

Mothers' and Daughters' Experiences of Motherblaming in Relation to
Sexual Abuse Investigations.

by

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ABSTRACT

This thesis explores mothers' and daughters' experience of motherblaming during child sexual abuse investigations. The impetus for the study arose out of my own professional practice as a child welfare worker in the Ministry for Children and Families. During sexual abuse investigations, we were required to assess the mothers' ability to protect her children from the offender. That investigation became the focus of our work. I had no idea how mothers and daughters felt about this process as we received little feedback from them.

I began this study with a review of literature in three particular areas. The first area focused on theories that penetrate the training of social workers and other helping professionals. A feminist critique of these theories underscores their potential for perpetrating motherblaming beliefs. Second, I reviewed the feminist literature itself. It provides new perspectives on caring that connects the function of caring to broader social forces, well beyond the control of individual mothers. The third area, the organization of child welfare work, provides insights into how work processes focus attention on mother's responsibilities and not on those of the perpetrator.

To gather data for this study I chose a case study approach, with a feminist lens. This method allowed me to explore the experiences of four

mothers and three daughters during child sexual abuse investigations. Questions related to the unfolding of this process were used to prompt a recount of it. The data analyzed according to themes emerging from the interviews, themes that helped elucidate the experience of motherblaming. These themes were connected to literature in the area.

Mothers' and daughters' experience of motherblaming differed in many respects but some common themes were evident. The process of investigating child sexual abuse opened the family to scrutiny and provided opportunities for mothers to feel responsible for what occurred. Whether mother took strong actions against the perpetrator was important to their experience of motherblaming. Taking such action was not a simple matter as mothers' relationship to the perpetrator may have many other facets. Although daughters did not necessarily blame their mothers, particularly if she left the perpetrator, there was a feeling that this blame could appear at a later time. One strong theme was the feeling of shame experienced by mothers and daughters. Dealing with shame is not really considered in child sexual abuse investigations, yet shame can prevent long term recovery from sexual abuse and the investigation.

This study further provides support for recent research on motherblaming in child sexual abuse investigations. A further study on the phenomenon of shame is warranted. Recommendations for improving policy and practice in child sexual abuse are included.

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I dedicate this research to all mothers but, specifically to my mother who passed away last year. Always in my heart.

Chapter One

Purpose of The Study

The purpose of this research was to explore the phenomenon of motherblaming in the instance of sexual abuse investigations. I interviewed mothers and daughters who have participated in such investigations carried out by social workers from a provincial child protection body such as Ministry For Children and Families (MCF). An important part of this research was to give mothers and daughters a voice in the literature.

Asking mothers to share their feelings about the investigation was not part of my practice as a ministry social worker. Not that the thought did not occur to me. When I did wonder how mothers felt about this experience, I believed that I would compromise them or contribute to their feelings of powerlessness and shame by asking them about their feelings. This belief came from knowing that I was in a position of power and also because I did not believe that the mothers' fears had been alleviated to the degree that they would choose to reveal their feelings truthfully. I know that I had not had sufficient time to build a relationship with these women, nor had enough opportunities to give anything but the very basic in understanding. "Social workers are not counsellors" is a statement I heard from my supervisor on many occasions. I do believe that society as a whole expects social workers to be counsellors and to 'fix' the situation, although they have a mandate to investigate situations on the basis of child protection only. In fact Ministry social workers are called Social Program Officers and not social workers. The use of the word officer within their title raises implications of, enforcement, power, and control. They do not address

issues which do not relate in a direct way to child abuse. This knowledge also stopped me from asking about mothers' experiences. I was sometimes told by mothers how they felt and I would then label them as hostile or dysfunctional. Because I had these wonderings and hunches about the phenomenon of motherblaming both professionally and from my own personal experiences, I developed the following questions to help guide my literature review.

1. What does the literature say about motherblaming and sexual abuse?
2. Do mother and daughter voices already exist in the literature, and if so what do they say about motherblaming and sexual abuse?
3. What are the established policies which hold mothers accountable for all aspects of their children's lives?
4. How are social workers educated so that their values and beliefs uphold the established policies which contribute to motherblaming?

This thesis consists of 8 chapters. Chapter one is the introduction which explains how, and why I became interested in the phenomenon of motherblaming.

Chapter two, the literature review, examines central theories which inform social workers about child abuse. These theories are psychoanalytical theory in general with particular attention given to object relations as an example of psychoanalytical theory, and systems theory. These theories reflect how motherblaming is filtered into our culture. I critique these theories from a feminist perspective which illuminates the power imbalances and inequities between genders. The literature review

also reveals research that demonstrates how caring has been constructed and the cost of this type of caring to girls and later to women. The literature addresses the way social workers are educated and trained, how work is organized, and how motherblaming is maintained by policy and practice.

Chapter three explains the methodology I used to conduct the research for this thesis.

Chapters four and five share the stories of the participants in the study. I use mothers' and daughters' voices to provide a description of their experiences of motherblaming and investigations.

Chapter six offers analysis of the data and a discussion of the findings.

Chapter seven is a brief literature review on shame.

Chapter eight explores questions, conclusions and recommendations.

Participant Involvement

All participants appreciated being involved in the study and said they felt safe and comfortable and that it was “good” for them to be able to talk about their experiences with me. Each one expressed a desire to be part of something that could possibly help other mothers and daughters. I am not in touch with all participants in the study, because some have relocated, and consequently some members have not had the opportunity to read their transcripts. Other participants contact me on occasion, for information or other assistance in negotiating the system. I will send a finished copy to each member I can locate. I regret taking this long to finish the research,

and offer my sincere apologies to each mother and daughter. I applaud their patience and enthusiasm. I wish also to express my appreciation of each one's courage and integrity. I am very honoured, and fortunate to have participated in their journeys.

I also want to acknowledge my daughters' courage and strength, and thank them for allowing me to share their experiences in this work.

Personal Experience

The phenomenon of motherblaming in the instance of sexual abuse, begins with my lived experience of growing up being sexually abused. I state my experience using the terms 'growing up being sexually abused' because it denotes for me a way of life while I was in the growing and formative years of my childhood. Whereas the terminology 'sexually abused as a child' portrays for me, a lesser period of time and makes less visible the vulnerability of those developing years. It has taken many years to journey through the labyrinth of healing and sorting out the myriad of feelings.

My feelings ranged from protecting my abuser to hating my abuser, to labeling my mother who was not my sexual abuser, as my biggest abuser. I expected her to protect me, believe me, support me, and guide me. When she 'failed' in my eyes by not meeting these expectations, I blamed her and believed she was more abusive and at fault (more responsible) for my emotional and physical pain than my sexual abuser. This belief was based on my feelings associated with betrayal and abandonment by my mother for not protecting me, not out of a logical, conscious, analytical process of knowing that my mother did not protect me. My mother and I have

travelled a very rocky relationship road, at times being close, at other times being totally unable to see or hear each other. The tension of being near each other and having feelings too difficult to bring to the conscious level led to many periods of superficial togetherness. As an adult, I can reflect on these times and know that my mother was also a victim of both the social welfare system and her family, with little or no support system.

My mother has travelled her own healing road in silence and isolation. She confided in no one about her feelings of guilt and shame. It has only been in recent years, since my anger has abated and her guilt and shame have been somewhat exorcised, that we have helped to heal each other and build a relationship together.

I have also been the mother of daughters who were sexually abused and know the anguish of having someone so precious hurt in such a devastating manner. I know first hand the shame and guilt of feeling I had failed my daughters because I failed in my responsibility as a mother. I also know what it feels like to be on the receiving end of my daughters' anger and blame for not protecting them. I will share more about their behaviour in a later section. As I have matured and healed, I have come to understand I failed them because I was not able to maintain an adult emotional state. I wanted the children to meet my emotional needs because I was not emotionally mature enough to meet my own needs. I could not help them with their feelings of shame and inadequacy. I was not healed from my own legacy of shame and wounds from my abuse to be able to help them develop and mature in a healthy manner. Because I was more aware and perhaps somewhat more supported in my role as a mother than my mother was, I did provide understanding for my children which she was not capable of giving to me. Being able as an adult, to tolerate pain with emotional

maturity has had a positive impact on the healing process with my children. The degree or depth of damage and pain was lessened in this generation. However, the way in which shame developed was the same for my children as for myself. Through many years of counselling and tough, committed work I have been able to help my children through their healing journeys by admitting my immaturities and imperfections. Allowing them to experience their own feelings without responsibility for my reactions or emotions was a large part of the healing process. We have spoken many times of how I was not able at all times to be their adult mother when they were growing up. I have listened to their anger and their feelings of being “ripped off” and I have accepted and acknowledged that my inabilities hurt them. We are breaking the cycle. I know that while some behaviours may be repeated, my granddaughter will receive a different kind of parenting, one based in responses that meet her needs and allow her to be more fully herself with less damage from the impact of shame.

When I was growing up, I believed I was inadequate, incapable of meeting the needs of the offender or the needs of my mother. My mother’s needs were unspoken, the offender’s were explicit. To me my mother’s needs were about needing me to not need her to help or protect me. I believed she needed me to understand why things were the way they were for her, and why she could do nothing to change the circumstances in my life.

Because I was a child and did not understand that I was not responsible for meeting adults’ needs, I readily internalized the verbal and non-verbal messages of my inadequacies. The messages such as “can’t you figure it out” and the silent glares which spoke volumes when, for instance

supper wasn't ready, told me how inadequate I was for not meeting my parents' needs and how selfish and flawed I was for having my own needs. I did not realize that these messages were not the truth about me. As a result of internalizing these messages as truth, I believed I was abnormal and I felt the need to hide my incompetence. To protect myself from feelings of despair about my perceived inadequacies and deficiencies, and the shame from having these feelings (shame about feeling shame) I developed very effective defense mechanisms. Defense mechanisms allow for the survival of the ego/psyche. What I mean by this is the survival of the core part of a person. This is an example of psychoanalytical interpretation of an experience.

I learned how to hide or mask my true feelings (self) and instead show the world the person who would best 'fit' the situation. I learned quickly how to 'read' or understand a given situation and then respond or 'act' in a manner that would ensure physical and emotional safety. I became chameleon-like. This prevented people from seeing the real me. After years of using this defence mechanism I discovered that I was also hiding me from myself. I had virtually no sense of who the real me was. This type of behaviour became very habitual. I would hide any behaviour or feeling which I believed would not be understood or accepted by others. At the base of my chameleon-like behaviour was fear and shame. I believed if I were to show people my real self I would be showing all my defects and others would reject or ridicule me. I have since learned that what I expected from others, (rejection, etc.), reflected what I would do and say to myself. My abusers' ridiculing voice had become my own voice; shame played out in non-acceptance of self on an unconscious level. I would become very angry when given any kind of feedback. In my shame-based place of

feelings I would experience feedback as criticism or rejection, rather than a comment about something I had done or said. My anger, however, was directed silently toward the person giving me feedback, not internally toward myself. Although I was angry at that person, I never or seldom expressed this anger overtly. The outward manifestation of the anger would be a distancing of contact, or avoidance, and/or sarcastic comments toward the person. I would also attribute my own feelings about myself as being someone else's feelings and thoughts about me. Again, the cause of my behaviour was the shame-based belief system learned in childhood, that I had not 'got it right', there was something wrong with me, and that I was a failure and totally inadequate. I have come to understand that this shame-based belief system stems vicariously from my mother's feelings of shame in not protecting me. This is one way I interpreted my experience.

I entered into motherhood with these defense mechanisms in place to hide my shame and fear, and to hide what I really believed about myself to be true—that I was defective. Motherhood was overwhelming at times because the demands are never ending and unfortunately my resources were very limited. My children suffered feelings of shame because of my own feelings of limitation and inadequacies.

I became a single parent when my daughters were three and five years old. Their father refused to pay child support and I did not have the financial means to pursue this legally. During these years I was employed as a practical nurse doing shift work, at a time when wages were very low. Needless to say, I was under a terrific amount of pressure with little support. It was even impossible to go for a walk in the evenings after the children were asleep because I could not leave them alone. When I worked midnight

shifts I could only sleep after they went to bed in the evenings. I could not afford a sitter for two shifts, yet I preferred the midnight shift because it allowed me the most time with my children. I could be with them in the morning and again at night to put them to bed. Day shift only allowed me to be there at night; afternoon shift only allowed for morning time. I resented not being able to meet my needs and at times my children became the target of this frustration.

As most single parents do, I elevated my oldest daughter to the role of partner on an emotional level and expected behaviour from her which was far beyond her emotional developmental stage. Mostly, I abdicated my role as mother by wanting them to understand why I had such feelings. I wanted them to understand and to take care of me somehow. This of course was not possible for them to do, as it was not possible for me to do as a child with my mother. I gave them all the same messages of being inadequate that I was given, and they in turn internalized those messages. I had not had my needs met in a way that allowed me to mature or to develop appropriate methods and skills necessary to parent children. Thus the generational emotional abuse cycle was perpetuated.

While my children do not hold me accountable nor blame me for their sexual abuse, they were very angry and confused by my emotional abuse. In the same way, I blamed my mother for not protecting me from the sexual abuse and for being emotionally unsupportive in my healing process.

In recognizing and seeking professional help to heal from my abuse and be able to assist my daughters in their recoveries I developed an interest in the helping profession and entered university to study social work.

Upon graduation I became employed as a Social Worker for the Ministry for Children and Families (MCF), then the Ministry of Social Services and was involved in carrying out child abuse investigations. I will explain more about the impact of this role later. I mention it at this time to bring the story of my life full circle. The cycle begins with living the abuse, feeling unsupported and blaming my mother. It carried on in living with the knowledge and feelings which accompanied the realization that my daughters were sexually abused and that I emotionally neglected them. Investigating abuse and working with motherblaming policies, writing about motherblaming in this thesis, persevering in my own healing process and helping others recover connects the two ends of the circle.

Throughout my personal experience as an adult and as a child, I received little support from agencies designed to extend such needed assistance. I felt alone, unsupported, and in fact blamed by both agency and society. In both stages of my life I often wondered if I was really the only one having such experiences.

Professional Experience

I became interested in the phenomenon of ‘motherblaming’ while employed as a Social Worker at the MCF, engaged in child protection duties. My experiences of ‘motherblaming’ are illustrated by an example from my own practice which brought to my consciousness the depth of my ‘motherblaming’ beliefs which stem from my own experience and were then reinforced by training and education.

I was assigned a case which required me to investigate a complaint alleging that four children had been left unattended. This family was not previously known to the Ministry either through Family and Childrens' Services nor GAIN, more commonly known as Income Assistance. My knock on the door was answered by the four children, the oldest of whom was ten years old. I asked them where their mother was and they said "Gone". I asked them whether their father was home, and they said "No, he's not here". My assumptions were that their dad was no longer part of the family, that their mother was out some place and that she had left the ten year old in charge. I called my supervisor on the phone to inform her that the children were alone and, from their answers, it appeared as if they had been abandoned. The next step in this procedure was to bring the children into care and place them in a foster home while we searched for relatives. I was in the process of getting the children to gather up jackets and shoes when the door opened and the father came in carrying bags of groceries. His explanation for leaving the children alone was that he could not take the children with him because they were too young and had to be carried. He had to walk to get groceries because he did not have enough money for taxi fare or a baby-sitter. The children were under dad's instructions not to give out family information to strangers, and they answered truthfully that their mother was gone. She had died two years ago. I felt completely stunned in the face of my own judgments. I was shown, without someone being hurt in the process, how deeply and unconsciously I believed that mothers were always the ones with the children and therefore the parent most responsible.

I blamed and condemned that mother for leaving her children and she was dead. How much more entrenched can one be in an attitude? I feel fortunate that I did not hurt this family any further.

During my employment at the Ministry, I discovered that the majority of my contact with parents was only with mothers. This contact did not appear to be conditional upon the nature of the incident that required my involvement. For example, in neglect and suspected sexual abuse cases I and the majority of the social workers in the office would seek out the mother when we needed to speak to a parent.

It is Ministry policy that parents be informed as soon as possible after, and in some cases before, their children had been interviewed. While most of these cases involved single mothers, the father, even in a two parent family, was not always informed by me or other social workers that his children had been interviewed. We would track down the mother and speak with her.

In most cases I would interview children at school, try to locate the parent before the child got home from school, and inform the mother or father that the children had spoken to a social worker. I have memories of going to the mother's place of employment after interviewing the children and feeling anxious if I had not spoken to the mother before the children got home from school. I also experienced apprehension if the father was going to be present when I informed them of interviewing their children. Often I would not check to see if the father was home. There were many times, even in the instance of sexual abuse where the offender was outside the

home, that I did not meet the father. This type of practice shows how the work is centered around the mother. Ways of practicing become commonplace or habitual, and as a result, assumptions become invisible.

There are many reasons why I chose to speak to mothers rather than fathers after interviewing their children. First, it was my experience that the mother is more accessible than the father. It is more acceptable for the mother to be interrupted at work than it is for the father. Employers appeared more understanding when the mother needed to be involved with an incident concerning her children. While on the one hand, I think it is a positive attitude on the part of employers to be understanding and supportive, on the other hand, I believe that it is perceived as a failure on the part of the mother that the need has arisen. I believe this to be an example of how society supports and maintains the notion of mothers as responsible for child care, and then to blame them when troubles arise.

The second reason I preferred to speak to mothers, was that I, like most social workers, am female so I felt more comfortable confronting or informing another female about her children. I felt more comfortable informing another woman in all awkward, potentially angry situations. This was based on my experience of men's reactions being more volatile than those of women or at least not as predictable. In my experience there seemed to be a 'shoot the messenger reaction', therefore I experienced fear about how men would react. The above thinking certainly contributed to my choosing to inform mothers. However, I believe that the real or perhaps underlying reason for my seeking out mothers, rests in my belief that

mothers are more caring, and that it is mothers who are more responsible for the daily care and protection of children. If the child needed comforting, the mother would be the logical parent to meet that need. These reasons and assumptions were expressed by other social workers, at one time or another, in the Ministry office where I was employed.

As my own awareness grew I began to notice how investigations, sanctioned by Ministry policy and supervisor knowledge, focused explicitly on the mother and her ability to protect her children. While this focus is explicit, the meaning and bias behind the focus, is implicit.

While it was my experience that motherblaming was evident in all investigations, I directed my attention in this research, to sexual abuse investigations. Child protection workers understand that the key to an investigation of any alleged abuse, when the mother is not the offender, is to ascertain if the mother is capable of protecting her children from further abuse. This key requirement does not change, whether the offender is inside or outside the home or whether it is a single or two parent family. The mother is questioned about her ability to protect the children in future and must satisfy the social worker that she is capable of doing this. An example of some of the questions to satisfy these requirements are: What are you going to do to make it different so you can protect her in the future? What will you do so there will not be a next time? Are you able to protect your child from the negative impact of your husband's anger? These questions may seem legitimate when focusing on ensuring the child's future

safety. In my opinion, this line of questioning is inappropriate as it does not take into consideration the impact on the primary caregiver—the mother. Some mothers, however much they love and want the best for their children, are not capable of protecting them. I have given a quintessential example of this through my own personal story. However the present policies of the Ministry which guide the interview process result in a reduction of the mother's ability/capacity to protect and parent her child. Social workers point out her failures and inadequacies, and offer few or insufficient resources to support the family or the mother. Workers also give no acknowledgement of the positive aspects of her parenting. This focus on the mother's ability/inability to protect her child, and also on her relationship with her husband and daughter, is accepted as standard practice by both the supervisor and the worker, and is sanctioned as meeting the requirements of policy. On the other hand, I believe it would be unusual practice to remove a child from the family home because the father could not protect his child from an abusive spouse. This would not really be considered. It is assumed or taken for granted that the father can, and will protect his child and yet, he is also usually seen as the offender. Mothers are seen as the protectors, and yet our social worker attitudes and practice say we do not really believe that they are either capable nor likely to protect their children.

In some cases I was very aware of the father's anger at my involvement, but I did not assess his ability to keep his child safe from his

own anger. I felt compelled to assess whether the mother was strong enough to stand against her husband's anger and protect her child. This makes mothers/women responsible for the consequences of husbands'/mens' actions. Mothers' abilities were assessed whether the offender was inside or outside the family home. I think it is safe to say that most investigations are focused almost exclusively on the mother's parenting abilities.

There are guidelines for assessing the mother's ability to protect, and for signalling key issues during the interview (Appendix I).

As a social worker, I was very appreciative of the autonomy I had in this area as I thought I was fairly competent in the arena of sexual abuse and the assessment of the dynamics within this issue. What I was not aware of was how I had been entrenched in the bias of motherblaming from my own personal experience, my training, and by the implicit messages about the roles of mothers contained in policy and accepted in practice. I concentrated exclusively on fulfilling the Ministry mandate of child protection, and ensuring that I had adhered to all protocols and policies which envelop motherblaming beliefs. I did engage in a few daring excursions into the realm of rebelling and questioning, and doing 'creative social work'. This however, was not looked upon favourably by either my immediate supervisor or by the comptroller for MCF.

The more I learned about the unconsciousness and pervasiveness of the motherblaming phenomenon, the more memories of social workers'

voices containing biased attitudes, including my own, began to surface with new meaning. I remember remarks I often heard within the office of the intake worker, when intake calls about a well known mother were received. Remarks such as: “Well what did she expect? She knew he was an asshole,” or “She knew he would end up doing this. Why didn’t she leave him long ago?” “She was probably at the bar again. No wonder her kids get abused.” “She must have been hard up to go to bed with him. How could she sacrifice her kids for him?” In part, these statements suggest a high level of frustration in this field of work, principally because of the lack of resources to help people move beyond the same recurring problems. Some social workers begin to question people’s abilities to change their circumstances and blame the individual out of this frustration. More importantly the remarks speak to the social workers’ internalized, implicit beliefs and values, which I believe reflect societal values about mothers and their roles, and are reinforced by professional education, and by Ministry training, policy and practice.

I believe that these internalized beliefs, and the policies which sustain them, play a major role in influencing social work practice. Having to overcome my own motherblaming attitudes in order to be supportive became at times a monumental task.

I began this research in 1993, and much has changed since the time of beginning and the completion of the writing. When I became interested in the phenomenon of motherblaming, I did my literature review on that subject, however as the data unfolded, motherblaming was only part of the

whole scenario. I now wish, in hindsight, that I had focussed more on the feelings and dynamics of shame and the impact it has for mothers and daughters. I experienced difficulty with the Ministry in its state of flux as during this time there were changes which I elaborate on later. I still do not believe that with this change the training or education of social workers addresses shame or motherblaming.

Chapter Two

The Historical Construction of Motherblaming

It is my belief that social workers hope to be helpful and supportive to the clients they serve. Most people (society) expect them to stand up for and care about their clients. However, in child welfare that is not an easy role to fulfil as workers must serve both children, parents and uphold the mandate; these interests may differ. Balancing these interests and needs in cases of incest or sexual abuse is particularly difficult as the offense to the child often seems too brutal and unfair. The offender, usually the father, is dealt with by the police. Social workers deal in most cases, with the mother. It is my hunch or suspicion that mothers often experience motherblaming by social workers in incest or sexual abuse cases. How daughters feel about both their mothers and social workers is something of a mystery to me, as they are seldom consulted. My research will explore the experiences of motherblaming by mothers and daughters who have been involved in sexual abuse investigations.

To begin my research into the area of motherblaming in the instance of sexual abuse I focused on books and articles dealing with incest, sexual abuse, family systems and feminist perspectives. Within the existing literature I uncovered much research about women/mothers and sexual abuse, however, not many studies were based upon these mothers' voices. In her work on state constructed mother protectors, Krane (1994)

interviewed mothers, and shared the mothers' stories. There was also feminist literature which examines mothers roles, and challenged the existing notions which dominate our culture (Chodorow, 1978; Rich, 1980; Gilligan, 1982, 1990, 1991; Tyler, 1992; Hooper, 1997). I found a noted absence of daughters' voices about their relationship with the non-offending parent. A small number of articles spoke of the blame and the rage felt by daughters, either as adults or as children, toward their mothers (Bass and Davies, 1988; Courtois, 1988; Jacobs, 1990; Croghan and Miell, 1995; Sen and Daniluk, 1995).

In this chapter I will describe the culture and subsequent problem of motherblaming by reviewing some traditional theories which influence policy and practice. In the literature review my intention is to look at a number of theories which will provide various understandings of motherblaming. The review looks at psychoanalytical theories, including object relations theory and systems theory. While these theories are not a part of all social workers' education, the concepts are present in other generally accepted theories and are pervasive yet in our society. McCorquodale and Caplan (1985), who studied 125 articles in clinical psychological journals in the years 1970, 1976, and 1982 in which seventy-two different forms of psychopathology treatment and etiology were discussed, conclude,

The above theories are embedded in everyday culture. Thus employees in the field of social work have a proclivity towards

mother blaming. While these theories and some of the ensuing research are dated, they form the foundation for developmental theories which social workers study today.

A feminist analysis underscores the extent to which these theories isolate and blame mothers for both the creation of offenders and the sexual offense itself. Social workers, however unconsciously, bring theories such as those noted above to the work place, often without the benefit of a feminist critique. It is important for workers “to recognize how the dominant discourses influence behaviour and support the power differences of men and women” (Hare-Mustin, 1991: p. 58; cited in Sen and Daniluk, 1995, p. 56) and that patriarchal constructions of ‘normal’ mother-child, father-child relationships also define the parameters of these relationships (Croghan and Miell, 1995; Nice, 1982; Wearing, 1984). The review includes feminist literature, offering a view of the construction of caring. This construction in part explains why women remain in relationships where sexual abuse has occurred.

A small but growing body of literature examines the impact of work within child welfare on employees, revealing how these bureaucracies maintain the inequality of female workers and clients and, through policies and practice, further blame mothers for the problems/abuse of their children.

The literature cites research using the term incest. For the purposes of this research project, I use the terms incest and sexual abuse interchangeably because, I think most times the focus still remains on the mothers’ abilities to protect their children. Mothers are held accountable for protecting their children from any abuse, whether it be sexual or physical in

nature, or whether the abuse originates from inside or outside the home. Sexual abuse as defined by the British Columbia Ministry of Human Resources is; "...the sexual abuse exploitation of a child who is not developmentally capable of understanding or resisting the contact, or a child or adolescent who may be psychologically and socially dependent upon the perpetrator". This definition does not actually designate whether the offender is within the family or not.

Psychoanalytical Theory and Object Relations

Psychoanalytical theory is crucial to an understanding of motherblaming as it serves as a foundation for many developmental theories taught to social workers and other professionals. Theories of ages and stages such as Erikson and Kolberg (1958) are founded in psychoanalytical theory. While object relations theory may not be taught in schools of social work, it is part of a body of literature which is still being taught in courses which are in the university calendars as suggested courses to take if you are interested in applying to the School of Social Work. Object relations theory is also, in my experience, the theory used in our culture to make meaning and understanding of children's behaviour; i.e. remarks such as his/her mother went back to work when he/she was very young; the child was practically raised in a day care. When mothers return to work shortly after giving birth or when they are absent due to illness or emotional reasons the child's behaviour is, in my experience usually linked to the mothers' behaviour or actions, either adequate or inadequate, not the fathers' actions

or behaviours. This theory then places the sole responsibility for the emotional development of their children on mothers, and distorts the reality of the power mothers really have within the family. This theory legitimizes motherblaming. While it is beyond the scope of this thesis to discuss psychoanalytical theory in any depth, object relations theory, a part of the larger theory, will be used to illustrate its central principles.

The basic premise of object relations theory is that the mother and child relationship is fundamental in setting the stage for all future relationships (Jacobs, 1990). This theory,

...provided the basis on which the phenomenon of motherblaming came to be associated with explanations of family pathology that focused on the mother's personality dysfunction and poor emotional adjustment (Jacobs, 1990, p. 506).

Object relation theory accepts the notion of the patriarchal family which embodies a rigid sex-role structure and a division of labour which allocates sole responsibility for child care and nurturing to mothers. This division, and the acceptance of the patriarchal family structure, contributes to the separate spheres of private and public domain, and allows for mothers to then be judged 'good', 'bad', 'successful' or 'failures', both by society and by their children.

Object relations theory advances the notion that children identify and acknowledge the existence of the mother's role at a very early age. Children see their mothers as all-powerful within the home, and recognize

this as the sphere to which she is allocated. The child views the mother as being omnipotent, either as a source of love or a source of frustration. If in infancy frustration has been the primary feeling experienced by the child, a healthy ego development may be interfered with and could, as a result, become a contributing factor in adult male sexual offenders (Jacobs, 1990). Victimized children often become confused about the role their mothers played in the abuse (Jacobs, 1990) and usually blame them in some way. This results from the child's belief about the power of the mother. Andrews (1987; cited in Croghan and Miell, 1995) says that stereotypes of mothers are reinforced by male perpetrators. The male perpetrator justifies his actions to both mother and child in a manner that holds mothers accountable. Croghan and Miell (1995) further state that,

The literature on motherblaming in the therapeutic process, and in welfare intervention also suggests that these ideas may be reinforced by professionals from whom victims seek help (p. 44).

Object relations theory further proposes that 'good' mothers respond to their infants' needs and demands before their own. Mothers who do not do this are viewed as having failed to merge with their child through a process called "primary maternal occupation" (Jacobs, 1990). According to Jacobs (1990), fathers play a less important role in the emotional lives of their children because the father's role within the family places him outside the sphere of emotional development and attachment.

Object relations theory has much to say about the causes of incest. If mothers put their own needs before those of their children, they may even be seen as placing the child in bed between her and her husband, particularly if sex is unimportant or unpleasant to them for whatever reason (Lustig and Kaufman, 1954; Weeks, 1976). Further, mothers in incest situations are often described in unflattering ways such as, immature, passive, weak, dependent, narcissistic and uncaring (Justice and Justice, 1979; Flomenhaft, 1967; Forward and Buck, 1976; Machotka, 1967). Thus mothers are held accountable because they either passively participate through their inattentiveness to their partner's needs, or they actively collude in the offense. According to this theory, mothers who have power within the household and in the primary relationships with children and spouse could resist if they chose or tried to,

...Psychodynamic theory has remained entrenched in an epistemological framework that assumes that what happens to a child is largely the product of who the mother is and what she does and does not do (Goldhor Lerner, 1988, p. 230).

Family Systems Theory

Family systems theory explains incest differently than psychoanalytical theories. According to a systems perspective, family functioning parallels the operation of other social and even biological systems where interrelated but distinctive parts are held together by an

energy field. Systems strive to maintain themselves by absorbing energy through their boundaries and by balancing energy within these boundaries. When one part of the system fails, it affects other parts. Thus, systems theorists cite examples such as polluted rivers which affect fish, birds and other animals within the ecosystem.

Systems theory explains incest as a problem of the entire family. A man may make sexual overtures toward a daughter because his wife is not fulfilling her role as an integral part of the system. (Giaretto, 1982a; Serles and Franke, 1989; Taubman, 1984). Thus, incest is a symptom of family dysfunction, not the cause (Trepper and Barrett, 1986; cited in Coleman and Collins, 1990). The role of the worker is to help restore members to their contributing roles and 'rebalance' the system.

Systems theorists also consider the relationship of the family to other related systems. This is an attempt to help the isolated 'incest' family forge stronger relationships with other systems and develop more open boundaries so that energy can infuse and strengthen the family.

Feminist Critique

Feminists have provided a spirited critique of both psychoanalytical and systems theories, although their voices are relatively new. Feminist theory draws our attention to and raises questions about other relationships which have an impact on children. The theory also reframes mothers'

behaviour by showing us that mother power within the family is an assumption, and that motherhood is actually a social construct. Feminist thinking, when looking at systems theory, challenges family structure and roles, revealing how the perpetrators' behaviour becomes a mere symptom of a larger family problem.

Feminist theories and research emphasize that mothers, for the most part, do believe their children's disclosure about abuse (Serles and Franke, 1989). It may be that some situations are too threatening for the mother to deal with. She then unconsciously buries her awareness of the abuse, however much she cares for her child. The mother's fear and dependency needs are sometimes larger and stronger than her maternal instincts. The daughter is then left to meet her own needs. This is not a transference or conscious abdication of roles from mother to daughter (as psychoanalytical theory purports) but an abdication of personal power on the part of the mother, resulting in the mother and daughter being dominated by the aggressor (Forward, 1989).

Feminist theory states that the bond between mother and child appears, in most cases, to be stronger than the mother's own need for self-protection. Mothers will protect and believe their children even at the risk of incurring physical abuse themselves (Pierce and Pierce, 1985; Serle and Franke, 1989).

Johnston (1992), expands the definition of a protective mother to include those who protect their daughters from further abuse after disclosure, and those who take a stance before the abuse progresses. Gordon (1988) reports in her research that it is women as opposed to outside sources

or men, who often seek state support and assistance in response to the violence and abuse experienced by them and their children at the hands of men.

Feminist analysis argues that object relations theory removes responsibility for behaviour from the offender and also removes any paternal parenting impact on the child. Feminists ask the question, “Why should mothers have to protect daughters from their fathers?” (Russel, 1984). Feminist analysis also peels away the layers of assumptions which, while not negating the importance of the mother-child relationship or substituting father as all important, allow us to see how, when over-focussed on the mother-child relationship, we ‘forget’ that children are exposed to a myriad of other people and have other relationships which are very influential, with their fathers for example.

The view that mothers hold the power to stop abuse, are responsible for its inception and are the cornerstone of the family differs from women’s reality in Johnston’s (1992) research. She contended that all boundaries were defined by the husband and acknowledged by the wife. The mothers/wives believed that their husbands were head of the house, had more authority and used this authority over their daughters. Mothers also believed that men, who committed incest, did not really believe that what they were doing was wrong. The mothers in Johnston’s research agreed that incest occurred because of male dominance in society. The justice system is viewed by mothers as an example of the truth of this belief. Offenders often receive a light sentence or no sentence, which results in mothers feeling as

victimized as their daughters by the incest and the system. This speaks to a construction of motherblaming for social reasons.

Feminist researchers have taken what seems to be an individualized experience and made the link to social context thereby exposing the weakness of individualizing (Ong, 1985),

...if we understand how dominant ideologies of motherhood shape consciousness, we can begin to redefine child abuse: no longer a problem of 'inadequate' mothers, but as rooted intrinsically in society (p. 411).

Further, 'bad' mothering has been socially constructed and has influenced how professionals and women interpret their experiences (Ong, 1985).

Reading of a 'bad' mother's desperate response to an invisible assault on her being, 'good' mothers resolve to become better, more patient, and long suffering to cling more tightly to what passes for humanity. The scapegoat is different from the martyr, she cannot teach resistance or revolt. She represents a terrible temptation: "To suffer uniquely, to assume that I, the individual woman, am the problem" (Rich, 1977, pp. 267-277; cited in Ong, 1985).

Women accept the pressures placed on them as intrinsic to women's role in a natural order (Ong, 1985). Women are trapped by the individualizing of their experiences which becomes even more oppressing to those who have few resources, leading to isolation, guilt and shame. This ideology is oppressive, however it provides one understanding of how both women and society are able to define 'good' and 'bad' mothering.

Motherblaming is wrapped up in the expectations of women so that succeeding in motherhood becomes a very individualized and isolating experience (Ong, 1985).

According to Smith (1990, p. 17; cited in Surrey, 1993),

The indictment of mothers in the psychological literature has historically been so nasty, so massive, so undifferentiated, and so oblivious to the actual limits of a mother's power or her context that it precludes a just assessment of real responsibility (Surrey, 1993; cited in Daughtering and Mothering; p. 115).

Feminist analysis reveals that systems theory is based on the value of a traditional two parent family. Croghan and Miell (1995) say that women who have been sexually abused as children draw on these two parent structures which represent the 'normal family' in order to make meaning of their experience. The normal family is viewed as a private, heterosexual, unproblematic haven where women assume the responsibility for the well-being of the family. They further state that this construct creates blaming of the mother by the daughter which results in distancing from the mother. These constructs also play a major role in women coming to terms with the past. Consequently these women hold high expectations of themselves that as mothers they will be able to have a fulfilling family life "through their own efforts" (p. 42) within a heterosexual relationship (Croghan and Miell, 1995). This perspective takes away the mother as the strongest support and key figure in her daughter's healing process, leaving both the mother and

daughter disadvantaged. It is important for the daughter's healing process that a social context exists in which they can understand the role their mothers were valiantly trying to play (Croghan and Miell, 1995).

Gender inequalities become masked and accepted in family systems theory through the goals of returning to and maintaining family equilibrium. Responsibility for the maintenance of the inequality is also masked and diffused in family systems theory because of the belief that each member plays a part in a dysfunctional system.

Feminist perspective disagrees with the notion that the dysfunctional family produces the offender. It does agree that some women have low self-esteem and may be in a powerless position, in part due to the fact that women live in a sexist society and are often dominated by an authoritarian husband (Herman, 1981).

Feminist theory holds that the offender is responsible for his actions, and that maternal absences either emotionally or physically, are not valid reasons to excuse child sexual abuse (Herman, 1981). Herman also points out in her research that families where incest occurs are more sexually hierarchical and father dominated than families where incest does not occur. Systems theory, in its endeavour to restructure and maintain the family unit, allows the offenders' behaviour to be viewed as only a symptom within the system and the mother and child to be viewed as accomplices in the abuse.

Motherblaming is a dilemma in our society with no simple solutions. Carter (1985) presents the dilemma this way,

How shall we deal with the central role that mothers play in family emotional life? If we ignore or depose her, we are failing to acknowledge her efforts and importance; if we overfocus on her, we are blaming her for the problem and/or holding her responsible for change (cited in Lerner, 1988, p.254).

While the literature review speaks mostly about incest, it is my opinion, and experience that social workers make a mental translation between the terms incest and sexual abuse. I think the two terms become interchangeable when seeking to ensure responsibility for future safety of the child. It remains mothers' domain to assure social workers that further abuse will not occur whether inside or outside the home. It is true that social workers, in most cases, do not become involved in sexual abuse cases when the offender is outside the home. If there is a suspicion or concern that the mother may not be 'capable' of protecting her daughter for any reason, for example the mother is known to the office because of other concerns, then social workers are obligated to investigate and assess the mother's abilities to protect. Assessing her parenting capabilities, due to abuse outside the home, maintains the motherblaming status quo, and gives the same characteristics to these mothers as are given to mothers where incest has occurred.

The Construction of Caring

Feminist thinking not only provides critiques of existing theories, it also offers theories of its own. An explanation of how caring is constructed

is one such theory. Feminist perspectives on caring help demonstrate how it is that some women manage to stay in and return to relationships where incest has occurred. They further aid the understanding how mothers, in sexual abuse situations are blamed, especially by themselves and their daughters, regardless of their behaviour. The caring construct, which has been internalized by the mother, is passed on from mothers to daughters. Research from a feminist perspective has demonstrated that girls are taught how to care through various institutions and in the home, mainly from their mothers (Morris, 1987; Reitsma-Street, 1988; Smart, 1976).

Reitsma-Street (1988) proposes that lessons are learned very early in life which teach girls the legitimized way of caring for others. Young girls learn that females, young and old, are the major caregivers, further that girls learn to look nice and be nice. Emphasis is placed on dress to avoid labels such as ‘tramp’ or prostitute. The girl’s main focus is on a boyfriend as the primary object of her caring. Happiness is based on her ability to attract a boyfriend. This goal is pursued to the extent of self-abandonment.

Reitsma-Street (1988) further proposes that girls learn about two types of caring. One form being love and affection toward others, which is the emotional work needed to create, enrich and maintain human relationships, the other being about the labour for and help given to others which includes daily domestic work to meet the basic necessities of life. However, learning and implementing these lessons about caring has costs such as restricting the development of their own interests and independence.

There is resistance to this type of policing and sanctioning. Luxton (1980) speaks to the importance of women discovering that their dreams and sorrows are not unique; “it wasn’t just me—it was all of us” (p. 219). Ways of challenging these restrictions can be further explored in writings by Cain, (1989); Cambell, (1987); Davies, (1984); Evans, (1988); Gordon, (1986, 1988); McRobbie & Garber, (1975); Opthecker, (1989); and Reitsma-Street, (1988).

The concept of caring becomes internalized with mothers passing these beliefs, judgments and expectations onto their daughters who are already receptive because of external sanctions. So the cycle of oppression and denying of self continues for yet another generation setting the stage for daughters to have conflictual, unclear boundaries when sexual demands are placed on them.

Feminist thinking sees these ways of learning how to care as a further means of controlling and labelling. Women are coerced into taking on the responsibility of caring for others before self, as part and parcel of women’s identity. This is consistent with psychoanalytical perspectives which hold mothers responsible for childcare and protection. The internalized identity and meaning of these external sanctions also predisposes girls to be compliant when being sexually mistreated.

Orbach and Eichenbaum (1987) sum up the long term impact of the construction of caring,

Part of women’s legacy, in being delegated to the position of caretaker of others and having been denied the essential foods

for her own self-development, is that many a woman comes to feel empty inside. Her emptiness is linked to the inconsistency of caring she has received which creates a sense of emotional deprivation. This emotional deprivation often translates as compulsive giving, depression, hopelessness, chronic resentment or rage. She may not even be conscious of her own needs, except in times of crises when they are forced to the surface. She is deeply ashamed of them and unused to addressing them directly. (p. 57).

The above literature illustrates how the notion of caring is very limited and limiting for girls and women. It becomes paramount to 'fit' the prescribed way of demonstrating caring, rather than explore and discover ways that express caring most effectively, and allow focus to be placed on a negotiable relationship process in which all members can feel fulfilled and cared about as well as demonstrate caring.

Caring qualities which are taught to girls and then internalized, contribute to setting the stage for sexual abuse. The individualizing of experiences, the needing to be seen as caring and feminine, limit the power and choice of girls and mothers when faced with the threat of sexual abuse. It is easy to understand how we judge mothers for not protecting their daughters and call them uncaring mothers when they do not act according to the teaching of what caring looks like. The dilemma becomes who does she care for/about? She is taught that Self certainly comes last, next the daughter and first comes her partner/husband on the scale of importance in caring. Again women/mothers are placed in a dual, no win situation. According to Rich (1976),

No woman is considered “special” because she carries out her responsibilities as a parent; not to do so is considered a social crime. (cited in Swigert, 1991; p. 191)

The mother/daughter relationship is greatly impacted by the internalized culture of roles and the construct of caring and more specifically mothering.

The Organization of Work

Child welfare services have contributed to motherblaming in four major areas. Firstly, files are constructed on a case by case basis as social workers respond to complaints about parenting, one by one. Social workers do not have the mandate to deal with the social context of violence against women, employment equity and little room to address the issue of poverty. Second, as is evidenced by the file being opened in the mother’s name, social workers identify the mother as the primary parent, and therefore the one under scrutiny. Third, social service organizations hire mostly women to carry out the case by case task of investigating parents. These women often feel overworked and beleaguered themselves and thus may pass blame onto the nearest ‘victim’. Women social workers (and men) may prefer to deal with mothers as they are seen as more accessible, more reasonable, and less likely to become violent. Finally, social workers are trained to look for faults in parents, and devise forms and procedures to ensure that parental inadequacies are recorded. While strengths are recorded, the emphasis remains on the faults. I will discuss each of these in turn.

The state recognizes it has a role to play in the arena of child welfare. This role is shaped by, “changing social and economic conditions, shifting attitudes, and developing knowledge” (Harris and Melichercik, 1986, p. 160; cited in Krane, 1994; p. 124). In British Columbia the new Ministry for Children and Families is governed by the Child Family and Community Service Act (CFCS Act). Guidelines and policies have been formulated from the principles and values which underpin the Act. These policies determine and direct the work of Ministry social workers, including factors to determine ‘at risk’ children, and the services which may be offered on an ongoing basis when issues of child abuse or neglect are not present.

Social workers respond to each case individually from the time of the initial complaint (intake) about children in need of protection. It is the responsibility of the social worker to assess the level of risk to children by meeting with the child/ren and the parent/s, and from information gathered from collateral community checks. It is the responsibility of the parent/s to alleviate the risk by meeting the expected requirements of the state (social worker).

Although the state is authorized to provide programs and “policies and services designed to meet the basic needs of some children and families: protection programs, emergency shelters, foster care, and so forth” (Callahan, 1985, p. 6; cited in Krane, 1994; p. 124), social workers are very limited in their mandate to respond to the social or cultural contexts in which they are required to investigate parenting complaints. The main role of the state is to enforce, by legislation, the needed care of children through the family, not to supply the needed care (Swift, 1991). The focus today

remains on how to help parents (mothers) improve the care they give their children.

Social workers usually identify the parent as ‘mother’. Krane (1994) in her research in Ontario, discovered that child welfare policies and legislation maintained an attitude of mother as protector. The investigations and treatment focused largely on the mother. She had to learn how to tune into her children and family so she would be better equipped to monitor situations. Sexual abuse within the family is regarded primarily as a ‘family’ problem, experienced by dysfunctional families—families regarded as having a myriad of problems and few skills or abilities to manage them, and implicating all family members (Krane, 1994). The family’s other problems contributed to the sexual abuse (family systems theory). Krane also says that the accountability of the offender and his abuse of power wanes, as social workers continue their investigation and construct mother protectors to monitor the children’s safety from the offender. Krane names mothers ‘mother protectors’ when they carry out protection responsibilities which belong to the state and are far beyond the scope of motherhood.

Theories which uphold motherblaming attitudes, and child welfare providers entrenched within this dominant discourse,

...often gives rise to more anger toward the mother who did not protect her daughter from incest than toward the father (or offender) who actually committed the incest.... (Johnston, 1992:6; p. 49).

As I have said in chapter one, it has been my experience that child welfare workers seek out the mother when doing their investigations. The belief that mothers are less likely to become aggressive, that they are more accessible, and that they are the ones most concerned with the child's welfare make them the parent of choice. It has also been my experience that employers were much more lenient and accepting of mothers having to take time to deal with a family matter than was the father's employer.

Child welfare has historically accepted the consequences of the unequal power structure of a patriarchal culture (Costin, 1985). Society's expectation is that women will readily adopt the maternal role of nurturing and protecting children (Costin, 1985; McIntyre, 1977;). The social work profession believes that social workers themselves are nurturing and caring. Adams, (cited in White-Tanabe, 1979) calls this the "compassion trap" which ratifies agreement between women's traditional socialization and women's role in the helping profession. Both are based in the

...perverse belief.... that women's primary and most valuable social function is to provide tender and compassionate moments of life and that through the exercise of these particular traits, women have set themselves up as the exclusive model for protecting, nurturing and fostering the growth of others (p. 224).

The social work role is a comforting one for women to take in society. They feel as if they are taking their 'proper place' because of its familiarity. The bulk of caring work in social service agencies is done by

low paid women (Pascal, 1986). The bureaucracy of child welfare pits women against women and creates isolation for both worker and mother. The isolating of experiences allows for work and caring, which are inherent in both social work and mothering, to go unrecognized and unvalued. I believe that both workers and mothers have internalized the belief that problems are personal; they are doing something to create these problems and therefore the situation is private, rather than the result of a flaw in the public/social realm. This internalized belief of personal responsibility, is in turn passed on to the daughter by the mother.

Both worker and mother appear to be caught in dual roles. The social worker's aim is to help the child/ren and family while simultaneously investigating and exercising authority over negligent parents, usually mothers. The mother has the dual role of spouse on one hand and mother on the other (Tufts, 1984). There is very little room for her to define herself as an individual when trying to meet others' needs. The child welfare mandate makes some allowance for mothers' needs usually day care or homemakers, labelling the service "in the best interest of the child". Parents are expected to provide and care for their children regardless of extenuating circumstances.

Social workers find it difficult to do their jobs when cutbacks in funding and/or cutbacks in staffing make it almost impossible to manage their case loads. There are striking similarities between women working within social service agencies and the women they serve (Callahan and Attridge, 1990): passivity in the face of authority, internal aggression and

self blame, present orientation—poor capacity to plan for the future, little pride in the past, withdrawal and increased disinterest in work.

Callahan and Attridge (1990) claim these are symptoms of powerlessness, not burnout, and are the same feelings experienced by clients. They identified negative outcomes for clients when workers saw themselves as being in a powerless situation. Workers describe their work as being dehumanizing for worker and client (Callahan and Attridge, 1990).

Hutchinson (1992) says there are individual social workers who have been able to respond to the pain of mothers and children. Other authors such as Conte (1984) and Giaretto (1982) believe that social service intervention is a major cause of further trauma to the family and especially to the child. Are women/clients dependent on ‘the luck of the draw’ to have a social worker who will be able to respond to their pain and at the very least acknowledge their needs?

It appears that social workers take on some of the attributes of their oppressors in a bid for some control and/or power in their powerless situation. Their oppression is produced by such things as the stringent guidelines which social workers are accountable for implementing, and the feeling of being disrespected which results from high expectations with little or no training or tools to do the required job. Carter (1993) cites research conducted by Dietz and Craft (1980) in Iowa, who found that 87% of 200 social workers interviewed believed that the mothers gave unconscious consent to incest, and 65% believed that mothers were equally

responsible for the occurrence of child sexual abuse. Carter (1989) in her research conducted in Ontario, the province considered to be the most progressive in child welfare, reveals similar attitudes of punitiveness and motherblaming.

The deeply rooted practices of a gender-based on mainstream values about family, family life and the role of mothers in North American societies contribute to mothers' feelings of blame for the victimization of their children. (Carter, 1993; p. 89).

Discussion of Social Worker Training

During the writing of this thesis, the Ministry underwent changes which included a name change from Ministry of Social Services to Ministry for Children and Families (MCF) as well as other changes, one of them being social worker training. All of the social workers involved with participants in this study worked under the previous Family and Child Service Act and were trained prior to the changes in training and the restructuring of the Ministry. The new governing act is The Child, Family and Community Services Act (CFCSA) which unites all sections of government providing services to children, under the Ministry for Children and Families. I will discuss the previous training method, some of the changes in the training manual, and how the training has changed.

Social workers, hired by the Ministry, prior to the recent changes were not required to have a Bachelor of Social Work degree. With the change came the push to hire only those with a social work degree, to

incorporate a core course about child welfare in the university curriculum and to re-educate those with other degrees.

Previously, the Ministry provided three weeks of what was called core training to newly hired social workers. This training happened in Vancouver and took place any time during the first six months of employment.

Social workers who had received a Bachelor in Social Work, before the change in curriculum, had not received instruction about child protection procedure and protocols. These policies and procedures were taught by the Ministry during core training. The University of Victoria, in conjunction with MCF, has designed a course to help train social workers in child welfare practice and policy.

I was one of those social workers hired by the Ministry without the benefit of a child protection course within my university social work program, but I learned about policy and practice through a practicum and core training. However, my BSW stood me in good stead by providing a systems framework and family systems course for the purposes of assessment and intervention. This education gave me more skills than those workers who did not have their BSW. Systems theory did allow me to offer services which, at the time seemed helpful and fit with the Ministry mandate for providing services. Social work emphasizes relationship building skills, however it is my experience that this is done without making the power imbalance between worker and client visible. The third year practicum with the Ministry provided hands on learning and exposure to

practice within the policies. The core training provided further information about policies and practices. While not covering all the bases, the three training methods gave me what I regarded as a solid foundation. What I now realize is that I was questioning and not receiving answers about the issue of motherblaming, non-supportive interventions, and the penalizing of single parents. I was also in an internal conflict because I wanted to do 'social work' and the Ministry wanted me to do child protection. There was, for me, a world of difference. Social Work to me meant actually assisting people make change, in a hands on approach. Child protection is concerned with investigations and legalities, and ensures change by using the Act as power and authority, and workers from contracted agencies assist families to make change. There were many times where my skills could have helped families make a difference or change in their lives, however the presenting problem was not one of protection so therefore the mandate did not allow for service provision. I found these situations very frustrating especially when they would end up on my case load in a few months with a serious child protection concern, which could have been addressed earlier. It seemed to me that the Ministry did not have a mandate to prevent child abuse from occurring, only to ensure it did not happen again. I then began to question the meaning of 'in best interest of the child'. Unsatisfied workers such as I, do not remain in their positions for any length of time, therefore continuity of service is disrupted and replacing and training workers is costly. I wish to clarify that I do not think using the Act is somehow wrong or bad, or that social workers do not affect change. What I

want to convey is the vast difference for me in being a Social Program Officer hired by MCF and being a social worker.

In some ways my BSW was not an advantage to the Ministry because I questioned and worked in a much different way than those social workers in my office who did not have a BSW. The lens which provided other ways of viewing clients and situations was different, therefore the service and resources to be delivered were also different. Delivering services to families from a systems perspective, instead of the psychoanalytical model, provided more alternatives for resources and kept more families together. There appeared to be a co-relation between the number of family service files opened, the number of children in care decreasing, and the increase in BSW social workers hired in the office.

It is important to mention here that the number of social workers allocated (FTE'S) to any office depends on the number of children in care. If this number declines over a steady period the office will lose a position (a social worker). This was the case in the office in which I worked. The area manager actually went as far as making the team re-evaluate each intake that did not result in an apprehension to make sure we did not err because our child apprehension number had decreased. It is my contention that because social workers who hold BSWs view things differently, and offer services differently, the number of family service files, for which there is no FTE value, increases and the number of children in care decreases.

The change in training has not altered the training manual to any great degree regarding the issue of sexual abuse. Words such as 'parent'

instead of 'parents' are still used when instructing social workers to contact a parent when they are interviewing a child or when they are going to interview the child. From the literature review we see that the word 'parent' usually translates as 'mother' for many reasons; availability, seen as primary caregiver, more accessible at work, not as likely to be angry. The word parent is gender neutral, however it also serves to keep mothers, as well as social worker practice, invisible. The chain of paperwork in the way of forms and recordings generated by policies does not demand that social workers explain which parent they contacted or why, nor does it count the number of times only mothers are contacted. Mother becomes synonymous with parent.

When exploring the issue of generational abuse issues, which social workers are instructed to explore during interviews as historical abuse is a factor in present parenting ability, the training manual refers to the WAR Cycle (the world of abnormal rearing) in this way,

Parental behaviours are seen as learned and passed on from one generation to the next. The promise is that the unmet needs of a child leads to behaviours and choices in that child's adult life which in turn compromise that adult's parenting abilities. It is believed that the needs of the parent must be met before they can effectively meet the needs of their children. Family support should be parent-focused and directed at breaking the generational cycle (p. 178).

It is not my experience that the WAR model is followed in terms of providing services, but is adhered to for risk assessment purposes.

Stress was an aspect deemed important in the training manual when looking at investigations and sexual abuse. Stress was looked at as a contributing factor to behaviour. Social workers were told to be aware of this issue. I did not see stress connected to the realm of sexual abuse or investigations in the training manual. Such items as poverty, unemployment, marital discord, housing, death, etc (p. 186) were listed as factors causing stress. The word used to describe the parents' feelings when learning that their child had been sexually abused was 'shock', which may well be, however I believe that would be only the initial reaction. If there is not a perceived family breakdown and a concern for child welfare, other feelings which arise later are left for the parents to deal with on their own without services. In other words services are not automatically offered just because sexual abuse has occurred. Services are offered only because of child welfare concerns in the present and are termed 'social work support for the family' and 'best interest of the child'.

The manual addresses the issue of differing values. It states that social workers may disagree with their clients' values, behaviours and actions, however, this must not bias their opinion nor interfere with service and treatment of that person. This was not ever mentioned in my core training. I know that this is a battle in which I, and other social workers, struggle. My colleagues and I endeavour to make each other conscious of when we are operating out of our own values. Without a sounding board, and given the nature of the work, this is a tremendously difficult task at times.

Discussion of The Literature Review

The literature review has shown that object relations theory and family systems theories set the stage for motherblaming, and that they influence policy and direct practice. These theories are upheld by society and have been unconsciously internalized. Feminist theory gives a different and more useful perspective to viewing the same dynamics of sexual abuse. Change is proposed by offering a theory of caring which makes it easier to understand why women stay in relationships where sexual abuse has occurred. This construct is important when understanding the dynamics of the mother/daughter relationship within the context of sexual abuse. Feminist thinking could change the face of social work policy and practice, even though there are a number of obstacles to clear.

While the literature provides some insight into the question of how mothers are blamed for child sexual abuse and how policy and practice tend to maintain that stance, there is not a large volume of literature containing mothers' voices. Krane (1994), in her dissertation, focuses on mothers as protectors who are 'made' or 'constructed' by the very policies which are supposed to serve them.

There is a more noticeable absence of daughters' voices in connection with social services involvement. "Where language and naming are power, silence is oppression, is violence" (Rich; 1977; cited in Women's Ways of Knowing, 1986; p. 23). Fathers are sometimes mentioned in the literature

when referring to how their needs were not met either as children or adults, and why they abuse. However, fathers are definitely not in the literature when sexual abuse is explored in a way which speaks to the nature, the pervasiveness and the trauma caused by childhood sexual abuse to female victims. They are not held accountable for the protecting of the children from their own actions. It is as if the offense occurred without an offender, except the mother.

Work by Callahan (1990, 1991), Carter (1993), Krane (1994), and Swift (1991), have given women room and voice to discuss and share their experiences. There is also recent research literature by Sen and Daniluk (1995), and by Miell and Croghan (1995) which gives voice to mother/daughter experiences from a feminist perspective. Using a phenomenological research method, Sen and Daniluk (1995) spoke with adult women sexual abuse survivors about their relationships with their mothers. They discovered that these women all shared common elements of this experience such as an inability to trust their mothers, a reversal in nurturing responsibilities, and feelings of profound betrayal by the mother. They also experienced difficulty in differentiating themselves from mother, and an impaired identification with their mother. Sen and Daniluk (1995) concluded that the daughters had internalized the sexist assumptions of idealized expectations of mothers being responsible for protecting them from all harm; assumptions inherent in our culture. The daughters then

direct their rage and contempt at the mother, whom they view as powerless.

Jacobs (1990: 513; cited in Sen and Daniluk, 1995: 55) contends that,

It is a painful consequence of mothering in patriarchal society that daughters in abusive families need to devalue mothers, and women in general, in order to achieve a sense of self.

Croghan and Miell (1995) spoke to women about what they believe contributed to the breakdown of their families and to what extent they were influenced by expectations of 'normal' parenting and family life. They found that women make meaning out of their lived experiences of abuse within their families, by holding the norms of two parent, heterosexual families as their measuring stick. They concluded that women believe female caregivers are more accountable and responsible for family care and well being, and that societal gender role allocation of responsibility and expectations have again been internalized.

Research which would allow for mothers and daughters to share their experiences of motherblaming during a social services investigation for sexual abuse, could have a healing benefit for participants in the research, as well as be illuminating about service delivery impact.

The authors in Women's Ways of Knowing (1986), make the discovery that the stories they heard from the women they interviewed,

...drew us back into a kind of knowing that had too often been silenced by the institutions in which we grew up and of which we were a part. In an attempt to bring forward the ordinary voice, we found that the voice had educated us. (p. 20).

Mothers' and daughters' contributions through this research may add to work previously conducted by Callahan and Attridge (1990), which explores the working environment of social workers. These mother/daughter voices may empower themselves, and enable other mothers, and social workers to be advocates for change in policy within MCF.

I have become aware of my own need to rectify my past practice and relieve some of my guilt. I believe that by giving credence and voice to mothers and daughters in this research, I can perhaps give a vicarious voice to those women I previously did not hear.

Given what I have read and experienced in child welfare, I would expect that mothers experience motherblaming and that daughters hold their mothers responsible during the investigation. However, no study has actually examined this process and determined in fact whether social workers had any influence on the feelings of mothers or daughters. Although governed by a plethora of rules and regulations which point to the responsibility of mothers, I wonder if social workers can transcend their motherblaming attitudes or do they invariably convey motherblaming attitudes. Like myself, social workers may believe they are being unbiased, and that the office remarks are just 'black humour', however I wonder what the recipients of this service experience. To answer the research question: what is the experience of motherblaming for mothers and daughters in a sexual abuse investigation, I interviewed mothers and daughters who had such experiences.

Chapter Three

Methodology

This chapter speaks to the qualitative research approach I used in this study. It explains case study methodology from a feminist perspective in particular. This chapter then sets out the criteria for and selection of participants, as well as explaining the access site and the collection of the data. An explanation on the steps taken for the protection of clients is given. The approach to the analysis of the data concludes the chapter.

Qualitative Methods in General

A qualitative research approach using case study methodology was chosen in an attempt to capture the full range of mother/daughter experiences about motherblaming in sexual abuse investigations. The paramount objective in qualitative case study research is to understand the meaning of experience as it is lived over time. This is accomplished by examining how all parts of the experience work and how they come together to form a whole. This type of research emphasizes process rather than outcome (Merriam, 1988). The case study approach is used when a phenomenon is to be studied in depth, rather than examined to find what is generally true for many.

In speaking to the elements which are used to describe and validate scientific research methodology Sandelowski, (1986) states; “If qualitative

methods are essentially different than quantitative methods, then there is a persistent tendency to evaluate those methods against criteria appropriate to quantitative research” (p.28). Further, Sandelowski (1986), speaks to the inappropriate use of quantitative research standards to judge qualitative investigations. She contends that such use is, “...nothing more than self-justification, since these criteria inevitably favour the research that generated them” (p.28). For purposes of this research therefore, I addressed the standards for measuring rigor in qualitative research proposed by Guba and Lincoln (1985; cited in Sandelowski, 1986).

According to Guba and Lincoln (1985; cited in Sandelowski, 1986) there are four criteria for measuring rigor in qualitative research. These are: (i) truth value—validity versus credibility, (ii) applicability—external validity versus fittingness, (iii) consistency—reliability versus auditability and (iv) neutrality—objectivity versus conformitability.

Validity in quantitative research asks the question, does it measure what it is suppose to measure? There are two kinds of validity, internal and external. “...external validity refers to generalizability of findings and the representativeness of subjects, tests, and testing situations” (Sandelowski, 1986, p.31), while internal validity refers to the truth of the data. Truth in qualitative research; “... resides in the discovery of human phenomena or experiences as they are lived and perceived by subjects” (Sandelowski, 1986, p.29). Truth is subject oriented rather than researcher defined. Rather than internal validity, Guba and Lincoln (1985; cited in Sandelowski (1986)), look at credibility, which presents descriptions of experiences so

that anyone reading about it, whether they have had a similar experience or not, would immediately recognize it. Credibility also locates the researcher in the research by sharing her experiences as a researcher in relation to the behaviour and experiences of the participants. This enhances the truth value of qualitative research (Sandelowski, 1986). A researcher must be able to maintain enough distance to allow for description or interpretation in a meaningful way. There is an aim for understanding between researcher and person being studied (Reinharz, 1992; cited in Miller, 1995).

I will never know the experience of others, but I can know my own, and I can approximate theirs by entering into their world. This approximation marks the tragic, perpetually inadequate aspect of social research. (Reinharz, S., 1984, p. 365; cited in Women's Ways of Knowing, 1986, p. 113).

Applicability speaks to the issue in quantitative research of how well the threats to external validity have been handled. In quantitative research, findings must be generalizable and the representatives must also reflect a cross section of the general population. Qualitative researchers argue that generalizability is an "illusion" (Sandelowski, 1986, p.31) because each research experience is about and includes a particular researcher in interaction with a particular subject in a particular situation. A context-free structure does not exist. Sample sizes in qualitative research are usually relatively small because of "the large volume of verbal data to be analyzed" (Sandelowski 1986, p.31). Participants are usually picked because they can illuminate the subject under study and they are often not representative in

the same manner as quantitative research. Any participant from a certain group is said to represent that group and "...if that experience is well described it can represent a slice from the life world" (Sandelowski, 1986, p.32). Representativeness, in qualitative research refers more to the data than the participants in the research. Therefore Guba and Lincoln, (1985; cited in Sandelowski, 1986) use fittingness as the criteria when measuring the applicability of qualitative research to be evaluated. Fittingness occurs when the findings can fit into contexts outside the study, and when the reader finds meaning in the findings and that they are applicable to their own experiences. Findings fit when they are well grounded in life experiences studied and "reflect their typical and atypical elements" (Sandelowski, 1986, p. 32).

Reliability speaks to the consistency in research which asks if the research can be repeated. If the research can be repeated by others or duplicated then it is reliable in quantitative research methods. Qualitative research looks more to the uniqueness of each experience and variations rather than seeking identical repetitions. Auditability is suggested as the measure to determine rigor when relating to consistency of methods and findings. A study and its findings are considered auditable when "...another researcher can clearly follow the "decision trail" used in the investigation in the study" (Sandelowski, 1986, p.33). Sandelowski, (1986) further says that there are many interpretations, therefore there is no benchmark by which one can repeatedly measure to establish reliability in the traditional

sense. The mothers and daughters in this research project are the best source of knowledge about their experiences with social workers.

The fourth area looks at neutrality of research which examines objectivity in quantitative research versus confirmability in qualitative research. Neutrality is concerned with the freedom from bias in the research process and product. Quantitative research rests on the assumption of there being a knower and a thing to be known (Sandelowski, 1986) and that the relationship between the two should be separate with rules to govern and prove the relationship. Qualitative research emphasizes the meaningfulness of the findings which are achieved by minimizing the distance between the investigator and the subject. Scientific objectivity is socially constructed and produces only the illusion of objectivity. It is a fact that when you study something you change it and therefore any study is, to some part, a reflection of the investigator. Qualitative research values subjectivity which allows for researcher involvement and an emphasis on the meaning subjects give their experiences. Confirmability when speaking to the issue of neutrality refers then "...to the findings themselves rather the subjective or objective stance of the researcher" (Sandelowski, 1986; p. 34).

In this study, objectivity was not a possibility, however reflexivity allowed me to be aware of my influence, feelings, and knowledge, and to include them in my field notes as part of the data analysis. During an interview, reflexivity afforded me the opportunity to include my feelings of

why I pursued a line of questioning and how I interacted with the participant.

Qualitative research allowed for flexibility and creativity during data gathering. In my project, data was the ‘talk’ received from individual interviews with mothers and daughters. I appreciated the flexibility to alter the questions as I was uncertain about what information would be forthcoming. The creative aspect of this type of research allowed me to use a combination of structure and immediacy for data gathering.

Qualitative research suited my research as it allowed for the participant to be the expert regarding their experience of motherblaming in a sexual abuse investigation. I believe this to be crucial to this study as there are many myths surrounding mothers, incest, sexual abuse, and the characteristics ascribed to social workers in general and in conjunction with sexual abuse investigations in particular. The participants were given the opportunity to explore their experiences.

Qualitative Case Study, Feminist Perspective in Particular

A compilation of characteristics from various authors explains four essential characteristics of qualitative case study research: particularistic (Shaw, 1978), descriptive (Guba and Lincoln, 1981), heuristic and inductive (Stake, 1981). Particularistic means that the study focuses on a particular situation, event, program or phenomenon. In this research, the particular

phenomenon is motherblaming within sexual abuse investigations undertaken by social workers. The descriptive property provides a rich, complete, literal description of the incident or entity (life event) being investigated. My research uses the descriptive stories from the mothers and daughters, and those of my own experiences. The heuristic characteristic illuminates the reader's understanding and gives background information about a situation. The inductive characteristic speaks to relying mostly on inductive reasoning; concepts emerge from the data. Unknown relationships and variables can emerge from case studies and lead to rethinking. In this research, insight into motherblaming related to sexual abuse is in part provided by the literature review. The review speaks to the beliefs that underpin policy and training, and influence practice. The stories of the mothers and daughters provide another vehicle to further our understanding of motherblaming and give us new information about relationships.

I have chosen to approach this research using case study design through a feminist lens. The definition of feminism according to Bricker-Jenkins and Hooyman (1986) suggests that feminism is comprised of three interconnected dimensions—theory, research and practice. “Feminist discourse provides a way of observing, exploring, and understanding social issues that is grounded on the centrality of women's experiences.” (Krane, 1994, p. 40). The feminist lens allows for the exploration of power structures and societal inequities which results from the imbalance of power in the private realm of family and the public realm of society. Feminist

research “...generates its problematics from women’s experiences.” (Eichler, 1987; cited in Krane, 1994, p.42). In this instance motherblaming is a problem for women.

The feminist perspective fits well with qualitative research. Both insist on a critical examination of the individual, and the collective choices that shape lives. Feminist theory has as its underlying premise “that the barriers to the realization of the full and unique human potential of women can and must be challenged and changed” (Bricker-Jenkins and Hooyman, 1986, p. 8). Feminist research aims to increase the well-being of its participants who, in this case, are mothers and daughters involved with social services.

Feminist theory and qualitative case study research seeks to make explicit the relationships and patterns which have an impact on participants’ lives. Both believe that the world is constantly changing due to our actions and that we interpret and give meaning to our own experiences. Krane (1994) says that “Feminist analyses not only challenge the content of what is known, but also the parameters of knowledge” (p.42).

The nature of praxis is the core of feminist theory. Feminist theory and values are by definition, ever tentative, never absolute, and always becoming (Bricker-Jenkins and Hooyman, 1986). This is similar to qualitative research in that there are no facts per se to be proven and no cause and effect. There are relationships and patterns to be explored with the belief that we create our own truths from our experiences.

Feminists' interest in case study is to help shift attention to women's roles "...and help the researcher see the relation between gender and power in all social settings" (Reinharz, 1992, p. 169). Another aim of feminist research is to give women information or explanations about social phenomena which would empower them. I gave women information in this study about the inside workings of MCF, and about my own practice as a social worker. I also gave them information about the act which governs MCF, and informs them of the responsibility of MCF to the courts. Empowerment seeks ways to return power to those who have had it appropriated or have never had it. Empowerment is a fundamental organizing principle of feminist practice. Feminists use the original meaning of the word power—to be able. It is the ability to realize potential and to accomplish aspirations and values (Bricker-Jenkins & Hooyman, 1986).

Within traditional understandings of power women are relegated to a powerless position (as compared to the male position in our social structure) within both the private realm of the family and the public realm of society. A feminist framework offers a vehicle for exploration and critique, which includes the return of a portion of the power to mothers and daughters who have been victimized.

Another reason I chose this method was because qualitative research and case study design with a feminist perspective suited my own style, training and beliefs. Being both a counsellor and a social worker, I value

the therapeutic potential of qualitative research. The subject matter explored in this research is very sensitive. I was aware that participants may experience feelings that, in my time limited contact with them, I would not be able to address. I ensured with the referring agency that all participants could receive immediate counselling from them if the need arose. I did provide a safe environment in which participants could heal by being heard as they shared their experiences, and at the same time I could obtain information about their experiences. One of the aims of feminist research is to increase the well-being of its participants, in this case the mothers and daughters who have been involved in this research and in a sexual abuse investigation.

Selection of Participants

I did not want to impose many restrictions on one's ability to participate in this study. I limited the age of the daughter to 12 years and over because of my own awkwardness in interviewing younger children. My own belief was that youth 12 and older have more cognitive and abstract capacity and would therefore perhaps be more able to articulate their experiences. Another belief I held was that youth under 12 may have a more difficult time asking for help if memories, which may re-surface, became too painful or difficult to discuss.

The criteria for participation were:

1. Biological mother and daughter pairs,
2. Involvement in a sexual abuse investigation, with a social service agency due to sexual abuse of the daughter,
3. The daughters must currently be between the ages of 12-19 years,
4. The participants must currently reside in B.C. Investigations did not have to take place in B.C. because I believe child welfare systems and policies have similarities across Canada (Wharf, 1995).
5. The offender could be from inside or outside the home.

The counsellor from the agency contacted 4 potential mother/daughter pairs to explain the research and obtain their assistance in the project. (Appendix II, research introduction for participants).

An appointment with participants and the agency counsellor was arranged to sign a release of information form (Appendix III) and also to provide the participant with a copy of the research information (Appendix IV). After the release form was signed, the counsellor then notified me with names and phone numbers and faxed me the release of information consent forms. I then contacted the mother/daughter pairs and scheduled the interviews.

The referring agency was not entitled to information gained through these interviews unless a release of information form was obtained from the participant. All participation was completely voluntary, participants could withdraw at any time and any personal information gathered by the researcher would not be used in the thesis as part of the stories. For

example, as one of the participants wished to withdraw after the first interview, I did not include any information she had given me about her experience either with social services or about the sexual abuse.

Participants

The participants consisted of three mother/daughter pairs and one additional mother. The fourth daughter chose to withdraw from the process. I am not generalizing my findings to a population by making claims that my sample size represents others. 'Fittingness' is more important to my research findings than is generalizability. Findings fit and are valid when a dual audience, those inside the research and those outside the process, view the findings as meaningful and applicable in terms of their own experiences (Guba and Lincoln, 1985; cited in Sandelowski, 1986).

Access Site

In British Columbia most community non-profit agencies which offer a wide variety of services, are generally funded by government ministries. These services range from child care to intense family crises intervention. It has been my experience that the programs designed to address parent/teen conflict fill up quickly, and always have a wait list. From my experience as a social worker, a counsellor, and as a colleague of directors from community agencies, it would appear that many parent/teen, mother/

daughter conflicts have sexual abuse as part of their history. It is also my experience that the teen years are the time when mothers and daughters experience extreme conflict. In my role as a Ministry social worker, I have referred such pairs to community agencies or other resources for intervention to help in the healing process. Based on these personal and professional experiences I chose non-profit community agencies as the most likely access site for participants for this study.

The original thought for access sites incorporated the idea of doing a group for mothers and daughters who would be involved in the research. I chose this method because the topic has the potential to create and recreate painful experiences. A research group could provide a means for participants to heal these wounds, as well as provide a means for me to gather in-depth information about their experiences of motherblaming in sexual abuse investigations.

I approached various agencies and presented my idea for both conducting research and providing a community service at the same time. I received the following responses; “We have just been unionized and I cannot hire you to do this work or let you run the group as I would have to do a job posting”, “I am concerned about being understaffed and not able to provide individual follow-up service for any of these participants if they require it after the group is finished and I cannot hire you because we are only mandated to hire those who have already completed their masters degree”. In some of these instances we discussed paid employment to deliver the program and in other instances I would provide service on a

volunteer basis, and have access to clients for my research. I did not meet with favourable responses to any of these options.

I thought perhaps eliciting individuals only, and not doing group work, might yield different results. I contacted supervisors and area managers within social services, in Victoria and in the northern part of Vancouver Island and sent them my research proposal. There appeared to be some interest by area managers in the results of the research, however district supervisors rejected the idea on the basis that their staff did not have the time to be involved in the research, even if it was only to contact potential participants. I was then back at the beginning of devising a process to recruit participants.

I decided to again contact non-profit agencies to request access to participants only and send them information about my research. This elicited responses such as “We don’t do that sort of thing here”. I was surprised and confused by this answer coming from an agency that serves only women and is greatly concerned with women’s rights. Another answer was, “Our programs are dependent on social services funding and this sounds like it could perhaps not come out in their favour so I wouldn’t want to be the agency involved”.

I became discouraged with local agency response and began to focus outside the Victoria area on non-profit agencies. I was rewarded in my perseverance and located an out of town agency which was very interested and wanted more information. The agency was funded by MCF and received client referrals from Mental Health. After they had reviewed my

research proposal and methodology, an interview was arranged between the agency supervisor, the program manager, and myself. The interview was quite extensive. They expressed concern about my knowledge in the field of sexual abuse, my ethics, and the chosen methodology. I satisfied their concern that I could manage this piece of work. The next step was for the agency supervisor to approach their funders, their client referral source, and their Board of Directors. MCF and the board sanctioned the study, however Mental Health had misgivings. They believed this to be traumatic material, and that these women shouldn't have to talk about it again; they may suffer if their memories were disturbed. I had difficulty with this because part of my purpose in doing this research was to give these women and children a voice. The agency was very committed to helping obtain access to have this research completed. They explained and tried to reassure the referral agency of the safeguards we had put in place and how it could be a healing opportunity for the participants. In the end the client referral agency voiced that, although they were in disagreement they did not have the right to veto the agency's participation. The agency said they were going to go ahead and provide access for the research.

The agency that consented to contact and aid in the recruitment of participants offers a wide range of services to the community. Over the last few years they have revised their sexual abuse services. This program is now housed in a separate location and has its own program director and supervisor. They do not offer services to the offender but do have various services for the family/victim.

Collection of Data

I arranged for safe meeting places for the purpose of conducting the interviews. I interviewed one of the participants three times, and the others I interviewed twice. Each time the interviews were audiotaped and transcribed. Each tape was listened to repeatedly in order to gain an understanding of the feelings which were involved in the dialogue.

The interviews, which were semi-structured, lasted from one to three hours, depending on the need for clarification, the amount of information being imparted, as well as the emotional state of the participant. I followed a very general guideline of questions (Appendix VI). These questions were derived from an awareness that questions had to explore the different areas which may contribute to feelings associated with motherblaming. To design questions which would answer the thesis research question about the participants' experiences of motherblaming, I thought it would be pertinent to ask for information about the social worker. For example; whether their worker was male or female, and whether they had the same one for the duration of service. Questions about social workers stemmed from my own practice as a social worker, and wondering what thoughts or feelings recipients had about worker continuity and gender. It was always very difficult for me to 'hand over' families to another worker. Given the information in the literature review about motherblaming from the daughter, society, and how mothers blamed themselves, I thought questions about

motherblaming from a variety of sources would yield more information than a focus on social workers. As previously stated, it is sometimes hard to distinguish where exactly a feeling stems from, so I think having choices about where a feeling may be coming from could help localize the area. From the areas where they did not experience motherblaming, I could move into areas where perhaps they experienced other feelings. Questions about what other services or help they needed during these investigations could yield important information for making change. As well as the healing effect sharing an experience can have, I think the healing process is aided when one's experience benefits another.

I wanted this to be a participant focused research project and allowed the majority of time to be filled with talk by the participants. I asked questions in a direct manner if they were not part of the 'talk'. Other questions arose out of the discourse.

I did not have a set number of times to interview participants in order to say I had gathered enough data. The nature of the discussion material was overwhelming to some participants and therefore more time was necessary in some instances to facilitate closure and healing. My research topic itself required that the participants have some trust in me as a person, and as a researcher. I was cautious and took what time I thought necessary to avoid further trauma.

I experienced a deeper sense of trust from the participants during the last visit and a freer flow of information. They had had time to reflect on

their experiences and were more aware of the impact of the sequence of events from the abuse to the investigation. This reflection led to a very rich source of data. Their reflection also led them to wonder how things could have been different and what made their experiences positive or negative.

These data, while not generalizable to all women who have had contact with social services, do serve as a vehicle for mothers and daughters to have a voice, as well as offer information for reflection on policy and practice issues. These stories and findings provide information which social workers may find beneficial when reflecting on their practice and on the policies that influences that practice. Social workers could have a deeper, clearer understanding of what factors impact investigation, and what could help change practice. Other women/mothers may also be influenced by the stories of the participants and be empowered by knowing they are not alone, and that theirs is not an individualized, isolated experience, which may assist them to discover their own voice. This study could change the isolation women feel when they deal with a large bureaucracy. Knowing that there are others who have shared a similar experience offers the possibility of alleviating some of the shame and isolation. It is important that in the reading of this research that not only the participants recognize their experiences but, that other people are able to locate themselves, and follow the chain of information I am presenting. I think these experiences are shaped or influenced by the way society views mothers, the way girls internalize those views, and then by the way motherblaming attitudes are

unconsciously and therefore uncritically maintained by policy and carried out in practice.

Protection of Participants

I contacted the participants and arranged the interviews, being careful that the times were convenient for the participants. At the initial interview I outlined again what I expected from them, how the process would unfold and some of the feelings that may occur during this process. Permission to tape all interviews was granted at this time. After receiving this information and asking any questions, participants received a copy of information for participants and signed the consent to participate form if they chose to continue (Appendix V). Both mother and daughter signed the daughter's consent when the daughter was underage. Each form states that the participant may withdraw from the project at any time without fear of negative consequences and that information gathered from them will not be used in the thesis. Participants were aware that personal information gathered for the project, both transcripts and tapes, would be destroyed by the researcher upon completion of the thesis.

Anonymity was enhanced, by not using participant names in the writing of this thesis. Participants had an opportunity to review transcripts and remove any information they did not wish to have printed.

I also obtained permission from the Human Research Ethics Committee from the University of Victoria to carry out this research.

A possible risk factor to the participants, associated with the project may be the resurrection of buried feelings and memories. I believe the risk could be part of the healing process. In my personal and professional experience I have found that these buried feelings are a threat only if they are unresolved. I believe, again from my own personal experiences and from counselling people, that we find ways of keeping ourselves safe from harmful memories and experiences, so if participants who entered into this project became emotionally charged by some of the questions, then I believe it was because they were ready to begin to deal with that particular area. There is always risk involved in stepping out to explore memories, hurts and fears. I discussed this risk with each participant before they signed the consent forms. The referring agency agreed the participants could be referred back to the agency for immediate counselling if they desired.

One daughter from B.C. was quite reluctant to meet with me and did not keep the first appointment. After speaking with her again, she set up another meeting. I telephoned to confirm on the day of the meeting and her mother informed me that her daughter had refused to participate because she was sick of counsellors and social workers. I did not look for a replacement for this daughter. Another mother said her daughter would participate but she wanted her daughter to have some time away from counselling and talking about the issue. It was a year later before the interview took place.

Analysis of Data

Case studies reveal information about phenomena while taking into account the factors which may have an impact on the data. In the data analysis I took into account items such as: the interaction between the participant and myself; whether the setting was conducive for an interview; interruptions; indications from the participant that she was not comfortable with the situation; and the nature of the questions, for example, How distressed was the participant due to a question in a sensitive area?

This thesis focuses on the issue of motherblaming. Weiss, (1994) says that when a report (thesis) is issue focused and concrete "...we have a historical or journalistic account" (p.52). An issue specific report asks, what can be learned about this specific issue or process from all respondents? The report provides a line of argument, or an image of how the phenomenon works. He also says that "...all reports are similar: they tell a coherent story" (p.52) and that, "No matter the level or focus of the final report, there is no single tried and true method of analysis or strategy for presentation of findings" (p.52). Material presented in the early part of a report prepares the reader for what will come later, and later material draws on earlier material. The reader then can grasp the whole report. The literature review provides a background for understanding where the phenomenon of motherblaming originates and how it is so pervasive and influential in our culture. The next section of the thesis tells us about mothers' and

daughters' experiences. The analysis section draws on the literature review and themes arising from the participants' stories.

In terms of credibility, many of my present clients have read parts of my thesis and can very readily identify with the participants in the study. Other professionals, both social workers and counsellors, who have read this thesis, have also been able to identify with the experiences in the research. Credibility allows me to locate myself in the research and I have done that by drawing on and sharing my own personal and professional experiences as well as sharing my experiences with the participants. This research and its findings are well grounded in life experiences and can be applicable to others outside the study and so fit the requirement for fittingness.

Immersing myself in the data through multiple readings provided in depth understanding of material in the transcripts. Information can then be sorted into themes from recurring ideas in the data. Throughout the data collection I was aware of recurring themes as I went from one interview to the next. There were recurring words or phrases to describe similar feelings or situations. The categories in the analysis corresponded to the interview questions which in turn relates to the overall research question. The first category explored the nature of the service provided by social services and set the stage for the investigation process, the second area explored mother's and daughter's feelings about those services, and the third category was designed to elicit information about the mother/daughter

relationship. The fourth category looked at what help would look like and the fifth category looked at isolation, guilt, and shame, which is also elaborated in chapter seven.

Chapter Four

Meeting The Mothers

Chapters four and five introduce mothers and daughters who have been participants in this study. The mothers and daughters are identified as Ms. Alan and daughter Alana, Ms. Brenden and Brenda, Ms. Collins and Colleen, and Ms. Donald and Donna.

For the benefit of the reader, I will explain the quoting format. I use two different formats for the quotes in the next two chapters. Quotes which are more than three sentences long are indented and do not have quotation marks around them; whereas, quotes of a lesser length are not indented and do have quotation marks.

The mothers range in age from 36 to 42 years. One is a single mother who had two previous marriages; the sexual offender in this case was her last common law husband. He was a stepfather to her daughter, whom he abused, and he was also the father to her youngest daughter. She dissolved this relationship before the abuse was disclosed. During the interviews another mother separated from her third husband, the offender, whom she had remained with after the abuse disclosure. The other two mothers remain with their husbands who are non-offenders.

All mothers had been sexually abused as children; two by family members. The sexual offender of one of the mothers also offended against her daughter. One mother still keeps this secret from all her family.

One mother had been in a physically abusive adult relationship prior to the relationship with her daughter's offender. Another mother had also been in a sexually and physically abusive marital relationship before her relationship with her daughter's offender, who was also abusive.

Each mother held a variety of positions and interests within the community. One mother owns and operates a well known restaurant, another mother is employed as a registered nurse. A third mother opened her own craft and hobby shop and is beginning to be active in her local church women's group, and the fourth mother was a homemaker involved in the lives of her children and their activities at school.

Two mothers suspected, from their daughter's behaviour, that something was occurring or had happened in the nature of sexual abuse. When the daughters were asked if they were being or had been sexually abused they answered "yes". One of these mothers called social services to have her daughter interviewed when she thought her behaviour was indicative of sexual abuse. One daughter was still being abused at the time her mother asked her about sexual abuse. One mother discovered her daughter had been abused through a medical examination which yielded findings of a condition which is usually transmitted through sexual contact. Another mother was informed that her daughter had disclosed sexual abuse to a Street Youth Worker and a school counsellor.

Three mothers believed their daughters when they disclosed the abuse, and all of them took, what they expressed as being appropriate steps to protect their daughters from further abuse, such as; the mother who was

experiencing doubts about the validity of her daughter's disclosure, still maintained the court order received by social services for her son, who was the alleged offender, not to come to the family home when his sister would be present. All mothers participated in either individual or family counselling.

There were fears and feelings of disbelief, as well as guilt and self-blame expressed by mothers throughout the interviews. There were also feelings of anger and frustration over the process of being involved in what felt like a powerless situation or experience either with social services, or the RCMP. Based on my personal experience, the whole experience of sexual abuse is one of trauma, violation, and powerlessness related to the incident which has already occurred. The tears shed during the interviews, were said to be ones of sadness, pain, grief, and release. Feelings of gratitude and thankfulness toward her social worker were also expressed by one mother who did not experience feelings of motherblaming during the MCF investigation.

In presenting the stories I will provide some background about the family and the circumstances leading to the involvement of MCF or other child welfare agency. Interview questions were designed to guide the discussions, other questions arose out of information from the participants as the interviews proceeded. I was looking in specific areas and the

narratives will unfold according to these questions. All mothers and daughters used the term ‘support’ when referring to not being understood or helped. When I asked them if they experienced being blamed by social workers, two of them replied by saying that they certainly hadn’t felt supported. Further questions about support stemmed from that comment.

Ms. Alan

Background

Ms. Alan is participating in this research one year after the sexual abuse disclosure by her daughter Alana, and her subsequent involvement with The Ministry for Children and Families in British Columbia.

This is a two parent family with four children. There is an older son [the alleged offender], the next child is Alana, who is two years younger, and then there are two younger sons.

Ms. Alan works full time outside the home. Mr. Alan has a medical condition, which is exacerbated by stress. This condition does not allow him to participate in the work force. Ms. Alan experienced a sense of disregard by social workers about the impact the investigation was having on her husband’s condition, and how this placed further strain on the family. She spoke of further family stress when she could not always be available for her children because of needing to financially support the family. She said they could not always give the children everything they wanted

financially, but neither were they “hard done by”. As an example of this, to meet Alana’s need for space and privacy they had, at Alana’s request, built her her own cottage on the property with electricity and a telephone.

Ms. Alan felt the weight of being the “breadwinner”, and experienced personal stress as well as family stresses. Ms. Alan experienced fear of negative judgement and a sense of shame about the sexual abuse in her home. Thus, she experienced her place of work as added stress. Ms. Alan speaks more of this when she shares her feelings of isolation later in her story.

Ms. Alan had been sexually abused as a child by an older male relative. This abuse remains a secret from all family members. Ms. Alan spoke openly to me about her abuse and became tearful at times when telling her story. Her sexual offender had also offended against another female family member. There was a time when it was thought this female may have abused Ms. Alan’s son, who has now allegedly abused his sister.

Ms. Alan was very concerned for both her daughter and son. She spoke often about how she did not feel heard, or that her position as mother to both the victim and the offender, was not acknowledged by social workers. She felt she did not know how to be a parent to only one of her children or conversely, how to stop being a parent to the other child. She expressed the most concern about her son and her own sense of not being allowed, by the Ministry, to support and care for him. The Ministry workers were adamant that there should be no contact between brother and sister,

and that he was not to reside in the family home. Ms. Alan's concerns were not the same for her daughter because her daughter was at home being cared for.

Ms. Alan was very honest about her ambivalent feelings toward her daughter. On one hand she wanted and tried to support her daughter to do what was "right" for herself and yet, on the other hand, she experienced doubt about the truth of the abuse. The times Alana said the abuse took place conflicted with her own [Ms. Alan's] memories of what was happening at those times. Ms. Alan said she experienced no support, understanding, or assistance for this emotional dilemma in which she found herself.

Her son, the alleged offender, who was 18 at the time of the disclosure and 14 at the time of the alleged sexual abuse, was not to be in the family home as long as the victim resided there. This upholds the Ministry mandate to ensure that the child is not in any subsequent danger. Ms. Alan had difficulty following this requirement and instead maintained contact with her son. Alana, as stated previously, resided in a separate dwelling on the property and was always informed of when her brother would be visiting.

At the beginning of these interviews, the family was awaiting court hearings, as Alana had pressed charges against her brother. The court hearing was concluded, and the brother was found not guilty, however because Alana was still underage, and living at home, the social workers

had stated that for her safety the brother was still not allowed in the family home. Ms. Alan could not understand why if he was found not guilty, he could not come home even if his sister was there.

During the interviews with Ms. Alan there were moments when I experienced overwhelming feelings of pain and confusion from her. I witnessed her sense of shame and her feelings of fear as were evidenced not only by her words but by the lines in her face and the trembling in her voice. This woman who wanted to be a mother to both her children poured out these feelings, sometimes in great waves of grief, and other times grasping to understand and to hold onto her sense of control over these huge emotions. She would take lengthy pauses and frequently say, “you know” in what I interpreted to be a painful struggle for time to gain control. I also interpreted her feelings at times, as one of relief to have someone else with whom she could share some of her feelings. In my experience as a counsellor, from reading I have done on shame, grief, trauma, and from my personal experiences, the opportunity to talk about what has happened is a very necessary and vital part of healing. She expressed many times that she felt understood and supported by me during our contacts and that she felt ‘good’ having someone other than a sexual abuse counsellor with whom to share her story.

Investigation Process

Alana disclosed sexual abuse to a Reconnect worker who notified The Ministry for Children and Families (MCF). Reconnect is an MCF

funded program to connect mainly with street youth. Contact with MCF was then initiated by Ms. Alan after she learned from Alana and the Reconnect worker what had transpired.

Ms. Alan met with two male social workers over a period of about six months. She met with one social worker three times and once with a temporary worker. Telephone contacts were also made by the social worker to the family home to ensure the offender was not in the home and that Alana was safe.

Ms. Alan reported that she did not feel ‘supported’ or understood during this process by any of the professionals involved. Ministry workers did not involve both parents in the process of the investigation beyond the initial meeting. Instead, contact was made with Ms. Alan. Although Mr. Alan only attended one session, the impact of the telephone calls, his daughter’s anger, and the stress on his wife all had a traumatic effect on his medical condition. Ms. Alan agreed she wanted her husband shielded somewhat from the impact, however she sounded confused as to why the Ministry worker did not pursue his involvement more. She believed she carried total responsibility for her son, daughter, husband, and for keeping the communication lines open with social workers.

While she felt understood and accepted by her counsellor and myself, her experiences within the Ministry for Children and Families, and the legal system were, for the most part of motherblaming.

Blame

This section will provide quotes from Ms. Alan to voice her experience of motherblaming by social workers throughout the Ministry worker's investigation. The words used to describe the experience of motherblaming sometimes describe what she did not receive, which was in her own words, "support".

For the most part Ms. Alan experienced motherblaming by the social workers, both emotionally and in terms of information regarding the sexual abuse investigation and the legal process.

Yeah, and he [the worker] did say that he would, I remember he said that he would walk me through it, and I feel he did not walk me through any of it. I mean maybe you know he gets tied up with other things but you know I didn't feel there was any support at all.

"...there was no support really."

Ms. Alan believes that all the concern was directed toward the victim/daughter and no assistance was forthcoming or expressed for the family or the very young offender.

...the social worker had initially said he would have the offender [her son] come into the office to talk to him to find out if anything happened in his past...that would lead to this behaviour, and that was not followed up on.

“Some assistance [financial] but I think that was the only thing they did for him at all.”

When recalling her contact with the social workers she compared the difference in her experience by saying,

“The second social worker offered more empathy than the first one.”

“He [the social worker] did give me some more literature but it really didn't get into how the family copes...more the procedure.”

“I have felt very supported by the counsellor from the agency and by you. I feel accepted and understood by you.”

Ms. Alan states that she did not think that social workers were very considerate of her and her family's need for contact.

“I felt like I had to make all the initial phone calls to find everybody...if there was trouble...I would find out after the fact.”

Her comments, about having an interview with the social worker and Reconnect worker, speak to her feelings of not being supported or understood, as mother for both children, and feeling judged as not being caring enough.

She [Alana] gave permission for the Reconnect worker to disclose the events of the abuse to me so a box of Kleenex was put on the

table, you know, and it was almost like he expected me to break down you know. Wanted me to... it was like I wasn't showing enough emotion. I'm a private person; I do a lot of crying but I don't do it in front of people if I can help it.

She says they wanted her daughter to remain home and work things through as a family; "...however they did not provide the supports." "There was no consideration for my husband who has a medical condition which is made worse by stress, and that I had him to look after too."

She [Alana] would go to the MCF and complain and then I would receive a phone call or she would say she was going to complain and I didn't feel like I had a lot of power or support. Her [Alana] behaviour was never called into question.

Ms. Alan thought that the action by the Ministry workers, of not confronting Alana on her behaviour, was not in her daughter's best interest and certainly did little to empower the family as a unit.

"I felt we were looked at as a dysfunctional family by social workers, the RCMP and Reconnect."

When we explored her ambivalent feelings about wanting more contact with Ministry workers and yet feeling fear at the same time she replied,

"In some respects I'm glad there has been no follow up because I really felt intimidated. I thought to myself, 'My God are they going to take my kids away because of what has gone on in my home?'"

Her response when asked if she had told the Social worker about her fear was,

“No because I don’t think I was given the chance to; it was always kind of business-like you know.”

The next section will look at other areas where motherblaming was experienced. The areas focused on are, The Ministry for Children and Families, her daughter, herself and society.

A. Ministry for Children and Families

Ms. Alan stated that she received “check up” phone calls from social workers to inquire if her son was still out of the home and if she was getting along alright with Alana. Her impression was that social workers believed that without these phone calls she wouldn’t be doing what was best for her daughter. She said it was like they thought she knew [about the abuse] before the disclosure and didn’t do anything to protect her daughter so therefore, she thought they didn’t trust her to protect her daughter now.

“...it was my fault and I had to do some heavy duty nurturing to get the girl back on the right track.”

“It was my responsibility to see she got what she needed.”

“I was wrong to have feelings for my son...” “It was like they wanted me to abandon one child for the other and to choose and it had better be the victim.”

Ms. Alan said the statement that “bothered” her the most was from a social worker when she was trying to explain about the conflict she felt about her son. Ms. Alan said she informed the social worker that her son was going to return home when Alana turned 19. The response from the social worker as Ms. Alan remembers it was,

“If you do that and your daughter kills herself wouldn’t you feel guilty for the rest of your life?”

“It was like a guilt trip. Of course “it” had to have happened; she’s right she would never lie about this.” Ms. Alan is referring to the abuse had to have happened and that Alana would not be lying.

“Everything was for the victim...no one else mattered.”

“He’s at an age where he’s going to be charged [over 12], you know, he’s a bad person and we really don’t want much to do with him.” These words describe how Ms. Alan thinks social workers view her son, who is still at this time underage.

“Felt shame and silenced by social worker and the whole process.”

Ms. Alan resents the power the Ministry and its workers have in her life and over the relationship she has with her son,

“Even though he was acquitted in court and she is older now, MCF still called to ensure we knew they did not want him in our home until she was of legal age.”

B. Daughter

This segment tells us how Ms. Alan experienced blame from her daughter.

“I feel blamed by my daughter...she is very hostile.” “We have a normal mother/daughter relationship for short periods of time. There is lots of distance.”

She thinks I favour my son. She doesn't want us to have any contact with him, even though she has a separate residence on our property and does not have to be in our home when he visits us.

“I think she wants us to pay more financially for her counselling. We can't and it's hard on us.”

“She's fired everyone.” [Alana had many counsellors from non-profit agencies and according to her mother she fired all of them.]

C. Society

In this next portion of data, Ms. Alan talks about how she feels society holds her and all mothers accountable when daughters are abused,

“...I think that society would feel that it reflects on the type of home that it was, you know.” [“It” refers to sexual abuse.]

“Whether it was a good home or a bad home kind of thing and, and how can things like this happen in a good home?”

In response to whom she believed would be held accountable for providing a “good” home,

“I think the parents.”

I think in today’s society the way there are so many broken families probably it does look, uh, fall with, more with the principal caregiver which is usually the mother. But I would say if the father is the man, the only caregiver then they would probably blame him too, you know.

Ms. Alan also thought that even though society would hold a single father accountable, mothers were probably held more accountable to “a...certain extent.”

It was Ms. Alan's experience that her fear of rejection and motherblame in this situation created isolation with her work colleagues and increased her sense of shame.

"...maybe it shouldn't be a shameful thing, but because it is a shameful thing you are reluctant to talk about it with anybody else, you know."

"Yes, I think people have been isolated."

I guess the more that you are able to talk about it with people you know and not just one person who is a sexual abuse counsellor then maybe the fear you would feel to talk you know [inference is a decrease in fear]. I know that Alana did not want me to tell her grandmother you know who I'm quite close to so I am you know so people do not know. So I find that very hard you know. Questions are asked at work about my children you know what they're doing. Everybody else talks about their families. I feel there is this big void you know I can't talk about it. It's just like if I say something you know then it's going to lead to you know... [inference is the telling of the secret of sexual abuse].

D. Self

When her son was much younger, Ms. Alan had taken him to a psychiatrist when they wondered if he had been sexually abused by a female family member.

"I never had any inkling of anything, you know, we've been so soft, and he [psychiatrist] felt there was nothing really serious going on."

In her above statement she is speaking to the theory that there was a strong possibility of being an offender when you were older, if you had been

sexually abused as a child. She was wondering about the likelihood that her son had been sexually offended against when he was younger, although the psychiatrist at the time said he didn't think so. Perhaps now her son was an offender, even though she had a hard time believing her daughter.

I used to go into town with my husband a lot during the day when the kids were in school and not return until 5 o'clock or so. The kids were home at about three. Maybe if we had been home more. I feel guilty and wonder if we had stayed home more if these things would have happened.

What Would Help Look Like

This area provides Ms. Alan with an opportunity to say what she needed to make this situation less painful and to feel more helped.

“You think he [social worker] could have done some basic mediation or...”

“He [the second social worker] accepted us, more understanding...”

“Empathy. For more than one situation.” The “situation” refers to the many conflicts Ms. Alan experienced.

“It would have been nice if they would have had more contact with me.”

“The second social worker asked my daughter how come she did what she did when she flipped out.”

This was considered helpful by Ms. Alan because it was a way of placing some of the responsibility on Alana for her own angry behaviour, and removing it from Ms. Alan.

Ms. Alan stated that she found out about problems after the fact instead of being informed “during the problem” and being a part of things. She spoke of feeling isolated.

“I think it would help people in my situation to have a support group for other parents to get together in similar situations.”

I think that would really help, you know, to have somewhere where you can realize that this has happened to someone else, like, I feel there is not very much for the families, you know because it’s very focused on the victim. I guess it has to be but in the long run if you help the family, then you are going to help the victim.

“I think if it were more open, if things were talked about more openly it probably would lead people to feel more relaxed.” As opposed to her earlier comment of being very business-like.

Ms. Alan responded in the affirmative to needing more understanding, more follow up, more time.

In this case Ms. Alan would have felt assisted or more comforted if her son had been helped; “I would have felt better if he, my son would have had some people as well...”

Update

This family, since the time of participating in this project, remains divided. The son was acquitted on the sexual abuse charges and remains

living outside the family home. Alana and her brother now have contact however, Ms. Alan is not sure how they have resolved their differences. Ms. Alan is still ambivalent about the truth of the abuse and as such remains in a somewhat distant relationship with Alana. Ms. Alan still has unresolved feelings of anger and confusion about her experience of motherblaming stemming from her involvement with MCF.

Ms. Brenden

Background

Ms. Brenden's present husband and father of their two youngest children is Brenda's stepfather and sexual offender.

The abuse took place in Ontario and the investigation was conducted by the Children's Aid Society (CAS) in Ontario, the agency contracted by the government to carry out the provincial child protection act and mandate. Ms. Brenden became concerned about Brenda's behaviour and asked her if something sexual was happening to her. When Brenda confirmed her suspicions, Ms. Brenden reported to the agency responsible for child welfare. This was frustrating because there are two agencies which handle abuse complaints. One is the Catholic Childrens' Aid and the other is the Childrens' Aid Society, established in various cities in Ontario. Ms. Brenden had contacted the Catholic organization and told her story before she was informed she had contacted the wrong agency.

Ms. Brenden chose to remain with her husband and they entered treatment as ordered by CAS. The treatment involved his attendance at an offender group, which he completed. However, when this program ended, the facilitators believed that he had not benefitted from it and he was ordered by CAS to retake it. CAS also set up group treatment for Brenda. It was during this second running of the group that the whole family left and took up residence here in British Columbia. To Ms. Brenden's knowledge there was never any police warrant or order from CAS to search for them even though there were child protection concerns. Brenda did not press charges at Ms. Brenden's suggestion, and perhaps that is one reason for no further attempt to locate them although Ms. Brenden did speak to someone in the Ontario Provincial Police Department to ask if he had a previous record. She let them know about this abuse.

This family were still together when the interviews for this research began and by the third interview Ms. Brenden had put her goal of being independent into place. She had asked her husband to leave the family home, pay child support, and she began her own business from home.

Ms. Brenden knew that in time she would have to sell the family home because of financial hardship however, she says she feels better inside herself for making this decision to ask him to leave.

There are four children in this family, the oldest being Brenda, who is at this time nineteen. The next child is a son who is two years younger than Brenda. These first two children have different fathers. The present step-father (the offender) assumed the role of father for both older children.

Brenda disclosed the abuse when she was 13 years of age. Within the next three years Ms. Brenden and the offender had two sons and Ms Brenden also suffered a very traumatic miscarriage, at a late stage in pregnancy, of a female child. These three pregnancies, and the fact that it was a female fetus, are among the major factors impacting the mother/daughter relationship.

Ms. Brenden was sexually and physically abused as a child and in her first two relationships. There was alcohol and drug abuse by both Ms. Brenden and her partners in her relationships. Ms. Brenden decided to change her life and ended her relationship with drugs and alcohol after the abuse disclosure by Brenda. Her current husband did not wish to change his use of alcohol and had difficulty in the relationship when Ms. Brenden quit drinking. Ms. Brenden said he was always telling her to take a drink; that she was more fun when she was drinking.

Ms. Brenden appeared very fragile and vulnerable in the first two interviews. She cried easily and spoke in a very quiet voice. It was also my interpretation that she was experiencing feelings of uncertainty when she often spoke of not knowing what to do or how to change her and her children's situation. She stated that maybe she would be better off to stay with her husband as it would be very difficult financially to be on her own. Her posture was, in my opinion, that of one who appeared to carry many burdens, ie; her shoulders were rounded and her head bent down to her chest. However, every now and then I sensed what I interpreted as a spark of energy and strength which would change her appearance drastically. Her eyes would flash and her head would come up as she looked me in the eye

and spoke with fierce determination. She showed her determination to make her life different for herself and her children and that although it may be difficult, she could do it.

The following sections present quotes from the interviews with Ms. Brenden voicing her feelings about her experience with Children's Aid Society, her experience of motherblame and her relationship with her daughter. Ms. Brenden also shares what would have been helpful to her through this process.

Investigation Process

The family was residing in Ontario at the time Brenda, age 13, disclosed to her mother that her stepfather was sexually abusing her. Ms. Brenden made arrangements for her mother to care for Brenda until Ms. Brenden had a chance to "...figure out what to do...". Ms. Brenden contacted workers at the Children's Aid Society who, along with the police, interviewed Brenda.

Ms. Brenden remained with her husband and they were then in contact with Children's Aid for approximately a year. Workers from CAS monitored the home through regular home visits and by attending the group sessions to mark the progress. Ms. Brenden says there was not a place for her to receive support or counselling and that this was very isolating for her. As I listened to Ms. Brenden tell her story, it appeared that she experienced no understanding of her situation as a person and that her needs as the

caregiver were not taken into consideration. What Ms. Brenden was very clear about was that she must ensure her daughter's safety. In her perception, Brenda's safety seemed to be the main concern of CAS workers, which is their mandate. However, Ms. Brenden received little assistance in this undertaking. Again the term support was used by Ms. Brenden as a way of speaking about the experience not being positive.

Blame

The offender, as mentioned earlier, was to receive counselling by attending a group for sexual offenders, and Brenda attended a victim's support group. They were seen as a family by CAS workers on very few occasions. The son, who was approximately 11 was not informed of what was happening in the family or why they had to periodically attend counselling sessions. Ms. Brenden received no assistance or counselling at this time. She was informed by workers and by the centre offering mother's groups, that she would not receive much benefit or understanding from the mother's group because the members were all "...very vocal, loud, angry women". Ms. Brenden interpreted this to mean that they were women who had not remained with their husbands or who had no contact with the offender.

Children's Aid provided Ms. Brenden with two social workers over a one year time span. Both were female and Ms. Brenden did not feel helped

by either of these workers. The first worker was a younger woman “maybe around 22” and the next worker was “older with grey hair maybe in her 60’s”. The older woman was quite “pushy” and “very demanding”.

“When I let him back into the house, she told me I HAD to get him out of the house ...which sort of pushed me more towards him because I had the two kids and I didn’t have a job.”

“She pushed me to charge him”.

“When I look back on it now I feel I was real pushed into keeping him there [in the home]. The more they said to get him out the more I said “no” and kept him there.”

...because after one day and that was the same day and everything, you know...the social worker was involved, and I had to tell him [to leave] and he said “no”, and then try to get her [the daughter] out of the house...it seemed like everything happened really quickly.

There was no concern for what would happen. It didn’t matter. You know, he was to leave and she was to get counselling and for her to come back into the house. There was no concern over how we were going to make out.

“I felt sort of lost... a long way to go.”

“After a while there I felt I was more of the victim than they are.”

When we talked about how she could receive some assistance and what about some of her needs being met to help her be able to protect her daughter, Ms. Brenden appeared confused and scared. Her responses to this issue were,

I don't know. I guess I was just supposed to go along with what they wanted and if they could get what they wanted...then it's ok. But if I don't...I'm one that if I don't know where I'm going and I haven't got things planned out I get scared. And I sort of back track and I have nothing to do then.

When we were in the house...it was 22 acres and we had chickens and rabbits and all that. It was in the winter time and I could just see myself going out there...and winter isn't all that great at the time...I didn't really get much support.

The social worker sat in on their counselling sessions and Ms. Brenden says she knows it was for monitoring and assessing progress. However, she was not sure what they were looking for,

I'm not sure, cause they just had to monitor and if they don't feel satisfied with that then we'd have to do it again, set another date. We had to go to one group for a time and they didn't feel he did well enough in that and he had to go again... and then we moved out here.

Well we went as a family group to the family life but it was more talking on the family issues...So I never got any support at the time. How I was feeling or how I had been dealing with things.

This section looks at other categories where Ms. Brenden experienced motherblaming.

A. By Children's Aid Society

Ms. Brenden talks in this section about her experience of motherblaming and being held accountable by CAS.

“...in thinking back then, I think they did, saw me as being part of it. That I knew all along. They didn't actually say it but they implied it.”

When I asked her how she thought they implied it she said she wasn't sure, perhaps tone of voice, and their attitude.

They were just pushy that I do something to fix the problem. I didn't make the problem but I felt like I must have or I wouldn't have had to fix it. You know, make sure everything was okay for her and him. Not sure how I was supposed to do that.

B. Daughter

In exploring being blamed by her daughter Brenda, Ms. Brenden explains;

I don't know really if she does or not. I know different words...she hasn't said some a lot lately but she has said some that would make me feel real guilty about any decisions that I've made.

Ms. Brenden shares how shocked she was at the amount of anger her daughter has directed at her. Ms. Brenden thought her daughter would be more angry at her stepfather.

...and I knew she was angry and I understood she could be that angry but I thought she wouldn't be so angry with me...and I didn't feel like I could really do anything to get out of it...feel like we really depended on him.

She [Brenda] would mouth off at me, she'd...her room would be a pigpen and I couldn't do anything about it, she wouldn't clean it up. She wouldn't pick up anything, she'd hide food and stuff under her bed it was going moldy and left drinks all over the place, steal food...she was angry...

And then when I took him ...when he came back into the picture he... our [mother and daughter] relationship ... like I got a bit... like I got all the blame...

She became very rebellious and she was doing everything in her power to get back at me...because she didn't like school, she didn't want to go to school, and we had to get the truant officer in to take her to school and...

She was very angry at me when I got pregnant within a year after the abuse happened...and she struck out and when I got pregnant again she said... when I was pregnant with him she said, "I wish you weren't having this baby" "I wish he was dead," "I wish he would go away," and I got pregnant again, I was six months pregnant and I lost the baby and it was a little girl. So, she felt guilty...and we had another battle to deal with that issue. She has put me through quite a bit. It's all anger.

"...seeing her talk with him now is making me angry because she tries not to talk most of the time."

"I guess she doesn't respect me." "I can understand if the person who abused you is around all the time, to think that's what the person you trust to protect did."

She just seems to be angry all the time and does not want to help or do anything that would help or make things easier for me. She really does love her little brothers though.

C. Society

“I think society says to mothers that they are guilty too.”

That the mother should have known that it was going on at the time and stopped it when it first started. I think in my case society would have put me down for being with him and letting him stay in the home which must mean that I'm as bad as he is and not a good mom, but I have other kids too.

Ms. Brenden spoke of the shame and fear of people knowing and judging her. There was a group for mom's in Ontario however, the social worker informed her that she probably wouldn't want to go to that group because the women were all angry and very vocal. She believed she would not be welcomed or supported but instead be judged because she chose to stay with her husband.

D. Self

Ms. Brenden believes it would have been better for Brenda if she had not taken him [the offender] back and maybe then Brenda wouldn't be so angry at her.

“In my mind a lot of guilt kicking around.”

Ms. Brenden also feels guilty about not being able to financially support Brenda at the present time and at the same time not being sure if she should be supporting Brenda. Brenda is now 19 and living at home. Ms. Brenden finds this situation difficult and wants some financial help from Brenda. “I buy the groceries and she eats her share...” “I can’t afford to. I get support for the boys but...”

In response to how she was to meet her daughter’s needs if her own were not met; “I don’t think I did a very good job.”

I haven’t dealt with Social Services [now MCF] but dealing with the sexual assault...But a lot of my guilt is how come I’m with him? Then there is my daughter. When there is so much going on and people talking about it and how much it is hated and I hate myself but I’m married to one who’s done this.

“I feel judged and I don’t really want to tell...there’s a couple of friends I’ve told, um you know, I don’t really want to tell a whole lot of people because if I do then they won’t like me.”

“I’ve had two children by him, I can’t really tell them that their father was an abuser because then that puts guilt on them that they’re going to do it too. So I feel like I’m stuck in the middle trying to look after everybody.”

“I felt bad that I told her not to charge him. That’s placed a lot of guilt on me.”

What Would Help Look Like

“I would have liked some credit or acknowledgement of what I had tried to do and the position I was in.”

I let my daughter go to my mom’s to live with them for a while, while I sorted things out because he wouldn’t say he did it...for a while...and then he went out of the home for a little bit and then came back. I felt it was safer for her to be in another home...at least until I got things straightened around on where to go.... I took her to the counselling sessions. If I couldn’t get her a ride in then _____ or _____ would go. [safe people]

To feel supported Ms. Brenden said she needed “time”.

Time to try to figure things out where I would go... you know it was the same day and everything... she told me and I told him and he said he wouldn’t leave so I had to get her [Brenda] to leave to be safe... and the social worker was involved already... it seemed like everything happened really quickly.

“I need support in how to get out of the same kind of situation without the guilt that I felt.”

“Another support group for women...they need to be more like the mother’s a victim too.”

“Some direction on where to go.”

“Where to find it and saying it’s okay. That we’ll try to get you whatever help you need. We’ll help you get on welfare. We’ll help you to...”

“So something, some kind of support, whatever, so that you didn’t feel so alone and to get you towards whatever decision you decided to make.”

“I think you are in a state of shock and you’re sort of numb and you’re not really thinking clearly... and um... to be a bit more supportive of the mother’s needs.”

“By not being supported [through the situation] makes you go back to the same kind of circumstances.”

“I’m getting more help here from the counselling agency than I got back in Ont. Back there I was searching but there never seemed to be any avenues...they seemed to be cut off.”

“They should have made more of an effort to talk to me and try and figure out what I needed...”

“They [moms] need someone to be with them, to go through to an appointment or something they had.”

Ms. Collins**Background**

This is a two parent family consisting of mother, father, Colleen and her younger brother.

The offender is an extended family member who also sexually abused Ms. Collins for many years when she was a child. She is now in the process of laying charges against him and will speak of her own abuse on the stand as corroboration to strengthen and aid her daughter's court case against him.

When Colleen's abuse came to light and the RCMP began their investigation Ms. Collins shared her story of abuse with her daughter. Up until this time it had been kept as the family secret. The younger son is not aware of the abuse of his mother or his sister. There is some extended family support. However, the family is also experiencing anger from most family members because of the disclosure and court process.

Ms. Collins expressed concern about whether they were making the right decision in withholding the information from their son and says she has no way of knowing except to do what she believes is right. She has talked to both the children on many occasions about abuse and the dynamics surrounding it. Ms. Collins was very surprised that Colleen kept the secret of her abuse for four years. She thought that her daughter was somehow safer than she had been because Colleen had the information and the door to "tell" had been opened.

During the interviews Ms. Collins remained in control of her feelings and sometimes I was under the impression that she was telling someone else's story because it was told with little feeling. She did show me her frustration and her confusion about the legal system and MCF not being more co-ordinated in their efforts. Her voice would become louder and she had more hand gestures and frowns during these times of frustration and confusion.

Ms. Collins was very concerned about protecting her daughter during the interviews. She took charge of the timing of the interviews and was present throughout the interview. When I first contacted Ms. Collins she was uncertain about allowing Colleen to participate. She wanted to wait until after her own interview to make her decision. She then decided that Colleen could take part in the research if she wanted to. However, she wanted her to have a break over the summer and not have to deal with any accompanying feelings which may arise out of the interviews, and asked me to wait until fall. I contacted her twice more to arrange times because one tape was not very clear.

Ms. Collins was working and wanted to be present to facilitate the meeting between Colleen and myself. When the meeting finally did transpire I was puzzled to discover that Ms. Collins had not explained anything to Colleen about me or the research project. Ms. Collins had not prepared her daughter at all. On one hand I can understand Ms. Collins

wanting Colleen to make her own decision after receiving the information from me; however, on the other hand I was confused as this did not seem to be in character with her previous level of protection. My confusion stemmed from Ms. Collins' protection of her daughter by saying that she wanted to meet me first and then Colleen could make up her mind. This is respectful and wise in my opinion. Why then would she allow her daughter to step into a meeting with a stranger to discuss a traumatic topic without any preparation or asking her if she wanted to participate? In my definition of protection I would have expected Ms. Collins to have given Colleen the information about the research and then supported her through whatever decision she made. Also in keeping with the role of mother (my bias) I would have expected Ms. Collins to be able to monitor Colleen's reaction to hearing about the research and then make a decision about how traumatic it may be for her to participate in the research. It is very easy to judge and overlay my own values and definitions onto someone else.

Ms. Collins had taken Colleen to the doctor for an examination and it was discovered at this time that she had an infection which could only be contracted through sexual contact. Ms. Collins contacted MCF and reported the incident immediately after ascertaining from Colleen that, yes her grandfather had been abusing her.

In terms of the MCF process Ms. Collins had a positive experience, that is she did not experience motherblame during the investigation. However, there were some issues about the mechanics of reporting and the networking between systems, which have left her with an unpleasant feeling of confusion and frustration and judgement by her doctor.

Investigation Process

Ms. Collins only had two visits with MCF social workers because the offender was outside the family home and Colleen was not in need of protection. Colleen and her younger brother were never interviewed by MCF. Mr. and Ms. Collins had already made a police report.

When the offender does not reside in the family home with the victim, the children are not perceived as being at risk so the mandate of MCF, which is child protection, is not invoked. It is a police matter because sexual abuse is a criminal offense. The Ministry does have a legal responsibility to ascertain if there are other children who may be in danger of being abused by this person and then to take prevention steps. One of these steps would be to question Mr. and Ms. Collins for information about whom this person may be in contact and then alert the social service agency in that location.

Ms. Collins recounts her feelings about how the RCMP and MCF did not necessarily work together.

I was surprised that the police and social services really don't work together, they don't know what the other person is going to do. I was confused by that because I did what I considered the wrong thing by contacting a family member because I was concerned about the children in that family. The family member confronted the offender before the RCMP did their investigation. My actions were alright as far as MCF was concerned.

Blame

I think that for the most part everything has been very positive with social services. I know that my husband and I were very concerned about what social services' [MCF] reaction would be because we've heard horror stories.

About the child being taken out of the home while they are investigating and trying to find out what is going on. Not even sure if they would believe us. So there was a lot of mistrust in my mind before I even phoned them, and when I did phone, I didn't give my name...and I suppose that is fairly typical, and I asked for information. ...They asked a lot of open ended questions and gave me a couple of numbers to call... for counselling... [the agency that had given me her name]. When I did contact MCF they were very quick to respond.

“The two people I talked to there [MCF] I liked.”

“They were together. I'm not sure if the woman was perhaps, not as experienced, but I made contact with one person first and then when we went for the interview the supervisor was there also.”

The “we” in the above statement refers to her and her husband.

“I can't say that I was at any time put off by either social workers.”

And I didn't feel as threatened after talking to him [male social worker] as I did before I talked to him. It's the misinformation I suppose that you get from what you hear on the news and the stories that go in the paper like, you know, they might act rash and overreact and there's things that they do that puts you on the defensive.

“It’s a horrible thing to happen in a family and the possibility that Colleen could be removed, it would have crushed her. At the time you’re looking for everything to protect your child from further emotional trauma.”

Ms. Collins did not have the experience of being blamed or held accountable for the abuse of her daughter even though the offender is also her own abuser.

No. As a matter of fact I think they [MCF] did a lot to alleviate that obvious guilt that was there. There was sympathy. Yeah. Because if you have had a social worker who didn’t, you know, who sort of was rough or perhaps was more cut and dried, which I think people can be, then that would be devastating;

I had called a couple of times. In my opinion the two social workers that I dealt most with, dealt with myself and my husband as a family unit, but if you can’t assess the people you are talking to, it would be a detriment to the people who are going through the trauma. I don’t need someone there pulling at your family, pulling at the limbs. What you need is a togetherness, a front, someone to give you direction to what the next step is, how do you protect your child, or what you can do now. The social workers I had did that, especially sometimes while I was waiting for the RCMP to do something. Yes they were supportive. They were confused too but things seemed to happen faster.

I have to say that I’m impressed with how quickly they do something. I wouldn’t have thought from a lot of the cases you hear where kids are beat up in their homes and stuff it seems they leave kids for a long time. Well you know what you hear and that’s all you can base your judgement on. That’s basically all we hear is what happened to the child that is found dead and has been under investigation by social services for months.

The next section looks at other areas where motherblame may have been experienced.

A. Ministry for Children and Families

Ms. Collins had a difficult time with the lack of speed on the part of MCF informing the out of province ministry who would interview other family children. She says this was very frustrating and isolating as well as fearful. She warned other family members before police or social services could respond. She wanted people to be aware and protect their children as well as hopefully receive support. The time line was too long for her.

Ms. Collins felt shunned by the female doctor who examined Colleen for an infection.

...all of a sudden yuck and that was the worst like I had rabies that they don't want to be anywhere near you. And that didn't help with my approach to MCF because they were professionals, the doctor was a professional, you know, what's going to happen? I mean are they going to look at me like I've done something?

B. Daughter

When we explored her feelings of being blamed by her daughter, Ms. Collins shook her head and her face softened.

I think that was probably one of the biggest fears I had. Because I think of if I had gone to my mother, never had a relationship with my mother, it took me a long time to tell Colleen about the abuse I had gone through and part of that was because I was afraid that she would say; ...well what do you mean if he's done that to you how could you let him have anything to do with me. I didn't think I could deal with the anger that she had towards me until I helped her get through what she had to get through; then I could tell her.

C. Society

“I think they [society] are probably pretty harsh. I think that overall that people can be pretty hard on the parent.”

The mother is the main caretaker, the main person that takes on the care of the children and the husband too. And my experience has been that usually the mom is in the centre of things and that therefore the decisions about the care of the child rests with them. And if something happens then you've done something wrong.

“If your kids turn out good and they are doctors and lawyers and they are good people generally, yes they say that the mom and dad did a good job with that child.”

In response to my question of the focus being on just the mom if good things happen or just on mom when bad things happen;

“Like the bad stuff. Yeah. It becomes...it's a...people will focus on the mom hasn't done something right or you know, blame mom.”

No I don't think they separate the mom and dad as a unit when things have gone well, like the couple worked together to get the job done. I think there has been a few single moms who have done a good job and then of course that's unusual. That's surprising that that could happen without giving full credit to the single parent who has been able to do a good job.

“The less people know about this as far as I'm concerned the easier because you have the feeling that people are looking at you.”

“I think it’s a bad mom syndrome like you know. If you were abused how come you let your...; an obvious abuser come near your daughter. An irresponsible mom.”

When I told her that moms whose daughters had been abused by someone other than their own offender also felt the way she did, [guilty] she was surprised because she thought her own feelings stemmed from allowing her offender to abuse her daughter. She admitted that she felt extra guilt and said,

I think that would be a little bit easier for society to look at it and say, poor mom, you know that poor woman her daughter’s been abused and we need to support that situation. I think there should be more sympathy....and in reality there isn’t [support for the above situation] there is no more support for a mom who doesn’t know. [someone is an offender].

“I think that the total blame centres around the mom.”

“...you know put us under a magnifying glass and it looks pretty awful you know, and people see a lot of holes in the situation.”

D. Self

It was very difficult for Ms. Collins to share her feelings about allowing this, her own offender to have access to her children. Her voice faltered at times and became lower.

I already felt that that [guilt] was obvious, but decisions that you make and my husband pointed it out to me and we talked about it

a lot, he knew about the abuse of myself and we had made a decision that there was room in our life for this person if we were careful...I mean neither one of us believed he would do this to our daughter...

“You want something to be normal... I never had my family; I’ve tried to give that to Colleen; because I tried to establish a relationship with my family cause I never had that growing up.”

I thought I should, I thought I had, I should have just not had any contact with him. Because of what he had done to me I really had thought that I had set Colleen up and she would be angry. We should never have let him into our home and we should not have had any contact with him. And I beat myself up for a long time with that...

In response to my query of ,“So you blamed yourself?” she replied;

“Yeah there’s no doubt about it.”

What Would Help Look Like

When speaking about what would have made it easier for her and her family Ms. Collins again reiterates her frustration and concern about the lack of co-operation and networking between the services such as,
“...need a liaison person between the RCMP, medical profession and MCF, to help people through so you always had one contact person who knew what was going on.”

Ms. Donald

Background

Ms. Donald is a single mother with three children. Donna is the oldest child, being two years older than one brother. Ms. Donald also has two other children age 8 and 12.

The sexual abuse disclosure occurred ten years ago when Donna was 8 years old. At that time RCMP did not think Donna would make a credible witness so no formal charges were laid. However, charges were laid when another female who had been abused by the same offender, came forward.

The offender was Ms. Donald's ex-common-law husband and father of her youngest child. He was not residing in the family home at the time of the disclosure so there was not a protection concern within the home.

This family was living in Alberta at the time of the initial abuse investigation. At the time court was to take place they were residing in British Columbia and were contacted by MCF in B.C. for the laying of charges and court support.

Ms. Donald's motive for coming forward and participating in this project was to help other mothers in this situation. Although her experience was positive in that she did not experience motherblame by the social workers and family support worker, she did experience fear and uncertainty about the investigation process and discovered she was influenced by "media horror stories".

She talked freely and openly about her reactions and feelings of fear. She would pause and reflect, trying to capture the memories and the accompanying feelings. Ms. Donald was candid in saying that the abuse felt like a long time ago and perhaps her memory of some things had faded. I was interested in the process of her re-examination of the whole experience. She came up against questions about attitudes regarding mothers' child care responsibilities within society and how she had been affected by them, more awareness of how she changed the relationship with her daughter, and the need for other mothers to have assistance in dealing with sexual abuse.

Investigation Process

Ms. Donald and her family were involved with MCF workers for a period of about a couple of months and the social worker visited the home 5 or 6 times. They were involved with a family support worker, from the ministry, who also came to the home approximately ten times over a period of 3 or 4 months. Ms. Donald believes the family support worker was very helpful and that it was very important that it was always the same worker. Both the family support worker and the social worker were female.

One of Ms. Donald's complaints about the process was the lack of privacy;

“It's like you don't have a private life anymore. That's the only thing is a need of privacy.”

“Your private life is like an open book. It was like you know chapter 5 this is what she did and you know, I wanted more privacy.”

Blame

Ms. Donald did not experience motherblame throughout the whole process, from either Alberta or B.C. social workers.

“It was official but on the other hand it was more comfortable. You know it wasn't like going to the principal's office. Actually I liked her coming into the home.”

I had never dealt with child welfare before and I had some fears; Will I still be able to keep Donna? Will they take her out of the home? With my ex sexually abusing would that have some effect on me, like would they look at me as a parent...would it be my fault?

Fear around the whole realm of losing where I stand. I think it was just a stigma of child welfare; they walk into the home, you know this happened and I knew it was not a very good type scene... But when she walked into the home it was whole different, she asked me a whole pile of questions and no, they were not going to take my kids and she was actually friendly; actually a human being type of thing.

“She just explained everything...very helpful. I thought that was great.”

[explaining the process was reassuring for Ms. Donald]

She was very sensitive... The understanding I got; the whole family was important. You know any questions that I wasn't too sure of what was happening, feelings, certain things Donna would do; her behaviour and my son was only about two or three then and he had a lot of behaviour problems and the family was really in a turmoil basically. And she was there to answer the questions; help me with certain things that were behavioral.

“...they always tried to reassure you, you know what I mean, I mean they say look it's not your fault, it's not your daughter's fault...”

A. Ministry for Children and Families

Ms. Donald talks about the fear and uncertainty of being blamed.

“Are they going to find something in there that will be my fault. ...your kids are your life. I think for a lot of moms kids are your life...What I mean to lose them is like ooooh it's a scary thought.”

I don't [remember any feelings of MCF holding me accountable] I'm not really too sure, I mean maybe it was just the fact that I was blaming myself, or maybe it was like hindsight. So I'm thinking what kind of frame of mind I was in, basically I think it was more myself. Maybe it was me that put more the blame, no I don't think they did that. Going back into that frame; very, very scared, just wondering what was going to happen to you, to your kid, where do you stand in this, I mean are they going to look at me that maybe I sexually abused them, are they going to think I allowed it, you know I was aware of it like just the whole...Nothing like trying to blame from MCF, I think that's society.

B. Daughter

Ms. Donald spoke about her fear of being blamed by her daughter. Their relationship has had the intervening time since the disclosure, and counselling to become stronger and closer.

...I think that goes to the same thing as where I'm this awful mother. I think you know, ok everyone else is blaming me then is Donna going to blame too. Like where is mom? I sort of thought maybe she was blaming me for that.

You sort of put a lot of blame on one self you know and then you get society and then you get the possibility I'm not saying she was actually doing that, ...that went through my mind,...the thought was there, the thought and the fear, just like what's going to happen you know?

"If it doesn't come out when she's eight or nine is it going to come out when she's 19?" [the daughter's anger].

"There was a lot of fears in around that you know."

"I don't think she feels that way cause ...I figured that one out five or six years ago when things have come up and she's taken and trusted and come and talked to me knowing that I'll help her the best way I can".

C. Society

...I'm not trying to blame but you know, it sounds, how do you put it, I guess the only thing I can wrap it up with is that when a mother abuses her kids, or there's a slight thing of abuse OK, of

any abuse, it's all based on the mother OK, like what was the mother doing, you know what I mean. ...the child falls off the balcony, where was the mother, what was she doing? Sitting in front of the soap operas? No, no dad's not asked, it was mom, mom, where's mom right at the moment. Maybe that's where it [her fear] came from.

“Not sound like I want to blame or anything....doesn't want her kids and she hands them over to her ex. It's like what kind of mother are you? How could you do that?”

“But if the father doesn't want the kids, doesn't want to have anything to do with the kids well, you know what do you expect... it's normal. So basically it's a double standard...”

When the social workers took her off to be assessed to see if she had been sexually abused then it was like my family you know, is this going to be on the front page of the newspaper?...are we going to be ridiculed, am I going to be, oh it was just tons of things, everything you can think of you know within myself the blame, just everything...just everything you can think of, and you know you just look at it.

“Because this happened to my daughter and I wasn't aware of it. I should have been.”

When I asked how she thought she should have been aware she responded with, “The only thing I can think of is I guess maybe what society has put on women...”

Well you know, to be a good mother, to be a good mother to know what your child is doing, where she is, you know what's happening to her, as in maybe not every minute of the day but

you know just the good mother role type thing. Yeah and I didn't fit into that category because if I did then that wouldn't have happened you know.

D. Self

Again the intervening years have allowed for time to heal and sort through the feelings, and the counselling process has facilitated a change in perspective.

“To tell the truth I went drinking a lot...to bury it to get through it.”

“...you sort of put a lot of blame on oneself you know...”

From putting a lot of blame on herself, Ms. Donald discovered that when she had the opportunity to make things different in her relationship with Donna and perhaps help the healing process, she took full advantage of it.

...you feel your not a good mom so all of a sudden it's like you just go all for it you know what I mean, like I stood right behind her all through it...she has remembered that I was right behind her...she now comes and says mom I need to talk to you.

What Would Help Look Like

Ms. Donald talks about needing to be able to connect with someone. To know that she wasn't alone would have been helpful, yet at the same time she acknowledges how much she just wanted it to go away.

Some of these sessions were extremely painful for the participants as well as being a healing experience. From comments expressing things such as; gratitude for me listening, feeling relieved to be able to talk about their experience, feeling not as guilty, and understanding more in hindsight about their experience, I think that the participants benefitted from being involved in the interviews.

Chapter Five

Meeting The Daughters

The daughters range in age from 13 to 19 years of age. They were all either the only or the oldest daughter. All of them were abused over a period of years, by either a family member or, by someone who shared a parental role with the mother. Two of the daughters have, or are in the process of taking their offenders to court. As stated earlier, one of the daughters, Alana decided not to participate in the project.

The daughters had the choice about being interviewed by themselves or having their mothers present. One mother and daughter unit remained together during the interview of the daughter and the other two daughters were interviewed without the mothers. The two older daughters were interviewed twice because I needed to verify my notes and because one tape was not very clear.

In the case where the mother and daughter remained together I stated clearly to both mother and daughter that the daughter be given permission to speak freely from her own experience, without fear of reprisal. The mother gave her daughter full permission to do or say whatever she needed to, and even offered her own experience of speaking with me, which included her fears. I made it clear however that her mother's experience might be very

different from hers and that if she became uncomfortable she could end the interview. This option was given to each daughter and mother. Both mother and daughter expressed how much closer they felt for having shared this experience with each other.

I was very surprised in this instance that the mother had not informed her daughter about the topic which I was coming to discuss with her, especially in light of other protective measures taken by the mother, such as waiting to see me so her daughter could have a break. The daughter was very interested in participating when I explained the research to her. She was keen to tell her experience if there was a chance it could benefit others.

Two of the daughters felt supported by their mothers before, during the sexual abuse and after the disclosure. One felt very angry, unsupported and confused by her mother's actions. Her mother had stayed with, married and had other children with the daughter's offender.

The material from the three daughters will address their experiences with MCF, their thoughts about motherblaming from MCF and their mother. The feelings and experiences of fear are also documented, along with thoughts and feelings about the mother/daughter relationship, as well as their thoughts about parenting in regard to child rearing.

The interviews with the daughters took less time and for the most part contained less visible emotions than the interviews with the mothers.

Brenda

Background

Brenda was abused by her stepfather; her mother's common law husband. They were married and had other children after the disclosure of the abuse. Brenda was 11 or 12 at the time of the disclosure and she is 18/19 at the time of the interviews. Brenda expressed her anger freely during the interview however, it was my assumption that underneath the anger was a great deal of hurt and confusion.

Investigation Process

The investigation took place in Ontario with the Children's Aid Society. The social worker arranged for Brenda to attend group counselling in a neighbouring city. As a condition of the offender returning to the family home, the whole family attended counselling, however the focus was on Brenda and the offender, according to the perceptions of Ms. Brenden. The other child, Brenda's brother, was not informed of the abuse until only recently although he attended some of the sessions.

Brenda says she saw the social worker about ten times over a year of being involved with CAS.

Blame

Brenda says she remembers very little of the whole process except that she did not like the workers.

“...all’s I know is I didn’t like her so I forgot about her.”

“...I can hardly remember her, but I know I didn’t like her.” “She was mean, she didn’t seem at all concerned with what I was going through.”

“She just was really,...She’s just really aggressive, I guess.”

A. Mom

Brenda thinks she may have picked up messages from the social workers and the police that her mother was to blame. She is not sure how she knows this but thinks that this is what happened. She remembers something about hearing that mom should have been there.

“I didn’t even realize what was going on, I don’t think.” “I thought; “How could she leave us at home with him.”

When I asked her if she blamed her mom she answered; “Sometimes, I think.” “Sometimes I still do. I don’t blame her for what he did to me, I just blame her for marrying him.”

Brenda explains that after a visit to Children’s Aid and the social worker she believes that her mom blamed herself for the abuse because;

“like I could tell she had been crying.” “Back then I know she did, I don’t know if she does now or not, but I know back then...” “she was also afraid...”

B. Self

“Sometimes I blame myself...maybe somewhere deep down inside myself I felt like I wanted him to do it...I know I didn’t...”

“...cause he would do it when I’d take naps or something and ...”

Roles In Society

“Well now my belief is...it’s always been the same that mothers are supposed to be there for their kids.”

“They don’t have to be a housewife or anything like my mom, they don’t have to live at home or anything like that but basically be there for something.”

“It is the fault of the person abusing not the mom.”

Society would not blame mom if; “Yeah if they had no control, if the mother had no control over it like if it was at school or whatever...”

Brenda went on to explain if the dad were the one at home and he didn't have anything to do with the abuse then society would hold him accountable.

Mother/Daughter Relationship

"Then I told her, I told her and she believed me but sometimes I didn't think she would believe me." "...just the way she would say things."

Brenda could not give me an example of what her mom would say; what she responded with was; "...well she married my stepfather after I begged and pleaded for her not to."

...I don't remember her exact words but I think it was just because she married him because I guess she just had a low self-esteem or something I don't know. She just married him for the convenience I guess.

After the marriage the relationship [mother/daughter] "...deteriorated."

We would get into lots of fights...I tried going away once, but nothing really happened because my mom got pregnant with my five year old brother and when she was pregnant with him I didn't want her to...I don't want another brother, we have enough and all that and then my baby sister, my mom had another, got pregnant again and she miscarried and so I thought it was my fault.

Brenda had said she wished the baby was dead.

"I thought she would draw away from me and my brother."

“I’ve always wanted a little sister and it was my only chance to have a little sister.”

“On my good days I know it’s not my fault.”

Ms. Brenden offered to help her find counselling to deal with this however Brenda refused stating; “...but I told her I didn’t want to talk to anyone else.”

I’d get really angry at her. I’d call her a bitch. I don’t , I’d just get really really mad and frustrated sort of...I don’t recall what would come out of my mouth. I just grabbed whatever came into my head and yell it. I don’t like it; I have a really bad temper...

We talked about blaming her mom for where her life is now and she answered;

“Sometimes, those are the times when she never hugs me or wants to be close or anything like that...”

We talked about her being an adult and making things different for herself. “I know I can do that but it’s hard getting over that.”

“...worse when she tells me that she was crying and stuff like that. She throws guilt trips, but I don’t think she knows that she does it, I don’t think.”

When we talked about her counselling experiences and perhaps it was a logical time to go back she replied;

There's times when I want to and there's times when I don't want to...I was never looking ahead that far...being that I only saw her a few times. I get frustrated cause my mom started to go to the same counsellor and I want my own counsellor, I don't want to be seeing the same counsellor but...

Of another counsellor at Mental Health she said; "...it was pretty good, I liked him, he was a nice person but I think it was because he was a guy I couldn't talk to him. It would be easier with a woman."

Colleen

Background

Colleen was abused by her maternal grandfather since age 8. The abuse was discovered during a medical examination when she was 11 years old. The Doctor informed Ms. Collins that her daughter had contracted a sexually transmitted infection. Ms. Collins then asked her daughter if anyone had ever touched her private parts. Colleen shares her experience of telling her mother in another part of the interview. Colleen is 13 at the time of the interviews.

Colleen presented as a young, innocent [my perspective] 13 year old. She was somewhat apprehensive, however under the circumstances apprehension is an expected response. She was very determined to answer questions and tell her story and was relieved when I told her she did not

have to talk about the abuse. She was scared about the impending trial but felt reassured that her mother was going to be with her.

Her mother remained during the interview and Colleen did not appear to be silenced by her presence. They listened respectfully to each other and were very open with their feelings of hurt, shame and remorse.

Investigation Process

Colleen has not been involved with a MCF investigation because of the offender being outside of the family home. There were no protection concerns and no need to interview to determine if abuse had occurred therefore it was a legal concern and a matter for the RCMP to handle. Colleen did confuse the players; i.e. the female police officer for a social worker.

Colleen describes the process with the RCMP as; "...embarrassing and like an open book."

While Colleen's experience does not deal with the investigation and social workers, her situation is not unlike those portrayed in the literature review; second generation sexual abuse victim. I think her comments are important when looking at the mother and daughter relationship and the potential for healing that exists within these relationships. This relationship also demonstrates the potential for there being hidden anger between mother and daughter, which could surface in later years.

RCMP Investigation Process

Colleen was confused about the players whether they were social workers or RCMP officers, however her mother says that Colleen only spoke to the RCMP. About these interviews she says; "...mmm I felt my life was like an open book, it was like they knew everything about me."

"Embarrassing."

Having to keep telling the story each time [about six times] and each time I had different information cause I'd remember this little bit at this interview and I'd only remember this bit for the next interview...At the beginning I remembered everything but then well it feels like the sixth time, I was like ugh...so I tried to forget it...that's what my mom told me to do, to try to forget the past and I guess I really did a good job of it.

Blame

A. Mom

In response to the question, did you wish your mom knew about the abuse when it was happening she replied,

"Close to the end there was." [a part of her that wished for her mom to know].

"I wished she could have, but I can't expect everyone to do everything I want them to."

"I know she [mom] wishes she had picked it up [non-verbal messages] but it's over now."

“Well he’d actually do it in front of them, in front of our parents, so I’d sort of wiggle, but she didn’t pick it up.”

“She finally got it out, I didn’t want to tell her, I tried to keep it away but she finally got it out.”

I thought I couldn’t tell her cause he’s my grandfather and her father and I thought she wouldn’t believe me. I was scared, I think I was hanging onto you, [mom] I think I was making your blood stop.

“And I loved my grandfather at the time so I was obviously mixed up.”

Her response to the question of being angry at her mom; “nope”. “NO it’s his problem not her’s.”

In exploring if Colleen’s feelings about her offender also being her mom’s offender Colleen had this to say,

Well I was wondering she, I would not, I know that was her choice to let, to trust him again, cause it was her father, but I wouldn’t have, anyone in my family did that to me I would never let him lay eyes on my children ever again or my family. I think my mom has a gentler heart than anybody, if anyone can go through...I’d never let them again.

“She [mom] trusted her father and she was wrong about that. I know she’s sorry about that too.”

“I hated them (RCMP) knowing that.”

I asked her if she remembered if the RCMP asked her questions about her mom and dad and her response was;

“...they asked I guess if they were on the premises or something when it happened...or how long they left me alone with him...”

“I know they were always asking how could this happen to this child; how could it happen?”

B. Self

“I was thinking it was dumb to let him do that.”

“Well I sort of think I should have went to my mom right at the beginning then I wouldn't have had all that...”

“I thought I'd break up the family, like cause...I thought my mom would be upset and blame me, and when we went to school everyone would know.”

When I shared with her that he was the adult and had the responsibility for his actions she responded by saying; “Not even if you were curious or anything?”

Well I was curious about, I, when they came out here I started watching soaps with my grandmother and I was umm, touched and all that...I thought I was, I figured I was the one who started it. I asked questions.

“I just kept saying, I should have gone to mom right then. But I don’t listen because it was too hard at the time.”

“I didn’t want anything to happen. I couldn’t talk and he told me don’t because we’ll never see each other again.”

“I have a really hard time saying no. The only person I can say no to in my family is my brother.”

“...I can’t say no to my mom and dad...”

Roles in Society

Ms. Collins and Colleen had a fairly lengthy discussion about talking to people about the sexual abuse. Ms. Collins said it was hard having people know about the abuse and yet she knew it was important for Colleen to be able to talk about her experience. Colleen became somewhat concerned at her mother’s words and said she didn’t know her mother felt that way. Ms. Collins reassured Colleen that it was very okay for her to talk about the situation.

In terms of child raising responsibilities Colleen's thoughts were; "I think it should always be equal." "In our family it's pretty equal."

It may be equal in this family according to her perceptions however she was afraid of her dad's anger at the offender when he found out about the abuse. Her comment was that her dad would "...blow the house apart because he would be so angry." and "...he loves me more than anything. I wanted him to protect me but I didn't want him to tell anybody." "Yeah, I was also afraid he'd never let me do anything, stuff like that, lock me in my room..." She was talking about her father becoming overprotective. Her mother agreed with her.

Mother/Daughter Relationship

"We were close but we were really really close after." [after the disclosure]

"It brought our relationship closer."

"...we would do things together, we talked but as soon as it happened mom and I just, mom wouldn't want to leave me."

She agreed her and her mom are really close now; "I don't really talk to anyone else but her." and she says she trusts her mom to be there for her.

Colleen's response to her mother being sexually abused by her own father was; "It hurt me more than anything, I didn't care about it happening to me, it was more her now."

Donna

Background

Donna's offender was her mother's common-law husband. Donna disclosed the abuse at age 8 when her mother asked her if she had been abused. Ms. Donald became curious about her daughter's acting out behaviour and this led her to asking the question about sexual abuse. Ms. Donald contacted social services to have Donna interviewed. The offender, father of a younger sibling, was not living in the home at the time of the disclosure. There was a court case when Donna was 15/16 years old. It was thought at the time of the disclosure that Donna would not make a good witness however, when other similar charges were laid at a later date, her story became important and the court laid charges on behalf of Donna. She is 18/19 at the time of these interviews.

Donna was very interested and committed to the research project. Her main reason was so that other people could be helped by reading about her experience.

Donna physically looked to be about 13 years of age and I sometimes was shocked when she would refer to her age. This shock kept me vitally aware of my own perceptions.

Investigation Process

Donna remembers being afraid and confused about the investigation, because she did not know what was going on. She remembers her social

worker coming to the house and sometimes taking her out to McDonald's and other places. She remembers seeing the worker about a dozen times. Although she cannot remember her as any given age she does remember her name and her voice as this was a positive experience for her. Donna remembers social workers from both provinces, Alberta and British Columbia, and both of these experiences and relationships are remembered as being positive and helpful.

Blame

"I liked her a lot." was Donna's response to being asked if she trusted the social workers.

"Going out was fun, but having to talk wasn't so much fun." "They were very understanding..."

I asked her what it might have been like for her if she had seen different social workers; "I probably wouldn't be too comfortable with this different person, I think I would have preferred the other one." It was important to her that the same social worker remained on the case.

Donna does not ever remember at any time any questions or attitudes on the part of the social workers that implied her mom was held responsible for the abuse.

A. Mom

When asked if she held anyone accountable for the abuse she replied; “I blamed it on my dad a lot.”

The abuse was discovered because Ms. Donald became suspicious of Donna’s behaviour and contacted MCF.

I didn’t tell her; she knew something was going on because there was different things that I was doing that I normally didn’t do and she reported and what her suspicions were correct. I think it’s good because if she didn’t it would probably still be going on now.

I asked her if she thought her mom would be angry at her; “I wasn’t too sure what was going on. I knew that the person who did it was in trouble and I didn’t know what would happen for me.”

B. Self

Donna does not blame herself for the sexual abuse. ”uh uh, I know it's not my fault.”

Roles in Society

In terms of role distribution Donna commented that she thought society held moms and dads “fairly even.” We talked about how her

friends' families are and that it looks equal in their two parent families. She shared that she thought it should be equal and that it was really unfair to blame mom when she hadn't done the abuse.

Mother/Daughter Relationship

“We get along good, we have our disputes but we get along good.”

“Cause I always make a point of telling her what's going on in my life.”

This was in response to her relationship with her mother.

“Being there.” “Just someone to talk to when you're not with it.” “You go to her; she's just there to support you when you need it.”

I think the sharing of experiences plays a major role in the healing process. I am pleased to have been able to provide a vehicle in which this could happen. From doing the interviews and immersing myself in the data, I draw together recurrent themes from mothers and daughters described experiences, to inform the analysis. The analysis yields some unexpected information as well as supports existing literature.

Chapter Six

Analysis

I looked in depth at the transcripts of the interviews, the training manual for MCF, the literature, and I also drew on my own personal and professional experiences to aid in understanding mothers' and daughters' experiences to gain insight into the phenomenon of motherblaming. Within this chapter on data analysis, it is my intention to capture participants' experiences and feelings to shed light on the issue of motherblaming. I include comments about participants' lives and backgrounds, social worker data, and the mother/daughter relationship.

Data from interviews with participants were examined by referring to the interview questions, with an eye to the research question which asks about the experience of motherblaming for mothers and daughters during a sexual abuse investigation. As stated previously, I did not focus on the role social workers may have played in the mother/daughter relationship, but chose the participants' experiences of motherblaming as my focal point.

I. Nature of Services

In exploring the nature of service provided to mothers and daughters, I wanted to know information about the type of service, length of service,

and what resources, other than an investigating social worker, were received by the participants.

A. Length of Time for Service

I learned all participants were interviewed and monitored by one or more social workers over periods of time which varied from, two interviews, to an on average weekly contact for one year. When social workers did not have protection concerns, or if services were not placed in the home by social workers then the contact was very short; long enough to assess the home situation and conclude that there were no protection concerns. If services were in place in the home and the offender was also in the home, the contact was more frequent such as one home visit weekly and a telephone call once a week. Contact with MCF program services such as the Family Support Worker, was once a week.

B. Type of Service. Mother and Offender Monitoring

Services varied from case to case. Some families received contracted services, while others received services from programs offered within the Ministry. One family had contact with only a social worker and then referred herself and her daughter to the sexual abuse counselling centre.

In the Donald family, a Family Support Worker was provided by the Ministry, for counselling with both the mother and daughter, and also to aid

in dealing with a sibling's behaviour. The Family Support Worker was a position within the Ministry, and was replaced by non-profit contract services to deliver family support. The support workers spent time with the family answering questions, helping with the healing process, as well as preparing for the court process. Donna says the family support worker took her out sometimes, and other times they stayed at her house or went to the office. "She was nice and I could talk to her".

Group and family counselling was offered to the Brenden family, and Brenda was encouraged to receive counselling from a local mental health agency as well. Although the Brenden family received family counselling the younger son was not aware that his sister had been sexually abused or that his father was the offender.

The Alan family was not offered services other than the sexual abuse counselling centre which usually does not work with the family, and Alana was referred to Mental Health. Also, Alana was connected to the Reconnect worker.

Discussion I

The focus, by social workers, seems to be more concerned with the mothers' relationship with the offenders in the Alan and Brenden families, rather than the offenders' behaviour. No fathers were involved, other than in an initial meeting, in any of the ongoing processes. One offending stepfather remained in the Brenden home where the pressure on the mother and daughter was exacerbated by the social worker. Phone calls were made

to the home by social workers, to ensure the mother was following through on all expectations to keep the daughter safe. They did not offer her an alternative place to live, or individual counselling. Ms. Brenden was informed that the group for mothers was angry and volatile toward offenders and she would not feel welcomed by the members. There was no mention of how she could be financially supported to remain in the farm setting where they resided. There was no offer of help to plan for the animals they were raising.

Social workers did not monitor the father in the same manner as they monitored the mother in families where the offender remained in the home. They only checked to ensure he was attending his offender's group. He was not held responsible for not reoffending against his stepdaughter in terms of telling the mother and the social worker what he would do to keep her safe, that is when feeling sexual toward her, he would leave the family home. The father and daughter were in counselling and there was short-term family counselling. There was no effort made to determine where the family moved to, or if the daughter remained safe when the family moved before the completion of treatment.

In families when the offender remained in contact with the family, social worker attitudes toward mothers appeared to be different than when the mother didn't have any connection with the offender. Mothers did not experience motherblaming by social workers when the offender was not in the home, or not in contact with the family. They did not report feelings of being monitored or being held accountable. The mother, whose offender

also offended against her daughter, also did not experience motherblaming by social workers or the RCMP. Again, the offender was not in the home.

The above situation bears out the literature in the review which demonstrates how mothers are held accountable for their partners' actions and made to be the extended arm of the state to protect their daughters. This supports Krane's (1994) findings that mother protectors are constructed by the state and held accountable for their daughters' safety without any support or help. There was not an accountability process in place for the offender because of his actions.

When is sexual abuse automatically a criminal matter? It seems somewhat strange that the CAS in Ontario never informed the police that an assault had transpired and that neither the police nor child welfare agency, followed through when the offender moved before completing therapy. This was particularly surprising as the offender had been ordered to repeat the treatment a second time. Ms. Brenden did talk to the police to determine whether he had a prior record as he was married previously, and she had wondered about the relationship with the daughter from that relationship.

It appears there is little or no support in terms of services for mothers who choose to remain in the relationship, or for mothers who wish to support the alleged offender, as well as their daughters, in cases of sibling incest. These choices were experienced by the mothers as being wrong, and not in the best interest of their daughters. These mothers' decisions to remain in the relationship put their mothering and caring ability further into

question. They are not only being blamed for the initial abuse; they are now also judged for exposing their daughter to further risk. Krane (1994) says, “In the context of adult sexual abuse of children in its many forms, preoccupation with “incestuous families” prevailed” (p.50).

C. Social Workers

Ms. Alan, Ms. Brenden and Brenda recall having traumatic experiences, and place most of the blame on social workers. Ms. Brenden asked for a different worker, and Ms. Alan was assigned a different worker. All had repeated negative experiences. Ms. Alan’s social worker was male and Ms. Brenden and Brenda had two different female social workers; one was quite young and the other worker was described as ‘older’. In speaking about how social workers were responsible for making this experience traumatic, their stories include descriptions such as, “she pushed me to make decisions without any support”, and “no regard for my feelings or how I was going to manage”. Ms. Alan said things like, “I was not supposed to know what was going on with my son or my daughter. I was not given any support to help with the rest of the family and the stress. I was not allowed to be a mother to my son.” Brenda said she did not like the social workers because they were, “too bossy”, “too pushy”, and “they made my mom cry”.

Ms. Collins and Ms. Donald spoke of their involvement with social workers as being helpful. Ms. Donald was assigned a Family Support

Worker who was female, and Ms. Collins was involved in a limited way, with a male social worker, and a female worker, who may have been in training. Although Ms. Collins describes her experience as being positive and nonjudgemental, she speaks of her frustration with the slowness between the agencies such as, police/RCMP, MCF, and ministries in other provinces. There was importance placed by Donna in maintaining the same social worker throughout the case and Brenda thought it would have been easier to talk if her counsellor had been female.

Discussion II

There did not appear to be any significance placed on the gender of the social worker in terms of whether mothers and daughters experienced motherblaming. One of the mothers who experienced motherblaming had two female social workers and the other had male workers. Of the two mothers and daughters who did not experience motherblaming, each had a female and a male worker. There was a statement from one of the daughters saying that perhaps she would have found it easier to have a female counsellor.

I did not come across any literature indicating whether male or female social workers were more likely to engage in motherblaming. As well, this study does not clarify this issue.

II. How Mothers and Daughters Feel About Services

Feelings of Exposure; Fear of Judgement and Rejection

The feeling of being “exposed” or that “my life is like an open book” was a recurring theme throughout the stories from mothers and daughters, whether the participants experienced motherblaming or not. This theme is elaborated on later in the chapter. Fear of exposure was an experience shared by all participants, regardless of the province in which the abuse investigation had occurred. The involvement of social services and the police after social services did their initial investigation, was cited as particularly difficult. The difficulty related to telling the story yet again and reexperiencing feeling exposed. This speaks to the lack of integration of services which one participant found so frustrating.

My own experience as a worker with the Ministry, when requesting RCMP to accompany me for co-interviewing because of a sexual abuse disclosure, was that I should “go ahead with the interview”, and if I found anything they would “pick it up from there”. I found this practice difficult for me as the social worker, and more traumatic for the family/victim, as they would have to tell the story again and expose themselves.

All of the participants spoke of being afraid of exposure within their community and workplace due to fear of being rejected, and because they were feeling guilty and shameful. They also spoke about their fears of being rejected by extended family, which did happen in one of the families, and by professionals [the physician]. The daughters did not speak as

strongly about feelings of isolation. This phenomenon could be, in part, due to the fact that they were not the ones being held accountable by authority figures or society. Three of the daughters did speak about wondering if the sexual abuse was their fault. This supports the theory of internalized messages of roles, accountability, blame, and also the individualizing of a problem.

Mothers spoke of not being given information about the progress or status of their cases, and always felt like they were the last to know things. They were the ones who had to make the contact, whether with social workers, or other involved agencies. They experienced this as frustrating as well as scary. To not know what was happening was stressful and scary because of fear of repercussions from the offender or family members, or fear of abuse to other family members.

Social workers' caseloads are so high that it is impossible to keep all clients informed of each new detail. What is important to the client can become commonplace for the social worker. The high risk cases are given priority, and family service files can sometimes linger, with not much action. Again, I think this speaks to the organization of work being very isolating for both social worker and client.

I wonder if the participants who experienced motherblaming by some of the social workers, were recipients of the impact of powerless feelings experienced by those social workers working in a hierarchical, oppressive organization (Callahan and Attridge, 1991)? Those who are oppressed tend to oppress others. The participants' stories reveal other findings similar to work by such researchers as Conte (1984), Giaretto (1982) and Hutchinson

(1992) who conclude that although some social workers can respond to mothers' pain, social service intervention itself was found to be a major source of further trauma to both mother and child. It is not clear to me how some social workers can respond to client pain and others cannot. This study gives accounts of both experiences by participants.

III. Mother and Daughter Relationships

Within the mother/daughter relationships that are spoken of in terms of positive and supportive, Donna is in her late teens, and Colleen is 13. Brenda, who is angry at her mother, is in her late teens.

Ms. Collins and Colleen speak of the closeness that transpired because of the sharing which took place during the investigation, the counselling, and court preparation. They had been close before the disclosure, and by standing together throughout this experience, they became closer. Donna and Ms. Donald were very close, and had a very open communication. Colleen talks about knowing that her mother is there for her.

Ms. Brenden and Brenda, and Ms. Alan and Alana had very angry and tense relationships. Alana decided not to continue in the project. While Brenda does blame her mother for the state of their relationship, she does not blame her for the abuse. She is confused, and does not understand why her mother married the man who abused her, and had more children with him. Ms. Brenden did find the strength and courage, during the course of this project, to end the relationship.

Brenda's anger stems from being confused by her mother's actions, wanting to be supported and protected by her mother, and having little information about the context of her mother's life at the time she decided to remain in the relationship, and begin the process of reuniting the family through counselling. Ms. Brenden did put certain things in place to ensure her daughter's safety, such as counselling, work with social workers, and never leaving her daughter alone with her husband. She secured rides for her daughter to attend counselling, and arranged for her to go to her grandmother's home while things were being sorted out. This was not what the daughter needed to feel supported by her mother. Although she can speak about not blaming her mother for the abuse, she remains confused about her mother's decision to remain in the relationship. Brenda acts out her feelings in a very abusive manner toward her mother.

All mothers expressed fear that if their daughters did not blame them now, they would probably do so in the future. This fear appears founded in the face of one daughter's remarks about not ever letting her children come close to the person who abused her, as her mother had done. This statement was made by the younger daughter, Colleen, who has a very positive relationship with her mother. Perhaps conflict related to feelings that stem from this incident will surface at a later date. According to the literature, daughters do indeed experience a time of blaming the mother in sexual abuse cases (Sen and Daniluk, 1995).

A common theme among the daughters was that they wanted their mothers to pick up on their non-verbal clues that ‘something’ was going on. This statement is in contradiction to their expressed belief that parenting should be an equal job between mother and father. This supports work by Croghan and Miell (1995) and Sen and Daniluk (1995), which states that, women believe female caregivers are more accountable and responsible for family care. One daughter expressed fear of her father’s anger when she first disclosed the abuse. This is similar to social workers being more comfortable informing the mother rather than wanting to risk the possibility of facing the father’s anger.

The literature review speaks about daughters not having a social context in which to view behaviour (Croghan and Miell, 1995). The model, or the norm for the mother, is a two parent family where sexual abuse does not occur. Mothers believe they can and should ‘get it right’, so to speak, and then their daughters would not be abused. Personalizing and internalizing of responsibility for the abuse and the learned concept of caring, contributes to some mothers choosing to remain in the relationship in the hope that they will change and be better mothers, and that they can in turn change their partners if they care in the “right” way.

Financial hardship was not taken into account when looking at the mother’s decision to remain in the relationship. This is one of the social contexts rarely seen in the literature. If finances are spoken about, the mother is classified as being dependent, and needy; not able to support herself. Social workers do not seem to understand that, for some women,

leaving the relationship means losing everything. This results in severely limited ability to provide for the children they are responsible for protecting. Thus, they appear inadequate and incapable of parenting. Their parenting and ability to provide is placed in jeopardy through no fault of their own. Mothers are held accountable to provide and protect with little assistance or understanding.

Mothers who are receiving Income Assistance at the time their children are apprehended (taken into foster care and removed from the custody and guardianship of the parents) are in most cases penalized financially. Their Income Assistance cheque is reduced to that of a single person. These mothers cannot afford the rent of the family home, and must find cheaper accommodations. When the children are due to be returned, mothers find themselves in the position of not having adequate accommodation in which to raise the children, and so the children are not returned until suitable housing is in place. This causes the family to be separated for a longer period of time than is necessary. It is also very costly to the mother and the state to relocate, which includes moving costs such as trucks and labour, damage deposits and hook ups, and the replacing of furnishings. Additionally, many mothers have had to give up or sell family belongings, which they can no longer afford in order to accommodate a smaller living place. Sometimes the children lose precious mementos of their childhoods during this time. I have certainly witnessed families having to give up many significant family items, which were part of the family's history together. This experience once again places stress, burden

and blame on mothers, making a decision to end the relationship a costly one for both mothers and children.

IV. What Help Looked Like; Describing Support

Mothers and daughters used the term support when they talked about experiences of motherblaming. Support meant feeling understood, helped, their situation acknowledged, and not being judged in a negative manner or treated unfairly. I think it is important to remember not to speak in terms of positive or negative experiences and feelings when sexual abuse occurs within the family, particularly during an investigation. There are two situations which have generated feelings; one being the sexual abuse itself, and the other being the investigation. Feelings from each situation may be similar and may overlap, but usually vary in intensity. Mothers were not always aware of which situation created a particular feeling, or the depth of that feeling when there was an overlap. The feelings were present without knowing the source. The questions I asked and their reflections on the experience and feelings helped to clarify some of these emotions for them.

Ms. Collins and Ms. Donald believed they were supported or understood by social workers. Ms. Donald was from another province for the initial investigation, and was then in British Columbia for court preparation and the court process. Ms. Brenden and Ms. Alan believed the process was unsupportive and experienced motherblaming. Ms. Brenden was also from a different province for the investigation and treatment. The

province where the investigation took place does not seem to be a factor when looking at motherblaming as experienced by mothers and daughters.

Donna thought the social worker was very supportive and helpful, and Colleen did not interact with a social worker. Brenda spoke of her experience as being hard, unsupportive, and confusing. She also thought that perhaps the social worker blamed her mother.

Can social workers be helpful when mothers make decisions that the social worker can neither understand, tolerate nor agree? For example, if the mother cuts all ties with the offender, the social worker's attitude and treatment/services seem to be different than if the offender remains in contact with the family. I know from my own experience that social workers' jobs are more difficult when the offender remains in the home. This practice, which is influenced by motherblaming bias, seems contrary to what may be in the child's best interest and also to the mandate of MCF, which is to maintain the family unit. Personal values, or tolerance/intolerance on the part of the social worker should not dictate what type of service a family receives or how they are treated.

A. Other Helpful Strategies

Ms. Brenden, Ms. Alan, and Ms. Donald wanted more help in the form of a group or, "some place to be able to talk about the situation more." Most of the mothers wanted suggestions about how to deal with other

family members, both in the telling of the abuse, and in dealing with acting out behaviour. For example, telling one child that his father sexually abused his sister is likely to be upsetting for that child and could lead to some 'negative' behaviour. Brenda wasn't sure what she wanted, but knew she still wanted something. She was very upset at having to share her counsellor with her mother, and that while she said the male counsellor from Mental Health was "alright", and "helpful", it might have been easier to have talked with a female counsellor. Mothers expressed more concern over lack of resources than did the daughters. Perhaps this was because these mothers had a sense of responsibility and a desire to provide a counselling resource for their daughters.

There was a general desire for some type of service to help in understanding the abuse investigation process. The daughters also repeatedly expressed their confusion about not knowing what was going on, and being afraid. All participants were given information about the sexual abuse counselling agency where I sought participants. Social workers were referral agents to outside sources if clients were wishing other services. The focus for social workers was on child protection and when there weren't any protection concerns there isn't a mandate to provide other services, nor is there time for the social worker to do so. This supports my own experience that there was little room to do the hands on counselling or healing work.

Mothers wanted acknowledgement for the 'good' mothering they provided in a difficult situation. They wanted to hear about things they had

done ‘right’. They believed they would be treated with empathy and given guidance and support. Instead they were judged and held accountable for the abuse, and the further protection of their children. Mothers in this study did not experience being acknowledged for attending counselling sessions or ensuring their daughters attended, sometimes under extreme conditions and hardship. The literature review pointed to social workers not being sensitive to mothers’ needs for acknowledgement but instead, because of the organization of the work, and the restricted mandate of child welfare, social workers focused on mothers’ faults (Callahan & Attridge, 1991).

The literature review also said that mothers were not given credit or acknowledged for protecting their daughters by reporting the abuse, and that it was predominantly mothers who reported abuse (Gordon, 1988).

Mothers in this research were not given credit or acknowledgement by social workers or RCMP for protecting their daughters when in fact, all mothers in this study reported the abuse to the Ministry for Children and Families or appropriate child welfare agency.

They talked about needing reassurance that they were not going to “lose my kids”. The “horror stories” read in newspapers, were the only experiences some of the participants had of social workers or child welfare. This confusion, and fear of the unknown, for both mothers and daughters, can be frightening and produce feelings of victimization and powerlessness. This can impact mother/daughter relationships, and jeopardize service delivery.

V. The Experience of Isolation, Guilt and Shame

A recurrent, painful theme within the data, was the feeling of having to hide in the community, at work, and within the family, because of fear of judgement, and guilt. Ms. Alan did not know how to talk about her family at work, and remained outside the mainstream conversation with her colleagues. She could not join in and become part of her community at work, because of fears and shame. In the Brenden, Alan and Collins families, other immediate family members did not know about the current or the historical abuse, even when the offender was another family member. There was a struggle about how to tell others within the community, and how much to tell siblings or extended family. The Collins family did not 'keep the secret' from extended family, and was quite alienated from them. In fact, the extended family was very angry and sided with the offender. It is my experience that one of the responses of extended family members when hearing about incest, is to become protective of the offender. It is my opinion this happens because of a desire to maintain the family memories they have lived with and in which they believe. Incest challenges all family members to reflect upon their memories, and at times this may be quite painful. It is easier and perhaps safer to be angry at the victim, protect the offender, and maintain the status quo. Challenges to family myths also create a situation in which people are expected and pressured to become responsible and to take a stand, which may not always be comfortable. Hence, it is perhaps easier to defend/protect the offender. Silence and

isolation are, in part, products of the fear of anticipated or actualized rejection by society and /or authority, such as social workers, fathers or offenders, family and friends. This isolation, in turn, has a propensity to lead to feelings of guilt and shame. The fear of being held accountable for the abuse of their daughters by authority figures, by society, and by their daughters, now or in the future, did not appear to be related to the help received from social workers. Participants, both mothers and daughters, experienced feelings of fear of exposure and isolation due to the silencing imposed on themselves through fear.

A significant finding from the data is the impact that unaddressed shame appears to have in the healing process from sexual abuse within and between generations. Whether mother or child, the feeling of shame seemed to hold a prominent position for all. Many other feelings mask the feeling of shame. Shame can be buried deeply when the experience that engenders the shame is too painful to bear. Fear is one such feeling. All participants identified fear of rejection and isolation. Other identified areas of fear included the fear of feeling the shame, of being judged from a negative perspective, and being afraid to actually allow themselves to feel the degree or level of fear they were feeling. One can only permit these feelings to surface and begin healing when an element of safety exists. These feelings were not a holdover from the investigation, but from the actual incident of sexual abuse within the family, and a belief that they had failed as mothers and daughters.

Silence, and isolation often associated with shame can generate more fear and deeper shame. This shame permeates the relationships within the family, especially between the mother and daughter. The daughter carries forth the unresolved shame from both the sexual abuse and from her mother, into her adult relationships, and may pass this feeling onto her own children.

Conclusions

In exploring the research question of mothers' and daughters' experiences of motherblaming in sexual abuse investigations, data revealed that not all mothers and daughters experienced motherblaming. While it seems possible for social workers to be helpful, not all mothers and daughters experienced this assistance. One of the factors which seemed to influence social workers' attitudes toward mothers and service delivery was the relationship of the offender to the mother, and the continued relationship after disclosure. Whether, or not mothers had been the reporter of the abuse, or had taken steps to protect their daughters from further abuse did not seem to be relevant to social workers' attitudes.

The source of motherblaming for the mothers and daughters in this research came from social workers' words, actions or lack of them, and social worker attitudes. Also, a lack of resources to help deal with problems mothers faced, implied that their needs were not recognized. The ignoring of mothers' needs by a lack of resources further burdens mothers

and has the potential to set the stage for failure to protect, nurture or meet their daughters' needs; they will then be regarded as 'bad' mothers.

I also discovered that shame is an important issue when looking at sexual abuse, motherblaming and sexual abuse investigations. Service delivery is affected when shame is masked and expressed as anger, or depression. Shame can be debilitating, creating an unhealthy environment in which healthy self-esteem of children is hampered.

Finally, the study fits with the findings of Callahan and Attridge (1990). Amongst other findings, their study revealed how the organization of child welfare requires workers to make speedy assessments based upon mothers' capacity to protect children from future harm. Workers were required to record mothers' weaknesses and whether these were sufficient to merit removing their children through court processes. Workers were not asked to find areas of mothers' strengths nor praise them for behaviour. In fact, in doing so, workers might weaken their case for court action, if it was required in the future. These findings help explain the experience of the mothers in my study. Some thought that their positive actions were ignored by workers. My study also underlines the toll taken on mothers when their positive actions are not valued by social workers.

The next section will present a short literature review on shame. Definitions of shame, its impact on generational emotional well-being and its affects on service delivery as they relate to motherblaming in sexual abuse investigations will be explored.

Chapter Seven

Secrecy, Shame, Guilt and Isolation

Stemming from the data, my own experiences and the literature review, shame surfaces as an important aspect of motherblaming. It stems from my study that the impact of shame creates a climate that is conducive to ongoing emotional neglect of the child, which could in turn lead to ongoing generational, emotional abuse. When I refer to generational I am speaking to the cycle of shame passed from mother to daughter and onto her children.

The shame surrounding sexual abuse incidents and the investigation process, has an opportunity to surface during the interview process. This issue is difficult to address within an investigation because to do so requires an atmosphere of trust, which is almost impossible for the social worker to establish. Shame can be introduced and named however by the social worker, as one of the consequences of sexual abuse during the investigation stage. This finding raises the question of whether the child welfare mandate is being fulfilled when the issues of shame are not addressed as part of the investigation process, and subsequent services not offered to facilitate the healing process. Should these services be mandatory for all families who have experienced sexual abuse? A definitive answer is not possible from this study, the literature review, the data, and my own experiences strongly suggest that there is not enough emphasis placed on emotional wellness in

dealing with situations involving sexual abuse. I am also not meaning to imply that I know better than the client what they need. I am raising questions about service delivery and protection of mothers and children.

Had I been aware of the significance and importance of addressing shame at the investigation level, I would have asked more questions and elicited specific data from the participants about their experience with shame. What I include now in this part of the thesis is a small literature review of shame. I think it is appropriate to locate this literature review in this place within the study, because the phenomenon of shame arose out of the data. It is separate from the research question and exploration of motherblaming at the time of data collection. Placing it in this section of the thesis seems to be a natural progression in the journey of discovery.

While acknowledging that guilt is a very powerful and important dynamic of both motherblaming and sexual abuse I mention it only briefly while maintaining my focus on shame. The data reveal that shame is more prevalent and influential than guilt, and has the potential to maintain the abuse cycle, as well as effect service delivery.

Guilt and Shame

Definitions and Differences

Guilt is more concerned with forgiveness and centres around actions, whereas, shame seeks acceptance; acceptance of the self by the self, and acceptance by others (Wurmser, 1987; cited in Nathanson, 1992). While

guilt is a part of the sexual abuse, motherblaming scenario, it is my belief, based on personal and professional experiences, that it does not have the major impact that accompanies shame. Guilt, like shame leads to secrecy. When one is guilty, the action is hidden from others. When one feels shame, the awareness of feeling and action is sometimes denied to the self as well as to others (Scheinder, 1991). This is paradoxical because in order to gain forgiveness and acceptance one must expose oneself. However, to do so leaks the secret and exposes the self along with other feelings connected to the abuse. This in turn leads to isolation, deepens the feelings of guilt and shame, and perpetuates the cycle. So while guilt and shame seem to be connected, and both play a part in the sexual abuse scenario, I believe the more long lasting, more potential problem stems from shame, which alienates the self from the self. Because shame is hidden from the self as well as others, a part of the self is therefore unknown to the self.

There is both positive shame and negative shame (Schneider, 1991). The positive aspect of shame can be a behaviour motivating influence when it “convicts” you and convinces you that your behaviour needs changing. I use the word convict to emphasize that it is more than convincing you that your behaviour is wrong. “Convict” means you are guilty, and you feel guilty. It is the guilty feeling within your conscience that prods you to make changes. This type of shame does not damage the sense of self. Negative shame tends to focus on the self as bad and that is given as the reason for your behaviour. In referring to the literature review on the characteristics of mothers whose daughters have been abused, and to the mothers’ stories it

seems that the shame accompanying sexual abuse and motherblaming is of the negative type. Mothers are and feel blamed for the abuse of their children because they are 'bad' mothers and children feel that they are responsible for being abused because they are not worthy of being treated with respect.

Shame

Shame has been described as, "a perception of the self as bad, diminished, secret, concealed (Thrane, 1978); a triad of weakness, defectiveness, dirtiness (Wurmser, 1987); inclusive of such emotions as shyness, bashfulness, modesty (Nathanson, 1987); as an emotion experienced alone (Alonso & Rutan, 1988); a fear of loss of love (Lewis, 1971); and a defect or failure of the self leading to a decrease in narcissistic self-esteem" (Morrison, 1983; cited in James, 1992, p. 274-279).

Freud (1933) understood shame as inadequacy or as consisting of feminine qualities (cited in James, 1992). Erikson's eight stages of development, which are included in psychology (developmental theories) and social work curriculum, depicts the second developmental stage as autonomy versus shame or doubt. He contended that if the child cannot master this stage successfully by "standing on his own two feet and dealing with the developmental crises then the psychic energy was turned against the self, which in turn led to feelings of shame." Erikson went on to explain that when this turning of the psychic energy occurred, "...the child could

become confused, depressed by his/her lack of self-definition and begin to feel a sense of badness, inferiority and a fear of a loss of love if discovered” (James, 1992, p. 274; cited in Rutan (ed.) 1992).

Thrane (1978) refers to shame in regards to the socialization process. It is the goal of the child to be socially acceptable in the eyes of the parent. In succeeding in his/her goal the child masters the skills of self-control and power. If this goal is not reached it leads to shame because it means that the child is at fault or inadequate.

Schneider (1991), talks of shame being a derivative of fear; more specifically fear of social censure. Schneider also sees shame as having ambivalent qualities: that of being alienated from the better self and yet still loving that self. If a person feels shame it implies that the person cares and that shame therefore has within it the seeds of betterment. Schneider proposes that shame has two faces; one of positive shame as in self attention and consciousness raising, and one of pain, exposure and disgrace. To come to terms or cope with deep shame, outside support, such as that of a counsellor or therapist, is beneficial. To have the consciousness raised and then not have any means to come to terms with the pain, may create more trauma and more shame because one cannot deal with this amount of knowledge or pain in isolation. The two faces of shame have the potential to be fraught with pain and perhaps render the person immobile.

There is a struggle between attraction and withdrawal that occurs in shame. In shame there is both fear of the loss of the love

object, and fear of rejection—and attraction—a positive feeling toward the object and a desire to be united with it (Schneider, 1991: 112-113).

Schneider also says;

...disgrace shame is about exposure of some discrediting fact or quality. Shame manifests a person's intense desire for concealment from a painful and unsupported exposure, which is felt to threaten the dissolution of a relationship (p. 36).

Jean-Paul Sartre speaks of shame as; "...the recognition of the fact that indeed I am that object which the Other is looking at and judging" (p. 32; cited in Schneider, 1977).

Feminist Definition of Shame

Middleton-Moz' (1990) definition of shame and debilitating shame echoes through other feminist researchers and practitioners such as Brautigam Evans and Rich. "Shame is a feeling deep within our being that makes us want to hide...We suddenly feel overwhelmed and self conscious" (Moz, 1990; p. 14).

She goes on to say that,

The feeling of shame is of being exposed, visible and examined by a critical other. It is the sense that the examination has found the self to be imperfect and unworthy in every way. We hang our

heads, stoop our shoulders and curve inward as if trying to make ourselves invisible (Middleton-Moz, 1990; p. 14).

Lynd (1961) extends Moz' (1990) thoughts and offers this thought about shame,

Shame is the outcome, not only of exposing oneself to another person, but of the exposure of oneself to parts of the self that one has not recognized and whose existence one is reluctant to admit (Lynd, 1961, p. 31; as found in Moz, p. 14).

Shame supposes that one is completely exposed and conscious of being looked at...One is visible and not ready to be visible (Erikson, 1959, p. 65-68).

This last quote addresses the question of mandatory services, given that one is reluctant to admit to having shame.

Middleton-Moz (1990) also says,

The anxiety we experience in shame relates to the potential isolation and abandonment. If we do not meet the expectations of valued others, we risk their rejection (p. 15).

Middleton-Moz (1990) defines debilitating shame as,

...an isolating experience that makes us think we are completely alone and unique in our unlovability. Debilitating shame is a state of self-devaluation that is comparable to little else. It makes us feel that life is happening to us and that we are helpless in the wake of that happening (p. 16).

Moz says that when we experience shame we lose our perspective on reality and that we internalize the shame we feel about a mistake instead of feeling temporary shame. In the internalizing process we come to believe that we are unique in that mistake, in fact we are the mistake which creates a more permanent shame until it is dealt with.

The shame that is felt by mothers who believe that they have failed in their job/duty as mother can be very devastating and immobilizing. The added fear of being judged by someone who has authority to remove your child creates even more silence, isolation, and shame. Silencing oneself is a way of managing the fear and hiding the shame.

I wonder how many mothers believe that “life is happening to them” in the wake of a sexual abuse investigation and face further shame for not feeling more in control.

Shame as an Immobilizing Factor

James (1992) says that many of the disorders of our age are founded on the experience of shame and that it is very easily mistaken and given the diagnosis of depression. Depression is often the mask for shame, and one of the features of depression is lethargy, which leaves the person not only physically immobilized but emotionally incapacitated as well.

The experience of shame can range from a sudden stab of emotion to a chronic state of being that is based on the belief that we are deeply inadequate (Evans, 1994, p. 16).

There is also the dynamic of feeling ashamed of feeling shame. Shame can become not just what we feel, but who we are. As stated earlier, we believe that we are the mistake or the behaviour, that it is unique to us. Shame turns us against ourselves as we internalize the feelings of shame and the belief of inadequacy. It eats away at our sense of self-worth (Brautigam Evans, 1991). Brautigam Evans says we hide our pain because we fear there are many places where we may be confronted by our inadequacies and because we want to appear “normal”. The very nature of shame leaves us isolated and alienated, and so, we keep our deepest selves hidden. Shame itself is also very hard to communicate and leaves us feeling very vulnerable.

I believe the women in this research project were suffering under the legacy of shame, and had a very difficult time even articulating it and so could not ask for help.

Implications and Impact of Shame on Service Delivery

Because shame can be masked in its outward appearance it is easily overlooked or mislabelled. The allocation of services is often based on this mislabelling and/or other outward behaviors. This section will look at some of the ways shame can hinder service delivery.

Often shame engenders aggression as a defense against the anxiety of being exposed. Further, the literature review reveals that shame manifests itself as depression and therefore is not addressed or given adequate service;

again silenced voices that perpetuate the cycle of shame, silence, and isolation having an impact on family dynamics and child development.

“The recovery from any shameful affect requires going public and being able to discuss the incest in detail, thus breaking the secrecy and isolation” (S.R. James, 1992, p. 280; cited in Rutan (ed.) 1992). “The ‘patients’ resistance to issues surrounding shame have in many instances proven to be quite formidable, ranging from passive withdrawal to rebellious acting out” (James, 1992, p. 273; cited in Rutan (ed.) 1992). I believe there is opportunity to set the stage for ongoing healing from shame by addressing it during the investigation process. It is important to know what forms shame can take so social workers can become more sensitive to behaviours which may be symptomatic of shame rather than anger or hostility. Enhances understanding of shame and its many manifestations increase the likelihood that appropriate service will be recommended.

Alonso & Rutan (1988) state; “Reduction of shame sets the stage for better integration of self and a subsequent increase in self-esteem that is crucial in furthering development” (p. 276). It stands to reason that parental healing from shame would have a healthy impact on the esteem of the children, therefore contributing to the reduction of generational emotional neglect.

Morrison (1984) recommends that the clinician “...recognize, acknowledge, accept and investigate the patients’ “shame” ”(p. 280). Symonds (1980) speaks to the theory that the lack of response leads to second injury which he defines as occurring when no assistance is

forthcoming from agencies the individual has turned to for help and from whom she has a right to expect help. Butler (1980; as cited in Courtois, 1988) further conceptualized this second injury for sexual abuse victims as four levels of betrayal:

- (1) the abuse itself and the betrayal by the relative/perpetrator;
- (2) non-response by the non-offending parent or other relatives or friends;
- (3) non-response by such professionals as teachers, counsellors, social workers, nurses and doctors; and
- (4) betrayal of the self, when the child denies her own reality and experience in order to cope (p.9).

Butler (1980) says it is at the fourth level where the child blames herself for having caused the situation, since there is no other explanation or assistance being offered and blaming the parent is too threatening. He states that the repeated abuse, lack of validation and assistance from others leads to the “development of a shame-based identity” (p. 9).

Shame can often be the foundation of other themes surrounding the incest or sexual abuse incident such as mother/daughter conflict, mother/daughter defensiveness and hostility, drug/alcohol abuse, divorce or separation and generational emotional neglect. The mask of shame can also create the same characteristics as those given to mothers who are considered passive, weak, dependent, and collusive. Shame destroys self-worth, feelings of competency and adequacy, and has the ability to make one appear lethargic and unconcerned. The mask can also allow mothers to present as very in control and capable; not in need of services. Social

workers need to be aware of these dynamics when assessing mothers abilities and capabilities to determine service.

Chapter Eight

Questions, Conclusions, Recommendations and Implications for Change

Women have had a long history of being silenced, and have had few opportunities to speak about services they have received from public agencies, or the impact of this service. Sometimes the only one a woman has to share her experience with is a counsellor. The notion of ‘not being the only one’ or, healing from being witnessed through sharing of the experience with a peer group, is rarely available most times to most women. Speaking provides an opportunity for us to give meaning to our experiences. The data collected from talk in this research are coming from silenced voices. Having a voice can play an important part in the process involved in healing from shame. Speaking and sharing also allow for reflection. With this reflection comes the opportunity for self acceptance as well as acceptance from others.

Reflection occurs when the oral and written forms of language are passed back and forth between persons who both speak and listen, or read and write. The interchanges of sharing, expanding, and reflecting on each others’ experiences, lead to ways of knowing, which in turn enable individuals to enter into the social and intellectual life of their community (Belenky et al, 1986).

Girls are taught at a young age that there are acceptable forums and arenas within which they may legitimately participate. Women learn forms

of communication which keep them silent about their reality, which in turn causes isolation, and a tendency to individualize the problem or issue, leading to further shame and isolation. The sharing of voices within this research allows for healing which comes in part, from connecting an internal with an external reality.

Our research documented the initiation of girls into the psychological divisions that are familiar to women: the coming not to know what one knows, the difficulty in hearing or listening to one's voice, the disconnection between mind, body, thoughts and feelings, and the use of one's own voice to cover over rather than to convey one's inner world, so that relationships no longer provide channels for exploring the connections between one's inner life and the world of others. (Gilligan, 1982, p. xxi).

I think the above quote aptly describes the confusion and self-doubting, the hiding, and subsequent shaming and isolation of mothers' experiences. This is amplified when they are told by perceived and legitimized authority figures that their expressions of caring, and how they mother is not 'good enough'. The lens through which mothering and caring is viewed is very narrow, limited, and limiting. It allows little or no room to demonstrate caring other than in a prescribed, legitimized form based in societal values of right and wrong.

Meeting Mother and Child Needs

Based on my own experiences, reading the literature, and from listening to the participants, I am again reminded that policies which do not

meet the needs of the mother, do not meet the needs of children, and therefore do not meet the requirements of the mandate of child protection. I become distressed when I hear social workers today say, “I am not keeping that homemaker involved. She is not there for the child, and I’m not paying for mom just to have someone to connect with.” Do social workers really believe that to not meet the mothers’ needs is in the best interests of the children? Do they consider meeting the mothers’ needs as a waste of resources? What is affecting social workers’ attitudes and judgements in this type of thinking and practice? Is this personal bias, theoretical bias, lack of resources, or just being too overworked to take the necessary time to reflect on one’s practice or all of the above?

The women in this study had a difficult time meeting everyone’s needs, and at the same time healing themselves, being honest with everyone, and above all keeping the children safe. Mothers learn how to do a balancing act born out of the demands of mother love.

Babies’ needs are ever changing, ever unpredictable, and at times ever so difficult to read. It is perfectly natural to become furious with someone who constantly deprives you of your right to peaceful existence, but when that someone is your child, you must juggle your feelings of maternal affection with your pangs of anger and guilt. Mothers who have exclusive care of their infants despair over this inescapable antagonism everyday of their lives. Thus begins the balancing act that mother love demands (Goldberg, 1993, p. 130).

Goldberg also says “...mother love seems to have greater burdens placed on it than any other type of love,” (p. 119). How does one mother

support and love her son when he was the alleged offender of her daughter? How does she support her daughter when there are many financial responsibilities and she has little or no support? How does she support her daughter when the daughter is so angry and abusive? How does she get support when she feels so ashamed and afraid to speak about what has happened in her family? The belief that she is supposed to know how to do these things, and that she has somehow failed becomes another burden, and creates yet another dynamic between mother and daughter. This burden is shame and it shapes the relationships and dynamics within the family.

From the literature review on shame, we learned about the many fears and masks associated with shame. In motherblaming, mothers are very afraid, with reason, that they are only going to be seen as someone who has let their children be abused. This coincides with wanting acknowledgement for good mothering.

The fear of being exposed, and being exposed before one is ready is very real, and important. The exposure timing is an eloquent part of the healing process. More traumatization can occur by over exposure than by the shame itself. The process of exposing and healing from shame must be done over time, and with a therapist. However, the idea of shame can be introduced at the investigation level, without getting into the specific issues and feelings; without having the client disclose before she is ready.

Shame plays a large role in the relationship between mother and daughter, and I think unaddressed shame has the potential for leaving the child in an environment that is less than emotionally healthy. This climate

contributes to generational emotional neglect. I say this because unaddressed shame becomes passed onto the daughter and she in turn passes it onto her children. The acting out behaviour in both the mother and the daughter, and possibly other family members, places children at risk for coming into care, or being abused, which serves to separate and further isolate family members. The family also must deal with the feelings, usually shame, of having a child in care. This service leads to more shame and the cycle continues.

Recommendations for Change Within the Ministry Training Manual

While the term ‘support’ is part of the training manual it can be open to interpretation, and services are then created and based in that interpretation. Social workers need to examine their biases and the effect they may have on service delivery. Maybe this is an area that would lend itself well for ongoing discussions at staff meetings.

Policies within the Ministry would more clearly hold both parents responsible for childrearing and make the other parent more visible if practices such as having files only in the mother’s name were discontinued. The policy regarding informing parents of when their child had been interviewed could read as “inform both parents except when one of the parents is the alleged abuser” ensuring a message of equal responsibility was being given by the Ministry to both parents.

Mothers need to be taken out of the realm of the ‘last vestige of God’ when it concerns parenting and responsibility. They need distance from all the physical and emotional demands and the unrealistic expectations of society but “...most of all she needs distance from the unrealistic expectations that she herself carries about her responsibilities and commitments” (Goldberg, 1993, p. 129).

Reflections

This research attempts to give voice to mothers and daughters, and to make visible some of the areas where the Ministry for Children and Families contributes to the experience of motherblaming. Lips (1991; cited in Miller, 1995) points out,

...even if no one wants to maintain things as they are...the institutionalized power relations help to maintain a general system of power, such as gender power relations, because they help to make the system invisible, like water to a fish (p. 11).

It seems ironic that the institution which has been charged with protecting children is also the same one which operates within policies and practices which counter that mission. For example, it makes little sense to base the number of social workers in any office on the number of children in care. If the number of children in care decreases then the office loses

some of its social workers. The office may have many family service files however they do not generate FTE'S. This seems to be in contradiction to the mandate of keeping the family together and protecting children.

Implications for Practice

To address the issue of child protection in a sexual abuse case, the social worker must address the roles of mother and explore her feelings of shame which results in believing that she has failed in her mission to provide adequately for her child. Social workers must also evaluate their own attitudes, and practice for motherblaming bias. Further they must challenge motherblaming policies and practices, in order to effect change within social work.

Another change in social work practice that arises from the data, is to provide information about the investigation process to both mothers and daughters. At the time of the initial investigation, clients may be experiencing feelings that impede information retention. Social workers may have to give information more than once. Clients need to be contacted and informed on a regular basis as to the status of the investigation.

Files opened in both parents' name is a physical change that makes both parents visible to the professional, either social worker or financial assistance worker, who is handling the file.

Clients on Income Assistance who have their children brought into care, need to maintain their income in order to have their children returned.

They need to be able to maintain a residence that is suitable for their children.

Social workers need to inform clients of their strengths and the positive aspects of their parenting. This acknowledgement of seeing the parent as a whole person makes strides in lessening the shame of the mother, as one of her fears is that she will only be seen as someone who is a failure or incompetent, as seen in the chapter on shame.

The procedure used to determine the number of social workers assigned to a MCF offices needs to be changed to give value to family service files. It seems like a punishment to lose a worker because children are not being brought into care. It may take more work to keep a child safe and out of care, which upholds the MCF mandate, than it does to remove a child.

A review is needed to explore the protocols for MCF and RCMP regarding joint investigations. It is important that these services be coordinated. There seems to be a breakdown in the follow through of the existing protocol in the Inter Ministerial Handbook.

Policymakers need to be aware of their own motherblaming attitudes which may be reflected within policies and how these attitudes then impact practice. Social workers need to be aware of their own biases and how they influence their service delivery and treatment of clients.

Implications For Further Research

From this study I would be interested in pursuing with social workers their experiences of motherblaming. How they think or believe they hold mothers accountable or conversely how they support mothers. I would also be interested in looking at what factors contribute to whether social workers do provide or are able to provide, acknowledgement or understanding. Further research into shame experienced by mothers could also be relevant to change service delivery and assist families where sexual abuse has occurred. I would be very interested in interviewing policymakers about motherblaming policies or even to explore their thoughts and awareness of the whole issue of motherblaming.

Conclusions

While this research described mothers' and daughters' experiences of motherblaming within a sexual abuse investigation, I am left with some questions after completing this project. I often wondered when I was a social worker with the Ministry, why we, as social workers, would be asked for input on a certain issue and it was never acted on. The social workers doing the front line work, and implementing policies, for the most part know why those policies don't work, and how they could be changed so they do meet needs of both client and worker. I have also been reminded of

how very much policies and practices keep social workers overworked, isolated and silenced; much the same as the mothers on our caseloads. It seems to me that Social Workers' practice seems to be driven by fear; more today even than when I was employed by the Ministry. Fear of making a mistake, fear of not being right. One mistake could mean a child's life and/or your career. Social workers are also victims of the horror stories perpetuated by the media. I think they are aware only too well that they could have been the social worker in any one of those cases. Social workers cannot talk about these feelings very openly to the press or society in general. The Ministry does not provide an avenue for stress debriefing, or for challenging the organization of the work, except through the Employees Assistance Program, which the Ministry has access to. Social workers are expected to deliver beneficial, 'good' service to clients while working within guidelines which make it difficult to do so, and while being treated as objects of service. Mothers, likewise, are expected to do their job whether they have adequate support, skills, or resources to establish or maintain the expected standard of care.

Motherblaming remains alive within education, training, policies and practices. Feminist thinking and research is slowly making inroads in attitudes and practices. Until this trend increases mothers will continue to be held accountable for their partners' actions and for the sole protection of their children. We not only make women/mothers more visible with present policies, we make invisible men/fathers and their actions, whether they be

positive or negative. We need policies and practices which make both parents visible, not just the mother as an unpaid, unvalued burdened extension of child welfare protection services.

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Appendix I

Guidelines for Interviews (partial document)

RAY CHAPMAN, M.S.W. R.S.W

February 1985

As a child protection worker, interviewing the non-offending mother in a sexual abuse case is pivotal in your decision making progress.

Your goals in the interview are:

- 1) To maintain a mother focused interview, allowing mother to explore her conflict of divided loyalties;
- 2) To assess mother's role in the family unit;
- 3) To assess mother's ability to protect her child.

Dynamic: Abused as a child (Summit)

Issues for Non-Offending Parent:

Own victimization, self blame and guilt.

Samples of Questions to ask Client:

- New area of discussion, something people never talked about before.
- Statistics show 1 in 4 women (or 1 in 3) were sexually abused as a child.
- Often times when this happens to a child, it may bring back something that happened to you, or ...
- From what you are telling me, I wonder if someone touched you when you were a child, in a way that made you uncomfortable, do you want to tell me about it?

Dynamic: Absent (Summit)

Issues for Non-Offending Parent:

Guilt.

Samples of Questions to ask Client:

- Focus with awareness of content from child interview.
- Are there any times when the child and offender are alone together?
- What are work schedules, before and after school care arrangements, bedtime routines, sleep patterns?
- Recognize to them that it is normal in families that these opportunities occur, and unrealistic to have expected you to always be there.
- Note if response is "I never leave him alone with the children" (why; violence or concerns).
- Note perfectly possible for it to have occurred when everyone home, not unusual.

Appendix II

RESEARCH INTRODUCTION FOR PARTICIPANTS

I am calling on behalf of a student in the Master's program of Social Work at U. of Victoria. She is interested in speaking with mothers and daughters who have been involved with Social Services because of sexual abuse of the daughter. She is not interested in the details of the abuse but, will be more focused on the feelings and thoughts about your involvement with the Ministry of Social Services. The primary purpose of this research is to give this target group a voice in the literature, as women in particular tend to be silenced in this area and to have a voice could be very empowering as well as shed some new light in this area.

This information would remain confidential and you would see the information pertaining to your situation before it is written in thesis form.

The researcher is undertaking this project to better understand what happens, from a mother/daughter point of view, during sexual abuse investigations and what, if any, changes could be recommended to improve or strengthen services.

Appendix III

CONSENT: RELEASE OF INFORMATION

Researcher: Sharon Priest
Masters candidate; FHSD, Social Work,
University of Victoria.

I hereby give consent to Lynda Edmonds, of Nanaimo Family Life Association, to give my name and my daughter _____'s name and phone number to Sharon Priest, who is conducting research for her Master's thesis. I am willing to be a participant in this research and to be contacted directly by the researcher.

Family Life Association
Lynda Edmonds

Participant
Guardian

Appendix IV

RESEARCH INFORMATION

I am focusing my research on the area of motherblaming in regards to child sexual abuse investigations by Social Services. The primary purpose of this endeavour is to give mothers and daughters a vehicle to have a voice to share their experiences and insights with others.

Literature informs us that social workers are biased due to their training and that this bias towards motherblaming is maintained by policies within child protection services. There is also literature which states that women are held accountable for the nurturing, raising and protecting of children within the private realm of the family.

I would like to understand, in greater depth, the experience of being involved with social services because of sexual abuse of the daughter. I am interested in exploring with mothers their feelings of blame, whether that is self blame, feelings of blame from society or the investigation. I want to understand if daughters hold themselves or their mothers accountable for the abuse and what, if any, role Social Services played in these feelings.

Appendix V

PARTICIPANT CONSENT FORM

I consent to be involved in research being conducted by Sharon Priest. I understand and consent to the information being used for the purpose of a masters thesis.

I am of the understanding that the nature of the research is looking at my/our involvement with social services.

I also understand that transcripts from interviews will be given to me when they have been transcribed. I have the right to delete any information which could be identifying. I will then receive a copy of the changed transcript.

It has been explained to me that I can withdraw from this involvement at any time without negative consequences and, if so, that the information will not be used. This information will be destroyed.

I am aware and give my daughter _____ permission to participate in this project if she so chooses. I also give her my permission to be involved even if I choose to withdraw.

DATE _____

participant signature

DATE _____

guardian signature

DATE _____

researcher signature

INFORMATION FOR PARTICIPANTS

I am interested in exploring with mothers and daughters their experiences of being involved with social services due to sexual abuse. This information will be used by the researcher to fulfill the requirements of a thesis for a Masters degree in Social Work from the University of Victoria.

I will be conducting individual interviews with mothers and daughters to understand their involvement with Social Services. These interviews will remain confidential and all identifying information will be removed before it is written into the thesis. Each participant will receive a copy of the transcript and may make changes to ensure anonymity. The participants will then receive a revised copy. The tapes will be destroyed and the participant will be notified of this upon completion of the thesis.

All participation in this project is entirely voluntary and each participant has the right to withdraw from the project at any time without negative consequences. If a participant chooses to withdraw, information that had been gathered will not be used.

I want each participant to be aware of the possibility of negative side effects of talking about and perhaps disturbing painful memories. I will be able to refer participants back to the referring agency for further counselling if this is desired by the participant. I am aware of the sensitive issues and will be alert for signs of pain and grief.

The findings of the research will belong to the researcher but, I am willing to share these with any or all of the participants. Copies of these findings may be distributed to various interested organizations such as Social Services, and any womens' organization. This thesis will be published and available for others to read. At no time in the process will it be possible to identify a participant in the research. Participants will remain anonymous in all written reports.

Appendix VI

RESEARCH QUESTIONS

I am most interested in hearing the stories of mothers and daughters about their experience of being involved with social services. I do not anticipate following a question format as I think that their narratives will provide me with the information I require. I am prepared to ask and prod to obtain this information but in my experience of interviewing I have generally found little need for direct questions in the manner which I have written out for this proposal.

When doing qualitative research the data collected during the interview contributes to the formulation of further questions.

I am interested in looking at four areas;

The first area being what was the nature of the service provided? Examples of questions in this area would be:

1. Were you involved with social services because of the sexual abuse of your daughter?
2. When was this involvement? How long ago?
3. How old was your daughter at the time of the involvement?
4. Was the offender a family member? I do not want a name. I only want to know if it was a family member or someone outside the family.
5. Was your social worker a male or female?
6. How many times did you meet with your social worker?
7. Over what period of time were you involved with social services?
8. Do you have any idea of the age of your social worker?
9. Did you have the same worker throughout your involvement?

The second area I am interested in is how mothers and daughters feel about the service they received. Some example questions are listed below.

1. Can you remember any feelings about being involved with social services and if so can you share them with me?
2. Did you need anything that you did not receive at the time and thought it was social services responsibility to provide that service?
3. Will you share some of the impact that the abuse and the investigation has had on you?
4. Do you have any suggestions or insights into what could be done differently during this process?

The third area is concerned with how mothers and daughters saw their relationship throughout this time? Some questions are outlined below.

1. Will you share your thoughts and feelings about how you understand your role as parent and protector?
2. I am interested in your ideas and feelings about your relationship with your daughter/mother both during the involvement and at the present time.

And lastly, area number four, with example questions:

1. Can you share with me what it has been like for you to be a part of this study?
2. Are there any ways I could have been more supportive?
3. Do you have any questions you would like to ask or areas you think are important to talk about?
4. Do you have any suggestions for further research?
5. Is there anything further you would like to add?

I am not interested in the details of the abuse nor the identity of the offender. I know that this is a sensitive area and that I may be opening old wounds. I will talk about this with each participant before beginning the interviews and together we can install a safety plan to deal with these feelings and issues (ie; call to counsellor from referring agency for intervention).

Appendix VII

THE RESEARCH JOURNEY

This research began seven years ago and emerged from my own personal and professional experience in child welfare practice. In my own practice I had experienced the motherblaming possibilities inherent in child welfare. During the courses in my graduate program I began to reflect more and more on how mothers and daughters felt to be investigated by social workers. I had never asked them.

My early literature review revealed very little research aimed at revealing clients' experience in child welfare and nothing about mothers' and daughters' experiences of sexual abuse investigations. I thought that it would be useful to do an exploratory study that attempted to capture those experiences. Although motherblaming was on my mind, I was unsure whether it was the only phenomenon to explore, given the lack of other research. My research questions reflected my original aim, to gather the wide range of experiences and develop some understanding about my next steps from this initial inquiry.

Delays occurred during the course of the research, one related to finding an appropriate agency and negotiating approval from both the university and the agency. As I worked my way through the process of implementing the research, my attention was focused upon completing it. During this period, several important works were published including Carter (1993), Swift (1991, 1995), and Krane (1994). These authors revealed the preponderance of motherblaming in child protection investigations and how it is experienced by women. By the time that I read these works, I had already collected my data. I did not have the time and resources to ask further questions of my subjects. However, my original questions had revealed a great deal of information. Many times participants had used the opportunity of the research interview to talk in depth about the whole experience and their deep feelings about what had happened to them.

I realized that another opportunity presented itself. Neither Swift nor Krane had looked at daughters' experiences. I also had sufficient data to compare my findings to theirs. It was clear, upon reflection, that motherblaming was my phenomenon of concern and that my data was rich enough to add to the findings of others.

Looking back upon my experience, I realize the difficulty in sustaining a focus over a long period of time, particularly when working full time at other jobs. I also realize that my study opened new doors to my thinking, and hopefully, to others. For me, the phenomenon of motherblaming has been greatly enriched by my understanding of the part played by shame, how it is reinforced by the process of investigation and in turn, how it plays a large part in convincing women that sexual abuse is their responsibility. At the same time, shame does not allow women and daughters to challenge motherblaming or reveal other feelings about their experiences.

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