

Making Sense of Complicated Love:

The Impact on Women When Their Intimate Partners Have Sexually Abused Children

By

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***To every mother who may or may not ever read or hear these stories:
know that we are all imperfect;
and live life knowing that ‘good enough’ is perfection.***

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CHAPTER ONE

INTRODUCTION

Child sexual abuse is complicated. It is considered one of the most heinous offences in society. Even within the prison system child sex offenders are viewed as abhorrent human beings. Yet, statistically, we know that many of these men who sexually offend know or have had some relationship with their victims. Consequently, they cannot be viewed solely as child sex offenders since they are also intimate partners, uncles, fathers, and so on (Government of Canada, Department of Justice, 2018). Child sexual abuse is complicated further because of the degree of secrecy, the repugnancy of the acts, the devastation it has on individuals and families, and the tendency of society to criticize and judge all involved. This judgment broadens to include not only the offending male but also the mothers of the children involved, who many perceive as failing to protect young innocent lives. Also criticized and judged are those within the mandated child welfare system who are investigating and working with these families' situations (Broadly, 2012; Brogden & Harkin, 2000; Finkelhor & Lewis, 1990; Halsey & Deegan, 2015; Joyce, 1997; McCallum, 2001).

The safety and protection of children remains at the forefront of social work practice in mandated child welfare agencies (Broadly, 2012; Brogden & Harkin, 2000; Finkelhor & Lewis, 1990; Halsey & Deegan, 2015; Joyce, 1997; McCallum, 2001). For thirty years, my social work career has involved working within a child welfare system mandated to support families and ensure the protection and well-being of children. This statutory responsibility means that I have been responsible for decisions that directly impact children, women (mothers), men (fathers), and families and have direct knowledge and experience in this complicated area (Government of Manitoba, Department of Families 2018; 2017). I have heard the disclosures, seen first-hand the

indecent images of children used for sexual pleasure, and watched as adults, predominantly males, find new ways to sexually abuse and exploit children (Canadian Centre for Child Protection, 2016; Eke, Helmus, Seto, & Eke, 2018; Eke, Seto, & Williams, 2011; McManus, Long and Almond, 2015). I have had the privilege of guiding new legislation which makes the reporting of child pornography mandatory, and I have been extensively trained to interview children to give them a voice, with the added goal of improving conviction rates (Government of Manitoba, Department of Families, 2017; 2018; Provincial Advisory Committee on Child Abuse, 2018; Government of Canada, Department of Justice, 2018; Forensic Solutions, 2018; The Forensic Practice, 2019). I have made decisions and have given ultimatums to women regarding their children in support of child safety. It is on the basis of this professional knowledge and experience, now supported by the voices of mothers, that I suggest we must do better, to alter our views and practices if we truly want to protect children.

The societal response to child sexual abuse includes powerful legislative measures that mandate child welfare agencies to respond to suspected child abuse; these measures include the ability to investigate and ensure the safety of children (Government of Manitoba, Department of Families 2018; 2017). Additionally, child welfare agencies are expected to work with law enforcement, and use the criminal code as a means to hold an offender accountable and punishable by law. Despite the legislation and its intent and power, it fails to fully protect children and child sexual abuse continues to occur.

This means child welfare agencies are often learning in hindsight. The complexity of the issue coupled with public scrutiny of case specific situations often prompts changes in legislative frameworks, policy and practices. The continual evolution of child sexual abuse means professionals and systems must learn and understand offending behaviours and the factors that

influence and increase risk, including new ways offenders gain access to children, in order to sexually abuse them (Government of Manitoba, Department of Families, 2019; Alberta Child Protective Services, 2018; Saskatchewan Government, Department of Social Services, 2018). Recent examples of such reactions are the legislative and policy changes which made it mandatory to report child pornography, the inclusion of sexual exploitation as a form of child sexual abuse, and the awareness of the use of technology, including defining terms such as 'sexting'. Each one of these reflect responsiveness to the evolution of child sexual abuse, support for improved prevention and interventions, resulting in increased criminal conviction rates (Government of Manitoba, Department of Families, 2017; 2018; Government of Canada, Department of Justice, 2018; Forensic Solutions, 2018; The Forensic Practice, 2019; Provincial Advisory Committee on Child Abuse, 2018).

The literature highlights the extent of research to determine the causes of child sexual abuse. Why men sexually offend has been a topic studied for decades by many professions, including psychology, sociology, and social work. The Rorschach study from 1954, Garrett & Wright's (1975) interviews conducted with wives of rapists and incest offenders and the more current 1997 and 2015 studies focused on sexual offenders' possible intimacy deficits clearly show that this is not a new issue (Garrett & Wright, 1975; Martin & Tardif, 2015; Palm & Abrahamsen, 1954; Ward, McCormack & Hudson, 1997). Although some of these studies included interviews with the women, the focus was not on their perspectives or experiences; but rather it was to determine deficits or causal links between women's behaviours, their emotional and psychological make-up, and their male partners' sexualized actions.

While the criticisms of system failures and punitive judgement of the offending males are somewhat expected, what was unexpected through the literature was the on-going criticisms of

non-offending parents (generally mothers) by the child welfare agencies and society. These same child protection agencies that are designed to support families expect mothers to carry most of the burden of prevention (Davies, Krane, Collings & Wexler, 2007; Halsey & Deegan, 2015; Swift, 1995a, 1995b). If the offender is in the home, the mother is often inexplicably blamed; if the offender gains access to children, the woman is questioned about her knowledge of, or her assumed failure to report, concerns. The practice approach is to assume women failed to protect and/or knew about the abuse, and either failed to report or were involved in the abuse. It is assumed that unless they immediately sever their relationship with their intimate (sex offending) partner, they will be unable to protect in the future (Canadian Centre for Child Protection, 2017). This perspective was reflected in the literature review, and participant data supported similar themes.

Research on child sexual abuse focuses on offenders and child victims, yet conclusions and recommendations pivot towards the role of mothers, suggesting that current practice in this area continues to be guided by long standing historical ideology linked to the roles and expectations of women (Broadly, 2012; Cahalane, Parker, & Duff, 2013; Swift, 1995a). Research into the experiences and treatment of victims has sought to better understand how mothers can protect and support their children, and how women, as intimate partners can reduce recidivism by supporting and monitoring the actions of their male sex offending intimate partner (Broadly, 2012; Gerwartz-Meydan & Walsh, 2018; Hill, 2005; McCallum, 2001). Studies have found that mothers who believe, listen and consistently support their children dramatically improves child victim outcomes (Gilligan & Bumby, 2005; Joyce, 1997). Female (women) partners of sex offenders in treatment programs become the people tasked with understanding and monitoring their partners' abuse cycles (Brogden & Harkin, 2000; Cahalane et al., 2013;

Hernandez, Ruble, Rockmore, McKay, Messamm, Harris, & Hope, 2009; Hill, 2005). Women are expected to maintain clear boundaries, report concerns, and watch for indications that men are not maintaining their protection plans. Whether women stay in the relationship, continue to cohabit or not, appears to have little impact on how these mothers are treated. It seems others, including the women themselves, continue to be held more responsible for child safety than the sex offending men. This position is reflected in the law enforcement and child protective practices of giving women an ultimatum: choose the child(ren) or the intimate partner. For example, when an offender is absent from his new residence, separate from the former family home, the first place searched is the mother's home. The assumption made, and expressed by participants, is that the mother is not to be trusted. If she chose her children over her partner, she has not kept her word (Brogden & Harkin, 2000; Caplan, 1989; Dominelli, 2001; Hill, 2005; Thurer, 2007). If new victim disclosures come to light, mothers and their children are often the first to be questioned (Brogden & Harkin, 2000; Caplan, 1989; Hill 2005; Joyce, 1997; McCallum, 2001). Blame, shame and increased judgment of women, themes that existed in 1954, continue today (Ames, 2015; Astrom, 2015; Broadly, 2012; Caplan, 1989, 2007; Caplan & Caplan, 2000; Dominelli & McLeod, 1989; Garrett & Wright, 1975; Palm & Abrahamsen, 1954; Swift, 1995a, 1995b; Thurer, 2007).

Yet, little research has been done asking women about their experiences, or the impact their partners' sexual offending has had on them as women, mothers, and intimate partners. Very little research currently exists that explains how mothers are impacted or make sense of their experience, including what supports they need in order to be protective, cope or make sense of what has happened. This gap in research is reflective of the gap found in social work practice, within mandated child protective services (also known as child welfare agencies or more

generally as child welfare which includes agencies and its agents). Although feminist perspectives acknowledge that there have been significant shifts towards equality, little has changed regarding child care responsibilities and societal views of mothering (Kinser, 2010; O'Reilly, 2007; Thurer, 2007).

Feminist theory is used in this research because inclusion of mothers' voices is essential if child welfare agencies are to be responsive to their needs. While the social work profession is dominated by women, feminist practice is often absent or silent in the child protection system. Mothers continue to be blamed, shamed, and held responsible for child safety and well-being. The ongoing evolution of the feminist movement challenges us to critically examine how one's privilege changes from one context to another, and how this is reflected in our practices (Baines, 2011; Caplan & Caplan, 2000; Dominelli, 2002; Hill-Collins, 2007; Mack-Canty & Wright, 2008; O'Reilly, 2007).

Statutory social work purports to have the family and children's best interests as central to its work, yet there continues to be inequality based on gender and socio-economics (Dominelli & McLeod, 1989). The normative societal views continue to uphold the binary of superior and inferior, which is reflected in policy, access to services, and how mothers are judged in regard to the well-being of their children (Dominelli & McLeod, 1989; D'Arcy, Turner, Crockett, Gridley, Mulvey, & Angelique, 2012; Milliken, 2017; Swift, 1995a, 1995b). Mothers continue to be viewed as having a primary nurturing and protector role, even though parenting is supposed to be a shared responsibility (Green, 2008; Hughes, 2002; Kinser, 2010; Krane & Davies, 2000; O'Reilly, 2007). Mothers are at the centre of family well-being and within the patriarchal structures that exist, they are generally blamed or responsible for the wrongs that occur (Dominelli & McLeod, 1989; Halsey & Deegan, 2015; O'Reilly, 2007; Reimer & Sahagian, Eds,

2015). Mother blaming is so entrenched in our narratives and societal structures that we do not notice that even as feminists, women, helpers, and professionals, we may be sustaining this narrative (Ames, 2015; Caplan, 1989; Milliken, 2017; Valentich, 2010, 2011). “Feminists are not immune from reproducing hierarchy through their own social relations” (Dominelli & McLeod, 1989, p. 4).

Blaming, shaming, and judging mothers for the actions of their intimate partners is unfair and does not seem to improve the safety and well-being of children. Perspectives that women have failed, misjudged, and chosen a ‘bad man’, or somehow colluded or were aware of the child sexual abuse cannot continue to be our starting point (Brogden & Harkin, 2000; Cahalane et al., 2013; Caplan, 1989; Dominelli, 2001; Hill, 2005; Joyce, 1997; Swift, 1995a, 1995b, 1995c). Listening to mothers, offering them choices and supports that may shift them towards a sense of empowerment, is a fundamental starting point.

Throughout my social work career, I have heard abuse disclosures from children. I have heard offenders deny or admit to their heinous crimes. I have heard them rationalize why they have sexually abused a child. I have seen mothers grapple with disclosure information and the expectation that they must keep their children safe from a man they love, who is a key person in the nuclear family (Cahalane et al., 2013; Hernandez et al., 2009; Leclerc and Wortley, 2015). I have witnessed the evolution of child sexual abuse offending, including non-contact offences, indecent images of infants, and gained knowledge about sexual offending patterns including grooming or opportunistic behaviours of child sexual offenders (Bourke et al., 2015; Canadian Centre for Child Protection, 2016; The United States, Department of Justice, 2018). The very young ages of victims of child pornography are disturbing and whether those who view such images have ever committed contact offences continues to be debated and researched (Bourke et

al., 2015; Canadian Centre for Child Protection, 2016; Mentor Forensic Services, 2019; Seto, 2006; Seto, Reeves, and Jung, 2010; Stats Canada, 2016a, 2016b; 2017). If professional social workers find the challenges of child sexual abuse to be traumatic, pressurized, and complicated, one must assume that partners of offenders must find it even more disorienting.

As a social worker in the Child Welfare system, I understand the negative attributes of this system and the power it wields in order to fulfill its mandated role. Combined with the secrecy and horrific nature of child sexual abuse, this places mothers in a position further to be judged as good or bad when they are already considered bad because of their contact with child welfare agencies (Dominelli, 2002; Swift, 1995a, 1995b, 1995c). Dominelli (2002) reminds us that social workers work with vulnerable or marginalized individuals who generally are outside of the dominant group; therefore, we must be cautious not to oppress or do more harm. Yet, despite Dominelli's (2002) warning, I have inadvertently burdened mothers who, rather, needed empathy and support to help them alter their societal and self-imposed bad mother narratives. I share this because I have been the social worker who has expected women to quickly and definitively choose between their children and intimate partner, an expectation premised on the safety of children, within the framework of Manitoba's child protection legislation (Government of Manitoba, Department of Families, Child and Family Services Act, 2018).

Across Canada, child protection legislation states that the protection and well-being of children is first and foremost the responsibility of parents and families. But when they cannot do this, a system intervenes to protect children (Saskatchewan Government, Department of Social Services, 2018; Ontario Government, Child, Youth and Family Services Act, 2017; Ontario Government, Ministry of Children, Community and Social Services, 2018; Government of Manitoba, Department of Families, Child and Family Services Act, 2018; Alberta Government,

Child and Youth Enhancement Act, 2000). This has created a binary dilemma for mothers, where protecting their children means the loss of their intimate partner and the devolution of the family unit. For decades we have all been told that good mothers are ‘selfless, kind and loving’ (Caplan, 1989; Ames, 2015). These forced choices do not take into consideration mothers’ perspectives or voices.

Throughout this research, framed as it is by feminist theory, I have reflected on my values and beliefs. I have considered whether I have been able to listen and actually hear the voices of women and advocate for the safe spaces’ mothers need. Through this reflection I realized that at times, I too have not left space to hear and consider the mother’s experience and perspectives. This study is intended to hear the mother’s voice, and explore this gap in research; I believe that the child welfare system needs to more effectively support mothers.

Social work values and ethics include doing no harm, and involves the continuous improvement of policy and practice that is reflective of the needs of families (Canadian Association of Social Work, 2019). Feminist advocacy means elevating women’s value as we are considering human rights, social justice, and gender equality. It is about including women in the affirmation of the dignity of all people (Milliken, 2017). The feminist theoretical framework is used because it recognizes that we all have unique social contexts and that gender roles create differences in our experiences; a feminist lens gives space for new and inclusive narratives. Hence, feminist theory suggests that, in order to amplify the voices of the women involved, a qualitative research method be used, not to prove a theory but to elicit it. This study has turned to Grounded Theory (GT) and Constructivist Grounded Theory (CGT) for that process (Bryant & Charmaz, 2007; Charmaz, 2017; Corbin & Strauss, 2007; Glaser & Strauss, 1967). These theories support listening to and learning from mothers, validating their experiences and placing

their responses within society's social constructs in order to remove stigma and blame (Dominelli & McLeod, 1989; Dominelli, 2002; D'Arcy et al, 2012; Kinser, 2010; Milliken, 2017).

Little research has been done asking women, whose intimate partners have sexually abused children, about their experiences and the impacts their partners' sexual offending has had on them as women, mothers, and intimate partners. The available literature is described in Chapter Two. In order to explore this gap, an interview methodology was designed and submitted to Research Ethics Board (REB) for review, and participants were recruited (see Chapter Three). That experience was itself instructive. A number of ethical challenges arose including the inherent vulnerability of the participants, a variety of possible perceptions of conflict of interest, the reluctance of REB and agencies to engage with this topic, and the unexpected complications caused by the Covid-19 pandemic. Eventually, these difficulties were overcome and ethical protections were completed.

Through telephone interviews, five participants were afforded a safe, non-judgmental space to share their stories and engage in reflexive dialogue. These recorded conversations were structured around a series of 9 questions (discussed in the methodology section, Chapter Three, of this thesis, and appearing in full in the appendices). Participants were free to elaborate or digress from these questions as they chose. This information was transcribed; participants were offered the opportunity to review and edit the transcripts. Then, under the discipline of GT and CGT, the transcripts were repetitively read and coded by commonalities, until saturation occurred and no further commonalities arose.

A variety of findings and themes (Chapter Five and Chapter Six) arose through the coding process. There were several findings that, while not rising to the level of a theme suitable

for theory creation, nevertheless were instructive in their own right. They were: resistance and criticism of the title, uniqueness of women's stories, and mothers are protective and doing their best. Eventually, four important themes became clear: mothers' sense of responsibility as illustrated by guilt, self-blame and shame; loss and grief; fear; and, finally, isolation and lack of supports. The mother-blaming narratives including the need for perfection, meant female intimate partners of offenders felt a significant amount of self-blame, guilt and shame. As a result of child welfare agency interventions, far from feeling supported, female partners felt increasingly isolated and deprived of social supports. Losses of many kinds occurred, resulting in grief that almost always was left unattended. Finally, the participants indicated a noticeable increase in their sense of fear.

Participant data confirmed the traumatic impacts of learning that their intimate partner had sexually abused child(ren) and that the secrecy and the inability to share their stories and process their feelings, silenced the voices of mothers. The data suggested that child welfare agency interventions lacked compassion and expected women to immediately end their relationships with their intimate partners. There was a lack of patience and recognition that women could be grappling with a complicated choice and were trying to make sense of what was happening. As noted in the literature, the women seemed to confirm the ideology that good mothers should be 'selfless, kind and loving' thus restricting evaluative options given to a mother's social context, including race, class, socioeconomics or personal circumstances (Caplan, 1989; Ames, 2015).

Analysis of these findings (Chapter Six) suggests that when the experience of female intimate partners of offenders is ignored, there is indeed a problematic gap left in our response to child sexual abuse. Mothers continue to be blamed, isolated, and weakened (Brogden & Harkin,

2000; Cahalane et al., 2013; Dominelli, 2001, 2002). Brogden and Harkin's idea that mothers are secondary victims reflects the unintended impact or outcome that both practice and policy decisions have on women. Amid the shock of learning about a partner's sexual offending and processing their own feelings of guilt, blame, and shame, women too are being judged, questioned, and often publicly attacked. Mothers are frequently ostracized, threatened, and live-in isolation as family, co-workers, friends, and their communities blame them for the actions of their male intimate partners. Social workers, such as I, within our role as a child protection agent of the government, have assumed that women are guilty because of their association with the sex offending male. Empathy and compassion appear to have been reserved solely for children as victims, but not mothers. Consequently, those on whom the burden of prevention is multiplied, experience an undermining of their strength, confidence and ability to achieve that end.

In Chapter Seven, I conclude that blaming, shaming, and judging mothers for the actions of their intimate partners is unfair and does not seem to improve the safety and well-being of children. The persistent perspective that women were aware of the child sexual abuse and therefore have failed, colluded and chosen a 'bad man' cannot continue to be our starting point because it simply fosters blame, shame and reinforces bad mothering narratives (Brogden & Harkin, 2000; Cahalane et al., 2013; Caplan, 1989; Dominelli, 2001; Hill, 2005; Joyce, 1997; Swift, 1995a, 1995b, 1995c). The data highlighted the importance of various types of supports to meet both urgent and longer-term needs, as well as individual and family interventions. Recommendations were made repeatedly in the interviews for the need for safe, non-judgmental spaces that allowed mothers an opportunity to share their stories, ask questions and seek help. Participants identified the need for social workers to be compassionate, empathic and wise. The

data reflected a consistent lack of supports available or offered and a need for information that would provide mothers with a sense of control and concrete tools to support their children

A variety of limitations have attended this study, which are discussed in the final chapter. These include the difficulty of obtaining participants and the small number of participants in this study. The world-wide pandemic was certainly one brake on participation. Other barriers to participation such as association with the child welfare agencies of potential participants and the researcher are discussed in Chapter Seven. The small numbers mean that one cannot make broad generalizations. The low uptake on review of transcripts secondly limits the depth of trustworthiness which one can claim. Suggestions for future research are thus proposed in the conclusion. Additionally, given the impacts of colonization, the over-representation of Indigenous families receiving child protective services, and the need for Indigenous led and informed research in this area is also suggested.

Notwithstanding these limitations, this study provides rich information that can influence practice, suggest future research, and improve services already offered to women experiencing this issue. This research sheds new light on whether current approaches or practice do in fact result in better safety outcomes for children, or whether it forces mothers to become isolated, avoid systems, and ultimately be held accountable and responsible for the actions of the men who have perpetrated the offences. It suggests there may be a better way for social workers to help mothers protect the children they love.

This research is important for several reasons:

- It contributes to the knowledge base and limited existing literature and research that exists around this topic;
- It provides a voice to the women who have stayed or left their intimate partners, following the incident(s) and it provides additional insights into the impact on mothers;

- The findings can be used to reduce the shame and blame placed on mothers, including the stigmatization around being ‘the woman who chose’ a man who has sexually abused children;
- The findings can be used to create support and social change for mothers who are isolated, marginalized, and often ostracized;
- The findings can help service providers better understand what types of supports or programs mothers need in order to successfully protect their children;
- It can change how we label or think of mothers whose intimate partner is a child sexual offender. Currently mothers are seen as colluding, denying, or knowing, rather than being seen as possible secondary victims who did not know, were shocked by the disclosure, and are trying to make sense of the situation;
- The heinous nature of child sexual abuse and the reality that women may choose to remain with the offending intimate partner is generally shocking, and therefore little research exists because this scenario seems unbelievable. This research can help us understand the complexities of these intimate relationships.

CHAPTER TWO

RATIONALE AND RESEARCH CONTEXT

Terminology and Definitions

Throughout this research there are several terms that the reader needs to understand. The definitions provided here are not meant to be viewed as the only possible definitions. Rather, they are meant to provide clarity on how the terms are being used within this study.

The term *intimate partner* is used throughout, and is, for the purposes of this research, limited to refer to a heterosexual relationship because child sexual abusers are predominantly male, and women as mothers are predominantly viewed as the primary caregivers of children (Finkelhor & Lewis, 1990; Miller, 2013). Hence, in this study, *intimate partner* refers to either of the adult partners in a cohabitation relationship without regard to marital status, where the male is an offender. More specifically, intimate partner may be further defined by a woman as someone who has a boyfriend, common-law partner, husband, or an ex-intimate partner.

When the intimate partner in mind is the female legally responsible for the children in her household, she will be named throughout as “*the mother*” regardless of whether she gave birth to the children who have been abused. The term *mother* is used throughout because, although mothers are biologically women, it is the perspective and experience of mothers that is being sought. Seeking out mothers, listening to them in order to understand or make sense of their experiences, is the focus. Like other studies, Cahalane et al., (2013) highlights the importance of understanding mothers’ points of view, and how they are impacted or experience the profoundness of the child sexual abuse, in order to allow us to better support mothers in their role as protectors.

In keeping with provincial child protection legislation (Manitoba, 2019), a *child* is defined as anyone less than 18 years of age. This includes children from birth to 17 years and 364 days. Upon reaching age 18 years, legislation recognizes the person as a legal adult who has new rights and independence. A victim of child abuse is therefore defined within this provincial legislative framework, as well as age of consent laws in Canada, including the Criminal Code (Government of Canada, Department of Justice, 2019, 2018).

Manitoba's *Child and Family Services Act* (Government of Manitoba, Department of Families, 2018b; Manitoba, Government, 2019) defines *child sexual abuse* in terms of sexual exploitation or any sexual act (contact or non-contact) against a child that is done for sexual purposes, including sexual gratification. Originally, the term *child abuse* referred to physical harm to a child and was based on Kempe's 1962 research entitled "The Battered-Child Syndrome" (Chaiyachati, 2015; Kempe, 1962). However, the term child abuse was broadened in the mid-70s to include not just physical abuse but neglect, and then later, sexual and emotional abuse. This was the catalyst for changes to legislation within North America and abroad (Chaiyachati, 2015). This research will use the term *child sexual abuse* to encompass all sexual abuse acts committed against a child, or an act of omission resulting in the sexual abuse of a child.

Contact offences are defined as sexual abuse acts where there may be direct physical contact, while *non-contact offences* include the viewing, creation, or distribution of *child pornography*, also defined as indecent child images or material (Government of Manitoba, Department of Families, 2018c, 2018d). Child pornography is defined within the Criminal Code of Canada (Government of Canada, Department of Justice, 2018) and within child protection legislation (Government of Manitoba, Department of Families, 2018c) as exposure to or use of

children in the making of/or distribution of pornographic material. This includes audio, written, video and picture material that shows a child engaged in, or depicted as engaged in, explicit sexual activity (Government of Canada, Department of Justice, 2019, 2018; Canadian Centre for Child Protection, 2016). Although the Criminal Code defines child pornography, the term preferred is “*indecent child images*” because it shifts responsibility from victims to offenders (Canadian Centre for Child Protection, 2016; Gewirtz-Meydan & Walsh, 2018; Government of Canada, Department of Justice, 2018; Manitoba, Government, 2019).

The term *child sex offender* or the shorter version *offender* is defined in this study to be a male person of adult age who has been criminally convicted, investigated by child welfare agencies, and found or believed to have sexually abused a child, including contact and/or non-contact offences (Gilligan & Bumby, 2005). In this research study, the mother (woman) might not use the term *offender* when speaking of their intimate partner, but they will have been told, and understand that their intimate partner has been deemed, to have sexually abused a child(ren).

Child protective services and *child welfare* and *child welfare agencies* are terms used interchangeably to mean legislatively mandated agencies that employ social workers (agents) who are responsible for assessing and intervening on child protection matters, including conducting child sexual abuse investigations. Every province in Canada labels these mandated child welfare agencies in various ways, including child and family services, child welfare agencies, social services, protective services and so forth. For this study, the terms child protection, child welfare and child welfare agencies will be used interchangeably and reflects an agent of the agency and/or the mandated system.

Theoretical Framework

The theoretical framework of the research process and design is important, as it guided how the research was completed and analyzed. The framework helped control bias, addressed conflict of interest issues, and ensured the inclusion of all relevant data. As a woman, mother, and social worker whose career has revolved around the protection of children, and as the person who conducted this research, the potential for researcher bias and conflict of interest existed. I am not a subject of the research, and so my thirty years of child protection experience and knowledge could not be included as data, nor was my position of authority within the Child Welfare system used to facilitate this research as this would have been unethical. Recruitment and mitigating any conflict of interest, including any perceived position of authority or power, whether it be statutory or through funding decisions within the scope of my professional job, was given careful consideration. The research was carefully designed to address these areas of concern and is discussed in Chapter Three and Chapter Four.

I utilized a qualitative approach, framed by feminist and grounded theory, to conduct this research. The complexity of sexual abuse and intimate relationships, as well as the unheard voices of the mothers, required an open-ended approach, that allowed for flexible exploration of the experiences of the women involved in order to expand our understanding of their experiences and the issues they face as mothers. These theories provided the necessary framework to mitigate researcher bias and address the power differential between subject and researcher. The disruptive nature of feminism and grounded theory's key principle, that there exist multiple ways of knowing or experiencing specific life events, make these research paradigms applicable.

Qualitative approaches are useful ways to investigate complex family and relational dynamics, including intimate partnerships, because they allow us a glimpse into the world

unknown to most people (Creswell, 2007, 2013, 2016; Charmaz, 2014; Ganong & Coleman, 2014). Creswell (2007, 2013) suggests that the value of qualitative research lies in its ability to explore a problem or issue by talking to the people who are experiencing the issue. This allows us an opportunity to understand the details and complexity. “We conduct qualitative research when we want to empower individuals to share their stories, hear their voices, and minimize the power relationships that often exist between a researcher and the participants in a study” (Creswell, 2013, p. 48). Ganong & Coleman (2014) said it well when they stated that qualitative research is for the “nosy researcher” who wants to better understand the mystery of how and why families behave the way they do (p. 457). Creswell (2013) goes on to suggest that understanding the context is as important as the participant’s story because the causal linkages help us develop theories for complex problems.

Grounded theory (GT) is a qualitative research design in which the theory is generated from the data. It is an inductive approach because it moves from the specific to the general and is aimed towards theory development (Glaser & Strauss, 1967). Glaser and Strauss developed GT in 1967 as a result of discovering that within patient groups, the impact or experiences of a singular event or issue differed. Although experienced differently, common themes emerged. The gathering of rich data and the systematic analysis of it enabled Glaser and Strauss to understand behaviours and apply this learning to practice. Their early work on those dying from terminal illnesses helped them realize that no perspective was wrong, and that the social context and variables of no two people were the same (1967).

Early Grounded Theory (GT) research design highlighted the need to eliminate researcher bias (Corbin & Strauss, 2007; Strauss & Corbin, 1990). GT’s emphasis on multiple ways of knowing, inter-relatedness between researcher and participant, and the need to be

reflexive throughout the research process, naturally leads Constructive Grounded Theory (CGT) to be connected or influenced by feminist theory. The idea that individuals (researchers and participants, for example), can experience the same event but process it differently is the reason GT has continued to be used in research; careful re-iteration of categories and themes serves to make researcher bias more difficult to sustain.

Feminist theory, challenges the notion that an objective theory can be discovered from data. Feminist researchers have argued that the researcher cannot be completely unbiased or without some real or perceived power (Creswell, 2003, 2013; DeVault, 1999; Nagy, Hesse-Biber, 2007). Therefore, it is important to incorporate the examination of oneself, as well as the research relationship, in developing the research design. This conscious examination of oneself, including one's own biases, values and experiences is *reflexivity* (Creswell, 2013, p. 216). Creswell (2013), describes reflexivity as having two parts, an exploration of the researcher's own experience with the phenomenon and second, how that experience shapes the interpretation of the phenomenon (p. 216). This use of reflexivity ensures that one's assumptions and preconceptions and how these may affect the research design are considered (Baines, 2011; Dominelli & McLeod, 1989; Fook, 2012).

Constructivist Grounded Theory (CGT) identifies the importance of acknowledging the constructed realities of the researcher and participants that are situated within historical, social and often situational conditions (Charmaz, 2014, 2017). This has led many researchers to begin to reflect on how researchers themselves have influenced or interpreted data (Strauss & Corbin, 1990, 1998), examining for example the influence of power differentials and the differing social contexts between researcher and participant (Charmaz, 2017; Keddy, Sims, & Stern, 1995). As a result of these expected differences, qualitative research requires the participants to deem the

researcher as trustworthy because they are being permitted an insider's view. Researchers must acknowledge and respect participants' willingness to share their stories (Burns, Wood, Inman & Welikson, 2013; Manning & Kunkel, 2014). This recognizes that participants and researchers would construct their worldviews from multiple standpoints, roles, and realities, and that researchers need to be reflective rather than unbiased (Charmaz, 2017).

Feminist theory is premised on equality for all, and it challenges all aspects of social arrangements that allows some to have dominance over others. This dominant and subordinate dichotomy can be related to race, culture, gender, sex, class, age, and able-bodiedness; it creates a power imbalance and lack of shared wealth (Dominelli & McLeod, 1989; Dominelli, 2002; Swift, 1995a, 1995b, 1995c). Feminist theory perceives identity as fluid and multifaceted; sex and gender are recognized, for example, as more nuanced than the simple binary dichotomy of male and female. Where only some have the power to name or redefine reality, the detail of diversity and multiple meanings are lost. Hence, reflexivity and praxis are required to ensure the range of voices is not suppressed to that of the researcher. Reflexivity is at the core of quality feminist research, and Gingeri, Wahab and Anderson-Nathe (2010) suggest that this must be connected to another basic tenant of feminist research: praxis. *Praxis* is the connection between theory and action. "Through praxis, researchers are challenged and supported to act and make research relevant to the actual lives of people who are affected by research and to explore critically and theorize action as it informs research" (Gingeri, Wahab, & Anderson-Nathe, 2010, p. 394). Gingeri et al. (2010) were correct when they quoted Reay (2007) who stated, "Differences operate differently in different contexts, and we have to develop analytic tools to make sense of this" (p. 606).

Feminist theory and ideology might be expected to predominate in the profession of social work. In part, this assumption is based on the historical development of the profession (Jennissen & Lundy, 2014) and the social work values and principles that are prescribed within the CASW Code of Ethics (Canadian Association of Social Work, 2019): social justice, the inherent right to dignity and worth of every person, and respect of all humanity (Canadian Association of Social Work, 2019). However, within the profession of social work, feminism continually evolves, but to varied degrees remains absent, misunderstood, simplified or quieted (Gingeri et al., 2010; Milliken, 2017; Pennell, Flaherty, Gravel, Milliken, & Neuman, 1993; Valentich, 2011). More is needed; feminist theory's disruptive quality challenges patriarchal hierarchical structures, systems, and norms, while emphasizing the need for advocacy. Therefore, feminist social work is not only possible, but required within child protection, where the focus is on child well-being and safety.

Feminist theory, GT, CGT have commonalities. They all recognize the complexity of the subject due to the existence of multiple realities that are socially constructed. They all agree that in order to move towards egalitarianism across all social dimensions research must unpack and disrupt dominant and subordinate ideology that is based on race, culture, class, gender, age, sex, etc. (Bryant & Charmaz, 2007; Charmaz, 2017; Dominelli, 2002; Dominelli & McLeod, 1989; Urquhart, 2017). Jennissen & Lundy (2014), in looking at the history of the social work profession, illustrate in their book, *One Hundred Years of Social Work*, how history and women's stories have influenced the profession of social work and the gendered roles of women, including motherhood. Baines (2011) highlights how:

if we want to avoid solidifying dominant and oppressive cultural stories, we need to unpack and reconstruct clients' stories rather than leave them intact. 'Reframing' in feminist therapy shifts unhelpful stories and enables the creation of alternative or preferred stories (p. 105).

Feminist and CGT both strive to give voice to marginalized or oppressed groups and recognize that gender is a fundamental organizer of social life (Letherby, 2003).

The issues of power, culture, and gender often result in people having contradictory and value-laden ideas about relationships and how people should respond to significant incidents (Pitre & Hegadoren, 2011; Pitre, Kushner, Hegadoren, and Raine, 2015; Snitow, 2007; Swift, 1995a, Swift 1995b; Thurer, 2007). All of these factors influence societal and individual mother's narratives. GT allows us a means to understanding how people work through complex issues, like child sexual abuse, within their own individual world views. The complexities and nuances of experiences and one's realities became known by listening to the mothers (Bryant & Charmaz, 2007; Ganong & Coleman, 2014; Manning & Kunkel, 2014).

Feminism, constructivism, and grounded theory have overlapping principles and values, creating a methodological and theoretical lens that offers insight into a complex issue. This approach challenges language, beliefs, and constructs to disrupt current ways of knowing (Charmaz, 2017, Creswell, 2007), and improve current ways of being. "Constructivist grounded theory propels our thinking forward in unanticipated ways and subsequently sparks new understanding of experiencing and redressing injustice" (Charmaz, 2017, p. 42).

Child abuse is a complex issue, and generally the literature focuses upon the child victim and the offender (Brogden & Harkin, 2000; Gilligan & Bumby, 2005; Hernandez et al., 2009; Hill 2005; Iffland, Berner, & Briken, 2014). Little regard is given to the mother's experiences and how this intersects and affects her family and intimate partner relationships (Brogden & Harkin, 2000; Hill, 2005; Joyce, 1997; McCallum, 2001). By using feminist theory and GT, we can uncover the social contexts, the intersectionality of relationships, and the individual and structural variables that create uniqueness while still highlighting commonalities or themes

(Bryant & Charmaz, 2007; Burns et al., 2013; Creswell, 2007; Ganong & Coleman, 2014; Keddy et al., 1995).

Literature Review

The literature reviewed highlights the role of child protection systems and the societal expectation that all children should be protected. This makes child protection work very challenging. Mistakes that allow for children suffering are unacceptable, and the public expects perfection (Hill, 2005; McCallum, 2001). In sexual abuse cases, the stakes are even higher, and therefore, child protection approaches families with a desire to absolutely prevent recidivism. When that decision involves child sexual abuse issues, the legislative construct means there is additional emphasis on the protection of children (Government of Manitoba, Department of Families 2018). This results in the scrutinizing of intimate partners of offenders as part of the problem. Non-abusing mothers are mistrusted, and treated with a harshness that seems contrary to what mothers need to remain protective (McCallum, 2001), a role which child protection services nevertheless expects of them. The poor recognition of how much mothers have lost suggests an absence of compassion; the child protective system's punitive watch dog approach may unintentionally push mothers to seek support from the men who abuse their children (Broadly, 2012; Wager et al., 2015). The literature review that follows explores the details of these dynamics, and shows how intimate partners of male offenders are tarred with the offenders' brush.

Social work is predominantly a female profession and the clients within child protective services are women and mothers, yet Davies et al. (2007) report that intimate partners' positive contribution to families is often overlooked:

Feminist analysts have argued that social work practices in child welfare are, in fact, practices that centre on scrutinizing maternal capacities. Couched in such phrases as ‘the well-being of children’, ‘support for families’, and ‘least intrusive’ measures, the capacity of women as mothers drives child protection practice while remaining largely implicit and invisible (p. 24).

The mother’s condition may even be considered irrelevant. The child who needs protection is the primary client and priority, not the mother who may need support. When an intimate partner is the child sexual abuse offender, child protection services cannot understand a mother’s refusal to leave an intimate relationship in order to protect her child(ren) from harm. Her needs may not even be considered. After all, according to the myths, mothers are to be selfless and endless fountains of nurturance (Reimer & Sahagian, 2015; Thurer, 2007). If a mother fails to choose her child(ren) over her intimate partner, this reinforces the myths identified by Caplan (1989) that suggest mothers are needy and require expert advice to raise their children. These types of assessments of child safety relative to a mother’s protective capacity limits social workers within child protection because it lacks the feminist analysis of context and a positive evaluation of women (Caplan, 1989; Dominelli, 2001, 2002). Social workers do well to consider the feminist presumptions, for we are cautioned as professionals and social workers to do no harm, including ensuring our help does not further oppress mothers (CASW, Code of Ethics, 2005).

What goes unnoticed is that mothers, who are under constant scrutiny, display remarkable abilities to safeguard their children and do so with a limited support network. This is noteworthy in the sphere of child protection, where assessment is focused on a mother’s ability, with little to no regard for her social context (Dominelli & McLeod, 1989; Gingeri et al, 2010; Hughes et al., 2016; Reimer & Sahagian, Eds, 2015; Swift, 1995a, 1995b). Deciding what is good-enough mothering is the reality that child welfare agencies grapple with as part of its mandated role.

Child sexual abuse disclosures result in mothers facing intense pressure to make several significant decisions, including choosing how to engage with child protective services which is mandated to assess a mother's protective capacity and ensure she is in fact a non-offending parent. The assessment often results in mothers facing a second decision, that is, choosing between their child(ren) and intimate partner, in the name of child safety. Another decision mothers face is whether they want to remain in a long-term, intimate relationship with the offending partner, and if the family unit can safely be reunified. These three decision points are often treated by child welfare agencies as only one choice at a singular point in time. This assumption ignores socially constructed ideas related to good and bad mothering, blame, responsibility for child safety, and what the system expects of mothers (Ames, 2015; Davies et al., 2007; Hernandez, et al., 2009; Joyce, 1997). In reality, the complexity of child sexual abuse means that risk factors are constantly changing over time and so too are relationships. Mothers need time to comprehend the implications of the disclosure and deal with the expectations of others (family, friends) and systems (child welfare, law enforcement, victim services) which may be in conflict with a women's individual wants and hopes and her mothering beliefs and needs. Therefore, these three key decision points must be considered fluid versus linear decisions.

Assessments that assume intimate relationships can be used to reduce recidivism, and that mothers' capacity to have a predominant role and responsibility to prevent child sexual abuse are suspect. For example, Broadly (2012) looked at the validity and accuracy of sex offender risk assessments within child welfare system and specifically how static and dynamic factors are often misunderstood by mothers and the child protection agencies tasked with developing and implementing safety plans. Most of the families receiving child welfare services have a myriad of issues and multiple factors can change, day-to-day or week-to-week (Swift, 1995a, 1995b,

1995c). This means that risk assessments alone are not good indicators of risk and are not reliable in determining safety (Caplan, 1989; Wager et al., 2015). Educating mothers about grooming, cycles and patterns of sexual offending, and the difference between static and dynamic factors that can increase risk of reoffending is more valuable (Brogden & Harkin, 2000; Plogher et al., 2016; Seto, 2006).

The complexities of raising children include the multitude and ever-changing caring tasks involved in mothering when not overlooked entirely, are undervalued and can even be criticized. It is common, both in my past practice and in my current role, to see documentation that indicates the cleanliness of a home, the hygiene of the child(ren), the emotional affect of the mother; yet rarely is there a record of the tasks that were involved in getting children to daycare or school or in providing them with food, shelter and love (Swift, 1995a, 1995b). A mothers' day-to-day work is invisible and undervalued, yet these same records describe basic caring tasks completed by fathers as positive and extraordinary in nature. Statements such as "he plays with the children" or "he wiped their faces during the family visit", place extra value on caring tasks fathers complete, giving no regard for the countless times mothers do the same things (D'Arcy et al., 2012). If the father is absent, this is merely stated, compared to the level of scrutiny and blame that is attached should the mother be absent or abandon her child (Ames, 2015). These narrative records are powerful because they support myths and perpetuate dualistic thinking that sustains patriarchal hierarchy (Ferguson, 2017). Blame and judgment of mothers is based on socially defined norms that determine what is good and bad (Caplan, 2007; O'Reilly, 2007; Rothman-Katz, 2007; Thurer, 2007). We judge women for the behaviours of their intimate partners and blame mothers for the outcomes of their children (Cahalane et al., 2013; Iffland et

al., 2016; Joyce, 1997; McCallum, 2001; O'Reilly, 2007). This unfair and misguided judgment is embedded within legislation and policy (Milliken, 2017).

As a society, we believe that sexual abuse is wrong, but how governments address the problem is varied and influenced by the public's beliefs or understanding of child sexual abuse. The public influences government policy and this generalized knowledge at times is based on myths and anecdotal information. An example of societal influence on legislation is sex offender registries. In some countries, the public registration of sex offenders is done because it is believed this reduces risk and protects children (Plogher et al., 2016). This assumes that one's ability to identify and track the movements of a sex offender enhances all mothers' abilities to protect their children. In Manitoba, we register child sex offenders on the child abuse registry; however, specific individual information is protected, highly regulated, and not available to the general public. The privacy and inherent human rights of offenders and victims are balanced, while still believing in the protection of children and the need to have this information available (as per regulations) (Child and Family Services Act, Government of Manitoba, Department of Families, 2018a, 2018b, 2018c). Public policy that provides access to information about registered sex offenders, through a completed Child Abuse Registry check, gives the perception of total public safety. The public does not consider that some offenders are never registered because they have never been reported, criminally charged, convicted, or found by child welfare agencies to have sexually offended against a child, or through the appeal process were found not to have abused a child (Government of Manitoba, Department of Families, 2018a, 2018c; Stats Canada, 2016a, 2016b, 2016c, 2016d, 2016e; 2017). Inadvertently, these policies may further blame and isolate women and their children because of their relationship with a sex offender.

They can be targeted and then treated as if they themselves were the offender or the criminal (Gilligan & Bumby, 2005).

Research from as early as 1954 to the present-day wrestles with the complexities of child sexual abuse. It has focused primarily on gaining an understanding of why offenders sexually abuse children, how child victims are impacted and can heal and the role of women in this process (Hernandez et al., 2009; Hitchens, 1972; Kempe, Silverman, Steele, Droegmoeller, & Silver, 1962; McGillivray, 1994; Joyce, 1997; Martin & Tardif, 2015; Plogher et al., 2016). It has focussed less upon mothers' experience.

Palm and Abrahamsen's Rorschach study in 1954 on family members and sex offenders sought to determine through psychological testing how the personalities of wives influenced or may have caused men's sexual offending behaviours. In Garrett and Wright's 1975 study on wives of rapists and incest offenders, findings included victim blaming and rationalization. The hypothesis was that a woman's emotional or psychological make-up was believed to result in the woman unconsciously behaving in such a way that resulted in her male mate's sexual offending behaviours (Garrett & Wright, 1975). Garrett & Wright (1975) and Hitchens', (1972) early findings suggested women misrepresented their sexual interests, or were negligent in 'wifely duties', resulting in their intimate partners' actions that included sexual assault or abuse of children. The study found that all the women were surprised by their husbands' sexual offending behaviours, even though five had past offences (Garrett & Wright, 1975; Hitchens, 1972).

Relationship factors such as communication, intimacy, and individual traits that may predispose someone to offend or partner with someone who is known to sexually offend have also been examined. Findings suggest that offenders and their partners continue to avoid discussing real issues or topics that create tension (Cahalane et al., 2013; Iffland et al., 2016).

Levels of sexual satisfaction, intimacy, loneliness, acceptance, belonging, power, and control appear to play some role in why women and men couple, and remain together even after the disclosure event (Martin & Tardif, 2015; Seidman et al., 1994). Martin and Tardif's (2015) study focused on verification that sex offenders have specific intimacy deficits and that this could be linked to sexual recidivism rates. The idea is that if we can isolate the intimacy deficits, then we can determine their capacity to build and sustain a healthy intimate relationship. Seidman et al.'s (1994) examination of intimacy and loneliness found that both incarcerated and non-incarcerated participants scored similarly, suggesting that loneliness and a lack of intimacy prevails even when in a relationship. All male participants had intimate partners, but still scored low on intimacy, suggesting that the quality of relationships lacked depth. Studies such as this have only determined that sexual recidivism is complex and that relational and individual factors need more exploration (Plogher, Stevenson, & McCracker, 2016).

Iffland et al. (2014) conducted a study which focused on trying to determine relationship factors that stabilize a couple, since instability was found in sex offender couples. Findings suggest that the women were pre-occupied with attachment and therefore preferred affection to actual sexual intimacy; being with someone was preferable to being alone. The study included other measurement tools; the men showed less relationship anxiety and avoidance, while women's high levels of relationship anxiety seemed to indicate they were not securely attached. The stability of these relationships appears poor. However, Iffland et al.'s (2014; Iffland et al., 2016) work suggests that the women and the sex offending males find some benefit in the intimate relationship. The literature reflects continued efforts to explore whether some flaw in the relationship is causally linked to sexual offending behaviours; and in doing so the female partners (the mothers) are identified as part of the problem.

Some of the literature suggests that a woman's pre-existing self-worth or identity impacts her coupling decisions (Garrett & Wright, 1975; Hill, 2005; Hitchens, 1972; Iffland et al., 2014; Iffland et al., 2016; Martin & Tardif, 2015). It is assumed and some standardized psychoanalytic testing suggests that women have identity, attachment, or self-worth issues that cause them to choose poorly (Martin & Tardif, 2015). This suggests that finding the perfect mate is the woman's sole decision, when coupling is, in fact, a relational process that involves two people. Although there is consideration that men may choose women to gain intimacy, to fulfill their own self-worth or identity issues, or for ulterior motives such as gaining access to children, this appears premised on a belief that men are choosing psychologically flawed women (Iffland et al., 2016; Martin & Tardif., 2015; Plogher et al., 2016; Seidman, Marshall, Hudson, & Robertson, 1994). However, women do not enter a relationship assuming their intimate partner has the worst qualities, such as deceit and sexual offending. To suggest that a woman's choice of her intimate partner and entry into motherhood somehow cause sexual offending, or is a purposeful choice, speaks to past and current blaming and shaming of women (Caplan, 1989; Dominelli, 2001; D'Arcy et al., 2012; Gingeri et al., 2010).

Research has indicated that women play a significant role in the recidivism solution. Sex offenders' control plans are often more successful when women are supportive and part of the plan (Broadly, 2012; Gilligan & Bumby, 2005; Marshall, 1989; United States Department of Justice, 2005). Intervention models need to include components that teach women about grooming behaviours, cycles of offending, including static and dynamic risk factors. Teaching women how to observe and monitor these factors is not normative, and so must be taught in order to prevent future abuse (Broden & Harkin, 2000; Wager, Wager & Wilson, 2015). The caretaking role of women and mothers is exploited in order to support men (male offenders),

reduce recidivism rates, and protect children. Literally, male sex offending problems become a mother's responsibility to fix.

When a child is sexually abused, one initially blames the male offender because it was his actions that harmed the child. However, this perpetrator focus is often diverted towards the mother of the child victim because, it is perceived it was her responsibility to keep the child safe. When the sexual offender is known to the mother, or relationally involved, the focus on the mother's failure to protect intensifies (Cahalane et al., 2013; Caplan, 1989; Hill, 2005; Joyce, 1997). Thus, the failure becomes the mother's and the blame, which was the male offenders, is taken on by the mother as well. Underlying this blame and failure to protect is the belief, that by mere instinct, a mother should have known. This belief is fueled by a mother's own self-doubt and introspective questioning (Caplan, 1989; McCallum, 2001).

Child sexual abuse is horrific; denial and rationalizations are normal. Yet mothers are expected to overcome such responses, to immediately and super-rationally make the life-altering decision of choosing their child(ren) or their partner, or attempting to have relationships with both (Broadly, 2012; Brogden & Harkin, 2000; Cahalane et al., 2013; McCallum, 2001). When women, are unable to sever their relationship with their intimate partner, in the name of protection, they are judged as complicit in the offending and their protective capacity as a mother is questioned (Cahalane et al., 2013; Hill, 2005; Joyce, 1997). The stigmatization of mothers, who, by popular belief, are viewed to have colluded, or known and done nothing, ripples through all aspects of family life. These mothers are labelled by other mothers as unsafe, and they no longer permit their children to play together, and they do not want to socialize with a woman who makes such poor choices as to choose a man who is a sexual predator.

Evidence of complicity, however, is weak. Caplan (1989) found that most mothers were unaware of the abuse, or if they were, did tell or take action, unless they feared retaliation or further harm. In Patricia A. Joyce's (1997) research on mothers of incest victims, it appears mothers generally did believe their children's disclosure(s) and were concerned, but took little action to protect the child. It is possible, however, that these mothers were protective in some way, but that their narrative was not understood because no one asked them. The study suggested that a model with altered language is needed, language that does not further stigmatize and judge, but rather sees mothers struggling to understand and cope with a complex event that revolves around the very people they love. This may create an opportunity for mothers to understand sexual abuse risk factors, such as grooming, and why children do not disclose or may later recant.

From the moment of disclosure or awareness of child sexual abuse offending by their intimate partners, the mothers' lives are changed. One might think that, given interveners' expectations of mothers' role in preventing future abuse, they would be listened to and supported more. However, even programs that offer support to mothers are found to be doing this primarily to help children heal from their victimization (Broadly, 2012; Brogden & Harkin, 2000; Cahalane et al., 2013). Alternatively, mothers are being told they must protect their children and so are either having to help manage their intimate partners' cycle of abuse treatment plan or they are having to eliminate these men from their lives (Gilligan & Bumby, 2005; Hill, 2005). These additional expectations placed upon mothers add to their sense of powerlessness and overall societal inequality (Joyce, 1997; McCallum, 2001).

Research conducted in the United Kingdom by Brogden & Harkin (2000), explored the types of supports needed for female partners (mothers), in order to meet the expectations placed

upon them to keep their children and other children safe by preventing their partner from re-offending. Brogden & Harkin's research noted that the unintended outcome for women as a result of publicized sex offender information, was that they too were ostracized, threatened, and victimized. The women (mothers) found little in the way of supports, while supports were generally offered to the victims and offenders (Brogden & Harkin, 2000). Brogden & Harkin (2000) research identified mothers as secondary victims, thus opening the door to a new narrative, one that includes a focus on empathy and compassion.

The literature suggests that the effect of disclosure upon mothers is traumatic; mothers experience a series of responses such as initial disbelief, subsequent anger, and an overwhelming sense of loss and loneliness. The shock of the disclosure has been described by mothers in various ways, but the evidence of coping through the use of denial, minimization and distorted thinking prevails (Cahalane et al., 2013; Garrett & Wright, 1975; Hill, 2005; Hitchens, 1972; Iffland, et al., 2016). A qualitative analysis of letters written by non-offending partners offers insight into how women process the profoundness of disclosures, including how it relates to mothering and being an intimate partner (Cahalane et al., 2013).

Interventions that require mothers to choose their children and keep their intimate partner out of the family home may create increased secrecy and minimization of the risk posed to children. Cahalane et al. (2013) found that post disclosure, women continued to process the dichotomous reality that their intimate partner was a child sex offender, compared with the positive qualities they possessed. This dichotomy of good versus bad in one's intimate partner consistently impacts women in trying to determine their future relationship and family state (Cahalane et al., 2013). The practice implications from this study offer insight into both the emotional turmoil and needs of mothers. As noted by Cahalane et al. (2013) and others (Hill,

2005; Joyce, 1997; McCallum, 2001; Wager et al., 2015), providing information on sexual offending risks and facts about the disclosure is not enough to support mothers. Timing of information, allowing space and non-judgment so that mothers can process the dichotomy and feelings associated with this complicated love, is essential (Wager et al., 2015).

Societal judgment of mothers is sometimes harsh, resulting in hardships and isolation through loss of employment, housing, and friendships. Isolation creates additional stressors for women who are already coping with the devastation of the disclosure and the destruction of their nuclear family (Plogher et al., 2016). The child sexual offender may or may not be criminally charged and convicted and have his life interrupted, but mothers seem to informally serve a lifelong sentence. The loss of family and friends, isolation at work, family unit disruption, involvement with law enforcement, the risk of losing their children to child protective services, combined with loss of income and loss of their intimate partner's support, means mothers are in a virtual jail cell (Cahalane et al., 2013; Halsey & Deegan, 2015). The experiences of these mothers are profound, yet little research has been done to ask them how they feel, what they need, or how they could be supported.

A review of feminist literature found the constant evolution of feminism and how dynamics identified by feminist theorists may be negatively impacting practice with mothers. The evolution of feminism has come in waves and continues, but social workers and all people, may have become too quiet and may have forgotten that women have had to fight for rights regarding equal pay, maternity leaves, and reproductive and sexuality choices (Dominelli & McLeod, 1989). Dominelli and McLeod (1989) remind us that "feminists are not immune from reproducing hierarchy through their own social relations" (p.4). Feminist social workers need to remember the effort needed to move forward and disrupt current policy and practices that are

linked to social contexts like poverty and colonization (Ferguson, 2017; Milliken, 2017; Swift, 1995a, 1995b; Valentich, 2010, 2011). The literature affirms the authors' view that mother blaming is alive and well-entrenched (Ames, 2015; Caplan, 1989; Ferguson, 2017; Kinser, 2010; O'Reilly, 2007, 2008; Thurer, 2007).

Initially, feminist literature from the 1950s and 60s seemed too dated to consider however, throughout the literature, it was clear that women and mothers remain placed into gender defined roles. The role of 'wife' (defined more broadly in this research as intimate partner) and 'mother' continue to have clearly defined societal, cultural, and socially constructed definitions and responsibilities. Women are expected to possess an innate or biological desire to mother. Those who choose not to are deemed flawed, judged for their choice, or pitied for their fertility-flawed body (Dominelli & McLeod, 1989; Dominelli, 2002; Snitow, 2007). Once finding a mate and becoming a mother, women are then judged on the quality of care their children receive, including their successes and failures in life. Fathers continue to be viewed as the primary economic provider, and, in a patriarchal society, women bear the children of men (Rothman Katz, 2007, p. 391). A mother's work continues to be devalued or invisible while judgment seems never-ending (Caplan, 1989; Swift, 1995a, 1995b).

The feminist literature shows how expectations of women remain virtually unchanged over time, and that the standards for good mothering are often unattainable. Good mothering is based on elusive, self-denying, contradictory expectations (Thurer, 2007, p. 334), while the myths of motherhood solidify the mother blame game (Ames, 2015; Thurer, 2007). Ames (2015) and Caplan (2007) describe the myths of motherhood as: mothers are endless fountains of nurturance; mothers don't get angry; mothers are inferior to fathers; mothers are dangerous when they are powerful; mothers need expert advice to raise healthy children; mothers are bottomless

pits of neediness; and mother-daughter closeness is unhealthy (p. 121-135; p. 592-600 [O'Reilly,2007]). As one unravels and explores these myths, there are endless examples of how these myths continue to exist and are solidified into policy and social work practice. Thurer (2007) summarizes the effect of these myths beautifully:

Maternal altruism is difficult to sustain. While our children fill us with cosmic joy, while we would defend them with the fierceness of a lioness protecting her cubs, they also provoke in us at times such anger and frustration that we hardly recognize the fury as our own. If motherhood is the dreamy relationship it is often billed as, all that is normal, good, and decent. The resulting self-doubt is not much talked about. Mothers may joke about it, but they do not talk about it seriously. It is a cultural conspiracy of silence. (p. 333)

Two narratives exist, that of motherhood and non-motherhood, and women themselves use this as a position of power or superiority (Snitow, 2007). One needs to look no further than the debates on abortion and choice, or working mothers' requests for vacation leave to align with childcare availability. The right to terminate a pregnancy is emotional and polarized; the woman's right to choose for herself, is viewed by others as a murderous. Working women fall into the two categories, mothers and non-mothers; the non-mothers are expected to defer to the vacation leave needs of the employed mothers, suggesting that non-mothers' needs are lesser. The non-mothers tend to view these employed mothers' requests as preferential treatment, while the mothers' have an actual concrete need for childcare. Both of these examples highlight the divide among women and the patriarchal hierarchy reinforced by society.

The choice (if there is one) to become a mother is embedded within relational processes that are defined within cultural, historical, religious and racial contexts. The Caucasian, middle-class, professional, working, married mother, and the racialized, single, unemployed mother who is raising children from different fathers, have different experiences, world views and are perceived differently by relatives and their societies. Expectations on how they couple and

maintain their relationships differ as do their gendered roles (Anderson, 2007; Hill-Collins, 2007; Snitow, 2007). The idea that a woman would not marry, have, or raise a family is contrary to public perceptions and many cultural and religious expectations. Feminists argue that a woman's caring role is directly linked to mothering and a gender expectation that does not fit for all women and should not be universalized (Hughes, 2002).

Laney, Hall-Lewis, Anderson and Willingham's (2015) research suggests women go through a transition when they become mothers and this process alters their identity. In the research most women explained that they experienced a sense of identity loss and became entirely focused on their children's needs. Entering motherhood resulted in changes in lifestyle, free time, and, as women, they lost elements of their individual identity. There are limitations to this 2015 study because all participants indicated they enjoyed being mothers, so it is unknown how mothers, who at times find the role of motherhood negative, would describe their experience as it relates to individual identity. Feminists would point out that mothers are not allowed to have negative thoughts, let alone express those out loud or in a public way (Ames, 2015; Caplan, 1989, 2007; Thurer, 2007). The mothering myths highlight the limitations of the Laney et al. (2015) study, but what is useful is that even when mothering is experienced as positive, women's identities are changed by motherhood.

Defining who is or is not a good mother is an inconspicuous, undefined line. Women themselves critically and often harshly judge their own mothering styles, decisions, and outcomes against those of other mothers or from societal images and messages. This judgment of one another creates a mothering or caretaking hierarchy that perpetuates bad, good, and perfection (Caplan, 1989; Swift, 1995a). Society repeatedly states that the quality of a child's upbringing defines their identity, success, and life outcomes. Mothers are blamed for their

child's behaviours, failings at school, medical conditions, and when they express anger or frustration, mothers are deemed hysterical, needy, or unable to cope (Caplan, 2007). Caplan's work demonstrated that mother blaming occurs among various experts and that the extent to which mothers are blamed for the problems of their children and family appear endless in nature. However, "the most poignant instances of mother-blaming within the family are those in which the mother blames herself for whatever goes wrong" (Caplan, 1989, p. 45).

When a woman creates a family with a male who is found to have sexually offended against children, mother blaming quickly evolves and judgment of these mothers is heightened (D'Arcy et al., 2012). People who should be part of a support network (family, friends, and community members), and external systems designed to support mothers, often perpetuate and reinforce mother blaming (Swift, 1995a, 1995b). Mothers' feelings of blame, shame and failure are repeatedly reinforced (Ames, 2015; Astrom, 2015; Caplan, 1989; Dominelli, 2001; Thurer, 2007). The literature review confirms the responsibility placed on mothers to protect their children, and both the internal and external blame and judgment they face when they fail (Caplan, 1989, 2007; O'Reilly, 2007; Reimer & Sahagian, 2015). This failure is questioned and judged in many ways, which reinforces a mother's inner shame, resulting in the deepening of isolation and ostracization (Cahalane et al., 2013; Caplan, 1989; Krane & Davies, 2000).

The gendered care-taking expectations of women (mothers) occur consistently in society, as evidenced in Halsey & Deegan's (2015) work related to male re-incarceration rates. Recidivism rates of male incarceration, whether for people or property crimes, highlights the impact it has on the women left behind. It is the women, regardless of their defined roles (aunt, girlfriend, mother, grandmother, sister) who are left to cope with feelings, changes to family dynamics, and socioeconomic challenges. The women in the study, most who were mothers, all

experienced increased isolation and poverty (Halsey & Deegan, 2015). The mothers, grandmothers, sisters, wives and girlfriends all lost financial supports and housing, and feared for their loved one in jail. Yet the women and mothers continued to blame themselves for their male loved one's incarceration, believing it was caused by their ineffective parenting. These internal feelings and perspectives are reinforced by society, including friends and family, who judge these women as poor mates or lousy mothers.

Berit Astrom's (2015) chapter entitled "Because my Mother was a Liar and a Whore", describes the continued belief that some women are sexually devious, resulting in unplanned pregnancy ('which is the fault of the woman'), and is used as a means by women to secure a relationship. This paternity uncertainty is deemed 'unfair' and as having a negative impact on men. The impact on women remains silenced because they are the cause of the problem. Feminist writers point out the double standard: males are expected to be sexual beings, can have multiple partners, and gain pleasure from sexual encounters. Yet these same mothers are expected to nurture their children and sustain the family unit (Brogden & Harkin, 2000; Halsey & Deegan, 2015; Hill, 2005; McCallum, 2001). This patriarchal stance is noted within O'Reilly's (2007) book on maternal theory (Snitow, 2007; Caplan, 2007; Rothman-Katz, 2007). These male/female ideologies reinforce judgment and blame of mothers who were/are in intimate relationships with men who have been found to have sexually abused a child. Mothers are predominantly blamed for not having known about their intimate partners' heinous behaviours (acts against children), or for ignoring the signs and doing nothing to protect, or worse, colluding and aiding their partner in the abuse of the child (Broadly, 2012; Brogden & Harkin, 2000; Cahalane et al., 2013; Gilligan & Bumby, 2005; Halsey & Deegan, 2015; Iffland et al., 2016; Iffland et al., 2014; Joyce, 1997).

Brogden and Harkin's (2000) research found that women (intimate partners) were secondary victims, in the sense that their trust was violated. The impact of the disclosure on mothers resulted in judgment and blame, creating isolation and a sense of feeling unsafe, as well as an internal sense of responsibility, all key characteristics or descriptors used in understanding child sexual abuse victims. Wager et al.'s (2015) article which describes the use of empathy theory provides a new perspective on factors such as denial, rationalization, confusion, and disbelief. Following this research study, the concept of secondary victims becomes more relevant.

There are some studies that suggest a more positive approach and a connection between what we have learned about child victims and this concept of secondary victims. The blame, shame, and secrecy that surrounds child sexual abuse creates isolation for mothers. However, we currently focus on giving mothers tools and strategies to support their children, but we do not offer women a toolkit of their own. A program review of 'Partners for Protection' (Hill, 2005), a group program for mothers of child sexual abuse victims, discovered that women often felt judged and persecuted by child protection agencies; consequently, they would seek comfort from their intimate partners who had sexually abused a child. The memories of the good times, plus the concrete support and positive aspects of their intimate relationship, conflicted with the shock of the disclosure and the on-going process of making sense of the sexual abuse. Men who expressed remorse and asked for forgiveness or a fresh start added to the women's struggle to decide whether to have the men in their lives or not. Understandably, women were processing feelings of hurt, shame, and mistrust as well as trying to make sense of what this meant for their children, family, and themselves. The self-blame and questioning of how they could not have known or should have known perpetuates the external judgment cast upon them and the label of

'bad mother'. The women overwhelmingly felt guilty, self-blamed, and had a poor sense of self-worth; and as mothers these feelings were amplified (Hill, 2005).

Educational components, such as those offered by Hill (2005), suggest that knowledge of the offence(s), patterns of offending, as well as understanding what this has meant on a day-to-day and lifetime basis, is necessary. Information on relapse planning and prevention, as well as risk management, is valuable and necessary (Wager et al., 2015). Education for mothers is only one component, because if not combined with support, empathy, and compassion, the intended outcome, will not come to fruition.

Wager et al.'s (2015) study of Circle's South East Program for non-offending partners of child sex offenders: A preliminary outcome evaluation highlighted the programs' focus on empowering mothers, through education and support strategies. The program used empathy theory, and a dyad approach to explain why child abuse results in confusion and disbelief. In a dyad, the theory is if one person sees another in distress, they will respond. In child abuse there is a triad between the victim, offender, and the non-offending partner. The non-offending partner will tend to waver between who they support because their empathy will be pulled in two directions. This theoretical argument offers a deeper understanding of rationalizations and minimizations, as these would be necessary coping strategies (Wager et al., 2015).

Wager et al.'s (2015) findings suggest that relationships are critical when it comes to empathy. If the victim was from within the family unit, there appears to be more empathy than if the victim was not. In this research, the use of minimization and blaming of the victim was more readily done when the offence was outside the family unit. Similar to extended family, child protection social workers seemed to lack empathy and their actions or questions resulted in mothers feeling blamed for not knowing, or potentially colluding and being a party to the sexual

abuse, and then judged (assessed) as not protective or lacking protective capacities (Brogden & Harkin, 2000; Cahalane et al., 2013; Hill, 2005).

Some authors have suggested we need to shift our narratives to create space for mothers so that they can receive the support and help they need to care for their children (Davies et al., 2007; Krane & Davies, 2000). Feminist approaches suggest that we deconstruct mothering in order to shift away from mother-blaming towards a world of inclusion and equality. By doing so, individualized mothering problems that foster shame and blame will be properly identified as social issues, that collectively we are responsible for solving (Baines, 2011; Dominelli & McLeod, 1989; Kinser, 2010; Milliken; 2017; Thurer, 2007). Dialogue creates opportunities both for reflection and to hear mothers voice their experiences and feelings. This challenges us to construct new mothering narratives that are inclusive and less individually blaming (Davies et al., 2007; Mack-Canty & Wright, 2008). This deconstruction of mothering narratives requires further consideration, given the type of complicated love that was explored in my research study.

The literature exposes the expertly woven pattern of mother-blaming and sense of responsibility that has existed for centuries. Ames (2015), Cahalane et al., (2013), Caplan (2007), O'Reilly (2007), Thurer (2007) and Reimer & Sahagian (2015), to name just a few, repeatedly identify mother blaming myths which force mothers to strive for an unattainable perfection; resulting in continued judgement of their mothering skills, selflessness, and the outcomes of their children. The ultimate judgment and blame focus on a mothers' failures, hurts, or negative life circumstances that a child has to endure. Feminists like Dominelli (2001, 2002) and Milliken (2017) point to the continued societal judgment of mothers, within a patriarchal system whereby we hold mothers responsible for all things related to their children. Therefore, loving someone

who has sexually offended against children appears to be an unforgivable choice for a mother to make, and one for which she readily and easily internalizes full responsibility.

CHAPTER THREE

METHODOLOGICAL FRAMEWORK

A qualitative research approach is a useful way to investigate complex family dynamics, including intimate partnerships. It allows for the examination of relational complexities and the surfacing of new perspectives from an otherwise understudied population. It encourages us to ask the ‘what and how’ questions of family members, which provides richer data than otherwise gathered via standardized questionnaires (Creswell, 2007; Ganong & Coleman, 2014). Quantitative data gathering methods limit a participant’s responses (Creswell, 2013, 2003; Urquhart, 2017). Through the engagement of a qualitative approach, the researcher and participant together gather information and funnel it through a reflexive analytical process, thus generating a theory or general explanation of a process, action or interaction (Creswell, 2007; Ganong & Coleman, 2014; Glaser & Strauss, 1967). This type of approach, when placed with a feminist lens, invites us to challenge status quo definitions, redefine, and deconstruct oppressive ideologies, in favor of egalitarianism (Milliken, 2017).

Child abuse is a complex problem. It cuts across all socio-economic demographics, cultures, and communities, and impacts families and mothers. The intersection of class, race, socio-economics, culture, and gender adds to the complexity and gives further context to child abuse (Chaiyachati, 2015; Fallon et al., 2019; Finkelhor & Lewis, 1990; Trocme, 2010). McGillivray (1994) suggests that we need to expand the narrative of child abuse if we are to “expose flaws in intervention and treatment” (p. 68).

In child sexual abuse, the least understood narrative is that of the mother. The purpose of this research is to expand these narratives through the richness and complexity of the mothers’ stories, thus providing the researcher with an insider view of the impact on interactions and

relational processes (Charmaz, 2017). The willingness of mothers to share their inner thoughts and feelings is reflected in their quotes, which will forever change us as we bear witness to the internal strife, complexity, grief and competing demands of mothering children, while having loved someone who has sexually abused children (Charmaz, 2017; Creswell 2007, Ganong & Coleman, 2014). If our goal is the safety of children, then hearing mothers' experiences, understanding their world view, and learning from them is essential for improving social work practice. This research provides a deeper understanding of this complex topic by utilizing grounded and feminist theory. The next sections will describe the merit and value of this chosen framework.

Grounded Theory

Grounded theory methodology is the most suitable method to understand mothers' experiences and perspectives, because qualitative methods "are perfect for learning how and why families do the things they do" (Ganong & Coleman, 2014, p. 454). Qualitative research offers participants a way to respectfully share their perspective and world view, and the collection and analysis of this data results in the evolution of a theory (Creswell, 2007; Ganong & Coleman, 2014; Glaser, 1992; Glaser & Strauss, 1967). Understanding complex issues like child abuse, through the use of "qualitative methods are excellent for assessing family members rich descriptions of family processes and for observing those processes in natural settings such as homes" (Ganong & Coleman, 2014, p. 454).

Given that child sexual abuse depends on secrecy and creates feelings of shame and blame, answers are not easily attained or readily available (Ahern, Hershokowitz, Lamb, Blasbalg, & Winstanley, 2014). Even upon disclosure, the shame and blame a child victim feels may limit the information disclosed and result in recanting. A mother's internal sense of shame

and societal blame for failing to protect her child perpetuates secrecy and isolation (McCallum, 2001). Adding to this complex emotional turmoil is the influence of the intimate partner who may be pleading forgiveness, denying the incidents, or offering his own narrative of the events.

The history and development of grounded theory, explained below, in combination with the given complexities of this research topic, provide the rationale as to why this became the chosen theoretical framework. GT dates back to Glaser and Strauss (1967), two sociologist researchers who wanted a different approach to understanding and predicting behaviours. Glaser and Strauss's (1967) early work with terminally ill patients, trying to understand the impact of telling or not telling the patient about their imminent death, has influenced the development and evolution of GT. Glaser and Strauss (1967) recognized that no one patient's experience or desire to know their life expectancy was the same. In fact, health care professionals and family members had varied approaches to coping with the terminal illness of a loved one, and this too has influenced patient care and awareness of death discussions. Through their work, Glaser and Strauss recognized that differing perspectives, along with socio-economic and cultural variables, resulted in them challenging the idea of there being only one valid perspective. Consideration of one's social context and individual variables meant that everyone's experience of the same event could be and often was unique. However, Glaser and Strauss (1967) noticed the development of themes within these individual perspectives. By using the themes evolving from the data, it allowed for the bridging of the problem with the solution, so that in this case helpers could become better helpers. Thus, GT promotes the application of what is learned into practice and further research (Creswell, 2007; Ganong & Coleman, 2014; Glaser & Strauss, 1967).

Early GT was based on saturation documentation and themed coding mechanisms. These two elements were put into place to ensure neutrality, eliminate bias, and allow for all possible

themes to be elicited through the research process (Glaser & Strauss, 1967). Reaching saturation levels in GT is defined as the continued interviewing of new participants until no further information can be obtained that would further theory development (Creswell, 2007). Therefore, it is not the number of participants chosen, but rather it is when the information gathered becomes repetitive that researchers know they have met the point of saturation. The use of coding as the basis for thematic and content analysis originated with Glaser and Strauss (1967); however, Glaser later criticized Strauss's prescribed coding methodology as too structured (Glaser, 1992). GT researchers, such as Charmaz (2017), believe that jargon and conceptual maps restrict findings and are a mechanism for researchers to gain power over participants. Charmaz (2017) valued the researcher's involvement with the data and the flexibility to continuously analyze throughout the process. Glaser and Strauss's (1967) early GT work focused on upholding research rigor through rigid collection and analytical processes, but as GT has evolved, this has meant to many the loss of valuable themes. The evolution of GT supports flexible or fluid versus linear thinking, resulting in the evolution of themes to reach a theory or level of understanding about complex relationships or issues (Creswell 2003, 2007, 2013; Glaser & Straus, 1967; Keddy et al., 1995; Padgett, 2017; Strauss & Corbin, 1990).

The presumption of varied experiences and perspectives applies to this research topic because child sexual abuse cuts across all demographics and groups (Finkelhor & Lewis, 1990). Mothers have differing socio-economics, culture, race, and histories. The type of offense (contact versus non-contact) and relationally who the victim(s) is/are, as well as the type of intimate relationship, comprise various dynamics that influence the experience of mothers. GT acknowledges the messiness of the data collection and the researcher's engagement throughout the process. The revelations of the participants have a powerful impact on both the researcher

and future readers. All this can make qualitative research overwhelming, because through the sharing of lived experience and what we learn from participants, often leaves a lasting impression on researchers (Charmaz, 2017; Keddy et al., 1995). Hence, constructivist grounded theory (CGT) is warranted.

Constructivist Grounded Theory

Just as participants have differing individual and contextual perspectives, so too do researchers; thus, constructivist grounded theory (CGT) acknowledges these multiple standpoints, roles, and realities (Charmaz, 2017; Urquhart, 2017). CGT goes beyond the assumption of diverse worlds and multiple realities and recognizes that researcher/participant interaction and commonalities may create a bond, and that this too is part of the data (Charmaz, 2017). GT forefathers realized that the researcher can never be neutral, and that attempts to attain neutrality are never fully possible (Creswell, 2007; Ganong & Coleman, 2014). Feminist and Grounded theorists recognize and accept that researcher bias exists. Both the participants and researchers influence interpretation of the data through one's own historical, social, and situational constructs (Bryant & Charmaz, 2007; Charmaz, 2017; Keddy et al., 1995). The importance of researcher reflexivity is essential and is a consideration when thinking about language, interpretation of data, and participants. This reflexivity is enhanced by the engagement of participants in reviewing and correcting research developed themes (Bryant & Charmaz, 2007; Charmaz, 2017; Creswell, 2007; Keddy et al., 1995).

As the researcher, reflexivity was essential in order to better understand how my lengthy social work career in Child Welfare, views on feminism, and own mothering experience may influence collection and analysis of data. However, as Charmaz points out in Creswell (2007), the emphasis remains on learning about the experience of mothers within embedded, hidden

relational situations. While the interviews and coding are key components of CGT and GT, the focus and purpose of reflexivity is to ensure that we make power differentials, communication, and relationship dynamics visible (Charmaz, 2017; Creswell, 2007). My social work experience in the child welfare system poses both a potential benefit, because of my knowledge and experience of the system, and a risk, because of my overall comfort with the topic. The risk is that my experiences could limit, restrict, or influence data collection and analysis. Therefore, the participants review and improvement of themes was used to mitigate these concerns, in order to hear the voices of the participants (the mothers) (Charmaz, 2017; Creswell, 2007; Keddy et al., 1995). This is consistent with feminist theory principle of equalizing power. Consequently, CGT has grown in both use and acceptance within the research world, because “constructivist grounded theory propels our thinking forward in unanticipated ways and subsequently sparks new understandings of experiencing and redressing injustice” (Charmaz, 2017, p. 42).

Feminist Practice Approach

If CGT propels our thinking forward and one’s focus is mothers, one would be remiss to not consider the importance and necessary value of feminist theory. GT, as described above, highlights the belief that there is no one right experience, but rather there are multiple ways of knowing, because no one person has the same social and historical context (Bryant & Charmaz, 2007; Charmaz, 2017; Keddy et al., 1995). Social constructs, past experiences, and individual differences inform how mothers, as research participants, make sense of events or issues that may be traumatic or oppressive (Bryant & Charmaz, 2007). Feminist analysis goes beyond the ideology of differences and considers the dichotomy between those who have and those who have not, the superior versus the inferior, and the societal structures created that maintain

inequality and marginalization of certain groups of people (Hughes, 2002; Keddy et al., 1995; Letherby, 2003; Tomm, 1989).

Giving voice to a marginalized group in order to address oppression and inequality is a cornerstone of feminism (Dominelli & McLeod, 1989). Feminists endorse egalitarianism across all social dimensions and social relationships, and strive to transform, interrupt or recreate inequity, whether it be due to gender, race, culture, class, age, etc. (Dominelli & McLeod, 1989). Throughout time feminists have defined themselves in distinct ways or in typologies, while the feminist evolution is rooted in historical waves, connected to specific timeframes (Mack-Canty & Wright, 2008). Both the waves of the feminist evolution and the distinct typologies, highlight the feminist push to constantly deconstruct and challenge existing ideologies towards the ultimate goal of egalitarianism (Milliken, 2017). The maternal feminist typology dominant in the 1900's highlighted the biological differences between males and females, and the importance of woman as giving life, and thus, their overall importance and value as women/mothers (Milliken, 2017). This perspective fits with Indigenous values of women as the givers of life, and as Anderson (2007) eloquently describes, as the water carriers upon whom Mother Earth relies (Anderson, 2007, p. 761).

Equal rights feminists were traditionally focused on justice and equality for everyone, regardless of social class or gender, and over time they have become known as liberal feminists (Milliken, 2017). While Marxist feminists (later defined as socialist feminists), focused on class and gender rights as they related to the value of work, it became evident that one's monetary value within the paid labour market had been based on patriarchal systems. This rigid systemic lack of equality has driven feminism towards radical beliefs. This radical feminist movement has been based upon oppression's root cause, a patriarchal, male-dominated world view and

culture. Radical feminists realized that women, and particularly visible minority women, had made gains, but that they would never be equal if the system itself was not changed (Milliken, 2017). Equality for mothers often meant greater access to employment opportunities, but unchanged expectations of mothering (Thurer, 2007). This evolved into broader societal slanderous beliefs that radical feminists were trying to eradicate the male species (Dominelli & McLeod, 1989; Valentich, 2011). More recently, cultural feminists have turned their attention to the various sub-cultures of women. There was a recognition among modern feminists such as Chimamanda Ngozi Adichie (2014) that not all women want or need the same things and that some groups of women remain more oppressed than others (Milliken, 2017).

Although feminism continues to evolve, as gender and sexuality are further deconstructed, there remain ideas or myths that are linked to these feminist typologies and historical waves of feminism. One such myth is the view that radical feminists are men haters; this is inconsistent with the true underpinning of feminism (social, political, and economic equality of all people), and the belief that by deconstructing binary concepts, we are able to hear new voices and make space for marginalized groups in order to have true equality and acceptance (Milliken, 2017). Many myths about feminism continue to be perpetuated in social media, advertising, and public images. This results in the silencing of voices of change, the reluctance to identify as a feminist, and restricted opportunities for men and women to truly understand the values of feminism (Dominelli & McLeod, 1989; Valentich, 2010, 2011).

One might well assume that within the child protection system social workers would hold a strong feminist perspective, given the nature of the work and the focus on mothers. Yet, Milliken (2017) found that most social work “students are generally unaware of the policy implications, theoretical underpinnings of feminist social work theory, and [feminist] practice

skills” (p. 192). In a child welfare system where the focus is on mothering and protection of children, one could argue there is a no more needed place for feminism; yet it appears absent or silenced.

The focus on social justice, equality, and human rights are key foundational components of feminism, as are the social work values defined in the Canadian Association of Social Work Code of Ethics (CASW, 2019; Milliken, 2017). Scholars such as Mack-Canty and Wright (2008), suggest that the third wave of feminism, with its focus on equality for all, is gaining momentum. Eradicating all forms of oppression is a shared responsibility and one that feminist families are modelling. Mack-Canty and Wright (2008) found that through role modeling, sharing of power, and challenging existing definitions children were naturally tackling all the ‘isms’ as normative. Cooper (2007) pushed this idea forward by suggesting that mothers need to show their children that they have an identity beyond being a mother, and that putting themselves first is not only okay but necessary and normal. Through our language and behaviours, we as mothers can and must clarify inaccuracies and denounce patriarchal ideas that suggest good mothers must be self-sacrificing and selfless. Identity beyond motherhood is difficult for mothers especially because societally mothers remain the primary caregivers of children and there is limited shared responsibility for parenting. As well, specific groups such as immigrant or Indigenous mothers’ identities are further impacted by colonization, Christianity, and capitalism (Anderson, 2007; Green, 2008; Hill-Collins, 2007; Thurer, 2007). The various scholars in O’Reilly’s book (2007) *Maternal Theory: Essential Readings* show us that feminism is greater than gender equality and must interrogate the role of motherhood. One might well wonder why then some social workers claim to be unaware of feminist ideology and how it can be used to influence policy and practice.

The waves of feminism have tried to push normative ideologies of women's identity beyond gender and have been successful in making some changes. However, women's responsibilities in terms of the family unit have remained virtually unchanged (Hughes, 2002; Tomm, 1989). O'Reilly's book (2007) highlights the myths of motherhood and Thurer (2007) offers us insight into just how judgmental we are of mothers. Although many mothers, including I, have said "there is no such thing as a perfect mother", we internally strive for this undefined, ever-changing perfection. Therefore, when our children flourish, we believe mothers are doing a good job; when children struggle or are hurt, we judge mothers to be partially or totally to blame (Thurer, 2007). We have, as Thurer (2007) points out, eliminated the child and their individual and personal factors, thus implying the cause of the child's problems or issues is a lack of quality mothering.

Social systems, including child protection, are based on patriarchal systems, whereby the government funder sets the policy direction, and the ideas of shared wealth and social responsibility are often missing or limited. This means that policy views failure as caused by individual deficits, and interventions as family focused, rather than systemic changes linked to historical and social contexts (Dominelli & McLeod, 1989; Swift, 1995a; 1995b; 1995c). Mothers sense this and therefore choose to avoid or not seek help from child welfare agencies (Dominelli & McLeod, 1989; Swift, 1995b). Feminist social workers argue that systems need to shift so that a mother's individualized blame is removed, and by redefining mothering problems as issues linked to social and historical context, we will hear the stories of extraordinary and profound acts of mothering (Dominelli & McLeod, 1989).

Feminist theory examines one's response to inequality and oppression. Privilege comes in various forms and changes as mothers move from one group to another and differs within the

various mothering subgroups (Baines, 2011; Damant et al., 2008; D'Arcy et al., 2012). The differences in one's privilege may impact a mother's range of choices, especially when she becomes aware of her intimate partner's sexual offending behaviours. Individual choices about divorce, marriage, and family unity are embedded within culture, religious, and personal belief systems, all of which influence a mother's decision-making and experiences.

Dominelli and McLeod (1989) suggest that the state or government continues to decide what mothers need or the help they require. As a result, oppressed groups appear to have three possible courses of action: acceptance of the prevailing dominant ideology and definitions; accommodation to or acceptance of the status quo, while still challenging or resisting ideas that directly infringe on their immediate personal rights; or rejection of the oppressive norms with the goal of finding alternate solutions (Dominelli, 2002). This means that resistance can and does occur, both on an individual and structural level. For example, Indigenous women resisted the Indian Act and the loss of their treaty rights upon marrying a non-Indigenous person, resulting in a United Nations ruling that forced a broad, systemic change (First Nations and Indigenous Studies, 2009). When we consider these options within the context of this research topic, we find that mothers continue to be blamed, judged and held responsible regardless of their choices to accommodate, accept or resist. The status quo or idea that mothers are sole protectors, responsible and judged as failures based on experiences of their children remains prevalent in child welfare (Caplan 1989; Dominelli, 2001; Joyce, 1997; Reimer & Sahagian, 2015; Swift, 1995a, 1995b, 1995c).

The individual shame, blame, and isolation experienced by mothers, is amplified by societal values (McCallum, 2001). Whether intentionally or not mothers appear to be publicly and privately blamed, reinforcing the myths that define good and bad mothering (Ames, 2015;

Broadly, 2012; Brogden & Harkin, 2000; Cahalane et al., 2013; Caplan, 1989; Wager et al., 2015). Upon learning that one's intimate partner has sexually abused children, choosing to stay or leave is not as simple as social workers within child protective services assume.

Trying to understand a mother's experience, and how they make sense of the fact that their intimate partner has sexually abused a child, is the crux of this thesis. By using CGT within a feminist framework, we are able to challenge assumptions and listen to the participant's experience of the event, and both its immediate and on-going impact on mothers. "The researcher's task, by definition, is the search for greater understanding" (Tomm, 1989, p. 186). This greater understanding is afforded to us, as a result of mothers' courage and ability to share their stories, as their voices will influence and affect real change in social work practice.

Methodology

GT, CGT, and feminism all acknowledge the subject is complex, due to the multiple, socially constructed realities, and the need to unpack and disrupt dominant ideology in order to move us towards egalitarianism (Bryant & Charmaz, 2007; Charmaz, 2017; Dominelli & McLeod, 1989; Dominelli, 2002; Milliken, 2017; Urquhart, 2017). Grounded theory's (GT) inductive approach moves concepts from the specific to the general, and is aimed towards theory development. Through interviews gathering the rich data of participants and the systematic analysis of it, GT researchers were able to identify common themes and apply this learning to practice (Glaser & Strauss, 1967). Applying this methodological approach gives mothers a voice and will help us understand a complex subject.

Understanding grounded theory's approach to data analysis means the need for constant and continued comparison of raw data, including how the analysis happens simultaneously with data collection. This method is solidified through the process of coding and development of

themes or categories (Strauss & Corbin, 1990, 1998). Strauss and Corbin (1990, 1998) believed in the rigidity of data collection and the importance of coding as essential components upholding the validity and trustworthiness of GT work (Creswell, 2007; Glaser & Strauss, 1967; Lincoln & Guba, 1985; Strauss & Corbin, 1990, 1998). Others who embrace GT methodology support the importance of the questions asked and the need for more flexibility when analyzing data (Gilgun, 2012; Keddy et al., 1995). Keddy et al. (1995) argue “that an established qualitative method, grounded theory [Glaser & Strauss 1967], can be considered both a feminist method and methodology, provided the methodologist is grounded in feminist philosophy” (p. 448). Given the research topic is about the complexity of an intimate relationship within the context of child sexual abuse, and the focus is on mothers’ experiences, the position of Keddy et al. (1995) was adopted. The feminist theoretical framework supported and guided this research study and further bolsters the GT data analysis methodology.

Proposal Process

Prior to the research beginning, the research proposal and design was submitted to my Advisor for feedback and critique. After completing the necessary changes, the research proposal was submitted to my Advisory Committee, comprised of two individuals and my Advisor. The Advisory Committee and I discussed the research proposal and further edits were made based on their feedback. The proposal was then submitted to the University of Manitoba Psychology/Sociology Research Ethics Board (PSREB) in December, 2019. Changes were requested by the Psychology/Sociology Research Ethics Board around the rationale for the research, the concerns regarding my plan to only use my first name, consent form clarity, confidentiality, methodology, including a lack of a debriefing procedure, as well as questions related to whether Indigenous persons should have been included in the research design.

Significant changes and edits were made and resubmitted in January 2020. The PSREB responded in February 2020, indicating their expectation that my full name must be used on all materials, and that my earlier response and additional rationale for not using it (I was concerned that my significant visibility in the child welfare system might skew responses) would not meet with PSREB approval. The term *love* was also challenged as it was considered a complex, emotive, multi-variant term. Further clarity was requested regarding consent and, specifically when honorariums would be offered and provided. Additionally, the PSREB continued to question the rationale and value of the research topic.

In May, 2020, the PSREB approved the research. By this point Manitoba, Canada, and the whole world were now grappling with an unprecedented global pandemic. Due to COVID-19, my approval was immediately placed on hold pending amendments to address compliance with the University of Manitoba health guidelines and Public Health orders. My adjustments included eliminating face-to-face interviews and pivoting to the use of virtual tools, plus reflecting on adapting recruitment material to adhere to all Public Health orders. In June 2020 the amended proposal received PSREB approval and my research proceeded.

Criteria and Eligibility

The focus of this study was to understand how mothers are impacted by their male intimate partner's sexual offending behaviour against children. Therefore, the details of the actual offences, the dynamic factors about the offending intimate partner, the identity, or relationship to the victim(s) were not asked. Only heterosexual intimate relationships, which included married spouse, common-law spouse, boyfriend, or other derivatives that a woman defined as her intimate male partner, were included. How the women were informed of their intimate partner's sexual offending against children, or whether they fully believed the

allegations or findings, were not critical. Only awareness and knowledge of the child sexual abuse offences was essential.

Participants within the study were required to meet the following criteria to participate. Mothers had to be at least 18 years of age so they could legally consent to participate; there was no maximum age limitation or verification of actual age requirement. The male sexually offending intimate partner had to be 19 years of age or older. This requirement beyond the legal age of 18 years was included, given that any child sexual abuse offences that may have occurred prior to age 18 years would be protected under the Youth Criminal Justice Act (Section 110) (Government of Canada, Department of Justice, 2002).

Mothers did not have to use their full or real names, as anonymity was an anticipated and confirmed concern of each participant. In reviewing consents, including participation criteria, each mother repeatedly requested verification of her anonymity. Assurances that my approach was non-judgmental, respectful, and that their names would not be used, appeared to be key considerations of participation.

Participant Recruitment

Psychology/Sociology Research Ethics Board approved recruitment strategies such as the use of posters, emails, and social media platforms, and a specifically created Facebook page, entitled “Complicated Love”. Recruitment with various social service organizations that provided services primarily to mothers/women were targeted as potential recruiters. This included poster distribution and requests that staff share materials with potential participants. Potential recruiters and recruitment support were requested from community-based social service organizations, private therapists, academic institutions, and non-government organizations, including clinical service providers within the province of Manitoba. All recruitment strategies

involved seeking permission from the organizations and adhering to all their ethical requirements to access participants. In some instances, this meant completion of request forms seeking internal organizational approval, additional scripts, and copies of my approved Psychology, Sociology Research Ethics Board (PSREB). Where requested, further discussions that clarified the intent of the research, my skills to manage and support participants through the interview process, and how my research could help inform future practices and service delivery occurred.

Following many weeks of active recruitment, I became concerned about the lack of participants. I discussed my recruitment strategies and barriers, and sought clarity from my Advisor on how long I should keep recruiting, and what the consequences might be if I could not reach acceptable participant levels. I believe recruitment efforts were impacted by three key factors, causing increased recruiting timeframes:

- The exclusion of mothers who were currently receiving child welfare services;
- The COVID-19 worldwide pandemic; and
- The reluctance by potential recruiting social service organizations toward the research topic.

The decision to exclude mothers who were currently receiving services from child welfare agencies was to prevent potential conflict of interest, relative to my current professional employment. In Manitoba (MB), the *Child and Family Services Act* refers to the *Director*, which means the person who has the statutory responsibility to oversee legislation, funding, and programs under the Act (Government of Manitoba, Department of Families, 2018). The statutory responsibility, through an order in council, rests with the Assistant Deputy Minister. However, many of the duties are delegated to the Executive Director, which is the position I currently hold within the Child Protection Branch, as part of the Department of Families. Additionally, as the funder of Manitoba's governing child welfare authorities, Child and Family Service agencies, as well as having oversight and responsibility of provincial programs that

support Child Welfare, and responsibility for legislation, my power, and authority within Manitoba is broad. Therefore, the use of others within the Child Welfare system, including some non-government organizations, to recruit participants had both a real and perceived conflict because recruiters and participants might feel obliged to assist the delegated 'Director'. To mitigate this power differential, participants who were actively receiving child welfare agency services in Manitoba were excluded from the study.

Additionally, given the child welfare agency mandate to investigate child sexual abuse, and the expectation that mothers protect their children following an allegation, two actions are initiated following a disclosure: first, the allegations of child sexual abuse are investigated, and second, a mothers' protective capacity is assessed. Both actions result in mothers receiving child welfare agency services and, thus, caused potential participants to be excluded from this study. Also, child abuse investigations can take considerable time and if criminal charges are laid, reaching a conclusion or finding may be further delayed (Tonmyr and Gonzalez, 2015). If there are concerns about a mother's lack of protective capacity, mandated agency services may continue for a significant period of time. Additionally, some families require or request supportive services which are accessed directly from child welfare agencies or indirectly through a referral to a community provider. Each of these scenarios impact the length of time a mother receives mandated services, and reduced the pool of those eligible to participate in the study.

Some private and social service organizations and professionals indicated that the exclusion of participants receiving mandated child welfare services limited their ability to support recruitment. One recruiting organization that works predominantly with sexual offenders and their families was interested in the research. However due to the exclusion of mothers receiving child welfare services, no one met the criteria. Given that past child welfare

agency involvement was not a criterion for exclusion, it was anticipated that some past clients might qualify, even if current ones did not. However, this was not the case. This organization noted that this exclusionary criterion limited the participation of many mothers; they questioned how this could skew research finding. This consideration is discussed in Chapter Seven.

An external factor that no one expected was the worldwide pandemic. COVID-19 has impacted people, service delivery, and our economy in ways that no one could have anticipated. Upon PSREB approval in May 2020, I had to request an amendment to ensure my participant recruitment and interviewing were compliant with public health orders and University of Manitoba health protocols. All recruitment material was amended to indicate that all Manitoba public health orders and recommendations would be followed. This included shifting to virtual or phone interviews and use of technology, mail services, and socially distanced in-person practices to provide honorariums, sign consents, and offer resource lists. Suddenly posters with tear-off tabs that provided contact information were considered by some organizations to be a high contact touch surface, with the potential risk of spreading the COVID-19 virus. Therefore, many organizations were not permitting posters, flyers, or pamphlets to be placed on display or handed out. Academic institutions had gone to virtual learning, thus reducing and restricting foot traffic on campus. Many social service agencies, community-based programs, and private therapists had shuttered their doors and were doing altered service delivery. That meant waiting rooms were either no longer in operation or to varied degrees were off limits, and drop-in services were placed on hold. Services were being offered by appointment, virtually, or not at all. This resulted in less access to public spaces and less visibility to recruitment material.

To address the challenges, an expanded recruitment strategy was implemented in order to attain my four to six participants' requirement. Expansion included additional requests to

organizations both inside and outside of government who provide a vast array of services. I no longer was solely focused on organizations or services whose consumer targets were predominantly women and families. My peers, the Manitoba College of Social Work, social workers, and staff across various sectors which provide community living, health, employment, advocacy, treatment, and justice services were utilized. Private psychologists, play/art therapists, and crisis service delivery organizations, including grass root organizations that provide services, were contacted. Organizations and professionals in the cities of Thompson, Brandon, and Interlake regions were contacted and many agreed to recruit and hang posters. Social workers and professional contacts from other provinces were queried in order to capitalize on their professional networks, insights, or mechanisms to recruit. Given the recruitment challenges I was facing, I drew upon professional relationships developed over my thirty-year career.

I met with individuals who thought they might personally know someone who fit the criteria, answered questions and provided them with posters and contact information. Additional posters were printed and many supporters, including professional peers, and I myself distributed posters across the province. I drove to various neighbourhoods in Winnipeg and surrounding areas and hung posters. Posters were attached to bus shelters, park benches, phone booths, light poles, public washrooms, malls, stores, and any community bulletin boards, or other public space that may see foot traffic. Additionally, more posters were given to organizations to share with their staff. I followed up with many organizations to determine if they needed support, additional materials, or to ask if they had questions and to gauge recruitment success. Given the service delivery pressures each organization was facing relative to COVID-19, understandably participant recruitment was not their top priority.

With COVID-19 shifting us toward a virtual world, the approved social media strategy of Facebook became an important recruitment tool. I specifically created the Complicated Love account and actively used the platform 7-25 times per week. In order to build followers, promote recruitment materials, and find potential participants, various strategies were used. I posted information about the research, including poster materials, and how to reach me. I acknowledged and expressed gratitude for those who reached out, read, and considered my research request. I started to follow social service organizations that had public pages, 'liked' their posts, and sent private messages or emails, explaining my research and requesting recruitment support. I 'liked' posts, accepted 'friend requests', and 'added friends' based on recommendations by the site. I repeatedly posted recruitment materials and tagged others in hopes that the virtual world was extending my request for participants to others. By sharing a few facts about myself as a student, mother, and human being, I hoped that it would offer potential participants insight into why I was conducting this research. I utilized the power of social media and hoped my 'likes', following patterns, and own posts would demonstrate my authenticity, beliefs, and values, and that my non-judgmental approach regarding mothering and comfort with the topic of child sexual abuse would elicit a willingness to take a risk, ask about the research study, and become a participant.

Although I could never have anticipated a pandemic, the most unexpected recruitment barrier was the apprehensive response by social service organizations and their leadership around the research topic itself. Concerns that recruitment strategies could inadvertently trigger further trauma for women was an anticipated question, and one I was prepared to manage. However, discomfort with the topic resulted in an overt reluctance to support my recruitment, which was not expected. As the researcher and someone who has dedicated 30 years to the field of social

work in the area of child protection and child abuse, my comfort level with this topic is substantial. I know the value and importance of compassion and direct honesty when it comes to having tough conversations with children, mothers, and sexual offenders. Based on my experiences, I knew the topic of child sexual abuse remained taboo and triggered a general societal discomfort, as is evident in the literature (Finkelhor & Lewis, 1990; Iffland et al., 2016; Joyce, 1997; Krane & Davies, 2000). For these reasons, initial recruitment had been carefully and strategically planned. Organizations and agencies dedicated to supporting, advocating, and providing services that reflect women's needs and issues, seemed a logical place to commence recruitment. It did not cross my mind that helping organizations and professionals may inadvertently silence the voices of mothers.

It was common for organizations to express concerns, including that women would either be triggered, or those not having this experience, offended. After identifying this as an extremely sensitive topic, most recruiting organizations subsequently commented that this was not the type of poster normally displayed, and there was a need for extra caution and consideration. These comments and the apprehension were respectfully acknowledged, additional scripts were offered, questions answered, and my expertise and credentials were shared in an effort to address concerns. In some instances, this approach worked, but often there was a need for an expanded or more senior approval vetting process which often, ultimately, resulted in a lack of response or final approval. I believe those who actively recruited did so for two reasons: they trusted me professionally and/or personally, and they saw value in the research.

Similar concerns about the sensitivity of the topic were expressed and highlighted during the Research Ethics Board process. In order to obtain Research Ethics Board (REB) approval, I

had to submit an extensive list of my formal training credentials, including my professional ability to manage any potential reactions or triggers that could de-stabilize or potentially harm a participant. The role of the REB is to protect vulnerable people by ensuring ethical research practices and, understandably, providing one's credentials to validate both expertise and ability to handle any topic is important. In my professional employment role, I am responsible for the security and access to highly confidential Child Welfare data. As a Masters of Social Work student and practicing social worker, I am keenly aware of the vulnerability of mothers, especially those impacted by a topic that remains taboo. I value and respect the need for REB oversight, and acknowledge that all those who support research recruitment must be assured of the researcher's ethical methodology and purpose. In fact, my recruitment and screening of participants highlighted the importance of trust, respect, and my non-judgmental approach should participants opt in or out. It is why I encouraged people to ask questions, judge me, and determine for themselves if I was skilled and trustworthy. My values and ethical approach are why I screened out five individuals who responded and wanted to participate.

Four mothers who responded to recruitment material and wanted to participate were declined by me as they were identified as currently receiving child welfare agency services. Two of the four potential participants were insistent about participating, and felt they qualified because they were receiving prevention, not mandated child protection services. It was explained to them that they could not participate since receiving any type of child welfare agency service meant exclusion. They were informed that this had nothing to do with them, but was reflective of where I worked and my perceived conflict of interest. One additional candidate who met all the criteria was screened out by me. This fifth potential participant expressed being in the early stages of her sobriety. Through dialogue, it was determined that this individual was

worried the interview might trigger feelings which could de-stabilize her sobriety; for this reason, I screened her out. I explained to the participant that at this point in time, participating in my research may not be in her best interest given healing and sobriety was her priority. I discussed how consideration of being a participant and speaking to me might also cause stress or emotions to come back. I offered her a resource list, verified and discussed utilizing the supports she had in place, and thanked her for responding to the call for participants. I repeatedly acknowledged her decision to focus on her sobriety and assured her that not participating was a valid choice.

Finally, through additional and intensified recruitment strategies, five participants were interviewed, which was deemed acceptable and successful. Given the scope of the research study, the exclusion of mothers receiving child welfare agency services, and some unexpected challenges, including a worldwide pandemic, finding a significantly higher number of participants would not have been reasonable.

Interview Process

The interview process was conducted by telephone. Every aspect of the interview process, from signing of consents, to issuing of honorariums, and delivery of typed transcripts to participants who requested an interview, was impacted by COVID-19. Pivoting toward virtual ways of conducting research was constant, but the solutions were always easily found and at times offered unexpected opportunities. Given that in-person contact was restricted, I consulted with my advisor what altered formats or approaches would ensure consent was well-documented, well-informed, and consistent with the REB approval. This was done prior to making any contact with potential participants to ensure my approaches continued to be safe and ethical. These processes are discussed below.

Initial contact with all participants occurred through email or the approved social media private messaging system. Those who used private messages through social media were engaged and redirected to phone or approved email domains. During the first telephone and email conversations with potential participants, eligibility screening based on the research study criteria was conducted. If eligible, the Informed Consent Release Form (Appendix 3), which most had received and reviewed via email, was verbally reviewed with participants; to ensure they fully understood the purpose of the research study, what being a participant meant, how data would be stored securely and how their confidentiality would be protected. I shared a brief introduction about myself and they were offered the opportunity to ask questions either about the research study or about me as the researcher. The most common question was about confidentiality and assurances that their names would be protected and anonymous. Clarification was provided about how the data would be de-identified and the strict limited few who had access to interview data, including the role of my advisor and the transcriber. Additionally, it was explained how quotes would be used and how participants retained the right to veto the use of their quotes.

Participants were reminded, as per the Informed Consent Release Form, that after the interview was transcribed that they would be contacted and offered a second interview. It was explained the purpose of this second telephone interview was to ensure I had accurately captured what participants shared and to provide them an opportunity to add, omit, or clarify any statement on their transcript. Participants were also informed that they did not have to participate in a second interview and could simply receive their transcript. They were offered a copy of the final thesis and their verbal response was documented, given most consented verbally or via email and therefore did not use the prescribed form (Appendix 3) which provided a written check-off for this option.

A discussion was conducted about how the topic might cause feelings to come up and that this could occur during the interview or even days or weeks later. Each participant was provided electronically with a list of resources (Appendix 1) they could utilize should they require additional supports or services. This list was provided multiple times during the study to ensure participants could easily find it. The list was verbally reviewed many times, including during the screening phone call, prior to the interview starting, and again at the end of the interview. Participants were prompted to use the resource list and following the interview the information was electronically resent. For those who had their honorariums mailed to them, the resource list was also included in that package.

Honorariums were first discussed during eligibility screening and again as part of consent. Participants were aware of gift card choices and due, to COVID-19, of their options on how to receive the honorarium. Prior to commencement of the interview, each participant confirmed their choice of either a \$20 gift card for Walmart or Tim Hortons and how they wanted to receive their honorarium. This small token of appreciation, a thank you to participants for their contributions, could be mailed or dropped off at their home address or another location they chose, including a social service or community office they might frequent. One participant chose drop-off at her home, in her mail box, to ensure social distancing; one chose drop-off at an office location via an identified person and the other three were mailed through Canada Post.

Consent forms were emailed to participants and reviewed as part of the eligibility screening phone call. Options of how participants could give and document consent occurred. One participant did sign, scan, and return the written consent form. However, most participants preferred to give verbal consent, and they also acknowledged and confirmed by email receiving,

reviewing, and giving consent. Interview times were arranged, phone numbers were exchanged, and participants were informed that if anything changed, they could call to re-schedule.

Originally, due to the confidentiality of the topic, the need for the participants to feel safe, as well as for the safety of the researcher, interviews were going to occur in public places or in community-based office space. However, COVID-19 meant all interviews were conducted by telephone on the established date and time. Even though consent had been previously received, all five participants' verbal consents were obtained and digitally recorded prior to any interview questions being asked or answered. Given that interviews were conducted by phone, a recording device was purchased to ensure sound quality of recordings and as a backup to the cell phone voice recorder application used. All participants were reminded about the use of recording devices and reiterated their consent and understanding.

In an effort to establish some degree of comfort, I assured participants there were only a few questions, and that the interview was less question and answer and more like a conversation with me listening and learning from them. To foster a sense of trust, aspects of my motherhood role were shared with the participants. For example, I acknowledged that mothers are very busy, and finding time to do the interview likely meant they were juggling competing demands. I expressed my appreciation for their time and the effort it took to organize their lives to participate. I was flexible, accommodating, and non-judgmental of delayed interviews or missed appointments. Given what I was asking of participants, I offered information about myself, including my feminist values which included my views that there were no right or wrong answers and that all mothers are doing their best. I informed participants that I considered their stories sacred and that I would be respectful, non-judgmental and very honoured to be trusted with whatever they shared.

Participants were reminded they did not have to answer a question that made them feel uncomfortable and they could come back to any question to clarify or revise their response. It was explained that the pace of asking the questions could be slowed or altered as needed and that participants could stop the interview at any point in time, to take a break or to stop participating. Participants were reminded that this was about learning from them, not judging them, and that as a mother and a student, I truly appreciated their willingness and courage to share their story.

Data was collected using a semi-structured interview, which promoted some degree of consistency as well as allowing flexibility in how participants told their story. The interview guide (Appendix 2), was comprised of an introduction, followed by eight open ended questions that focused on finding out about the sexual abuse, the impact this had on them and what types of supports they had or needed. This structure allowed participants the freedom to describe their unique experiences, understanding of events, and their impact. The use of open-ended questions promoted participants to express feelings and thoughts, previously never shared due to fear of judgment, and shame. Participants were able to indicate what they hoped could change or be done differently so that others would have a better or different experience. The semi-structured interview approach meant that as the researcher I simply listened and followed along. As the researcher, I could probe answers in order to clarify or elicit more detail, an approach that fostered receiving full and rich data.

Throughout the interview process, I could not physically observe participants, but my listening skills as a seasoned social worker helped me identify signs of discomfort, unease, or emotional distress. Two participants became emotional, and the interview was paused or dialogue shifted to give participants time to process feelings, self-soothe and regulate. Periodic check-ins occurred with all participants to assess how they were feeling, if they needed a break,

and included reminders they were not being judged. Participants would often pause, quantify, or acknowledge that what they were about to say sounded awful, but that it was indeed their experience. Providing consistent messages reminding participants they did not need to be ashamed, and that feeling emotional or overwhelmed was normal, supported them in telling their stories. As the researcher, I continuously wove into the mothers' narratives my reminders that I was not judging them and that I hoped to learn from them. This reassurance helped mothers talk more about their experiences, including sharing feelings they had to this point hidden. Re-phrasing back to participants what they said in order to verify facts and confirm that I understood them was used often.

An unintended positive consequence of the telephone interview was the enhanced sense of safety and control beyond what a face-to-face interview could offer. Participants' faces and images during the interview remained invisible to me, and given most did not provide full legal names, their identities were further protected. Participants were able to control when we spoke and the duration; they could easily terminate or avoid an interview by hanging up the phone or not responding to my call. Participants could talk from the comfort of surroundings they chose, while ensuring a level of privacy that allowed them to express emotions more privately, which some did, or have supports near them, including a support person, which some indicated they had.

At the closing of the interviews, given that mothers expressed this being the first time they had fully shared their stories, I chose to tell all but the first participant that other participants expressed similar experiences. This seemed to help these mothers realize they were not alone, and that others like them existed. Participants were asked at the end of the interview how they were feeling and if they had any questions or concerns. Interviews were not concluded until I

was confident participants had returned to their original voices and an emotionally regulated state. Participants were all reminded that the secrecy and nature of child abuse means that discussions can trigger unintended or unexpected emotional and physiological responses; that thoughts and feelings might come up hours, days, weeks, or months later; and the resource list provided could be utilized at any point in time (Appendix 1). As I thanked participants for trusting me and participating, they each expressed sincere gratitude in being given the opportunity to tell their story.

At the completion of interviews, the digital recordings were transcribed and stored electronically and password-protected. The transcriber signed a consent form (Appendix 7) which included clauses pertaining to the destruction of materials and maintaining confidentiality. Participants were contacted regarding second interviews and offered their transcripts. Two participants accepted their transcripts. None of the five participants chose or responded to the offer of a second interview and no changes were made to the initial transcripts. Three of the participants wanted the final thesis so they could read my findings, as they hoped this would help change things for other mothers, and they wanted to hear what other mothers had said.

Interviews will be erased from the recording device once the thesis has been defended and approved. All transcribed and digitally recorded (password protected/encrypted) data was stored and remains in a locked filing cabinet in a secure location, approved by my Faculty Advisor and the University of Manitoba Ethics Board. Data will be kept for a one-year period, as determined by the Committee after the completion of the research and upon presentation and defending, as required by the Master's degree program at the Faculty of Social Work, University of Manitoba. After that time period, all data will be destroyed.

Trustworthiness

While the number of participants may be a limitation regarding the degree of theoretical saturation, steps were taken to ensure research trustworthiness (Creswell, 2007; Glasser & Strauss, 1967; Strauss & Corbin, 1990, 1998; Lincoln & Guba, 1985). Reflexivity, member checking, and feminist and grounded theories were components used to inform data analysis, each contributing to enhancing research trustworthiness. During the research planning stage, the number of participants was an identified limitation, resulting in four to six participants being deemed acceptable and attainable. Member checking was a component offered to each participant as a strategy to ensure trustworthiness of the data gathered (Birt, Scott, Cavers, Campbell & Walter, 2016; Creswell, 2007, 2016; Charmaz, 2017; Ganong & Coleman, 2014; Strauss & Corbin, 1990). Only two participants responded: Mother 1 requested her transcript and due to public health orders (COVID-19) this meant face-to-face contact was restricted, and the transcript was emailed to her. No changes or comments were made. Mother 5 requested that her transcript be delivered to her, and so an in-person, socially-distanced, face mask-wearing hand-off occurred. This participant had nothing to clarify or change, however she appreciated the ability to hold her story in her hands, as she described touching her transcript as part of her healing journey. The other three participants did not respond and their silence was respected.

Data Analysis

Semi-structured interviews provided the collection of data, while continuing to keep participants' stories at the forefront, and I as the researcher, closely engaged throughout the process (Charmaz, 2014; Mills, Bonner, & Francis, 2006). The first task was to organize this raw data by "developing a general sense of the data, and then coding descriptions and themes" (Creswell, 2008, p. 244). The coding process helped me "make sense of text data" by dividing it

and sorting key ideas, words, or phrases (Creswell, 2008, p. 251). The use of coding and reflection helped to ensure that I was not testing a theory, but rather using grounded theory to identify themes to build a theory.

Reflexivity is important, for as Charmaz (2014, 2017a, 2017b) indicates the researcher is never unbiased or separated from the data and the topic. Given my years of social work practice in a system mandated to investigate child sexual abuse, what I know or believe to be true, and what I was learning from the data, required a reflexive process. My role as researcher and biases that might be linked to my professional role were actively reflected on as I immersed myself in the data. Comments made by participants about the child welfare agency interventions and my instinct to assess, had to be constantly examined and probed. My pre-existing knowledge of the broader Child Welfare system and legislated requirements, including child welfare agency interventions and protective capacity assessments of mothers were continuously scrutinized, contemplated and dissected by me. This reflexive process included repetitively listening to the interviews and the continued use of memos and coding. This process was more complex than I initially anticipated.

As Strauss and Corbin (1998) explained, the use of memos, which can include codes, theoretical notes, diagrams, or varieties of these enables the data to be sorted more easily. I initially thought coding would be simplistic because key words would be identified, coded, and themes found. However, the complexity and richness of the data highlighted the importance of memos and the value in GT's coding process (Strauss & Corbin, 1998). Initial data sorting identified three concepts: guilt, blame, and shame. However, although colour coding easily identified these concepts, there were so many interrelated ideas and complexities that memos had to be re-utilized many times. As described more fully in Chapter Five, Clarifying Data and

Themes/Findings section, the interwoven quality of shame, blame, and guilt required extensive sorting, reflection of the literature, and my own thinking about what these words really meant.

The memo process included colour coding, sorting of ideas and quotes into groupings with specific headings which helped manage the volume and interwoven quality of the data (Strauss & Corbin, 1998). To appreciate the memo approach, one needs to understand Strauss and Corbin's (1998) three coding types: open, axial, and selective. In open coding, the researcher develops concepts that convey the meaning of words, thoughts, and phrases found in the raw data and begins to funnel these into categories. For me, this first step initially entailed locating key words and phrases which were then colour coded. However, it was evident that this was an incomplete and superficial analysis, which explains why grounded theory uses three types of coding.

Next, through repeated examination the transcripts, key words and phrases used by participants were further analyzed and coded to develop meaningful categories of information. This resulted in lots of data that could not be coded based on words or phrases, leading to the application of axial coding. Axial coding is the process of linking related words together and identifying conditions, actions, or interactions associated with the category. An easier analysis is to think of axial coding like wheels on an axle, the parts may differ, but work in harmony. Axial coding analyses the context behind the observations and the consequence of the phenomena, helping to identify unique differences and allowing relationships between the categories to emerge. This is when the combined memo approach of colour coding and grouping of ideas occurred, allowing interactions between ideas or categories to evolve. The complexity of the impact on mothers was evidenced and interwoven with feelings, actions, and behaviours.

The relationship between shame, blame, and guilt was so interwoven that further axial coding was required to ensure clarity of the data. This included additional re-reading of memos, transcripts, and literature to explore existing definitions, similarities, and difference of shame, blame, and guilt. This continued sifting of the data, using axial coding, resulted in identifying three key concepts found within each participant's story, but which had unique individual differences in the context or experiences and, therefore, could not be considered broad themes. Feminist and Constructivist Grounded Theory (CGT) both promote acknowledgment of differing realities found within participants' stories, including social, historical, and situational realities (Charmaz, 2014, 2017a, 2017b). Rich data due to their uniqueness and variability may not form overarching themes or categories but this does not mean they should be completely excluded (Charmaz, 2017; Strauss & Corbin, 1998).

In analyzing all the coded information, selective coding promotes the inclusion of only robust data, leading to key findings, and narratives. Selective coding helped to compress, rather than eliminate, data and allowed the themes to evolve (Strauss & Corbin, 1998). Even after selective coding was completed, the richness of these three concepts (shame, blame, and guilt) had to be given further consideration. Inclusion of these subcategories was based on the value of each of the participant's information, reflection on the central themes, and the feminist theory underpinnings, which all play a role in giving mothers a voice. These three subcategories are documented and discussed in Chapter Five, under the Theme: Sense of Responsibility.

CHAPTER 4

ETHICS

Ethical Considerations

When working with individuals it is important to remember uniqueness. Particularly in this study, it is important to respect how the role of motherhood is experienced differently by each participant. Issues related to one's social class, level of education, financial stability, and privilege influence who we are and how we are permitted to behave in this world. Women are primarily judged by society within the context of their defined roles, of spouse and motherhood (Anderson, 2007; Caplan, 1989; Hill-Collins, 2007; Snitow, 2007). A woman's professional or individual attributes are considered secondary and are expected to shift to accommodate the primary roles of motherhood (Ames, 2015; Caplan, 1989; Reimer & Sahagian, 2015; Thurer, 2007). Motherhood is deemed the most important job a woman can have, and the ability or inability to reproduce, and the expected desire to mother, is the starting point (Snitow, 2007). Reproductive choices establish differences and begin to frame out narratives about women. Definitions, views, and existing constructs about motherhood further reinforce good and bad mothering narratives (Caplan, 1989, 2007; Dominelli, 2001, 2002; Swift, 1995a, 1995b). These narratives enable "othering" and sustain the good and bad mothering dichotomy (Baines, 2011; Dominelli, 2002). Comparisons that promote the idea that one individual person is better than the other can be based on social class, politics, race, culture, or any other factor. This socially constructed "othering" is frequent in child sexual abuse where the judgment of mothers is constant and very critical. It is those "other" mothers who are bad, neglectful, and involved with horrific men and mandated child welfare services (Swift, 1995a; 1995b). The good mothers allegedly never cross these thresholds and somehow defy provincial and national statistics on

child abuse (Government of Manitoba, Department of Families, 2017; 2018; Stats Canada, 2016a, 2016b, 2016c, 2016d, 2016e; 2017).

By working in this social work field for 30 years, I have become forensically trained and adept at neutral listening. This training and investigative approach often causes people to question if I am human, if I care, or whether I have truly heard what has been said. This forensic approach to child abuse investigations can make social workers appear to lack compassion or empathy (Forensic Solutions, 2018). In reality, each disclosure heard and tear wiped away, every rationalization, denial, and safety plan put into place changes us in ways we rarely express to the outside world. In fact, this work changes us in ways we cannot explain because people do not want to know the harsh realities that we see, and we do not want to inflict upon others the sadness and trauma we have absorbed. This viewpoint is shared because some may question or interpret my comfort with the topic as a lack of empathy and compassion, or disregard of important ethical considerations; in fact, I and many social workers employed in child welfare agencies lay awake many nights due to worry and self-doubt. We ponder the ‘could haves’, ‘should haves’, and ‘what ifs’, and replay the lessons learned through hindsight and experience.

Those sleepless nights, the power of the child protection mandate, my professional role, and the privilege as a student to conduct research gave cause to consider numerous ethical factors. These ethical considerations were:

- Confidentiality
- Fear of child welfare agencies and professional position and power
- Re-traumatization through participation

First, is the issue of confidentiality. All participants requested clarification and reassurances that their names would remain anonymous and completely confidential. Some participants never shared their full names, preferring to use first names only. Some names were

derived based on emails or received later from participants as part of mailing information, regarding honoraria. In order to fully protect participants' identities a numbering system versus initials was used; Mother 1, 2, 3, 4, 5. This non-identifying strategy allowed mothers anonymity while allowing their voices to be heard.

Second, is the fear of child welfare agencies, including agents of the system. The involvement of the child welfare system, and the fear it evokes due to its power and place in colonization and my position in it, meant these ethical issues were thoroughly woven into my role as the researcher and potentially the experiences of participants. My professional role, name and, level of power posed potential ethical concerns and required continuous reflexivity. Charmaz points out the importance of reflexivity: of listening to participants' stories and to "dig deep into their meanings and actions" (2017, p. 41). Charmaz reminds us to "listen to their stories and view their actions, and hope to grasp their meanings. But our way of knowing is always interpretive of a reality, not a reproduction of it" (Charmaz, 2017, p. 41). In listening to the participants' stories, I was reminded of the many women, who through my child welfare agency work, had told me similar stories.

Initially, due to my name being publicly known and easily verified, and my degree of power and authority that comes with my professional role, I had proposed not using my full legal name. Through discussions with my Advisor and Advisory Committee we believed that using my full name might influence participants and recruiters, and that by using only my first name, would offer more neutrality. The Research Ethics Board (REB) opposed this stance, and indicated that my full name had to be displayed on all recruitment material. The REB emphasized that the right of participants and recruiters to know my full name, role and where I worked, promoted ethical transparency. To ensure clarity and distinction between my roles, my

full name was used and specific email domains and contact information were created. This gave potential participants and recruiting organizations an ability to Google search or directly ask questions about the research study and address any conflict of interest concerns relative to my work role.

Should my professional email be accidentally used, I committed to immediately re-direct individuals, potential recruiters, and organizations to my REB approved email domain. This occurred on one occasion, when a recruiting organization inadvertently sent an email to my work account. I immediately redirected the email and responded from the proper email domain, explaining the error.

Additionally, to ensure all perceived and real conflicts were mitigated, my research was formally declared at work. As per the Government of Manitoba policy, a declaration form acknowledging that I would not use my professional power to access information or in any way support my thesis research was submitted and approved by senior leadership and Human Resources. This declaration was also shared with my Research Advisor. As the researcher, and a practicing, registered social worker, employed by the Government of Manitoba, all applicable Codes of Conduct were followed to ensure separation of my role as a researcher, my occupation as a social worker, and an executive leader in Child Welfare (Government of Manitoba, Civil Service Commission, 2021). Integrity, honesty, and trust guided my interaction with all potential participants including the five who consented to participate (Canadian Association of Social Work, 2019; Manitoba College of Social Work, 2021).

Third, the risk of re-traumatization through participation were considered. Re-traumatization of participants was deemed by me, as the researcher, to be low risk given that participation screening was vigorous, real names were not required, and participants had to be

over the age of 18 years of age. Further, even after consent, one could refuse to answer any specific interview question or opt out of the study. COVID-19 and pivoting to phone interviews provided additional anonymity and participant-control, further reducing the likelihood of triggering past trauma. However, contrary to my analysis and safe guards, potential recruiters and the REB expressed concerns about the re-traumatization risk to participants.

The REB required me to submit a comprehensive list, detailing my formal training, demonstrating my capacity to manage, intervene, and mitigate risks of trauma. These same credentials were provided in writing or verbally to potential recruiters, who were concerned about the risk of re-traumatization and my ability to support participants. For some, the risk of spreading of COVID-19 provided a reason not to hang posters, as they were deemed high touch, contact surfaces. This reluctance to hang a poster was often prefaced by a comment about the sensitivity of the subject matter, and the assumption was that reading the poster would trigger or re-traumatize individuals. However, as explained in later chapters, participants themselves expressed gratitude in being able to finally tell their stories and share their experience.

CHAPTER FIVE

CLARIFYING DATA

I interviewed five participants and transcribed the recorded responses, which varied in length, and totalled 123 pages. The data within the pages highlighted the uniqueness of the participant's stories and affirmed my chosen methodology and theoretical framework of feminist, grounded and constructivist grounded theory. These theories remind us that each person will experience the same phenomenon differently because of their privilege, past, and historical context (Bryant & Charmaz, 2007; Charmaz, 2017a, 2017b; Creswell, 2007, 2016; Creswell, Hanson, Plano, Vicki, & Morales, 2007; Ganong & Coleman, 2014; Glaser & Strauss, 1967; Urquhart, 2017). Through the coding phase I found some patterns in the data that initially appeared to be possible themes. I continued to sort the data, re-read the transcripts, and code the concepts and words. Through the coding processes (open, selective, and axial), it was evident that some of the patterns did not meet the threshold to be considered key findings or theory development (Strauss & Corbin, 1998).

As the themes evolved, through this constant re-reading and coding process, so too did the uniqueness of each woman's story. Axial coding helped me identify interactions between concepts, differing contextual facts, and experiences of the participants. The uniqueness of each story suggests that care for female intimate partners of offenders will be complicated by their diverse experiences. This uniqueness and diversity forced me to reflect upon a mother's protective capacity and my pre-existing understanding about legislatively defined child welfare interventions that are regulated and required, (they are to sever their intimate relationship); and my experience that one's professional ability, comfort with risk, knowledge and decision-making powers influence assessments of mothers and whether they are permitted to continue caring for

their children. After reflecting on my chosen theoretical framework and again critically thinking about my knowledge, assumptions and professional case management decisions and immersing myself in the transcripts and listening to the mothers, I sensed they were trying to be protective. They may not have been perfect, but they were doing their best. Additionally, although it did not rise to the level of being a theme, the resistance to conducting this research including the discomfort and criticism about the title echoed what was seen in the literature review.

These three patterns: resistance and criticism of the title and value of the research; uniqueness of the stories; and mothers are protective and doing their best, do not meet the threshold of themes. However, the presence of these concepts called attention to the importance and value of this research and as I listened to the voices of the mothers, I chose to amplify their voices by including these concepts.

The Chosen Title: Making Sense of Complicated Love

When writing a thesis proposal about the experiences of mothers, whose intimate partner has been found to have sexually abuse children, the challenge was to make a socially repulsive judgement-prone topic acceptable to discuss. Recruitment material needed to be crafted that promoted open non-judgmental dialogue. The title needed to suggest to mothers it was okay and safe to share their stories, and that doing so would not result in judgment or reprisal. This was the difficult challenge with which I wrestled for many months. I reflected on my research objective, social work experience, and the literature review. I wrote out title ideas and options and used them in papers as part of course work assignments, and discussed this challenge with my Advisor and Advisory Committee. I took all this feedback, experience and knowledge and searched the literature, until, eventually landing on the title “*Making Sense of Complicated Love: The Impact on Women When Their Intimate Partners Have Sexually Abused Children*”.

This title was chosen for a couple of reasons. First, I hoped it would identify a challenging topic in a non-judgmental manner so that it could be advertised successfully and women would consider participating. Second, intimate relationships are generally based on feelings of love. How that love is defined or concretely displayed will also vary, but generally all humans are looking for love and could be attracted by the word “love”. It is also a euphemism for sex, which also attracts interest and hints at the child sexual abuse part of the complexity. Society expects women to “love” – that is, couple and become mothers, because this is their constructed gendered role (Dominelli & McLeod, 1989; Snitow, 2007). Generally speaking, relationships of any kind are complex, and the addition of child abuse issues creates further complexities. My Research Advisor and Advisory Committee supported my title choice because it balanced the complexity and seriousness of the subject, and encompassed a rich variety of definitions of love. The title did not blame mothers, and it clearly identified this was an experience they could have. It promoted transparent, respectful, non-judgmental participant recruitment. For most of us, our life stories are complicated, and the title assumed this while indicating the primary goal was learning from mothers.

The title, once settled upon, seemed relevant and relatable to participants and interesting to others. However, many professionals including organizations that provide services to women, and the PSREB panel, provided feedback that challenged and criticized the title of my project. Most feedback centered around two key beliefs: first, that I was making an incorrect assumption about participants’ feelings (defining those feelings as love) and second, that the title and sensitive subject matter would trigger women. Potential recruiters commented critically on the title, often suggesting that women would be offended because the term “love” was attached to their experience of finding out their intimate partner had sexually abused children. The

PSREB's feedback suggested the term complicated love would rule out participants and therefore bias results. Others suggested that this was not the type of recruitment poster one could simply display and that a cautious approach be taken so as not to offend or trigger women. The underlying belief was that women's complicated love was far too complicated and delicate a topic to openly discuss with participants in a research study.

Very few of these critiques considered that women may have had these experiences and might actually want to talk about it. Statistical data indicates that offenders are predominantly known to the child victim(s) and that one in three females are offended against. Mothers would also know the offender because they (the mothers) are the intimate partners of these men (Government of Canada, Department of Justice website, 2018). It was difficult for many in the gate-keeping roles to accept that mothers at one time may have loved someone who was found to sexually abuse children, or that intimate partners of offenders ever would appreciate the opportunity to safely discuss their experience.

The societal discomfort with the topic appeared to be embedded in social work practice, academic processes, and social service organizations. The PSREB process required me to provide my formal training and credentials, to prove my ability as a Master's student to manage this topic. My 30 years of social work experience in the child welfare agencies and system, where my mandate is to protect children and investigate allegations of child abuse, was not deemed sufficient. Yet, new Bachelor of Social Work graduates, many who are employed in child welfare agencies, must conduct interviews of child victims and offenders, and assess the protective capacity of mothers every single day.

The role of the PSREB is to ensure ethical research, including the protection of research subjects. I respect the need for oversight in order to ensure ethical research and the protection of

research subjects. I also appreciate and acknowledge that each recruiter must be confident in the value of the research, the safety of participants, and their own ethical commitment as part of recruitment. In fact, I am humbly honoured and very appreciative of the many who supported this research and helped amplify the voices of women. The title, the criticism it attracted, and the actual voices of participants helped identify both the gap of, and an abundant need for space for the voices of mothers. In Manitoba alone, as reported in the *Department of Families 2019-2020 Annual Report*, 3107 child abuse investigations were conducted by child protection agencies (Government of Manitoba, Department of Families, 2021). Yet, the idea that mothers' own intimate partners may be offenders, or that mothers would want to share their stories, was suppressed by the prevalent belief that they would be traumatized or offended.

This reluctance to speak about and research mothers' experiences seemed to deviate from the literature, social practice, and my experience. As a mother, there has been no other time or role in my life in which I have been offered and given so much free advice. Research dedicated to and conducted on good-mothering is found in various fields, including health, medicine, psychology, and social work. Societal views on mothering can be found in advertisements, movies, and public narratives; they consistently focus on a mother's individual traits, role, activities and responsibility. One needs to look no further than advertisements for the benefits of breast feeding or the negatives of pacifiers on teeth development to see how often mothers' choices and behaviours are discussed. Merely sitting in an office, glancing at a magazine on good parenting helps reinforce constructed expectations of mothers (Parents Canada Magazine, 2021). Thus, it seemed PSREB felt that observing a poster inquiring about mothers who have had a partner who has sexually abused children, was more offensive to the public and mothers in general, than the mothers who actually experienced it. Suddenly, the good-versus-bad mothering

narratives found in the literature were alive and influencing my research (Ames, 2015; Caplan, 2007, 1989; Caplan & Caplan, 2000; Swift, 1995a, 1995b; Thurer, 2007).

This criticism and feedback made me reflect further on the literature, my professional experience, and the title of this research. The title did not change. Upon reflection, the literature became more relevant to me. Mothers are expected to be endless fountains of love with unwavering commitment and love for their children, able to always put their child(ren) first no matter what. By doing so they will be good perfect mothers (Ames, 2015; Caplan, 2007; O'Reilly, 2007). Good mothers are too pure, or are not strong enough, or safe enough, or even interested in the possibility of seeing a poster which invites discussing the experience of this heinous crime, even if it happened in their family.

My experience with mothers involved with the child welfare system added to my sense of the appropriateness of the title choice. When women are told their intimate partner is under investigation for child abuse, most mothers find this complicated because they are told very little about the allegations, due to being an on-going investigation. Without being given any specific details about the allegations mothers are often told the intimate partner must leave the home or the children will be removed. If mothers are aware of the allegations because their own child is a known or suspected victim, the same expectation is placed on them. Nevertheless, they still are not provided with specific details. This means mothers must choose between the children they love and the man they have a relationship with.

Not one participant mentioned or commented on the title *Making Sense of Complicated Love*. This does not necessarily tell us much other than they likely were not retriggered. The voices of the participants suggests that it is indeed complicated and difficult to make sense of.

All participants were grateful for the opportunity to finally tell someone their stories. Their responses and the mere breaking of their silence reinforces the need for this research.

Five Unique Stories

The appropriateness of the title was reinforced by the uniqueness of each participant's story. Child abuse is complex for many reasons. Specific circumstances can affect one's experience and the impact it has. Some such circumstances include whether it was a contact or non-contact offence, whether there was past victimization, and what the duration and intrusiveness of the abuse and relational factors with the offender and victims were. From the literature we know that the relationship between the woman and the offender and whether they share children is an important consideration (Chaiyachati, 2015; Berlinger & Conte, 1990; Conte & Berlinger, 1981; Browne & Finkelhor, 1986; Finkelhor & Lewis, 1990). Relationships with the child victim(s), including how or if the child is known or legally related to the mother and intimate partner, the specific disclosure information, and whether this is shared with mothers affects the situation (Berlinger & Conte, 1990; Leclerc & Wortley, 2015). Therefore, it was expected that each participant's story and experience would be unique. Through CGT, Charmaz (2014, 2017a) helps us look beyond the narratives and uniqueness, while GT and coding push us to explore the relational nature of the phenomenon in order to locate over-arching themes (Strauss & Corbin, 1990, 1998).

For each of the participants *Making Sense of Complicated Love* was experienced in different ways. Two participants indicated that as survivors of child sexual abuse and neglect, they had been very cautious and diligent about relationships, and only after a great deal of time slowly introduced their mates to the family unit. This vigilant approach was to ensure their own children were not victims. Yet, these protective strategies had failed, and participants struggled

to understand why. One expressed how she kept wanting it not to be true, because if true it meant she had failed her child. “And denial, denial, denial. And I just ... wanted to believe that, and a lot of people may not understand this, but I wanted to believe that this didn’t happen to my child” (Mother 5).

Victim relationships ranged and were unique for the five participants. Two of the participants’ own children were identified victims of the intimate partner. One had known the victim, a relative of her intimate partner. The remaining participants did not personally know the child victims.

Another variation included how participants learned about the intimate partner’s sexual offending. Mother 1 found out through a social media post that detailed a public notification identifying her intimate partner as a known high-risk sexual offender. Mother 2 believed the initial questioning by police was about physical abuse, not sexual abuse allegations. Mother 3 had been told by family and warned by community members that the man with whom she was involved had sexually abused his own daughter.

Yet another variant of circumstances was the location of the child sexual abuse response within the justice system. Criminal charges and conviction rates regarding child sexual abuse continue to be low given that the threshold is “beyond a reasonable doubt” (Government of Manitoba, Department of Families, 2017, 2018a; Government of Canada, Justice Website, 2018). Children do not make strong court witnesses because of their development and memory. This can result in children’s statements changing; relational dynamics may cause children to recant; and defense lawyers are paid to create doubt (Ahern, E.C., Hershokowitz, Lamb, Blasbalg, & Winstanley, 2014; Conte & Berlinger, 1981, 1990). Although, not verified or commented on by all participants, Mothers 2, 4, and 5 indicated their intimate partners were criminally

investigated. Of those, one partner may not have been charged due to jurisdictional law enforcement challenges. Two others were charged; however, only one resulted in a conviction and jail time. It does not appear that charges or lack of them were integral in participants' processing of their experiences.

Another circumstance that varied was participant family background. Participants shared pieces of their childhood and life experiences, often weaving this information into their accounts of what happened and explanations of why they did certain things. These narratives, although very different, shone a light on the complexity of how each participant worked to make sense of her experience. Mother 2 expressed how interpersonal violence by her intimate partner created isolation for her, and described the impact this had on her when the sexual abuse allegations came to light. Mother 3 experienced significant childhood sexual abuse, interpersonal violence, and the loss of her father, impacting her decisions about an intimate partner. People had warned her he had sexually abused a child. Mother 5 expressed how she did everything to prevent this from happening to her children because she had been raised by a mother who struggled with addictions and so her goal was to stop the cycle.

A final detail which varied was their choice of partners. Mother 1 stated that her youth and inexperience with relationships meant she had made a mistake and chose a bad intimate partner. She suggested that her inexperience with relationships was why she had coupled with a man who warranted public notification, rather than her intimate partner had groomed or chosen her in order to gain access to a child. Finding out through social media that her intimate partner was a known sexual offender seemed unbelievable, and so she verified the information through public law enforcement notifications. Due to the public posting and confirmation of the

information, this made telling her family necessary. This participant repeatedly stated that young people make mistakes, but that she had quickly learned from them and left the relationship.

Mother 3 chose an intimate partner who many described as not a good person, and she was warned that he had sexually abused children. Extended family and community members all cautioned Mother 3 about her intimate partner, reporting that this individual was to be feared for multiple reasons. Mother 3 ignored the warnings, including the child sexual abuse concerns because she believed the fear the intimate partner displayed meant he could protect her from her violent ex-husband. “Because I knew if I stayed with their dad any longer it was either he was going to get stabbed or I was going to get stabbed or we were both going to kill, kill each other” (Mother 3).

These five unique mothers’ individual stories show the complexity of family circumstances and responses involved in a case of child sexual abuse perpetrated by an intimate partner. These mothers, along with society, also thought this horrendous crime happened to other people, not to their children, and definitely not at the hands of their intimate partner. While all of the mothers had unique elements of their stories, there was some overlapping commonality of content, such as knowing or being the parent of the victim. Some mothers shared details about their own childhood trauma, while others shared details about their age, community affiliation, courtship, and relationship with their intimate partner, and whether he was charged, convicted, or incarcerated. What is interesting is that rarely were the actions of the intimate partner commented on or mentioned. Equally infrequent was the lack of consideration and reflection by mothers upon their incredible strength and protective capacity amid the chaos. None of the interview questions posed were designed to elicit these types of comments, the information provided by participants was occasionally clarified but never debated. It was

accepted as presented, as part of the participant's personal story of finding out that their intimate partner had sexually abused a child(ren), finding out how they had been impacted, and asking how they made sense of it.

These differences remind us that all mothers are unique, that our life experiences influence who we are, and, most importantly, that mothers turn inward and judge themselves. Caplan herself said, "The most poignant instances of mother-blaming within the family are those in which the mother blames herself for whatever goes wrong" (1989, p. 45). These five unique stories have a major commonality: an overwhelming sense of individual responsibility. This key finding is discussed in the theme section.

Mothers Are Protective

According to the literature review, the assessment of a mother's protective capacity is heavily relied upon by child welfare agencies in predicting the overall safety of children, including if they should be permitted to continue to care for their children (Caplan, 1989; Hill, 2005; Joyce, 1997; McCallum, 2001; Swift, 1995a, 1995b). Systems and social constructs define good mothering as selfless love, meaning they will protect their young at all costs (Dominelli, 2001; Reimer & Sahagian, 2015). This well-entrenched socially constructed narrative and my experience in the child welfare system prompted me to ask mothers how they protect their children, and if this changed after they experienced finding out their intimate partner had sexually abused children [Appendix 2]. These questions were specifically asked in order to better understand protective capacity from the perspective of mothers.

I learned from the participants that mothers are not generally asked but rather told how to be protective. If asked, a lack of response or an incorrect response is considered an allegiance to their intimate partner which is interpreted to signal an underlying lack of protective capacity. As

reflected in the responses of participants, unattainable perfection and the lack of compassion shown to mothers likely limits our capacity to understand how mothers have been protective (Broadly, 2012; Cahalane et al., 2013; Hughes et al., 2016; Joyce, 1997; McCallum, 2001). All five participants gave different examples which displayed their protective capacity, and upon learning that their partners had sexually abused children, all of them altered some element of their parenting. Often this shift in parenting and protective stance resulted in their worlds shrinking and mothers becoming more isolated. Natural support systems were often minimized, as was the family unit's exposure and openness to people, community events, and normative social interactions (discussed further in theme section).

One participant, upon finding out about her intimate partner's sexual offending, relocated from her home and community and moved many kilometers away to avoid even inadvertently running into her ex-partner. This does not mean she never saw him; rather, it is an example of how her partner's actions dramatically disrupted her entire life, while her intimate partner's life remained seemingly unchanged.

Like many of the participants, Mother 2 needed further information and answers to help make sense of her experience; by going to the police station she, "just wanted to know whether or not that was true because it just scared me that [my children] would be alone with him". By seeking out this information from police, she was trying to assess both the current, past, and future risk to her children, an assessment that a child welfare agency would also be doing.

Mother 3 explained she would instigate a fight in order to get her intimate partner out of the home to protect the children when they came to visit. If this strategy did not work, she describes sleeping less and having the children sleep with her, away from her partner: "I wouldn't let him sleep by them, I'd make them sleep right there in front of me. ... I was a

sergeant ... watching him” (Mother 3). As this strategy was exhausting, she would often cut visits short and send the children home.

One mother told her intimate partner that he had to immediately leave the family home, even as she was struggling to make sense of what had occurred, admitting that she did not know what exactly was going to happen. Another mother immediately called the child welfare agency because she understood it was their job to protect children. “So literally you know in the middle of the night I’m crying my eyes out, I’m freaking and I’m calling CFS” (Mother 5). All of these were very different protective actions, but each mother in response to learning that their intimate partner had sexually abused children did their best to be protective.

In summary, these three concepts, resistance to the research topic and title; the uniqueness of mothers’ experiences; and mothers’ desire to do their best to be protective, did not meet the threshold to be considered findings due to many individual differences. However, the richness of the data could not be excluded because it contributes to our existing knowledge about the complexity of family dynamics further complicated by child sexual abuse. The five unique stories told by the participants push us to consider reflectively, as practicing social workers employed within systems, how we may be avoiding difficult conversations and topics. The resistance towards the title *Making Sense of Complicated Love* demonstrates our societal discomfort with the subject and our acceptance of normative definitions and perceptions of good mothering. A lack of feminist disruption means we are reinforcing socially constructed mother-blaming narratives and muzzling the voices of mothers (Caplan, 1989; Dominelli, 2002; Reimer & Sahagian, 2015; Snitow, 2007; Thurer). Mother-blaming, suggested by the literature and seen within the participants’ responses, was alive and well.

I continued to code and found saturation in the following themes, which rose in significance: a sense of responsibility: blame (self-blame), guilt and shame; loss and grief; fear; isolation and lack of supports.

Themes (Findings)

Theme One: Sense of Responsibility Evidenced by Shame, Guilt, and Self-blame

Learning that their intimate partner has sexually abused children negatively impacted and damaged participants' sense of safety, their mothering role, the family unit, and violated intimacy and trust. Participants' own words highlight the impact this event had on them:

felt like knots in my tummy, ... I felt sick like I'm sick, no, no, that can't be (Mother 1).

I legitimately opened my door and threw up (Mother 2).

I didn't want to believe them but I knew they were probably right (Mother 3).

And I froze, you know I didn't know what to say, I didn't know what to do, and I literally just sat there and ... I had a complete meltdown and I can't even describe that feeling (Mother 5).

The ease with which participants could recall their sensations and overwhelming shock of the disclosure event is indicative of its impact.

All five participants indicated an overall sense of responsibility for what had happened. Mother 5 expressed that hearing a disclosure from her young and innocent child was hard to hear. She explained the initial overwhelming shock when her child innocently asked: "Mom, why does [he] touch my peachy peach?" (The participant explained this is the word used for vagina). Mother 5 explained how she sought clarification because she was hoping for a rational explanation, but then when "she very innocently and just nonchalantly put her hands down her

pants [to show what he did] that you know”. Mother 5 explained how she “went into overdrive” trying to respond and make sense of what her child had told her.

Mothers described how regular life decisions they had made had somehow led to the offense, causing them to be responsible. Mother 4 explained how deviating one time from her own rule resulted in her family being destroyed. That one night when friends were over socializing and drinking, she agreed to her teenage daughter’s request to stay, even though her rule was that no children should be in the home if adults were drinking. This breach of the rule is what Mother 4 described as resulting in allegations, and ultimately her male intimate partner being convicted and jailed, and her relationship with her child becoming strained:

‘Cause my instinct told me, you guys are drinking, just send her home, that was telling me that, but there’s “M” there, she’s trying to talk her way to staying, please just let me stay mom, I’m like, but never in my mind did I ever think anything like that would happen. You know I always made a safety plan; I was always taught to make a safety plan (Mother 4).

Mother 3 to varying degrees acknowledged that she both ignored and rationalized the warning about the sexual abuse. That fear, loneliness, the need to feel wanted, and grief over her father dying all helped her avoid the truth. As a survivor of childhood sexual abuse this participant acknowledged that deep down, she knew the allegations about the abuse were true. Initially, when she questioned him about the incident, his silence and lack of denial allowed her to avoid the truth. However, the participant described that over time the continued lack of denial and non-answers to her questions made her realize that earlier warnings that her male intimate partner had sexually abused a child were true. Mother 3 stated that to this day she continues to live with the repercussions of her intimate partner decision, including her adult sons asking, “why did you pick men over us mom?” She now lives every day with the blame and shame of

those choices. “Because if you’re going to pick this guy who’s a known pedophile, well you better check your records again because people are going to look at you like that too” (Mother 3).

The mothers’ sense of responsibility was tied to their perception and belief that they should have known, or that in their mothering role they had made a mistake, and by failing in this regard, they were responsible. One mother expressed that she made a decision not to repeat past mistakes made by her own mother, and that she was never going to cause harm and protect her child always:

in my mind was that it stops here, you know everything that I experienced and saw as a child would never come into my children’s world, and it really was like the buck stopped here (Mother 5).

One mother explained that she was young and so she made a mistake due to her inexperience with intimate partners: “people make mistakes” (Mother 1). The underlying sentiment appeared to be shame for making this mistake. Mother 1 stated that when she told her family, they were supportive and indicated that she was young and thus bound to make mistakes. It is possible that this was the starting point of the inexperience narrative that was reinforced by others and accepted by the participant as a means to counteract her feelings of shame. Unfortunately, this type of narrative shifts the blame to the individual mother (woman) rather than directing the blame towards the male offender. This shift ignores the broader evidence of the time and effort some offenders put into their offending behaviours. This includes how they may target and groom adults in order to gain access to children.

The mothers expressed a sense of responsibility, not just about or toward their children, but for the child victim(s). Mother 2 explained how she knew something was wrong with the child, a relative of her intimate partner who lived with them, and she had expressed her concerns to her partner in an attempt to get the child help. Her intimate partner’s response included an

explanation that the child had been sexually abused by a family member long ago. This explanation made sense, was plausible, and in fact may have even been true. However, omitted from his explanation was the fact that her intimate partner had been sexually abusing his relative. When police initially arrived and began asking questions, her male intimate partner's earlier explanation, combined with the physical violence within the family home, made physical abuse allegations more plausible than sexual: "I had seen him be physically abusive with her, so when they [the police] were asking me these questions, that was my assumption." To this day, Mother 2 describes having difficulty in determining if the impacts on her and her children were the result of interpersonal violence (IPV) or an indication that her children could be unidentified victims of sexual abuse because "the signs that go along with someone being groomed are very similar to the signs of someone that's being abused" (Mother 3).

Mothers expressed a sense of responsibility for their intimate partners. Mother 4 shared that she continued to stand by her intimate partner throughout the investigation, charges, and conviction:

I always told him, I said, 'Babe no matter what happens, guilty or not guilty', I said 'I'm always going to be the one person in your corner'. ... I was always there with him ... at least I knew that in my heart and when he died, I was there with him (Mother 4).

Her explanation for standing by her intimate partner was connected to their childhood. Both of them, as children, had been in the care of a child welfare agency, and together as adults they had built a home and a family. Because of this, she was all he had compared to her children, who continued to have the support and love of their biological father. Mother 4 expressed that it was not about believing or not believing, but about trying to support both her child and her intimate partner. She acknowledged that she nevertheless had lost both relationships, and that her child always says: "Was it worth it mom? ... (he's) gone and you have nothing now."

This sense of responsibility resulted in mothers carrying and expressing feelings of a profound sense of shame, guilt and self-blame. Participants believed their inability to recognize their intimate partner as someone not to be trusted, who was capable of sexually abusing children, was their responsibility, and therefore their failure. The reoccurrence of shame, guilt, and self-blame were interwoven throughout each mother's interview. The words were often used interchangeably or in similar ways to describe their experiences, perhaps indicating that the mothers' sense of their actions and identity were being affected simultaneously.

Although not specifically asked when the events took place, four of the five participants' stories included enough contextual information to determine that their experience was at least a few years prior. Although considerable time had passed, mothers' sense of responsibility and failure of this responsibility lingered. The belief that they were to blame because they should have known and been more protective continued to be prominent comments:

I felt like, I felt like I should have known ... It made me feel like I didn't watch what I was doing, like it made me feel like I wasn't being careful right. ... I should have like asked more questions (Mother 1).

I'm a very guarded person naturally ... I thought I safeguarded my children (Mother 5).

Two participants commented on how slowly they permitted their intimate partners access to their children because they wanted to ensure the male partner was a good person and someone they could trust. Mother 5 said "we took things very, very slowly and ... probably a year before I even allowed him to meet my children on a casual basis." Participants accepted blame when the precautions taken turned out to be unreliable, and they accepted the blame others placed upon them because they believed it to be true. One mother expressed this:

I did something wrong and now it's all my fault. ... You don't have any comprehension of how they could have done something, how you didn't know, how you didn't see, you're supposed to be able to see offenders (Mother 5).

Finding out about the sexual abuse created inner turmoil, and participants indicated having repeated thoughts roll through their minds as they tried to make sense of what was happening. Participants replayed past daily life activities and possible alternative explanations to understand what they had been told by their children or others. Re-evaluating past responses to questions they had asked of their partners, and consideration of when they had access to their children, were all part of what participants described as a constant and repeated sense of wondering who and what to believe. Many described a sickening feeling, because if it was true, they felt guilt and blame because of their failure to see the danger. Mothers expressed feeling guilty of decisions and choices that had resulted in the devastation of many lives. The quote below highlights the narratives mothers played over and over in their minds:

I know that it's not me that did this but it's like I was with this person. How, can you have been with someone who does something so horrible, you know what I mean (Mother 2)?

The guilt of believing their partners and finding out they had been lied to and deceived did not result in mothers being angry about the repeated lies. Rather, participants focused on their own culpability and self-blame. Since they believed their partner's accounts or denials, mothers assumed they had failed in their motherly responsibility rather than they were victims of deception. Two participants expressed this in the following way:

It made me just sick, ... and then an overwhelming feeling of guilt came across because I knew there was something wrong and I just believed him for his word I felt so much guilt (Mother 2).

And then he's like no, like he denied, every time he denied it. And every time he had tears in his eyes, ... I believed him in the beginning (Mother3).

This sense of blame and guilt for accepting and trusting their partners' explanations and denials reinforced the internal judgment participants felt and believed: "I felt gross about myself,

I should have known” (Mother 1). The five participants did not ever directly blame or speak about how their intimate partners’ actions had ruined lives. Only one participant mentioned the need or expectation of accountability of her intimate partner. This participant described how, even though not convicted of the sexual assault charges, earlier unrelated criminal charges resulted in the system holding the offender accountable. The participant described this as “fate”. Beyond this comment, mothers focused totally on their own blame and guilt and shared how this impacted many lives over a significant period of time. One mother said:

It wasn’t until the last two years of our relationship that it really sunk in to my mind like you know come on, like get with it, like I knew in my heart he did it, because why would a kid say that ... they wouldn’t (Mother 3).

One participant continued to believe she was guilty because she had broken her own safety rule, that had she not permitted her child to remain in the home while they (adults) were drinking, none of it would have happened, that her failure resulted in her child, family, and intimate partner’s lives forever changed:

I blame it on the drinking, I have to, I have to admit that, I have to admit that we were drinking, and if we weren’t drinking, that never would have happened. If we were sober that never would have happened. ... But never in my mind did I ever think anything like that would happen (Mother 4).

This sense of failure, guilt, and self-blame was spoken of often by participants, but what was less verbalized was the underlying feelings of shame. The deceptive nature of offending behaviour is as complex and secretive as the abusive acts, resulting in many children never disclosing. The breach of trust and boundaries goes beyond child victims, yet is not reflected in participants’ understanding of what had happened. Mothers continue to carry the blame and guilt:

I had tried so hard to ... help her and I always felt like I failed ... I felt like it was also my fault because I didn’t stop it from happening. So not only could I not help her, but I didn’t stop it either (Mother 5).

Participants spoke of judgment by others, including family, friends, and professional support systems. They explained how guilt and blame were often disguised as support. Examples of this included how extended family would ask questions to determine the whereabouts of the participants and their children, suggesting they wanted to stop by or help in some way, when really, they were trying to assess whether participants and their children were in contact with their intimate partners. One mother said that her family's surveillance was no different than child welfare agencies, who were constantly watching and "[CFS] was constantly checking up on me" (Mother 4). One participant acknowledged that her own mother helped her establish new boundaries, because restricting contact with her intimate partners was difficult, because she had planned to spend the rest of her life with this person: "My mom said, 'he's not calling here anymore'" (Mother 5).

One participant described how both the family of her intimate partner and her own family appeared to choose who and what to believe. This created an element of choosing a side and the mother' feeling responsible and having to cope with the burden of facing extended family, community, and friends. This was an impossible feat, especially as described by one participant who was very close to her intimate partners' extended family:

I had relentless phone calls from his family and these were people that ... I had known ... for so long. I had really good relationships with those people (Mother 5).

Believing was not as simple as others proposed it to be as mothers explained:

All I wanted to do is protect her, so it was more about this didn't happen to her, this didn't happen to my child than it was about he couldn't have done this. You know ... I always felt like people got the wrong message. I felt like people were hearing that as I was protecting him (Mother 5).

Given that child abuse investigations conducted by child welfare agencies and law enforcement can take considerable time, participants felt suspended at a moment in time. The initial stages of the investigation were described by two participants as still being in a relationship communicating with one another, but just not living in the family home. One participant expressed feeling condemned by child welfare, who she called because she (correctly) thought their mandate was to protect children; however, she was immediately blamed for not calling police. Regarding the police report, the participant expressed her view:

I felt condemned because immediately you know the first question was why didn't you call the police? When she said that, ... I felt like I'd done something wrong ... so the very next morning I get this call and she tells me that ... I should have called the police and I didn't, ... so I will. And then she told me that she was going on vacation for three weeks and wouldn't be able to meet with me or my child until she got back from her vacation and ... I still had nobody um to give me any direction or any support (Mother 5).

The sense of responsibility including the individual blame and guilt is most poignantly stated by one participant's own eloquent statement, "I know that it's not me that did this, but, ..." (Mother 2).

Many of the participants' statements reflect the reality of the breach of trust and the beginning of shame. The quote, "I know that it's not me that did this but, ..." is indicative of shame. Yet, it was more common for participants to indicate they were to "blame" or express a feeling of guilt; "I felt so much guilt" (Mother 2 & 5). Shame was a word used less often by participants, however was identified as profoundly impacting mothers' sense of self (identity) and played a powerful role in mothers' overall sense of responsibility. Participants described how shame impacted them in various ways. They felt shame:

- For not knowing about the offending behaviour of their male intimate partner;
- For loving this man or caring about him (a sexual offender);
- For grieving the loss of their intimate partner and the life they had created;
- For wavering between who and what to believe.

The shame of being in an intimate relationship and not knowing about the offending behaviour of their male intimate partner was for one participant a reoccurring and more bluntly stated sentiment. She said:

I felt horrible about myself... I felt gross about myself...and I'm glad that my mom pushed me to like not feel horrible about myself. People make mistakes (Mother 1).

Shame contributed to mothers' denial and rationalizations. If the allegations were true, it meant they had to accept that their children were potential or real victims. It also meant they had loved, trusted, and given a man capable of sexually abusing a child access to their children, their home and life. The shame of failing a child, and the harm caused by someone they loved and trusted, was overwhelming: "I felt like I denied it ... I wanted to believe that this didn't happen to my child" (Mother 5).

While the shame of still loving or caring about their intimate partner changed and altered over time, the complexity and inner turmoil about these feelings remained silenced. Mothers shared the difficulties of separating from their intimate partners and how during various periods of their life they spoke to them, listened to and missed them. "We do talk over the computer ... and he's asked me many times 'can I go visit you'. I'll lie about where I live" (Mother 3).

Participants expressed shame in grieving the loss of their intimate partners and the life they had created. Two quotes reinforce how the loss of the person is both shameful and denied:

I really feel like that was a mistake when he was convicted, I don't think he meant to hurt anybody ... in my heart, I truly believe that and I still do, and I'm never going to change my mind (Mother 4).

Even the loss of him.... that was someone I loved (Mother 5).

Participants expressed shame for wavering and their need for information and verification of the facts. The idea that mothers should automatically believe, because they have been told the

information by reliable sources, only magnified their shame. One mother described going to the police station to confirm and seek a second opinion only to be told; “do not let your children ever be around him alone again”, making for Mother 2 the situation clearer.

Participants’ statements highlighted their doubts and questions as to how they had not known and prevented the abuse. These inner questions and a lack of answers created shame, resulting in an internal sense of a flawed self:

Yes, ... it's not like oh what's wrong with me but it's like... how did I not see this (Mother 2).

I wanted something else to help me make sense of what my child had said. ... I kept asking him, “why would she say something?” (Mother 5).

“I didn’t want to tell anybody because they’d say, see I fuckin told you” (Mother 3).

Some mothers expressed keeping to themselves, being very busy and/or focusing on their children thus, describing a world that reflected very few people or connections. The avoidance of normal activities beyond the mere day-to-day parenting routines were described as exhausting and therefore, mothers lacked energy for friends or social activities. Mothers indicated that even more emotionally draining was having to portray to the world “that life was normal”. One participant stated that from the outsider view, her world appeared unchanged but that in reality her life had imploded and she was on auto-pilot. This disappearance from regular activities, people and avoidance of social interactions appears indicative of shame. The need to vanish or hide are often behaviours associated with shame.

As will be discussed further in Chapter Six, shame silences mothers and depending on how deep or societally influenced that shame is, it becomes reflected in one’s behaviors. In this study, two participants spoke of the interpersonal violence (IPV) in their relationships, and shared that they had talked to family, friends, professionals, and had actively participated in

support groups with others with similar IPV experiences. Yet, these same two participants indicated they were too embarrassed to talk about the sexual abuse behaviours of their intimate partners and how it impacted them, that getting the words out of their mouth about what their intimate partner had done was not possible, even though they wanted to; “afterwards ... I don’t know if it’s like shame or guilt, like it’s not something that I can just say to someone” (Mother 2).

When participants were asked the ‘in hindsight’ question [Appendix 1] of what advice they would give other mothers, the responses exposed how blame, guilt, and shame were experienced by each, and that it is was painful and not helpful. Participants all echoed similar sentiments and advice to mothers: they wanted mothers to know they are not to blame themselves, that the path they are on is very challenging, and they will feel judged and overwhelmed by emotions, but in the end will be stronger and their children will be okay. The voices of the mothers are used because their message to other mothers and every reader are critical and must be heard:

don’t feel guilty (Mother 1).

Not to blame yourself ... and I think it’s important for them to know that it’s not their fault and that they don’t have to feel guilt (Mother 2).

there will be times that you’re going to feel like everyone’s against you because your emotions are raw, and there’s times where you’re going to feel like you just want everyone to go away, you don’t want to be a part of this, but you’re on the right path (Mother 5).

And it might sound simple but it might take weeks and months, but at the end of that journey you’re going to be safe and your child is going to be safe. And I think that’s all I needed to hear was ...no one was blaming me (Mother 5).

Strategies used by mothers to cope with the blame, guilt, and shame provide us with a sense of their hope, inner strength, and resilience. One mother expressed how she looks for and

adds positive, supportive people to her life, while another participant spoke about how every single day, she puts on her make-up and faces the world because her child needs her.

Theme Two: Loss and Grief

All five women experienced multiple losses. Upon learning that their male intimate partners are sexually abusing children, mothers are expected by child welfare agencies to sever their intimate partner relationship, and there is little to no thought about how this expectation or reality may create a sense of loss for mothers and children. Participants indicated that every member of the family experienced losses, but they were generally not discussed, acknowledged, and were carried quietly by each family member. The findings in this research identified three key areas of loss and grief:

- Loss of the intimate partner relationship;
- Loss of a significant male person (various roles) for the children within the family unit;
- Loss of family, friends, and broader community connections.

The removal of the offender, firstly, was experienced as the loss of an intimate partner. None of the participants suggested that their intimate partners were perfect but each indicated the loss of the relationship affected them. Some participants expressed their intimate partners having other flaws, including violence towards women, but they also shared that many had good characteristics and, in many ways, seemed to be good partners. “Never in my mind did I ever think anything like that would happen” (Mother 4).

For some participants the loss of their partner was described as slow, eroding over a period of time, while others experienced an immediate loss. For some the loss of the partner was tolerable and expected, but the subsequent unexpected losses of relationships with family and friends was not. After the initial confusion and trying to sort out what had happened, many

participants described how their grief and loss were experienced multiple times and in varied ways. The initial disclosure generally resulted in the intimate partner's removal from the family home, which was a significant change, followed by subsequent losses if criminal charges were laid or more allegations came to light.

One mother described how the lengthy investigation starting with her partner being accused, and arrested, then the criminal proceedings, conviction, and sentencing to jail meant enduring the loss of her intimate partner over a significant period of time: "And then... I went through a series of like loss, grieving, crying, ... for a couple of years, those years that the trial was happening" (Mother 4).

This participant described how, upon the conviction of her intimate partner, he told her their relationship had to end. However, she expressed that in her heart she remained with him because he had no one but her. Following his conviction, he died, and for this participant she expressed wondering if she could have prevented it all-the abuse, jail time, and his death:

I was always there with him ... in my heart and when he died, I was there with him ... I just wonder if "[he]" would still be here today if that [the abuse] never ever happened (Mother 4).

For others, the loss of their intimate partner was more sudden. "Separation was hard" (Mother 1). However, participants did not express the end of the relationship as improving closure or as helpful in avoiding a feeling of grief. Comments like "I just wanted to get him out of the picture" (Mother 1) did not bring about the sense of closure participants wanted or needed. This final statement made by a participant, explains how grief and loss had been experienced: "The loss of him, I punished myself a lot for ... a long time, but that was someone I loved" (Mother 4).

The removal of the offender, secondly, was experienced as the loss of a significant male presence in the family unit. Mothers expressed that during their own grief and loss they continued to care for their children and four of the five participants expressed that they witnessed their children experiencing the loss of a parent or significant person (described as a father or father figure). One participant said “She’s so young, she didn’t understand. She wanted to still see that person” (Mother 1). Each mother indicated they were unsure how to respond to their children in regards to these losses. Mother 2 explained that her children responded differently as one is too young to really remember, but the other “kind of emotionally shut down” (Mother 2):

Separation was hard but ... I didn’t tell her what was going on ... I just said it wasn’t working, he has to do his own thing. I said he ... has something else he’s doing and I just said he has another job, but I just said that to her (Mother 1).

Participants highlighted that they wanted to be there for their children and knew they had to offer some explanation, but indicated they were at a loss as to what to say or do:

how to cope with helping your children get through this. ... Just because we’re a mom doesn’t mean we know how to ... make sure our kids are going to be okay with what happened to them (Mother 2).

Three participants expressed that their children were young and only understood that the person was gone. These participants hoped that the memories of the person would simply fade and eventually be erased as a result of their children’s youthfulness, thus, erasing the need for an explanation. The lack of memory was considered the best way forward: “So I kind of hope that she won’t remember him” (Mother 2).

The removal of the offender, thirdly, caused a parallel loss of family, friends, and broader community connections. Our resiliency is based on both internal and external supports, including relationships with family, friends, and people we trust and can rely upon. An intimate partner brings people and family to the union, thus making a couple’s support system less

individualized. When a couple separate (e.g., divorce) the supports, friendships, and familial relationships are impacted. The loss of extended family, as expressed by the participant who said that “twenty-five very important people just got up and walked out of my life” suggests that the loss of family and friends may be subtle, but profound. One mother described the impacts as “it ruined so many lives” (Mother 4). The mothers expressed, that relationships were not always completely severed or lost, but were often damaged beyond repair.

Theme Three: Fear

This research found that even after the sexual abuse is discovered and addressed fear continues to motivate and influence mothering behaviours. The public message to mothers is that child abuse is preventable. Participants commented on how they continued to strive to ensure this would never happen again, having learned from their mistakes. The participants describe the longer-term impacts of their failed sense of responsibility and how two main fears continue to motivate them to be better mothers. These two fears are:

- An inability to form a healthy intimate relationship (fear picking another bad man);
- Fear that their children were victims and they just don't know, due to a lack of disclosure.

The first fear, an inability to form a healthy intimate relationship is significant as it calls attention to the desire to have a relationship, but the fear they will pick another bad man. Four of the five participants expressed fear of picking another man who had hidden secrets, severe character flaws, and the potential to be a sexual offender. Some suggested that being alone was better, while others expressed a sense of loneliness, but feeling unready and scared to have another intimate relationship. “I just don't want to do it yet [have an intimate relationship], I'm too scared” (Mother 1). Mother 1 maintained that her youthfulness and inexperience was the root cause so for now she was okay being single until she naturally aged and matured, the

unspoken thought being that age and maturity would prevent choosing a future bad mate. Fear prevented participants from considering another relationship, and one said, “it just gave me a wakeup call. It scared me. ... I’m not ready just at the moment. ... (I) want to be by myself” (Mother1).

Mother 3 highlighted how she sabotaged relationships in order to avoid the risk of choosing or allowing another male sex offender into her life. However, she admitted this pattern of behaviour meant being lonely:

To this day I’m alone. ... I do not try to get a boyfriend. I do not try to go out and socialize ... I do anything to sabotage it ... But I do get lonely, like I want to have a male companionship in my life (Mother 3).

Participants expressed being very cautious and explained they took intimate relationships very slowly to ensure the safety of their children. Yet, this approach had failed and so participants expressed that they no longer trusted their instincts or their ability to judge character, and therefore, not having an intimate partner was deemed safer:

We took things very, very slowly and ... probably a year before I even allowed him to meet my children on a casual basis. ... I’m a very guarded person naturally. ... I probably would have been described as uh, hypervigilant (Mother 5).

Societal gender-based values, beyond intimate partners, impacted mothers’ overall trust of males. Mothers identified a general fear that male family members could pose a potential risk based solely on their genders. The participants’ fear of coupling with a male who might also turn out to be a sexual offender prevented the participants from trusting others. The risks outweighed the benefits of intimacy; for many, loneliness and single status was accepted as the safest and preferred alternative.

The second fear consistently on the minds of mothers, was that their own children were victims, who had not yet disclosed. Participants expressed fear that at any moment their world

could again be dramatically impacted by a disclosure from their own children, grandchildren, or family members. For participants whose own children had previously disclosed, they feared further disclosures or new details about the sexual abuse, with the possibility that only a portion of the destruction caused by their intimate partner was known. Others feared that disclosures had not occurred due to the young ages of their children and a “concern that in a few years as ... their minds develop and they’re able to start processing things that then it’s going to come out that something did happen” (Mother 2).

Participants explained how thoughts about possible victims, moments when there was opportunity, and aspects of everyday life were rerun through their minds because they now knew what their intimate partner was capable of and had done. It is “a whole lot of fear because I realized that there had been multiple times that he would have had opportunity to do the same thing to our [children]” (Mother 2). The fear was that by letting this person into their life, they had exposed nieces, nephews, and other children and the potential risk of future disclosures remained on their minds. For these participants, fear of failure to protect, a lingering fear of future disclosures and fear of choosing an unsafe male intimate partner prevailed. All of these fears were a constant reminder of the trauma and the potential risk, regardless of whether their intimate partner remained in their lives or not.

Theme Four: Isolation and Lack of Supports

Each participant was asked about the types of supports they had and whether their support systems changed after finding out about the child sexual abuse. Participants were also asked what they would tell other mothers who were experiencing this phenomenon. The intent was to determine if mothers had access to or utilized supports, and, if so, were they useful, and if not, what would they recommend. Learning from participants was viewed as an opportunity to

influence future practice, and given the discomfort expressed by some service providers during recruitment, I was keenly interested to hear mothers' experiences.

Participants shared that generally there was a lack of supports offered. All indicated a desire to talk to people, though they were conflicted because of their experience or fear of judgment. They felt a range and intensity of emotions from anger, fear, disgust, confusion, and sadness, but had no safe person to talk to or receive help and guidance from. Anxiety about recrimination limited what participants shared with both formal and informal supports. Mothers bluntly stated that they never talked about their experience with anyone because, no one wanted to hear about it or they feared further judgment. "I felt so much guilt" (Mother 2). "I never talked about it with anybody" (Mother 3).

This lack of supports was especially noticeable for participants during the initial stage of finding out about the abuse and the commencement of the investigation. This time was described as "critical" or "urgent" and a time when participants felt overwhelmed and did not know what to do or how to respond. The sense of urgency felt by participants was not always reflected in the professionals responding, and mothers indicated "as soon as they find out that it's happening, someone should offer those people support, because it's very isolating" (Mother 2). The desired support was defined as practical help to navigate what they should or should not do, who to call, and the steps they should take.

This urgency and overwhelming state felt by mothers was exasperated further by what two participants described as a lack of compassion expressed by formal helpers, including child welfare investigators. For one participant, the child welfare worker arrived, explained what would occur, and then indicated they would be on vacation leave for three weeks. The participant stated that she was not offered a phone number or any tools to support her, that the

investigating worker simply did not seem to understand the urgency, and gave little consideration to how the mother might be impacted and be coping.

Mothers worried that their children did not get help or supports. Participants stated that whether their children were victims or not, this was happening to all of them. Yet the focus was not on the family, but on individuals. Mothers felt alone with no real way of knowing how to help their children or themselves. This was expressed by Mother 4 who said, “[he] never got counselling, I never got counselling”. Children who were identified as victims and offered supports resulted in mothers expressing confusion about their own role. Participants explained they were encouraged to obtain help for their child, but upon getting resources the professionals would be focused on them, as not good-enough mothers, rather than on the children. One mother explained how she wasn’t sure what the message was:

Everyone around me was like “get your [child] help.” ... it was bizarre uh because what I was told was that I needed the therapy more ... my initial (response) was like ... okay well I guess I understand it trickles down to my child and ... maybe I’m not functioning very well and maybe I do need the help. ... Maybe I’ve really lost it here (Mother 5).

When asked about informal supports including family or friends, participant responses varied. Three expressed having support from family members but indicated they had not shared with them everything they had shared with me. This gave the sense that the support was more concrete in nature with the goal of having mothers get through it and move on. Most said they carried their story on their own due to a sense of judgment, shame, and guilt. Mother 2 said, “you’re scared to tell anyone because it’s shameful, so it can be very isolating to have to live with that news ... and feel like you can’t tell anyone.” Participants expressed how their worlds continued to shrink from a loss of friends and family members who had been associated with the

end of the intimate relationship. The support offered by family was described as watchful and surveillance and identified by participants as the wrong kind of support.

Shame and fear of judgment resulted in participants' inability to share their feelings and experiences with family, friends, and professionals, including counsellors, support groups, and child welfare workers. Even though mothers indicated they wanted to talk, they either sanitized what was shared or simply kept it all inside. Every participant admitted that prior to this research not one of them had fully expressed their feelings and told their entire story. As one participant explained: "all these emotions are coming out right now because I've never got to articulate those things" (Mother 5). During the interviews three of the mothers displayed raw emotion, and as I conducted check-ins on their well-being, each participant replied they were fine and expressed thanks and comfort in being able to tell their story. Their gratitude, as expressed by Mother 5 was reiterated in a similar way by each participant: "I'm glad ... you're doing this, it means a lot" (Mother 5). "I'm just ... happy that you are doing this research" (Mother 2). These quotes reveal the need for safe spaces where the voices of mothers can be heard, while their sustained silence, shame, guilt and blame help us understand the complexity of their experience.

CHAPTER SIX

ANALYSIS

Sadly, what my study discovered is that the narratives from the early 1960's have not dramatically changed. From the point of conception, children are considered precious and vulnerable, and the societal expectation is that mothers are immediately responsible for their protection (Caplan, 2007, 1989; Dominelli & McLeod, 1989; D'Arcy et al., 2012). Despite the advances of feminism, the proclamations of human rights that legislate equality, and entry of women into the professional working world and more senior roles that "break the glass ceilings", mothering narratives and roles remain static. Perfection is expected of mothers. There is little awareness of how unattainable this ideology is and how it contributes to consistent and constant mother-blaming narratives. Mothers continue to be viewed as central to the family unit and held responsible for the wrongs that occur, including the wrongs of their male intimate partners (Halsey & Deegan, 2015; O'Reilly, 2007; Reimer & Sahagian, 2015). Reality reflects feminist theories which highlight the supposed dichotomy between good and bad mothers, with its resultant consequences upon children (Reimer & Sahagian, 2015; Swift, 1995a). Swift (1995a) has repeatedly stated that society manufactures bad mother narratives, while Dominelli (1989), Milliken (2017) and D'Arcy (2012) to name a few, have all authored research that depicts the constant judgment of mothers.

While natural justice holds individuals to be responsible for their own offending behaviour, mothers continue to feel and be held accountable for the offenses of others, because, caregiving to "perfection" is the primary role of mothers. When child sexual abuse occurs the perfect mother, narrative creates the conclusion that mothers failed in their caring roles. It is assumed mothers did nothing to prevent the sexual abuse or worse they ignored the signs

indicating the risk of the sexual abuse (Caplan, 1989, 2007; Davies et al., 2007; O'Reilly, 2007). Society expects that mothers as the primary caregiver should have known; therefore, they are guilty and to blame (Hill, 2005; Jackson & Mannix, 2004).

Participants in this study seem to have internalized society's sense that female intimate partners of child sex abusers are responsible for the injury done to the victims. Not only did they seem to be blamed by society, having inhaled society's expression of disgust and disdain for the offense, they blamed themselves. They blamed themselves for the events. They blamed themselves for not knowing, or for not acting. They blamed themselves for continuing to have feelings for the offender or for having needs of their own. The mothers blamed themselves for not being the "perfect mother" as society expects – all knowing (of what was happening to the child), all powerful (able to intervene to prevent the abuse, regardless of circumstances), and all caring (willing to sacrifice herself, her comforts, her safety), even if none of these were possible or realistic.

As a result, the mothers experienced a profound sense of guilt (behaviour) and shame (identity):

Guilt involves fear of punishment, stemming from feelings of having done something wrong, while shame focuses on the role of the self in relation to others, or a violation of group norms. (Sutherland, 2010, p. 311)

The deep, internal quality of shame is reliant on a belief that one is bad, because a good person would not let bad things happen. Therefore, guilt and shame as Sutherland (2010) points out differ, with the latter directly linked to one's sense of self. Shame silences mothers, and communication through words is restricted because shame is about who we are (Walker, 2011). When shame goes un-challenged, or is left in silence, we subtly reinforce it. As noted by Walker (2011):

shame is about who we are. Thus, guilt might make someone feel: 'I have done a bad thing', whereas shame would make someone think 'I am a bad person'. You can take action to alleviate guilt whereas redemption from shame is much more complex (p. 454).

Walker's (2011) description of shame is reflective of the mothers in this study. Shame is about feeling humiliated and is a painful emotion attached to doing something wrong because one is not good-enough in one's being. This sense is reinforced through overt and subtle external cues that significantly impact individuals' sense of self-worth. The constant self-evaluation prefaced feelings of shame creating a deeper overall sense of failure (Jackson & Mannix, 2004; Serin, 2018). The mothers' experienced a reduction of their sense of self-worth resulting in them questioning their own behaviours, and more, their abilities, judgements and dignity. It had the effect of undermining the sense of their strength and capacity to make good judgements.

Mothers diminished sense of strength and capacity to make good decisions is further reinforced by the child welfare system which is mandated to investigate child sexual abuse. The system often assumes mothers played a complicit role in the child sexual abuse behaviours of her intimate partner (McCallum, 2001). McLaren (2013) found that almost 90% of child protection workers believed mothers had colluded with their partners and therefore, were equally guilty of the offence, once again ignoring the complexity of the deception and situation these mothers live within. Even when doing what mothers believe to be the correct and the right thing, it is not good enough (Caplan, 2007; Milliken, 2017; O'Reilly, 2007; Rothman Katz, 2007; Thurer, 2007). The idea that whatever mothers do is never "good enough" is a prevalent view that aligns with the belief about complicit actions, and that finds its way in Manitoba into legislation as a failure to protect by omission, in the *Child and Family Services Act* (Government of Manitoba, Department of Families 2018c).

The onerous burden of shame causes mothers to avoid and distrust service providers, including mandated child welfare agencies. Participant 2 was clear that although she wanted to talk to someone, she feared she would be judged more than her intimate partner. This statement appears to be referred to by Swift (1995a) and Sutherland (2010), who describe an almost never-ending list of things of which mothers are guilty. This narrative is reflected in participants' own words: "What is someone's reaction going to be when you say that? Are they going to judge me or are they going to judge him (Mother 2)?"

The good mothering narratives highlighted throughout this research explain the impossibility for mothers to feel successful. The external belief and socially constructed narratives of mothering are entrenched in professional service delivery, research and social work practices (Christopher, 2012; D'Arcy et al., 2012; Green, 2008; Jackson & Mannix, 2004). Current practice in this area continues to be guided by long standing historical ideology linked to the roles and expectations of women (Broadly, 2012; Cahalane, Parker, & Duff, 2013; Swift, 1995a). The blame, shame and increased judgment of women that existed in 1954 continue today and are reflected in current child protection policy across numerous jurisdictions and countries (Ames, 2015; Astrom, 2015; Broadly, 2012; Caplan, 1989, 2007; Caplan & Caplan, 2000; Dominelli, 2001; Dominelli & McLeod, 1989; Garrett & Wright, 1975; Government of Manitoba, Department of Families, 2018; Hughes, Chau & Rocke, 2016; Mentor Forensic Services, 2019; Palm & Abrahamsen, 1954; Swift, 1995a, 1995b; Thurer, 2007).

My entire professional social work career has involved the mandate to protect children from abuse, and has given me firsthand knowledge and experience in this complicated area (Government of Manitoba, Department of Families 2018; 2017). I have heard and responded to the disclosures, assessed the protective capacity of mothers, made decisions, and given

ultimatums to women regarding their children in support of child safety. For over 30 years, I have been employed in a system specifically designed to respond to child sexual abuse. I have always known the power this system wields; however, only now do I fully realize how the system unfairly pushes the responsibility of safety back onto mothers and how unexpected and unsupported they are to respond.

The intervention at the time of disclosure is a traumatic event that comes as a surprise to the women. A simple, but not easy, decision (to separate from the offender or not) is suddenly required. The decision to choose their children and remove their intimate partner is demanded under significant time pressure. Reflecting societal revulsion and blaming, (and in order to prevent repetition of the crime, and recrimination upon the representatives of the system for future failures to protect), the system and those representing it seek to guarantee distance of the offender from vulnerable children. Consequently, a decision to separate an offender from family, or both parents from the child(ren) is required immediately. This intense moment of an either/or life-choice leads to a profound complication of the intimate partners' life. The unspoken reality was that those outside the family unit viewed the offending partner as merely a simple problem, or worse, a sexual deviant; therefore, eliminating them from their lives was necessary. While mothers expressed confusion or hesitancy, it was not about believing or not believing the offense had occurred, but about the need for more information to better understand what was happening, as it was happening. The urgent need for information was indicative of someone faced with the unthinkable and urgently trying to make sense of it all.

Forced to make a decision and choose between their intimate partners or their children, the woman involved faced more unexpected challenges. Multiple losses followed the disclosure and interventions for which the female intimate partner is unprepared. Regardless of what

decision mothers made, the losses continued to mount, while the compassion availed to them to grieve remained absent. The loss of their male intimate partner impacted women personally and in varied ways. The relationship for these participants with their male partners was not built upon the foundation of child sexual abuse. Expecting mothers to immediately shut off their feelings, or feel only disgust and distrust of their intimate partner, is as unfair as it is unrealistic. The unstated expectation that women should not even feel a loss was articulated clearly by one mother who said:

Oh, I hate saying it, but I'm going to say it because I think it's important to say. Even the loss of him, I punished myself a lot for that for a long time, but that was someone I loved (Mother 5).

The losses experienced were both immediate and enduring:

It was very, very hard. When I say grief that's what I mean is the loss, like is so sudden and so I ... was really lost and I thought I went to the place ... that would support would be and I failed (Mother 5).

And then ... I went through a series of like loss, grieving, crying ... for a couple of years, those years that the trial was happening (Mother 4).

Participants for the most part hid their loss and grief from others. They all appeared to know and understand they were expected to be thankful, because now they knew the truth and could get rid of this person and the problem. Participants expressed knowing that others would not understand their sense of loss and so it was hidden, never openly shared, or discussed with others. Participants knew, and subsequently so did their children, that they were expected to simply move on and forget this person because it was better to do so. Unlike a death, where one generally focuses on good times and memories, this loss remains unattended to, simply to be endured. The unspoken narrative concludes that an intimate male partner who sexually abuses children is not worthy of loss or grief. Grief is reserved for deserving individuals.

The sense that mothers continued to be responsible for everyone, and everything that happened, prevailed. Participants' own feelings of loss continued to be ignored because good mothers are to focus on their children and safety (Serin, 2018). As noted in the literature review, sexual offenders are not solely defined by this behaviour. They hold various roles as part of family units including as fathers, uncles, step-parents, and brothers. We also know that victims of child sexual abuse generally know, or have some relationship with their offender (Berlinger & Conte, 1990; Fallon, et al., 2019; Government of Canada, Department of Justice, 2019; Iffland et al., 2014; Seidman et al., 1994). Knowing these male roles exist, having mothers identify the loss of this person as significant to their children should not surprise us.

The children themselves had lost a male parental presence in the household and were trying to make sense of what had happened. Mothers witnessed their children experiencing this loss and described their children as being confused, emotional and coping in their own unique ways. Mothers further indicated they did not have guidance on what to say or how to explain to their children what happened or why this person was no longer permitted in their life. They did not want to cause further trauma to their children, but also knew the unexplained absence was distressing. They were uncertain if they should be honest, and, if so, how much they should say. Trying to maneuver through the new rules about how members of the family could or could not interact was challenging. Given the lack of concrete guidance, some participants chose to share alternative reasons for why the intimate partner was no longer present.

The loss of connection with family members and in-laws was profound. Women and their children experienced repetitive loss related to extended family and other key relationships, as extended family and friends chose sides, or determined what and who to believe. Children and mothers experienced the outcomes of those decisions as another loss. Subsequently,

explaining to their children why they were no longer invited to other family or friends' homes, or why they could not see certain people, was another responsibility that fell to mothers. Mother 5 said, "And I remember thinking like I feel like you know 25 very important people just got up and walked out of my life". The emotion that followed this statement and the next comments explains the impact: "I had known him and his family for so long, I had really good relationships with those people" (Mother 5).

Participants consistently identified feeling alone, and not understood by family, friends, and professionals. They suggested, and were quite vocal about, the need for peer support groups:

At that point that would have been a perfect opportunity to say, this is a horrible thing that you're going through right now, and there's a support group for women in your situation, and I know it's hard to talk to anybody else about it but these women have also been through it (Mother 2).

Each participant explained that women needed to hear reassuring messages that they should not blame themselves for what had happened; and that they would be okay and so would their children, even it did not feel that way right now. Participants said that this reassurance and support would be most validating when it came from others who had a similar experience. This would have been affirming for mothers that their feelings were okay, valid and that it was indeed complicated. Some expressed how they had found considerable support from community-based programs that welcomed them and their children, where the focus was more about support, acceptance, and a holistic approach. Programs that included mothers and all their children, and which ranged in services from fun activities to more clinical care, affirmed for mothers that they were doing okay and would be okay.

If the woman decided to keep in contact with the offender other familial losses are experienced. Women who chose the children also often tried maintaining contact with their male intimate partner; describing it as "being together, just not living in the same house" (Mother 5).

Others described “sneaking around” that resulted in a loss of other relationships: “my daughter, and her dad constantly using that against me” (Mother 4). The mothers lost connections to their children, some of whom were victims.

As well as coping with the loss of concrete supports and relationships, mothers were often supporting children who were identified as potential or actual victims. Mothers were told to seek help for their children, which they did, but then the focus was on them and not their children. This was confounding to mothers, and it inadvertently reinforced negative mother-blaming narratives that included failures and blame; additionally, it suggested to mothers that they were not coping well. Mothers expressed how they had to contend with the logistics of the actual abuse investigations, the day-to-day running of their family unit, amid changes that were required of them by systems. Expectations on who could be in the family home, access to their children, and monitoring this, were all the responsibility of mothers. The concrete, day-to-day operations of a family is complex and physically taxing at the best of time; and normally when a family suffers a loss or is coping with a tragic event or illness, one is afforded time off work, food is dropped off, and cards offering support and condolences are received. This was not the experience of these mothers because societally we expect perfection and protection of children. Thus, we had judged them as unworthy of the supports they needed the most.

The loss of friends and broader social connections through work, school and daily activities occurred because of the women’s relationship with their male intimate partner. Individuals aware of the intimate partners sexual offending, avoided or shunned the women. A sense of awkwardness occurred to which women often responded by choosing to distance themselves knowing people were blaming or avoiding them. These losses and unattended grief increased women’s overall isolation, reinforcing their sense of responsibility. The expression of

blame upon the intimate partner caused women to become the secondary victims (Brogden & Harkin, 2000). Although the male intimate partner is responsible, his horrendous actions become her failure.

Brogden & Harkin (2000) defined the women as “secondary victims”, based on the impact their loved one’s sexual offending had on them personally, including how they (the women) had to carry the burden on their own with very few supports. This is exactly what the participants of my research study described. In fact, one participant actually stated that she felt like a victim, and then quickly qualified that she knew she wasn’t but that it felt this way, highlighting the real possibility that mothers should be considered “secondary victims”.

These losses cumulatively contribute to increase isolation for the women. Their self-described failures as mothers meant they were not permitted the opportunity to share their losses, grieve or comfort their children in this regard. The failures, and what was deemed by others and themselves as the bad choice in an intimate partner, resulted in mothers’ doubting their protective capacity. They each built more protective, impermeable walls around themselves and their children. This fortress only added to their loneliness and sustained the narrative that they were solely responsible, and expected to bear this burden on their own.

On a systemic level, the woman experienced an overall decreased level of support. Participants identified a lack of crisis supports, concrete tools, and information to cope with what was happening and how to support their children. Participants identified that surveillance and removal of the intimate partner was the focus of interventions. McCallum (2001), who has studied the subject of mothers whose partners sexually assault their own children, identified practice considerations that bolster the requests made by the participants of my research. One such consideration was the need to better support mothers, and “give women time to adjust to the

knowledge that their husbands have assaulted their children and not to expect that women will automatically and immediately come to terms with this information” (p. 332). Much of what Brogden & Harkin (2000) and McCallum (2001) describe, parallel how we currently understand and respond to child victims (Gewirtz-Meydan & Walsh, 2018).

Like child victims, mothers wavered between belief, disbelief, and various intensities of denial. In fact, children often recant, leave out more humiliating aspects of their disclosure or never tell anyone what is happening. Participants all indicated that prior to participating in the research study they too had not told their entire story to anyone. Children recant or minimize what has occurred or only disclose enough to try to stop the abuse, in order to retain the good aspects of their relationship with the person who offended them. Mothers too wavered because they could recall the good aspects of their partners, while being physically sickened by the sexual abuse. Each one of these factors are legitimate responses for child victims to make. Yet when mothers’ experience parallel emotions, their coping strategy is ignored or condemned. If one put the experiences and impacts of child victims and the findings about mothers and their experiences next to one another, the similarities would be uncanny. Yet mothers are not offered supports, at a time when they need them the most.

The accumulated stress of isolation, unattended grief, and decreased levels of support manifest in fear (or anxiety). Fear responses to trauma, including post-traumatic stress and physiological responses, have been described as “fight or flight” (Knight, 2015; Wall, Higgins & Hunter, 2016). The human brain can respond in ways that help protect us both physically and mentally. However, if we remain in this heightened state of stress too long it can make our response ineffective and sometimes problematic. It is no surprise then that women who are the intimate partners of offenders should report an increased level of fear (or anxiety). They wonder

and worry how they will cope. They question their own abilities and judgement. Those who choose to stay with the offender fear the censure of others. It is a stress that lasts.

Mothers expressed grappling with the fear that their child may be a victim and how unqualified they felt to assess the validity of their concerns. Those who sought professional advice were offered vague statements that offered little clarity. One was told the best thing to do was “just keep an open relationship so that they know that they can talk to you about anything. But your gut instinct is to want to go up and say, ‘did he do this to you’” (Mother 2). This fear was real and her gut instinct was accurate and she merely needed support and guidance on how to proceed. However, the vague professional response was unhelpful because it did not provide knowledge or concrete steps.

Mothers are expected to be protective, to innately know how to care for and anticipate dangers their children may encounter (Reimer & Sahagian, 2015). Child sexual abuse is defined by society as one of the greatest dangers facing our children and families, and prevention tools are designed to address it (Canadian Centre for Child Protection, 2021). Therefore, fear of one’s child being abused ought to be preventable, reinforcing for mothers their failure.

It is important to recognize the experience described by these women. The current strategy to prevent a repetition of the crime depends on the female intimate partner. They are expected to be perfect, almost god-like. They are expected to be all-knowing: monitoring the offender and the safety of the children. Yet, they lack information about what is going on with the case, and who to ask. They are expected to be all caring: fulfilling all the caring needs for children that once were shared by two, or even a community, even at the mother’s own emotional cost. Yet, they have a diminished emotional capacity to sort out the chaos for themselves, their children and relations, because of grief and isolation. They are expected to be

all-powerful – able to intervene if they perceive a risk. Yet, they do not have additional resources or supports to manage the increased burden. Put briefly, they are expected even more to be “the perfect mother” at precisely the time when they are weakened in the very capacities’ perfection requires (knowledge, strength, caring).

CHAPTER SEVEN

CONCLUSION

The crime of child sexual abuse deserves the judgement and deterrence of society. However, there is an unintended consequence to the strong expression of this censure. It seems that blame is unfairly assigned to those who had no knowledge of the action, no part in its commission, or who struggle with emotional connections to the offender. That blame is so universal that those blamed internalize the condemnation, and question their own sense of awareness, behaviour, and caring. They are secondary victims, rather than perpetrators of the assault. In the pressurized aftermath of the disclosure, they are traumatized by multiple losses and bruised by untreated grief. Their needs are ignored amid the drive to protect the child, and isolate the offender. Yet, they are tacitly or explicitly expected to become an even more perfect mother than they were before. More is asked when they are feeling profoundly less able. The repugnance with which they are splashed does not help them further protect the child(ren). Additional strategies are needed.

Recommendations

First, it is recommended that we recognize the need for, and encourage supports for mothers. Toolkits, peer groups or other forums that promote support through education and concrete resources are needed. These supports must be reflective of the unique individual needs of each woman's experience and must attend to the culture of mother blaming. Sharing knowledge with mothers about child abuse including information on grooming and offending behaviours, would promote different narratives, including who is responsible and what realistically each individual can control. Information on navigating systems, investigative

processes and how to respond to questions posed by their children are needed. The low-cost options of providing information, offering of time and on-going supports is not only doable, but realistic within a child welfare system that is often over-stretched and lacking resources.

Educating families as a whole on what is happening, and how this may impact them and make individuals feel, will foster opportunities for mothers and their children to safely share their stories. Through this educative, holistic approach mothers, families and helpers, both formal and informal, can foster a more normalizing perspective to a societal problem deemed horrific.

Attending to, and seeking to diminish self-blame, guilt, and shame will promote awareness of the mothering myths that foster mother-blaming.

Second, it is recommended that child welfare agencies allow for, and provide, more time and ongoing supports for mothers at the time of intervention and following. Some decisions must be made immediately; that will not change given child welfare's mandate to protect. However, ongoing supports are needed to help mothers deal with understanding and adjusting as they make sense of this complicated situation, including the dichotomy between the roles and responsibilities of women as intimate partners and mothers' decision-making. Social workers can take more time at the intervention moment and remain compassionate and empathic to mothers who are coping with unthinkable realities and difficult expectations. The need to allow mothers time to adjust should not be assessed as the sole indicator of a lack of protective capacity, but rather as McCallum (2001) suggests, a momentarily diminished protective capacity. Confusion is an indicator that supports are needed rather than evidence proving complicity. Follow up visits and regular check ins that foster support, relationship building, and trust will promote connections to other supports and the ability to discuss the complexities of the situation. Check ins and visits will initially be frequent and gradually taper off or adjusted as needed.

Third, it is recommended that mothers be provided with ways to gather and update information. Navigating the systems which respond to child sexual abuse, including the police, child welfare system, hospitals, and the courts is complex and can take years. Mothers now still navigate much of this on their own. Brochures and written or electronic information that offers guidance and factual information are needed. Access to professionals through phone access, help lines or emergency services is needed. Professionals and experts who understand the systems can help families maneuver through those systems and process their experiences from the beginning to the end; such support promotes information sharing, communication and will help re-build a mother's diminished sense of capacity and strength.

Fourth, mother's isolation and grief must be addressed. The multiple losses of not only their intimate partner but of family and friends continued to increase, while those they could depend on reduced, further shrinking their personal worlds. The loss of an intimate partner, generally understood to be one of life's most severe causes of grief, cannot be managed instantaneously, or by being ignored. Mothers need the opportunity and forum in which to express their grief, to process what has occurred, and come to terms with what that means for them as a mother, for their children and their intimate relationship. Family case conferencing, connections to community support groups or dialogue with social workers where mothers and their children can freely admit their losses, grieve and feel supported are needed. Increased support will reduce fears and rebuild mothers' capacity at a time when they need it most.

Fifth, I, and those of us in the field need to promote change. In addition to the above recommendations there are mechanisms that I professionally can access to promote change and these include: sharing the research findings, using my privilege and current role in Child Welfare and adding to the knowledge base on the subject of child abuse. Sharing research finding by

offering presentations to organizations that actively supported my recruitment of participants and signaled an interest in my research, and as I committed to formally. Additionally, key groups and stakeholders that provide services to women and families and who offer clinical services to sexual offenders and their families can be offered the opportunity to hear information or be provided with an executive summary of the findings. In Manitoba there is considerable funding to community organizations to ensure services to mothers and families including services specific to families affected by child sexual abuse, and sharing this research with direct service providers offers an opportunity to affect immediate change.

Presentations to those mandated to investigate, law enforcement and Child Welfare would gain valuable knowledge from hearing the findings and could support system change. Organizations that provide services as part of judicial proceedings, could gain subject matter knowledge such as victim support services and Manitoba's own advocacy centre model, Toba Centre for Children and Youth (previously known as Snowflake Place); a model designed to offer supportive, centralized service delivery to child victims and their families (Toba Centre for Children and Youth, 2021). Given my lengthy career, my contacts, and professional relationships cross the provinces and territories, offering presentations to various sectors, including academic settings and the Directors of Child Welfare are all within reach. Creation of an executive summary would be distributed to those unable to attend a presentation.

Promoting change by using my privilege and significant role in the Child Welfare system is valuable. Child welfare, a historically entrenched system that is powerful, contextualized and rooted in colonization, is highly scrutinized and criticized (Blackstock, Trocme & Bennett, 2004). It is a system that employs numerous social workers across Canada, and each province and territory have a provincial/territorial mandate to investigate and respond to child abuse

concerns. My current role within the child welfare system created a potential conflict of interest in conducting this research. However, now that it is complete, using my privilege and power to facilitate dialogue and a shift towards a more supportive, responsive, and equitable child welfare system exists. There are opportunities to influence or inform legislative amendments and policy that informs practice and front-line service delivery. This includes consideration of defining mothers as secondary victims. Doing so may increase the protective capacity of mothers and shift interventions towards supportive services and practices. The investigative work can then focus on the offenders who are perpetrating the offences versus the perceived complicity of mothers.

Adding to the knowledge base by publishing literature from this research is another mechanism to support beneficial change. The literature review found an absence of mothers' voices describing their experience of this phenomenon; instead, the literature focused more generally on the role of mothers in protecting their children and in healing their family (Cahalane et al., 2013; Hernandez et al., 2009; Hill, 2005). Choosing the title "Making Sense of Complicated Love" was disruptive and confirmed just how taboo the subject of child sexual abuse remains today. This societal discomfort with the topic, and the mother-blaming narratives not only silenced mothers, but added to their sense of shame and blame. Disseminating the observations of this research can facilitate much needed discussion and change in this area.

Research and publications are intended to challenge current ideologies, and influence social work policy, and practice. As Milliken (2017) explains, change is fostered from all levels, from the front lines to academic scholars. For me, part of this Master's degree journey has included a desire to publish. I intend to contribute to the knowledge base and highlight how mother-blaming, self-blame, guilt and shame, loss and unattended grief creates isolation for

mothers, at a time when they most need support. Together we can shape practice changes in Child Welfare towards support, empathy and allowing time for mothers, who are secondary victims to make sense of this complicated situation. By doing so, mothers can regain belief in their capacity and strength to make protective decisions and judgements.

Limitations:

Given there were only five participants, one cannot generalize or broadly apply the findings. However, the alignment of the research findings with the literature does suggest the need to challenge existing gender roles, and unrealistic expectations of mothering (Ames, 2015; Caplan, 1989, 2007; Dominelli, 2002; Thurer, 2007).

Member checking was a component offered to each participant as a strategy to increase the trustworthiness of the data gathered. Two of the five participants chose to review their transcripts but did not offer any feedback or changes, a limitation that may have impacted trustworthiness. However, given the interviews were digitally recorded and then transcribed suggests that there was considerable reliability in the data collection tool. Reflexivity, feminist and grounded theories were components used to inform data analysis, each contributing to enhancing research trustworthiness.

It is possible given the over-representation of Indigenous families who receive child welfare services that a participant bias exists. This is unknown given that no data was collected regarding race or ethnicity, including Indigenous citizenship. Additionally, the exclusion of those currently receiving services from a child welfare agency could further skew or bias results.

Ultimately, the difficulty of demonstrating reflexivity limits confidence in the study. As a recommendation for future study, having a third-party observer review the interpretations of transcripts would strengthen the reliability of the conclusions. This would be especially crucial

when working with Indigenous participants, so that unconscious, cross-cultural bias may be thoroughly explored.

Suggestions for Future Research

During the ethics approval process and the recruitment stages of my research, many expressed how the topic was sensitive, could trigger mothers, and required extensive skills beyond the scope of a Master's student. When asked about my research topic, most uttered their surprise in my tackling such a deep and rather disturbing subject and questioned if I would find willing participants. These comments are reflective of the resistance that was experienced and should be anticipated by others who proceed with future research. However, given that most child abuse research is focused on victim or offender, significant opportunities remain for future research that is focused on learning from mothers from a feminist or anti-oppressive theoretical framework. It is vital that research provides a voice to women in order to reduce mother-blaming narratives, including the stigmatization of women whose intimate male partner has sexually abused children.

One participant, who during her search for answers and knowledge to make sense of her experience and desire to be, as society expects, "the perfect mother", said:

I'm just really, honest and happy that you're doing this research because ... everything is written about ... either the abuser or the abused person, there's nothing about the people who, ... were in that person's life or the spouse (Mother 2).

The COVID-19 pandemic no doubt impacted participant recruitment; it is hoped that this variable is not soon to be repeated. Obtaining more participants would require considerable effort, given the mother-blaming found in both society and intimate partners of offenders. Without my potential for conflict of interest, future research may consider making eligible as

potential participants mothers who are currently receiving child welfare services. Research that includes current consumers of child welfare services or access to data that promotes comparative research approaches offer opportunities to challenge current mothering constructs and system bias. Exploring and conducting comparative research within and between child welfare systems may help further inform social work practices, including the types of potential interventions, assessments, and supports required by mothers that would strengthen the protective circle around children and families. Finding ways to conduct this research and include those receiving child protective services would be highly beneficial.

Given that Indigenous families are overrepresented in the child welfare system, as noted by Trocme, Knoke & Blackstock (2004):

It is likely that the high rates of parents' own histories of childhood abuse contribute to the complexity of the problems facing Aboriginal communities; experience of abuse, particularly in residential schools, might undermine the capacity of the present generation of parents. The multiple disadvantages and challenges documented among Aboriginal families place Aboriginal children at higher risk for future maltreatment (2004, p. 596).

Research that considers the impacts of colonization, including the erosion of language, culture, and the impacts of residential schools resulting in a higher prevalence of Indigenous people suffering from child abuse, is imperative. Indigenous-led research could further support altering narratives, both about offenders and the women who surround them. Indigenous communities and the disproportionate rates of poverty, health issues, interpersonal violence, including sexual abuse, means research, healing, and structural systemic changes are needed. However, research of Indigenous people should be conducted under the direction of Indigenous people and in a way that offers holistic community healing and collective participation and ownership. Repeating this research with different cultural groups would deepen trustworthiness of the findings.

Another way to deepen trustworthiness would be to repeat the study and seek to replicate its findings through other researchers, participants and observers (Lincoln & Guba, 1985). As noted by Caplan (1989) many years ago, and contrary to popular belief and the approach taken by child welfare agencies, most mothers are unaware the abuse is occurring. Caplan (1989) went on explain that once mothers become aware, most do take protective action, however, that action may not be deemed ‘good enough’ even though it is still protective in nature. Caplan’s (1989) and Dominelli’s (2002) inform us that work done by child protection must dig much deeper to fully assess the protective capacity of mothers. The need for feminist theory to inform approaches, practices, and policy is not only needed but required. Millikin (2017) indicates how research helps us re-define ideas and labels, and then struggle against these new definitions, because this is how we hear all of the voices, even those who are marginalized and usually silenced.

Closing Statement:

As a social worker, I expected judgement of mothers. What I did not expect was how much resistance there was to discussing the subject and how alive and unchanged is the narrative of mother-blaming. It is ironic that this research was conducted during a pandemic that has highlighted all forms of inequity in our world, including the extensive impacts on women. Therefore, in the words of my research advisor, Dr. Eveline Milliken (2020), I am “calling all feminists” because all of us regardless of gender need to advocate for true change. As one wise participant said, “You can fix everything if you look back but you don’t see it when you are in it” (Mother 2).

All five participants have taught me so much and their words have changed me. Their resilience, courage, stories, tears and sincere gratitude for being able to tell their story reminds us

of the power in telling one's story. Whether the recommendations within this study are adopted, whether or not I publish or present my findings, it is the participants who have made this work come to life. In the end, it is the participants themselves who have reinforced the importance of this research topic. May this be the beginning of amplifying the voices of all the mothers who are trying to, *Make Sense of Complicated Love*:

*I am forever grateful
and changed
because of the lessons learned
from these five unique and GOOD mothers.*

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APPENDICES

APPENDIX 1

Thank you for Participating & Resource List

Child sexual abuse affects victims, offenders and their families; it crosses all socio-economic levels, ethnicities and groups of people and it can be a very emotional topic. As a participant in this study, I know that you have personally been impacted by child sexual abuse and that talking to me may have left you with feelings or thoughts that you did not expect. This can occur hours, days, or even weeks after participating in a research project and is very normal.

Dealing with this type of information can result in some participant needing some additional supports or a desire to report concerns. Should you require assistance, feel free to contact these agencies at any point in time, as you may find it helpful talking about your experience with a counsellor.

Klinik Community Health
870 Portage Ave
E-mail: klinik@klinik.mb.ca
Crisis line: 1-888-322-3019

Manitoba Suicide Prevention and Support line: 1-877-435-7170

In person counselling line: 1-204-784-4067

Aulneau Renewal Centre reception@aulneau.com or phone (204) 987-7090

Winnipeg Office: 228 Hamel Ave.
Steinbach Office: 345 Loewen Blvd.

First Nation and Inuit Hope for Wellness Help Line: 1-855-242-3310

Adult Mobile Crisis Service line: 204-940-1781

If you believe a child is in need of protection or at risk of child abuse, please call Child and Family Services Intake at: 1- 866-345-9241

APPENDIX 2

Interview Outline

Making Sense of Complicated Love: The impact on women when their intimate partners have sexually abused children

Introduction:

Hello, my name is Lorna Hanson, I am a Masters of Social Work Student, at the University of Manitoba. I am conducting research, which will then become a thesis. I will be as part of the research, exploring how mothers are impacted and experience the reality that their intimate partner has sexually offended against a child (or youth); this includes all forms of child abuse (contact and non-contact offences of child pornography).

Thank you for agreeing to participate in this research and I hope to make this experience as uncomplicated and as positive for you as possible. Sometimes it can be hard to talk about these experiences and so we will go at a pace that works for you. If you need to take a break or if I am going too fast, or there is a question you don't want to answer, please let me know. The interview will last approximately 1 hour, depending on what you wish to share. I will be recording the interview and taking notes so that I get down everything you are saying because what you have to say is important (reminder that they consented to recording).

Please remember that we can stop at any point, you can pass a question, or go back to one if you need to clarify something or find it difficult to answer. This interview can cause you to feel emotional at times and that is perfectly normal; at the end of the interview, I will give you a list of resources so that you can ask for supports, like counselling, if you think that would be helpful.

After the interview, and when your interview is transcribed (all typed up), I would like to contact you so that you can read your transcript and my interpretations of the interview, to see if I have accurately captured what you shared. I would also want any feedback from you. If you checked off (on the consent form) that you were interested in receiving a copy of the completed research once it is finished, I'll be in touch again to make sure that you receive it.

I would also like to let you know that any personal information that might identify you will be changed, so that anyone reading the research would not be able to identify you. Again, thank you for taking the time to participate in this research, it is appreciated.

At closing of interview Remind them to take their copies of their signed consent form, the gift card they were given when the consent form was signed and the resource list.

Interview Questions:

Tell me about your family

(This question is designed to start the dialogue and set the participant at ease).

What led you to believe that your partner had sexually abused child(ren)?

How did finding out about your partner's sexual abuse of children affect your relationship?

What did you feel?

What was your first thought?

As a mother, what has been the most stressful or worst part, of knowing that a man you love(d) has sexually abused children?

Prior to learning about the child sexual abuse incidents, what was your biggest worry about your intimate relationship? Your children? Your family?

What did you think or feel when you found out about the child sexual abuse offences?

How did your partner's sexual abuse behaviours affect or impact you as a mother? Your children? Your family?

How do you protect your children?

What types of supports do you have? Did your support system change after you found out about the child sexual abuse?

In hindsight, what advice would you give to other mothers? How has this changed you?

Is there anything else you would like to share? Something important that I have not asked you about?

Closing: Thank you for taking the time to talk to me.

APPENDIX 3
Participant information and consent form



Faculty of Social Work

521 Tier Building
Winnipeg, Manitoba
Canada R3T 2N2
Telephone 204-474-7050
Fax 204-474-7594
Social_Work@UManitoba.CA

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM
Individual Interview

Title of Study: “Making Sense of Complicated Love: The Impact on Women When Their Intimate Partners Have Sexually Abused Children”.

Principal Investigator: Lorna Hanson, University of Manitoba, Faculty of Social Work
Masters Student

Co-Investigator: not applicable

Sponsor: not applicable

Funder: not applicable

Thank you for your interest in this research project. I will review this consent form, and you can ask any questions you have before you make your decision.

Please note that this study is part of the requirements for the completion of a master’s thesis, from the University of Manitoba, Faculty of Social Work. My thesis advisor is Dr. Eveline Milliken, and the research has been approved by the University of Manitoba Research Ethics Board.

Purpose of this Study

This research study is being conducted to study how mothers (women) whose intimate partners have sexually abused (contact and/or non-contact offences) children, have been affected. Through the interview process, I will explore your experience, and listen to how you as a mother (women) have been affected or made sense of the situation. This research may shed new light on if there are better ways, for social workers to help mothers protect the children they love.

Participants Selection

You are being asked to participate in this study because you are a mother who loves(ed) an intimate partner, who is believed to have sexually abused children, and your life has been impacted or changed.

Participant eligibility requirements:

- Mothers over the age of 18 years,
- Who are not currently receiving services from a Manitoba Child and Family Service agency (CFS)
- May or may not currently remain in an intimate relationship with the partner who is believed to have sexually abused children
- Mothers do not have to 100% believe that the intimate partner is a sexual offender of children.

A total of 4-6 participants will be asked to participate. This number is based on the challenges associated with recruitment given the nature of the topic.

Study procedures

As a mothers (women) who has agreed to participate, you will be:

- interviewed once, for approximately one (1) hour (interview will be over the phone or other method that ensure public health precautions are followed per Covid 19)
- you will be asked a few questions
- you can choose not to answer any questions that make you feel uncomfortable
- you can stop the interview at any point in time, come back to a question, you already answered, or skip a question.

Interviews will be:

- recorded on a digital recording device or phone app
- all information will be password-protected and securely stored
- only I, the researcher (Lorna Hanson), my advisor (Dr. Eveline Milliken) and a hired transcriber will listen to the recorded interviews
- the transcriber will agree to honour the confidentiality of all interviews
- All names and any personal identifiers will be modified or removed to protect participants confidentiality.
- all recorded interviews will be erased, when the research is complete.

After the interview is complete and the data transcribed:

- a follow-up contact that follow public health advice regarding Covid 19 (by phone, email, social media messenger system, or in person through social distancing and following public health advice) with the participant will occur, approximately one month later.
- the participant will be offered a second interview (that follows public health advice) to discuss my research to ensure that I have accurately captured information and to seek feedback.
- if the participant chooses not to have a second interview, then information will be discussed via telephone to ensure accuracy and feedback is received.

- or the participant can choose not to participate in any follow up.
- You can request a completed copy of the research by emailing the researcher or by indicating below:

_____ Yes, I would like a copy of the completed research and I give permission for the researcher to contact me and deliver the material.

Telephone number: _____

Or Email address: _____

Risks and Discomforts

There are very few risks to you by participating in this research. However, it is possible that talking about your experiences might be emotional, embarrassing or stressful. You do not have to answer any question that makes you feel uncomfortable or that you find too upsetting.

If you need any additional help, or if later you feel that talking to someone would be helpful, the resource list (appendix 1) I have provided you, gives you numbers for counsellors or helpers who will be available

There are specific times when confidentiality cannot be honoured. These include any disclosure of child welfare concerns, including child abuse; any threat of suicide or self-harming behaviour that may place you, the participant's life at risk and when you, the participant, ARE unable to safety plan with the researcher; or if there is any threat or risk to a third party where you are unable to safety plan.

Benefits

Being interviewed may not directly help you, but you may feel that you were listened to and not judged or blamed. The information gained may help other people, professionals or family members better understand, a mother's complicated love.

Costs

There is no cost for you to participate.

Payment for participation

You will be given a \$20 gift card from either Wal-Mart or Tim Hortons for meeting with me. (Gift card will be offered now). You can choose which gift card you prefer.

You will receive no other payment or reimbursement for any expenses related to taking part in this study.

Confidentiality

We will do everything possible to keep your personal information confidential. Your

name will not be used at all in the study records. If the results of this study are presented in a meeting, or published, nobody will be able to tell that you were in the study. The collection and access to personal information will be in compliance with provincial and federal privacy legislations.

Some people or groups may need to check the study records to make sure all the information is correct. All of these people have a professional responsibility to protect your privacy.

These people or groups are:

- The University of Manitoba which is responsible for the protection of people in research and has reviewed this study for ethical acceptability
- Quality assurance staff of the University of Manitoba and my thesis Advisor, Dr. Eveline Milliken, Associate Professor, University of Manitoba, Faculty of Social Work who ensures the study is being conducted properly

Permission to Quote:

We intend to use quotes, but the quote will not be directly associated with your name or a numbered participant or made up name (pseudonym) we may have given you. Although we cannot guarantee anonymity, every effort will be taken to assure anonymity.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to answer any question asked and you may withdraw from the study at any point without any consequences. You can choose to withdraw your responses at any point until the confidential, non-identifying information has been analyzed and compiled. I anticipate that will be June 30, 2020.

Your decision not to participate or to withdraw from the study will not affect care (or services) you may be receiving, from any community organizations.

Questions

If any questions come up during or after the study contact the principal investigator, Lorna Hanson, Masters of Social Work student, at Lorna.complicatedlove@umanitoba.ca

This email address will be in effect for approximately one year (April 2021).

For questions about your rights as a research participant, you may contact the Human Ethics Office, University of Manitoba Phone: 204-474-7122 Pinar.Eskicioglu@umanitoba.ca

Consent Signatures:

1. I have read all four (4) pages of the consent form.
2. I have had a chance to ask questions and have received satisfactory answers to all of my questions.
3. I understand that by signing this consent form I have not waived any of my legal rights as a participant in this study.
4. I understand that my records, which may include identifying information, may be reviewed by the research staff working with the Principal Investigator and the agencies and organizations listed in the Confidentiality section of this document.
5. I understand that I may withdraw from the study at any point prior to my interview being completed, and my data may be withdrawn prior to publication until June 30, 2020.
6. I understand I will be provided with a copy of the consent form for my records.
7. I agree to participate in the study.

Participant signature: _____ **Date:** _____
(day/month/year)

Participant printed name: _____

APPENDIX 4

Participant recruitment email/notice for non-government/academic groups

Making Sense of Complicated Love: The impact on women when their intimate partners have sexually abused children

It is thought that mothers are impacted by their intimate partners' sexual offending behaviours against children. Mothers are subsequently questioned by child welfare, police, family, and friends and their children are also interviewed to ensure they have not been sexually abused. Rarely are mothers asked how they feel or how this experience has affected them.

The purpose of this study is to:

- Listen to mothers (women) to hear their experience of how their intimate partners' child sexual offending behaviour has impacted them
- To listen to mothers in a non-judgmental way

Study participants are:

- Mothers (women) whose intimate partners (lovers, husbands, common-laws, boyfriends), have been accused of, or are believed to have sexually abused a child (or have watched or owned child pornography).
- Mothers over the age of 18 years
- Not currently involved with child and family services

All participants, upon arrival and as part of the consent form review and signing, will receive a \$20.00 gift card for Wal-Mart or Tim Hortons.

I am requesting your organization assist in the recruitment of participants by:

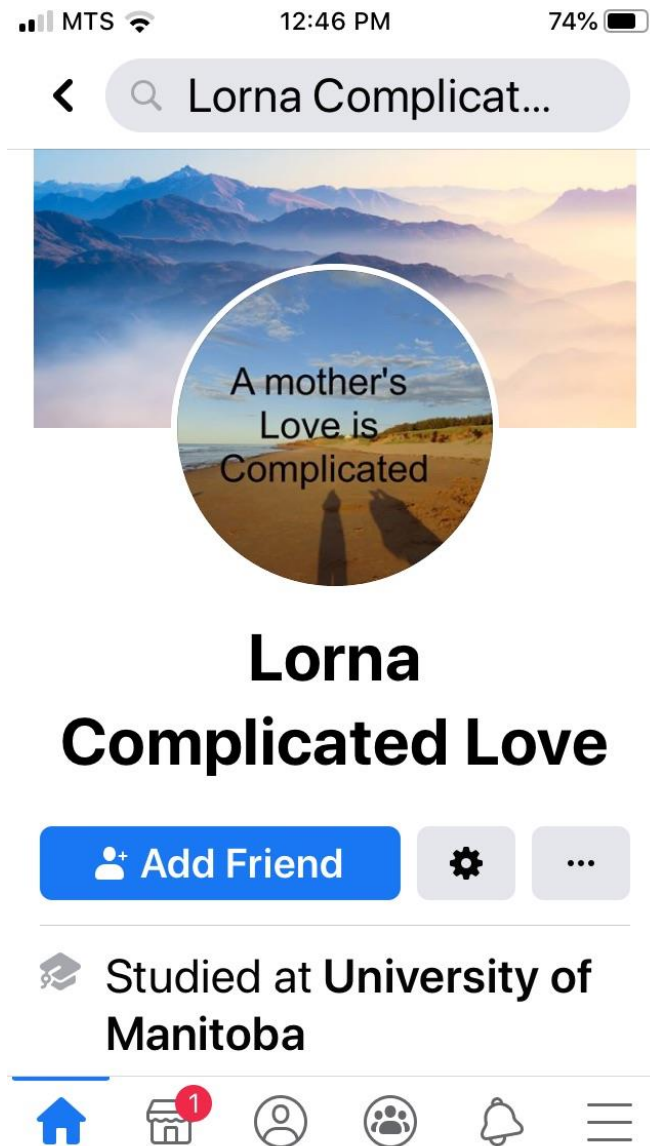
- Distributing this notice and poster
- Sharing this notice and poster with all your staff
- Displaying the poster in your offices' public areas (waiting rooms, bathrooms etc.)
- Providing potential participants with my name, Lorna Hanson, and giving them my University of Manitoba email contact information:
Lorna.complicatedlove@umanitoba.ca and explaining that this research is part of my Masters of Social Work requirements

Participants will be:

- Invited to meet with me for approximately a 1-hour conversation, arranged at their convenience. Due to Covid 19 all contact will be done by phone, or technology and in person will be done following all public health advice (social distancing, outdoors)
- Participation is voluntary, and participants do not have to provide their names or any identifying demographic information.

Thank you in advance for your assistance in recruitment of participants. If you have questions please feel free to contact me, Lorna Hanson at Lorna.complicatedlove@umanitoba.ca

APPENDIX 5c
Facebook recruitment posting



APPENDIX 6
Recruitment cover letter to non-government addressees

Date (insert date)

Dear (insert CEO or organizational contact)

(examples of this will be Klinik, Aulneau Centre, Aurora, Mount Carmel Clinic, Family Centre)

Please find attached a recruitment poster and flyer explaining my thesis research project entitled “Making Sense of Complicated Love: The Impact on Women When Their Intimate Partners Have Sexually Abused Children”. It is my hope that you can assist me in participant recruitment so that mother’s voices can be heard in a non-judgemental manner so that we may learn from their experiences.

Participants do not have to identify themselves; the interview process will take approximately one hour and will be done in a place that is convenient for the mothers (women). Due to COVID 19 all public health guidelines will be followed (contact using technology and/or social distancing etc.) Participation is voluntary and it is all confidential. As women seek community supports, it is hoped that your organization and staff can assist me in recruitment by posting the flyer and sharing it with potential participants.

I would like to thank you in advance for your assistance with my Masters of Social Work thesis research. If you have any questions or concerns please contact me, Lorna Hanson at the following email address lorna.complicatedlove@umanitoba.ca or through Facebook messenger at Lorna Complicated Love. Please do not use any other emails related to my professional work, including my government email address. If you have concerns about my research, you may also contact my thesis advisor Professor Eveline Milliken from the University of Manitoba (Eveline.milliken@umanitoba.ca)

Kind Regards,

Lorna Hanson
Masters of Social Work Student
Lorna.complicatedlove@umanitoba.ca

APPENDIX 7

Confidentiality agreement with transcriber and/or editor service providers

Research Project Title: *Making Sense of Complicated Love: The Impact on Women When Their Intimate Partners Have Sexually Abused Children*

I, _____ declare that I am a professional transcriber/editor.

I agree to protect and maintain the confidentiality of all the materials processed by me, with respect to this research, including, but not limited to, tapes, manuscripts, emails, conversations, etc.

All materials provided by the researcher; Lorna Hanson will be returned to the researcher.

No materials will be kept by me in any format (digital, paper, other).

I confirm that I have no rights of ownership or of use of any of the information transcribed or handled by me as part of this study.

Transcriber/Editor: Print Name

Lorna Hanson

Researcher: Print Name

Transcriber/Editor: Signature

Researcher: Signature

Date

Date

APPENDIX 8
Certificate of completion



APPENDIX 9
Ethic's Board protocol approval



**University
of Manitoba**

Research Ethics and Compliance

Human Ethics - Fort Garry
208-194 Dafoe Road
Winnipeg, MB R3T 2N2
T: 204 474 8872
humanethics@umanitoba.ca

PROTOCOL APPROVAL

To: Lorna Hanson Principal Investigator **(Advisors: Eveline Milliken)**

From: Jonathan Marotta, Chair
Psychology/Sociology Research Ethics Board (PSREB)

Re: Protocol # P2020:004 (HS23627)
Making Sense of Complicated Love: The impact on women when their intimate partners have sexually abused children

Effective: May 19, 2020 **Expiry:** May 19, 2021

Psychology/Sociology Research Ethics Board (PSREB) has reviewed and approved the above research. PSREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

This approval is subject to the following conditions:

- i. Approval is granted for the research and purposes described in the application only.
- ii. Any modification to the research or research materials must be submitted to PSREB for approval before implementation.
- iii. Any deviations to the research or adverse events must be submitted to PSREB as soon as possible.
- iv. This approval is valid for one year only and a Renewal Request must be submitted and approved by the above expiry date.
- v. A Study Closure form must be submitted to PSREB when the research is complete or terminated.
- vi. The University of Manitoba may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba Ethics of Research Involving Humans.

Funded Protocols: Please e-mail a copy of this Approval, identifying the related UM Project Number, to the Research Grants Officer at ResearchGrants@umanitoba.ca

APPENDIX 10

Ethics Board amendment approval

University
of Manitoba

Research Ethics and Compliance

Human Ethics - Fort Garry
208-194 Dafoe Road
Winnipeg, MB R3T 2N2
T: 204 474 8872
humanethics@umanitoba.ca

AMENDMENT APPROVAL

June 15, 2020

To: Lorna Hanson Principal Investigator**(Advisor: Eveline Milliken)****From: Jonathan Marotta, Chair**

Psychology/Sociology Research Ethics Board (PSREB)

Re: Protocol # P2020:004 (HS23627)**Making Sense of Complicated Love: The impact on women when their intimate partners have sexually abused children**

Psychology/Sociology Research Ethics Board (PSREB) has reviewed and approved your Amendment Request received on **June 15, 2020** to the above-noted protocol.

PSREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

This approval is subject to the following conditions:

- i. Approval is given for this amendment only. Any further changes to the protocol must be reported to the Human Ethics Coordinator in advance of implementation.
- ii. Any deviations to the research or adverse events must be submitted to PSREB as soon as possible.
- iii. Amendment Approvals do not change the protocol expiry date. Please refer to the original Protocol Approval or subsequent Renewal Approvals for the protocol expiry date.