A Qualitative Study of Mothering as a Survivor of Childhood Sexual Abuse: Making the Journey on an Unpredictable Sea

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by

Katherine M. Sebastian

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ABSTRACT

Childhood sexual abuse has not only short-term consequences but may also give rise to effects that extend into adulthood, influencing all aspects of an individual’s life. An aspect of life that is most critically affected is parenting. In this study, the role of mothering as a survivor is explored using qualitative techniques of content analysis and grounded theory, and a theory of the process of mothering as a survivor of childhood sexual abuse (CSA) is developed, utilizing data from questionnaires and phone interviews with CSA survivor mothers. The theory formed, entitled, “Making the Journey on an Unpredictable Sea,” is indicative of the experiences and challenges of CSA survivor mothers. A deeper understanding of the process of mothering as a CSA survivor may aid therapists in their work with mothers who have been victims of childhood sexual abuse.
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by Katherine Marjorie Sebastian

Approved by:
Margaret O’Dougherty Wright, Ph.D., Advisor
Joan Fopma-Loy, D.N.S., Reader
Terry Perlin, Ph.D., Reader

Accepted by:
Jason Lanter, M.A.
University Honors and Scholars Program
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Introduction: Part I

The body of research on the long-term effects of childhood sexual abuse has grown immensely in the last twenty years. Studies have examined the relationship between a history of CSA and later depression (Buist, 1998; Liem & Boudewyn, 1999; Zuravin & Fontanella, 1999), coping strategies (Greenwald, & Cado, 1992; DiPalma, 1994; Leitenberg, Morrow & Smith, 1995; Sigmon, Greene, Rohan, & Nichols, 1996; Perrot, Morris, Martin, & Romans, 1998; Futa, Nash, Hansen, & Garbin, 2003;), meaning making (Silver, Boon, & Stones, 1983; Harvey, Mishler, Koenen, & Harney, 2000), benefit finding (McMillen, Zuravin, & Rideout, 1995), attachment (Styron & Janoff-Bulman, 1997; Muller & Lemieux, 2000), marital satisfaction (Rumstein-McKean & Hunsley, 2001), and interpersonal functioning (Liem, O’Toole, James, 1996; DiLillo, 2001; Rumstein-McKean & Hunsley, 2001).

More recently, studies have begun to examine issues surrounding parenting among survivors of childhood sexual abuse. Studies have focused on: parenting behaviors and functioning (Cole, Woogler, Power, & Smith, 1992; Cohen, 1995; Banyard, 1997; Zuravin & Fontanella, 1999; Ruscio, 2001), anxieties concerning intimate parenting (Douglas, 2000), parenting difficulties, survivors’ perceptions of her own parents (Cole & Woogler, 1989; Gara, Rosenberg, & Herzog, 1996), protection of children (Kreklewetz & Piotrowski, 1998), and multigenerational sexual abuse (Kaufman & Zigler, 1987; Baker, 2001). It’s important to note that many of these studies examine parenting experiences of women who were both sexually and physically abused in
childhood; these two types of abuse often occur concurrently, and therefore one must keep this in mind when examining studies’ findings.

*Parenting behaviors and functioning*

One of the most recent studies on CSA survivors’ experiences of parenting is a 2001 study by Ruscio. In this investigation, 45 clinical outpatient women’s child-rearing experiences (35 with a history of sexual abuse, and 10 without an abuse history but who grew up in alcoholic families) were compared to a community sample of 717 non-abused mothers. Baumrind’s typology of authoritarian, authoritative, and permissive parenting styles was used to assess the mothers’ parenting practices via self-report questionnaires. Ruscio found that the sexually abused mothers and mothers who were children of alcoholics both had significantly higher rates of permissive parenting than the community sample. Those mothers who had experienced penetration sexual abuse had significantly lower rates of authoritarian parenting than the control group. In general, there was a negative association between sexual abuse and authoritarian parenting. Also, sexual abuse severity was associated with diminished social support satisfaction, and social support satisfaction was positively related to authoritative parenting. Ruscio (2001) concludes from these findings that “sexually abused mothers may find it difficult to provide their children with the structure, guidance, clear behavioral expectations, and consistent discipline,” and that “survivors may make fewer age-appropriate maturity demands on their children than other mothers” (Ruscio, 2001, p. 381). In addition, survivors “may employ permissive practices because they lack confidence in their abilities to set limits on children’s behavior or because they believe that children should be autonomous…from an early age” (Ruscio, 2001, p. 381). Cole and Woogler (1989),
in their study of 40 mothers who were incest survivors, reported findings that echoed Ruscio’s (2001) conclusions: incest survivors promoted premature autonomy in their children.

A lack of confidence in parenting as discussed in Ruscio’s (2001) study comes out as a finding in Cole, Woogler, Power, and Smith’s 1992 study. Cole et al.’s sample consisted of 84 mothers of children 2-14 years old; 20 of these women had fathers who were incestuous and alcoholic, 25 had fathers who were alcoholic only, and 39 had fathers with no known problems. Only 5 women reported being sexually abused by a father who was not an alcoholic. Participants completed questionnaires and a workshop. Cole et al. found that mothers who were victims of incest as children reported feeling less confident and less emotionally controlled as parents than the non-risk mothers. Mothers whose fathers were alcoholics experienced less parenting distress than the incest group, but more than the non-risk group. Incest victims, according to these findings, often lack the consistency, organization, knowledge, emotional energy, and control to promote autonomy in their children. Additionally, incest victims reported that their families of origin were not very cohesive, which predicted difficulties in the parental partnership.

A 1997 study by Banyard examined 518 low-income mothers found that those mothers who were survivors of CSA displayed more negative views of themselves as parents, as well as used more physical punishment strategies with their children (even after controlling for other negative family-of-origin experiences). DiLillo, Tremblay, & Peterson (2000) reported findings similar to Banyard’s (1989). In their study of low SES mothers sexually abused in childhood, DiLillo et al. found that these mothers were more likely than nonabused mothers to physically abuse their own children, even after
controlling for mothers’ childhood experience of physical abuse. Zuravin and Fontanella (1999), however, in their study of 516 low-income mothers, reported findings that failed to replicate Banyard’s (1997) findings. They found that CSA survivors’ negative parenting outcomes could be completely accounted for by growing up experiences other than childhood sexual abuse, namely being physically neglected during childhood.

CSA survivors also may struggle with intimate parenting tasks, such as diapering and bathing children. Tasks such as these may provoke anxiety in these mothers, as the situations may remind them of their abuse. Douglas (2000), in her study of 34 CSA survivors and 29 non-abused women, found, “Mothers with a history of sexual abuse were significantly more anxious about intimate aspects of parenting than the comparison group” (Douglas, 2000, p. 425). They were also found to be more stressed as parents than the control group.

Impact of family-of-origin on parenting

The CSA survivor’s family-of-origin may have a significant impact on the survivor’s parenting. The quality of the survivor’s relationship with her family-of-origin may vary, according to her abuse experiences. Survivors of physical abuse, as well as survivors of sexual abuse, may feel the effects from their families-of-origin.

In Gara, Rosenberg, and Herzog’s (1996) study of 55 physically abused mothers and 46 non-abused mothers, it was found that the abused mothers disidentified with the mother she remembered from her childhood (regardless if the abuser was her mother or her father). In addition, the abused mothers differentiated the mother they remembered from childhood from their current mother. A possible explanation for this could be that mothers want to distance themselves from their childhood abuse, which may mean
distancing themselves from their childhoods and their childhood mothers in order to function well in adulthood and maintain a positive relationship with their mothers.

Carson, Gertz, Donaldson, and Wonderlich conducted a 1990 study, in which 40 women incest survivors completed questionnaires and scales assessing family-of-origin and family-of-procreation characteristics and relationships. Findings showed that the majority of women characterized their current relationships with their families-of-origin by having “greater fusion, triangulation, and intimidation, and less intimacy, individualism, and personal authority than the normed group” (Carson et al, 1990, p. 166). By virtue of this, women’s’ relationships with their nuclear families were found to be higher in triangulation and lower in intimacy than the non-abused group. Women with children also perceived their own families to be disengaged, not emotionally close, and not cohesive. Carson et al. explained that this trend was probably due to lack of trust that the women acquired in their families-of-origin. Carson et al. also concluded from their findings, “Some incest victims may not provide their children with the skills they need for entrance into adulthood” (Carson et al, 1990, p. 167).

In Cole and Woogler’s 1989 study, 40 mothers with a history of sexual abuse (21 of the women were abused by their fathers; 19 were abused by unrelated men) completed questionnaires that assessed their own and their parents’ parenting behavior in terms of parental acceptance and control. Cole and Woogler found that those women who were incest survivors, in general, perceived their parents more negatively than did those women whose CSA wasn’t incestuous; they tended to view their parents as lacking in parental involvement. Many incest survivors reported that they felt resentful of their “children’s desires and demands for indulgence, and inadequate in providing their
children with the indulgences they themselves never received” (Cole & Woogler, 1989, p. 414). Cole and Woogler also found incest survivors to be less accepting of their children, a finding that the authors attribute to the negative parental models of love and control modeled to the women by their own parents. In addition, it was found that incest survivors may also report feeling inadequate as a parent, and feeling resentment and hostility towards their children; these too may be products of the mothers’ own harsh childhoods. In this group of incest survivors there was no evidence of intergenerational recurrence of incest.

The need to protect

Children of CSA survivors have a higher risk for sexual abuse. Mothers may become abusers, but most likely they will become physical, and not sexual, abusers. These CSA survivor mothers, however, often pair with male spouses or partners who sexually abuse the children. Oates, Tebbutt, Swanston, Lynch, & O’Toole (1998), in their study comparing sexually abused children of mothers who had been sexually abused in childhood to sexually abused children of non-CSA mothers, found that 34% of mothers of sexually abused children reported a history of CSA, compared to only 12% of control mothers. The researchers concluded, therefore, that “having been sexually abused in one’s own childhood may be a risk factor for sexual abuse occurring in the next generation” Oates, Tebbutt, Swanston, Lynch, & O’Toole, 1998, p. 1117).

In other cases, mothers may fail to develop adequate coping protection strategies in order to safeguard their children against abuse. McCloskey & Bailey (2000) found that girls in their sample whose mothers had been sexually abused were 3.6 times more likely to be sexually abused. They offer an interpretation of their findings: “Children’s
risk for sexual abuse is due to the mothers’ failure to protect them” (McCloskey & Bailey, 2000, p. 1033).

In most cases, however, women who were sexually abused as children will want to protect their children from experiencing any form of abuse rather than perpetrate the abuse. According to Kaufman and Zigler’s (1987) estimate, based on findings from several different studies, only about 1/3 of all individuals who were sexually abused, physically abused, or extremely neglected will maltreat their children in one of these ways. Most CSA survivor mothers want to protect their children because they don’t want their children to experience the same type of trauma they experienced in childhood. In Kreklewetz and Piotrowski’s 1998 study, 16 incest survivor mothers (each having at least one daughter age 9-14 years) were interviewed about their parental experiences. Kreklewetz and Piotrowski grouped women’s interview responses into four main themes: protection strategies, supervision issues, monitoring behaviors, and developmental issues. Protection strategies consisted of the mothers making efforts to promote good communication with their daughters and making attempts to safeguard their children against certain types of individuals and situations. Some mothers did not allow their children to have contact with members of the mother’s family who refused to acknowledge the mother’s own past abuse; this elicited feelings of guilt and regret in some mothers. 81% of mothers mentioned that they had experienced periods of time throughout their parenting experience when they had been with physically or emotionally absent from their children; these times usually coincided with mothers’ physical illness, depression, heavy drinking, nervous breakdowns, or loss of functioning. A second theme, supervision issues, focused on mothers’ needs to control their children’s safety
inside their home and how some mothers had concerns about trusting their male partners with their adolescent daughters. *Monitoring behaviors* spoke to the mothers’ fears about their daughters being in high-risk situations and their desires to monitor their daughter’s behaviors to ensure their safety. Finally, *developmental issues* included mothers’ feelings that their children were at greatest risk for sexual abuse either when they were young and physically small and therefore less able to defend and protect themselves from abuse, or when they were older (i.e. adolescent) and therefore more difficult to monitor closely. Overall, mothers in this study were very much concerned about their daughters’ vulnerability to abuse, as well as being untrustworthy of others they felt would pose a threat of abuse to their daughters.

*Intergenerational transmission of abuse and revictimization*

As just discussed, some individuals who were abused in childhood go on to become abusers in adulthood. This occurrence can take place for both survivors of sexual abuse as well as for survivors of physical or psychological abuse. Haapasalo & Aaltonen (1999) compared a group of mothers whose child had been under the supervision of child protective services with a group of mothers who had had no contact with child protective services. The researchers found that, regardless of the group, the mothers’ own abuse experiences predicted child abuse. More specifically, maternal childhood physical abuse predicted child physical abuse, and maternal childhood psychological abuse predicted child psychological abuse. Zuravin, McMillen, Depanfilis, & Risley-Curtiss (1996) found that the more severe the sexual abuse incurred in childhood (i.e. abuse involving intercourse), the more likely the transmission of maltreatment in the second generation. In addition, researchers found that a poorer
quality attachment with one’s caregiver in childhood increased the likelihood of transmission of child maltreatment.

Although some individuals sexually abused as children will go on to maltreat their children, others will go on to experience revictimization of abuse in adulthood. When surveying childhood sexual abuse survivors from the community, research has found that CSA survivors are between 2 and 11 times more likely to experience adult sexual assault than non-victims (Wyatt, Guthrie, & Notgrass, 1992; Fergusson, Horwood, & Lynskey, 1997). Rates are even higher in clinical samples of CSA survivors (Messman-Moore & Long, 2003).

Wyatt, Guthrie, and Notgrass (1992), in their study of a community sample of 248 women, found that of the women who reported occurrences of childhood sexual abuse, 44% experienced either contact or noncontact sexual abuse in adulthood. Fergusson, Horwood, & Lynksey (1997), in their 18-year-long cohort study of 520 women, found that the women reporting CSA had “significantly higher rates of early onset consensual sexual activity, teenage pregnancy, multiple sexual partners, unprotected intercourse, sexually transmitted disease, and sexual assault after the age of 16” (Fergusson, Horwood, & Lynskey, 1997, p. 789).

The majority of CSA survivor sexual assault victims are women. Male CSA survivors are more likely to become perpetrators of sexual abuse in adulthood than be revictimized. Holmes, Offen, & Waller (1997), in their study of male victims of CSA, discuss how “male victims of childhood sexual abuse frequently describe their fears about becoming, or being seen as, potential abusers (Holmes, Offen, & Waller, 1997, p. 78).
Childhood sexual abuse survivors may experience many of the aforementioned experiences and situations. In part of one of this investigation, we will examine how CSA survivors’ experiences in the realm of parental stresses and concerns compare to those found in the aforementioned literature.

Method

Participants

Participants were recruited for the study using multimedia publicity asking adult mothers who had experienced childhood sexual abuse to volunteer to complete an anonymous mail-in questionnaire. Flyers were placed in pediatricians’ offices, grocery stores, laundromats, libraries, bookstores, and other community settings. Announcements also appeared in local newspapers and on several Internet listservs. In response to the recruitment effort, 104 eligible women requested the questionnaire, and 79 returned them, representing a 76% return rate.

The predominantly Caucasian sample (95.9% Caucasian; 2% Black; 2% Hispanic) consisted of mothers who had at least one child under the age of 18 living at home with them. The mothers had an average of 2.20 children ($SD = 1.04$), and the mean age of these children was 10.59 years ($SD = 6.76$). The mothers’ mean age was 38.24 years ($SD = 8.03$; range = 18-58). Socioeconomic status, indexed by the highest level of education and occupation in the family, (Duncan, 1961; Nakao & Treas, 1992) ranged from 15 to 97, with an average of 62.37 ($SD = 21.15$, which corresponds to managerial or administrative occupations in the middle to upper middle class category). Education levels for the mothers were as follows: partial high school (2.5%), high school graduate
(5.1%), partial college (26.6%), college graduate (39.2%), and graduate school (26.6%). 75.9% of the participants were currently married or living with a domestic partner, and 24.1% were divorced.

Procedure

Upon request, participants were mailed and then anonymously returned in a postage-paid envelope a 24-page questionnaire that included demographic questions and questions about their CSA experience; standardized assessment of parenting practices, competencies, and stresses; assessment of various aspects of the parent-child relationship; a depression symptom rating form; an assessment of marital satisfaction; and other open-ended questions specifically designed for the study.

For this specific investigation, a content analysis was performed on women’s responses to the following open-ended question in the questionnaire: “Try to think of an actual problem in parenting that you have experienced within the last six months that you think is related to your experiences of having been sexually abused as a child. If you cannot think of a problem in parenting related to your history of sexual abuse, describe a problem in parenting that is important to you.”

The three researchers in this study read all 79 participants’ answers individually and coded them using key words and sentences to describe the themes in each participant answer. The researchers then met as a group on a weekly basis, and each week discussed the individual codes and worked together to merge common codes and re-name coding categories.
Results

79 mothers’ responses to the above question were transcribed and analyzed. Two mothers did not answer the question, and 18 answered the question but checked that the parenting problem was not related to their experience of CSA. Separate categories for these responses were formed and are included in Table 1. 13 main categories and subcategories (totaling 90 different coded responses) of parenting problems from the remaining mothers who stated that their parenting problems were related to their sexual abuse are included in Table 2. These categories include: Affect Regulation (11 responses); Unavailability (7 responses); Difficulty Empathizing with Child (5 responses); Issues Surrounding Child’s Sexuality and Sexual Behaviors (9 responses); Issues with Physical Intimacy in the Parent/Child Relationship (4 responses); Issues Pertaining to Emotional Intimacy and Closeness (3 responses); Fear of Abuse For Self, Children, or Grandchildren (12 responses); Fear of Self of Family Member Becoming a Perpetrator (6 responses); Protection of Children and Grandchildren From Abuse (6 responses); Abuse Dynamics Cause Problems in Family Relationships (10 responses); Lack of Parental Role Model (4 responses); Struggles with Control and Limit-Setting (9 responses); and Infrequently Mentioned Concerns (3 responses).

Affect Regulation. This category includes the subcategories of anger management, anxiety management, and overreactivity. Responses included: troubles in managing child’s anger as well as managing one’s own anger; difficulties in managing one’s own anxiety; and overreacting to child’s behavior; some of which can be seen in the following participant response:
I had a heated argument with my child about either money or life choices I disagree with. I became enraged and started to scream—totally lost control and couldn’t stand the sight of my son.

Unavailability. This category consists of the following subcategories: child has difficulty accessing mother’s care; mother pulls away from child due to her symptomatology related to CSA; mother pulls away from child due to her recovery work related to CSA; and mother is unavailable due to her job. An example of this category is the following participant response:

My daughter has been an underachiever this year in school; although she is on the honor role, her teachers claimed she wasn’t doing her best work. I blamed myself because I hadn’t been available to her because of my depression problems and later, my recovery work.

Difficulty Empathizing with Child. Responses in this category included having trouble listening to one’s child, and seeing the child’s problems as minor in comparison with one’s own problems. The following participant response illustrates the theme of this category:

I have trouble relating to my daughter’s “problems” because I think she’s had such a stable, healthy family life. I think of the troubled childhood I had, and can understand why I had problems with self-image, relationships and communicating, but feel she doesn’t have reason to be troubled.

Issues Surrounding Child’s Sexuality and Sexual Behaviors. Included in this category were responses such as the mother’s avoidance of the child’s nude body, and her
difficulties in dealing with the child’s sexuality and current and future sexual behaviors. The following participant response fell into this category:

*I have...problems with my [daughter], who is now at the age I was when I was abused. A friend...came over and initiated sex play. They took off their trousers, and underpants, the other girl laid on top of my daughter. I calmly ended it...I was inwardly horrified. I avoid my daughter’s body as much as I can, because seeing her triggers flashbacks.*

*Issues with Physical Intimacy in the Parent/Child Relationship.* Responses in this category consisted of having issues with intimate touch between parent and child, as well as having trouble distinguishing appropriate care of child’s genitals. The following participant response illustrates a mother’s concern over physical touch between her husband and her daughter:

*I cannot watch my husband wrestle with our daughter. Any physicality between them causes discomfort (emotional) for me.*

A second response illustrates a mother’s discomfort with physical touch between her and her son:

*I am a large person and am very large chested. My son...often will come over to me and lay his head on my chest and say “My squishy mom.” Sometimes I get very angry at that and tell him to get up.*

*Issues Pertaining to Emotional Intimacy and Closeness.* This category includes the following subcategories: not knowing how emotionally close to be without being intrusive; and mother needing to maintain a distance to protect the self. One participant
mentioned her struggle with not knowing how emotionally close to be with her children without intruding too much into their lives, as her own mother did:

* A parenting problem for me has always been how much to give advice or ask for information about my child’s inner life or true feelings. My mother seemed to always be in my face, but she did nothing about the abuse and told me what I felt. I have been pleasantly surprised that my kids confide in me. I would never break that trust as my mother did by probing for info, then discussing her findings and speculations with her relatives and friends. I learned quickly never to tell my mother anything.

* Fear of Abuse (For Self, Children, and Grandchildren). This was one of the larger categories that emerged as a result of the content analysis. Responses within this category included mothers’ fears that their children and/ or grandchildren would be abused (by a babysitter, spouse, relative, etc). One participant wrote about her fear that her children’s babysitter might have abused them:

* I had a male teenager babysitter one afternoon. He had helped us probably ½ dozen times prior and I feel he has appropriate skills. However, when he left that day I had a panic attack about having left him with the kids. I later had discussions with the girls about telling me about...how sometimes people we think we trust make poor choices, appropriate/ inappropriate behaviors. I am not ready to have a male babysitter anytime soon!!

* Fear of Self or Family Member Becoming a Perpetrator. This category is related to the previous category, but it focuses on mothers’ fears that they or their loved ones might become a perpetrator of sexual abuse on one’s children. One participant
mentioned her fear that her husband might be a perpetrator because of his abuse experience in childhood:

   *I recently found out my husband was molested by his older brother for a period of time...I have asked my daughters on several occasions if daddy has ever touched them on their potties. They tell me no and then I reassure them that they can tell me anything.*

Another participant mentioned how her attraction to her young child made her aware of her vulnerability to becoming a perpetrator:

   *An issue of mine is my attraction to my youngest child...I enjoy being with him, cuddling, touching (having physical contact), playing, talking. Because I am painfully aware of my past, I DO NOT act on my feelings of attraction. But there are times when I want to have physical closeness more than what I perceive to be normal.*

*Protection of Children and Grandchildren from Abuse.* This category included responses such as: feeling guilty for having neglected one’s children and not protecting them enough from possible mistreatment, fearing that one’s grown children are not protecting their children from negative sexual influences in the media, and struggling with being too overprotective of one’s children. The following participant response illustrates the theme of this category:

   *Even though my son is now [grown], I’m still very “protective” of him. Since he is away at school many times we talk on the phone I need to make sure he isn’t putting himself in potentially dangerous situations. He gets tired of me telling him to be careful, watch out for who is around him. I also ask him if his teachers/*
coaches/or roommates are making him feel uncomfortable. I do believe it’s due to my own past. Now he says I’m being influenced by what happened to me. Usually he is right.

Abuse Dynamics Cause Problems in Family Relationships. Another large category, this group of responses included: having difficulties co-parenting with spouse, feeling guilty for child’s distress, having negative feelings towards men, and experiencing intergenerational family-of-origin conflict, among other responses. One participant mentioned how her CSA experience (being abused by her father) currently affects her relationship with her parents and her daughter’s relationship with them:

My father and I have not had any kind of relationship for the last 3 years. [My daughter] does not visit him ever. My mother and I used to have a relationship, but now we do not. I have some concerns about her being with my mother...I think my mother uses [my daughter] as a weapon against me. I try not to use [my daughter] as a weapon against her. However, she (my mother) triggers me and sometimes I get so angry that I don’t want them to be together.

Lack of Parental Role Model. This category includes the following subcategories: Regarding General Competency in Parenting; Regarding Teaching Healthy Sexuality to Children; and Not Knowing What is Normal. An illustration of the first subcategory is the following participant’s response:

Raising my daughter to become a confident, healthy, self-aware young lady, by developing my own style of parenting and having to almost “research” the best ways to deal with everyday parenting that I should have learned from my parents.
Struggles with Control and Limit-Setting. Another large category, this group of responses included two subcategories: Power Struggles and Difficulty Allowing/Accepting Child’s Individuation; and Limit-Setting. The following participant wrote about her struggles with enforcing bedtime for her young daughter:

*I have been unable to set a bedtime for my daughter; some nights it’s 2 am before she sleeps. I know she needs a regular sleep schedule, but for whatever reasons I cannot force her to go to bed. It upsets me much more than is reasonable to put her into a bed when she is still awake.*

Infrequently Mentioned Concerns. This final category includes concerns mentioned only periodically by respondents, such as: experiencing flashbacks of one’s childhood sexual abuse during childbirth, experiencing difficulties when the child’s biological father was the perpetrator, and struggling with not knowing which perpetrator is the father of the child.

Discussion

The themes that emerged through the content analysis were very consistent with, and were extensions of those found in literature on parenting as a survivor of childhood sexual abuse. For example, the category “Struggles with control and limit-setting” (which included the subcategory “Inconsistent with discipline”) was consistent with Ruscio’s 2001 findings that mothers who were CSA survivors found it difficult to provide structure, guidance, clear expectations, and consistent discipline to their children. Also, Ruscio’s (2001) findings and Cole, Woogler, Power, and Smith’s (1992) findings that survivors lacked confidence in their parenting abilities was similar to the “Lack of
parental role model” category and “Regarding general competency in parenting” subcategory.

The “Affect regulation” category is reminiscent of DiLillo, Tremblay, & Peterson’s (2000) findings that maternal anger resulting from CSA may help to explain how CSA affects survivors. In this study, mothers who were survivors of CSA were at higher-risk than non-abused mothers to physically abuse their children. Although few mothers in the present study mentioned physically abusing their children, their difficulties managing their anger are similar to mothers who are physically abusive.

The “Difficulty empathizing with child” category (and subsequent “Mom sees child’s problems as minor in comparison with her own” subcategory) resembles Cole and Woogler’s (1989) findings that incest survivor mothers are often resentful of providing their children with the indulgences they never received in childhood. Cole and Woogler (1989) also found that incest survivors often feel inadequate as parents, which relates once again to the “Lack of parental role model” category; “Regarding general competency in parenting” subcategory.

The “Issues with physical intimacy in the parent/child relationship” resembles the central issue in Douglas’s (2000) study: anxieties concerning intimate parenting in women sexually abused as children. In this study, abused mothers were found to be less confident as parents, to be less involved with their children, and to take issue with parenting situations requiring intimate touch of children. As a result of mothers’ distant care or neglect of their children, children may be more vulnerable to abuse.

The “Protection of children” category is consistent with the findings of Kreklwetz and Piotrowski (1998) that state that the incest survivor mothers in the study utilized
many protective strategies in order to safeguard their children from abuse. These mothers’ fears of their children being in high-risk situations and being vulnerable to abuse were consistent with the category “Fear of abuse (for children).” The mothers’ concerns about trusting their male partners with their adolescent daughters fit with the category “Fear of self or family member becoming a perpetrator.” Finally, the majority of mothers in Kreklwetz and Piotrowski’s study reported being physically or emotionally absent from their children for a period of time. This finding was consistent with the “Unavailability” category and could also relate to the “Issues pertaining to emotional intimacy and closeness” category; “Mother needing to maintain distance to protect the self” subcategory.

Although all of the studies mentioned above support findings from the present study, most are not qualitative studies, and therefore do not always succeed in preserving the true stories and voices of CSA survivors. In the current study, the content analysis methodology made it possible for researchers to stay true to participants’ actual words in their analysis of the questionnaire responses. As a result, the categories and subcategories that emerged were well developed and accurate in their portrayal of CSA survivors’ challenges in mothering.

Some survivors mentioned parenting challenges that they felt were not related to their experiences of childhood sexual abuse. These challenges, however, were very similar to those experienced by mothers who stated that their abuse was related to the specific challenges. For example, two mothers responded about not having a parental role model to aid them in knowing how to talk to their children about sexuality. Four women mentioned this theme of lacking a parental role model as being related to their
CSA experiences. Two women mentioned struggling with managing their anger, but did not feel this was related to their abuse in any way. This theme of affect regulation, however, was reported by 11 women to be related to their experiences of CSA. Other women mentioned protection of children and emotional unavailability as challenges that were not related to their abuse, which were also dominant themes for mothers who said these areas were related to their abuse experiences. Finally, 10 mothers reported struggling with control and limit-setting in their parenting but said that this wasn’t related to their abuse; 9 mothers reported that it indeed was related to their abuse. A possible explanation for these similarities is that some mothers had not processed their abuse experiences to the extent others had, and it was these unprocessed mothers who did not acknowledge the role that their abuse played in their parenting (because they had either repressed or compartmentalized their abuse).

This study goes beyond what other similar studies have done in that it provides a clear picture of what kinds of parental challenges and struggles CSA survivors face in their daily lives. One can witness how some mothers are much farther along in their processing of their abuse experiences than other mothers, as well as how some mothers have much better relationships with their spouses and children than other mothers. The implications for therapy are rich in that the categories that emerged from the content analysis can provide therapists with an idea of the main issues with which CSA survivor mothers are faced. With this knowledge, therapists can have better insight into the life experiences of their CSA survivor clients.

Clearly some themes are not as dominant in the aforementioned literature as they are in the present study, including issues surrounding the child’s sexuality and sexual
behaviors, and issues surrounding abuse dynamics that may cause problems in family relationships. Because of this dearth of existing qualitative research on these and other areas, further investigation is needed in order to more fully explore these phenomena. In addition, other areas such as the marital relationship and parental alliance need to be explored in order to paint a more integrated picture of the parenting experience for survivors of childhood sexual abuse.

In part two of our investigation, we will do just this: construct a theory of the parenting experience of CSA survivor mothers that is grounded in the actual words and experiences of mothers who have parented as survivors. Instead of using a content analysis technique, we will utilize a grounded theory methodology, and we will use phone interviews with CSA survivor mothers as data.
Why a Qualitative Approach?

“By the term ‘qualitative research,’ we mean any type of research that produces findings not arrived at by statistical procedures or other means of quantification…Some of the data may be quantified…but the bulk of the analysis is interpretive” (Strauss & Corbin, 1998, p. 10-11). This study, an investigation of the experiences of mothers sexually abused as children, was conceived as a qualitative endeavor rather than a quantitative one. One might ask why a qualitative approach was chosen over a quantitative method. The answers are widespread and varied.

The researchers in this investigation wanted to maintain the mothers’ voices and remain true to their experiences throughout the study, so they chose not to reduce the mothers’ interview accounts to numbers through coding or rating. Instead, they expressed their analysis and findings in words, because, “It is argued that using words retains more of the richness and immediacy of the human experience” (Stiles, 2003, p. 482). The researchers wanted to convey the intense and personal human experience of parenting following childhood sexual abuse in this investigation, and therefore a qualitative approach was not only appropriate in this case, but arguably necessary.

The researchers chose to use unstructured phone interviews for this part of the study because they wanted to retain rich set of data that would provide the most useful in performing the grounded theory analysis. In addition, they wanted to use the findings from Part I of the study (the content analysis of participants’ responses to a specific question on a questionnaire) to aid them in this second part of the investigation. Upon saturation of the data from the interviews as well as from the questionnaire question, data
collection would cease and overall findings would be analyzed and reported. Qualitative research allows researchers this luxury of considering cases “in sequence, instead of independently, so that earlier observations inform later ones,” and so that cases can be interpreted nonlinearly and contextually and reported “verbally and polydimensionally” (Stiles, 2003, p. 483-4).

Finally, the researchers wanted to involve their participants in the research process through conferring with them on the study’s findings and seeking their confirmation or disconfirmation about the researchers’ interpretations of their words and experiences. Through using a qualitative approach, participants can better digest the research and therefore better articulate to researchers their feelings about the findings. As a result, the researchers can adjust their interpretations accordingly as to more effectively express the experiences of participants as mothers who have been sexually abused as children.

*A Grounded Theory Approach*

Qualitative research is a very broad concept, which includes various research approaches and methodologies such as case studies, conversation analysis, discourse analysis, ethnography, focus groups, narrative analysis, phenomenological analysis, and grounded theory (Stiles, 2003). The researchers in this study elected to use grounded theory as their methodology of choice for many reasons, all of which will be discussed. First, however, it is necessary for the reader to understand the basic tenets of grounded theory as a method of qualitative research.

Grounded theory was developed in the 1960’s by two sociologists, Barney Glaser and Anselm Strauss, who wanted to unite theory and empirical research (Rafuls & Moon,
Early on, it was most often used in nursing research to study the experience of dying patients and the management of chronic illness. Since then, grounded theory methodology has been applied in various other fields such as anthropology, education, social work, business management, and psychology in order to “explain a given social situation by identifying the core and subsidiary processes operating in it” (Baker, Wuest, & Stern, 1992, p. 1357). Within the field of psychology, studies in the areas of mothering on crack cocaine (Kearney, Murphy, & Rosenbaum, 1994), alcohol recovery and pregnancy (Brundell, 1996), coping and childhood sexual abuse (Morrow & Smith, 1995), and mothering as a psychological experience (Barlow & Cairns, 1997), have been conducted using grounded theory methodology.

The crux of grounded theory is the concept that theory emerges from data, and that data collection and analysis occur simultaneously in order for researchers to build the most accurate theory possible, based on the data. “Grounded theories, because they are drawn from data, are likely to offer insight, enhance understanding, and provide a meaningful guide to action” (Strauss & Corbin, 1998, p. 12).

In grounded theory, research begins with a broad question in which the researcher states what he/she would like to learn about a certain phenomenon or experience. In the case of this investigation, researchers wondered about the parenting experience of mothers who were sexually abused as children. From this question, researchers begin to acquire participants who will be most helpful to them in answering this question. Through in-depth, largely unstructured interviews with participants, data is collected. With each interview, the researcher adapts and refines her questions based on emerging themes found through concurrent analysis of the interviews (Charmaz, 1995). More than
one method of data collection can be used, however, and it’s often helpful to use more than one source of data, because the trustworthiness of one’s findings increase as the number of data sources increases. “Because of the theory-guided, data-based nature of gathering information in grounded theory, data collection will not cease until theoretical saturation is reached (i.e., new data cease to yield new information” (Rafuls & Moon, 1996, p. 69).

Data collection and data analysis occur simultaneously in grounded theory research. The process of analyzing data in this type of research is called “coding.” Through coding, data are “fractured, conceptualized, and integrated to form theory,” (Strauss & Corbin, 1998, p. 3). Early in analysis, researchers use key words (codes) to describe concepts (i.e. behaviors, experiences) found in the data. As analysis continues, these coded concepts are grouped into categories based on their characteristics. These categories are then compared and linked to form “a tentative conceptual framework” which is then “expanded and densified by reduction, selective sampling of the literature, and further selective sampling of the data” (Baker, Wuest, & Stern, 1992, p. 1358). After a core guiding principle or process has been identified from data analysis work, theoretical coding ensues, which moves the researcher from a focus on description to a focus on theory. Researchers make and keep memos throughout the entire analysis process, which when reviewed, help researchers to notice patterns and themes in the data (Leininger, 1985).

The final step in grounded theory methodology is the writing of the research report. There are no hard and fast rules about what to include and what not to include in
Method

Participants

Research participants were twelve mothers, with ages ranging from 25 to 53 (mean = 39.08), who had been sexually abused as children. The mean age of their children was 11.30 years. Three women were high school graduates, 4 women had completed partial college and/or specialized training, 4 women were college graduates, and 1 woman has completed graduate school. Eight of the mothers were married, 3 were divorced, and 1 was single. The mothers differed in their levels and types of support systems such as family, friends, and community. Highlights from the each mother’s interview are included in Table 3. Further descriptions of the mothers can be found in Table 4.

Procedure

Research participants were recruited via an advertisement in the national publication, “Healing Woman,” a newsletter for survivors of sexual abuse, and also via a flier at a Midwest university. After the participants contacted Dr. Fopma-Loy, a phone interview date and time was agreed upon and scheduled with each of the twelve mothers. Interviews ranged from 30 to 90 minutes and consisted of several open-ended questions. Each interview was always initiated by the first question, *Could you talk about how your history of childhood sexual abuse has influenced your life?* Consistent with grounded theory methodology, subsequent questions were based on mothers’ responses to the first.
question. In general, however, participants were asked to talk about if they felt there was a relationship between their experience of being sexually abused as a child and being a parent, how they would describe themselves as a parent, their experience of balancing recovery work from their abuse experiences and their role as parent, and what parenting stresses they have experienced and if these stresses have been made easier or more difficult because of their childhood experiences, among other questions. The interviews were audio recorded and later transcribed, and Fopma-Loy, Wright, and Sebastian analyzed them using grounded theory methodology (see introduction).

**Results**

The mothers interviewed reported a wide range of abuse experiences (in level of severity, number of perpetrators, relationship to perpetrators), and each mother differed in the following ways: the stage of recovery from the abuse experiences she was in, the stage of processing of the experiences she was in, and the developmental stage of parenting she was in at the time of the interview. Some mothers, for example, had just recently begun to recover memories of their abuse and begun to process them, while other mothers had had constant memories of the abuse since the time it occurred and had processed their abuse experiences fairly comprehensively.

As we read and analyzed the twelve interview transcripts, a theory began to emerge from the data that expressed the process of mothering as a CSA survivor. This theory evolved into a process framework consisting of two main categories and several subcategories, all of which fell under the core category, “Making the Journey on an Unpredictable Sea.” The core category emerged as a result of envisioning a metaphor
that would best capture the mothers’ processes in their parenting as CSA survivors. The two main categories under the core category, “Navigating One’s Way” and “Staying Afloat on a Stormy Sea” each describe specific processes mothers go through in their journey of parenting as a survivor.

*Navigating One’s Way*

Navigating one’s way refers to the process of attempting to make forward strides in the parenting experience while having to develop one’s map for the journey, as well as having to navigate both usual parenting experiences and those parenting experiences unique to sexual abuse survivors. This category consisted of the subcategories “Developing the Map,” “Navigating Usual Parenting Challenges,” and “Navigating Abuse-Salient Parenting Challenges.”

*Developing the Map*

Conditions for developing a map include mothers expressing the sentiment that they do not know what is normal in terms of parenting practices and child development. Because their emotional and psychological development were severely affected by their sexual abuse experiences in childhood, they may not know what a “typical” childhood looks like developmentally. Therefore, they do not know if their own children are behaving in developmentally appropriate ways, or if their own parental practices toward their children are developmentally appropriate. In order to figure out what are and are not normal practices and behaviors, mothers may use their own childhood map as a reference. This map includes the model of parenting their own parents used. As a consequence of reflecting upon this map, mothers may either choose to discard it and begin to draft an entirely new map of parenting practices and developmental expectations
for their children, or they may choose to incorporate sections of the old map into the new map they develop as the parenting model they will utilize.

Several mothers in their interviews expressed sentiments of not knowing what’s normal, checking their map, and throwing out part or all of their old map. For one mother, the condition of not having a parental role model resulted in the consequence of her developing a new map by using information gathered from parenting books instead of from her own parents. *I felt often in raising my kids that I simply didn’t have a model for how things were done, she commented, and that really stymied me often, I felt. I consumed parent books and spend lots of time with other parents, but I didn’t have the model.*

For another mother, the consequence of her checking her childhood map was her decision not to follow her parents’ patterns of parenting and hoped to develop a new map instead. *I had many concerns about being a mother—afraid of repeating patterns. I didn’t want to raise my children in the type of home I was raised in.*

**Navigating Usual Parenting Challenges**

Most mothers expressed concerns/difficulties in navigating through “usual” parenting challenges. The conditions for navigating these difficulties included experiencing issues with discipline, limit setting, attachment, and protection of children. Abused and non-abused mothers alike tend to experience struggles with these issues, but abused mothers may have a more difficult time navigating through them because of their lack of reference for “normal” developmental experiences and behaviors (due to their exposure to maladaptive/faulty maps).
In the realm of discipline, mothers interviewed expressed struggling with knowing how and/or being able to appropriately discipline their children. As a consequence of this struggle, some mothers chose not to physically punish their children and used other non-corporal methods of discipline with their children, such as time-out. One mother, for example, expressed that since her mother was physically abusive with her, she couldn’t be at peace with disciplining her children: *My mom used to beat the crap out of me so I don’t want them to grow up hating me, so I have a hard time disciplining them so they don’t grow up hating me...I would like to tell them ‘no’ without feeling guilty.* Other mothers resorted to spanking as a discipline tool. Still others took issue with any form of discipline, and so their children went completely unpunished. For example, one mother spoke about how she didn’t discipline her child at all growing up: *I didn’t ground him; I didn’t do things. I mean, my friends probably see me as being probably too lenient, but I think it comes more from a place that’s just trusting, because, you know, I’ve had to trust so much with my own process that people grow and change...I just had to trust that he too was going through a process.*

Limit setting was an equally trying parenting challenge for many mothers interviewed. Some expressed sentiments that they were too lenient with their children in certain conditions (e.g. when the children were teenagers and were testing their independence; when children bargained with their mothers for privileges) and, as a consequence, were consciously attempting to change their parenting map and set more limits. *It’s been hard to get the reins back in, one mother said. I was pretty lenient for a long time and I realized that it hasn’t worked well, so the last year I’ve been more strict.* Another mother expressed a similar sentiment about conditions surrounding her
children’s independence and her inability to set effective limits. *It’s not that they run their own* lives, she commented, *but they have pretty much freedom. I have a hard time letting them know that I’m their Mom.*

The topic of attachment was an issue for some mothers. Emotional closeness to and connection with one’s children was a difficult task for some mothers in certain conditions, and as a consequence, they experienced a decrease in attachment to their children. One mother mentioned that emotional closeness was difficult for her when she was required to play with her children. She said that she had a hard time playing with them because she didn’t like being on their level—*I never really enjoyed it*—and also because her mother never played with her as a child. Her action, instead of playing with her children, was to engage in activities with her children that weren’t as play-oriented such as reading to them, and she let her husband do the playing. Another mother expressed the sentiment that she felt disconnected from her children’s lives in most conditions (e.g. in her daily contact with them), and that she felt more like an observer than an active participant in their lives. *It feels like I’m kind of like, like standing back and watching them,* she said. *If they get hurt somewhere...I’ll go outside to see how she is...but I think I’m just, it’s like an act for me.* As a consequence, she experienced a decreased attachment with her children. Another mother spoke about the condition of not having fully processed her abuse when her first child was younger. As a consequence of this lack of processing, the mother was emotionally wrapped up in the abuse dynamics and therefore not focused on parenting; therefore, she failed to form as strong as attachment to her first child as she did to her second.
Finally, protection of one’s children required the mothers’ navigation—navigation of their vessel through a narrow channel. Mothers veered one of two ways in this channel, either towards overprotection or underprotection of their children. The mothers who tended to overprotect their children were often mothers who had partially or fully processed their abuse. One mother said, *I think I probably was extremely protective...I think my distrust of people in general, and what could happen to kids with—you know—there was a hypervigilance there.* These mothers were very aware of the consequences of underprotection or nonprotection, so they overcompensated by overprotecting their children. Mothers took various actions to protect their children, such as: warning their children of potentially dangerous situations and/or people (and/or restricting access to such situations and/or people), teaching their children to protect themselves, being open and talking with their children about risk behaviors. Conditions for these actions might include the children being at an age when they want to sleep over at friends’ houses, or they want to assert their independence more than they had in the past. If the actions of the mothers veer too close to the overprotective side of the channel, the children of these mothers, as a consequence, could become rebellious or anxious.

Some mothers, although they had the best intentions of protection, did not completely succeed in protecting their children from abuse. One mother became aware that her own son was involved in inappropriate sexual activity with his younger siblings. She decided to call Child Protective Services and *had to turn my own son in...for inappropriate sexual activity with his brother and sister. I had to remove him from the house.* The mother was extremely upset about this event, and she thought that since she was very overprotective in not letting her children see each other naked, this might have
pushed it even more or something and actually contributed to the inappropriate actions on the part of her oldest son.

Some mothers actually underprotected their children, whether or not they realized this at the time. These mothers tended not to have processed their abuse experiences fully or at all, and therefore they were not consciously aware that underprotection could be potentially dangerous to their children. For example, one mother sent her daughter to go live for two weeks with the brother who had sexually abused her as a child. The mother said she didn’t think the brother was capable of abusing her daughter, but clearly she put her daughter in a high-risk situation by allowing her to live with him for a period of time. Finally, another mother reported that her 2 year-old son had been sexually abused by the child-care provider’s husband. Although she said, I don’t know if there was much I could have done to prevent it or educate him at that age or anything to avoid those circumstances, she said she still harbored guilt about this occurrence. Clearly all parents wish to protect their children from potential harm and hurt, but the CSA survivor mothers in our study tended to have difficulties navigating this channel of protection and tended to veer to one side of the channel or the other by overprotecting or underprotecting their children.

Navigating Abuse-Salient Parenting Challenges

Mothers who have never experienced sexual abuse are not plagued by certain parenting struggles which seem unique to mothers who have experienced abuse as children. The mothers in our study, however, as a result of their experiences of childhood sexual abuse, were faced with parenting struggles unique to their identities as survivors,
such as anticipated parenting as a survivor, physical touch and intimacy issues with children, and fears of one’s spouse or partner being an abuser.

Because abused mothers have experienced inappropriate touch of their bodies and genitals by adults—often by family members—in childhood, several of the mothers were now wary of conditions in which physical touch and intimacy with their children (by themselves or their spouses) was present. As a consequence of experiencing parenting situations requiring intimacy/touch, some mothers mentioned fears that they would become perpetrators of abuse (or that others would consider them abusers) if they touched their children while changing their diaper or bathing them, for example. Other mothers mentioned the consequence of avoiding their children’s nude bodies as much as possible, while still other mothers spoke of the consequence of having fleeting feelings of wanting to touch their children inappropriately, but not acting on these feelings. One mother stated, *it would cross my mind sometimes with diapering them, just what they looked like—I never touched them or anything like that but just, it would cross my mind as far as that—and especially with little boys—getting erections.* This mother, therefore, did not take action and touch her child, but she dealt with her uncomfortable feelings surrounding this issue. Finally, as a condition of one’s spouse being near their children, a couple mothers mentioned that they feared their spouse would become an abuser towards their children. These mothers did not have proof that their spouses were indeed perpetrators, but because of their own childhood abuse experiences, they were fearful of trusted males in their children’s lives harming their children as they were once harmed. One mother said that she *had a lot of trouble accepting the fact that my husband now was not going to abuse [my daughter] the way I had been abused.*
"Staying Afloat on a Stormy Sea" refers to the process of attempting to stay afloat on the water when waves are crashing against you, and undercurrents are dragging you down. The first subcategory, “Managing the Undercurrents and Waves,” refers to the mothers’ struggle in dealing with the situations that trigger memories of their abuse experiences. This can include experiences in parenting as well as experiences with partner/spouse. In addition, this subcategory refers to the mothers’ struggle of dealing with the actual memories of abuse, and their place in the mothers’ daily lives. The second subcategory, “Doing the Work,” refers to the conscious effort mothers put into balancing their parenting, recovery work, and relationship with their spouse or partner.

Managing the Undercurrents and Waves

The undercurrents in these mothers’ lives are conceptualized as the traumagenic abuse dynamics that can be triggered by certain events or circumstances that remind mothers of their abuse. These undercurrents may be stronger or weaker, depending on where the mothers are in their recovery process. Currents also exist in the lives of these mothers, and these can be thought of as the children’s and mothers’ developmental stages (e.g. toddlerhood, menopause). The combination of currents and undercurrents may lead to ripples or tides, depending on the specific factors at play in each mother’s life. Participants mentioned several different types of conditions (triggers) that caused a surge in or resurgence of abuse memories. These conditions caused the mothers to react in specific ways as a consequence of these conditions triggering certain overwhelming emotional states (waves) in the mothers. Several mothers mentioned that the age of their children acted as a trigger for them. Specifically, when their children reached the age
that the mothers were when they were abused, the mothers reported experiencing memories and flashbacks of their own childhood abuse experiences. One mother said, *When I first remembered the abuse was on my daughter’s 8th birthday, because it was the same age that I was remembering, and that was abuse with my father.* Another mentioned that when her son was 7 years old, she began to *have a hard time dealing with him. And I talked to my minister about this and we think that he was… the age that I was when the abuse started.*

Another condition that triggered memories of the abuse for some mothers was being sexually intimate with one’s spouse/partner. As a consequence of this intimacy, some mothers experienced “waves” in the form of either feelings of withdrawal from intimacy with partner, or feelings of cheapness. One mother said of her husband, *it was his way of flirting or whatever, but it was more to me; it just made me feel cheap.*

Many mothers also spoke about their struggles with rage, a wave that overwhelmed them when certain circumstances triggered anger in them. One mother spoke of her triggered rage as an action resulting from a condition which reminded her of her own abuse, in which her daughter asked to go on an outing with her older neighbor and his grandson. *I was like all freaked out,* the mother commented, *because I remembered Richard my neighbor trying to get me to show him my underwear, and I was just picturing that with her.* The mother went on to say, *I felt so angry with her that she would be so vulnerable or that she would wear such short shorts. I was just furious with her.* Another mother mentioned that for her, conditions as simple as disagreements with her son could trigger rage. As a consequence of these disagreements, she felt the need to remove herself from the situation that was causing her to lose control. *I would just*
[come] unglued over him, she said, and I went out of the room because I knew I couldn’t deal with the situation any longer. Another mother also expressed this sentiment when she spoke about conditions such as insignificant things that resulted in the consequence of just blowing up...kind of going into a...verbal rage.

Other mothers mentioned conditions that brought about resentment of one’s children, lack of responsiveness to children, or emotional numbing. A condition for the emergence of this resentment, for one mother, was when her daughter came home from the neighbor’s house and the mother experienced a memory about her abuse. The mother felt resentment for her children, because they they reminded me so much of what happened. She added, I don’t think I hold them responsible for my memories anymore. Another mother spoke in general about conditions in which she felt resentment towards her son—conditions in which her son reminded her of her abuse. The actions this mother took as a result of feeling this repulsion included physically distancing herself from her son. It was just like I couldn’t stand him, she said. There were times that I didn’t even want to be around him, and that was real hard.

Many mothers expressed having difficulties managing the undercurrents and waves in their lives, although the specific undercurrents and waves took many different forms for each of the mothers interviewed. A final wave experienced by certain mothers was that of grief over the loss of one’s childhood. Conditions for the emergence of this grief included playing with one’s children and remembering how they didn’t play much as a child because of their abuse experiences. One mother said that although playing with her children was difficult sometimes due to undercurrents flowing beneath the surface, she took action and attempted to re-experience childhood pleasures with them. As a
consequence, her children helped her rediscover part of her childhood. Another mother compared her experience of losing her childhood to Toni Morrison’s novel, *Beloved*, in which *this child keeps appearing to her mother—it’s like the ghost of a child—it’s like haunting the mother*. This mother viewed her dual role as a parent and a survivor as *a mother who had had a child die and was coping with that grief at the same time she was trying to parent other children*. This dual role of parent and survivor ushers in the second subcategory of “Staying Afloat on a Stormy Sea:” “Doing the Work.”

**Doing the Work**

“Doing the Work” is a complex process that involves balancing parenting and recovery work, as well as maintaining and strengthening the partner relationship. Some mothers said that it was very difficult to balance being both a parent and a sexual abuse survivor. One mother commented, *There are moments when I’m having a hard time and the kids need my attention for whatever, that it’s really difficult, because I put things I need to do for me aside so I can be there for them*. Another mother expressed a similar sentiment about feeling guilty that her recovery work sometimes impeded her ability to parent her daughter the way she wanted: *I need to take some time for myself and work through some of the stuff and I can’t—when you have a kid, you can’t...I feel guilty from not taking all the time that I can with her*. Yet another mother spoke of her struggle with this balance: *I have this interplay of trying to bargain with myself to meet my own need, which is ok—I can deal with this trigger later—and meet the need of the child standing in from of me*. Finally, a mother expressed that she was constantly torn between meeting her own needs, and meeting the needs of her child. *I couldn’t identify my own emotions much less help him identify his*, she said, which put a strain on her parenting.
Besides being a parent and a survivor, most of the mothers interviewed were either married, had been married, or were currently living with a domestic partner. This partner relationship, for many of the mothers, was significantly affected by the mothers’ sexual abuse experiences. These mothers had to do the work in order to maintain and strengthen this relationship, but conditions emerged for some of the mothers that made this work difficult. As a result, this relationship often became strained. One mother spoke about how her childhood abuse by a male affected her marriage, so much so that she was currently living in a lesbian relationship at the time of the interview. Another mother commented that she was married to someone else before marrying her current husband, and it wasn’t a supportive marriage. *He was away a lot of the time because of the military and I was working through things.* She had her first memories of her abuse when her husband was away, and as a consequence, she developed an eating disorder and struggled with her memory work for a long time. By contrast, conditions existed for some mothers in their partner relationships that made their dual identities as a survivor and a parent easier to handle. One mother spoke about her supportive husband and said, *I do talk to him, and he helps me realize that I’m doing just fine—I’m being a parent and that’s all I can do.* Another mother mentioned her husband’s supportive nature: *Luckily I have a good husband and he works with me on it, and he’s not abusive or anything—he’s very loving, very caring.* As a consequence of his support, however, this mother felt guilty for not being able to give to him in all ways because the abuse part is so demanding of me—it takes so much out of me.

Indeed, the combined work of parenting, maintaining a functional partner relationship, and being a survivor is very challenging. For some mothers, this work is
more difficult than it is for other mothers. Why? Perhaps for some mothers, a functional partner relationship acts as a flotation device, protecting the mothers from getting pulled down by undercurrents or being drowned by powerful crashing waves. Perhaps some mothers use more intrinsic devices as flotation devices, such as a strong faith or spirituality, or a hardy sense of self-efficacy or self-esteem. Regardless of what means are used to accomplish the work of parenting, the work must get done.

**Discussion**

Although much literature exists in the area of parenting after childhood sexual abuse, as can be seen from the studies mentioned in Part 1, this study is distinct in its grounded theory examination of the complex process of mothering as a CSA survivor. A theoretical model of this process, based on phone interview responses from twelve mothers, was constructed through qualitative data analysis consistent with grounded theory methodology. According to this model, mothering as a CSA survivor can be conceptualized as a journey one makes on an unpredictable sea; the sea, of course, being life.

Few grounded theory studies in the areas of mothering and coping as a survivor of CSA exist, but two studies capture many of the themes present in our integrative study of mothering as a CSA survivor. Morrow & Smith’s (1995) study utilized in-depth interviews and a ten-week focus group with 11 women who have survived CSA, documentary evidence, and follow-up participant checks in order to develop, through collaborative analysis, a theoretical model for surviving and coping with childhood sexual abuse. The two core surviving and coping strategies identified in the study were
keeping from being overwhelmed by threatening and dangerous feelings and managing helplessness, powerlessness, and lack of control. Consequences of using these strategies included paradoxes, surviving, coping, living, healing, wholeness, empowerment, and hope. The mothers in our study were coping with the aftermath of CSA, but they were also coping with being a parent and a partner. In this sense, our investigation expanded on this study to include CSA survivors’ experiences both with recovery work and with parenting.

Barlow and Cairns’ (1997) grounded theory investigation involved interviews with 11 mothers, and it focused on the question, “What are the psychological processes women experience as they move from childlessness through the first twelve years of mothering?” A theoretical model entitled Expanding the Self was developed, which was comprised of two core categories, Engagement (comprised of the subcategories: establishing the intention to mother, encountering ghosts of mothering received, committing to new life circumstances, and engaging in the process of self-socialization), and Immersion (comprised of: renegotiating relationships, preserving child preserving self, self-constructed mothering, and replenishment). Although this study focused on mothers in general, the CSA survivor mothers in our study shared some of the same experiences as the mothers in Barlow and Cairns’ study. Many of the mothers in our study encountered ghosts of mothering received when they developed their maps and decided if they were going to parent as their mothers parented them. Like the mothers in Barlow and Cairns’ investigation, some of our mothers had to recognize that “unresolved issues around mothering received could have a detrimental effect on their maternal
functioning,” as well as come to terms with “maternal rejection…[and] the reality of their childhood experience” (Barlow & Cairns, 1997, p. 237).

Other non-grounded theory studies have examined the experiences of parenting as a survivor of childhood sexual abuse, but many of these studies focus on more specific aspects of parenting as a survivor, such as parenting styles and practices (Cole & Woogler, 1989; Cole, Woogler, Power, & Smith, 1992; Ruscio, 2001), intimate parenting (Douglas, 2000), abusive parenting (Banyard, 1997; DiLillo, Tremblay, & Peterson, 2000), and intergenerational transmission of sexual abuse (McCloskey & Bailey, 2000). In the current study, various mothers mentioned most of these aspects. The grounded theory model developed in this investigation integrates these aspects in such a way that the participants’ experiences of mothering as a CSA survivor are not displayed in static, snapshot form, but instead are shown as they are: multidimensional and flowing—as a process.

While participants in others studies were drawn from specific community or clinical samples (for example, from Child Protective Services in Banyard (1997), and mental health out-patient care in Douglas (2000)), the mothers in our study contacted the researchers through an ad that had been placed in an abuse survivor magazine, as well as through a flier at a Midwest university. Also, there were no circumscribed ages for the children of the mothers in our investigation, as there were in other studies (for example, children between the ages of 18 and 59 months in DiLillo, Tremblay, & Peterson (2000)). Our broader sample allows many clinical implications for our findings, because the grounded theory model can be applied to many types of mothers who are childhood sexual abuse survivors.
Similar to research findings mentioned in the content analysis segment of our study (part 1), mothers in the part 2 grounded theory investigation mentioned parenting difficulties and challenges typically found in survivors of sexual abuse. Ruscio’s (2001) finding that survivors may struggle with providing appropriate discipline, structure, and behavioral expectations for their children is consistent with many mothers’ interview comments. Ruscio (2001) found higher rates of permissive parenting among sexually abused moms, but this was true of only some of the mothers in our study. Several mothers said that they had employed harsh parental practices, such as yelling at their children and spanking them. This relates to Banyard’s (1997) findings that CSA mothers were more likely to use physical punishment strategies than non-abused mothers, as well as DiLillo, Tremblay, and Peterson’s (2001) study that found that CSA mothers were more likely to physically abuse their children than non-abused mothers. A few mothers in the study struggled with feelings of rage toward their children, which, if dealt with inappropriately, could lead to physical abuse of one’s children. However, few of our mothers, far less than the majority, reported physically punishing or abusing their children.

One study that most accurately echoes the sentiments of mothers in our interviews in terms of parenting practices is Cole, Woogler, Power, & Smith’s (1992). Incest survivors in their study reported low confidence, low sense of control as parents, and low level of support in the parental partnership with their spouses. Many of our mothers viewed themselves as poor parents, and some felt they had no control as parents. Other mothers in our study expressed sentiments that spoke to either the strength or the weakness of the parental alliance/partner relationship.
Spousal support can serve as a protective factor for CSA survivor mothers and help with parental functioning; a lack of partner support can act as a risk factor. Many of the mothers in our study spoke about how their partners were supportive and patient of the mothers’ recovery work and helped with the children, thereby strengthening the parental alliance. Other mothers, however, expressed displeasure with their relationships with their partners, thereby weakening the parental alliance. Themes of couple/martial dissatisfaction among CSA survivors are touched upon in DiLillo’s (2001) review of interpersonal functioning among women who have experienced CSA. DiLillo (2001) comments that survivors may feel displeased with their partner relationship partly because may have difficulties with interpersonal trust and intimacy as a result of their abuse experiences.

Difficulties with intimacy for CSA survivors are not unique to the partner relationship, however. Mothers’ experiences with intimacy and touch, as reported in their interviews in the current study, were consistent with Douglas’s (2000) findings, in which mothers experienced anxieties surrounding intimate parenting situations (e.g. changing diapers and bathing children). Douglas’s study did not specifically identify triggers that prompted anxieties in the mothers, nor did they identify actions the mothers took in response to these triggers and consequences of those actions. The grounded theory model in the current study, however, conceptualizes “conditions” for triggers of abuse memories, “actions” taken by mothers in response to these triggers, and “consequences” of the taken actions. This conceptualization allows the theme of mothering as a survivor to be seen as a more of a process than just identifying specific abuse related difficulties.
Some themes reported by mothers in the interviews are not apparent in existing literature in the area of parenting as a CSA survivor. Some others in our study discussed such issues as feelings of resentment toward their children because their children reminded the mothers of their childhood sexual abuse. Research has not yet focused primarily on resentment of one’s children as being an effect of CSA. Other mothers, who had repressed their abuse, mentioned in their interviews that they experienced the first memories of their abuse when their child reached the age they were when they were abused. Research has not yet investigated this area in depth. Finally, many mothers in our study commented on the struggle of “doing the work:” balancing parenting, recovery work, and a partner relationship. Some mothers stated that being both a mother and a sexual abuse survivor was extremely difficult and tiresome for them, while other mothers said that it was difficult to balance time for themselves and time for their families. This concept of balance in parenting, partner relations, and recovery work has also not yet been researched extensively. Future research in these aforementioned areas needs to be done in order to further the understanding of the experience of mothering as a survivor of childhood sexual abuse.

Because our grounded theory model views mothering as a survivor as a process, there are indeed clinical implications, as therapy is also a process. Therapists working with CSA survivors recognize that while each survivor’s story is different, common themes and experiences make take effect in survivors’ lives. These themes are articulated in the categories and subcategories of the model.

Although this model is representative of the experiences of a sample of CSA survivor mothers, it does not represent the experiences of all CSA survivor mothers. In
order to gain further clarity about their experiences, future research may take the
direction of examining samples such as: a focus group of CSA survivor mothers, a
clinical sample of CSA survivor mothers, a sample of spouses or partners of CSA
survivor mothers speaking about their partners, or a sample of children of CSA survivors
speaking about their mothers. Another direction future research may take is a focus on
the role of male CSA survivors, and their experiences as father and partners.
References


Appendices

Table 1: Part 1 Parenting Problems Not Related to Mother’s CSA Experience

LACK OF PARENTAL ROLE MODEL (2)
- No role model on how to educate teen daughter about sexuality
- No role model on how to act with men, so difficulty talking to son about sex without portraying it as evil

STRUGGLES WITH CONTROL AND LIMIT-SETTING (10)
- Trouble gaining child’s cooperation on chores and household responsibilities
- Trouble getting child to mind mother
- Struggling with being consistent with discipline
- Struggling with getting child to listen
- Trouble with defiant teen not abiding by the rules
- Struggling with controlling young son’s problematic eating habits
- Struggling with disciplining manipulative young son
- Trouble negotiating parenting values with spouse *

AFFECT REGULATION (2)
- ANGER MANAGEMENT
  - Mom loses temper and yells too much
  - Trying to manage feelings of anger, hurt, and rejection caused by child
- Getting emotionally overwhelmed at home and/or at work

PROTECTION OF CHILDREN (1)
- Prohibiting children from having contact with their father or his family

UNAVAILABILITY (1)
- Mom is physically present in house with child, but doesn’t spend quality time with child

CHILD’S SCHOOLING (3)
- Teen son making low grades
- Young son not wanting to go to school because of his troubles with reading and writing
- Son doesn’t like to read

* Mother noted that her inability to negotiate with her spouse might be related to her abuse experiences, but in her answer she checked that her parenting struggle was not related to her abuse.

** Two participants did not answer this question
Table 2: Part 1 Parenting Problems Related to Mother’s CSA Experience

AFFECT REGULATION

ANGER MANAGEMENT
- Mother has difficulties managing child’s anger
- Mother has difficulties managing her own anger
  - Mom feels her anger is inappropriate at child’s behavior
  - Control issue elicits rage => difficulty managing anger
  - Control issue elicits rage => difficulty managing anger towards son => coldness and distancing
  - Managing rage via => shutting down
  - Anger at child’s misbehavior => fear that she will abuse the child
  - Become angry upon conflicts
  - Too much yelling and impatience
  - Rage when child ignores mom’s personal boundaries or is disrespectful

ANXIETY MANAGEMENT
- Mother’s difficulty in managing her anxiety => anxiety gets transmitted to daughter

OVERACTIVITY
- Mother overreacts to son’s behaviors

UNAVAILABILITY

CHILD HAS DIFFICULTY ACCESSING MOTHER’S CARE
- Adolescent son perceives mom as unstable and therefore can’t go to her for help
- Child’s need for connection clashes with mom’s need for time alone

MOTHER PULLS AWAY FROM CHILD DUE TO HER SYMPTOMATOLOGY RELATED TO CSA

MOTHER PULLS AWAY FROM CHILD DUE TO HER RECOVERY WORK

MOTHER UNAVAILABLE DUE TO JOB

DIFFICULTY EMPATHIZING WITH CHILD
- Trouble listening to child
- Mom sees child’s problems as minor in comparison with her own

ISSUES SURROUNDING CHILD’S SEXUALITY AND SEXUAL BEHAVIORS
- Avoidance of child’s nudity => triggers flashbacks when seeing child’s nude body
- Dealing with young child’s inappropriate undressing in public
- Difficulty in dealing with child’s sexuality => mom walks away when upset
- Fear of child’s future sexual behavior
- Difficulty in knowing how to respond to teenage son’s interest in pornography
- Difficulty handling child’s exploratory sex play
- Uncomfortable with child’s naked body
- Fear that daughter’s sexual development/ behavior will lead to inappropriate sexual interactions with boys
- Fear of daughter’s developing sexuality

ISSUES WITH PHYSICAL INTIMACY IN THE PARENT/ CHILD RELATIONSHIP
- Overreacting to child’s mild urinary/ genital symptoms; mom had trouble distinguishing appropriate care of child’s genitals; mom had concern that child might later perceive this action as abusive
- Child towards mother => anger
- Concern over physical touch between father and daughter
- Child’s displays of intimate physical affection toward mother => mom gets angry
- Issues with intimate touch => decreased intimacy with child
ISSUES PERTAINING TO EMOTIONAL INTIMACY AND CLOSENESS
NOT KNOWING HOW EMOTIONALLY CLOSE TO BE WITHOUT BEING INTRUSIVE
-Mom fears repeating her mother’s pattern of intrusiveness
MOTHER NEEDING TO MAINTAIN DISTANCE TO PROTECT THE SELF

FEAR OF ABUSE (FOR SELF, CHILDREN, & GRANDCHILDREN
-Identification with child triggers fears that child will be abused (like mom was)
-Fear that child will enter into an abusive relationship as an adult (with a partner)
-Concern for grandchild’s vulnerability to potential abuse
-Abuse of child becoming “real” (through delusions) during breakdown
-Not able to protect oneself from revictimization
-Fear of children being abused
-Protect child from possible abuse by babysitter => panic attacks
-Fear of harm by other adults
-Fear that adolescent daughters will be abused by their non-custodial father

FEAR OF SELF OR FAMILY MEMBER BECOMING A PERPETRATOR
-Preschool son’s appropriate doctor play triggers intense fears in mother about what such play may lead to
-Concern over teenage son’s potential for becoming a perpetrator
-Fear of husband abusing kids because he was abused as a child
-Fear of mother becoming an abuser (because of her attraction to child)
-Fear that male children will become future perpetrators (by being negatively influenced by abusive men in the family)
-Caregiving requiring genital contact with young child trigger’s mother’s fear of becoming abusive

PROTECTION OF CHILDREN AND GRANDCHILDREN FROM ABUSE
-Neglect/ possible allowance of mistreatment => guilt
-Protection of daughter from disrespectful boyfriend
-Fear of son not protecting his own children from negative sexual influences in the media
-Increased husband’s awareness of how to protect children from abuse by others
-Parental concern with being too overprotective
-Overprotective of young-adult son

ABUSE DYNAMICS CAUSE PROBLEMS IN FAMILY RELATIONSHIPS
-Problems with parental alliance/ inability to negotiate with spouse when problems arise
-Feeling guilty/blameworthy for child’s distress
-Sensitivity to misuse of power and control in sibling relationships
-Fear of teenage daughter’s repetition of mom’s negative patterns related to unresolved abuse issues
-Negativity towards men: -Fear she’s not modeling enough strength and independence from men for her daughter
-Resolve never to break child’s trust (as mom’s was broken by her mother)
-Temporary abandonment of family due to re-contact by abuser
-Triangulation of mom with young daughters following husband’s disclosure of his abuse
-Intergenerational family-of-origin conflict around limit-setting with child/ grandchild
-Intrafamilial betrayal

LACK OF PARENTAL ROLE MODEL
REGARDING GENERAL COMPETENCY IN PARENTING
REGARDING TEACHING HEALTHY SEXUALITY TO CHILDREN
NOT KNOWING WHAT IS NORMAL

STRUGGLES WITH CONTROL AND LIMIT-SETTING
POWER STRUGGLES AND DIFFICULTY ALLOWING/ ACCEPTING CHILD’S INDIVIDUATION
-Difficulty accepting child’s individuation => losing temper
- Wanting compliance and struggling when both adolescent girls have different wants
- Power struggles surrounding potty training of son
- Coping with adolescent daughter’s individuation and separation ⇒ panic attacks and nightmares; relapse into therapy
- Concerns about older daughter as a role model for younger daughter—encourages imitating rebelliousness

LIMIT-SETTING
- Inconsistent with discipline
- Difficult for mother to enforce bedtime limits because of feelings it evokes in her
- Difficulty setting limits around son’s anger
- Struggles setting limits with daughter without losing temper

INFREQUENTLY MENTIONED CONCERNS
- Childbirth triggered flashbacks of abuse
- Difficulty when child’s biological father was the perpetrator
- Difficulty not knowing which perpetrator is the father of the child
Table 3: Participant Parenting Experiences Mentioned in Interviews

<table>
<thead>
<tr>
<th>Participant</th>
<th>Issues Discussed</th>
</tr>
</thead>
</table>
| #1:         | Losing temper with children  
             | Emotionally absent from children when doing recovery work  
             | Wanting to be the perfect parent; doubting parental competency  
             | Issues surrounding potty training of children  
             | Difficulty controlling anger and rage  
             | Lack of role model for parenting  
             | Feelings of isolation  
             | Separation and loss are difficult  
             | Lack of social support from family-of-origin |
| #2:         | Overprotective of her children when they were younger  
             | Emotionally absent from children sometimes  
             | Struggles with PTSD  
             | Struggles with limit-setting  
             | Learning from her parents’ parenting mistakes  
             | Before engaging in recovery work, struggles with drugs and alcohol  
             | Fear that she will become a perpetrator  
             | Struggles with giving physical affection to children |
| #3:         | Before engaging in recovery work, hypervigilance; was sure someone was molesting her children  
             | Fearful of her children’s vulnerability to abuse  
             | No physical discipline used; timeout used with children  
             | Struggles with anger management  
             | Takes pride in caring for her children  
             | Has a lot of anger because of her abuse  
             | Has severe flashbacks; curls in a corner; scary for her children to witness  
             | At first, resented her children because they reminded her of her abuse  
             | Used to avoid her children’s nudity; doesn’t struggle with that as much now |
- Open with her children; encourages disclosure
- Difficult for her to be alone
- Afraid of being too overprotective; tendency to be too lenient
- Warns her children about the possibility of rape and molestation

#4:
- Difficulty balancing being a survivor and being a parent
- Wanting to be a perfect parent
- Overprotective of children; hard to let children go when they were school age
- Fears that children will be kidnapped or taken
- Open about talking about good touch/ bad touch and sexuality with children
- Difficulties managing her anger at times
- Because she was physically abused, hard for her to yell at her children and have them fear her
- Working at getting back her lost childhood
- Attempting to parent in opposite ways than her parents did
- Difficulties imposing structure and maintaining consistency in parenting

#5:
- Fearing that her father or husband would hurt her children or grandchildren
- Taught children about bad touch; made daughter paranoid about strangers
- No physical punishment of children; turns into no punishment often
- Overprotective of daughter; hard to let her go when she attended college
- Disclosed her abuse to her husband and daughter
- Family-of-origin not physically affectionate; no hugs; hard for her to hug her daughter because she never experienced that in childhood
- Her mother didn’t serve as a good parenting role model for her
- Issues with her own guilt and guilt she has projected on to her daughter
- Has no boundaries; easy for people to take advantage of her
- Problems with dissociation at times

#6:
- Issues with anger and rage; comes “unglued” and loses control
- Strict and overprotective with son
- Experiencing flashbacks when changing grandson’s diaper
- Worried that others will call her an abuser of her children or grandchildren
- Feels she fails at respecting her son sometimes; her parents didn’t respect her
- Sometimes unsure of her son’s love for her
- Allowed daughter to stay with her abusive brother for a period of time; it didn’t occur to her at the time that she was putting her daughter at risk for being abused
- Fear of physically abusing children
- Doesn’t know what “normal” is
- Seeing her daughter as a best friend, rather than a daughter; “I grew up with her”
- Withdrawing from close relationships with others

#7: - Feeling guilty for taking time for herself; takes time away from her daughter
- Has attempted suicide; feelings of loneliness
- Childhood abuse has affected her sex life with her husband; feels guilty that she can’t give her whole self to her husband
- Careful not to physically or emotionally abuse her daughter (although spanks)
- Misses her own childhood; envious of her daughter for hers
- Maintains a strong parental alliance with husband
- Struggles with maternal competency; self-critical
- Very protective of her daughter

#8: - Confusing to be a parent and a survivor
- Difficult balancing her own needs and the needs of her children
- Very self-critical; doesn’t want to be a bad mom; expects a lot of herself
- Unsupportive ex-husband
- Shuts down emotionally at times, but wants to be physically close with children because she never experienced that in her own childhood
- Struggles with overprotection of children
- Incorporates parts of her parents’ parenting and advice from other parents into her own parenting style

#9: - Parenting is a joy but a challenge
- Feelings of resentment that her children had normal childhoods
- Struggles with anger, rage, and losing control
- Overprotective of children
- Inconsistent with rules; gives in too much to children; wants to please them
- Uncomfortable with changing children’s diapers
- Doesn’t like playing with her children; her husband does

#10: - Hypervigilant with children
- Experienced memories of her abuse when her son was at the age she was when she was abused
- Coping through compartmentalizing
- Trying to be the perfect parent; feeling inadequate as a parent; comparing herself to other parents and their children
- Fear of loving and getting hurt
- Attempts to control anger through leaving the room when upset
- Feelings of not wanting to invade her son’s boundaries, but realizing she had pulled back too far
- Feels an absolute need to depend on herself and no one else

#11: - Abuse has affected her relationship with her husband; experienced flashbacks of abuse when intimate with husband; currently in a lesbian relationship
- Very protective of children, but “pretty lenient”
- Before remembering the abuse, experienced lethargy and depression; husband took primary care of her son
- Hasn’t disclosed her abuse to her son; unsure if she ever will

#12: - Feels she is not a good mother; doesn’t know what normal parenting looks like
- Suicidal upon remembering her abuse; wishes she had never remembered it
- Conflicts with husband
- Fear that her children will be sexually abused
- Fear that other people will think she is an abuser
- Difficult to change diapers and bathe her children
- Blaming herself for her abuse


### Table 4: Interview Participant Information

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Marital Status</th>
<th>Occupation</th>
<th>Education</th>
<th>Race</th>
<th>Children</th>
<th>Abuse characteristics</th>
<th>Span of abuse and perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>53</td>
<td>Divorced</td>
<td>Elementary school teacher</td>
<td>College grad</td>
<td>White</td>
<td>M18, M16, M13</td>
<td>Fondling, oral sex; physical force used</td>
<td>Toddler-age 5 (mother); ages 10-18 (stepfather)</td>
</tr>
<tr>
<td>2</td>
<td>37</td>
<td>Divorced</td>
<td>Activities leader</td>
<td>Partial college; specialized training</td>
<td>White</td>
<td>M14, F13, M8, F7</td>
<td>All types; physical force used</td>
<td>Infancy-age 16 (father, stepfather, step-grandfather, policeman)</td>
</tr>
<tr>
<td>3</td>
<td>40</td>
<td>Divorced</td>
<td>Chemical dependency counselor</td>
<td>Partial college; specialized training</td>
<td>White</td>
<td>F10, F9, M7, M3</td>
<td>Fondling, perpetrator masturbating, groping, kissing, voyeurism; no physical force used</td>
<td>age 3-9 (uncle); ages 9-14 (neighbor)</td>
</tr>
<tr>
<td>4</td>
<td>36</td>
<td>Married</td>
<td>Student</td>
<td>Partial college</td>
<td>White</td>
<td>F14, F12</td>
<td>Kissing, touching, vaginal intercourse; physical force used</td>
<td>Ages 5-14 (father, neighbor)</td>
</tr>
<tr>
<td>5</td>
<td>48</td>
<td>Married</td>
<td>Homemaker</td>
<td>College grad</td>
<td>White</td>
<td>F26</td>
<td>Kissing, touching, oral, anal, vaginal intercourse; physical force used</td>
<td>Ages 14-17 (father, two of father's nephews)</td>
</tr>
<tr>
<td>No</td>
<td>Age</td>
<td>Status</td>
<td>Occupation</td>
<td>Education</td>
<td>Race</td>
<td>Details</td>
<td>Age Range</td>
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<tr>
<td>6</td>
<td>43</td>
<td>Married</td>
<td>Homemaker, part-time office manager</td>
<td>High school grad</td>
<td>White</td>
<td>F26, M10</td>
<td>Touching, intercourse, placing objects in vagina/anus; physical force used</td>
<td>Ages 7-12 (brother, brother’s friend)</td>
</tr>
<tr>
<td>7</td>
<td>25</td>
<td>Married</td>
<td>Homemaker</td>
<td>High school grad</td>
<td>White</td>
<td>F2</td>
<td>Exposure to pornographic movies and magazines, fondling; physical force used</td>
<td>Ages 3-12 (father)</td>
</tr>
<tr>
<td>8</td>
<td>36</td>
<td>Married</td>
<td>Nurse</td>
<td>College grad</td>
<td>White</td>
<td>F10, F2, M5mths</td>
<td>Touching, oral sex, intercourse</td>
<td>Ages 1-13 (father, mother, uncle, cult)</td>
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<tr>
<td>9</td>
<td>40</td>
<td>Married</td>
<td>Nurse</td>
<td>College grad</td>
<td>White</td>
<td>F18, M14, M10</td>
<td>Touching, placing fingers/objects in vagina</td>
<td>Ages 4-8 (brother-in-law)</td>
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<tr>
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<td>Nurse</td>
<td>Graduate school</td>
<td>White</td>
<td>M14, M11</td>
<td>Touching, kissing, oral, anal sex, fingers/objects in vagina; physical force used</td>
<td>Ages 2-9 (father)</td>
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<tr>
<td>11</td>
<td>33</td>
<td>Single</td>
<td>Nurse</td>
<td>Specialized training</td>
<td>White</td>
<td>M9</td>
<td>Touching, placing fingers in vagina; physical force used</td>
<td>Ages 11-17 (step-father, step-brother)</td>
</tr>
<tr>
<td>12</td>
<td>37</td>
<td>Married</td>
<td>Homemaker</td>
<td>High school grad</td>
<td>White</td>
<td>F11, M9</td>
<td>Touching, oral sex, vaginal intercourse; physical force used</td>
<td>Ages 7-? (uncle, cousin, grandfather)</td>
</tr>
</tbody>
</table>