had no abuse history. The incest-survivor mothers reported comparatively poorer parental functioning on several subscales of the Parenting Skills Inventory, including expectations, communication, and limit setting. Cohen's (1995) findings led her to conclude that "These results reaffirm the finding concerning the possible connection between past incestuous abuse and future mothering skills" (p. 1427). However, conclusions from this research should be made cautiously, given at least two significant methodological limitations: (1) the two groups in this study may not be comparable, as the incest survivors group was sampled from women seeking counselling at an agency, and the non-abused group was sampled from a group of professionals from the community who had attended a lecture on child sexual abuse, and (2) the reliability score of the Parenting Skills Inventory was relatively low.

Recently, research has been conducted to examine these relationships with more careful consideration of reliability of measures and sampling procedures, and the results have diverged somewhat from those in previous studies. For example, Fitzgerald et al. (2005) examined mother-child interactions and maternal perceptions of parenting among incest survivors and a control group that had no child abuse experiences, both recruited from the community. They used self-report and observational methods to gather data, and they ensured that the

measures they used had established construct validity, that their observations were rated by coders blind to group status, and that strong inter-rater reliability was achieved. They note that an additional difference between the two groups was found: a substantial number of the incest survivors also reported other types of family violence in their childhoods.

Findings from this study indicated that incest-survivor mothers reported less self-efficacy as parents than the non-abused mothers; however, their interactional styles with their children were comparable to the control group's. Incest history did not predict the mothers' observed parenting behaviours; both groups were observed to be equally confident, supportive, helpful, and affectionate towards their children. The authors posit that potentially incest survivors are more likely to have unrealistically high expectations for themselves as parents, and do not accurately assess their own parenting abilities. They also note that the survivors in this study had received previous therapy, yet they would not be classified 'more recovered' than other incest survivors, as they still suffered from high levels of psychological distress. This finding supports previous research which has found relatively more anxiety and less confidence about parenting among adult survivors when compared to non-abused parents (Cole, Woolger, Power, and Smith, 1992; Douglas, 2000).

Ultimately, research on parenting skills, attitudes, and practices among adult survivors is complicated by the correlation between child sexual abuse with other risk factors for parenting difficulties (DiLillo & Damashek, 2003). Other forms of child maltreatment and abuse, parental alcoholism, and substance abuse

have all been related to both child sexual abuse (Claussen & Crittenden, 1991; McCloskey & Bailey, 2000) and later parenting outcomes (Lyons-Ruth & Block, 1996). Thus, it is difficult to ascertain to what degree child sexual abuse or other factors influence reported parenting difficulties. While some studies have used regression analyses to attempt to isolate the contribution of child sexual abuse on later parental difficulties, and have subsequently found an independent relationship (Banyard, 1997; Roberts, O'Connor, Dunn, Golding, & The ALSPAC Study Team, 2004), the limitations of regression still hinder the possibility of making causal inferences (Briere, 1988, 1992). In addition, all of the sexual abuse literature faces another methodological issue: the primary use of retrospective methods requires relying on participants to accurately report the presence or absence of child sexual abuse, which is subject to both purposeful and unintentional misrepresentations (DiLillo & Damashek, 2003). Hence it follows that there could be some members of the control groups that have in fact experienced abuse.

These factors add complexity and uncertainty to the study of sexual abuse, and are likely partially responsible for the range of results found in the literature. For each study reporting findings which suggest that sexual abuse leads to problems and difficulties with parenting (DiLillo, Tremblay, & Peterson, 2000), there is a study which finds that these problems can be partially accounted for by other factors within development (Zuravin & Fontanella, 1999), or that the presence or absence of these problems is influenced by current factors, such as having a supportive partner (Alexander, Teti, & Anderson, 2000). Taken as a

whole, this literature suggests that mothers who are survivors of child sexual abuse are not a homogenous group (Breckenridge, 2006).

Despite the deficit focus that pervades the research on parents who are survivors of child sexual abuse, positive parenting attitudes and outcomes have been repeatedly reported. Several studies have found mothers with a history of sexual abuse to be equivalent to mothers who had not suffered sexual abuse; in particular, the mothers have been found to be equivalent in various ways: feelings of empathy and nurturance toward their children (Cole et al., 1992), a sense of parenting satisfaction (Hiebert-Murphy, 2000), and parental functioning (Leifer, Kilbane, & Kalick, 2004; Oates, Tebbutt, Swanston, Lynch, & O'Toole, 1998). In fact, one study found that mothers with sexual abuse histories were more likely to display a particular strength than non-abused mothers: they had more open dialogues about sexual information with their children (Grocke, Smith, & Graham, 1995).

One research investigation examined this potential relationship from a different angle and studied the histories of women who have been identified to be "problem mothers"; they did not find a higher rate of child sexual abuse among these women than in other mothers (Schechter, Brunelli, Cunningham, Brown, & Baca, 2002). This suggests that child sexual abuse does not inevitably lead to difficulties with parenting. As discussed in the general child maltreatment literature, many who have had these negative childhood experiences become effective parents, despite not having good role models of parenting (Masten, Best,

& Garmezy, 1990). This evasion of risk is an indication of resilience processes in the survivors (Masten, Best, & Garmezy, 1990).

Just as in the general literature on adult functioning after child sexual abuse, the literature on parenting outcomes among survivors is beginning to acknowledge the importance of including a broader range of past and developmental experiences in the research, as well as including current circumstances that may be affecting the parents in positive or negative ways (Breckenridge, 2006; Wright, Fopma-Loy, & Fisher, 2005). For example, partner support has been found to be protective for parenting outcomes among survivors who are coping with depression (Seltmann & Wright, 2013). Recently, Wright, Fopma-Loy, and Fischer (2005) noted that researchers should also begin to consider that the parent-child relationship is a bi-directional relationship, and therefore future studies should consider how the child influences the survivor mother's parenting.

Experiences of Motherhood Among Survivors

While there is an abundance of research on parenting outcomes among adult survivors of child sexual abuse, studies that examine survivors' experiences of being parents are less common. Yet, the explorations that study parenting experiences from the survivors' perspectives can provide important insights that may be otherwise overlooked, including insights about the benefits for survivors that can come out of being parents. Overall, this literature focuses on survivors' sentiments, attitudes, and thoughts about parenting, and less on how parenting has affected them. In this section, the research on survivors' experiences of parenting

are reviewed, beginning with the research on survivors' thoughts about parenting and ending with the more recent research that includes both survivors' experiences of motherhood and how they can be influenced by it.

The early discussions in the clinical literature of mothers with a history of child sexual abuse noted that these survivors often worry about their capacity to be good parents (Herman, 1981). Congruently, several studies report that a common sentiment expressed by adult survivors is that they feel less competent and efficacious as mothers (Cohen, 1995; Cole & Woolger, 1989; Cole, Woolger, Power, & Smith, 1992; Douglas, 2000; Fitzgerald et al., 2005; Schuetze & Das Eiden, 2005). Yet, other research has found that when factors such as demographics are controlled for, these mothers are no more concerned about their parental competence than other mothers who have not been abused (Alexander et al., 2000; Banyard, 1997). Potentially, those who do feel less competent as mothers in part do so because of unrealistic expectations that they have for themselves as parents (Herman, 1981; Fitzgerald et al., 2005), as it has been found that survivors who are mothers may feel less competent yet display equivalent parenting skill as those who were not abused (Fitzgerald, et al., 2005).

Cross (2001) conducted a focus group with mothers who were survivors of child sexual abuse. Using this research method provided an opportunity to ascertain whether the concerns of mothers identified in the literature would also be spontaneously identified by adult survivors themselves, and the results from this study found this to be the case. Cross (2001) invited new patients at an out-patient psychiatry service who had indicated on an intake survey that they were

survivors of child sexual abuse to attend a parent group intervention specifically for adult survivors. The participants shared in the group their concerns and questions about parenting, and several common concerns were identified. For example, survivors noted that they had difficulty trusting others and their own judgements, had several questions and uncertainties about normal child development, described difficulties with over identifying with their children, and sometimes struggled with not becoming overwhelmed by their feelings or memories of abuse. As would be expected in mothers who voluntarily chose to attend an optional parenting group for survivors, they were all found to be fervent in their desire to be good mothers.

Understandably, mothers who have experienced sexual abuse have been repeatedly found to have greater concerns about their own children being abused (Cohen, 1995, Lev-Wiesel, 2006). Research has also demonstrated these concerns to be well founded, given that the children of adult survivors are more likely to also be sexually abused (Leifer, Kilbane, Jacobsen, & Grossman, 2004; McCloskey, & Bailey, 2000). When these mothers discover that their children have been abused, they are likely to be even more distressed than mothers who have not been abused (Elliott & Carnes, 2001). Survivors' common concerns regarding the intergenerational transmission of abuse leads many of them to be very protective of their own children (Kreklewetz & Piotrowski, 1998).

Kreklewetz and Piotrowski (1998) used open-ended interviews with mothers who were survivors of incest to explore how these mothers tried to protect their children from abuse. They found that the most common protection

strategies were communication, education, and information sharing, and that these strategies were each improved, in the mothers' opinions, after going through counselling. All the mothers noted that they consciously considered how to parent differently and better than their own parents did, indicating that their children have inspired change and growth within them.

More recently, a few studies have used more in-depth examinations to gain insight into how motherhood influences survivors. For example, Schwerdtfeger and Wampler (2009) investigated the relationship between pregnant women's past sexual abuse experiences and their current experiences of pregnancy. They found that their participants considered their pregnancies representative of the new beginning and new direction they were taking in becoming parents, and this led to feeling even further from their child sexual abuse experiences. They found that their past abuse increased the positive meaning they gleaned from their pregnancies, and their pregnancies decreased the negative meaning of the sexual abuse. For these women, their sexual abuse was not acting as a risk factor, negatively influencing their pregnancies; instead, this study highlighted the potential for pregnancy to be a phase of healing or growth for some survivors.

Recently Wright, Fopma-Loy, and Oberle (2012) completed a study using grounded theory to develop a model to represent the experience of mothering as a survivor of childhood sexual abuse. Their resulting model entitled "The Hard Work of Mothering as a Survivor," outlines how the participants mothered through their attempts to heal their past traumas, and it highlights the pain and

struggle that comes with balancing motherhood and trauma symptoms. The participants explicated their survivor-specific parenting challenges, such as mothering through intrusive thoughts and flashbacks, emotional numbing, and intense fears of their children being abused. They found that pain, and sometimes resentment, came out of the fact that having children led them to relive their own painful childhood experiences. Wright et al. (2012) note that the mothers did not feel that they had models for good parenting, and, thus, they developed different strategies for developing their own personal models for mothering. The participants also confronted and worked on their abuse-related issues in order to be better mothers. Notably, the participants consistently expressed gratitude to the researchers for the opportunity to discuss their mothering experiences, as they felt that they had been largely ignored in psychotherapy and the recovery literature.

In a qualitative study of adolescent mothers, the potential for motherhood to influence recovery processes was uncovered. Erdmans and Black (2009) interviewed young women who had been previously identified as at risk of child maltreatment and asked them about their experiences of becoming mothers. They found that the young women's experiences of mothering triggered two potentially different reactions; in some it "evoked an understanding of their own violated innocence as children and, in other cases, exposed unbearable anxiety and distant, fearful mothering" (p. 79). Erdmans and Black (2009) note that those young mothers who had not received professional support were more likely to find their experiences of reliving their own vulnerability through their children to be

distressing, and they subsequently either emotionally distanced themselves or sought support from their children. Those who created a role-reversal for emotional support talked about having babies so that they can be taken care of in the future.

Whereas, in a few cases described by Erdmans and Black (2009), the experience of motherhood itself was found to be a catalyst for the mothers to readdress and reconsider their sexual abuse experiences, within the context of motherhood, these survivors were able to perceive the vulnerability in their children and subsequently reclaim their own innocence as children. Through their vehement protection of their children from potential abuse, these participants were able to recognize that they were not responsible for protecting themselves as children, and therefore they were not to blame for the abuse they suffered. In response to the two paths that Erdmans and Black (2009) identified in the young mothers they interviewed, they concluded that "Becoming a mother creates a new set of choices—the damage can be repaired or the abuse can be reproduced" (p. 87).

While the potential benefits of motherhood on adult survivors' recovery from sexual abuse have not been specifically examined, some research, such as the Erdmans and Black (2009) study, has noted the potential for repair that can take place through becoming a mother. In the family violence literature, a study of young mothers who were survivors of physical violence as children found that pregnancy and motherhood were perceived by many of these women as a second chance. They saw having children and being good mothers as a way to create a

better life for themselves (Williams & Vines, 1999). Potentially these mothers are

motivated by their children to create and live a better life; as one participant in

Cross's (2001) study of young sexual abuse survivor mothers noted, "I know I'll

need help with my son, due to my past. But if anything can push me to get past

the fear, it's him. And my love for him" (p. 568).

Theoretical Formulations on Sexual Abuse Effects

Despite different long-term outcomes that have been found among

survivors, the presence of pervasive and devastating adult sequelae suffered by

many survivors of child sexual abuse cannot be overlooked. Whether survivors

ultimately overcome these symptoms or struggle with them throughout their adult

lives, it is clear that most survivors will face some form of effects from their

abuse long afterwards. Several theoretical formulations have been proposed to

account for the association between child sexual abuse and adverse effects in

adulthood; in this section two of the proposed models, the Traumagenic Dynamics

Model and Attachment theory, are discussed.

Traumagenic dynamics model. The most widely cited theoretical model

in the sexual abuse literature is the Traumagenic Dynamics Model by Finkelhor

and Browne (1986). They define a traumagenic dynamic as an experience that

"alters children's cognitive and emotional orientation to the world, and creates

trauma by distorting children's self-concept, world view, and affective capacities"

(p. 531). This description outlines the precise influences that sexual abuse has

been demonstrated to have on some children (Kendall-Tackett, Williams, &

Finkelhor, 1993). Finkelhor and Browne (1986) propose that long-term effects of

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sexual abuse are accounted for by four specific traumagenic dynamics: stigmatization, betrayal, powerlessness, and traumatic sexualisation.

The dynamic of *stigmatization* refers to the negative connotations, such as badness, dirtiness, shame, and guilt that are communicated, either implicitly or explicitly, to children who are sexually abused. These connotations then become part of the child's self-image, as children will internalize these messages as personal. *Betrayal* is the dynamic where children who were abused recognize that they were hurt by someone who was supposed to protect and care for them, or that they were not protected by someone who could have stopped the abuse from happening. *Powerlessness* is experienced as the child's will, desires, needs, and sense of efficacy are consistently disregarded by the abuser. Children are powerless to stop and prevent the abuse. Lastly, *traumatic sexualisation* is the process by which a child's sexuality is shaped by being exposed to sexual acts at a developmentally inappropriate time and in a dysfunctional context. Each of these dynamics can have a long-lasting and profound effect on adult survivors of child sexual abuse, and a survivor may simultaneously experience effects from several of these dynamics.

Attachment theory. Attachment theory has been applied to the understanding of outcomes after child sexual abuse, particularly in the study of incest survivors (Alexander et al., 1998) and the study of parenting outcomes (Leifer, Kilbane, & Kalick, 2004). Attachment theory provides a potential explanation for the development of distortions to interpersonal and intrapersonal processes, such as cognitive or affective processes, experienced by survivors, and

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therefore proposes possible mechanisms by which long-term effects of sexual abuse are created or maintained (Alexander, 1992).

Bowlby (1969, 1973, 1980) explicates that attachment is a bond between two individuals, typically a parent and child, that is biologically based. This bond exists as part of a protective survival function, and congruently, it is most evident during periods of stress and threat. Bowlby (1973) explains that through the experiences of early attachment relationships, children develop *internal working models*, which function as representations that influence personality and future relationships. Through attachment processes, children develop models or expectations of their roles and others' roles in relationships. Their internal working models outline whether they are capable and worthy of gaining attention from others, and how they should react to those who are caring, uncaring, trustworthy, inaccessible, or unresponsive. Thus, a child who is neglected or mistreated within an attachment relationship will develop an internal working model that views her/himself as unworthy or inherently bad. These negative models also act as templates for future relationships, including poor couple relationships and difficulties in the parenting role (Main & Goldwyn, 1984; Mikulincer & Shaver, 2007).

Alexander (1992) proposes that attachment relationships are mediators between sexual abuse and long-term interpersonal, affective, and cognitive effects. While she notes that long-term effects are related to the abuse itself, she claims that they are better understood when considering the attachment relationships that existed concurrent with the abuse. For example, she suggests

that difficulty regulating affect in adulthood is an extension of the strategy to deal with anxiety used by the child within a strained attachment relationship. The survivor's internal working models of relationships do not necessarily change when the abuse stops. Similarly, Liotti (1999) describes dissociation as a product of the attachment relationship, when he explains that dissociation is born out of "early, multiple, incoherent, reciprocally incompatible and dramatic representations of the self, mediated by interpersonal relationships with a frightened or frightening caregiver, and based on the inborn human need for protective proximity to another human being when one is in danger or suffering" (p. 385). Thus, attachment theory views the mis-attunement and maltreatment by the perpetrator of sexual abuse, as well as that by other caregivers, as damaging to the development of the attachment relationship, the self, and intrapersonal processes; hence, effects from the sexual abuse pervade.

However, recent research on adult attachment has focused on how attachment orientations can change over time through different experiences and relationships (Mikulincer & Shaver, 2007). This research is based on theoretical notions provided by Bowlby (1969), which explicate that individuals both assimilate new life experiences into their attachment models developed in childhood, as well as accommodate their attachment models given new relevant information. Specifically, Bowlby (1969) suggested that attachment models could change through emotionally significant events, and more recently, Davila and Cobb (2004) have noted that attachment models change through attachment-relevant life-events that disconfirm the previously held model. Research has

supported these claims, demonstrating that attachment orientations in adulthood can change through both negative experiences, such as a relationship breakup (Ruvolo, Fabin, & Ruvolo, 2001), or positive experiences, such as getting married (Crowell, Treboux, & Waters, 2002) or the birth of a child (Simpson, Rholes, Campbell, & Wilson, 2003). In addition, the changes to attachment orientations are related to the meanings that individuals assign to these relevant life events, including how they view themselves and their significant relationship partners through these events (Mikulincer & Shaver, 2007).

Overall, the theoretical and research literature suggests that while adult attachment orientations are influenced by early life experiences, they are not fixed; they are also influenced by current experiences and relationships, which have the potential to shift internal working models and therefore shift the effects of past experiences (Mikulincer & Shaver, 2007). This framework provides a possible explanation for the differing long-term effects found in adult survivors, as well as a potential mechanism through which recovery can take place. In the following section the processes involved in recovery from child sexual abuse are examined in greater depth.

Recovery from Child Sexual Abuse

While the research and theoretical literature on the long-term effects after child sexual abuse document several potential negative outcomes and the mechanisms by which these outcomes develop, this research also consistently reports a large variation in survivors' responses and outcomes after abuse (Bonanno, 2004; Mullen et al., 1994; Rind et al., 1998). While these variations

have been frequently noted in the literature, surprisingly little research has specifically focused on those survivors who do not develop adverse effects (Wright, Fopma-Loy, & Fischer, 2005), or those who have overcome their negative symptoms and sequelae. These two outcomes are important to examine, as they are indications of resilience and recovery, and understanding the mechanisms underlying them could inform both therapeutic treatments and prevention strategies (Rutter, 2006). In this section, an overview of some of the relevant theoretical literature on resilience and recovery is followed by a synthesis of the related research specific to child sexual abuse.

Models of Resilience and Recovery

As the theoretical and research literature on resilience have evolved, a progression of definitions, operationalizations, and conceptualizations of resilience have been proposed. Early in the literature, resilience was predominantly conceptualized as a personal trait, and much of the research focused on the qualities of children who were determined to be resilient (Garmezy, 1974). Yet, as research on resilience developed, it was increasingly clear that resilience is not only determined by the individuals, but is influenced by external factors such as their families and their social environments (Masten & Garmezy, 1985; Werner & Smith, 1982). Further conceptualizations of resilience led to replacing the conception of it as a compilation of protective factors with the understanding that resilience consists of underlying protective processes (Rutter, 1990).

Masten, Best, and Garmezy (1990) define resilience as a "process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (p. 426). More specifically, they outline three different types of resilience: overcoming the odds by demonstrating positive outcomes after adversity, stress-resistance that allows for positive development within the context of adversity, and recovery from adversity or trauma. Resilience in any form has been found to be influenced by several different factors; these authors note that in particular an individual's ability to adapt to adverse circumstances or events will be influenced by his/her developmental level, individual characteristics, relationships, recovery environment, and the nature of the adverse experiences.

Masten and her colleagues' (1990) description of resilience as recovery has been used in the sexual abuse literature to describe those survivors who are found to be well-adjusted in adulthood (Banyard & Williams, 2007; Poorman, 2002). By definition, a traumatic event will, at least temporarily, overwhelm coping resources and lead to a decrease in well-being. Individuals who demonstrate resilience may initially experience negative consequences or symptoms of the trauma that they ultimately recover from. Masten et al. (1990) note that the children who recover more successfully after adversity are those who are cared for by a competent adult, are good learners and problem-solvers, are found to be engaging by other people, and have an area of competence or perceived efficacy. Yet, they also emphasize that resilience is contextual, and

therefore effective coping and recovery strategies are dependent on the situation and the individual.

Rutter (1990) emphasizes that because of the individual and situational dependence of resilience, we cannot establish universally protective or healing factors; instead, the *processes* that facilitate recovery and adaptation in resilient individuals should be examined to understand how they were resilient. In Rutter's (1990) study of children who were removed from their families, raised in institutions, and then found to be resilient as young adults, he identified four processes that contribute to resilience: (1) the reduction of risk impact (which takes place by either altering the meaning of the adversity variable for the child or preventing the child's exposure to the risk factor); (2) the reduction of negative chain reactions that follow after adversity and perpetuate poor outcomes; (3) the establishment and promotion of self-esteem and self-efficacy (which is most effectively achieved through secure relationships and success in accomplishing meaningful tasks); and (4) taking advantage of "opening up opportunities" or turning points.

Rutter (2006) explains that resilience comes out of what individuals do to deal with adversity; the examination of resilience "requires a move from a focus on external risks to a focus on *how* these external risks are dealt with by the individual" (p. 8). This shifts the focus of resilience research to an examination of coping mechanisms, mental sets, and personal agency. In addition, Rutter (2006) emphasizes the importance of circumstances and turning points that potentially come long after the trauma or other risk experience. He notes that "because

resilience in relation to adverse child experiences may stem from positive adult experiences, it is necessary to adopt a life-span trajectory approach that can investigate later turning point effects" (p. 10).

Harvey (1996) builds upon Rutter's (1990) work by outlining a model of resilience specific to recovery that emphasizes environmental contributions to individual variations in trauma recovery and also takes a life-span trajectory approach. She notes that the clinical literature has generally neglected "individual resiliency, the possibility of recovery in the absence of clinical care and the contribution of social, cultural and environmental influences to these outcomes" (p. 4). Her model is an ecological model that attributes the differences in survivors' post-traumatic responses and recovery processes to interactions between mutually influential factors, including those of the person(s) involved and their relationships, the event(s) experienced, and the environmental factors. The interactions of these three factors create a unique recovery context for each survivor. For example, personal factors (such as age, developmental stage, and personality) will interact with event factors (such as the frequency and severity of the sexual abuse) and with environmental factors (such as the survivor's support system and living environment).

Harvey's (1996; Harvey et al., 2003) ecological model describes recovery as defined by eight outcome criteria: (1) *authority over the remembering process*, (2) *integration of memory and affect*, (3) *affect tolerance and regulation*, (4) *symptom mastery*, (5) *self-esteem*, (6) *self-cohesion*, (7) *safe attachment*, and (8) *meaning-making*. In this model *recovery* is attained whenever a survivor changes

from a poor outcome to a desired outcome in any of these eight domains, and *resiliency* is evidenced in any domain that was not affected in a negative fashion by the trauma.

Recovery is evident in the first domain, *authority over the remembering process*, when the survivor can select when to remember and think about the trauma. Thus, the intrusive thoughts are minimized; thoughts of the trauma are recalled consciously and deliberately. In addition, the amnesic effects of the trauma have dissipated, and the survivor can recount much of the trauma experience, as well as a reasonably complete life narrative.

Integration of memory and affect is achieved when the past trauma is remembered with appropriate accompanying affect, not with lack of affect or numbness. Memories of the trauma come with some re-experiencing of the initial feelings and bodily states present during the trauma, as well as new feelings that come from looking back on it, such as new anger or sadness that the trauma took place. *Affect tolerance and regulation* refers to not being overwhelmed by emotion: having an ability to manage emotions. Thus, recovery in this domain requires being able to experience the feelings associated with the trauma without overwhelming arousal, defensive numbing, or dissociation. Similarly, *symptom mastery* is achieved when symptoms from the trauma can be managed. While neither symptoms nor affects will abate completely, in this domain recovery is achieved when a survivor can predict and manage her/his symptoms.

Recovery is evidenced in the domain of *self-esteem* when self-injurious impulses and actions are replaced by self-caring and self-affirming thoughts and

behaviours. Self-caring and healthful routines are in place and match the positive

sense of worth the survivor has developed. Self-blame, guilt, and shame

regarding the trauma are relinquished, and a positive sense of self-worth is

consistent. *Self-cohesion* refers to survivors' experience of their thoughts,

feelings, and sense of selves as integrated or fragmented. Recovery is evident

when survivors experience themselves as whole and integrated; maintaining a

consistent sense of self in all aspects of their lives.

The domain of *safe attachment* requires the development or restoration of

relational and interpersonal connection. A capacity to trust and form attachments

is developed or regained, and therefore the survivor can maintain safe

relationships. Finally, recovery in the domain of *meaning making* refers to

assigning new meaning to the trauma, and while this meaning is highly individual

and personal, it will be life-affirming and self-affirming.

Harvey (1996) emphasizes that recovery from trauma, in each of these

domains, varies depending on the interacting person, event, and environmental

factors, and that these interactions "define the dynamic relationship between

individual and community and form for each individual a unique and mutable

context for recovery" (p. 4). Her ecological view of human trauma and recovery

further addresses the fact that some survivors receive psychological treatment

after trauma and others do not, and that among both those who do and do not

receive treatment, some recover and others do not. Her acknowledgement of

survivors who recover without treatment and her multi-dimensional model of

recovery together emphasize the potential for resilience and recovery, the role of

the environment and nonclinical supports, as well as the relevance of community interventions and changes. Harvey calls for future research to focus on those individuals who are rarely represented in the research, those who recover outside of treatment.

Research on Resilience and Recovery After Child Sexual Abuse

Since the inception of the sexual abuse literature, the research has been concerned with the outcomes that survivors experience later in life; yet, more recently, researchers have begun to examine resilience and recovery as outcomes and significant processes (Hyman & Williams, 2001). This research, whether quantitative or qualitative, consistently supports the complex models of recovery or resilience discussed above, as they demonstrate the importance of intrapersonal, interpersonal, and contextual factors interacting in order to facilitate or impede recovery. While the precise factors that facilitate recovery have not yet been conclusively established, as each study reveals some different factors that may be important, overall it is evident that the unique recovery processes of survivors are more similar than different. The individual studies within this literature each make a contribution to our understanding of the complex and multidimensional recovery processes of survivors.

Resilience factors and processes. The sexual abuse literature has revealed several factors that may exacerbate or mitigate the effects of child sexual abuse on adult adjustment. Factors such as interpersonal relationships and coping strategies have both been frequently noted as potentially relevant to later outcomes (Alexander, Teti, & Anderson, 2000; Banyard et al., 2003; Coffey, Leitenberg,

Henning, Turner, & Bennett, 1996; Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Merrill et al., 2001). For example, avoidance coping strategies, such as denying and avoiding feelings and thoughts about the sexual abuse, have been found to be related to greater adult psychopathology (Coffey et al., 1996; Whiffen & MacIntosh, 2005), whereas active coping strategies, such as cognitive restructuring and expressing emotions, are related to more positive outcomes (Frazier et al., 2004, 2005)

In the vein of this type of research, Liem, James, O'Toole, and Boudewyn (1997) sought to identify protective factors in adult survivors of child sexual abuse and their environments that could contribute to recovery. They studied resilient and non-resilient survivors, as determined by their adult experiences of clinical symptoms and sense of self-worth, and compared the two groups of women. They found that resilient survivors could be distinguished from non-resilient survivors by two traits: more internal (rather than external) attributional styles and less chronic self-destructiveness. They also found that the resilient survivors had less stressful family environments in childhood, and they were less likely to blame themselves for the abuse. The resilient sample was also less likely to have had psychotherapy as adults.

More recently, researchers have followed the recommendations from theoretical understandings of resilience and recovery provided by Rutter (1990) and Harvey (1996), and they have emphasized the importance of studying resiliency processes over time and across several outcome domains (such as psychological and physical health, interpersonal relationships, and parental

competence), rather than just one domain as was commonly done previously (Wright, Fopma-Low, & Fischer, 2005). This broader focus is thought to provide further understanding of how resilience and recovery are facilitated. Hyman and Williams (2001) studied resilience among adult survivors of child sexual abuse in the areas of psychological well-being, physical health, interpersonal relationships, arrests, and economic well-being. They found that 18% of their sample demonstrated resilience in the majority of these domains, and they identified six variables associated with this resilience, including being raised in a stable family and graduating from high school, as well as not experiencing incest, physical force during the sexual abuse, being arrested as a teenager, or being re-victimized.

Wright, Fopma-Loy, & Fisher (2005) examined resilience across intrapersonal, interpersonal, and intrafamilial domains in a community sample of mothers who were survivors of child sexual abuse. They found that their participants were not equally resilient in each domain; in fact, the majority (81.9%) were successful in one domain and not in others, and only 20.5% were resilient in all domains. Consistent with prior research, they found that avoidant coping strategies were associated with negative outcomes in all domains, and they also found evidence for the beneficial influence of current supportive interpersonal relationships on survivors' perceptions of physical health, depressive symptoms, and parenting competence.

In an examination of trauma survivors' experiences of resilience and recovery, Alim et al. (2008) completed structured diagnostic interviews with adult trauma survivors, and compared the results of three diagnostic groups:

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resilient (no history of psychiatric disorders), recovered (past psychiatric disorder(s)), and currently ill trauma survivors. They noted a potentially distinguishing feature between resilience and recovery, as they found that while the resilient group reported significantly fewer and/or less severe traumas over their lifetime, the recovered and currently ill groups reported equivalent experiences of trauma. The authors suggest that this may indicate that different processes are involved in resilience and recovery. In both the resilience and recovery groups the strongest association was found to be with obtaining or maintaining a sense of purpose in life, and both outcomes were also associated with having an optimistic outlook. Post-traumatic growth, which is growth or resilience that comes out of changes due to traumatic events, was the only factor that differentiated the resilient and the recovered group: the recovered group reported greater post-traumatic growth. Potentially it is precisely their process of recovery that led them to find meaning and benefit in what they have experienced.

Qualitative explorations of recovery processes. Qualitative investigations of survivors' experiences of healing and recovery have made an important contribution to the sexual abuse literature, as they highlight the survivors' voices, gaining their thoughts and perspectives on their own resilience and recovery processes. While recovery processes are unique for each survivor, common themes have been found by researchers across participants, and several of these themes have also been found across studies. In this section the most relevant qualitative explorations of recovery after sexual abuse are described, and the most common themes in facilitating the sexual abuse recovery process, such as

supportive relationships and an accurate attribution of blame, are echoed throughout the studies. A more comprehensive summary of the common themes across studies is presented in the metasynthesis described at the end of this section (Draucker, Martsolf, Ross, Cook, Stidham, & Mweemba, 2009).

Several qualitative studies have explored recovered-survivors' perspectives on what facilitated their healing and propelled their recovery processes after sexual abuse (Glaister & Abel, 2001; Godbey & Hutchinson, 1996; Valentine & Feinauer, 1993). Each of these studies interviewed women who considered themselves to have completed much of their healing and explored what helped the survivors attain the wellbeing and lack of symptoms they currently experienced. Across these studies the themes are relatively consistent, particularly highlighting the benefits of (1) decreasing self-blame and assigning responsibility to the perpetrator of the abuse, (2) gaining insights that lead to a different understanding about the abuse, (3) finding joy in life, and (4) having supportive relationships.

In a similarly conducted study, Bogar and Hulse-Killacky (2006) sought to document the processes of change that take place in recovery from child sexual abuse, and therefore describe how survivors may attain some of the facilitators of recovery as described in themes above. They interviewed 10 female survivors of sexual abuse who were considered recovered based on their current functioning and satisfaction with their lives, and from the participants' stories of recovery the researchers identified five resiliency determinants and four resiliency processes that facilitated recovery. The resiliency determinants included being

interpersonally skilled, being competent in an area such as school, athletics, or creativity, having high self-regard in adulthood, being spiritual or religious, and having helpful life circumstances. These determinants each contributed to the participants' recovery and wellbeing; for example, the participants' strong interpersonal skills enabled them to connect with others and have meaningful and supportive relationships, and their spirituality provided a sense of total acceptance. The participants' resiliency processes that aided their recovery included: using coping strategies to help self-sooth or self-protect, refocusing thoughts and emotions into other pursuits and moving on with life, actively and consciously pursuing healing, and achieving closure by integrating their sexual abuse into their life narrative, making sense or meaning of the abuse, confronting the perpetrator (directly or symbolically), and self-forgiveness. The participants all confirmed theoretical conceptualizations that claim that resiliency is a life-long process (Rutter, 1990), and that they each wanted to continue to grow and pursue higher levels of functioning.

Similar results were found by Banyard and Williams (2007). As part of a larger longitudinal study, they contacted 21 adult survivors and asked them to participate in more in-depth interviews on their life events, coping, recovery, and resilience. The participants' stories highlighted the importance of accepting the abuse and making peace with oneself, as well as connecting with others and talking to them about the sexual abuse experiences. In the majority (76%) of these women's narratives, there was a distinct life *turning point* that led to further resilience or recovery. Many of these turning points came from being mothers:

their relationships with their children, a desire for better lives for their children, and wanting to have better relationships with their children were all facilitative turning points. The participants described most of the realizations and changes in their narratives as processes that took place over time, and that their recovery processes were not necessarily linear. It was clear that these survivors actively worked to create change in their lives and took advantage of opportunities to continue their recovery processes. They also described their recovery as ongoing.

Using a narrative approach to research and understanding trauma, Harvey, Mishler, Koenen, and Harney (2000) sought to further their understandings of how survivors' stories change over time in response to changes in their cultural, ecological, and developmental contexts. To do so, the authors compared the recovery stories of three survivors of child sexual abuse. They identified *turning points* in each of the client stories; these were incidents that led to a revelatory reconsideration of the meanings that had been previously made out of the abuse. They took place within the context of social and developmental changes, such as the birth of a child, and they led the survivors to shift their understandings of the abuse so that each survivor was able "to break out of the plot that previously imprisoned her" (p. 297). These experiences facilitated *reframing*, *restorying*, or *replotting*, changing the ways the survivors viewed their abuse, their roles in the abuse, and their current roles in relationships. For example, they shifted their understandings so that they accurately blamed the perpetrator for the abuse, and therefore could see themselves differently.

Draucker and her colleagues (2009) conducted a qualitative metasynthesis of 51 research studies to "identify the essence of healing from sexual violence, as described by adults who experienced it as children or as adults" (p. 366). Their analysis revealed that healing responses were typically dialectical, whereby people are drawn by two contradictory responses, and ultimately they move into a third state that is different but retains elements of the first two. It is precisely their engaging in the dialectical process, responding to the opposing tensions created by the trauma, that propels their healing. The researchers explored this dialectic process in the four domains of healing that they identified.

In the first domain, *managing memories of the sexual violence*, survivors are pulled between avoiding thoughts or reminders of the sexual abuse and being bombarded with intrusive thoughts, flashbacks, and nightmares about the abuse. They note that "individuals who experienced healing incorporated elements of escaping and being drawn to the memories, but also transcended these responses by gaining the ability to evoke or reject the memories at will;" they achieve what the researchers named a state of *calling forth memories*. Being able to call forth memories when they choose to allows survivors to reconsider, contextualize, explain, and attribute meaning to their abuse experience, as well as understand their reactions to it.

Draucker et al. (2009) also found that an important healing domain for survivors is *relating to important others*. Due to their shame and concerns over others' judgements, survivors may keep others at a distance and have difficulty trusting others. Yet, they also seek out interactions in order to gain support, feel

loved, and feel less alone. The dialectical process in this domain, where one

struggles with difficulty trusting but a desire for closeness, transforms into a way

of interacting with others that includes boundaries and limits that maintain

survivors' safety and wellbeing in relationships and allows them to have

emotional intimacy with others.

In the third domain, *seeking safety*, survivors may initially constrict their

normal activities in order to feel safer; yet, they may also feel drawn to make their

world, and that of others, safer by obtaining justice, speaking out against violence,

or warning others. Ultimately, the healed survivors accept that their environments

will never be completely safe, but they can take comfort in knowing that they can

create safety for themselves, and potentially they have increased the safety of

others. They learn to take reasonable precautions to continue being active within

an unsafe world. Drauker et al. (2009) labelled this synthesis *constructing an*

"as-safe-as-possible" lifeworld.

Drauker et al. (2009) found in their metasynthesis that nearly every

participant's sense of self was negatively affected by the sexual abuse. Because

of this, the final healing domain involves *reevaluating the self*.   The participants

worked to eliminate the symptoms or after-effects of the abuse by seeking

treatment, making lifestyle changes, or acquiring skills. Yet, they simultaneously

protected their current identity by rejecting the idea that the sexual abuse has

affected them negatively and resisting help or change. The synthesis of these

responses is *restoring a sense of self*, where survivors can change the negative

symptoms that remain without losing their identity; in fact, by abandoning the symptoms, they become more themselves, they become stronger in their identity.

As Drauker et al. (2009) explain, these "findings challenge the paradigm that there are discreet positive coping strategies that promote healing and discrete negative coping strategies that exacerbate distress" (p. 375). This study demonstrates that both positive and negative coping strategies are important in forming the opposing responses that can be synthesized to constitute healing.

Overall, the qualitative research on sexual abuse recovery illustrates the dynamic, multifaceted, and long-term nature of recovery for survivors, as well as how commitment to and engagement with the process are essential. The focus in this research on the survivors' perceptions of what aided their recovery has provided a new perspective to the literature and, therefore, led to new understandings of the processes. Taken together the research has provided examples of how psychological factors (such as coping strategies and attributions), psychosocial factors (such as interpersonal skills and relationships), and contextual factors (such as turning points and life circumstances) all interact in a complex way and influence the trajectory of the sexual abuse recovery process.

Situating the Current Study Within the Research Literature

The existing research literature has provided a foundation that both justifies the importance of and the need for the current research study. As outlined in this literature review, the research on child sexual abuse has established its prevalence and significance, including how survivors may be

seriously impacted, making it an area that warrants further study. In addition, the research on resilience and recovery has demonstrated the potential for survivors to overcome their abuse experiences and after-effects, and it has provided some indications of elements that could be facilitative or beneficial to the process. While there has been ample research on recovery from sexual abuse, in attempts to understand this important process better, few studies have examined specific life circumstances, or turning points, that may help facilitate recovery.

Some research has indicated that motherhood is a possible turning point for some survivors, aiding in their recovery process. There has been little focus, however, on the influence of motherhood on recovery; instead, the primary concentration in the research on sexual abuse survivor-mothers has been on parenting outcomes. Consideration of how survivors themselves are impacted by motherhood may lead to further insights on recovery and resilience processes. The lack of research on this topic and the potential for gaining further understanding of facilitative factors that could influence recovery both call for further study of motherhood and recovery after sexual abuse.

The current study specifically examined how motherhood influenced the recovery processes of six adult survivors of child sexual abuse. To do so, a qualitative research methodology was used that retained and highlighted the voices and perspectives of the women who participated. The methodology is reminiscent of the majority of the qualitative research on sexual abuse recovery, in that this study also selected participants who have completed much of their recovery and are currently thriving, and asked them to look back on their recovery

experiences. In the following chapter the methodology is outlined in detail, including the theoretical and ethical foundations that influenced the research design.

Chapter Summary

Overall, in this literature review, research on child sexual abuse and recovery from it were presented. The review began with research on the prevalence and long-term effects of child sexual abuse, establishing the widespread devastation that it can cause. Some of this research also provided indications of the potential for resilience and recovery, by highlighting those survivors who were found to be without, or with minimal, long-term symptoms. This was followed by descriptions of theoretical frameworks for understanding the effects of sexual abuse, which account for how these effects may, or may not, develop.

The review of the literature on recovery from child sexual abuse began with descriptions of models of resilience and recovery. These models outlined how processes, such as taking advantage of turning points in life, drive recovery, and they also highlighted the influence of the interactions between personal and contextual factors in the recovery process. Following this, the research on resilience and recovery specifically after child sexual abuse reaffirmed the theoretical models, by providing examples of processes and factors that support or impede recovery. The chapter was concluded by situating the current study within this literature.

CHAPTER 3

METHODS

A qualitative methodology was used to study the experiences in
motherhood that have facilitated the recovery of adult survivors of child sexual
abuse. Specifically, basic interpretive qualitative inquiry (Merriam, 1998, 2002,
2009) guided the study design, analysis, and writing of this final report. The
resulting rich, descriptive findings that come out of the use of qualitative methods
are particularly valuable for new areas of study such as this one (McLeod, 2001).
In this chapter, the rationale for the research design choices are outlined in depth,
beginning with descriptions of the research foundations, such as the
epistemological and theoretical perspectives, underlying the methodology. The
rationales for the design elements are further explicated by descriptions of the
ethical considerations made in designing and conducting the research. These are
all followed by discussions of the study's participant recruitment and selection
process, data collection, and data analysis. Finally, the chapter concludes with the
considerations that were made in order to enhance the study's rigour.

Research Foundations

Qualitative Research Paradigm

Qualitative designs are most appropriate when the purpose of the research
is to understand the meaning of experiences or to delineate a process (Merriam,
2002). In this study, both the meanings that survivors attributed to their
experiences of motherhood, as well as their processes of recovery were the topics
of investigation. While a quantitative research paradigm could have highlighted

other aspects of the phenomena of interest, through group averages or comparisons, the requisite depth and detail required to understand personal constructed meanings could not be attained. In other words, a qualitative research paradigm was selected, as its underlying philosophical or theoretical perspectives on the nature of reality and knowledge match those perspectives underlying the purpose of this research study (Crotty, 1998).

The qualitative paradigm assumes that reality is socially constructed (McLeod, 2001; Merriam, 2009); it views reality as complex, varied, and different from alternative perspectives (McLeod, 2001). In fact, the primary purpose of qualitative research is to come to understand how reality is constructed (McLeod, 2001). In this view, there is not one single, observable reality to be discovered; instead, Merriam (2009) asserts that researchers also must construct their understanding of the realities they study.

Within the qualitative research paradigm, there are many different ways to conduct research, depending on the assumptions and purposes of the studies. Crotty (1998) explicates that in each research study, underlying assumptions or theoretical perspectives on the nature of reality and knowledge guide the study's design and implementation. Thus, it is important to elucidate these assumptions and continue to consider them throughout the research process (Braun & Clarke, 2006). Crotty (1998) specifically recommends consideration of the researcher's epistemological stance, theoretical perspective, methodological framework, and research methods specific to each study. These elements each build on each other, as the underlying assumptions will guide the study from design and data

collection to analysis and writing of the findings (Braun & Clarke, 2006). Each of these elements is discussed in detail in the following sections.

Epistemological Stance

Epistemology, or one's understanding of "how we know what we know" (Crotty, 1998, p. 3), is inherent to a study's theoretical perspective and methodology. Congruent with the qualitative research paradigm, this study is based on a constructivist epistemology. Constructivism assumes that meaning is constructed, not discovered, and therefore each individual may construct different meaning from the same experience (Crotty, 1998). It views meaning as created within interactions between people and within their social context (Crotty, 2003).

This epistemology is congruent with my experience working with survivors of sexual abuse, as I witnessed how they reacted to, and recovered from, similar experiences differently. I repeatedly recognized the influence of their greater contexts and their support networks on their own perceptions and processes. It is my constructivist stance that influences how I understand survivors' experiences, the questions I have about how they negotiate meaning from their experiences, as well as how I seek to study and analyse this.

Constructivism encourages me to consider that the meaning that results from this study is a product of the dynamic interaction between me and the participants (Ponterotto, 2005). As it is "concerned with the relationship between the 'knower' (the research participant) and the 'would-be-knower' (the researcher)" (Ponterotto, 2005, p. 131). I cannot claim an objective view of the participants' experiences or constructed meanings (McLeod, 2001). Thus, the

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research study was designed to include reflective memos where I considered my perspective and how I contributed to the co-construction of meaning with the participants.

Constructivism is a relativist paradigm, assuming that there are multiple and equally valid realities (Ponterotto, 2005). This is consistent with the value placed in this study on the multiple and unique perspectives survivors may have of motherhood and recovery. It validates the diversity that exists within these complex experiences, considering each person's perspective as legitimate. Constructivism maintains that reality and meaning are constructed in the mind of the individual, rather than being external entities that could be observed (Ponterotto, 2005). Because meaning is hidden within the individual, constructivism is well matched by a hermeneutical theoretical perspective, which espouses that the hidden meaning can be brought out of the individual through deep reflection (Ponterotto, 2005).

Theoretical Perspective.

A research theoretical perspective provides the context for the development and implementation of the methodology and encompasses important assumptions underlying the methodology (Crotty, 1998). Specifically, Crotty (1998) describes a research theoretical perspective as the "view of the human world and social life within that world" (p. 7). This study is based on the theoretical perspective of interpretivism, more specifically hermeneutics, which is consistent with the epistemological principle of constructivism.

Hermeneutics, a form of interpretivism (Crotty, 1998), provides a theoretical framework for understanding, with focus on both context and original purpose (Patton, 2002). It works towards uncovering intended or expressed meaning in order to establish a co-understanding (McLeod, 2001). While hermeneutics is primarily used for the interpretation of texts, particularly texts in the public domain such as the Bible (McLeod, 2001), its theoretical influence is wider ranging. Hermeneutics asserts that interpretation cannot be "true;" it is solely an interpretation, which is ultimately negotiated within a particular context (Patton, 2002). Thus, hermeneutics fits with a constructivist epistemology, as it also emphasizes the construction of reality.

More specifically, hermeneutics "views people as existing within multiple horizons of meaning, as striving to make sense of their experience, as constituted by their cultural and historical context, as engaged in dialogue" (McLeod, 2001, p. 28). The framework of our background and context acts like a lens through which an individual perceives and interprets the world, and all interpretation and meaning-making is influenced by this lens (Ellis, 1998). For the researcher, understanding comes out of the interaction with the subjects of research, where together they co-create meaning, and ultimately both the understandings of researcher and the researched are changed in the process (McLeod, 2001).

The hermeneutic perspective guides my actions as a researcher, as I must consider how my participants' experiences and accounts are filtered through my own context, including my work experience with survivors and my prior research. Through consistent reflection in memos and articulation of my current and

evolving context and understandings, I worked to explicate the context I am in, or my perspective, thus acknowledging its influence on the research. Hermeneutics and constructivism also inform my view of the co-construction of understandings that resulted in this research through the interactive interviews with the participants (Ponterotto, 2005). Thus, in this view, I *made* the data in collaboration with the participants in this study (Richards & Morse, 2007).

Methodological Framework.

The methodology, or research design, selected for this study is basic interpretive qualitative inquiry (Merriam, 1998, 2002, 2009), and it was chosen because it provides a framework that facilitates an initial investigation of a topic, which is suited to this exploratory study. The research design "shapes our choice and use of particular methods and links them to the desired outcomes" (Crotty, 1998, p. 7). This methodology was deemed appropriate given that it is consistent with both the constructivist stance, as well as the hermeneutic theoretical influences underpinning the study. Also, given that the primary goal of this methodology is to uncover and understand constructed meanings (Merriam, 2002), it suits the purpose of this study, providing an interpretive framework to understand these survivors' experiences and perspectives.

The approach and the four main characteristics of the interpretive qualitative inquiry are outlined by Merriam (1998, 2002, 2009), and they all informed the design and completion of this study. First, researchers using this method strive to understand the meaning individuals have constructed about their lives; the purpose is to understand "how do people make sense of their

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experience?" (2002, p. 5). While this may be the goal of most qualitative

research, this approach does not have additional goals such as theory development

or understanding underlying structure of the phenomenon, such as in grounded

theory and phenomenology respectively. In basic qualitative inquiry, researchers

are interested in exploring from the participants' perspectives, including

understanding the participants' interpretations, constructions, and meanings

regarding their experiences. The second characteristic of this approach is that the

researcher is the primary research instrument for both data collection and data

analysis. This allows for the achievement of a more in depth understanding, given

that the human instrument is responsive, adaptable, reflexive, and capable of

comprehending nonverbal communication (Merriam, 2009). Third, the process

undertaken in the research is inductive; concepts or hypotheses are built from the

data gathered. Fourth, the research results in a final product that is richly

descriptive.

The basic interpretive approach is based on constructivism, and the

researcher's goal is to understand the constructions and meanings that individuals

make through their experiences (Merriam, 2009, p. 22). In this approach,

researchers "simply seek to discover and understand a phenomenon, a process, or

the perspectives and worldviews of the people involved" (Merriam, 1998, p. 11).

Data may be collected through interviews, observations, or document analysis,

and the findings are a combination of description, maintaining the participants'

perspectives, and analysis (Merriam, 1998, 2002, 2009). Through the analysis,

themes that cut through the data are developed, and findings include a

presentation of the themes with supporting examples from the original data.   The

final product consists of the researcher's understanding and interpretation of the

participants' understandings of their experiences (Merriam, 2009).

Basic interpretive inquiry recognizes that researchers are influenced by

their context and pre-existing knowledge and conceptions. Through the process

of gathering and analyzing the data, both the researcher influences the project

with her particular lens, and the data changes the researcher's understandings.

Ultimately the final product represents a co-construction with the participants, and

the researcher comes to understand the topic in a different way (Ellis, 1998).

Ethical Considerations

Qualitative research methods, in particular, have demonstrated utility in

the study of sensitive topics (Black, 1994) such as sexual abuse, and these

methods can be used to make significant contributions to the understanding of the

experiences of survivors. Yet, qualitative research is a "deeply personal

enterprise" (Clark & Sharf, 2007, p. 399), and sexual abuse is an even more

deeply personal and emotionally sensitive topic. Therefore the study of sexual

abuse with qualitative methods calls for the careful deliberation of ethical and

practical considerations at each step of the research process to ensure the

wellbeing of participants.

A detailed account of this deliberation for this study came in the form of a

proposal that was submitted to the Faculties of Education, Extension, and

Augustana Research Ethics Board at the University of Alberta. Potential ethical

issues were considered from a subject-centred perspective, as outlined in the *Tri-*

council Policy Statement: Ethical Research Involving Humans (1998). Research

on an emotionally sensitive topic, such as sexual abuse, does involve a potential

threat to participants (Magolda & Weems, 2002), and this demands full attention

to the most imperative of the four basic principles of ethical research, non-

maleficence, or not causing harm (Beauchamp & Childress, 2001; Truscott &

Crook, 2004). Hence, for research on sexual abuse to be justifiable, the wellbeing

of the participants must be considered at each stage of the research project (Hays,

Murphy & Sinclair, 2003). In this study this required particular attention to: (1)

informed consent (see Appendix A), (2) voluntary participation, (3)

confidentiality, and (4) referral options for future counselling or support (see

Appendix B).

While informed consent is part of every research study, it becomes even

more important when studying a sensitive topic such as sexual abuse. When

discussing informed and written consent for participation (see Appendix A),

participants were informed of the entirety of the study. This included providing

them with information on the data gathering, data analysis, and dissemination.

Any potential concerns for their confidentiality and anonymity in dissemination

were discussed. In addition, throughout the study, from the initial phone

conversation in which potential participants were screened for eligibility, to the

completion of the final document, participants were reminded of their option to

withdraw participation at any time. No incentives for participation were offered;

hence voluntary consent was not compromised in this way. In addition, voluntary

consent was further encouraged by sending eligible participants an information

letter (see Appendix C) that informed them of the study and allowed them to further consider their involvement in the study; if they still chose to participate after the screening telephone call and receiving this letter they were asked to contact the researcher.

All measures possible to maintain confidentiality were undertaken in this study, including the use of pseudonyms, restricted data access, and secure data storage. Confidentiality of the interview data is maintained by ensuring that it is not linked to any identifying information about the participants. The interview recordings and transcripts were labelled with the participants' pseudonyms. In addition, all recordings, transcripts, and documents from the study are kept in a locked and secure location, and all electronic files are secured with a password. In the dissemination of this research, anonymity of the participants is maintained by using the participants' pseudonyms and by changing some details of their accounts so that others cannot identify them. Anyone with access to the data, such as the transcriptionist, was required to sign and adhere to a confidentiality agreement (see Appendix D) that outlines that she will maintain the participants' privacy, anonymity, and confidentiality. When the study was completed, all the electronic documents and files pertaining to it were stored on a memory key and subsequently deleted from the computer. The memory key containing the study's electronic files are kept in the locked storage cabinet with the other research documents. Once the data and information are no longer needed for research purposes, and 5 years since data collection have passed, they will be destroyed.

Participants

Participant Recruitment

The careful selection of a sample of participants who have direct experience with the phenomenon of interest is essential in qualitative inquiry, as the purpose of the approach is to gain understanding of "the meaning of a phenomenon from the perspectives of the participants" (Merriam, 2002, p. 12). Patton (2002) suggests the selection of *informant-rich* cases, as they are the ones from whom we can learn the most about the topic we are studying. To this end, purposive sampling was used in this study to ensure that the sample gathered was one from which the most could be learned about experiences during motherhood that can further recovery after child sexual abuse.

In order to promote diversity in the sample demographics, two means of recruitment were used in the current study. First, participants were recruited through public announcements, in the forms of posters and advertisements for counselling centres, community newspapers, and listserves. These announcements were sent electronically or placed in locations where mothers would be more likely to see them, such as in parenting publications, community centres, or daycare centres. A secondary means of recruitment was a type of snowball sampling, where psychologists and staff working at counselling agencies in the city where survivors typically seek services presented the advertisement for the study to survivors that they thought may be eligible and interested. The agencies involved included the Sexual Assault Centre of Edmonton, the University of Alberta Sexual Assault Centre, and psychologists in practice who

work with survivors. These different recruitment locations and techniques were used to help broaden the scope of the demographics in the potential sample of participants; it was hoped that the sample would include a range of ages, ethnicities, and marital statuses.

Women who were interested in participating in the study were instructed to contact the researcher directly. An in-depth phone conversation was used to inform the potential participants about the study in greater detail and determine their eligibility and interest in participating. There were no incentives or remunerations given to the participants; however, covering their costs for parking or childcare during the interviews was offered.

Participant Selection

Eligible participants were selected through a screening process that confirmed that the participants were: (a) female and over the age of 18, (b) survivors of child sexual abuse, (c) mothers, (d) willing and able to discuss their experiences in depth, and (e) perceived that they have had experiences as mothers that have furthered their recovery from their sexual abuse. It was also confirmed with all potential participants that they perceived themselves to have completed much of their recovery work, and that they would be willing to look back on their processes.

The negative case, who fit all the eligibility criteria except one, was selected after she contacted the researcher with a sincere interest to participate and to contribute to research on recovery. After it was established that she did not fit the criterion regarding perceiving motherhood as furthering her recovery, the

potential for her to participate in the study was considered. It was deemed that including her could make a valuable contribution to the study, and therefore it was decided to interview her and include her as a negative case.

Given that this study included an in-depth examination of each individual case, as is inherent in the method of basic qualitative inquiry (Merriam, 1998), a small number of participants was required. Six participants were interviewed; five fit the eligibility criteria of the study, and, as noted above, one participant was selected as a negative case, providing a perspective contrary to the other cases that supported the research question (Richards & Morse, 2007). The number of participants was based on the richness of the data gathered and the achievement of saturation of the data. Data collection and analysis took place simultaneously, and data collection and sample size were guided by what emerged from the analysis (Merriam, 2009).

Demographics of participants

At the time of the interviews, the participants ranged in age from 28 to 57, and their children ranged in ages from 4 to 23. Three of the women were married, and three were divorced. All six participants identified themselves as Caucasian. The highest level of education obtained by the participants varied: two had completed high school, three had completed university degrees, and one had completed a graduate degree. Three of the participants did not identify themselves with any religion, two identified as types of Christians, and one as Buddhist.

Data Generation: Interviews

Interviews are one of the most common and powerful tools for understanding the human experience (Fontana & Frey, 1994). Given the purpose of the current study is to understand survivors' experiences of motherhood and recovery, including their interpretations, perceptions, and understandings of their experiences, interviews were selected as the most appropriate means of data generation. As Patton (2002) notes, the purpose of interviews is to gain access to another person's perspective.

Semi-structured Interviews

Two in-depth, semi-structured interviews were conducted with each participant (Merriam, 2009); the first interviews were all conducted during the winter of 2011 and the second interviews during the summer of 2011. Semi-structured interviews utilize an interview guide consisting of questions and topics pertinent to the area of study, pre-conceptions related to the research question, and emerging understandings from the research. All the questions in the interview are used flexibly, and there is the potential to follow the participant's lead into relevant content that was not anticipated (Merriam, 2009). This more flexible interview format does not limit the amount and quality of the data as can be the case with highly structured interviews (McCann & Clark, 2003). Instead, it allows for increased depth, as the interviewer can respond to the information provided by the interviewees and follow up with new ideas and directions presented, while also ensuring that the same topics are covered with each

participant.

Interview Guides

The first interview guide (Appendix E) was developed in order to attain background information from the participants and explore their experiences in motherhood that facilitated their recovery processes. The interview guide chronologically covered the three overlapping topics: their childhood sexual abuse experiences, their recovery processes, and their experiences of motherhood, as it related to their recovery. The interview began with a structured format to gather demographic information (Appendix F). Following this, participants were asked about each of the topics with open-ended questions focused on the participants' perceptions, interpretations, and experiences. Participants were encouraged to reflect further on each topic, and, in particular, they were asked several follow up questions about how their experiences of motherhood influenced the way they saw the sexual abuse, the perpetrators of their abuse, and themselves. As understandings emerged from initial interviews, they were explored in subsequent participant interviews.

In the second interviews, which took place after the completion of all the first interviews and the initial data analysis, the developing themes were presented to the participants. These second interviews served as member checks or reflections (Magolda & Weems, 2002; Merriam, 2009; Tracy, 2010), and they provided an opportunity to pursue emerging questions, ask for further detail on information given, confirm developing understandings, and further emerging findings. These interviews were used to confirm the information that was

gathered and reflect on how the researcher understands the participant's experiences. The second-interview guide (Appendix G) consisted of a brief description of each theme. In this interview, the participants were first asked to read their personal introductory narratives and provide feedback on the accuracy of them. Following this they were invited to reflect on each of the emerging themes, to explore if they fit their conceptualizations and experiences or not.

Interview Procedures

In each of the interviews the aim was to both create a comfortable and safe environment for the participant and ensure her wellbeing throughout. To do so, it has been noted that it is important for interviewers to be trained and prepared in the topic and the population of study (Elam & Fenton, 2003), as well as in the best ways to respond during the interview to sensitive disclosures (Becker-Blease & Freyd, 2006). My clinical experiences in counselling psychology, and with survivors of sexual abuse in particular, prepared me to conduct these interviews with the necessary skills and sensitivity for establishing rapport and a safe environment, as well as guiding a discussion for comfortable pacing and maintaining emotional regulation.

Interviews were conducted in person at the University of Alberta Education Clinic or at a location of mutual choosing based on the participant's comfort level and the potential to maintain privacy. For the participant who did not live in Edmonton, a phone interview was conducted for the follow up interview, however all other interviews were conducted in person. Initial interviews were all 75 to 90 minutes in length, and second interviews were all 45

to 90 minutes. All the interviews were audio-recorded, with the permission of the participants, and transcribed verbatim by a professional transcriptionist.

Before beginning the interviews, participants were asked to choose a pseudonym to be used in place of their name in order to help maintain confidentiality. In the introduction of the interview the participants were informed of the nature of their participation in the study and asked to read over and sign a consent form (see Appendix A). However, even full disclosure with participants before commencing research can be insufficient in qualitative research considering the emergent and open-ended nature of qualitative methods that could result in changes throughout the data gathering process (Smythe & Murray, 2000). Given this characteristic of qualitative methods, it is more appropriate to consider informed consent as an ongoing process that continues over the entirety of the study; this concept is congruent with Munhall's description of *process consent* (1988). In process consent, it is acknowledged that to be ethical "the researcher needs to assess the effects of involvement in the field and continually acquire new permissions" (Munhall, 1988, p. 156-7). For this reason, participants' well-being was more easily assured through the use of this informed consent procedure, which was an on-going, collaborative process throughout the research that continually kept the participants informed.

After the completion of the transcript of each interview, participants were offered the opportunity to review the transcript in its entirety or a summary of the transcript, and they were encouraged to make additions, deletions, or corrections.

All of the participants reviewed their transcripts or summaries; however, no changes were requested.

Data Analysis

In qualitative research, data analysis is conducted throughout the data collection process (McLeod, 2001; Merriam, 1998, 2002, 2009); after each interview, initial data analysis was completed using the interview transcript. This allowed for adjustments and additions to be made to interviews with the other participants to reflect developing understandings. Data analysis was guided by the frameworks outlined by Merriam's basic qualitative inquiry and Braun and Clarke's (2006) thematic analysis. Overall, the analysis was an iterative process consistent with the *hermeneutic circle*, where interpretation is developed by "moving back and forth between the part and the whole" (McLeod, 2001, p. 27). Memos were used in order to facilitate, document, and connect the emerging ideas at each level of analysis, and an audit trail was used to document decisions made throughout the analysis. Each of these aspects of the analytic process are discussed in further depth in the following sections.

Memos

To support the data analysis, memos were written at each stage of the process: from before data collection to the completion of the data analysis. As Maietta (2006) outlined, memos were "treated as living, breathing documents where ideas evolve" (Maietta, 2006, p. 13). The memos were not limited to a structured format. They were used to document my thoughts and reflections at each point in time, providing a reference point that was frequently reviewed to monitor and consider emerging ideas (Maietta, 2006).

As the researcher herself is the primary research instrument in qualitative methods (Merriam, 2002), it is important that the researcher's context, preconceptions, and developing understandings are considered in how they influence the research project. To this end, before beginning data collection, I wrote and reflected on my preconceptions on the topic. After each interview I wrote memos on my reactions, reflections, and impressions that resulted from the interview. These memos provided a space to both explore and document my developing understandings from the interactions with the participants. I maintained the constructivist roots of this research and considered how the information in the interview was co-constructed through our interaction. This followed what McLeod (2001) asserts as an important element of the qualitative method: writing memos "to capture personal and intuitive dimensions of the process of 'meaning-making' as they occur" (p. 133).

Memos were also used throughout the data analysis as a means of exploration and documentation of my developing understandings of the data and the themes. Memos recorded thoughts that came out of analysis, such as descriptions of potential connections, themes, insights, or understandings (see Appendix H for an example). In this way memos provided a space apart from the data and coding where ideas could be developed.

Audit Trail

To record the process of the analysis, including the decisions made during analysis, an audit trail was maintained. This functions as documentation of the research events and decisions in a way that can be checked by someone other than

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the researcher (Guba & Lincoln, 1989). Given the constructivist basis of this study, it is not expected that another researcher would construct the same meaning from the data; however, the audit trail provides a way to document the decision points that were made in the analysis (Merriam, 2009). Examples of the types of decisions documented include the merging, differentiating, or renaming of codes, as well as the development and refinement of themes.

Analysis Procedures

The analytic procedures that were undertaken were informed by Merriam's (1998, 2009) descriptions of basic qualitative inquiry. However, the precise steps that were taken are outlined by Braun and Clarke's (2006) thematic analysis framework. Both of these overlapping and complementary approaches are described in this section.

Merriam (1998, 2009) notes that data analysis begins as an inductive process, beginning with one unit of data and comparing it to another, until common patterns are developed from the data. In line with Merriam's framework, data analysis began with *open coding*, where data was broken down into basic descriptive units of information. Codes were assigned that were purely descriptive of the participants' comments, staying true to the data and not going to the level of analysis of the comment. This was followed by *axial or analytic coding* where open codes were grouped together through interpretation and reflection. These two types of coding were used with each transcript and categories were developed that contained data within and across participants. These categories represented recurring patterns that cut through the data. As data

collection and analysis continued, categories were refined, reorganized, and revised. Ultimately, the categories were refined by considering that each one was: (1) a response to the purpose of the study, (2) exhaustive in that it contained all relevant data, and (3) mutually exclusive so that each data unit fits into only one category.

Braun and Clarke (2006) provide a framework for thematic analysis that they consider to be a tool that can be used across different qualitative methods, and it was also used in the analysis. It is consistent with Merriam's (1998, 2009) process, and thus the two analytic methods were used simultaneously; however, Braun and Clarke's (2006) provides further structure and guidance for conducting each step. They note that their framework can be used in research with constructivist underpinnings, and congruently, they emphasize the *active* role of the researcher in identifying, selecting, and reporting themes, rather than themes passively *emerging* or *being discovered*. This form of analysis was also used given that it can include both an inductive analysis, strongly based on the data and avoiding the researcher's preconceptions, as well as a theoretical analysis, guided by the researcher's theoretical or analytic interests (Braun & Clarke, 2006). This allowed for analysis that was both informed by the data (inductive), as well as analysis that considered questions that developed from my previous research study and work with survivors (deductive). As described in more detail below, the deductive analysis followed the inductive one.

Braun and Clarke's (2006) framework includes a flexible six-phase process for conducting thematic analysis, all of which were followed during the

analysis portion of this study. *Phase 1 - Familiarizing yourself with the data* involved reading and re-reading the transcribed interviews, as well as simultaneously reading the transcripts while listening to the recordings of the interviews. Memos were written on the initial thoughts and conceptions that emerged from getting to know the data. Connections and differences between the participants stories were noted, as were potential emerging themes related to recovery and motherhood. *Phase 2 – Generating initial codes* involved the open coding of the data in the qualitative data analysis software ATLAS.ti. These codes were descriptive of the data in the transcript. For example, open codes of the participants' accounts of their intense emotional post-partum reactions with their children included: "after baby was born," "difficult with new baby," "baby triggers intense emotion."

Phase 3 – Searching for themes began with examining the open codes, and sorting them into potential categories. For example, across all the participants the open codes related to the intense post-partum reactions were grouped together under the theme of "child triggers and abuse surfaces subconsciously." The data was re-examined in light of each developing theme, looking for more data to complete it or data to contradict it. This analysis of how the codes combine to form themes also included consideration of the potential different levels of themes: overarching themes and subthemes. The addition of more data into each theme allowed for the differentiation and further development of each theme and it's levels. As this was conducted with the above mentioned theme, it was expanded and renamed to represent all that it encompassed. The theme was titled

"motherhood exposes unhealed wounds," with several subthemes within it including the subtheme of "allowing feelings from the past to resurface" that encompassed those intense emotional experiences after their children were born that the participants described. Visual representations of the developing themes were used to consider how they related to one another. This helped distinguish between overarching themes and subthemes; for example, it was evident through diagramming that the participants' experiences of being "triggered to their pasts" as their children grew was a subtheme of "motherhood exposes unhealed wounds" and not a separate theme.

Phase 4 – Reviewing themes included using Patton's (1990) criteria for judging themes: internal homogeneity and external heterogeneity. To do this, not only the codes but also their data extracts were reviewed for each developing theme. The transcript extracts were examined in their thematic groupings for coherence and cohesion. In some cases this process resulted in the reworking of the theme. In other cases it resulted in the exclusion of data extracts. For example, by examining the data extracts themselves, only those extracts consistent with the developing theme of "motherhood exposes unhealed wounds" were kept within that theme, and the other extracts that had related codes, such as other descriptions of how caring for babies is challenging that were coded as "difficult with baby," were removed from this theme. Once this refinement was completed, the second level of analysis was completed, where the themes were all considered against the data set in its entirety, checking if they accurately reflect the meanings evident in the data. This process also included consideration of any

potential themes that had been noted previously in memos resulting from previous

research, the interviews, or the initial familiarizing with the data. The themes

were all refined until each one was internally consistent and relevant to the data

set as a whole. It was noted at this point that an important topic within the data

that was repeatedly discussed, on the struggles of simultaneously balancing

motherhood and recovery, was not reflected in the themes, and thus a deductive

analysis was conducted to further develop this important aspect of the women's

experiences.

During this stage consultation with my supervisor on all of the developing

themes and their contents was completed as a form of triangulation. In addition,

second interviews with the participants were also conducted as a form of member

checks or member reflections (Tracy, 2010) to consult with them regarding the

constructed themes and to refine the themes.

In *Phase 5 – defining and naming themes,* all the data within each theme

was considered in order to construct an understanding of what that theme

encompassed. While all the themes had names since their inception, the names

were edited and refined to most accurately represent their contents. The data

extracts were organized into a coherent account, and a narrative describing each

theme was written for the results section of this document. *Phase 6 – Producing*

the report was the culmination of the research project in this document, including

each of the supporting chapters to the results section. This included writing an

introductory narrative for each participant, providing an overall description of her

abuse history and story of recovery. Each participant was given her narrative for review and editing.

The methods used for analysis allowed for evolving understandings to be pursued fully, as new insights or possibilities could be explored further in the second interview and the re-analysis of the data at each level. By examining the data through both inductive and deductive methods the study was open to fully explore new understandings and alternative interpretations as they arose.

Enhancing Rigour

Lincoln and Guba (1985) outlined four elements of qualitative research that contribute to the rigour, or trustworthiness, of a particular study: credibility, transferability, dependability, and confirmability. Each of these criteria were considered in the design and implementation of this research. It is by maintaining methodological rigour that research findings can be considered trustworthy and therefore relevant (Merriam, 2002).

Credibility

The first element that contributes to rigour is credibility, which ascertains how congruent the research findings are with the participants' realities and experiences (Streubert & Carpenter, 1999). In this study, particular strategies, such as open coding and member checks, were used to increase the study's credibility. Each of these techniques helped ensure that the research was grounded in the participants' experiences. The most important tool for achieving credibility may be the use of member checks (Lincoln & Guba, 1985), where the researcher's understandings, analyses, and constructions are reviewed and

discussed with the participants. Tracy (2010) aptly calls for renaming these "member reflections" in research with constructivist roots, as the term "checks" implies a single reality. In this research the participants' were given the opportunity to *reflect* on the co-constructions that were developed in the research and to give feedback, critique, and new information.

Patton (1999) maintains that in addition to the importance of methodological and technical rigour for enhancing credibility of qualitative research, it also depends on the credibility of the researcher. Thus, the researcher's qualifications, experience, and perspective are all relevant and should be made explicit. My previous work and research with survivors of childhood sexual abuse was described to the participants and was noted during the introduction of this document. This provides background for readers to consider what I bring to the data collection and analysis (Patton, 1999).

Transferability

Fittingness, or transferability, is the degree to which the research findings can be meaningfully applied to other individuals or contexts (Streubert & Carpenter, 1999). This was first addressed through purposive sampling, ensuring that the selected participants had experienced the phenomenon of interest, as well as were representative of the population of interest (Gillis & Jackson, 2002). Following this, transferability was increased by providing detailed descriptions and quotations in this final research report to provide readers with enough information to be able to compare to other individuals and contexts (McLeod,

2001). The rich detail provided allows for readers to consider the degree of

relevance or transferability for themselves (Lincoln & Guba, 1985).

Dependability

Dependability, or auditability, is the potential that another researcher could

follow the process and methods used in the study (Streubert & Carpenter, 1999),

and this requires detailed records of each decision made within the research

process (Guba & Lincoln, 1985). While within a constructivist framework it is

understood that each researcher would interact with the data somewhat

differently, co-constructing differing meanings with the participants,

dependability requires being able to follow the same research path. To achieve

this, a complete audit trail was kept of the research process, and memos were

written regarding the decisions made during analysis. In addition, further

auditability was achieved by having my supervisor review my coding and

analysis.

Confirmability

Commonly confirmability refers to establishing that the data analysis and

findings have emerged from the data and are not a product of the researcher

(Tobin & Begley, 2004). However, this is not relevant in a constructivist and

hermeneutic study where the researcher's contributions are expected and

acknowledged. Instead, in this study the researcher's perspective was reflected on

and considered, as to how it influenced the co-constructions developed in the

study, and the background information on the researcher was provided for the

readers to consider how they influenced the findings (McLeod, 2001).

Chapter Summary

This chapter outlined the methodology used in the current study to explore those experiences within motherhood that further the recovery of adult survivors of child sexual abuse. The chapter began with explications of the foundational theoretical assumptions and perspectives underpinning the research, including the benefits and assumptions of the qualitative research paradigm. It was noted that this chosen paradigm allows for an in-depth exploration of the topic and maintains the participants' own perspectives and voices within the research. In addition, this type of discovery and insight oriented research offers significant potential for making an impact (Merriam, 2009).

This was followed by descriptions of both the constructivist epistemology and the hermeneutic theoretical perspective informing the research, noting that this research is assumed to be a co-construction developed between the participants and the researcher, where both the participants and the researcher are influenced by their backgrounds and contexts. The methodology, basic interpretive inquiry, which upholds the theoretical assumptions of the study was also described, as were all the ethical considerations that were made in designing and implementing the study.

These sections providing the rationale for the design choices were followed by sections on some of the specific design elements: participant recruitment and selection, data generation, and data analysis. The chapter was concluded with a description of how methodological rigour was enhanced by

design elements that were included to address credibility, transferability, dependability, and confirmability.

The following chapter showcases the participants' experiences by providing a narrative describing each of their abuse backgrounds and subsequent recovery processes. These narratives were constructed by maintaining the participants' perspectives, outlining what they described about their lives in the first interviews. The chapter provides an introduction to each of the participants in this study.

CHAPTER 4

FINDINGS: PARTICIPANTS' STORIES

The lives of the six women who participated in this study are each unique and distinct. These women are different in many ways, including in their ages, life experiences, interests, commitments, relationship statuses, and professions. However, they all share a background of sexual abuse in childhood, and they are all mothers. Each has consciously engaged in recovery from their sexual abuse experiences and the resulting after-effects, and each is presently thriving. Five of the women found that being a mother was instrumental and facilitative to their recovery processes. For one woman, the journey of recovery took place alongside and outside of her role as a mother.

During the interviews of these women, they shared their experiences of sexual abuse, the after-effects they suffered from the abuse, their recovery processes, and the influence of motherhood on their recovery. This chapter consists of an introduction to each of the participants, providing a brief background on their childhood sexual abuse experiences and overall recovery processes from their own perspectives. These introductions are based on the information the participants provided in their first interviews, which were conducted during the winter of 2011.

Introduction to the Participants

Rose

"What I am very grateful for is that [my daughter] has been able to have a very different life than I had, and has been spared from a lot of the kind of stuff that not only myself but so many other kids have gone through. And

so I think that there's something really sacred about … my relationship with her, the fact that it's free of all that stuff."

Over the last ten years, Rose has made many changes and sacrifices in order to provide a better childhood for her daughter, Justine, than she had herself, and she has done this despite the additional challenges that come with having experienced a tumultuous childhood, having had a child at a young age, and balancing motherhood with recovery from sexual abuse. Rose has succeeded in creating a loving, nurturing, and stable home in which to raise her daughter with her husband. She now enjoys a successful career as a psychologist, often counselling others who are coping with the same struggles that she herself has overcome. However, her successes, happiness, and stability have not come easily; they are the bi-products of a long journey of recovery that was both complicated and complemented by having her daughter.

Rose's childhood was made difficult in part by her parents' contentious divorce, which was initiated when Rose's sister disclosed to their mother that her father had been sexually abusing her. Rose's mother acted to protect her three children, but the divorce was long and drawn out, and throughout it Rose's father harassed the family by making repeated threats. Despite this and the reason for the divorce, Rose, her sister, and her brother were all forced by the courts to have visitations with their father. The courts ruled that Rose's siblings had been coached by their mother to claim that they had been sexually abused, and thus there were no restrictions on the father's visitations with the children. One of Rose's earliest memories was from one of these visitations at the age of two; she clearly recalls awakening in bed in the middle of the night to her father molesting

her. Rose disclosed the abuse to her mother the next morning, and her mother immediately involved the police. Yet, no charges were pressed, and Rose was still required to attend each scheduled visitation with her father.

Because of the persistent harassment and threat, Rose's mother moved houses and cities repeatedly with her children. Rose would always carefully lock the doors to the house and yet never feel completely safe in her home. The whole family was living in a state of constant fear. The forced visitations with her father continued, and the provisions for maintaining safety, such as transferring the children from one parent to the other in public places, only considered her mother's safety. Yet, Rose did not feel that anyone in the family was safe. She lived in terror that her father would act on what he had threatened to do to her mother, as he had let all the children know that one day he would kill her. Rose was convinced that he would do it, and this looming threat haunted her.

After the divorce was finalized the visitations were no longer required, and Rose did not see her father for many years. Her mother still lived in fear of him and suffered the after-effects from years of harassment; however, for the most part, Rose put her thoughts of her father out of her mind. She rarely had reminders of him; the family did not openly discuss him or what had happened. Her only reminders came in the form of the occasional gift that would appear from him, but otherwise they had no contact for over ten years.

Life continued for Rose, and she rarely thought back on what her family had dealt with. At the time she was not aware of how her experiences had influenced her; it was not until later that she could look back on her childhood and

see how the abuse and other traumas she suffered shaped her very early on. As a child Rose was withdrawn, fearful, and disconnected from others; she was plagued by a sense that she was different than other children. In some ways she felt older and wiser than her peers, and in other ways she felt less mature. She was self-conscious about how she felt very dependent on her mother all the way into early adolescence, always needing her around to feel safe or to fall asleep.

As a teenager, the effects of her past were combined with the stresses of adolescence, and Rose pulled away from her mother and began experimenting with alcohol and sex. She soon became involved in a serious romantic relationship with a young man who was several years older. Rose finally felt happy, and she was very excited to be in this relationship. They enjoyed each other's company and wanted a future together; as part of this they decided that they would like to have a baby. They felt that it was the right decision for them as a couple, and Rose also felt a personal desire to have a child. In retrospect, Rose recognized that her desire to have a baby came out of an underlying belief that it would help her gain a sense of value and worth and fill a void she had always felt. Yet, at the time, Rose was only aware of her hope to have a child, and congruently she felt content and at peace when she was pregnant. Rose's positive experience of being pregnant contrasted with the reactions of others at the news; her mother in particular was devastated.

Having a baby as a teenager came with many strains. Rose struggled with balancing her desires to be young and have freedom with her responsibilities to her child. The reality of having a baby and young child was more difficult than

she had anticipated, and the sense of peace that she had felt while pregnant was replaced by stress and discontentment. She was reluctant to abandon her youth, as though that would be yet another loss in her life, and Rose worried that she had made a mistake in having a child.

She also was faced with a relationship with her child's father that was less positive than it had initially seemed. He turned out to be more of a burden than a support, both financially and emotionally. He was unable to provide for the family financially, as his only limited income came from illegally selling prescription drugs. More importantly, over time he became abusive to Rose, emotionally, financially, and sexually. Their hopes to live happily as a family were ruined, and Rose quickly found herself becoming depressed, as she was continually being wounded in this relationship.

As time passed Rose slowly began to recall more about her childhood. She began to have her own memories of events that her mother had told her about, but these memories still remained unclear. Understanding her past and what had happened to her became very important to Rose, and this motivated her to contact her father and ask him about these events to get his side of the story. Her father denied any wrongdoing during her childhood; he maintained that her mother had turned his children against him, filling their minds with lies about him. Without her own clear memories to ascertain what happened, Rose was torn between her mother's and her father's versions of events. She felt frustrated that she may never know what truly happened.

After a couple of years of living with her partner and child, Rose was depressed and suicidal. She found herself living a life that she had not envisioned for herself or her daughter. Rose clearly recalls smoking pot one day while at home with her daughter and suddenly thinking, "what the hell am I doing?" This ultimately became the breaking point for her: she realized that she needed to make a change to save them both. Rose decided to leave her partner, and her mother welcomed her and her daughter, Justine, home with open arms. Rose felt that up until she left her partner her life consisted of traumas repeating themselves. By choosing to leave and create a better life, she enabled herself to begin healing.

Rose took this time to set the stage for a different life for herself and her daughter. She went back to school and started her undergraduate education, pursuing interests she had had for years. With time she began to develop a sense of confidence in her ability to provide for and care for Justine on her own, which led her to work hard to become financially independent enough to move out of her mother's house. Rose consciously worked to create a safe environment for Justine, one that she had not had herself as a child. She considered who she wanted to have in her life and influencing her child. Her newly developed independence and conscious parenting helped Rose feel empowered; she was creating a different life for them both. Rose decided to pursue her dream of becoming a psychologist, and she completed a master's degree in counselling psychology.

During her education, and particularly her graduate education, Rose learned about memories, child development, and the effects of trauma. This

knowledge reinforced the few memories that she had from her childhood, and it validated much of her past and current reactions and experiences. As her own memories became clearer, Rose recognized that her father had been dishonest with her. On her own, she recalled events and aspects of abuse by her father, and with these new memories, she decided to confront him and discuss everything that she remembered. As he had done before, he denied everything. Rose recognized that her father would continue to lie to her, and that he would not take responsibility for what he had done. Given that she felt that she would not be able to trust him, she decided not to pursue a relationship with her father any further, and since that confrontation they have not had any contact.

Rose's early recovery was a process of sorting through foggy recollections and differing stories to determine what events actually took place in her life. This felt like a rollercoaster ride, as she spent years negotiating the different memories and stories that she, her siblings, and each of her parents had. Once she felt she had a solid understanding of what happened, she understood what she was recovering from.

Her healing and personal growth were fuelled by her experiences of becoming an independent and self-sufficient single mother. Up until that point, she felt a lack of control of her own life. It was empowering to take control, get an education, and make conscious choices about the people she surrounded herself and her daughter with. Rose recognized that she could make choices that would influence both of their life paths, and knowing this allowed her to continue to seek out a better life for them.

While Rose felt happy and content as a single mother, in graduate school she met a warm and kind man named Carlos. They began dating soon after they met; however, Rose allowed their relationship to evolve slowly. Only after they had dated for some time and were becoming serious about each other did she introduce him to Justine. Carlos and Justine developed a close relationship, and two years later Rose and Carlos married.

As Rose took control of her life, and actively created a better life for herself and her daughter, she was able to embrace motherhood in a new way. Initially being a mother had been an overwhelmingly difficult and often negative experience, taking time and energy that she felt she needed for herself. Because of this, Rose spent years feeling intense guilt about making choices early in Justine's life that were not necessarily the best for either of them. As Rose engaged in the process of recovery from her childhood sexual abuse, she also went through a process of acknowledging why she made the choices she did, forgiving herself for her perceived mistakes, and embracing being a mother. This also came with recognition that she had created a safe, loving, supportive home for her daughter, and that her daughter was now thriving.

Since the birth of her daughter, Rose was changed by her experiences as a mother. She was inspired to live a more vibrant healthy life. While motherhood initially presented even more challenges to her recovery process, Rose was able to nurture her daughter and herself through every stage and ultimately come to a place where being a mother is an enjoyable and positive experience that contributes to her recovery and growth. Through being a mother, Rose's view of

herself improved; she recognized her own resilience as a child and as an adult, as well as the detrimental impact that her childhood abuse had. She also recognized the sacrifices that her own mother made and how difficult her struggles must have been, and she forgave her mother for the tumultuous childhood that she had. Most importantly, Rose forgave and accepted her younger self for the choices she made, understanding that she too was a product of the experiences she had. While she wishes it could have been different, she understands that both she and her mother did the best that they could. Accepting her past has allowed her to work towards a more positive future for herself and her family. Rose is clear that her recovery will be a life-long process, yet she is empowered and encouraged by looking back and seeing how far she has come.

Frankie

> "I've been tenacious about [recovery]. But you know what started me on it? It was not for my own healing, it was for my son. It was so that my son wouldn't have the kind of life I had. And I knew I knew nothing about parenting. … So my son's birth really has led me on this really profound and difficult, at times, journey. 'Cause I wouldn't say it's been easy."

The birth of Frankie's son, twenty-two years ago, started her on a journey of recovery from childhood sexual abuse and maltreatment. Since that time, Frankie has energetically and steadfastly tackled her recovery; she has been willing to do anything necessary in order to heal from her past and be the most present and healthy mother she could be. With her son as her inspiration and motivation, Frankie worked through the after-effects and symptoms from her childhood experiences and strived to develop herself into a fulfilled, happy, independent person. Now that her son has grown up, she sees the success of her

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efforts in the beautiful, sensitive, caring man that he is. Frankie has also formed a successful career and full life outside of being a mother, yet most importantly she and her son maintain a close and connected relationship.

Before having her son, Frankie had repressed most of her memories from her childhood, including those memories of being sexually abused by her father. Her father suffered from bipolar disorder, her mother from serious depression. Throughout their childhoods, Frankie and her three siblings suffered various forms of trauma at the hands of their parents, including sexual and physical violence by her father. Frankie disclosed the sexual abuse to her mother when it was taking place, but her mother did not protect her, as she claimed Frankie was lying. This betrayal by her mother allowed the abuse to continue. While she suffered a great deal because of both her parents' actions, as an adult Frankie came to see her parents as wounded people who were unable to meet the needs of their children.

As soon as she possibly could, Frankie moved away from her family. She had fantasized about moving away since she was a very young child, and she took her first opportunity to leave to go away to university to study nursing. By leaving home she escaped her family situation; however, she was haunted by the after-effects of her childhood experiences. In particular, she struggled with developing relationships with others, feeling generally afraid of relationships and typically remaining very isolated. When she did get involved with men, it was difficult for her to develop healthy relationships. She was repeatedly drawn to those men who were wounded, needy, or unavailable, and she continued to be

hurt and disappointed. She confused sex and love, often finding herself with men who wanted sex from her and not understanding that it was not love.

By her mid-twenties Frankie was in a long-term relationship, and at the age of twenty-seven they got married. Soon afterwards, she and her husband decided to start a family. While not conscious of it at the time, Frankie was motivated to have a family so that she could create a different life for herself and her child than the one she was raised in. This was an opportunity for a new beginning for her.

When her son, Sam, was born she was overwhelmed by her profound love for this child and her desire to protect him in anyway she could. She became very concerned that she did not know how to parent, as she was aware that she had not had models of good parenting.   Determined to give Sam a different life than she had had, Frankie sought out resources and support on parenting. Learning about parenting and trying to do the best for her son quickly became a major life focus. Even when Sam was a small baby, Frankie was already reading books on parenting children; she was doing all she could to overcome the deficits she worried she had.

While her son brought her great joy, he also triggered new intense feelings in her. When Sam was an infant, each time he would cry Frankie would feel severe pains in her chest accompanied by profound anxiety. She was overwhelmed and confused by these intense reactions. She could tell that these experiences were unrelated to her feelings about her baby, yet his presence was bringing them out. At this time she also began to recognize that she had intense

anger and rage within her; they were also unrelated to her son, but they were uncovered after he was born. While her rage was never directed at Sam, she was struck by its intensity and fearful that she could possibly hurt him because of it. Frankie could not understand the origins of either of these feelings, but she was determined to ensure that they would not impact her baby. She knew that she had to heal whatever this was in order to be a better parent, and therefore she quickly sought out therapy and support in order to address these new feelings.

In therapy Frankie began working on her anxiety and her anger. In this work she also addressed and grieved an abortion that she had had several years before. At the end of this therapy, when Sam was about one year old, Frankie began to get some of her childhood memories back, specifically those of the sexual abuse by her father. This was the missing piece of the puzzle. The birth of her son had opened a door, exposing feelings and memories that had been long repressed, and she began to understand why she felt the way she did.

Frankie began therapy to work specifically on her sexual abuse. She participated in a support group for survivors, and she found a therapist who was skilled in working with trauma. She and her therapist developed a strong working relationship, and she fervently committed herself to healing efforts. She actively pursued suggestions from her therapist, wrote and journalled, did EMDR, yoga, and bodywork. Frankie found that it took courage to engage with all of these healing efforts; they were very beneficial, but equally difficult to do.

Dealing with her sexual abuse was overwhelming; Frankie was burdened by intense feelings of shame and responsibility for the abuses she suffered. She

was bombarded by posttraumatic stress symptoms, remembering and reliving the abuse with intensity. At times this became so difficult to cope with that Frankie had thoughts of suicide. What kept her connected to life and moving forwards was her son; she knew that suicide was not an option for her, as she could not fathom leaving Sam without a mother.

While Frankie felt that Sam was the fuel that kept her going through her long and difficult recovery, his development also triggered healing work that she had left to do. Being a mother was simultaneously the most rewarding and the most difficult thing that Frankie had ever done. She had to parent as she actively recovered from childhood trauma. She also had to cope with a marriage that was unsuccessful and that ultimately ended when their son was four. Frankie and her ex-husband continued to co-parent; however, she still faced the additional strains that come with being a single mother.

As Sam grew older, Frankie found that at each of his new developmental stages she would struggle both with being triggered to unresolved experiences and after-effects from her own childhood, as well as with uncertainty regarding how best to parent him. Consequently Frankie would return to therapy at each new stage, working out her own triggered issues and focusing on how to change her parenting to best meet the needs of her growing child. Frankie was blessed to have found a therapist with whom she shared a deep connection, and her therapist's support was so pivotal that Frankie considered her to be Sam's spiritual grandmother.

Sam's development facilitated Frankie's development; in many ways, she grew up alongside him. As she navigated her way through several different developmental stages, she came to recognize that growing up in a dysfunctional family and suffering multiple traumas during childhood led her to miss particular developmental stages. As her son grew up and she sought support and guidance in how to parent him, there was a part of her that was also learning to re-parent herself. Each time Frankie and Sam successfully traversed a developmental stage together, she came to fully recognize what she didn't have as a child. Through being a parent, Frankie witnessed how a childhood should be at every stage. While she was fulfilled by providing a healthy and enriching environment for her son to thrive in, she simultaneously felt grief at each stage when she recognized what she had not been given in her own childhood.

Most recently Frankie and her son faced the milestone of his moving away. This transition was years in the making for Frankie, who began developing a life and interests outside of mothering years ago, so that she would be able to let him go in a healthy way. Her desire to develop an independent life without her son for his benefit led to further growing and healing for her. She turned her attention towards her own needs and consciously worked on developing new relationships. She developed friendships and romantic relationships in a way she wished she could have in her youth, consciously and carefully.

Frankie was transformed by being a mother. Having a child opened floodgates of memories and emotions that Frankie had previously repressed in order to survive a traumatic childhood. Once she regained her memories of her

childhood sexual abuse and began dealing with it, she was able to feel deeply.

Before, the repression of her traumas had also led to the repression of her feelings, and since she faced her past she was able to experience feelings with intensity and have great compassion for others. Being a mother led Frankie to overcome her abuse experiences, develop a strong sense of self, and create a full life for herself.

Frankie was also always able to be a very good mother to her son, despite her background and lack of role modelling in her own family. Motherhood was her life focus and her most important role; she embodied motherhood and mothered both her son and herself. Yet, she never let Sam refer to her as "mom," as she felt that her own mother abandoned her to deal with her father and his abuse by herself, and she had negative associations with the term. Currently, Frankie enjoys the benefits of all the difficult healing work that she has done; yet she believes that her recovery process will continue and that it is never fully complete.

She looks towards her future with anticipation, knowing that her hard work has made her son the person that he is and that she is ready for the next steps, possibly including a romantic relationship.

Erin

> "[the sexual abuse] had an undercurrent in my life but I was really able to ignore or deny a lot of it until I became a mom. And then it just was impossible to ignore. I didn't want them to have anything similar to my experience. It was okay for me to be able to hold that in, but it wasn't okay to have them anywhere near that experience, so it really prompted really getting serious and finding help."

Before Erin's daughter was born, she never thought back to the sexual abuse she suffered at age four; nor was she aware of how the experience had influenced her. Becoming a mother triggered both memories and feelings related

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to the sexual abuse, and it provided her the motivation and purpose to pursue healing. Erin has had to struggle with the difficult balance of being a mother and recovering from sexual abuse; however, her struggle has been worthwhile given that currently she and her children are thriving.

Erin can recall with perfect clarity the day that she decided to get support and pursue healing, although at that time she was unclear what she would be healing from. When her daughter was three months old, she was overwhelmed by exhaustion, love for her child, and a desire to do the best she could for her. She found herself trying to comfort her child in her arms, while she herself could not stop crying. She vowed to herself that "this ends here," although, at the time she did not know what *this* was. She could not identify the source of this flood of emotion, but she committed to herself that she would figure it out and do what she had to so that her daughter would not be affected. She felt as though there was something that could be passed down to her children, and she swore that she was the last to get it. This experience led her to her doctor, who referred Erin to a psychologist.   As Erin explored this flood of emotions with her therapist, she found that it was childhood experiences of sexual abuse that were at the root of it.

When Erin was four years old her younger brother was born. With the demands of a new baby, Erin's parents sought some reprieve a few nights by having their oldest child go sleep at her friend's house down the block. Each time that Erin slept over, she was awakened from sleep in terror and shock to being sexually abused by her friend's father. Erin had never had an adult hurt her before; she was overwhelmed by the experiences. She did not tell anyone, as she

felt that she was somehow deserving of it, and she could not understand or label what had happened.

The sexual abuse led Erin to immediately develop a strong protective side. She had a sense that she had to take care of herself and protect herself, even though she was still a young child. This protectiveness stayed with her as she grew; she became logical, cautious, defensive, and untrusting. She remained disengaged from others and emotionally distant in relationships to avoid being hurt again. She was ruled by the sense that if she ever took a *risk*, something bad would happen to her. These perceptions were pervasive and long lasting. Throughout her childhood and adolescence Erin had few friends, and she did not allow herself to become emotionally attached to the men she dated. She remained disengaged from others as a form of protection. To a lesser extent, Erin carried this emotional detachment into both of her marriages. She married men who also helped protect her and keep her safe, and who did not pose a risk to her emotionally.

Throughout her life, Erin carried an immense sense of sadness as a result of the sexual abuse. Others have noted her sadness, but even Erin did not know its origins until six years ago when she began to process her sexual abuse experiences. The intensity of her sadness increased and overwhelmed her after the birth of her daughter, prompting her to get support. She continued to focus on her recovery through the birth of her son a couple years later. It was her desire to be a good mother and be present and fully engaged with her children that gave her the

motivation to take on the very difficult task of facing these difficult emotions and abandoning her defences of detachment and distancing.

When she began to process her past abuse experiences, she saw how her sense of blame for the abuse, as well as her sense of being damaged or broken because of the abuse, continued to impact her. The timing of Erin's sexual abuse was particularly negative because she was already struggling with the feeling that she was being replaced by her new sibling. The abuse contributed to this by making her feel as though there was something wrong with her and that she was deserving of being replaced and being hurt. The burden of this sense of blame influenced Erin's sense of self, her life choices, and her ability to be in relationships.

It was ultimately Erin's experiences as a mother that lifted this sense of blame for her abuse. When Erin's daughter was four, the same age Erin was when she was abused, she found that she was often triggered back to thoughts, feelings, and memories related to her sexual abuse. While this reliving of her trauma was painful, it helped her process her past. She was able to see the world through her daughter's four-year-old eyes and see how she herself must have understood things at that time. She was able to get a sense of who she was and what she was capable of at the time that she faced that trauma. This experience allowed Erin to give herself credit with how well she handled such a difficult experience at such a young age, and this realization also came with self-forgiveness, as she understood that she did not have the tools to do more than she

did. In gaining a child's perspective, Erin saw with clarity that she absolutely did not deserve the abuse.

Once Erin's children were older than she had been at the time of the abuse, she felt immense relief. She was less triggered by her children after they both were older than four, and she was also less intensely afraid for their safety. Her abuse experiences gave Erin a different awareness of the potential dangers children may face, as well as a fierce desire to protect her children's innocence and ensure that they were not hurt. She felt that while it was too late for her to not be hurt, she could protect her children and build a different future for them.

While Erin credits her children with providing her with the tools and motivation to promote her recovery, she found that balancing recovery from sexual abuse with raising small children was a difficult task. She often felt overwhelmed by her children's needs, as she was trying to work through difficult emotional issues. It felt like a full house at times, with her children asking for what they needed, and a voice inside her saying, "I am hurting; take care of me." Many days she felt as though she was taking care of three children: her own two, as well as her inner child. It was very difficult to harness the energy to take care of everyone at once. And yet, she had no choice, as her abuse issues felt like baggage she couldn't just put down.

Erin was determined to not have her issues influence her children, but her recovery demanded attention and energy that often left her too exhausted to play or participate in activities. She was then burdened by guilt for not being able to be the parent she wanted to be, although she was clear that she was engaging in

this difficult therapy process in order to give her children a better life. She knew that she had to feel complete before she could give them everything they needed. While Erin was dedicated to creating the best lives possible for her children, she was also faced the uncomfortable experience of sometimes feeling jealous of all that they had that she did not.

Being a mother also triggered unresolved feelings and issues Erin had with her own mother. Erin was acutely aware of a sense of betrayal that her mother was not there to protect her from being sexually abused. This sense furthered her own actions as a mother, as she was determined to instill in her children a sense that she always wanted to be there to protect them. She worked hard to improve on the mothering she received, doing the best she could for her children. Erin could have dismissed her struggles with her mother had she not become a mother herself, but she felt that she had to face these issues to be a better mother.

Some of the most long lasting effects from the sexual abuse for Erin have been with relationships, particularly intimate relationships. Erin recognizes that her past choices of partnerships have not been the best for her, as they reflected the negative way that she felt about herself because of the abuse. She struggled with intimacy, feeling very guilty that she could not allow herself to connect with her husband who was caring and giving. While she and her husband are good friends and great co-parents, they do not share the physical and emotional intimacy that Erin would like in a partnership.

While Erin feels that she has more work to do to achieve the type of emotional intimacy in romantic relationships that she wants, she is proud that she has been able to maintain intimacy with her children and not push them away. Being a mother to small children requires constant physical and emotional intimacy, and Erin has had to fight against her own desires to maintain distance. Having maintained a level of closeness she has never had with others, Erin has shown herself that she is capable of being intimate in the most important relationships in her life.

The emotional attachment that she shared with her daughter when she was born broke through the defences that Erin had built to protect herself. This allowed her unprocessed feelings to surface, and because of her daughter, Erin did not want to avoid these feelings any longer. At the time, Erin was not aware that she was beginning a recovery process that would be life long. Now that her children are school aged, and Erin can see them thriving, she feels good knowing that she laid the groundwork for that by doing the recovery work that she has. All of Erin's successes as a mother, including her ability to maintain closeness with her children, have contributed to her sense that she can succeed at other things in life. She is relieved to see that she is achieving her goal of setting them up with happy, healthy lives, where the burden of the abuse has not been passed on to them, and she feels content knowing that she has done right by them. Erin has even come to a place of acceptance regarding the abuse that she suffered, noting that "I like me and it made me who I am."

Coraline

"I guess it's just I don't want to quit … I have to keep going for my kids. I have to and I don't know where that comes from, I don't know why it's like that. You can either lay on the road after you've gotten hit by a bus or you get up and get out of the way of the next one, right? And my kids are my motivation. They're the reason I live. … And I'm dedicated to making sure that at least I am giving them the best life I can. And not making the same mistakes that my parents made."

Coraline's children have provided her with life purpose, meaning, and hope, all of which were essential after a lifetime of abuse and tragic experiences. Her desire to do the best she could for her children helped her to make choices that improved her life enormously, and now Coraline relishes in the happiness and contentment that she has achieved in the last several years. Currently Coraline is raising her five children on her own, dedicating herself to ensuring she provides them with the best life she can.

Growing up, Coraline always dreamed of having a husband and children one day, although, at the same time, she felt certain that this would never happen for her. While Coraline aspired to having her own family and to having it be different than the one she was raised in, her stepmother would repeatedly tell her she was too stupid and ugly for any man to ever love her or marry her. This was one of many verbally abusive messages that her stepmother would say regularly, amidst other unpredictable and hostile behaviours. Coraline's childhood was filled with abuse of all forms; however, it was the verbal and sexual abuse that she found the most devastating.

The sexual abuse that Coraline suffered took place over many years and was committed by four different individuals. The first time was when Coraline's

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grandfather, her stepmother's father, was staying with the family. She was five years old when her grandfather asked her to take a nap with him, and then he molested her. It happened only one time, and she does not remember seeing him again afterwards. Coraline did not tell her parents or anyone else about what her Grandfather had done because she was afraid that it was her fault and that she would get in trouble. Only a few months before the incident, her stepmother had beaten Coraline after finding out that Coraline and her brothers had been showing each other their naked bodies. Out of fear of another beating, Coraline did not want to let her stepmother know about what her grandfather did.

When Coraline was nine years old, she shared a bedroom with her stepsister, who was four years older. Coraline's father often came into their room at night, and she would hear her stepsister telling him to leave. Coraline did not understand what was happening between them. One night, Coraline and her sister switched beds, and when her father came in to the room, he sexually assaulted Coraline. She was shocked by this experience. She does not recall her father touching her again until after her stepsister ran away from home when Coraline was twelve. From this point until she was sixteen, when she too ran away, Coraline's father sexually abused her regularly.

Coraline was tormented by her stepmother during the day and by her father at night. At age fourteen she began doing drugs. When she ran away from home at age sixteen, Coraline moved in with her biological mother, with whom she had not lived since she was an infant. Her mother had remarried, and Coraline's stepfather did not welcome her. He kicked her out soon after she

moved in, so she began living with a couple with young children for whom she had been babysitting. This couple, Jim and Susan, agreed to take Coraline in, and they acted as parental figures. They bought Coraline clothes and provided her with a home as she went to school. Coraline was so grateful to have people to take care of her.

When Susan and the children went on a trip to visit family, Jim invited Coraline to join him on one of his work delivery trips in his eighteen-wheeler. She was excited to have been asked, as she would prefer not to stay home alone. At night Jim let her know that she could sleep in his truck, and he would get a hotel room. However, Jim came back to the truck in the middle of the night and sexually assaulted her. She was seriously physically injured by the assault. He took her back to their house the next day, and Coraline was unable to get out of bed for two days. Susan kept asking Coraline what was wrong with her, but Coraline could not tell her what had happened. Coraline was plagued with a sense of guilt that she had had an affair with Jim. In the following couple of weeks Jim sexually assaulted her twice more, and when he and Susan were out one night, a friend of his came over and sexually assaulted her as well.

Coraline did not tell anyone about these experiences, and she struggled to cope with them on her own. She began using more drugs and drinking regularly. She often skipped school, and started struggling academically, despite having been an excellent student beforehand. During this time Coraline was promiscuous with men, feeling guilt ridden by her "affair" with Jim and as though she did not deserve real relationships.

Coraline was able to graduate from high school, although she just barely passed her classes. She then decided to move to Edmonton, and she found a house to rent with two roommates. She was still doing drugs and feeling plagued by a profound sense of being a bad person who would have an affair with a married man. One of her roommates convinced her to start coming to church with him. He took her to a small, conservative church. It was there that she met her future husband.

When Coraline met her husband, and married him only six months later, she felt that her life was turning around. She stopped doing drugs and drinking, and she finally saw the potential for a positive future for herself. She was thrilled to have found someone who wanted to have children with her. They started their family right away.

Coraline's husband, Dave, was very religious and zealous in his beliefs. After they were married, he began to put many limitations and expectations on Coraline. His controlling behaviour also fit well with the limitations placed on them by their church. They were not allowed to associate with others who were not in the church; hence when they had children Coraline home schooled them all. As time went on, the church Coraline and Dave belonged to became more and more strict, as did Dave. The church forbade the use of birth control, and so Coraline continued to get pregnant. She had five children; her youngest was born when Coraline was 41. While Coraline had a difficult time standing up for herself, she found it much easier to defend her children. She was very protective

of them, and she would stand up to her husband whenever she thought that his behaviour was negatively influencing the children.

Eight years ago, Coraline started going to therapy to deal with a driving phobia that had developed after she had been in two car accidents. Her therapist took an inventory of all of Coraline's fear and worries, which resulted in an extensive list, including the fear that her children would be molested. Coraline's therapist noted this fear as different from her others and asked about its origin. It took Coraline some time before she felt comfortable enough with her therapist to tell him the truth. Eventually, she disclosed the sexual abuse that her father and grandfather had committed. This shifted the focus of therapy, and they began to work together on processing some of the experiences Coraline had faced as a child. It was through this work that Coraline began to understand why she had the fears she did and why she was the way she was.

With time Coraline even disclosed the "affair" that she had had with Jim, explaining how she felt that this had been proof that she was a bad person. Coraline's therapist helped her see how this had also been sexual abuse. He used Coraline's own sense of responsibility to her own children to show her that she was not to blame for what happened. It was her experience as a mother that allowed her to internalize that, like her children, she was not responsible for the actions of an adult.

Having daughters was particularly instrumental in Coraline's recognizing the innocence of children in abuse situations. Seeing her daughters as children has made her realize how much she had to cope with at such a young age. The

origins of Coraline's misunderstandings and misattributions about her abuse were made clear to her by seeing how trusting children are, and how they put their parents up on pedestals, believing that their parents know best. Seeing her daughter look at her this way has made Coraline understand further why her parents' abuses were so devastating to her. She believed as a child that her parents knew best, and they broke her trust by abusing her. Having children made what her parents did even more incomprehensible.

It was also Coraline's experiences as a mother that led her to confront her father about the sexual abuse. One afternoon, while Coraline was helping her new stepmother, Coraline's father was left alone with some of her children. She did not worry about leaving her children with him since he had given up drinking, and he had only ever abused his children when he was drinking. When Coraline got back and asked her oldest daughter about their afternoon, she mentioned that her grandfather had gone for a nap with her younger sister. Coraline panicked at the thought that her daughter had been abused. Coraline asked many questions of her oldest daughter about the nap, and ascertained that likely nothing abusive took place. However, the experience made Coraline realize that she had potentially put her children at risk. She was horrified by the fact that her own semi-denial about her father's past behaviours had possibly led to one of her children being abused. While she had not been able to stand up for herself before, now that she saw the potential danger for her children she decided to confront her father and end her relationship with him. She had been open to maintaining some form of relationship with him if he had apologized and taken responsibility for his actions,

but instead he told his daughter that whether he had abused her or not was irrelevant. Without an apology Coraline did not feel that she could see him anymore.

As Coraline continued in therapy and ended her relationship with her father, she began to develop a stronger sense of self. Her husband was unhappy with this and quickly became frustrated with her decreasing compliance. He became increasingly controlling and manipulative: whenever Coraline would behave in a way that Dave did not like, he would threaten to go to their church elders and she would be ex-communicated, or he would threaten to take their children from her or stop buying groceries for the family. Coraline submitted to Dave's controlling ways, as she did not see any way out, and she felt that she did not deserve anything more. Dave's messages to her, that she was lucky to have a man taking care of her, fit with her stepmother's mantras that she would never be loved by a man.

Dave forbade Coraline to ever see her psychologist again, or to have any contact with anyone outside of their church congregation. Coraline refused to discontinue therapy, and the tension in the household increased. Dave continued to become more and more controlling. Coraline began to see his behaviours affecting the children, and that was the final straw for her. She decided to leave the marriage in order to protect her children.

Coraline took her children and moved to a women's shelter. With the support of her therapist and a few friends and family members, she was able to set herself up again. Leaving her marriage resulted in her being excommunicated

from her church, losing all her friends and relatives associated with the church. However, she was able to re-establish friendships that she had been forbidden by her husband and church to pursue. While Coraline chose to leave her marriage for her children, she found that she was empowered by taking a stand against her husband and by letting him know that she did not deserve and would not tolerate his treatment.

Coraline made her children's needs and safety her priority, and she never struggled with putting them first. This highlighted to her the ways that her biological mother and stepmother, who were both aware that Coraline was being sexually abused, did not protect her or prioritize her. As a mother, she found her mothers' inactions incomprehensible.

Coraline was resolute in not wanting her children to ever suffer the experiences she did. After leaving her husband she became particularly conscious of making all of her decisions by considering the safety of her children first; she felt as their protector she had to be hypervigilant. This protectiveness remains to date, as she maintains that she will be single for a long time due to both her concern about her ability to choose men, and her determination to prevent her children from any harm. Coraline is aware that she has further recovery to do, and she sometimes worries about her ability to make the best decisions for her children. This leads her to be very conscious about checking in with them regularly, hoping to never miss something that is bothering them or that she could help with.

It is important for Coraline to be as consistent as possible with her children, as she found that her childhood was filled with unpredictability. When she would come home from school, she did not know if her stepmother would be starting a batch of cookies for them to bake, or if she would be greeted by a violent outburst and beating. Similarly, her father was warm, kind, and funny during the day; yet, at night he would start drinking, and this is when he would sexually abuse her. Since the beginning Coraline worked hard to create a very different home for her children. She always tried to be consistent, calm, fair, and loving.

In parenting her children differently than she was parented, Coraline's sense of esteem has grown. Her sense of self-worth particularly increased as she saw her children grow into successful teenagers and young adults, as she recognized her influence in their successes and knew that in part they are who they are because of her. She was proud to see that she had achieved her goals of helping her children become independent and confident, as she saw how her own low self-esteem had led her to make poor choices in relationships.

Coraline continues to try to better herself so that she can be an even better mother for them. After leaving her husband Coraline began to work towards preparing to apply for university. She worked very hard and was accepted with some funding. She was thrilled to be starting another chapter of her life, one that would include pursuing an education she had always wanted. Tragically, two months before the start of classes Coraline suffered a brain injury from a fall.

While she continues to function well in life, the nature of her injuries prohibits her from further study.

Coraline is emphatic that she refuses to be a victim anymore, and she will not allow herself to be mistreated or controlled. She also works on focusing on all those things for which she is grateful, and she does not dwell on the abuses and misfortunes she has suffered. Recently she has focused on trying to be kind to herself, recognizing that she has done the best she can with what life has brought her. Coraline credits her children for being her motivation to overcome all obstacles she has faced; she is clear that her children have given her a reason to live. She notes, "they've been given to me as a gift, and I'm going to make the most of it."

Linda

> "Children are so innocent, and I remember so well my little girl at that age [when I was sexually abused] and how she was enjoying life, and that's how it should be. Children should be happy."

Linda's children were happy and carefree, in ways that she herself never remembers being as a child. Instead, her childhood was marked by sadness and a sense of isolation, as she struggled with feeling different and less worthy than others. These feelings all began when she was four-years old and her grandfather began to sexually abuse her. Although the abuse ended when she was eight, the feelings associated with the abuse lingered for much longer. It was not until many years later, when Linda was a mother, that she began dealing with her abuse and the symptoms that came from it. With her children as her motivation, Linda

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worked to face those issues that remained from her abuse and to embrace life more fully.

When Linda was a young child, her family would often go visit her grandparents on weekends. She soon learned to dread these visits, as her grandfather would usually create an opportunity to get Linda alone and molest her. Linda was scared and confused by what her grandfather would do to her, and she carried the burden of it by herself; no one else in the family knew that this was happening. Linda was strictly raised to understand that children should be seen and not heard, and thus she did not even consider that she could tell anyone about what she was dealing with. From a very early age her parent's message to her that she should respect her elders and not speak up left her with a sense that she had to deal with any difficulty on her own. After the abuse had been going on for four years, Linda and her sister were talking and they realized that they were both being sexually abused, when they each thought they had been the only one.

Although Linda did not tell her parents about the abuse, her mother noticed changes in her soon after the abuse began. Linda's mother was frustrated by her daughter's new moodiness and difficult temperament, and she continually asked Linda why she was this way. She would remark that she did not understand where her happy child had gone. During one of her mother's complaints about the moodiness, Linda's sister explained the reason for Linda's behaviour; she disclosed that they were both being sexually abused by their grandfather. Their mother vowed that the abuse would never happen again, and it did not.

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Although their mother was able to ensure that the sexual abuse would no longer happen, the family never spoke of the abuse to the girls again. They were both certain of their safety once their grandfather passed away a couple of years later. Once he was no longer a threat, Linda tried to put the abuse out of her mind; however, she had been changed by these experiences. She was unable to regain a sense of happiness or contentment. She remained a shy and isolated child who kept to herself; she was generally fearful of others. She had a particularly difficult time speaking with men, and as she grew older, she avoided relationships with men. Most importantly, Linda was plagued by a sense that she was less worthy than others, and that she had been a mistake. This led her to work hard to please others around her, not considering her own needs or desires.

Linda was also influenced by others' reactions to her sexual abuse. Her parents' silence about the abuse contributed to Linda's sense of isolation and shame that had begun with the abuse experiences. Also, because Linda's grandmother denied that her husband had sexually abused their granddaughters and insisted that the girls were lying, Linda found it very difficult when people did not believe her, no matter what the topic. She remained emphatic about the importance of always telling the truth, and she always felt that it was crucial that others believe her.

Linda tried to put her abuse experiences out of her mind and move on with her life. Although the feelings and symptoms from the sexual abuse remained with her, for the most part she was able to avoid thinking back on what had happened. Linda did not fully recognize how the abuse had influenced her

until she got married. After Linda married, she realized that sexual intimacy was very difficult for her, and she knew that it was because of her past sexual abuse experiences. She was overwhelmed as she realized how widespread and profound the effects of her abuse were; she felt it had ruined her. Linda lived with these devastating insights and the ongoing effects of the abuse, she did not know how to help herself, nor did she want to seek support.

It was not until Linda had two children, a son who was six and a daughter who was four, that she reached a point where she decided that she needed to seek out professional support. When her daughter became the same age she was when her abuse started, Linda slipped into a serious depression. She was initially unaware of why she was so depressed. Her depression became so profound and all encompassing that one afternoon, out of desperation to escape her pain and the darkness that had taken over her, Linda took an overdose of pills. This suicide attempt was fortunately thwarted by her sister, who took Linda to the hospital in time. This experience made Linda realize that she needed to get help; things had gone too far. She sought out therapy to cope with her depression and prevent another suicidal episode. In therapy, they began discussing her past sexual abuse experiences and how they had influenced her.

While the work Linda was doing was very difficult, and in many ways she had preferred pushing the abuse memories out of her mind, she was determined to overcome her depression for her children and to be a good mother to them; they provided her the purpose and motivation to face her abuse. Since she first had children, she has felt compelled to better herself for them. Linda

worked in therapy to overcome her depression and address the effects of the abuse. As she recognized that she was not to blame for the abuse she suffered and how much she was able to accomplish with the limitations the abuse put on her, she further developed her sense of self-worth. Finally, in therapy she worked to forgive her grandfather for his actions.

Outside of therapy Linda also worked hard to overcome the effects of her abuse. Linda found that her daughter's development propelled her healing process, as she was reminded of herself at those ages while she was being abused, as well as seeing how children should feel and behave. Through raising her daughter, she was able to witness what it is like to be a child who has not been sexually abused. Also, through seeing her daughter as a child, a happy and well-adjusted little girl, Linda became aware of what she was robbed as a child. Linda found that the best way to soothe her heartache from what was taken from her was to protect and care for her own children. She was uplifted by giving them a better and happier life; she relished the opportunities to have a second chance and to make life better for them than hers had been. While Linda did not believe that the abuse she suffered was in God's plan, she maintained that protecting her children from what happened to her was part of fulfilling God's perfect plan for her.

Linda was emphatic about protecting her own children from any kind of abuse and sheltering them as much as possible from the effects of her own abuse. She found herself exhausted having to balance dealing with her own abuse issues with trying to be a happy and present mother. At times she felt as though she had to put on a mask for her children, to hide the profound sadness and pain that she

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was dealing with. She knew that her children were very perceptive and affected by her emotional state, so she would do her best to not let them see the difficulties she was facing.

Through Linda's healing she has been able to decrease the sadness and helplessness that used to plague her. When symptoms or feelings from her abuse resurface now, she can better identify them and deal with them immediately. The only symptom that she has been unable to overcome has been the sexual effects of her abuse. She feels that her abuse shaped who she is in her marriage and as a sexual person. She is currently in therapy with a new therapist, working specifically on her ability to enjoy sexual intimacy. However, she is still influenced by her abuse experiences, feeling that sex is primarily for men's pleasure, not women's. Linda feels as though she is missing out, knowing that other women find sex to be positive and pleasurable. She hopes to continue to work on this, and ultimately to enjoy a healthy sexual life with her husband.

While Linda has forgiven her grandfather, and has overcome most of the effects of her abuse, she does not understand why he did this, nor why it happened to her. She believes that sexual abuse should not happen to any child, and she struggles to find meaning in her experience. The only way that Linda has found comfort in what happened to her is by making sure that her children have a different experience.

Linda recognizes the contribution that she has made to the people that her children are now and is proud of what she has accomplished as a mother. It feels good to her to know that she is capable of loving them and doing the best for

them. She has ensured that her children are confident, independent, and assertive,

able to speak up for themselves. She has instilled in them skills that will enable

them to protect and care for themselves. Her children are now young adults, and

she can see that they have assertiveness skills that she never had. Linda believes

that the reason she is on earth, her life purpose, is to shape her children: to raise

them to be the best people they can be. She is content knowing that she has done

a great job so far.

Butterfly

> "I think [motherhood] softens you. Like even maybe not when
> you're going through the whole thing 'cause you're just slogging through
> life and living from one - like for myself one crisis to another to another -
> and then having some really horrible things happen. But now that they're
> all grown up physically. ... I know they're good kids. They have good
> work ethics, they have good morals, they have good values. And I take
> credit for having taught them that."

As a mother Butterfly faced the additional challenges that come with

parenting while in a strained marriage and after a childhood filled with trauma.

She faced the difficult task of balancing caring for her children while suffering

symptoms and effects of her past abuse that were calling out for attention. For

Butterfly, being a mother meant that often her own healing had to be put aside so

that she could take care of the needs of her children. Overall she found that

having a family made healing even more difficult, taking time and energy away

from the work she felt she needed to do. It was not until Butterfly left her

marriage and her children were older that she was able to focus her attention more

on herself. Butterfly's recovery has led her to a place where she now feels freer

and less burdened by her past; she is embracing life more fully than she ever has before.

As a child, Butterfly was sexually abused by three of her older siblings. She was part of a very large family with ten children that lived in a small house on a farm; the parents struggled with poverty and the strain of having ten children, two of whom had extensive needs due to cognitive impairments. The children all shared bedrooms and beds, and it was in a shared bed that Butterfly was sexually abused by two of her sisters. Her first experiences of sexual abuse were by one of her oldest sisters, who soon after the abuse started moved away to boarding school. The other sister was closer to Butterfly's age and began sexually abusing her soon afterwards. This abuse continued for over ten years. Butterfly was also sexually abused by her brother; he had always frightened Butterfly, and this fear was only heightened after he sexually assaulted her in the barn.

Despite having such a large family, Butterfly felt that she had no one to support her when she was growing up. She felt that her mother could have been supportive, but even as a young child she recognized that her mother was too overwhelmed by her duties running a farm household, the demands of many young children, and having two daughters that were disabled to be able to give her time and energy to Butterfly. Her father was not only busy tending to the farm; he was also very critical of her, adding to her pain and isolation. Butterfly never felt as though she had anyone to confide in; she never even thought that telling anyone about her abuse experiences was an option. She lived an isolated existence in the midst of her large family; she was quiet, introverted, and shy.

Within her isolation, Butterfly struggled with a sense of terror; she was in a constant state of fear and hyper-vigilance. In order to cope with these overwhelming feelings, she over ate, which led to further criticism by her father. All of the negative experiences Butterfly had with her family led her to struggle with her sense of self worth, and she found that this influenced her in all spheres of her life. At school her concerns about not being smart enough stopped her from participating in class and applying herself to her studies. With her peers she felt the same as she did with her family: always an outsider and never belonging. She particularly kept her distance from boys, as she was terrified that they might want something sexual from her.

As soon as Butterfly was able to, she moved away from her family, which enabled her to not think much about her childhood and abuse experiences. She married at age twenty-three to a man who did not scare her because he never pressured her about sex. She felt that he was different than others in her life; that he was gentle and caring. Their marriage began as a happy one, but soon became strained, as Butterfly's husband became controlling and emotionally distant. He was uncommunicative much of the time, and she felt as though if she did not talk their home would be silent. She recognized early on that this marriage was likely a mistake, but she did not feel that she had the option to leave.

Butterfly's husband's career required them to move several times. Moving brought distractions from the difficulties in their marriage, as they settled in new places and met new people. After nine years of marriage they were both very excited to have their first baby. However, as soon as their son was born,

Butterfly was overwhelmed by the stresses of caring for him and worrying about what was best for him. She experienced intense fear and anxiety throughout his infancy, and these would worsen each time he was sick, which he was often as he suffered from serious ear infections. Butterfly found herself very unhappy and stressed in having to stay at home with her son; thus she decided to get a part-time job, as she was always happier when she was working.

After a couple of years Butterfly found herself overwhelmingly discontented in her marriage and in life. She would cry for hours on end. Her husband did not want Butterfly to talk to anyone about her sadness, and he talked her out of going to see a therapist. Having a child forced her to keep putting one foot in front of the other; she felt there was no opportunity to take care of herself. Before her son was born Butterfly had worried that her husband would not have enough to give to both her and their children, and she soon found that her fears were realized; the little attention that he gave to the family went to their son, and it seemed as though none went to her.

Through these struggles, the family moved again, and they had another child, a daughter. For a while Butterfly was happier, as her daughter was a very easy baby and they lived in a city that she loved. However, her happiness soon evaporated, in part because her marriage was once again in a very negative place. Her husband had become increasingly controlling and verbally abusive, and his relentless playing of video games meant that much of the time Butterfly had the entire burden of caring for the family. She was staying home with her children at

the time, and without a job she did not know how she could ever leave him. She felt trapped.

Butterfly finally was able to begin seeing a psychologist to get the support she had wanted for years, as she finally convinced her husband that she needed it in order to be able to help her children. During this time Butterfly had a dream about her brother sexually abusing her, and when she woke up it all came flooding back to her. She was bombarded with memories and intense feelings, such as shame and fear. Her husband noticed how incredibly distraught she was, and he pressured her to tell him what had happened. Butterfly disclosed her experiences him, as well as to a few friends. At the time her husband was supportive, as were her friends who had suffered similar experiences. She was very upset when her husband announced that they would be moving once again, this time across the country, leaving the friends she trusted.

Yet, moving afforded Butterfly the opportunity to return to work, as her husband wanted her to help with their increased living expenses, and she was pleased to have more freedom. She did not make enough money to be able to consider leaving her marriage; however, she found that working outside of the home helped her regain a sense of wellbeing. She found her responsibilities at home were overwhelming: she was parenting alone as her husband travelled extensively for work, often not telling Butterfly where he would be going or how she could contact him. She was responsible for taking care of everything at home and with the children; however, when her husband was at home, he would

undermine her parenting and any limits she set with the children, shaking her confidence as a parent and her children's willingness to listen to their mother.

During this time, one of her sisters was a great support to her. She would tell Butterfly at least once a day, "if you do not leave him, you will never get well." Still, Butterfly felt she could not leave; they shared children, a house, and years of accumulated belongings. She could not see how this could all be separated. When Butterfly's son was thirteen, he too began telling his mother that she should leave his father.

While trying to balance working, raising children, and maintaining the family home without any support, Butterfly had an emotional breakdown. She was plagued by self-hatred, and she punished herself by eating. She began seeing a psychiatrist who diagnosed her with bipolar disorder. She did extensive therapy with a psychologist and her psychiatrist, and she spent a whole year getting well and working towards being able to return to work. Butterfly felt she was simply surviving, but once she felt strong enough, she left her husband and filed for divorce. While both the children wanted to live with her, her husband insisted that his son come live with him.

Divorcing her husband gave Butterfly increased freedom; however she remained burdened by the after-effects of the abuse she suffered in childhood and the years of living in an unhappy marriage. She still struggled with self doubt, persistent fears, over eating, and significant emotional distress. She felt as though she was only just getting by. In addition to all of these difficulties, Butterfly's daughter became very difficult and defiant, acting out by stealing, breaking

furniture in fits of anger, and using alcohol. Butterfly was left to deal with this alone; her ex-husband refused to get involved with his daughter's problems. The strain of dealing with this on top of her own problems was almost too much to bear at times. Butterfly was so consumed by her symptoms that she had energy for little else.

As an adult, Butterfly developed a friendship with her oldest sister who had sexually abused her. She had never felt angry towards this sister like she had her other siblings who had abused her, making it easier for Butterfly to establish a relationship with her. They never spoke of the abuse, and they quickly became very close, relying on each other for emotional support. A couple of years later, her sister was diagnosed with cancer and became very ill. Butterfly supported her sister throughout her illness and passing, standing by her side through it all. It was powerful and impactful to closely witness the death of someone she was so close to, and because she gave so much of herself to her sister during this time, she once again fell into a deep depression. Her depression soon took over, and Butterfly was left feeling disconnected from life and not caring if she lived.

When she felt particularly suicidal and hopeless she reached out to her therapist, indicating that there was no reason to live and that no one cared if she did or not. In this dark place Butterfly was unable to think about anything other than her own pain. Her therapist shocked her by stating that it was Butterfly who did not care about herself or about those who cared for her; he was genuine in his caring for her and pointed out that there were others as well. He helped her see beyond her pain. It was his genuine care for her and desire for her to live that

served as a turning point for her, and it fuelled her to continued to work on strengthening herself and getting well again.

As she was overcoming her depression, Butterfly got a new job, the job where she works currently. She immediately found great satisfaction and happiness in this job, where she is treated very well and feels that every day is a joy to be at work. Through therapy and work, Butterfly found herself feeling stronger and more stable. She continued the therapeutic work she had begun previously, addressing her fears and feelings of low self worth. Therapy and her positive experiences at work both helped Butterfly understand that she is worthy and good. The feeling that she was bad and undeserving had plagued her most of her life, leaving her afraid to stand up for herself to her family, her husband, or anyone else. For the first time, she had embodied a sense of worth that allowed her to interact with others differently.

However, Butterfly still felt somewhat restrained and held back by her sexual abuse experiences, and she was uncertain of how to move forward. While she believed that she had to forgive her siblings for the abuse they committed, her therapist made it clear to her that she did not have to focus on forgiving, she could just "let it go." Butterfly felt that this was the right path for her to take, and she endeavoured to do this. She became interested in mindfulness and Buddhist principles, and she worked on releasing what happened to her and the remaining after-effects. She found that she was able to let it go, and since then seldom feels the burden of these experiences. She continues to maintain a practice of mindfulness, although she finds that since she was able to release her past

experiences, she hardly ever thinks back to them or feels their after-effects anymore.

More recently, Butterfly's enjoyment of life and sense of happiness has been steadily increasing. She has taken the time for even further self-exploration. Her therapist indicated to her that although they had worked together for years, he did not know very much about her. This prompted Butterfly to write her life story. She found that in the writing process things came out that she did not previously remember. She found the process very cathartic, mourning her losses and injustices and seeing how far she has come. Once she completed the project, she recognized that she did not need to give it to her therapist; the writing of it was for her benefit. She felt as though she recognized where the final pieces in the puzzle belonged and that everything was so much clearer to her.

Butterfly's healing has led her to be able to connect to others more and in a different way. A couple of years ago she began talking with some people who frequent the same coffee shop as she does every morning, and now they have developed a group that meets for coffee every day. Most of them are men, and Butterfly interacts with them assertively. She feels comfortable standing up to them, providing a female perspective to whatever topic they are discussing that day, and addressing anything that they say that she finds inappropriate. Butterfly sees that the way she interacts with her friends is a testament to the work she has done and her wellness.

The newer ways she interacts with her children are further testaments to her wellness. Butterfly also stands up for herself with her children, setting limits

and requiring that they treat her respectfully. She is proud of how she was able to raise them despite all the additional difficulties she faced at the same time, and she sees how she contributed to their strong work ethics, morals, and values.

The remaining after-effect from her sexual abuse that Butterfly has left to tackle is her over-eating, which has been one of her primary coping mechanisms that she has used as a crutch throughout her life. She recognizes that the over-eating began when the sexual abuse started, as both a method of numbing the pain and getting attention, and this way of coping has been something she has relied on whenever things have been difficult for her ever since. Recently she was overwhelmed by difficulties with her daughter and having to ask her to move out, and as she felt overwhelmed with missing her daughter and wishing that things were different, she found that again her eating was the crutch that she leaned on. Butterfly is determined to tackle this next part of her healing. She has joined a binge-eating therapy group that focuses on living and eating mindfully, and she is working to incorporate the principles of mindfulness that have been helpful to her into her eating habits. She notes that she wants to eat without guilt or shame.

Butterfly would consider having a romantic partnership again, but she is currently content with her life and herself on her own. She feels that she has never had the type of relationship and connection that she wants; however, now she feels as though she truly deserves that type of relationship. She is emphatic that now that she has done all this work and reached her mid-fifties, she knows that she deserves good things in life. Butterfly wants to continue on her path of growth and pursuing happiness; as she continues to discover new levels of

wellness, she is motivated to continue even further. Butterfly finally feels as though the person that was always within has come out, and she wants to continue to discover this person and all that she is capable of.

Chapter Summary

In this chapter each of the six participants were introduced by outlining their sexual abuse experiences and their recovery processes. In telling their stories of recovery, all of the women looked back on their lives and recognized how much they have overcome. Their stories exemplify resilience and recovery in the face of adversity, as well as how recovery can be facilitated or impeded by circumstances and life experiences. Each participant expressed sadness for what she suffered in childhood and gratitude for the wellbeing she enjoys now. While each story is unique, the participants shared some common feelings, experiences, and processes. The following chapter outlines the results from the analyses where the narratives were compared and contrasted with each other and their similarities and differences were considered.

CHAPTER 5

FINDINGS: THEMES

Despite having significantly different circumstances and life experiences, the recovery stories of the participants share common elements. This chapter examines these similarities, as well as some of the differences, by exploring the themes that cut across the women's narratives. The initial analysis of the interviews with Rose, Frankie, Erin, Coraline, and Linda resulted in the construction of themes that represent their common recovery experiences. These themes encapsulate how motherhood contributed to the recovery processes for these women. The second analysis explored these participants' experiences of simultaneously balancing motherhood and active recovery from childhood sexual abuse. The last section presents the discussion of the negative case, outlining how Butterfly's experiences of motherhood and recovery differed from the others and how she navigated her recovery.

The Influence of Motherhood on Recovery from Childhood Sexual Abuse

Four major themes regarding the influence of motherhood on recovery from childhood sexual abuse were constructed through the analysis of the interviews with the research participants. They each encompass several subthemes. The themes encapsulate the common experiences that five of the participants shared in the ways being a mother contributed to their recovery processes.

The interview data was analyzed by considering the question: how does the experience of motherhood contribute to the growth and recovery processes for

these adult survivors of childhood sexual abuse? The four major themes that were constructed out of the women's experiences are: (1) motherhood exposes unhealed wounds, (2) motherhood is empowering, (3) motherhood provides opportunities for developmental repair, and (4) motherhood increases one's sense of value. Each of these themes and their sub-themes is discussed in depth in the following sections, and they are summarized in Table 1.

Table 1

Themes and Sub-Themes Generated From Participant Interviews

Themes	Sub-themes
Motherhood Exposes Unhealed Wounds	Allowing feelings from the past to resurface
	Children trigger the past
	Being a mother challenges defences
Motherhood is Empowering	Motherhood increases personal agency
	An opportunity to make things different for my child
Motherhood Provides Opportunities for Developmental Repair	Recognizing the responsibility of adults
	Recognizing what it means to be a child
	Nurturing the child vicariously nurtured the mother
Motherhood Increases One's Sense of Value	Gaining value because of what I was able to provide my child
	Gaining value because my child is thriving
	Gaining value because my children love me
	Gaining value because my children need me

Theme 1: Motherhood exposes unhealed wounds

Before becoming mothers all of the participants had, to varying degrees, repressed or denied their childhood sexual abuse. They were not consciously aware of these experiences or did not consciously think back to them, and none of the women were aware of how the abuse had influenced them. It was their experiences as mothers that brought the abuse memories to the surface again. Becoming mothers and having small children opened a door to the past where memories, feelings, and issues related to their abuse emerged that provided an

opportunity to heal themselves. As their children continued to grow, the women continued to have their pasts triggered; as well, they learned to challenge the defences they created because of the abuse.

Allowing feelings from the past to resurface. Either shortly after the birth of their first child or when their child was the age that they were when the abuse started, the participants found themselves overwhelmed by strong emotions and reactions without a known source or cause. Each experienced a constellation of constant crying, feeling vulnerable, crushing chest pains, persistent anxiety, or depression and did not immediately understand the origins of these emotions but was struck by the intensity. As Erin explained, "Everything you had in order [about the abuse] is just ripped apart when you have kids. Even if it was bad. It was like an earthquake – bad, good, it all gets a shake."

It was right after Frankie's son was born that emotions related to her abuse began to resurface. She found that each time her baby would cry she had severe chest pains. She understood that this physical manifestation of anxiety was triggered by him, but that it was not because of him; she could not identify why she was feeling this way. She was also suddenly flooded by a persistent and intense feeling of anger. Once again, she knew that her anger had nothing to do with her son, but its intensity made her fear that it could affect him.

These strong reactions and emotions led some of the participants, Frankie, Erin and Linda, to explore what it was that was surfacing for them. They went to doctors, therapists, and workshops. Each was motivated to address her emotions in the best interest of her children. Erin vowed to herself, as she struggled with

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overflowing sadness after the birth of her daughter, that *this* ends here and it would not be passed on to her daughter. Through their explorations of their emotions, primarily in therapy, each came to understand that her reactions were related to childhood sexual abuse experiences. They were then able to continue to address the feelings about the abuse that had resurfaced. As Linda described,

> When my daughter, the youngest child, was about four years old, that's when my depression flared up really bad and I had to see someone about it, and all this came out the in open. And I felt I had to deal with it and think about it to be a happier and better person for them.

> Coraline and Rose also had intense feelings related to their sexual abuse backgrounds resurface when their children were born and small; however, neither of them were in situations at the time where they could address these emotions to process them. Coraline was limited by her controlling marriage; she could not engage in self-reflection or self-exploration, as she was actively coping with instability and threats in her home. For Rose, being a teenage mother limited what she could process at that time. Rose chose to become a mother, and, therefore, was surprised by the flood of dark, negative feelings that she struggled with when her daughter was born. In retrospect, she connects these intense feelings to her unhealed experiences resurfacing:

> One of the reasons why I felt that I needed to be a mom when I was 17, was I needed to nurture and love the way I wasn't when I was a child. And part of the negativity I felt around that time when she was first born was realizing on some level that that I wasn't going to be able to. That I needed to go back and heal that inner child before I could. That first I needed to internalize some of these feelings and give that to myself.

Rose did not know how to begin to address what she needed to at that time, and thus she was left with intense emotions for several years. This coloured her early experiences of motherhood, making her initially regret her choice to have a child.

Children trigger the past. As their children grew, the mothers were triggered by their children's developmental stages to thoughts, feelings, and issues related to the abuse. For example, Frankie found that as her son traversed different developmental stages she would begin experiencing post-traumatic stress symptoms again. Yet, having these triggers was functional, as they propelled the women's recoveries by giving them the opportunity to address different pieces of their abuse after-effects.

When their children were the same ages as they were when the abuse began, Erin, Linda, and Coraline were reminded of themselves at that age, and subsequently relived those abuse memories. Erin found that "just having a daughter triggered it," and she experienced regular resurfacing of abuse memories when her daughter was four, the age Erin had been during her abuse. She felt relieved when her daughter turned five, as she noticed that she was triggered less often. For Linda, when her daughter was the age that she had been when her abuse started, the abuse memories were less salient than the intense depression that she suffered from. Interestingly, the depression was characterized by the same sadness she had felt as a child. Coraline's daughters also triggered both her memories and feelings of sexual abuse, and she often felt as though she was reliving her past.

However, this reliving of the abuse memories came with new feelings, as the triggers also led each woman to compare herself to her child. The participants recognized what they must have been like as children. Erin found that when her daughter was four she saw herself in her child, and this brought up new anger related to the abuse:

> One of the things I guess that really triggered in looking at her was … the anger of how could you do that to a child like me? But then there's the anger too toward the mom like how could you not want to protect me? I didn't know anything. I needed you. I wasn't skilled for any of that.

While all the mothers were triggered by their children, those participants who had both sons and daughters, Linda, Erin, and Coraline, were all more triggered by their daughters' development than their sons'. They saw themselves in their daughters and were reminded of experiences, thoughts, and feelings they had at those stages.

Triggers related to the abuse also continued long after the children had grown past the ages of when the abuses took place. Rose faced new anxiety when her daughter was on the brink of becoming a teenager, which was a particularly difficult time for Rose:

> I think also my teenage years were where I really feel like a lot of the effects from my childhood were starting to become very present in my life. … I know that adolescence is turbulent for everyone. But it just evokes a lot of anxiety for me to know that she's entering into this period of time.

Being a mother challenges defences. In addition to the repression and denial of their abuse experiences, Erin, Rose, and Linda had developed defences that protected them from feeling some of the intense emotions associated with the abuse. Erin explained that she had created walls in order to not feel the

vulnerability that she had felt during her abuse. However, she immediately felt

vulnerable as a mother, and she had to learn how to accept her inherent

vulnerability. Motherhood challenged her defences created after abuse

experiences and provided her the impetus to work through them.

Both Erin and Rose had learned to use emotional barriers in order to

maintain a safe level of physical and emotional distance from others. However

taking care of children required both emotional and physical closeness and

connection. For these women there were moments of wanting to be more distant,

but knowing that they had to maintain closeness for the benefit of their children.

Erin explained:

> It is very intimate. They're among such a level of closeness that I can't recall
>
> having with anybody else. And that was a little uncomfortable sometimes.
> … but it comes with motherhood. It's just that they're going to be that
> close and I'm just proud that I didn't push them back to a safer level. That
> I tried to ride it out with them.

She found that she was able to lower her defences and gain a new level of comfort

with non-sexual physical intimacy: "I feel successful as a mom. … I can have the

little snuggles and the hugs and someone dependent on me and not be completely

thrown by it." These experiences with her children have motivated her to try to

lower her defences with others in her life.

Rose's experience was very similar as her emotional defences were

challenged by motherhood, and she pushed herself to work through her own

discomfort for the benefit of her daughter. As she explained,

> When I have a conflict, my defence is to emotionally shut down a little bit.
> … And one of the things that I can really identify in intimate relationships
> is that if I have a conflict, and my defences are going up, I can't say I love

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you. It is something I can't do. And with my child, if we have a disagreement or whatever the conflict would be, that natural urge comes up to just want to shut down and not make it okay and not remind her that I love her. So it has been really really challenging. … In a recent argument I still felt that urge to just disconnect. I'm like no, I said 'okay, I love you, have a good time.' Forcing myself to go to that place of making sure that she heard what she needed to hear from me.

Pushing through their own defences demonstrated to these participants that they were capable of maintaining closeness, even when it was difficult, and it provided them with a model for doing so in other relationships as well.

Summary of theme 1. Becoming mothers and raising children triggered the participants' pasts and their protective defences, exposing that which remained unhealed from their abuse experiences. It brought to clarity what they had suffered as children, as well as how those experiences had influenced them and were continuing to impact them. These realizations were not sought out by the women: instead they came to them because of their children and at the pace of their children's development. Given that they came up unexpectedly, the women often felt as though they were bombarded by the memories and intense feelings.

None of the women had consciously worked on healing from her sexual abuse before becoming a mother, and having it triggered provided the opportunity to do so. However, those who took this opportunity to pursue their healing were compelled to engage with it differently than they might have otherwise, as their recovery processes were shaped by considerations for their children.

Theme 2: Motherhood is empowering

A marked increase in the women's sense of agency was notable after they became mothers. Having children empowered each woman to exert more control

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over what happened to her and her children. Children provided motivation and will to seek a better life and empowered the women to make choices, albeit sometimes difficult ones.

Motherhood increases personal agency. Being mothers and being able to influence their children's lives added to the participants' senses of agency. They felt capable of shaping their child's present and future. As Coraline noted, "I am responsible; I take care of them. I can decide how to raise them and influence them." The women took advantage of new opportunities with and for their children, because they felt their actions could make a difference. As Rose described,

> Just being able to recreate new experiences. I think that the view that I had of childhood was very negative and very dark, and being able to create new opportunities and experiences WITH a child is like opening a whole new realm of possibilities. So I think it's just kind of added to my sense of agency in this world, that I'm not just floating and drifting along and bad things happen, and I have no control. But that I do very much have control and create things. And yes sometimes bad things happen, but I can still take those as learning opportunities.

Where previously they had felt less control and personal power, the participants were able to effect change in their lives for the benefit of their children. Linda noted that before she had children, she "never had a voice," but once she became a mother, she found her voice to speak up for them.

With their increased sense of agency the women all made significant life changes to create a better future for themselves and their families. For example, Rose left her relationship that she was unhappy in and went back to school. She explained that as a mother "I have a very important job to do." Her sense of agency strengthened as she saw how her actions created independence and

happiness for herself and her daughter. Coraline left her abusive husband and is certain that she would never have left had it not been for her children. All of the participants were able to make decisions in the best interests of their children that they would have struggled with otherwise.

Each participant felt compelled to make herself as happy and healthy as possible in order to be a better mother. It is as though children provided a reason to take hold of the reins of her life and begin striving for further health and growth. Rose noted that overall motherhood was a "call to transform in terms of seeking something better;" since she was pregnant Rose felt that motherhood motivated her to want to live a "healthy vibrant life."

Part of this included healing from their past sexual abuse experiences and its after-effects. As Erin describes, choosing to face the abuse was a difficult task that was motivated by her children:

> The first step in recovery was just facing it. Just admitting that there's a problem that needs attending to. And [my daughter] triggered it. I thought, whatever this is this is the time I'm going to deal with it because I don't want her to have to deal with it. I am going to take the bullet for her.

She noted that,

> I didn't want them to have anything similar to my experience. It was okay for me, sort of, to be able hold that in, but it wasn't okay to have them anywhere near that experience. So, it really prompted really getting serious and finding help.

Frankie echoed Erin's experiences: "It was not for my own healing; it was for my son. It was so that my son wouldn't have the kind of life I had." All of the women recognized that to be the mothers that they wanted to be they would have to heal from their abuse. It is clear that they might not have engaged with their

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recovery in the same way had it not been for the motivation that they gained from

being mothers. Frankie and Linda also both noted how they were inspired to heal

themselves out of their children's best interests:

> Frankie: I had this rage and I knew I didn't want to hurt my son, and I
> knew I really wanted to parent consciously. So my son's birth has led me
> on this really profound and difficult, at times, [healing] journey.

> Linda: definitely the children motivated me because you have to lift
> yourself up. I don't want them to see me in such a sorry state. … So I
> have to keep my depression under control for their sake … they motivated
> me to become a better person and to work through my problems.

Overall, the participants credited their children with inspiring and

motivating their healing processes. Yet the women used this inspiration and

motivation to fuel active processes on their part. They recognized that change

was possible and necessary for their children, took responsibility for their healing,

and they changed themselves. Before becoming mothers they were unaware of

what needed changing and healing, or that it was possible. As Frankie explained,

motherhood imparted her with the strength to do it:

> I think it's some kind of inner spirit … It's as if my soul says there's just
> no way we're going to let this get us down. We're going to do this and we
> can do it. We're strong and we can do this. And I felt that way about
> every stage of my parenting with [my son]. Every stage, I was just bound
> and determined. I mean I would have stuck twigs up my nose if I knew it
> would help me heal; I was willing to try everything and anything.

Frankie's desire to create a certain life for her child empowered her to do

whatever was needed to make that happen. She has continued to do this work:

> Everything stems from my kid, because in the last couple of years my
> work has been how to begin to let him go in a healthy way. So that has
> been new growth for me and new healing for me. Because I have been
> determined to let him go in a healthy, functional way. But I've had to do
> some work with that. … So these last four or five years I've begun
> imagining and taking steps to create a life that's not going to include my

son as the centre core piece. … So I'm in this transition period of what my life is going to look like now that my son's not the centre of my life but I'm the centre of my life.

While Frankie and each of the other participants credit their children with motivating the healing and growth that they have done, they do not all recognize that it was their own desires to create different lives for their children that fuelled them. Frankie recognized this when she noted, "It was my desire not to leave him with the burdens that I had as a child. So … it wasn't him; it was me."

An opportunity to make things different for my child. The participants felt empowered that they could make their children's lives different than their own had been. They were empowered to take this "second chance" to create a safe and nurturing childhood. As Erin noted, "kids are helpless … and you have an inner sense that you can protect them. You realize that you are not helpless." The women did not feel destined to have history repeat itself; they ensured that their children had very different childhood experiences than they did, and they benefitted from doing this for their children.

Conscientious about protecting their children from sexual abuse, they became protective "mother bears." As Frankie explained, "I have often seen myself as a mother bear. So very protective and willing to really go to bat for my son." While Coraline felt that she had a difficult time protecting herself, she was adamant that she would protect her children from any abuse:

> Over my dead body will anything happen to them. . . . I don't ever put them in the position where anything can happen to them. I have a house now and I have a rental suite in the basement and I won't have men. … I wouldn't let my daughters babysit. So I'm more vigilant, I guess, with that.

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Committed to doing everything they could to protect their children, they did so with a strength and determination that was unparalleled. As Linda's words demonstrate, the women felt capable and empowered to make vast efforts for their children: "I will move mountains for my children. And I always promised myself I'll make sure that nothing like that happens to my children. I'll protect them."

The participants who were still in contact with the perpetrators of their sexual abuse set limits that they previously could not set for themselves. Soon after her son was born, Frankie did what she felt was best for Sam and ended her relationships with her parents. Coraline also took action to end her relationship with her father in order to protect her children. Until she recognized that he was a risk to her children she did not feel motivated or able to set boundaries with him. Likewise, Rose ensured that her father was never near her daughter, and she ultimately chose not to pursue a relationship with him when he demonstrated to her that he had not changed and was still a potential risk by not being truthful about his actions in the past.

By keeping their children safe from abuse, the women were actively creating a different life for their children than they had. They were taking advantage of this "second chance." Erin's words demonstrate both her determination to make things different for her daughter, as well as the hope that comes from achieving this:

> More than anything else I want to make sure that she isn't tarnished or hurt in any way. It is too late for me, and yes I'm sad, but here's the future. … This is what's different. She's going to be on a different path.

Linda felt that she had been given a second chance by having children so that she could create a different life for them. She personally benefited from protecting them from what happened to her:

> There's nothing you can do about [the abuse]. That's happened. But you can make sure that your children are happy. You can make sure that nothing happens to them. And that helps to sort of soothe the heartache a bit.

The participants were all empowered to take action and make decisions to ensure that their children's lives were better than their own. They used their own experiences to inform their actions for how to make things different. Erin's actions were in part informed by a sense that "I'm going to give them what I didn't get." Frankie described how active she was to make things better: "I did know consciously I'm going to give my son a different life than I had. . . . I remember he was a baby and I was already reading parenting books." Similarly, Rose made choices to try to create a safe environment for her daughter, given that she never felt safe as a child. She explained how she herself gained a sense of safety from making her daughter feel safe:

> When I could see in her that she was feeling safe or joyous about something, I had those feelings of just really taking a lot of joy myself in seeing that in her. And some sense in knowing that I was part of that. And tying that back to that I didn't have that, and I'm grateful that she does. And it was also healing for me. In creating a safe environment for her, and seeing her feeling safe, I felt safe as well. In fact some of the times in my life I did feel safest and at ease was when I was truly a single mother with her. When I was living on my own with her. It was probably when I felt the most empowered, when it was just her and I.

Frankie had a similar experience of feeling empowered by being able to shape her son's life:

For me it was knowing that I could make a difference. And knowing that I could protect my son in the way that I was not protected. And knowing that I could support my son in the way I was not supported. … And every time Sam would reach a milestone, some new marker, I had such tremendous pride in him. So that's what kept me going. He is this decent, kind human being. I could see that I'd made a difference, and what I was doing made a difference.

For the women, recognizing and actualizing the potential to create positive lives for their children was in itself empowering. While they continued to strive for recovery and struggle through their own issues from the abuse they suffered, they were uplifted by the potential to protect their children from any similar suffering. As Rose explained,

It's helpful for me to sort of look at it in a different avenue in terms of what I can provide for her. And that I maybe still am struggling with these feelings but I can work towards or contribute to her having a very different experience about it.

Similarly, Coraline noted that while she will always have some scars from her own abuse experiences, she can feel better by making things more positive for her children: "For me I go, okay, this is my life, and I've lived it. But my goal now is to make my kids' lives as good as I can. And give them a good start."

Summary of theme 2. For these participants motherhood prompted the development of a new and stronger identity, where they felt empowered to take control of their lives and those of their children. They took action in all areas of their lives to build a better future for their families; their actions were fuelled by the purpose that their children provided them with. For the first time, they were strong and clear in their decision-making, as their sense of purpose in being protectors and nurturers imbued them with determination and power. The strength and clarity with which they could now make decisions, with the singular

goal of doing what was best for their children, gave them a new experience where they felt in control of their lives. They were taking strong leadership, and in doing so they saw a different side to themselves. While they had previously felt that they were hostages to fate, they transformed into mothers who were determined to shape a positive and abuse-free childhood for their children were willing to make difficult decisions to achieve this.

Theme 3: Motherhood provides opportunities for developmental repair

When the participants were children being sexually abused, they each developed misattributions, misunderstandings, and had a limited perspective of the trauma based on their developmental stage. Motherhood provided them with opportunities to re-examine those developmental stages through the eyes of their children, allowing for increased understanding of all children's limitations, as well as opportunities to witness how it should or could have been different.

Recognizing the responsibility of adults. Being a parent gave each participant a greater understanding of the responsibility that adults have for children; thus, specifically highlighting the responsibility of the perpetrators for the abuse. It clarified that as children they could not have been responsible for any abuse. As Frankie explained, being a mother "has helped me understand that I just was not responsible. That there's no way I could have been responsible. It has helped me understand who was responsible for what."

Rose found that both being a mother and witnessing her husband as a father demonstrated the responsibilities that her parents had to her. Watching her husband and daughter together was particularly impactful:

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> Because my abuser was my father, and just looking at Carlos and Justine and how special their relationship is and how wonderful that is, I see that's the way it should be. … I think witnessing their relationship has really just allowed me to more clearly see how that was so not okay, the relationship that I ended up having with my dad.

Reconsidering her father's behaviours and attitudes through the lens of being a mother led Rose to hold him responsible for his actions: "I think being a parent, and, again, seeing the way Carlos is a father to Justine, has just allowed me to really hold my father accountable. For absolutely everything. All the choices he made." As a child Rose was not as aware of how things could be different or how her father should have behaved; it was not until she saw his actions in contrast with hers and her husband's that she understood how wrong they were.

Similarly, Coraline found that being a mother made her father's and grandfather's sexually abusive behaviours completely incomprehensible. She noted, "I CANNOT [emphasized] imagine doing that to my kids or letting somebody do that or being responsible for something like that." As a parent, she had no impulses to ever hurt her children in that way, or in any way, and her feelings of love compelled her to try to do what was best for them. She gained a different perspective on, and new feelings about, what her family members did to her: "It makes me mad. I don't know how you can say that you love somebody and do that to them." This led Coraline to look back on her abuse experiences differently; she shifted from focusing on her perceived contributions to the abuse to considering her perpetrators' responsibilities for their actions. It also led her to focus on her perpetrators' intentionality. She recognized that to abuse a child

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involves making a decision to do so, as she felt the natural impulse with children is to protect them from harm.

Coraline's realizations also extended to her mother's and stepmother's inactions. Whereas before she was a mother Coraline took it personally that her mother and stepmother did not protect her from the sexual abuse they knew was happening, after becoming a parent she realized that this was their failing as mothers. She noted, "I just cannot imagine what a woman who is a mother could have going through their head that they could hear that and not do anything; it's unfathomable to me." Taking her responsibility as a parent seriously, Coraline's understanding of her own abuse experiences was changed by recognizing that parents, and not children, are responsible for their own actions and inactions. She was able to abandon her previous focus on what she had done to deserve the abuse and the lack of intervention by her mothers, and she began to question the actions of all of the adults who were supposed to be caring for her.

All of the women found that being mothers led them to reconsider their abuse experiences, and they were struck by how inexcusable and incomprehensible their abusers' and/or parents' behaviours were. They gained clarity on the adults' responsibilities for what happened. As Erin explained, "Well, he was the school bus driver, so in some ways just being in the elementary school environment now just kind of still makes me feel like how could you take advantage of these kids." Seeing children's vulnerability highlighted the responsibility that adults have to protect them. Linda often noted when her children were small how vulnerable they were, and how she felt so compelled to

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protect their vulnerability, never to exploit it. She couldn't understand how her grandfather chose to do otherwise. Rose had similar realizations with her daughter: "having Justine in my life and watching her play and things like that, I go to this place of HOW could anyone violate that? I can't comprehend it."

While all of the women had felt some degree of responsibility or blame for the sexual abuse they suffered as children, being mothers altered these perceptions. They all came to understand that children, including themselves as children, are not to blame. This was a significant shift after years of conceptualizing their abuse experiences as in part their responsibility, as they all had generally felt that their abuse was in some way a result of something they had done or who they were. Frankie explained that her self-blame was pervasive, until she had the experience of being a mother to a small child:

so this sense of responsibility has really travelled with me my whole life. And

this inappropriate responsibility. . . . So I would say that this has been one of my profound realizations: what was my responsibility and what wasn't.

Recognizing what it means to be a child. In addition to getting perspective on how adults who commit abuse are responsible for their actions, the women gained a better understanding of children and their lack of responsibility. Having children provided them with a reference for age appropriate development, which they compared with their own memories and experiences. As Erin explained, "seeing life through their eyes, really I needed that, to be able to get the perspective on who I was and where I was." Seeing the world through their

children's perspectives led the women to recognize all children's innocence and limitations, including their own. Linda explained: "You don't realize it when you are that age, but as soon as you have children that age you realize that they are just children. You couldn't do anything to prevent it." Ultimately, all of the women's comparisons helped them recognize their own innocence in their abuse experiences, as well as how resilient they were as children.

When Erin first began processing her sexual abuse experiences, she blamed herself for not having fought back even more than she did. It was not until her daughter was the same age she was when she was abused that she realized that this was an unfair thing to expect of her younger self:

> There was some re-living. Just really being able to look at her and imagine well that's how I saw the world. Through using her eyes. That's sort of my level of verbal skills, that's kind of my self-awareness, that's who I was when I faced that tragedy. And realizing how little I knew. You know, no wonder I tuned it all out because it was just SO beyond my scope of knowledge.

This led to

> a lot of inner forgiveness. I didn't have the tools so there was less of oh you should have done more, you should have known or something. That dissipated a lot because how could I have? It was easy to do the self-abuse and say oh, you were dumb or you deserved it, but when you look at her and realize her limitations, you realize oh I couldn't have possibly known or I couldn't have possibly been able to face that.

The clarity of her daughter's innocence demonstrated her own innocence. She is emphatic that children who are abused are blameless: "there isn't any question anymore about, you know, was I deserving of it or anything or was any child. No."

As Erin's experience demonstrates, before having children the participants were unaware of children's limitations and thus their own limitations at the time when they were abused. It was possible to blame themselves or to consider what they could or should have done to prevent their abuse because they were not acknowledging the limited abilities and capacities children have. Raising their children gave them a more realistic understanding of what they were capable of when they were abused.

The other women had similar experiences and the same conclusions as Erin. Linda and Coraline both explained that they came to understand how truly innocent children are by raising their own children. Linda recognized as a mother how it is impossible for children to do anything to justify being sexually abused, as well as what a burden it would be for a child to cope with something so stressful. These realizations made her see the ways that she coped in a new light: she could be proud of how much she handled at such a young age. Similarly, Coraline noted, "When I see my daughter and how innocent she is. I look at her and I go, okay, I was her age when THIS happened. And then I just think, oh I can't imagine that happening to her." She knew that there was "absolutely no way" she would blame her daughter if she were abused. Coraline recognized how much of a burden she had to carry as a child, and that she had also carried blame her whole life for experiences that had been completely out of her control. She too was able to relinquish self-blame.

These types of realizations demonstrated to the women that some of the assumptions and understandings that they had carried with them since the abuse,

such as that they were somehow bad and deserving of the abuse or that they had allowed the abuse to continue, were incorrect. These were misunderstandings that came out of young children trying to make sense of something senseless. These misconceptions about their abuse experiences had all been self-blaming, and therefore they had contributed to their sense of shame. By recognizing children's limitations they corrected some of these misunderstandings and were able to alleviate some of shame they carried about their abuse.

Being mothers to young children also provided opportunities to be reminded of the perspective that they had as children. For example, as a parent Coraline gained insight into why her abuse experiences had affected her so much: she saw first hand how much children look up to their parents. Coraline was struck by how trusting children are. She explained: "I could convince [my daughter] that aliens really do exist and she would believe me. Cause your parents are GOD to you. They really are." These realizations made Coraline recognize how as a child she too had trusted that her parents knew what was best for her, and she had assumed that their actions, including their abusive actions, were appropriate. She only had her childhood experiences as her frame of reference: she did not know any different.

Rose also benefitted from having a daughter to give her perspective on who she was as a child. She was initially reluctant to see herself as similar to other children, as she had always felt different. Yet, having her daughter, and being exposed to other children through her daughter, she came to see that all children the same age are fairly similar. She recognized that therefore, in those

respects, she had not been different than any other child, and it became clear to her how innocent and young she had been when her abuse took place.

Yet having her daughter has also highlighted to Rose ways that she was different than other children, specifically because of her abuse experiences. She explained:

> When I was a child I definitely had a lot of knowledge about sex and a lot of just confused feelings around sexuality … But when I look at Justine and how little she actually KNOWS [emphasized] about sex, and she's just kind of starting to get it, and she's ten. She's just kind of starting to learn about it in school and has a very innocent and very positive view of what she does know. Whereas when I was a child I think I knew way more about what sex is. And it was associated with very negative feelings. It caused me a lot of distress. But again, growing up, just shrugging that off as - well, whatever, so I was deathly afraid of getting pregnant when I was five. Whatever. That was just an experience or I was weird. But really being able to go back now and say okay, that's not normal for a five-year-old to be afraid or to even know what pregnancy is or how that happens. And to be worried about it. So I think that's another thing in just comparing her experience and her knowledge of that, which is just starting to develop and again in a very positive way.... that's something that definitely comes up for me is just the taking notice of how very different it is. And again being extremely grateful that her experience so far has been so very different than mine. But just observing and comparing.

The comparisons that Rose has been able to make between her and her daughter led her to realize that what she went through "was a lot for a child of that age to experience, to endure." It gave her perspective on how well she handled it. Rose noted, "I am struck now by how much that was and how resilient I was." Both Rose and Erin recognized their own resilience and strength through their children.

> Rose: just in watching Justina grow and seeing her at her different stages in life so far, and being able to take note at particular timelines in my own life and just going wow. That's incredible that a little person like that could have gone through all of that and still come out okay on the other end. Relatively okay.

Erin: I found a lot more strength than I thought I had. In many ways. By going okay, that's who I was at that time and I did very well, in my opinion, to handle it. I see the successes.

Frankie similarly recognized her own resilience and how far she had come, which she identified as one of the most significant learnings that she took out of her recovery process. While Frankie had fewer experiences with her son that led her to recognize who she was as a child than the other participants did, when she did have these experiences, she too felt that they reinforced her sense that she was different than children typically are. Overall, Frankie felt that psychologically she had not ever really been a child. She recalled that she had always felt as though she was her twin brother's protector and caregiver, and she would intervene with her father to ensure that she received the brunt of his abuse and anger in order to spare her brother. She focused on protecting her "little brother" and clearly saw him as a child when they were the same age. Seeing her son develop was further reinforcement that she had always felt and behaved in ways that were beyond her years. She saw that her experiences shaped her to be more responsible and mature than children typically are. All of the participants agreed that their abuse experiences had truly been a loss of innocence, making them feel and act differently than other children.

The differences between the women and their own children were amplified because they worked to ensure that their children had different life experiences than they had had, and as the women made their children's lives different than their own, they witnessed how childhood should be. They had the opportunity to see what a childhood is like without the burden of sexual abuse.

As Linda noted, she became more aware of how sadness had characterized her childhood when she witnessed her own daughter at the same ages when she had suffered abuse: "I remember so well my little girl in that age and how she was enjoying life and that's how it should be. Children should be happy."

Similarly, Erin noticed that her daughter's comfort with her own body greatly contrasted with how Erin had felt after the abuse. She explained:

> Still when she runs around between her clothes and her jammies you see her comfortableness in her body. It just doesn't dawn on her that she has no clothes on, who cares. I lost that. I never felt comfortable in my body after that. … Yeah, that comfortableness in your own skin. I can see that she is, and I remember not being.

Witnessing her daughter led Erin to see these other ways that her abuse had affected her as a child; it helped her recognize what she did not have because of her abuse. For Coraline, witnessing her children grow up without abuse made her fully realize that "what happened throughout childhood was not normal or okay." She finally understood what a childhood should be like.

As they celebrated their successes with making childhood different for their children, the women also grieved what they did not have as children. Linda noted, "You feel so glad that your child can have this happy childhood but there's a grief for what you've missed out on." They witnessed in their children's lives how things could have been for them, and they grieved these un-grieved losses. As Frankie explained,

> There's also a grieving that's had to happen with every stage. With every stage of my son's development, as we've successfully kind of traversed it together, it's made me realize what I didn't have as a child. … I've had to go through grieving through every one of his stages as I've kind of repaired my own developmental levels.

Nurturing the child vicariously nurtured the mother. Rose, Frankie, and

Erin found that some of their experiences as mothers, where they parented and

took care of their children, benefitted them greatly, repairing experiences that had

been missing from their own childhoods. Their acts of nurturing their children

influenced them directly. As Rose explained, "I feel like through the process of

nurturing and loving her, somehow vicariously that was what allowed me to be

able to go back and do that, like it was almost like I was nurtured." As she would

hold and care for her daughter, she too felt the sense of safety and comfort that

she was providing for her. Potentially it was the intimate connection that the

women had with their children that allowed for this transference of benefit. As

Erin explained, "you are almost nurturing yourself by nurturing them – because

they are part of you."

Similarly, Frankie noted that as she learned to parent her child, she

simultaneously learned to re-parent herself and found this to be healing:

> I did some developmental repair of my own, as I parented my son, with
> [my therapist's] help. So as Sam went through different developmental
> stages, there was part of me also learning to re-parent myself. To help me
> through those developmental stages

Frankie felt as though in some ways she grew up with her son, completing each

developmental stage more fully as he went through them. In addition, she created

the safe, loving home for Sam that she had not had for herself. She noted that in

creating an environment of safety for him, she found a sense of peace. While she

never had a secure safe home base as a child, she was able to develop it for both

of them later on.

For Erin, the mutual nurturing she experienced with her children began in her first pregnancy. She benefitted from protecting her daughter in utero, feeling as though she was fuelling and caring for them both as her daughter grew inside her. Once her daughter was born, Erin pushed passed her own discomfort with physical closeness to provide the physical nurturing her daughter needed. She was surprised to find that she benefitted from the closeness as well, she noted: "I learned that hugging the kids is good for me too. I think we forget what works. You learn again with a baby what soothes someone." Erin allowed herself to enjoy the physical closeness she felt with her children and find comfort in providing comfort to them.

Summary of theme 3. Having children shifted the perspectives that these participants had on childhood in general and their childhoods in particular. As they saw the world through their children's eyes and were in the role of parents themselves, their sense of responsibility for the abuse shifted. Through this, they were all able to correct some misconceptions and repair some psychological damage that had resulted from the abuse. In particular, self-blame that they had carried since the abuse was addressed by their realizations about the responsibility of adults and the innocence of children.

Their opportunities to witness childhoods free of sexual abuse further demonstrated to them how childhood should be and how theirs had been different. They had also always felt that they were different than other children, and they came to see that these feelings had some basis, as their abuse experiences led them to feel more mature and burdened than their own children were. With all of

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these realizations, they were provided the opportunity to process and mourn that which they did not have and that which they were forced to deal with in childhood.

In addition to the shifts in perspectives about adults and children that motherhood brought, the participants also benefitted from the intimate nurturing and parenting that they provided their children. They felt as though they too were being cared for as they cared for their children. The nurturing simultaneously comforted their children and themselves, and provided them with experiences that they had not had before. In giving to their children, they gave their younger selves care that they had missed.

Theme 4: Motherhood increases one's sense of value

All of the women struggled with their sense of value or self-worth after their abuse experiences. Given that they had blamed themselves for what had happened, or misattributed the reasons for their abuse as personal ones, they each struggled with low self-esteem for most of their lives. They had explained their abuse experiences to themselves by assuming that there was something about them that had deserved or prompted the abuse; they felt as though they were inherently bad. Their sexual abuse experiences and these feelings of blame made them feel lesser than others, and this plagued them in life and in relationships. Some even feared getting too close to others in relationships, as letting people in would allow others to see how they were in fact bad or unworthy. In contrast to this, motherhood provided opportunities to see themselves differently than they had in the past and to gain a sense of worth and accomplishment. While this was

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not always the case, as the mothers could also be critical of their mothering, there were several ways that the experience of being mothers specifically contributed to increasing the women's senses of value.

Gaining value because of what I was able to provide my child. The women all had experiences with their parents, to varying degrees, where their parents had not been able to provide them with the care, nurturing, and protection that they wanted and needed as children. Given how they were parented and their abuse backgrounds, they did not know what exactly they would be able to give their own children, but they each made concerted efforts. The successes that they had in providing for their children contributed to their sense of value. As Linda explained, providing for her children directly influenced how she felt about herself: "I don't know how to say it, but you almost feel worthy. That you have purpose being here. And that's a good feeling to know you can love them and do good for them."

Some of the women were surprised by what they were able to provide their children. Erin explained, "sometimes I guess I was worried that I wouldn't have that nurturing instinct. And, you know, it's there." Coraline noted that she recognized she had done a good job in home schooling her children when they were placed into the school system in grade eleven, and they integrated easily. She was surprised by how well prepared they were, and making a valuable contribution to her children's lives contributed to her own sense of value.

Erin found that what she was been able to provide and create for her children made her feel more successful and valuable as a person. She recognized

that she had done well with them: "it is just knowing that I am doing a good job at being a mom; there's more self-confidence." Seeing her children happy and comfortable at home was been particularly validating:

> The kids right now say that they are never going to leave home. You are part of their world in such a good sense. They are just so happy and comfortable there, and you are so overjoyed that the world that you created for them is such a positive influence for them. Because you get something out of that too.

Frankie echoed this sentiment when she explained how she gained comfort and value from being able to create a safe, calm, and peaceful home for her son.

Similarly, Rose benefitted from the environment and life that she created and provided for her daughter. The experience of being a single mother and providing a positive and nurturing environment contributed to Rose's sense of self. Initially Rose was burdened by guilt and shame for having brought her child into a life where Rose was not yet ready to be a parent; however, once Rose changed her life to make choices that benefitted both her and Justine, she began to feel better about herself. She noted, "when I was on my own and going to school and had my own house and it was just her and I, I remember really feeling a lot of comfort in the safety that I was able to create that for both of us." Overall, Rose's sense of value was impacted by what she accomplished for her daughter: "I can recognize that given my circumstances and given the situation that I brought her into this world and where I've taken her now, there's a lot of accomplishment in that." Rose knew that had it not been for her own efforts, their lives could be very different:

> I feel like so much of my life was trauma, upon trauma, upon trauma. It was a mess of a life that anyone might say, well we know where her life is

going. So the fact that I didn't become a statistic. The fact that I was able to go back to school, start a career, all of those things make me take note. And I have always had a hard time giving myself praise, and so it is hard for me to acknowledge, but it is there.

Each woman recognized that their children's lives could have been burdened with some of what their childhoods were burdened with, had they not made the efforts that they had. Each of the women took her role as a mother very seriously. They came to feel self-confident and accomplished as mothers. As Rose explained,

> [As a mother I feel] I have a very, very important job to do. And there is something very sacred about [motherhood] and special about it. It is a gift I think to be able to provide that and be that. And share that kind of experience with a child. It definitely allowed me to have just a greater sense of purpose but also things like maturity or wisdom. … It's a very honourable thing and so I think that definitely it's contributed to who I am and something that now I feel very positively about. For sure.

Gaining value because my child is thriving. The participants noted that their children were doing well and were different than they themselves had been as children. This led them to recognize that their efforts had paid off, and their children were benefitting. Seeing their children thrive influenced the women's sense of value. As Rose explained,

> Well and you're also starting to see some evidence that you've done a good job, because I have a ten-year-old who's happy and adjusted and innocent … And clearly I had something to do with that 'cause I'm her mom.

Erin had a similar experience when her children reached school age:

> I'm out there now. I'm getting some feedback. Yeah, that certainly does help. You know and watching them excel and that kind of thing and knowing that I laid the groundwork for that.

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Ultimately, as they saw their children thrive, the participants recognized that they had succeeded as mothers. As Frankie noted, "I can feel at those moments that I've done a great job," and this directly affected her sense of self. Frankie explained that being a mother "helped with my self worth. . . . I was just so incredibly proud of him." There was recognition by the women that their children were doing well because of their actions. They acknowledged that they helped create their children's positive lives. Coraline recognized that "they're the kids they are because of the mother I am," and she was also aware that things could have been different for her children if she had not been there; she noted, "like I know if I would have left them with their dad – I don't know how they would have done."

Contributing to their children's successes and positive characteristics helped the women feel better about themselves. They valued who their children were, and in turn they valued themselves more as the mothers of these children. Linda explained: "[My children] are special. They're good people. … And I had a very big part in it. I believe it's because of me, not only me, but me that they are who they are."

Gaining value because my children love me. The participants' sense of value was influenced by the particular love that their children had for them. Children can give love in a very open way. Rose noted that with her daughter: "if I tell her I love her, she says 'I love you more.' There is endless capacity there. It has been a powerful thing for me." Similarly, Coraline expressed how beneficial it has been to feel an endless amount of love from her children.

The nature of children's love is unlike other love, and it felt almost like the

antithesis of the feelings related to the sexual abuse. Erin noted,

> Kids don't judge you. They love you unconditionally. You can see it in
> their eyes, especially when they are young, you are their world. Whereas
> it is a complete reversal from being abused, where you are not the world;
> you are the dirt or something. It is suddenly that you are able to see the
> ying and the yang of it all.

Linda described a similar experience: "If you felt you were nothing your whole

life, and here is a human being that absolutely idolizes and adores you, that does

something for a person." The experience of being loved unconditionally was new

for some of them. Erin found that her children's love helped her through her

recovery process:

> They didn't directly influence it but just having them there and sort of
> their belief and their support in me. I'm the centre of their world right
> now. … Right now I'm still the sun. And the universe. And that's nice.
> I'd wanted that from my own mom. I have it through them now.

> For Frankie, it was difficult to let her son's love in enough to influence her

sense of self, as she was always so concerned about whether she was being a good

mother to him. While she benefitted greatly from his love overall, she still

struggled a great deal with knowing whether she was doing the right things for

him and for their relationship. It was not until recently, when he went away and

he stayed in touch throughout his travels that she recognized the good job she has

done:

> My son left to do some travelling three weeks ago. And I didn't realize
> how worried I was that he would not reach out to me when he left.
> Because since about the age of six, all I knew is I wanted to get away from
> my family. That was my goal, to leave my family system. Of course I
> couldn't have told you that at six but at six I knew I was waiting to leave.
> So when I left my family, even before I had memories of abuse, I would
> only speak to them maybe once a month. Maybe not even that much. And

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so what I didn't realize is that I was afraid my son would do the same thing. I was afraid my son would leave and not stay in touch. … But then the first week he was away he e-mailed me twice and phoned me once. So I've struggled all my life whether if knowing if I was a good mom or not. And being afraid there wasn't an attachment between my son and I. … So I have to admit that in the last three weeks, I've really GOT [emphasized] it for sure that I think I might have been a good mother! And that my son loves me and that we have this strong attachment.

It was a powerful realization for Frankie that she achieved her goal and had been a good mother.

   Gaining value because my children need me. The women found that having children and being needed by their children gave them a sense of value and purpose that they had not experienced before. Coraline noted, "I realized that I am worth something. You know. If nothing else just to get my kids going." For some of them, this was one of their first major positive shifts in their sense of value since their abuse experiences. As Linda explained,

> Abuse makes you think you are not worth anything, but when you have children it changes. They kind of give you, I don't know how to say it, you are worth something. You have a reason for being here.

For Erin, this shift began before her first child was even born. She found being pregnant began to shift her sense of self:

> I was in such bliss pregnant. I loved pregnancy. And part of it was that they were right here. I had control over everything and protection over them. It was hard to let them go from the womb. I was literally protecting them with my body. I was the boss of whatever that outside world was going to give this kid; it had to get through me first. I liked knowing that they were safe. I also liked feeling the life inside of me. I had a different purpose; instead of feeling bad about myself here I can feel good about, I am literally creating life. It is so metaphoric for me.

Before even giving birth, Erin's sense of purpose and her role as a protector began to develop; in turn, both increased her sense of worth.

The women found that they felt more valuable as they recognized that their children needed them. Rose noted,

> I really felt like I had a sense of purpose, or worth, in terms of I needed to take care of this helpless little infant and that was my job to do – so it gave me, you know, value in that way.

Having dependent children allowed the women to see themselves differently. In caring for their children they attained a sense of mastery and confidence. Erin explained how caring for infants influenced her sense of what she was capable of:

> Well they're dependent. You know especially when they're small they would die without you, or somebody, to take care of them. So that gives you some confidence in knowing you're caring for them you can care for yourself. And also a reason to care for yourself because of them.

The sense of value and purpose that the women gained from being needed by their children was a resource for them during particularly difficult times. At some point during their recovery processes, all of the women faced profoundly dark moments, including having suicidal ideations. It was the fact that they felt needed by their children that kept them going.

> Frankie: There were times I think when I first began to deal with my sexual abuse that there were moments I felt suicidal. But I couldn't leave him. So really he's really given me great life purpose. ... I couldn't imagine him growing up without a mother.

> Erin: Even in the darkest hour when I was back to [cutting myself]. It was them in my mind that stopped anything worse from happening. I needed to be there for them. I couldn't care less if I was there for me, but I needed to be there for them. … I guess at first you feel worthy because of them and then you believe you're worthy to yourself.

Feeling needed by their children provided the women with a sense of inherent value.

Summary of theme 4. Motherhood provided the participants with opportunities to see themselves and their own lives differently. They witnessed themselves accomplishing something great. They were able to give to their children in ways that they had not anticipated and were good at the role they valued most in life. This hard work paid off, and the women had repeated experiences where they saw the fruits of their labour. Their children were happy and successful, and the mothers were able to take credit for how well they were doing. Potentially because of the importance they placed on being mothers, they were able to internalize their efforts and successes and feel good about themselves.

They were also able to internalize the love that they felt from their children, and this too increased their sense of worth. Being the centre of their children's world was a new experience for these women, who had felt lesser than others since childhood. They felt more important because they were important to their children. Similarly, the women found a sense of life purpose through parenting, and this purpose provided them with greater worth in the world. Their lives had more value now that their children needed them, and being loved and needed gave them a reason to continue, even when things were very difficult. Motherhood provided them with a purpose for healing and living.

Balancing Motherhood and Recovery

> Frankie: To be honest I think mothering is the hardest thing I've ever done in my life. Because not only have I had to mother as a single parent, but I've also had to at the same time do my own healing, and deal with all the issues that come up when you're parenting and you've lived through sexual abuse. … So definitely mothering has been the hardest thing I've ever done in my life.

While the women benefitted greatly from their experiences as mothers, and their recovery processes were significantly aided by being mothers, each found that balancing motherhood and recovery from child sexual abuse was very difficult. Parenting made their recovery both more possible and, in some ways, more difficult. As Erin's experience demonstrates, there was an ongoing tension and balance between the two.

> Motherhood, if you will, gave me the tools to promote my recovery. … I can't imagine getting as far as I did without being a mom. There was no need. There wasn't the motivator, or the understanding of seeing life through their eyes. Really I needed that to be able to get the perspective on who I was and where I was.

In these ways motherhood facilitated her recovery. In other ways, motherhood impeded it:

> the recovery needs a lot of personal time. And being a mom was great in triggering it, but it was very hard to accomplish some of that recovery. You were like two people almost. You were a person that needs recovery and then you were a mom. Who has no problems and can do everything and drop everything for their kids. … The difficulty in the last few years would be trying to go through some of this stuff. Needing rest and all these thoughts in your head and the kids are very demanding. I want water, I want this, I want that and it's very frustrating. Because you're almost caring for your own inner child. You have three kids to take care of. … It just feels like you don't have enough energy to deal with both being a mom and trying to get through the recovery.

Despite the strains that came with recovering from sexual abuse, the women were determined to be active and present mothers to their children. They all worked to try to protect their children from their own suffering and recovery, as they coped with the resurgence of abuse-related memories, symptoms, and intense feelings. This took great efforts on the women's parts. For example, Linda explained that "It's like putting on a mask, getting through the day without

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them noticing how you are really feeling inside." Yet, "sometimes you get tired of putting up the mask and smiley face every day. It is very tiring." Frankie noted that in this respect she benefitted from being able to co-parent with her ex-husband, as getting time off from parenting allowed her greater balance: "You know my breaks from [my son] gave me a chance to fall apart when I needed to. Because I felt I had to be present for him and be on for him."

At times, the women's intense feelings and symptoms could not be hidden from their children. Linda noted, "I cry very easily, and lots of times they knew something was wrong, but they gave me space. I told them, everybody needs time on their own to work through things; that's when they were a bit older." Coraline explained that she did her best to hide what she could from her children, but sometimes she was overwhelmed by her recovery: "I would sometimes go home and lay in bed for three hours after therapy – I would come home in shock, trying to process all of this." The exhaustion they experienced when processing issues related to their sexual abuse was incapacitating some times. Erin explained, "you want to be the mom that does the crafts and plays the cool games and you can't. 'Cause of the recovery. And then you feel guilty because you're trying to give them a better life, and it's just not all coming together."

The responsibilities of parenthood could sometimes feel burdensome when recovery memories and symptoms were triggered. Despite wanting to heal for their children, the women found that at times being a parent meant that they could not focus on themselves the way they felt that they needed to. As Rose explained, there was a

struggle between wanting to do [the recovery] and be a good parent, wanting to make it better, wanting to get through it. Yet, being so tied down by that inability to do it at that point. And how difficult that is. I have had those moments, especially when she was young of feeling like "I can't," "I just can't engage," and needing to distance. Wanting so desperately to take time for myself or needing badly to take care of myself, but not being able to because of those responsibilities.

The participants sometimes felt caught in between these two parts of their life that were demanding a lot of attention: their children and their recovery. Rose noted, "the dilemma is in order to do healing and recovery you have to be focusing on yourself, yet in order to be a good mom you have to be focusing 100% on your child." This led to struggles where they felt as though they were not able to give the time and attention that either required.

In addition to the difficulties of balancing the needs of their children and their recovery processes, some of them also faced some uncomfortable and negative feelings that came from the tension of managing this balance. Rose described some of these feelings that she experienced:

I've felt some resentment at sacrificing taking care of myself to take care of her and be there for her, and then feeling resentment because I really need taking care of. And then I've felt a lot of guilt around that and having those feelings.

The guilt and other negative feelings that Rose struggled with led her to feel discontented with being a mother. Her concerns that she had made a mistake in having a child who she could not provide for or engage with in the ways she wanted to, all contributed to more negative feelings about herself.

All of the participants noted that despite the fact that they had made major efforts to make their children's lives different than their own, when they found that they had done so, this came with both positive and negative emotions.

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Frankie described the experience as "bittersweet;" they all noted that were happy

for their children, yet saddened for themselves for what they did not have.   As

they explained,

> Frankie: I think the difficult piece for me was when Sam would reach a new developmental level, or when he would succeed. Both of those things are hard. It would mean that I would have to learn new parenting skills, and when he succeeded it would make me think about my childhood and what I didn't have. There is pain sometimes in seeing what I didn't have.

> Erin: In giving them what you didn't have, I still find it a little hard to get over that I didn't have it. You know, that hasn't come easy for me. You know, you expect as a parent not to have those issues. But, you know, you do. Sometimes you want what your kid has.

> Rose: I have not felt resentment or jealousy because it is different for my child than for me, but I have felt lots of grief. I have felt sad that my situation was different. There isn't a guilt factor involved in that. It is more of a sadness for myself and every other person who never had that. It is seeing how it should be, and you are glad that she has it, but sad for yourself and all other kids who don't have it.

As their children grew older, and as they had completed much of their

ongoing recovery processes, the women found that balancing motherhood and

recovery was much easier. As they were less burdened by the effects of their past,

they were able to enjoy motherhood even more. Rose described how this process

influenced her experience of motherhood:

> When she was first born and those early years there was so much negative stuff, the positives really came in glimpses or glimmers of it could be different, or it is different, or a moment of connectedness that were fleeting but very real and very potent at the same time. Poking through that darkness I was in at that time. As I moved through this process, those positive things are starting to be the prominent. The clouds are parting, and the sun is shining through.

By doing their recovery from their childhood sexual abuse while they were

mothers they also gained a sense of mastery in how much they were able to

accomplish. As Erin noted,

> Yes it was difficult to do both at the same time, but now I feel like I could do anything. Because I did both. It is the ultimate multitasking … I think back and I can't believe what I had to do. I don't know how I survived that first year with [my baby]. How did I care for them knee deep in all of this? Obviously it happened well because they are doing fine.

She concluded that, while it was difficult to balance both motherhood and

recovery, it was necessary for her to complete her recovery this way:

> Maybe motherhood triggers all these ugly emotions, but it also gives you strength and perspective to deal with it. It was the right time to finally focus on all of this. And it gave me the tools to deal with it or something. As ironic as it seems because you are more exhausted than you have ever been.

The women agreed that despite the additional difficulties balancing both, being

mothers was essential to their recovery processes.

A Different Experience of Recovery and Motherhood

In contrast to the women's experiences encompassed in the themes

discussed above, Butterfly's recovery process was not facilitated by motherhood;

it occurred separately. If anything, being a mother hindered more than helped her

recovery process. Instead, Butterfly's recovery was facilitated by her experiences

in psychotherapy, her work experiences outside of the home, the support of some

of her friends and family, and many of her own efforts. In the following section,

Butterfly's own recovery processes are explored, and her experiences are

contrasted with those of the other participants in regard to each of the major

themes discussed above.

Exposing unhealed wounds

All of the other participants discussed their experiences of how becoming or being a mother unearthed and exposed unhealed wounds related to their sexual abuse. It was not until this time that they could begin to heal from their past experiences. Butterfly also may have had the opening, resurfacing, and triggering of the past when she became a mother, yet she was unable to process these experiences to come to understand them further. She too described intense emotional reactions where her son was first born, similar to the experiences described by other participants such as Erin and Frankie. However, Butterfly did not seek out support or explore these reactions on her own. She noted that felt she was "just surviving" when her children were young, and she had few opportunities for self-reflection or self-exploration. Given the stressors that she faced in her abusive marriage, Butterfly did not have an environment of emotional safety where she could explore the feelings that came to her. In this she was similar to both Coraline and Rose, who were initially unable to process the abuse-related emotions that were triggered in them when their children were born, as they too were in relationships where they were unsafe and unsupported.

In addition, Butterfly's husband did not allow her to get the counselling that she wanted at that time. Butterfly explained,

> So most of life, you just carry on, and don't think about [the abuse].
> Because, at that point I was young. I got married, I moved around, I had a
> baby. I was just putting one foot in front of the other, living day to day.
> … I was very unhappy, and I wanted to see a psychiatrist. But my
> husband was so against talking about anything that he talked me out of it.
> But I remember lying in bed crying my eyes out. He guilted me into not
> going. So I actually cancelled the appointment. That was a big mistake.

For Frankie, Erin, Linda, and Coraline, counselling was an essential part of understanding and healing their unhealed wounds that resurfaced after their children were born. It was there that they were supported in ways to cope with and understand the symptoms they struggled with. In many ways, this additional support freed them to do further healing work on their own, as well as take advantage of healing opportunities in their own lives, such as those in parenting their children.

While Butterfly, like the other women, recounted that she suffered from several periods of intense feelings and issues that could have been related to her childhood sexual abuse, she did not get the opportunity to explore them until much later in her life. As long as she was in her marriage, Butterfly felt that she was unable to focus on her own recovery from sexual abuse. She noted,

> I wasn't completely safe in my marriage. I was still being hurt. I couldn't focus on myself. It all appeared good from the outside, and I was a very good actress. I made my marriage appear perfect, but it was all a sham. My friends and family were shocked I was leaving because I was such a great actress. I spent so much energy maintaining that.

She explained that she could not focus on healing the past when she felt as though she "was always putting out fires." Between the strains of her marriage and raising two children with little support, Butterfly found that she had little time and energy left for herself.

It was not until Butterfly was able to attend counselling and get some support with the stressors of her current family life that she began to think back on her abuse experiences. While she had never completely forgotten the abuse, she never allowed herself to think about it as an adult. Initially Butterfly did not

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choose to share these experiences in therapy, as she felt they were too personal to discuss at that time, and she was benefitting from the other support her therapy provided her. With the additional stability that she gained from being in therapy, she found that her memories and feelings related to the abuse did resurface more fully. At that time she decided to only disclose to her husband and closest friends. Her husband was initially supportive, and then later used her abuse experiences against her during their arguments. The friends that she disclosed to were supportive, as they too had experienced sexual abuse. Yet, other than these few conversations, Butterfly did not process her abuse memories in depth at this time.

Motherhood is empowering

The other women in this study had experiences as mothers where they were empowered to take action to improve their own lives and the lives of their children. For Butterfly, empowerment did not come out of being a mother. In fact, Butterfly felt "overwhelmed" and "terrified" as a new mother. She was struck by a sense that she did not know what to do or how to care for her baby. She did manage to care for both of her children primarily on her own; yet these experiences were not empowering for her. The other participants reacted differently to their feelings of, and concerns about, incompetence as parents: they sought out support and guidance to help them. Frankie, for example, spent a great deal of energy learning how to parent, as she too felt overwhelmed at times. While Frankie and the others were motivated by their concerns, Butterfly found them paralyzing.

Butterfly's destructive marriage consumed most of her attention and impacted her ability to focus on other important aspects of her life. The abuse and control her husband wielded over her made her feel as though she had no power, even with her children. Butterfly's husband continually undermined her decisions as a parent, and he made it clear to her that he did not think she could make the best choices for their children. With her husband accentuating all the doubts she already had about herself, being a mother was overwhelming and stressful. This was a very different experience than the other participants had, as they were making life choices and changes for their children and witnessing their abilities to positively influence their lives. Coraline's experience was both similar and different to Butterfly's, as she was too was in an abusive marriage; however, she was able to glean some sense of empowerment through parenting and making decisions in the best interests of her children. Despite the tight controls that Coraline's husband maintained, she was able to make some impacts in her children's lives that allowed her to feel as though she was positively contributing to them. However, Coraline's most significant empowerment came after she took action to leave her husband, and she committed to living a life that was protective for them.

Amidst the other stressors at home, when Butterfly's children were young she struggled with her mental health, and yet it was some time before she was diagnosed and treated for bipolar disorder. Prior to being diagnosed, Butterfly faced her symptoms on her own. She explained:

> Before I was diagnosed bipolar, I was really ill already. I wanted to leave [my marriage]. I knew I had to leave him. I wanted to leave without my

kids. Because I couldn't take care of them. I was so sick already. My sister kept saying, if you leave those kids, you will never get them back. Do not leave your kids! It is not because I didn't want them. I couldn't look after me and them. The fact is I couldn't even look after myself.

Butterfly's illness made everything more difficult. This too distinguished her experience from the other participants, as several of them dealt with anxiety and depression, yet none of them coped with a mental illness as serious as bipolar disorder.

Butterfly's marriage and mental illness together were such large burdens on her that they consumed her energy and focus and made her feel helpless; in this state she could not put much focus on the future, let alone on making her children's lives different as the other women had. She was just focused on getting by day by day, and her daily struggle to maintain a home and ensure her children had their basic needs met provided few opportunities for developing a sense of empowerment. Instead, empowerment finally came for Butterfly from her experiences working outside the house. She had always loved working, and she was most unhappy when she was unable to work; working provided her with a reprieve from all that she was struggling with.

Through her work Butterfly came to recognize her own strengths and abilities, and she benefitted from the regular positive feedback, which she had not received as a child or in her marriage. At work Butterfly surprised herself, as she was a quick learner, a skilled worker, and a valued employee. Her work experiences made her feel competent and even accomplished, ways that she had never felt before. With each new job that Butterfly took on, she found a position

that she increasingly enjoyed, and she felt as though she was coming into her own. She developed a sense of identity with her work.

With her most recent job, where she enjoyed a very positive work environment, and where she felt that she was making a significant contribution, she found that she became empowered to seek greater happiness and wellness for herself outside of work. When she had first started working there she needed to put all of her energy towards her job; however, she soon found that her job began energizing her. As she benefitted more and more from work, she found that she had energy and motivation outside of work to focus on herself and her recovery. It was, in part, her work experiences that helped stabilize Butterfly enough to begin to focus on her recovery.

Motherhood provides opportunities for developmental repair

Butterfly's circumstances were once again different than the other women's with regards to opportunities for developmental repair. The other women found that as their children grew, they had opportunities to recognize how they themselves had been as children and therefore heal misconceptions they had held about their abuse experiences. They relinquished self-blame as they came to understand the innocence of children. For Butterfly, all of her attention was taken by her marriage, her illness, and raising her children; she did not feel that she had the opportunity to process or even think back to her sexual abuse experiences until much later.

In raising her children, she did not consider what it is like to be a child, nor did she view the world through her children's eyes. Although she had not

repressed all of her abuse memories, they were not present in her conscious mind as she raised small children. She did not think back to her abuse experiences when her children were the same ages she was when she was abused. Without her abuse memories in the forefront of her mind, she could not make comparisons or develop insights as the other women did. In addition, the individuals who sexually abused Butterfly were siblings and not adults. Thus, having insights regarding the responsibility of adults was not as relevant to her healing.

Butterfly also did not experience the nurturing that she provided to her children as nurturing to herself. For example, unlike Erin's experiences of feeling like giving to her child gave to herself, Butterfly found that giving to her children was draining to her. She felt that providing for her children was for their benefit, and while it was worthwhile doing it for them, she did not feel as though she was providing for herself in ways that she had missed out in childhood. In fact, her experiences of parenting were so draining that she felt as though it was almost impossible to take care of both herself and her children at the same time; they felt mutually exclusive.

This is not unlike how some of the other participants felt during the most difficult parts of the their recovery processes, when they found the balance between caring for themselves and their children very difficult. In retrospect, Butterfly noted that for her recovery was "like being on an airplane and you have to put your oxygen mask on first before helping someone else." Until she felt more whole, it was draining and difficult to give to others.

While Butterfly completed the same type of developmental repair that the other participants did in recovery, hers took place more recently in therapy, and not along-side her children's developmental stages. It was during her therapy that she was able to recognize her loses in childhood, as well as how difficult life was for her as a child and how things could have been different. With her therapist's guidance and support she grieved the childhood that she did not have and addressed her own self-blame and shame. Her psychologist's reflections and compassion aided her in repairing the aspects of her development that had been influenced by her abuse experiences. Through this intense therapeutic work Butterfly developed a strong attachment to her therapist, and she felt as though her healing was possible because of her connection to him. She did not feel capable of recovering on her own; she considered him instrumental in her survival and ultimate healing.

Motherhood increases one's sense of value

The other women in this study each experienced an increased sense of value from being mothers, and, once again, the circumstances in Butterfly's life impacted her ability to benefit from motherhood. Butterfly faced her husband's consistent undermining of her parenting, as well as some difficulties with her children, and these things both led her to question herself and to challenge any sense of value she had related to being a mother. While more recently Butterfly gained a sense of worth from mothering, she explained that this was not the case early on:

> I didn't have much self-worth before I had my kids. And even when I had them I was terrified. And I had no help. I didn't know how to do it.

Her fears overwhelmed her experience of motherhood, and she did not take note of her contributions and successes when her children were small.

After she had completed a great deal of healing, Butterfly noted that she recognized that she had done a good job as a mother, especially considering her circumstances. She felt pride in her children, although her daughter's difficulties continued to be a source of stress. Butterfly explained that when her children have struggled she has felt responsible, and this has decreased her sense of worth.

Similar to the experiences of the other participants, Butterfly was able to gain some self-worth from the love and pride that her son felt for her. She felt prized by him in the way that he would proudly introduce her as his mother to his friends, and as he would encourage her to leave his father. Feeling loved and valued by her son allowed her to recognize herself as valuable as well. These experiences were limited to her relationship with her son, as Butterfly's relationship with her daughter was more tumultuous and there were fewer instances with her daughter when she felt prized by her.

Butterfly noted that her life experiences that have most contributed to her sense of value have been her work experiences. It has been at work that she has felt mastery and appreciation for herself. More recently, she felt more accomplished and valuable in several areas of her life other than work, as since she worked on her recovery she has become more open to seeing her own value.

Final analysis of negative case

Butterfly's experiences differed from the other women's experiences in each of the themes. Her experiences demonstrate how within certain contexts

motherhood may not provide opportunities for further recovery and healing. Butterfly's other life circumstances appear to have delayed and hampered her recovery and her opportunities to benefit from motherhood. Many of the stressors in her life also tainted her mothering experiences. While Butterfly did benefit from being a mother, her recovery was not assisted by it. Yet, she too has been able to heal, feeling that her recovery has for the most part freed her of the effects of her past abuse experiences.

In summary, the life experiences that have been most beneficial and have contributed the most to Butterfly's recovery have been working and psychotherapy. Through her work she was able to gain a sense of personal value, and as this sense of value increased, she was motivated to pursue finding greater happiness and wellness. Her work has provided her the fuel for further recovery. Her experiences in therapy have also been profoundly beneficial, particularly because she has had a strong relationship with one therapist for most of her recovery process. In this relationship she has felt cared for, accepted, and supported. He has been a consistent force, helping her through her darkest times. Therapy has exposed Butterfly to ideas and tools that have been central to her recovery, such as mindfulness practices, which after regular practice have helped her leave her abuse in the past.

After committing herself to this difficult recovery, Butterfly has enjoyed the benefits of all her hard work. She discovered new levels of happiness and wellness as she embraced life more fully, broadened her social network, and became more involved in her community. Butterfly described herself as having a

thirst for learning, and she chose her own wellbeing as her subject. She still felt

as though her recovery would be lifelong, and she was committed to continue

seeking out personal contentment and wellbeing.

Chapter Summary

This chapter presented the themes that were constructed through the

analysis of the participants' interviews. Overall, the analysis of all of the

participants' recovery processes highlighted the powerful influences that

motherhood can have on recovery and on women. Yet, this analysis also

illustrated how some of the healing transformations and insights that can come

from motherhood are not necessarily universal; they are at least somewhat

dependent on other factors being in place. Butterfly's experiences showed how

life circumstances and opportunities can deeply influence a person's ability to

process and heal childhood trauma. In particular, comparing her story to those of

the other participants demonstrated how having particular resources, such as a

safe partner or a therapist, can facilitate an individual in taking the opportunities

for healing that are present in motherhood.

In the following section the results from this study are considered within the

existing research literature, highlighting and contextualizing both the novel and

previously supported findings. The specific contributions of this study are also

explored through discussions of the research's clinical and research implications.

CHAPTER 6

DISCUSSION

In this chapter, the most poignant and significant results from the analyses are discussed in relation to the existing research literature. The results are presented outside of the developed themes; instead, four specific ways that motherhood acted as a catalyst for recovery for five of the participants in this study are discussed in reference to other research. These four sections articulate the researcher's synthesis of the understandings that were constructed in this study. This is followed by a discussion of the importance of the influence of context on recovery, as was highlighted through the comparative analyses with the negative case, which suggested how other circumstances, such as a partner relationship, can be significant in harnessing or limiting the potentially healing benefits of motherhood. These discussions of the results are followed by an exploration of their clinical implications, as well as considerations of the limitations of the study and potential avenues for future research. Finally, the conclusion to the study re-examines the research question and concludes this dissertation.

Motherhood as a Catalyst for Recovery

This research study provided rich descriptions of six women's processes of healing from childhood sexual abuse, specifically highlighting how motherhood influenced these processes. The resulting descriptions do not reveal a sequential or linear recovery process, but instead one that is characterized by complexity, dualities, and their greater context. The qualitative methods used showcased the

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women's unique voices in their own stories of recovery, as well as allowed for analysis of their shared commonalities, which indicate broader processes that may also be shared by other survivors. Ultimately, these shared elements may also provide insights to inform future clinical work and community interventions with survivors who are mothers.

Overall, this study revealed how being a mother can be a transformative experience that holds the potential for furthering healing and growth for survivors of childhood sexual abuse. It became clear in the comparative analysis of the women's experiences that motherhood was a significant catalyst for their recovery because it (1) repeatedly put them back in touch with their traumas that were unhealed, (2) gave them a new context within which to reconsider the trauma and themselves, (3) transformed their personal identities and abilities, and (4) provided them with a new attachment relationship within which to grow and heal. In this section each of these aspects of motherhood and recovery are considered in relation to the existing research literature.

Motherhood Triggers the Past

In various ways and to various extents, all of the mothers in this study found that having children triggered their psychological and emotional memories of their abuse experiences. They all successfully avoided traumatic memories until they became mothers. The experiences of having their first children were turning points in their recovery processes; their pasts were triggered, providing them an opportunity to heal what remained. Theory, research, and practice-based evidence all suggest that exploration of memories, emotions, and/or bodily sensations

related to trauma can be necessary to assimilate and recover from traumatic experiences (Foa, Huppert, & Cahill, 2006; Foa & Kozak, 1986; Herman, 1997). Without access to their traumatic memories, the participants would not have been able to process and subsequently heal these memories (Foa et al., 2006). Instead, they would have continued to suffer traumagenic after-effects of childhood sexual abuse and maintain the defences they had developed. The literature has noted that child sexual abuse survivors commonly repress and avoid memories, reminders, and emotions related to their traumas (Briere, 1992; Marx & Sloan, 2002; van der Kolk, 1996), and that this experiential avoidance contributes to Posttraumatic Stress Disorder (PTSD) symptoms and their maintenance (Foa et al., 2006; Marx & Sloan, 2005). Whether conscious or unconscious, avoidance and denial of traumatic memories impedes recovery (Foa et al., 2006; Foa & Kozak, 1986); and for these participants it was their children that gave them the opportunity to focus on healing their abuse experiences.

The potential for motherhood to be a turning point for survivors has been noted previously (Banyard & Williams, 2007; Harvey, Mishler, Koenen, & Harney, 2000). Along with this opportunity was also the motivation to engage with their recovery in a different way than they would have otherwise: to take on the very difficult task of recovery deliberately and consciously. This type of motivation, born out of having children, was also noted in a recent study on mothering as a survivor by Wright, Fopma-Loy, and Oberle (2012). They also found that throughout parenting experiences, survivor mother's trauma wounds

are continually reopened, and that their commitment to being good mothers provided them the impetus to work to heal these wounds.

In the present study the women described the same process: when something about their children triggered traumatic memories or emotions, they worked not to rely on past coping mechanisms of repression, denial, or avoidance. They chose to engage with the traumatic material and symptoms consciously and directly, all in an effort to heal so they could be better mothers. This was not a simple or straightforward experience. Instead, the triggering aspect of having children was dichotomous and painful; it meant being instantly and deeply propelled into emotions and memories from the past at unexpected moments throughout their children's lives. There was no way to anticipate, control, or titrate when and how they engaged with the resurfacing traumatic material. This led to a struggle to balance coping and recovery with parenting. While the mothers worked to become healthier and be present for their children, they all discussed how their trauma symptoms made them disconnect at times, as well as have negative feelings about their children's demands of them and the relative ease of their children's lives. These were somewhat different from the negative feelings reported by Wright, Fopma-Loy, and Oberle (2012), whose participants experienced resentment with their children specifically for leading them to relive aspects of their traumatic childhood experiences.

Ultimately, processing childhood traumas alongside the development of their children forced the women to face and assimilate aspects of their abuse that they may not have otherwise recalled or addressed. The reliving of childhood through

their children provided the pace, direction, and focus for recovery. Erdmans and Black (2009) found that not all mothers in their study were able to further their recovery when their children triggered their pasts, as some found becoming mothers and being triggered exposed an unbearable anxiety that impacted their mothering and restricted their ability to pursue healing. This is reminiscent of the experiences outlined in the negative case in the present study, and it supports the posit that Butterfly may have had a different experience had she had more support, and specifically professional support. Erdman and Black (2009) note that their participants who felt this way had not had access to professional support; whereas, most of the participants in both studies who were able to further their healing had professional support at the time. The benefit of psychotherapy in facilitating the recovery process has also been documented throughout the literature (Bradley, Greene, Russ, Dutra, & Westen, 2005; Price, Hilsenroth, Petretic-Jackson, & Bonge, 2001)

For all the other participants in this study, choosing to be present and healthier for their children meant actively engaging in their recovery process. The significance of actively pursuing recovery cannot be underestimated, as it alone has been found to be a resiliency factor in adult survivors. Specifically, consciously working towards healing and taking responsibility for one's own recovery are associated with resilience and thriving after sexual abuse (Bogar & Hulse-Killacky, 2006; Glaister & Abel, 2001; Poorman, 2002). Consistent with this, it was not until some time after all the participants in the present study

actively engaged in their recovery processes that their efforts resulted in both increased well-being and self-efficacy.

It took something as significant and life-altering as becoming a mother to both trigger the past and provide the impetus to face it. This is consistent with previous research, which has found that turning points in recovery typically take place within the context of major social and developmental changes (Harvey, Mishler, Koenen & Harney, 2000). Schwerdtfeger and Wampler (2009) noted that survivors of childhood sexual abuse can experience the birth of a child as a new beginning and a new life direction. Their participants, however, did not discuss being triggered to their pasts; instead they found that pregnancy was so significant and important to them that it felt as though it further separated them from their abuse experiences. Yet, these women were not interviewed after their pregnancies, and it is possible that, like the participants in the present study, most triggers and reliving of traumas come after the children are born.

The question that remains from the participants' accounts in the present study is what it was about motherhood that opened the doors to their pasts. The triggers they experienced as their children aged often had to do with relating to the children: such as witnessing the children when they were the same age as when the abuse began. Yet, the initial resurfacing of the emotions and memories related to the abuse that came soon after their children were born appears to have been triggered by the emotional intensity and significance of having a child.

Davis-Floyd (1992) outlined that a defining feature of pregnancy and early motherhood, which he noted are both transition periods, is a gradual

psychological "opening" that can lead to profound internal change. It has also been noted that motherhood's transformative potential rests in its ability to cause a "psychic crisis" for women (Baraitser, 2006), given that after a "breakdown" there is the potential to rebuild and shift. Research has found that survivor mothers commonly experience trauma triggers and intense emotional reactions shortly after giving birth (Sperlich & Seng, 2008). It is common for survivor mothers to suffer from severe postpartum depression, anxiety, or PTSD related to their child sexual abuse experiences (Sperlich & Seng, 2008). However, it is also common not to associate these symptoms with abuse immediately; similar to almost all of the participants in the present study, Sperlich and Seng's (2008) participants did not fully connect their symptoms to their abuse histories until they engaged in therapy.

It is possible that some of these psychological symptoms and processes that commonly take place for survivors in early motherhood could be related to the physiological aspects of childbearing and giving birth. Both having a child and trauma involve physiological changes and processes. Like childbearing and birth, trauma is associated with several neurohormonal reactions (Friedman et al., 2007; van der Kolk, 1996). Currently it is unknown how trauma and childbearing may intersect on a physiological level.

Motherhood is a New Context

One of the advantages of having traumatic memories and experiences triggered in motherhood, as opposed to during an earlier life stage, is that it provides a different context and perspective with which to re-examine childhood

traumatic material. In the present study, many of the participants' healing

experiences came out of considering their abuse memories, constructs, and

appraisals in relation to their children and their roles as mothers. The reappraisal

of traumatic memories and the understandings attached to them is inherently a

social process (Harvey, 1996), where relationships with others serve as support or

challenges to those meanings that had been made. While commonly this is noted

as a process that takes place in discussion with others (Harvey, 1996), for these

mothers, challenges to their understandings of the traumas spontaneously came

out of connecting and relating to their children. The mothers were able to

reconsider their past experiences through the lens of an adult, whilst also being in

close contact with children. This helped them correct their misunderstandings

about their abuse experiences.

Reflecting back on child sexual abuse from an adult's perspective can

provide clarity regarding the perpetrator's deliberateness and control over the

situation and the survivor's own innocence and vulnerability as a child. In the

present study, the perpetrator's responsibility for the abuse was recognized when

each of the women considered how incomprehensible it would be to sexually

abuse their children. This new understanding led to a new construction of

meaning about the abuse that is less damaging because they are not implicated in

the blame (Bogar & Hulse-Killacky, 2006). This change in understanding has

been described as instrumental for survivors because the shift to an understanding

that accurately places the blame for the abuse on the perpetrator frees the survivor

to develop a more accurate meaning of herself in the world (Harvey et al., 2000).

Other research on recovery after child sexual abuse has repeatedly isolated the shift of responsibility from self-blame to blaming the perpetrator as an important aspect of healing (Godbey & Hutchinson, 1996; Liem, James, O'Toole & Boudewyn, 1997; Valentine & Feinauer, 1993).

Clinical and research literature on sexual abuse recovery has noted the benefit of taking a child's perspective once again with current adult cognitive abilities (Cody & Woolley, 1997; Hall & Lloyd, 1993; Weiner & Robinson Kurpius, 1995). Without understanding the limitations of a child's perspective, survivors may not see how their perceptions of the abuse were incomplete or incorrect. Glaister and Abel (2001) found it is precisely these types of experiences, where survivors are led to new insights or to think differently about their abuse, that lead to recovery and thriving. By having children, the women in this study came to understand and accept the universality of children's inherent limitations and vulnerabilities. This is consistent with the survivors who were able to use their experiences of motherhood to propel their recovery in Erdmans and Black's (2009) study of young survivor-mothers; they too noted that their children led them to understand their own violated innocence and lost childhood. The participants from both Erdmans and Black's (2009) study and the present study found that these insights led to self-forgiveness or abandoning self-blame, which are important aspects of recovery from sexual abuse (Bogar & Hulse-Killacky, 2006).

The experience of motherhood did not only provide a new cognitive context for the participants, but also an emotional one. After having children,

these women regularly experienced strong positive emotions, such as joy, love, pride, and contentment. Many of these emotions were new and provided a different life experience and perspective.   Positive emotions have been show to undo stress responses and promote psychological broadening (Hutchinson & Lema, 2009). Merely experiencing positive emotions can facilitate optimism, creativity, connections with others, and health (Fredrickson, 2001). This follows Fredrickson's broaden and build theory of positive emotions, in which he proposes that the psychological expansion that comes from positive emotions can lead to a strengthening of resources of various types, including social, psychological, and intellectual. It is possible that the experience of these positive emotions expanded the women's understandings about their traumas, as well as their sentiments about themselves or life in general.

Motherhood Transforms Personal Identity

Childbearing and birth are developmental and identity-transforming passages for women (Rubin, 1984), and motherhood is experienced by women as a more powerful and identifying role than occupation or marital status (Arendell, 2000). Upon the birth of their first children, the participants in this study shifted into their roles as mothers, which provided them with many new experiences in which they witnessed new aspects of themselves. The mothers regularly experienced themselves being capable, loving, loved, and needed. They found themselves being the single most important person in the world to their children. They discovered new-found strength and determination to take actions that were protective to themselves or their children. Through this process each participant

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established an inner-directed locus of control and gained confidence that she would be able to continue to effect positive change within her life (Valentine & Feinauer, 1993).

The women's experiences in the present study suggest that it was the sense of purpose that they gained from their children that fuelled their increased agency, and this in turn led to further identity development and confidence. Given the significance of both purpose and identity for the participants' recovery processes, it is surprising that they have not yet been pursued in the sexual abuse recovery literature. Life purpose and its important role in healing has been noted in the literature on recovery from other difficult life experiences, such as: substance abuse (Lyons, Dean & Kelly, 2010), loss of a loved one (Ulmer, Range & Smith, 1991), and psychiatric illness (Adame & Kdudson, 2008).

McKnight and Kashdan (2009) note that purpose is central to each person's life narrative and their identity, and it is essential to consider given how significant its role is in determining an individual's behaviours and ultimate wellbeing. They note that purpose does not govern behaviour; instead it provides a direction. This is consistent with how the participants in the present study experienced motherhood: it provided them with motivation to pursue a healthier and happier life for their children and for themselves. Their new life purpose was the compass that guided them through recovery. Purpose has the potential to influence recovery and life direction more than other important factors because of how it influences identity and acts as a central organizing force that is maintained across time and contexts (McKnight & Kashdan, 2009).

In Bailey's (1999) close examination of women's transition to motherhood, from pregnancy to caring for an infant, it was found that women's sense of self continues into motherhood, rather than feeling disjointed or separate; however, their self-as-mother shifts and expands to reveal previously concealed or lacking elements. They get to see aspects of themselves that they did not know were present. Seeing abilities, characteristics, and potential that they did not know they had, along with the adoption of a motherhood identity, is accompanied by increased feelings of being worthwhile, special, and important (Bailey, 1999). This is consistent with the findings from the present study, where the participants repeatedly noted that they saw a new side to themselves as mothers, and this shifted identity as a mother, which came with increased fierceness, determination, and agency, led them to feel more worthwhile.

This is particularly significant for survivors of sexual abuse, who commonly struggle with low self-worth (Briere & Elliott, 2003). Traumatic experiences in childhood are commonly adopted into one's identity, having a long-term influence on basic perceptions, thoughts, and reactions to life circumstances (Tedeschi & Calhoun, 1995). Therefore it takes something with equal or greater import than the trauma to challenge the trauma-associated identity. The present study illustrates how motherhood is one possible shift in identity that can do this.

Motherhood Provides a New Attachment Relationship

While the research and literature on attachment initially focused on children's attachment relationships with their parents, more recent research has begun to explore how attachment is significant over the lifespan (Mikulincer &

Shaver, 2007). Just as children develop a stronger sense of confidence and self-worth when they have consistent and positive attachment figures, adults too benefit in this way, and their attachment statuses can change within new relationships (Crowell, Treboux, & Waters, 2002). Bowlby (1969) noted attachment models can accommodate and change with new life experiences that challenge the previously held models, and research has demonstrated this to be the case (Davila & Cobb, 2004; Simpson, Rholes, Campbell & Wilson, 2003). Consistent with this, the participants in the present study found that it was their relationships with their children that allowed them to both see themselves differently, as well as to develop relationship and intimacy skills that they were then able to apply to other relationships.

Recently, Roman, Hall, and Bolton (2008) studied the types of relationships that promote healing after childhood maltreatment. They found that the most significant ones were those relationships that were characterized by a sense that (1) "they saw something in me" and their personal abilities were recognized and noted, or (2) "no matter what" they felt constant, reliable support and acceptance. While in the study by Roman et al. the relationships described were with adults, the nature of these relationships also describes aspects of the relationships parents share with children. The mothers in the present study all noted that they had significant moments when they felt recognized, appreciated, and adored by their young children. They also experienced unconditional acceptance and love from them. These aspects of the relationship with their children acted as seeds for the development of self-worth and self-confidence.

It has been previously noted that survivors of child sexual abuse credit their relationships with others as their motivation for recovery and changing their lives (Banyard & Williams, 2007). The survivors in the present study found that their relationships with their children increased their sense of self-worth, as their beliefs that they were unworthy or inadequate were challenged by their children, who valued and needed them. As their childhood experiences with adults did not always foster the development of a sense of inner value, these mothers were able to foster this sense within the relationships with their children.

In her landmark book *Trauma and Recovery,* Herman (1997) outlines the importance of relationships within recovery from trauma for all survivors:

> The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation. In her renewed connections with other people, the survivor re-creates the psychological faculties that were damaged or deformed by the traumatic experience. These faculties include the basic capacities for trust, autonomy, initiative, competence, identity, and intimacy. Just as these capabilities are originally formed in relationships with other people, they must be reformed in such relationships. (p. 133)

Relationships with children are rarely, if ever, discussed in the literature as ones that can be beneficial or healing. However, the mothers in this study specifically noted how it was their relationships with their children that helped them develop a sense of trust, autonomy, initiative, competence, identity, and intimacy that they had previously not attained. They first developed these basic capacities in the relationships with their children, and then they were able to start to apply them to other relationships.

In part it is likely that the mother-child relationships had such a significant impact on the women in this study because they pushed themselves to improve their relationships with their children. They were compelled by their desire to do best for their children, which required maintaining and deepening their relationships with them. Other relationships, such as marital relationships, also have the potential to lead to the strengthening of attachment models; however, most of the participants in the current study, congruent with what has been found in the research literature, struggled with maintaining marital partnerships (Cherlin, Burton, Hurt & Purvin, 2004) and emotional intimacy (Rumstein-McKean & Hunsley, 2001).

In fitting with Bowlby's (1969; 1988) proposal that attachment orientations can change in response to emotionally significant life events, the mothers in the present study discovered a sense of felt security within their relationships with their children. This sense of security developed and grew as they protected and cared for them. It appears that, in fact, the women were providing a secure base for both their children and themselves, as they benefitted from the care they gave their children. Bowlby (1988) noted that the birth of a child could trigger attachment-related memories and models, making them immediately available for reevaluation. It appears that the women's consistent and loving presence for their children helped them reevaluate their own models and alter them to ones where they felt a greater sense of safety and stability, as they knew they could provide for themselves.

Ultimately it appears that the participants altered their attachment models through their relationships with their children, both through what their children provided for them, as well as what they provided their children. This offers a new view of the types of relationships that have the potential for shifting attachment models and an alternative for how the accommodation of the models can take place. Although some previous research has noted that survivors' relationships with their kids can be an important part of recovery (Banyard & Williams, 2007), more typically the focus is on the benefits of supportive adult relationships (Glaister & Abel, 2001), and the benefits to personal sense of security that mothers can gain from nurturing their children has not been noted previously.

The Influence of Other Contexts

The exploration of the negative case in this study provided an alternative view of motherhood, one where the new context and relationships were not contributors to the trauma-recovery process. In this case, it appears that motherhood was not the catalyst for growth and healing potentially because of the ongoing abusiveness and negativity that Butterfly was experiencing in her marriage. The context of her marriage overrode her opportunities to experience the beneficial influences of motherhood. Instead she perceived the same experiences as evidence of her inadequacy, and the sense of vulnerability that came with motherhood was overly destabilizing. Others have found that a survivor's perceived incompetence in parenting can critically influence her ability to bond with her children and her overall satisfaction as a parent (Schuetze & Das Eiden, 2005). Additionally, romantic partnerships can have a profound influence

on the recovery process in general (Schwerdtfeger & Wampler, 2009), and, specifically, partner support can increase the mother's bond with her child (Seltmann & Wright, 2012).

The participants who noted that they did not have supportive partners at the time of their first child's birth failed to actively pursue healing work at that time. They struggled with the symptoms of the resurfacing traumatic material, but they were not able to address them directly. This is not surprising given that the demands of a baby are great and the transition to motherhood can be, in and of itself, overwhelming (Baraitser, 2006). In order to take on the additional task of recovery at this time would require support from others. Congruently, the importance of supportive relationships to the recovery process has been noted repeatedly through the sexual abuse recovery literature (Glaister & Abel, 2001; Wright, Fopma-Loy & Fisher, 2005).

Despite the differences that were illustrated through the negative case, she too was able to recover from her childhood sexual abuse and find contentment and peace like the other mothers. Her recovery also took place within the context of important relationships, such as with her therapist, and with the aid of experiences that increased her self-worth, such as at work. While similar elements of recovery were consistent in her process as with the other participants, they took place within different relationships and different contexts. Her experiences are a reminder that mothering is neither a unitary experience nor is it experienced in a similar way by all women (McMahon, 1995).

None of the participants in this study recovered in isolation, and their experiences of motherhood were not a healing panacea. For the participants other than Butterfly, their healing was framed by the context of motherhood, as it provided them with purpose and a sense of commitment to the difficult healing process. For most of the women, including Butterfly, therapy was also noted to be a particularly important element of processing their experiences once they were triggered. Family, partner, and therapeutic relationships are each an important aspect of the context for survivors both as they engage in recovery and as they raise children.

Clinical Implications

Many survivors' recovery processes are, in part, facilitated by psychotherapy, as is illustrated in this present study, where therapy was an important part of the participants' processing and journey to wellbeing. The benefit of a supportive relational experience within therapy in which survivors can gain a different understanding of the abuse and of themselves has been noted previously (Harvey et al., 2000), as has the powerful role psychotherapy can play in the resilient functioning among adult survivors (Bogar & Hulse-Killacky, 2006). The results from this study indicate that motherhood can be a resource to be used in therapy, and it is important enough to warrant being a topic discussed with most survivors who are mothers. With some survivors, it may be beneficial to use it throughout the therapy as a resource, reference, and compass guiding the recovery work.

Other research has noted that survivors in therapy are rarely asked about their experiences of motherhood (Wright, Fopma-Loy and Oberle, 2012); yet, given its potentially powerful role in influencing recovery, motherhood should be explored as a potentially relevant topic and resource. Also, given how recovery can also impact parenting, it may be important to focus on helping survivors balance both during particularly difficult times. In addition to the need for further research on this topic, it would be beneficial for psychotherapists to be familiar with the research that there is, and for them to communicate that which is common or expected to their survivor-mother clients. For example, survivors may benefit from being warned that they could struggle significantly around the time when their child is the same age that they were when the abuse took place, but that these times can also be productive for furthering their recovery. This type of anticipatory guidance could allow them to prepare for future struggles, as well as immediately understand what is happening if they do have that experience.

In considering the experiences captured in the present study, it follows that psychotherapists and health professionals should regard pregnancy and early parenthood as potentially critical phases for healing and growth for survivors, as well as times of potential increased distress. Beyond the more common diagnoses of post-partum depression or anxiety, the potential for post-traumatic stress symptoms resurfacing should be considered. Without acknowledging and addressing these experiences as trauma-related, the appropriate interventions and treatments cannot be completed or may be overlooked. In addition, simply identifying and labelling these symptoms accurately can be a relief to survivors

who may be confused regarding the intensity and nature of what they are experiencing.

This study specifically highlights the potential for taking advantage of "opening up" opportunities (Rutter, 2006) within the lifespan to further recovery and resilience. For the participants, having children and being triggered to their pasts were opening up opportunities, where the traumatic material became available in some form and could be addressed. This supports the well-established Emotional Processing Theory (Foa et al., 2006), and suggests that in therapy, memories, emotions, and/or bodily sensations related to the trauma may need to be accessed directly in order to process them. It appears that there is significant potential for change and healing when this traumatic material is accessed, and it is by accessing the memories of the abuse within a new context and with new information that allows survivors to shift their understandings of what happened and how they understood it.

The benefits that the participants gained from the understandings that motherhood gave them about children and abuse provide further reasoning why psychotherapists should use information about children when working with adult survivors. Specifically, as mothers interact with their vulnerable children, it is easy for them to comprehend how children are innocent in abuse situations. These types of comparisons with their children can allow survivors to relinquish the self-blame that they had about the abuse. This supports what has been found in previous research. Cody and Woolley (1997), in their study of psychotherapists who commonly work with survivors of sexual abuse, found that

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these therapists emphasized the benefits for clients of seeing themselves as a child in context. Acknowledging that they were small children at the time of the abuse leads to experiential learning and new meanings. By simultaneously connecting to the needs and views of a child but maintaining an adult perspective as well, survivors can achieve both a catharsis of the feelings that were present as they were children and a shifting of the damaging meanings that were constructed about the abuse.

Cody and Wooley (1997) do not reserve these techniques for mothers; in fact, all survivors could benefit from gaining a child's perspective. They noted that some particular therapeutic techniques were found by their participants to allow them to have their adult-selves comfort their child-selves: one benefitted from hypnosis and the other from body-focused psychotherapy. These techniques aided them in overcoming their detachment from feelings, and provided the dual perspective so that they could comfort themselves. This is not unlike how the participants in the present study benefitted themselves from nurturing and comforting their children. Reinforcing this type of behaviour may be another way for survivors to nurture their child-selves.

In addition to, and alongside, trauma-focused interventions, there are specific ways that motherhood can be used in therapy to facilitate the healing process. Firstly, some focus on parenthood in therapy could be a way to give attention to aspects of survivors' lives that are not saturated by trauma (Hutchinson & Lema, 2009). Highlighting the mother's strengths and positive emotions can be a way to emphasize the aspects of her new context and new

identity that can increase her sense of self-worth. While addressing and acknowledging the additional difficulties that survivors may face as parents may be important (Hall & Lloyd, 1993; Oz & Ogiers, 2006), overcoming these difficulties should be marked as a significant success.

The potential increase in self-worth that can come from positive mothering experiences suggests that a focus on parenting skills and setting survivors up to be successful parents may be relevant for some survivors' therapy. This may include assuring that clients have adequate personal support and community resources so that they are better able to balance motherhood and recovery; encouragement or permission from a therapist to have breaks from childcare so that they can focus more on themselves sometimes could help survivors maintain balance. Survivor-mothers may also benefit from improving their emotion-regulation and coping skills in therapy, as parenthood will require them to maintain stability and some normalcy throughout the healing process. Therapists should focus on providing clients with skills for tolerating and coping with overwhelming emotions and trauma triggers, without losing connection with their children. This study highlights that it is important for survivors to feel successful and effective with their children, as has been supported by previous research (Wright, Fopma-Loy & Oberle, 2012), and thus focusing on increasing their abilities to do so is worthwhile in therapy.

Similarly, the potential benefits for both the child and the survivor-mother of a strong attachment relationship between them calls for focusing on facilitating this relationship in therapy. For example, this could be done by helping survivors

remove contextual or psychological barriers to developing strong attachments, or through parent-child therapy to directly improve the relationship they share. This could also include doing couples' therapy with parents, so that a relationship is fostered where the partner is supportive in ways that increase the attachment bonds in the family. By furthering the development of trust and intimacy between survivors and their children, therapy can then focus on how to extend these relationship skills to other relationships.

Given how the sense of purpose the participants gained from being mothers guided their behaviours and ultimately their recovery processes, the sense of purpose could also be used within therapy as a compass. If survivors have a new-found sense of purpose in becoming mothers, this can be explored in therapy to develop recovery and therapeutic goals, as well as to guide survivors through difficult times. With a guiding purpose of doing the best possible for their children, survivors may be able to stay the course with difficult decisions and processes, such as abandoning potentially damaging coping mechanisms or ending unhealthy relationships. Therapists can utilize their client's sense of purpose to stabilize them through these difficult processes.

In addition to using the beneficial and facilitative aspects of motherhood within therapy with survivors, it is important for psychologists to be aware of and acknowledge the difficulties as well. In particular, the participants' experiences in this study illustrated the struggle that comes with balancing both recovery and motherhood simultaneously. This study illustrated how in both motherhood and recovery there is often the coexistence of two opposed experiences. For example,

the women found themselves simultaneously working to create a better life for a child and feeling jealous of the better life the child enjoys, as well as concurrently experiencing post-traumatic symptoms and stress with growth and healing. These dichotomies can be used in therapy, as the positive experiences can be built on and leveraged to work through the negative ones.

Yet, given the enormity and severity of the impact of childhood sexual abuse, it is an issue that requires intervention beyond the individual level. A large task force on the influence of childhood violence concluded that the mental health professions should work to develop and promote "wellness infrastructure within communities" (Sharfstein, 2006, p. 20). The role of context and additional support highlighted in this study in facilitating or negating the healing opportunities in motherhood suggests that increased support for survivors who are mothers could be beneficial to both mothers and their children. Intervention and support during pregnancy and early parenthood could ensure that survivors who are triggered by their experiences are more able to process the past and move forward, minimizing the symptoms and detrimental effects. This calls for additional screening of, and resources for, new mothers who could benefit from additional support.

Research Considerations

While steps were taken to design a study that would best explore this topic, there are inherent limitations to each method and all studies. This exploratory study was an in-depth examination of a particular phenomenon as experienced by these participants. Thus, it may or may not generalize to other

individuals or circumstances. Extensive background information and detail for each participant was provided in order to give a context for readers to determine the extent to which these findings can be applied to their context (Merriam, 2002).

The women who self-selected to participate in this study were all recruited through counselling agencies. While attempts to recruit participants in other ways were completed, no participants were found. This likely impacts some of the findings, such as the importance of counselling to their recovery processes. It is unknown how this sample may vary from survivor-mothers who did not engage in counselling. For example, it is possible that it resulted in a group of participants who were highly committed to their recovery processes and ongoing growth and well-being, or possibly in a group that was still struggling with some aspects of their lives for which they were seeking support.

With a sample of all Caucasian women, there are many cultural and minority perspectives that are not voiced in this study. Yet, despite there being limited diversity in some respects, the participants were of varying ages, occupations, physical abilities, education levels, and relationship statuses.

Consistent with the Interpretive Qualitative Approach (Merriam 1998, 2002), this study sought to understand the participants' interpretations of their recovery processes and motherhood experiences. Thus the recollected accounts of the women's lives likely results in less depth of detail and some altered memories and interpretations than would be the case if studying participants' experiences as they unfold. However, this methodology provides an important perspective, as there is particular richness that comes from being able to look back on their

recovery processes from a place of wellbeing. In this way, how the survivors

make sense of their entire recovery process could be considered (Merriam, 2002).

The retrospective examination of motherhood likely also resulted in less

detail and in-depth exploration of physical aspects of motherhood that may be

particularly relevant to survivors and recovery, such as pregnancy, birth, and

breastfeeding. These physical aspects of motherhood are less present as children

are grown, and remembering these experiences may be difficult, unless they were

particularly impactful or had significant meaning. In this study even the

participants with younger children rarely discussed these physical aspects.

However, they may have been specifically implicated in some of the experiences

of resurfacing of traumatic material that all the women experienced.

Considerations for Future Research

Research on the sexual abuse recovery process continues to be important,

and given the potential benefit that survivors can glean from parenthood, further

study in this specific area is warranted. Certainly other qualitative explorations

with a diversity of participants, including males and females and varying cultural

backgrounds, would be valuable to add to the voices of the survivors in this study.

In addition, research with participants who are currently experiencing the

transition to motherhood, before and shortly after the birth of the first child, would

be valuable to gain more information about that particular time. This type of

research could help ascertain what may be specifically helpful in providing

facilitative support to survivor-mothers as the trauma resurfaces. It could also

illuminate some of the subtleties of how early motherhood intersects with

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recovery, such as what specifically leads to the trauma symptoms exacerbating and the doors to the past opening. Another important aspect to consider in this research may be the birth and early development of the first female child, given that most of the participants were more triggered by their female children.

Research with a focus specifically on pregnancy, birth, and early postpartum experiences and how they impact recovery for survivors may also be important for gaining a deeper understanding of the experiences of survivor-mothers, and how they can best be supported. Furthermore, research on types of support and interventions with survivor-mothers throughout recovery, but particularly during the transition to motherhood, would be of great benefit in determining the best ways to support the recovery process.

Conclusion

This study explored the question: how does the experience of motherhood contribute to the growth and recovery processes of female adult survivors of child sexual abuse. The results from this study presented four overarching themes that encompass five of the participants' experiences of motherhood that contributed to their recovery processes, including that motherhood: (1) exposes unhealed wounds, (2) is empowering, (3) provides opportunities for developmental repair, and (4) increases one's sense of value. In this discussion chapter, the results were furthered by considering how these experiences of motherhood influenced recovery, as well as how they relate to the research literature. Specifically, the potentially facilitative ways that motherhood (1) triggers the past, (2) provides a new context, (3) transforms personal identity, and (4) provides a new attachment

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relationship were each discussed. Through this exploration the potential for motherhood to be a potentially fruitful contributor to survivors' recovery processes was demonstrated, and through the comparison with a negative case the importance of a supporting context outside of motherhood was also noted.

The participants in this study describe and exhibit remarkable resilience and recovery from childhood sexual abuse, as well as other forms of both childhood and adult maltreatment and abuse. After consciously and actively addressing their past traumas, they have all achieved success and well-being in some or most aspects of their lives. This place of well-being is not without any difficulty or pain, and it all came after many years of suffering with serious after-effects from the sexual abuse and years of actively struggling with the recovery process. Their experiences illustrate, what other researchers have found previously (Hall, et al., 2009), that healing from childhood sexual abuse is in fact a life-long process. Their journeys as mothers and survivors provide examples of how having children can contribute to what has been referred to as the spiral of recovery, where recovery takes place through "a repeated transversing of the issues, layer by layer, piece by piece, sorting and resorting, until the toxicity of the abusive experiences has been released" (Barringer, 1992, p. 15). This study provides examples of how for some survivors having children can facilitate the types of processing, reconsideration, and restructuring that is essential in recovery.

While actively recovering, the women illustrated how resilience and impairment co-exist through the process. Through debilitating symptoms and

struggles, their recovery processes were propelled by their determination and personal agency. Both recovery and motherhood can be filled with positives and negatives; they can both foster growth and change, as well as being saturated with struggle and overwhelming experiences (Baraitser, 2006). Unquestionably they will both influence each other, and given the potential for motherhood to have a positive impact on recovery, it is clear that this relationship is one that should be considered further by researchers and clinicians.

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UNIVERSITY OF ALBERTA
Faculty of Graduate Studies
Department of Educational Psychology

Consent Form

Project Title: Experiences in motherhood that furthered the recovery processes of adult survivors of child sexual abuse.

Principle Researcher: Tatiana LoVerso
Research Supervisor: Dr. Robin Everall
This study is for completion of the principle researcher's Doctorate of Counselling Psychology.

Thank you for your interest in participating in this study. The purpose of this research is to explore the experiences in motherhood that contribute to recovery processes of female adult survivors of child sexual abuse. This information could benefit other survivors, as well as counsellors and other helping professionals providing support services to survivors of childhood sexual abuse.

A description of your participation in this study and the precautions that will be taken to protect your privacy are described below.

My participation in this study will involve the following:

1. I will be given an explanation of the study and be provided with an opportunity to discuss any questions or concerns that I may have.

2. I will participate in one or two interviews that will be audio-recorded and transcribed. The interviews will be held at the University of Alberta, Education Clinic and will be approximately one and a half hours in duration. The style of the interview will be conversational and the topic will be on my experiences of motherhood that have contributed to my recovery from child sexual abuse.

3. After each interview, transcripts of the interview, or a summary of the transcript, will be given to me for review in order to verify the accuracy of the transcript. Any portions of the transcript that I do not want included will be removed. In addition, preliminary findings will also be shared with me for my review and I will be invited to provide feedback on these findings.

4. I am aware that this research will provide new knowledge about the experiences of mothers who are adult survivors of child sexual abuse. While it is not anticipated that I will experience distress, some people find discussing topics related to their sexual abuse difficult. If I become distressed, I will be provided with referrals to low or no cost counselling agencies in my community.

5. I will be given a copy of the final research report.

My privacy will be maintained in this study by the following procedures:

6. All of my information that is collected (for example transcripts and recordings of my interviews) will be labelled so that my name is not associated with them. In addition, all of the recordings, transcriptions, and research documents from the study will be secured in a locked filing cabinet for five years following the completion of the research project. After this time they will be destroyed. This is all done to ensure my privacy, confidentiality, and anonymity.

7. Any research personnel, such as a transcriber, that may be involved in the study will sign a confidentiality agreement and will comply with the University of Alberta Standards for the Protection of Human Research Participants. http://www.uofaweb.ualberta.ca/gfcpolicymanual/policymanualsection66. cfm

8. The findings from this study will be compiled into a thesis, as well as they may be presented at conferences and reported in academic journals. However, none of my identifying information, including my name or identifying characteristics, will be used in any presentations or publications of the results.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

My participation in this study is completely voluntary, and I am free to withdraw my participation at any time. I have the right to opt out of this study without prejudice, and any of my collected data will not be included in the study.

Having read and understood all of the above, I _____
agree to participate freely and voluntarily in this study.

_____   _____
Signature of Participant   Date

_____   _____
Signature of Researcher as Witness   Date

Two copies of this consent form will be provided. One is to be kept by you for your records, and the other is to be returned to the researcher.

If you have any questions or concerns about this research, please contact:

Principle Researcher:	**Supervising Researcher:**
Tatiana LoVerso	Dr. Robin Everall
University of Alberta	University of Alberta
Department of Educational Psychology	Department of Educational Psychology
(780) 433-9171	(780) 492-2389
tloverso@ualberta.ca	robin.everall@ualberta.ca

Thank you for your participation in this study. Please feel free at any time to bring up any questions and/or concerns regarding your participation in this study.

APPENDIX B: REFERRAL OPTIONS

Referral Form

If you are experiencing distress, or need someone to talk to, please consider seeking support at one of the following support agencies. All of these agencies provide no-cost or low-cost counselling.

24-hour crisis line numbers
Sexual Assault Centre of Edmonton – 423-4121
The Support Network's Distress Line – 482-4357

Catholic Social Services
Address: several locations in Edmonton
Phone: 432-1137

Cornerstone Counselling Centre
Address: #302, 10140 117 Street
Phone: 482-6215

Jewish Family Services
Address: #502, 10339 124 Street
Phone: 454-1194

Sexual Assault Centre of Edmonton
Address: #205, 14964 121A Avenue
Phone: 423-4102
Hours: Monday – Thursday 9 a.m. – 5 p.m.
        Friday 9 a.m. – 4 p.m.
24-hour Crisis-line: 423-4121

Student Counselling Services (For U of A students only)
Address: 2-600 Students' Union Building
Phone: 492-5205
Hours: Monday – Friday 8:30 a.m. – 4:30 p.m.

University of Alberta Education Clinic
Address: 1-135 Education North Building
Phone: 492-3746

University of Alberta Sexual Assault Centre (For U of A students only)
Address: 2-705 Students Union Building
Phone: 492-9771
Hours: Monday – Friday 9 a.m. – 9 p.m.
        Saturday & Sunday 1 p.m. – 4 p.m.

APPENDIX C: INFORMATION LETTER

UNIVERSITY OF ALBERTA
Faculty of Graduate Studies
Department of Educational Psychology

Information Letter

Project Title: Experiences in motherhood that furthered the recovery processes of adult survivors of child sexual abuse.

Principle Researcher: Tatiana LoVerso
Research Supervisor: Dr. Robin Everall

To *Research Participant*:

Thank you for your interest in participating in this study. The purpose of this research is to explore the experiences in motherhood that contribute to recovery processes of female adult survivors of child sexual abuse. This information could benefit other survivors, as well as counsellors and other helping professionals providing support services to survivors of childhood sexual abuse. I am doing this research as the dissertation component of my doctorate in Counselling Psychology at the University of Alberta. As I have mentioned earlier, my interest in studying recovery in adult survivors was born out of my six years of work at the University of Alberta Sexual Assault Centre. My hope in conducting this research is that by participating you will gain further insights into your own experiences.

A description of what your participation in this study would entail and the precautions that will be taken to protect your privacy are described below.

If I decide to participate, I understand that:

1. I will be given an explanation of the study and be provided with an opportunity to discuss any questions or concerns that I may have.

2. I will participate in at least one, likely two, interviews that will be audio-recorded and transcribed. The interviews will be held at the University of Alberta, Education Clinic and will be approximately one and a half hours in duration. The style of the interviews will be conversational and the topic will be on my experiences as a mother that have contributed to my recovery from child sexual abuse. If a second interview is not possible or convenient, further contact with the researcher through a telephone or email exchange will be conducted to give my feedback on the findings from the first interview.

3. After each interview, transcripts of the interview will be given to me for review in order to verify the accuracy of the transcript. Any portions of the transcript that I do not want included will be removed. In addition, preliminary findings will also be shared with me for my review and I will be invited to provide feedback on these findings.

4. This research will provide new knowledge about the experiences of mothers who are adult survivors of child sexual abuse. While it is not anticipated that I will experience distress, some people find discussing topics related to their sexual abuse difficult. If I become distressed, I will be provided with referrals to low or no cost counselling agencies in my community.

5. I will be given a copy of the final research report.

6. All of my information that is collected (for example transcripts and audio-recordings of my interviews) will be labelled so that my name is not associated with them. In addition, all of the tapes, transcriptions, and research documents from the study will be secured in a locked filing cabinet for five years following the completion of the research project. After this time they will be destroyed. This is all done to ensure my privacy, confidentiality, and anonymity.

7. Any research personnel, such as a transcriber, that may be involved in the study will sign a confidentiality agreement and will comply with the University of Alberta Standards for the Protection of Human Research Participants. http://www.uofaweb.ualberta.ca/gfcpolicymanual/policymanualsection66.cfm

8. The findings from this study will be compiled into a dissertation, as well as they may be presented at conferences and reported in academic journals. However, none of my identifying information, including my name or identifying characteristics, will be used in any presentations or publications of the results.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

My participation in this study is completely voluntary, and I am free to withdraw my participation at any time. I have the right to opt out of this study without prejudice, and any of my collected data will not be included in the study.

Thank you for considering participation in this study. *If you choose to be involved in this study, please contact me at (780) 433-9171 or email me at tloverso@ualberta.ca to indicate your interest. Also, if you have any questions or would like more information, please contact me or my research supervisor.*

Principle Researcher: **Supervising Researcher:**
Tatiana LoVerso   Dr. Robin Everall
University of Alberta   University of Alberta
Department of Educational Psychology   Department of Educational Psychology
(780) 433-9171   (780) 492-2389
tloverso@ualberta.ca   robin.everall@ualberta.ca

Thank you for considering participating in this study.

Sincerely,

_____
Tatiana LoVerso, M. Ed.

APPENDIX D: RESEARCH CONSULTANT CONFIDENTIALITY AGREEMENT

Research Consultant Confidentiality Agreement

Project Title: Experiences in motherhood that furthered the recovery processes of adult survivors of child sexual abuse.

Principle Researcher: Tatiana LoVerso

Research Supervisor: Dr. Robin Everall

<u>I agree to</u> -

1. keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, digital recordings, transcripts) with anyone other than the researcher, Tatiana LoVerso, or research supervisor, Dr. Robin Everall.

2. keep all research information in any form or format (e.g., disks, digital recordings, transcripts) secure while it is in my possession.

3. return all research information in any form or format (e.g., disks, digital recordings, transcripts) to the researcher, Tatiana LoVerso, or research supervisor, Dr. Robin Everall , when I have completed the research tasks.

4. after consulting with the researcher, Tatiana LoVerso, erase or destroy all research information in any form or format regarding this research project that is not returnable to the researcher, Tatiana LoVerso (e.g., information stored on computer hard drive).

Research consultant:

_____   _____   _____
     (Print Name)   (Signature)
(Date)

Researcher:

_____   _____   _____
     (Print Name)   (Signature)
(Date)

APPENDIX E: FIRST INTERVIEW GUIDE

Interview Guide

NB: These guiding interview questions are intended to be open ended and will be mainly used to elicit participant accounts of experiences as mothers that contributed to their recovery. Follow-up questions will be asked to obtain more detail and allow for personal experiences to be shared fully. The following questions may not necessarily be asked in this order during the interview.

Guiding questions:
- o Please describe the circumstances and context surrounding your childhood sexual abuse experience(s).
    - o When did it happen? What age(s) were you?
    - o Who perpetrated the abuse?

- o How did the experience affect you in the past?
    - o Consider how you were affected as a child, a teenager, and an adult.
        1. School? Relationships? Self-image?

- o Looking back now, please describe your recovery process from your childhood sexual abuse.
    - o Use Harvey's Elements of Recovery if appropriate

- o Please describe your experience(s) that contributed to your recovery from the sexual abuse.
    - o Consider what helped to lessen or heal the affects of the sexual abuse.

- o Please describe where you were in your recovery process before you had children
    - o Consider how you were still affected by the sexual abuse.

- o Please describe how having children impacted your recovery.
    - o Immediately after having first baby
    - o After having small children
    - o After having grown children

- o Please describe your experience(s) as a mother that contributed to your recovery process.
    - o What do you think it was about this experience that furthered your recovery?

- o Please describe specific experiences or instances with your children that impacted how you think or feel about your child sexual abuse.

- o Please describe specific experiences or instances as a mother that impacted how you think or feel about yourself.

- o Please describe specific experiences or instances as a mother that impacted how you think or feel about the perpetrator of your child sexual abuse.

- o What told you that you had furthered in your recovery after these experiences?

o What supports could have / would have helped you further in this process?

o Follow up on emerging themes from other interviews … There are a few things that I want to ask about that came out of the research so far.

o Where do you feel you are now in your recovery process?

o Anything else that you want to share today?

APPENDIX F: PARTICIPANT DEMOGRAPHIC INFORMATION FORM

Participant Information Form

Participant Pseudonym: _____

Today's Date: _____ Date of Birth: _____

Relationship Status
    a. Single
    b. Married/Common-Law
    c. Separated/Divorced
    d. Widowed
    e. Other _____

Number of Children _____

Ages of Children _____

Present Living Situation
    a. On my own
    b. With a partner and/or children
    c. With my parent(s)
    d. With a roommate
    e. Other _____

Highest Level of Education
    a. Partial high school
    b. High school
    c. Partial college or university
    d. Technical school
    e. Undergraduate degree
    f. Partial graduate school
    g. Graduate degree
    h. Other _____

Employment Status:
    a. Not employed
    b. Part-time employment
    c. Full-time employment
    d. Full-time student
    e. Other _____

Occupation _____

Ethnic/Cultural Background _____

Religion _____

APPENDIX G: SECOND INTERVIEW GUIDE

Interview Guide: Second Interview

Update
- Have written stories
- Have completed first round of analysis
- Will present it all to you today, for your feedback
- This process is collaborative, and I want more than anything for it to be representative of your experience, please feel free to make edits
- Then I will make these changes, and continue with writing

Story
- Wrote a background on each woman's experiences
- Tried to stay as close as possible as how you described it in your interview
- Please keep in mind both (1) did I get this right? (2) is there anything you want changed to make it more anonymous?
- Keep in mind it can be difficult to see in print / hear your story told by someone else

Presenting Constructed Themes on the Influence of Motherhood on Recovery from Childhood Sexual Abuse
- To analyze the information that you all provided in your interviews, I coded each individual idea, and then I considered how these codes fit together (cutting across all the women's stories)
- Came to 4 major themes, each with several subthemes, that encompass how being a mother has contributed to the recovery processes
- I will go over all the themes, and you can stop me to comment, add, disagree, give examples, etc. We are trying to flesh out this information even more

The Influence of Motherhood on Recovery from Childhood Sexual Abuse

1 – Motherhood Exposes Unhealed Wounds / Opens a Door to the Past / Brings Down Protective Defences / Triggers
- After trauma, many cope by repressing, denying, forgetting, distancing, avoiding, and creating defences.
- For some of the participants, it was becoming a mother that began the triggering, resurfacing, opening the door to the past.

- *Resurfacing* – sometime after having child, found themselves overwhelmed by strong emotions and reactions (crying, chest pains, anxiety, depression, etc.) that were related to the abuse (but did not initially know it was related to the abuse)
    - It was as though a door opened, and they had to go inside to explore what it was that was coming up.

- *Triggering* – As their children grew, the mothers found that they were triggered by their children's developmental stages.
    - When the child was the same age as they were when the abuse began, many of the women were reminded of themselves at those ages and relived those abuse memories.

- *Challenges Defences* – Many survivors develop defences to protect them from feeling the intense emotions associated with the abuse. Motherhood particularly can challenge some of these defences.

2 – *Motherhood is Empowering / Increases Sense of Agency / Increases Agency for Self-Betterment*
- After trauma many survivors feel disempowered. They may feel helpless to make things different or control their lives. Having children empowered them to exert some control over what happens to them and their children.

- *Increases Agency to Make Things Better for Child & Self* – Being able to create new opportunities with a child and make different choices for her/him added to the mothers' senses of agency. Motivated by making things better for the children, they took the reins and began striving for health and growth. Their children provided them with purpose. This purpose was empowering. It resulted in action.

- *Made Things Different for Child / Protected Child* – The women were empowered by the fact that they worked hard to protect their own children from sexual abuse, and that they succeeded. They set limits their perpetrators that they previously could not set for themselves, they protected their children in ways they weren't, they preserved their children's youth.

3 – *Motherhood Provides Opportunities for Developmental Repair / Corrective Experiences*
- When children are sexually abused, they undoubtedly develop misattributions, misunderstandings, and have a limited perspective/understanding of their trauma based on their developmental stage. Motherhood provides opportunities to re-examine those developmental stages, as an adult and through the eyes of your children.

- *Recognizing the Responsibility of Adults* – Being a parent taught the women the responsibility of the perpetrator. Being a parent makes their own parents actions or inactions inexcusable. They all saw that children are not to blame.

- *Recognizing Who I Was When I Was Abused* – Children provide a reference for age appropriate development. Recognizing children's innocence. Recognizing children's limitations. Recognizing their own resilience they had as children.

- *Nurturing Child Vicariously Nurtured Mother* – As they learned to parent their children, some of them noted that they learned to re-parent themselves. They feel as though they grew up more with their children, getting the nurturing from themselves that they missed as children.

- *Witnessing How it Should Have Been At Every Stage* – As the women made their children's lives different, they witnessed how childhood should be without abuse present in it. As they celebrated their successes with making it different for their children, they also grieved what they did not have as a child. They grieved un-grieved losses.

4 – Motherhood Increases One's Sense of Self-Worth / Sense of Value
- Abuse in childhood leads survivors to struggle with a sense of low self-worth. For some of them, being a mother was the first time that they felt worthy and worthwhile. For all of them, motherhood has been able to contribute to their sense of value.

- *Gaining self-worth/value because of what I was able to provide my child*

- *Gaining self-worth/value because my child is thriving (pride)*

- *Gaining self-worth/value because my children love me*

- *Gaining self-worth/value by being part of the community of mothers*

Balancing Motherhood and Recovery
- Balancing motherhood and recovery was difficult for all the women. They found that it involved a tension between two dichotomies: being a mother made healing more possible, but also more difficult.

APPENDIX H: EXAMPLE OF ANALYSIS MEMO

MEMO
April 15, 2011

Reading through the codes and quotes sorted yesterday, examining some of the potential developing themes:

TRANSFORMATION
- There are elements of both (1) motherhood changes you as a person (e.g., softens you). I wonder how the participants would each respond to "how has motherhood changed you as a person? (2) motherhood is a call to transform (an opportunity to begin to examine, heal, grow).
- I wonder if the code: motherhood is a call to transform is more related to opportunity … there is something about these quotes that indicates for the women that there was some initial transformation, but overall, it was a call (opportunity) to transform that they took. It was a conscious decision at a certain point.

CREATES NEW OPPORTUNITIES
- There are elements of both (1) motherhood creates new opportunities to experience things you wouldn't have and (2) motherhood is a second chance (to make things different than it was for you and to rework issues that have developed)

MADE IT DIFFERENT FOR THE CHILD
- Protecting Child From SA: protecting the child from the perp before even acknowledging own abuse (know what's right for child), there is the "great need" to protect child and keep safe (all fiercely protective) – second chance (I will make sure it is different for my kid), protecting child as I wasn't protected, concerns about kids being hurt by adults (worries at school, not getting into partnerships), protecting child and setting boundaries (and healing) with perp because felt put child in danger
- Preserved Child's Youth: there is an element of making it different for the child (unlike own experience)
- Created a Different Experience for Child: Participants discuss how they consciously made things different for their kids than they had (a second chance) ("I am going to give them what I didn't get"), how they benefit (gain self-worth) seeing that they have made things different (Linda: nothing you can do about your abuse, but can make sure nothing happens to kids. "and that helps to soothe the heartache a bit") – as an extension of ourselves, our children's successes can be our own.
- Healing Through Making Things Different for Child: is this different than the code Healing motivated by desire to do best for child? In reading through I have decided to merge these codes, and to name it Healing motivated by desire to do best for child (the only thing it misses is Rose's quote about how I can provide something different for daughter and that is healing). – that puts it under INSPIRES (which seems right, because it is

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more a themes of inspiring recovery actions rather than having already made it different – it is more about how they *wanted* to make things different for their kids)

- Wants to Prevent Suffering In Others: two quotes by Linda in how she wants to serve others in order to prevent their suffering (to compensate for her own). Primarily, this relates to her children. Is this its own code … or is it part of Created Different Experience for Children? I will merge it with that one, because the essential element of this code was that Linda was different with her children. Transforming her experience into a need to take care and make it different for her kids.
- What's Good for Mom is Good for Child: This code is cross-coded with others that fit the quotes better. I have decided to delete this code (in part, it didn't fit with this category very well), and also, these quotes speak more to Negotiating Mother's and Child's needs (and while the conclusion is what's good for mom is good for child, it is not a separate code).

GIVES NEW PERSPECTIVE/TEACHES

- Comparing Differences Between Childhood & Child's Life: In reading the quotes in this code, I decided that they were all better represented by the other codes they held than this one. This doesn't need to be a separate code. They all had outcomes from comparing the differences between their lives and their children's, and so I am coding based on the outcomes instead. DELETE.
- Grieving what I didn't have as a Child: In reading through the quotes in this code, it seems that these are somehow under the Children Provide Reference for Age Appropriate Development (maybe renamed somehow). Because the grief comes from seeing what they should have had, seeing how they were robbed.
- Motherhood Changes Your Perspective: In reading the quotes in this code, I decided that they were all better represented by the other codes they held than this one. This doesn't need to be a separate code. DELETE.
- Recognizing Children's Innocence: These are all very related to the Children Provide Reference for Age Appropriate Development. One of the outcomes is seeing how innocent children are, and then realizing that they too must have been innocent
- Recognizing Children's Limitations: These are also all related and similar to those above. I need to consider how these all break down. CONSIDER FURTHER.
- Relationship of Child and Father Shows What That Should Have Been: This is only by one participant, but it is distinct. Does this fit another category? Or is it its own code? CONSIDER FURTHER.