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I am submitting herewith a dissertation written by Kimberly Sue Bolton entitled "Parent-Daughter Relationships in Abusive Families as Perceived by Adult Female Survivors of Childhood Abuse." I have examined the final paper copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Nursing.

Joanne Hall, Major Professor

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Parent-Daughter Relationships in Abusive Families as Perceived by Adult Female Survivors of Childhood Abuse

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Doctor of Philosophy Degree

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Kimberly Sue Bolton

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ABSTRACT

The numbers of children who suffer childhood abuse are in the millions. A great percentage of this childhood abuse occurs within the family of origin and takes place within the child's own home. Parents who are supposed to love and protect their children are most commonly the abusers of children with consequent mental health outcomes for children. Secrecy and societal denial are obstacles to these children being helped at the time of abuse; often emotional and social problems extend into adulthood. The girl abused in her own family does not have the usual experience of her parents as loving and protective.

The purpose of this existential phenomenological study was to examine the meaning of the experience of the parent-daughter relationship as perceived by adult women survivors of childhood abuse. This was a secondary analysis of data from a study of women surviving childhood maltreatment (physical, emotional, verbal, sexual abuse and/or neglect). The sample consisted of 14 participants who had completed a total of three open-ended interviews over 6-12 months.

These narratives were analyzed by the researcher for common themes and patterns of experience with parents, occurring in childhood and onward through middle age. The thematic structure consisted of four interrelated themes about parent-child interactions. These themes are (1) *nobody to know or care*; (2) *the ultimate betrayal*; (3) *deception of appearances*; and (4) *they respect me now*. These themes were situated within the contextual grounds of world and others. World was represented by places the participants described as safe, unsafe, or ruined. Others was represented the intermittent kindly attention and positive affirmation to the participants by individuals who were not

members of the immediate family, including teachers, mentors, health care professionals, and husbands.

These themes, which illustrate the experience of the parent-daughter relationship in these participants, are supported within extant literature on abuse within families. Finkelhor (1995) illustrates the betrayal that children feel towards their parents when they are not protected from abuse or violence. Paavilainen & Åstedt-Kurki (2003) have found through their research that families with abusive dynamics have lost the capacity for caring and nurturing. Gries (2000) and Herman (1992) are quick to point out that abuse within families is a well-kept secret from the outside world.

This study was valuable in that through understanding the parent-daughter relationships as perceived by these participants, many implications for nursing practice, education, and research are illuminated. Research implications include repeating this study on different cultural groups of women, repeating this study with men to get a perception of the parent-son relationships in abusive families, and repeating this study with non-abused, healthy children to enrich our understanding of the parent-child relationships and provide a basis of normality within family interactions. Implications for nursing practice and education include design of and implementation of new parenting classes emphasizing the changing role of the father within the family, incorporating classes into nursing curriculum that provide more in-depth information regarding the complexities of families and family development, and more clinical opportunities to work with families in difficult situations.

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CHAPTER I

INTRODUCTION

Introduction

Families are considered the most fundamental social group within our society (The American Heritage Dictionary of the English Language, 2000; Loseke, 2005). Members of the family often share moral and social values; learn how to interact with members of the larger society, and love and support each other (Edgar, 2004; Loseke). Unfortunately, not all children are living in optimal family environments where moral and social values are taught or love, support, and protection of the child are practiced. In the United States, approximately 5 million children were the victims of abuse or neglect in 2004 (National Clearing House on Child Abuse and Neglect, 2005). Based on this statistic, one must ask: Why is the social group known as family no longer protecting its children?

Researchers have been attempting to answer that question and others related to family violence and child abuse since the 1970s. Researchers have studied the effects of child abuse or maltreatment on subsequent psychopathology (Gelles, 1973; Jaffe, Wolfe, Wilson, & Zak, 1986); peer interactions (Camras & Rappaport, 1993; George & Main, 1979; Jacobson & Straker; 1982); school functioning (Eckenrode, Laird, & Doris, 1993; Kurtz, Gaudin, Wodarski, & Howing, 1993; Leiter & Johnsen, 1994) and developmental or cognitive outcomes (Augoustinos, 1987; Cerezo & Frias, 1994; Egeland, Sroufe, & Erickson, 1983). In addition, researchers have been attempting to define problems within the family unit that may be predictive of child abuse or maltreatment. This line of

investigation has led to research on family functioning (Paavilainen & Astedt-Kurki, 2003; Wilson, Daly, & Weghorst, 1980); family characteristics or risk for violence (Daly & Wilson, 1985; Finkelhor, Hotaling, Lewis, & Smith, 1990; O'Keefe, 1995) and theories designed to explain family violence and child abuse (Belsky, 1980; Howe, Dooley, & Hinings, 2000; Parker & Parker, 1986). As of yet, researchers have not devoted time to examining the relationships of abused children and their parents or attempted to explain why the parents are not fulfilling their role of protector within the family unit.

This study was a secondary analysis of data from the NIH RO1 study of Dr. Joanne Hall regarding *women survivors of childhood maltreatment*. All participants experienced egregious abuse, most reporting multiple types. This study examined the interview transcripts to develop a description of relationships between parents and daughters in abusive families as perceived by the adult female survivors. Because the original study focused on how the women managed to survive and/or thrive despite abuse, there was no aim of fully elucidating the parent-daughter relationships. Thus this research asked a new question of the data. This chapter will discuss the scope of the problem, the purpose and significance of the study, the research question, describe the theoretical perspective, and provide definitions pertinent to the study, as well as the limitations and delimitations of the study. The next section will discuss the scope of the problem.

Scope of the Problem

Millions of children are often subjected to some form of abuse each year, some children receiving this abuse from their parents (Giant & Vartanian, 2003). Being subjected to parental abuse during childhood has been shown by researchers to have negative psychological and physiological effects such as decreased self-esteem, social isolation, impaired peer interaction, post-traumatic stress disorder (PTSD), depression, and aggression (Elliot & Carnes, 2001; Giant, & Vartanian; Jaffe, Wolfe, Wilson, & Zak, 1986). In addition, children may become distrustful of adults or develop insecure attachments to their caregivers (Harper, Arias, & House, 2003). This distrust and inability to form secure attachments to caregivers may severely limit the parental-child attachment and result in children who may be ill equipped to function as productive members of the larger society.

The family is the first social institution that the child experiences. Within the family, children are taught how to function in the larger society, taught morals and values shared by the parents, loved and protected (Crosson-Tower, 2002; Loseke, 2005). According to Katz (1971) the parent-child relationship should provide stability and integrity; health and education; morality and respect; and financial security. If the parent-child relationship meets the above requirements, then children appear to flourish. Healthy parent-child relationships require warm and supportive parental behaviors that help the child to facilitate trust and security (Harper et al, 2003). However, not all parent-child relationships are considered healthy nor do they promote feelings of love, trust, and security in the children.

Although child abuse within families has received considerable attention over the past 40 years, adults have brutalized children since the beginning of human history (Dorne, 2002). From an historical standpoint, children used to be considered as property of their parents and therefore, their parents had the right to determine the welfare of children – even the right to determine if the child lived or died (Crosson-Tower, 2002). Infanticide has occurred since early times and even the Bible refers to offering children for a sacrifice to God. Families today still control the welfare of their children and often the fate of these children depends upon the constellation, finances, and interactions of their family unit or society (Crosson-Tower). Living in an abusive family is reality for many children. This abusive family environment results in an unhealthy parent-child relationship and teaches the child to mistrust the parent or to view the parent as emotionally unavailable and unable to provide protection for the child (Harper et al., 2003). Living in a household or family without trust, emotional support, or protection as a child could result in an inability to trust, form intimate emotional relationships, or feel safe as an adult.

The latest statistics regarding child abuse or maltreatment collected by the National Child Abuse and Neglect Data System (NCANDS) for the year 2003 reveal that females comprise about 51.7% of the victims and males comprise about 48.3% of the victims. In addition, the most common perpetrator in 83.9% of child abuse or maltreatment cases involves at least one parent. In 40.8% of cases the perpetrator is the mother alone; 18.8% of cases involved the father acting alone; and 16.9% of cases involved both parents acting together (NCHCANI, 2005). Negative consequences to the child after experiencing child abuse or maltreatment are numerous but not necessarily

specific to the type of abuse (Higgins & McCabe, 2000). However, family dynamics and family dysfunction within abusive families predict maladjustment in adulthood "specifically the chronic aspects of the dysfunctional environment" (Higgins & McCabe). For the female victim, the maladjustment in adulthood may lead to decreased coping skills, dysfunctional intimate relationships, and low self-esteem (Colman & Widom, 2004; Futa, Nash, Hansen, & Garbin, 2003; Giant & Vartanian, 2003).

An existential phenomenological view of the plight of the daughter who has experienced abusive dynamics with one or more parents will provide a context for developing specific clinical approaches to overcoming negative effects and assisting girls and women to reach resolution of current and past life obstacles. An in depth phenomenological study was in order to describe the perception of the parental relationship as recalled, and currently experienced, by women survivors of childhood maltreatment. Effective strategies for overcoming the negative effects of unhealthy parent-daughter relationships may ultimately be developed, using the findings of the study. The next section will discuss the philosophical basis for this study.

Philosophical Basis for the Study

The philosophical basis for this study is based on two perspectives: existential phenomenology and narrative theory. The perspective of existential phenomenology is based specifically on the philosophy of Merleau-Ponty. The central component in Merleau-Ponty's (1945/1962) philosophy is the concept of perception. Perception is the way in which we understand our experience or interactions within our world. According to Merleau-Ponty "perception is not a science of the world, it is not even an act, a

deliberate taking up of a position; it is the background from which all acts stand out, and is presupposed by them" (1945/1962. p xi.). Thus, perception is a combination of our interaction with our world as we experience it. Perception allows reality to be open to us and provides us with the ability to directly experience our world and the objects, phenomena, and events that are part of our world (Thomas, 2005).

"Perception is learned in an embodied, communal environment" and it is through perception that we have knowledge and meaning (Thomas, 2005, p.69). As humans we are born into and reside within a specific social, cultural, and historical environment (Thomas). Merleau-Ponty (1962) believes that man forms linguistic relations "which assure the exchange not only of thoughts but of all types of values, the co-existence of men within a culture and, beyond it, within a single history" (p. 9). This environment or culture which we are born into is primarily the family. The family is a "knot of relations that includes all we have loved, detested, known or simply glimpsed" (Switzer & Davis, 2001, p. 203 as cited in Thomas). Thus, families provide us with a "social perception" (Merleau-Ponty, 1962).

Merleau-Ponty believes "the human body is not an appendage or a thing but a fundamental category of human existence: it exists before there is thought" (Pollio, Henley, & Thompson, 1997 as cited in Thomas, 2005, p. 71). Therefore, it is through the body that we have perception. The body or "body subject" as Merleau-Ponty called it is "the body of personal experience" (Thomas, p. 71). The body interacts with the environment, gestures and speaks, and gives meaning to our experiences (Thomas). The body subject is our link between our world and consciousness; it is through the body that we perceive (Merleau-Ponty, 1945/1962).

The perspective of narrative theory is based on the belief people communicate through stories. Silverman (2000) believes the world's business gets completed through the use of talking and communication; maybe one could say through stories or narratives. Stories most often reflect a personal narrative, which is a story about the person and their experience with their life. Langellier (1989) states that the personal narrative "is part of the study of everyday life, particularly performance in everyday life and the culture of everyday talk" (p. 243). Personal narratives, according to Reissman (1993) "are a recapitulation of every nuance of a moment that had special meaning" (p. 2). Therefore, the narrative is a way for people to explain or describe their experience within their world.

The philosophy of Merleau-Ponty is well matched to examine the problems and patterns between daughters and parents in abusive situations. In addition, his philosophy is well matched with the narrative perspective; given that narratives are a way to tell one's life story and that through examination of this life story we can come understand the meaning of the life story. His philosophy is about the personal experiences of the body through the interaction with a specific cultural and social environment. These personal experiences are described or given meaning through perception of the body's interaction with its environment. For the child, the boundaries and experiences of body and environment are relationally and even physically defined by family context and family environment. In most of the participants in Hall et al's (2005) study, the body has been physically and/or sexually abused rather than protected by the family.

The life trajectories of women affected by abuse in childhood will be more fully understood if perceptions of parental interactions (or relationships) are more fully

described, and documented as a thematic structure. Phenomenology provides the means to that understanding. Merleau-Ponty's emphasis on perception in existential phenomenology is borne out in the method developed by Pollio, Henley, and Thompson (1997) and expanded by Thomas and Pollio (2002).

Parents may or may not be the perpetrators of abuse. Nevertheless, the daughters' perception of their relationships with their parents in a particular social and cultural environment is paramount to understanding much of the damage of abuse, the protective mediating roles of the parents, and the long-term impact of the abuse during childhood, adolescence, and adulthood. A child who has experienced abuse has undergone an overwhelming experience; a challenge to life and the world as safe. Overwhelming experiences such as trauma may produce immediate as well as long-term existential doubts and conflicts. Therefore, existential phenomenology utilizing the philosophy of Merleau-Ponty is the best foundation for examining these experiences and the survivors' interpretations within the context of the parent-daughter interactions. The next section will discuss the purpose of the study.

Purpose of the Study

The purpose of this existential phenomenological study was to describe the lived experience of relationships between parents and daughters in abusive families as perceived by adult female survivors of childhood abuse. Since existential phenomenology is interested in human experiences that occur within the world of everyday life, the lived experience becomes a way to describe" human life as it is lived and reflected upon in all of its first-person concreteness, urgency, and ambiguity" (Pollio

et al., 1997, p.5). I wanted the lived experience of these participants so that I could describe the parent-daughter relationships as the participants experienced them and understood them. This purpose was accomplished through a secondary analysis of data obtained from the original R01 funded study by Dr. Hall and associates on female survivors of childhood abuse (Hall et al, 2006). Since the original study was also a qualitative study, the data consisted of transcribed interviews from participants which represented their personal life stories (narratives).

In this study, I analyzed the interviews from 14 participants utilizing an existential phenomenology perspective based on the philosophy of Merleau-Ponty. Each of the 14 participants had completed a total of three interviews in the original study. All three interviews from each participant were included in this study because I felt that three interviews would provide a richer and more in-depth analysis of the parent-daughter relationship. I analyzed each interview for themes relevant to their experiences surrounding their parent-daughter relationships in order to describe the thematic structure of this experience from the participants' viewpoint. In this study, experience is defined as the self-accounting of their perceptions regarding their parent-daughter relationships.

Research Question

In this study, I was working with data already obtained through interviewing each of the participants and then transcribed verbatim into interview transcripts. Since I had not interviewed the participants myself, I decided that I needed to ask a research question that would illuminate the experience of the parent-daughter relationship as the participants chose to explain that relationship. Therefore, the research questions that I

asked the existing data became: what is the meaning associated with the past and present relationships between themselves and their parents as perceived by adult women survivors of childhood abuse? This question allowed me to explore the meaning of the experience of the parent-daughter relationship as revealed by the words or stories told by the participants regardless of whether they spoke of a relationship that occurred when they were children or now when they are adults.

Definitions

For the purpose of this study a parent was defined as an individual who raises the child and lives with the child in the home. This includes biological parents, adoptive parents, and stepparents. I chose this definition because of its inclusiveness in regards who the parent can be. This definition is supported by the definition from The American Heritage Dictionary of the English Language (2000) that states "a parent is one who begets, gives birth to, or nurtures or raises a child." To maintain congruency with the original study, abuse was defined as any type of maltreatment directed toward the child including physical, sexual, verbal, emotional, abandonment, or neglect (Hall et al, 2005).

Limitations

The participants responded to an article in a local newspaper regarding the proposed research by the principal investigator of the primary study or were recruited by members of the community by word of mouth. The newspaper article emphasized that the researcher, Dr. Hall was interested in stories related to healing after childhood abuse and not interested in the pathology underlying the childhood abuse. The participants reflected the ethnicity of the city where the study was conducted. The study was

conducted in the eastern part of a southern state where the majority of the population is Caucasian. The participants all self-identified themselves as abused. Not all of the transcripts provided the information regarding the relationships with parents; therefore those transcripts were eliminated from possible inclusion in this study. Analysis was limited to the interview texts as preserved in the typed transcripts; the researcher did not have personal contact with the study participants or opportunity to further clarify their accounts of their perceptions.

Delimitations

Only the transcripts of women who were interviewed three times and were between the ages of 40 and 65 were analyzed. Those interviewed only once or twice in the larger study were thus excluded; it is possible they may differ in their perspective on their parents or in the meanings they ascribe to the abuse itself. I believed, however, that three interviews allowed for more reflection by participants, and thus would yield richer and more in-depth descriptions regarding the parent-daughter relationship. The participants were limited to be between the ages of 40-65 because this would focus analysis on a cohort of participants who might be more similar regarding societal beliefs and values, historical period, and stage of development. Levinson (1996) classifies women between the ages of 40-65 as developmentally in the "era of middle adulthood" (p. 18). By limiting the participants to a particular developmental stage in adulthood, I have ensured that these participants were in similar historical and cultural circumstances during childhood when they were living in abusive situations.

Significance of the Study

Child abuse and family violence have become major social and public health problems that cause serious psychological and physiologic aftereffects for the child (Little & Kantor, 2002). A number of researchers have demonstrated the presence of externalizing and internalizing behaviors in children as a direct result of abuse. These behaviors include self-abusive behaviors, problems in academic settings, poor peer interaction, low self-esteem, social isolation, and substance abuse (Hughes, 1988; Jaffe et al., 1986; O'Keefe, 1995).

Families are the cornerstones of society. Family interactions set the stage for the child's future interactions within the larger society (Crosson-Tower, 2002). According to Paavilainen & Astedt-Kurki (2003), traditionally the family has been considered a safe place for its members but within the context of family violence and child maltreatment, the members no longer experience feelings of well-being. These *bad* experiences from the family often have long-lasting aftereffects on the development of the child. While these aftereffects are not desirable and should be minimized for the benefit of the child, traditionally health care professionals have attempted to intervene with the child without understanding the family. Bowlby (1984) believes that family violence is the maladaptive and exaggerated response "of behavior that is potentially functional, especially attachment behavior on the one hand and caregiving behavior on the other" (p. 12). He states that to truly help the child, health care professionals must understand the functioning and interactions of the family.

One of the goals of *Healthy People 2010* (US Department of Health and Human Services, 2000) is to reduce maltreatment and maltreatment fatalities of children. This

goal would best be accomplished by implementing child abuse preventative programs that are designed to help the family learn to function and interact appropriately. This study contributes to the gaps in knowledge about the experiences of the parent-daughter relationship as perceived by the child. This study illuminates the nuances of the parent-daughter relationship within abusive families so that interventions could be designed to interact with and improved the family relationships.

This study has implications for staff nurses, Advanced Practice Nurses and other healthcare professionals who work in settings frequented by families. This would include pediatrician offices, community health nursing and mental health facilities. It is imperative that nurses and other healthcare professionals understand the parent-daughter relationship from the perspective of the daughter. By understanding the parent-daughter relationship, healthcare professionals would be able to distinguish non-protective relationships from protective relationships and could intervene to support the protective relationships while attempting to correct the non-protective relationship.

Summary

This study provided important insight into the relationships between parents and daughters in abusive families. The meaning of these relationships will be described so that nurses and other health care professionals can understand the essence of the meaning for these children. Utilizing existential phenomenology in this study provided additional insight into the perceptions of abused children regarding their relationships with their parents. Through these perceptions, nurses and other healthcare professionals may be able to determine effective intervention strategies that will be beneficial for both the child

and the parents. This chapter discussed the scope of the problems as well as the foundational concerns of the study such as the purpose, research questions, and significance. The next chapter will discuss the relevant literature related to child abuse and family relationships.

CHAPTER II

LITERATURE REVIEW

Introduction

Violence within the family is paradoxical: we find it unexpected and surprising, but we know it is common. It happens daily in households worldwide. For some families, especially children, violence is the only constant experience that they have. It is an experience that can be emotionally confusing, terrifying, painful and fatal. In the words of Pat Benatar (1980) "hell is for children". Due to increased media attention, family or domestic violence has gained considerable attention among human service professionals and the public (Jaffe, Wolfe, Wilson, & Zak, 1986). Family or domestic violence can be expressed as either spousal or partner abuse, child abuse, or both. The dynamics and behavior patterns in partner abuse differ from those occurring in a relationship where one or more adults abuse a child. Therefore, this literature review will focus on child abuse and its consequences. Because societal reactions to child abuse have changed over time I begin with an historical overview. In addition, I will explore theoretical and empirical research about child abuse. Following that, I will critique the current and relevant literature regarding child abuse and family relationships.

A comprehensive literature review of research regarding child abuse and family relationships utilizing the databases of CINAHL, Medline, and PsycINFO was completed. Hand searches were used to attempt to include a greater variety of literature and to include research articles older than the databases contain. My intent is to provide a wide view of child abuse from several perspectives.

Historical Overview of Child Abuse

The words, *child abuse*, are not evident in the literature until the late 1960s. Prior to that child abuse was labeled as *child maltreatment*. Yet recently several researchers stated that the phrase *child abuse* is inadequate because it tends to only depict physical victimization while the phrase *child maltreatment* is broad enough to encompass all different types of victimization (Crosson-Tower, 2002; Dorne, 2002; Moffatt, 2003). In this section I will give general overview of child maltreatment as it has progressed over time, discuss public policy, and legal issues. The words *child maltreatment* will therefore be used consistently and includes child abuse.

General Overview

Child maltreatment is not new; it has been occurring since the beginning of time. In biblical times child sacrifices to appease pagan gods were common. There is the story of Abraham and Isaac in which Isaac was to be sacrificed to God. Of course, Abraham's faith was being tested and no harm befell Isaac. Recall the story of King Herod and the infant Jesus in which thousands of male children under the age of two were killed in order to prevent a new king from coming to power (Crosson-Tower, 2002; Dorne, 2002; Gelles, 1997).

Children have always been at the mercy of others. In ancient Western Society, infants had no rights until the father bestowed upon them the right to live in an elaborate ritual (Radbill, 1987 as cited in Gelles, 1997). Children were viewed as property of their families and owed their very existence to these families (Popple & Leighninger, 1996). Infants were bathed in ice water to "harden them" and even told that ghosts and witches would eat them if they misbehaved (Dorne, 2002). Infanticide was widely practiced as a

way to control and regulate the growing population, to rid society of malformed or mentally retarded children and to prevent shame to an unwed mother (Crosson-Tower; Dorne). According to Tucker (1987) "men and women of early modern times thought about children, if at all, in hierarchical terms. Children were at the bottom of the social scale" (As cited in Dorne, p. 34).

In Elizabethton England, in 1601, a "poor law" was passed in an attempt to give help to families and children by dictating that relief must be given to the destitute. This resulted in work houses for the poor and indentured servitude for the children that offered room and board but little else (Crosson-Tower, 2002; Dorne, 2002). Very often these children endured long work hours, were beaten and belittled by their masters, and fed very little. These workhouses provided models for use within the rapidly growing United States.

Many patterns of child discipline in early Western Society would likely be called child maltreatment in today's society. "Corporal punishment, at home and in school, was a means to mold children into moral, God-fearing, respectful human beings" (Crosson-Tower, 2002, p. 3). Children were expected to mind and respect their parents and parents were responsible for raising religious, dedicated, and industrious contributors to society. Obedience was a virtue; disobedience was punished by significant fines and even death.

Not only has physical abuse but sexual exploitation of children has also been practiced throughout time. Female children were viewed as property of their fathers – to do with as he pleased. Often the female child was used in bartering over lands and money. "With a father's permission, a betrothal could be sealed by intercourse with the underage (less than 12 years) daughter" (Crosson-Tower, 2002, p. 5). Marriages for

young girls were common and fathers often paid dowries for their daughters to marry. Families who could not afford dowries for all of their daughters often sent them to the church where they could be nuns. Within the confines of the church the young girls were often sexually abused and exploited by monks and scared into silence by threats of excommunication (Rush, 1992).

In Greece, sexual exploitation of young boys was fairly common and known as the practice of pederasty. Pederasty is defined as "men using boys for sexual relationships" (Crosson-Tower, 2002, p. 6). Boys were chosen for their softness, their youth, and their attractive appearance but were expected to show great courage and toughness in battle. In fact, pederasty was often utilized as a training ground for future soldiers (Rush, 1992).

During the 19th Century views on sexuality changed as the Victorian era emerged with rigid standards. Sexual acts such as masturbation were viewed as unholy and sinful and attempts to curb this practice were brutal and severe resulting in surgical removal of the clitoris, slitting of the penis, or cutting the nerves surrounding the genitalia in both sexes (Dorne, 2002). Although society outwardly viewed many sexual acts as intolerable, behind closed doors sexual abuse flourished. Prominent people within society have been linked to a fondness for young girls. These famous people include Edgar Allan Poe, William Wadsworth, and Lewis Carroll (Rush, 1992). Child pornography and prostitution increased during this era as men did not want to encourage their wives to perform their wifely sexual duties. Men who were slave owners took delight in "breaking in" their young female slaves.

In the 20th Century, various novels were written that portrayed older men being seduced by young girls. This perpetuated a belief that men seduced by young girls were powerless to resist. In the 21st Century, television commercials often use young girls seductively posed to sell products to the public. The internet offers easy access to children and has become a perpetrator's paradise (Crosson-Tower, 2002). It is clear that children are still victimized by adults whether it be physical, emotional, sexual, or by neglect. Children are dependent upon adults for their very survival and yet may still be treated as if they were at the bottom of the social ladder.

Parenting in the 20th Century has undergone some significant changes. The Women's Movement resulted in changes to the roles of both parents. Fathers became more involved in the day to day caretaking activities and spent more quality time with their children (Robinson & Barret, 1986). Mothers joined the workforce and therefore requested that their husbands share in the childcare responsibilities (Chase & Rogers, 2001). Changes continue to take place within the family. Divorce rates and single-parent families have increased while first marriage rates have decreased (Morris, Hembrooke, Gelbwasser, Bronfenbrenner, 1996). In addition, inflation continues to rise and with it comes the increased stress of adequately providing for the family needs.

Public Policy and Legal Issues

In the United States, the legendary case that propelled child maltreatment into the minds of the public was the case of Mary Ellen Wilson in 1874 in New York City (Costin, Karger, & Stoesz, 1996; Gelles, 1997). Mary Ellen was a ten-year-old child who lived with Francis Connelly and his wife Mary Connelly. Mary Ellen was not the Connellys' biological child; in fact she was the illegitimate child of Mary Connelly's first

husband. According to neighbors, Mary Ellen was often beaten by her step-mother with a leather thong and forced to spend hours in the cold ill-clothed (Crosson-Tower, 2002). The case was reported to Henry Bergh, who was the founder of the American Society for the Prevention of Cruelty to Animals. Acting as an individual, Bergh implored his good friend, an attorney, Elbridge Gerry to prosecute the Connellys and to rescue Mary Ellen (Dorne, 2002). Gerry then founded the New York Society for the Prevention of Cruelty to Children (SPCC) in 1875, had Mary Ellen removed from her home, and prosecuted the step-mother. The step-mother was found guilty of assault and sentenced to one year of hard labor in the state penitentiary (Ferguson, 2004).

The founding of this society was the first child welfare organization of its kind anywhere (Costin, Karger, & Stoesz, 1996). The movement spread rapidly across American and into European countries. By 1910, there were over 200 Societies in the United States (Costin et al.). The New York SPCC was given powers by the state legislation to investigate cases that involved destitute, neglected or wayward children. Additional legislation was also passed to assist the SPCC in holding abusive parents responsible for their actions (Dorne, 2002). According to the founding father, Gerry, the main purpose of the SPCC was "to rescue the child, place the child in a controlled environment, and punish the cruelest as a convincing deterrent to others who would cruelly treat and shamefully neglect children" (Costin et al., p. 66).

In 1899, the first Juvenile Court was established in Chicago in association with the Juvenile Court Act (Dorne, 2002). This early court system had jurisdiction over battered, neglected, and sexually abused children. However, either many of these cases did not come to the attention of the court or else court historians did not record the cases

as abuse cases. In fact it has been speculated that purposeful child maltreatment cases were labeled as delinquency and status offense cases (Dorne).

So far healthcare personnel had been curiously absent from child maltreatment cases or issues but this was about to change. In 1909, President Theodore Roosevelt held the first White House Conference on Children. According to Dorne (2002), "this conference was primarily responsible for making child welfare a major objective of the new social work profession" (p. 44). Out of this conference emerged an idea for the creation of a national children's bureau "to research and report on all aspects of child life and welfare" (Dorne, p. 45). The United States Children's Bureau was established in 1912. Lillian Wald, a nurse and founder of the Henry Street Settlement along, with Florence Kelly, a political and social activist were responsible for the suggestion of the children's bureau (Dorne).

The Child Welfare League of America was established in 1915 in response to a paper written by Carl Christian "proposing standards for services and aid to children" (Crosson-Tower, 2002, p. 11). The Child Welfare League of America continues to act as one of the foremost children's advocate. The Social Security Act of 1935 provided services to children and their families through two of its provisions: Title IV and Title V. Title IV, which is now called Aid to Families with Dependent Children, provided public relief to needy children through cash grants to their families. Title V reestablished the Maternal and Child Welfare Services and expanded the Children's Bureau mandate which was to oversee a new set of child welfare services (Costin et al., 1996).

With the exception of the influence of Lillian Wald on the Children's Bureau, the healthcare profession remained silent on issues regarding child abuse and maltreatment.

However, in 1962 Dr. Henry Kempe and colleagues at the University of Colorado Medical Center published an article in the Journal of American Medical Association entitled the *Battered Child Syndrome* (Costin et al., 1996; Dorne, 2002; Gelles, 1997). Kempe's article placed child abuse and maltreatment squarely in the public and professional arena. "Kempe's article became the benchmark of public and professional rediscovery of child abuse" (Gelles, 1997 p. 29). One of the consequences related to the publication of this article was passage of child protection laws in all 50 states between the years of 1963 and 1967 (Gelles, 1997).

In 1972 the National Center for the Prevention of Child Abuse and Neglect was first founded through a grant from the University of Colorado. By 1973, it was obvious that the Federal Government needed to make a stand on child abuse. The Child Abuse Prevention Bill was introduced to the Senate and the House under the sponsorship of Senator Walter Mondale in 1973 and was passed into a law in 1974. The act defined child abuse and neglect, provided a budget for research and demonstration projects, began a national survey on the incidence of child abuse and neglect, and moved the National Center for the Prevention of Child Abuse and Neglect in the Children's Bureau (Crosson-Tower 2002; Gelles, 1997). It had by this time been a hundred years since Mary Ellen Wilson suffered abuse at the hand of her step-mother.

Near the close of the 20th Century, several other federal laws were passed in order to help states meet their multiple goals of "child protection, safe family preservation, safe family reunification, and permanency planning" (Dorne, 2002, p. 124). The Adoption and Safe Families Act of 1977 was designed to improve and fund state programs based on the safe family preservation model. Temporary Assistance to Needy Families was

established in 1996 to help states plan visionary programs and initiatives to benefit needy families. In 2000, two laws were passed to help states manage their court cases more efficiently: Child Abuse Prevention and Enforcement Act which allowed law enforcement access to certain judicial orders, and the Strengthening Abuse and Neglect Court Act, which was designed to help with funding for the backlog of cases in state courts (Costin et al., 1996; Dorne).

In addition, during the mid 1980s to 1990s several legislative acts concerning child pornography were passed. The Child Protection Act of 1984 relating to Sexual Exploitation and the Child Sexual Abuse and Pornography Act of 1986 were both established to ban production and advertisement of child pornography. Also in 1986 the Computer Pornography and Child Exploitation Prevention Act was enacted to prevent pornography from being transmitted over the internet. In 1991 there was a statutory directive to increase penalties for child pornography offenders. Finally in 1992, The Pornography Victims Compensation Act was passed to allow compensation to children who had been victims of pornography (Dorne, 2002).

The legislation passed in the latter part of the 20th Century reflected the outrage of public and professionals at ongoing child abuse and maltreatment. All states now have mandatory reporting laws concerning child abuse and maltreatment concerning a variety of professionals (Crosson-Tower, 2002). Although child abuse and maltreatment laws are fairly recent, they have been beneficial in making a dent into the pervasiveness of child maltreatment. The next section will discuss conceptual perspectives concerning child abuse and maltreatment.

Conceptual Perspectives on Child Abuse

There is not a general theory that attempts to explain or discuss child maltreatment; a single theory would be unlikely to explain something as complex as interpersonal violation of children by adults. Within the literature on child maltreatment, the terms conceptual frameworks and theoretical models are used interchangeably (Loseke, Gelles, Cavanaugh, 2005; Mignon, Larson, & Holmes, 2002). For the purpose of this paper, I will identify the broadest viewpoints as conceptual frameworks and the more narrow viewpoints as theoretical models. The conceptual frameworks to be discussed in this section include the psychological, sociological, and feminist perspectives. The theoretical models to be discussed include: attachment theory, developmental theory and the ecological theory.

Conceptual Frameworks

Generally psychological frameworks attempt to explain that abuse occurs from within the individual perpetrator, possibly from some psychopathology (Dutton & Bodnarchuk, 2005; Mignon et al., 2002; Slep & O'Leary, 2001). The psychological perspective holds that personality traits and psychological disorders or pathology within the perpetrator can be used to predict and explain family abuse (Loseke et al., 2005; O'Leary, 1993). Mignon et al. state that the major assumptions of the psychological perspective include that abuse occurs because of: (1) deviant personality traits related to problematic childhood developmental stages; (2) the perpetrator receives rewards for the abuse or punishment for avoidance of abuse; and (3) the perpetrator acts on abusive fantasies. Although this perspective has been empirically validated by researchers it does not take into account the interactions between the individual and the environment.

The sociological perspective views childhood abuse or maltreatment as affected or caused by a variety of social factors (Gelles & Loseke, 1993; Loseke et al., 2005; Mignon et al. 2002). This perspective leads one to ask questions regarding the social environment in terms of social structures, social forces, and social processes. This perspective has moved from looking at the individual to looking at the family and the environment (context) with which the family interacts. According to Loseke (2005) "examining the characteristics of the family as a social institution leads to a perplexing realization that the very characteristics drawing people to value family relationships create a fertile ground for violence" (p. 44). While this perspective appears to take a broader view of childhood abuse, other aspects such as power, authority, gender, or individual actions are minimized.

The feminist perspective emphasizes that violence can not be understood unless gender and power are taken into account (Yllö, 2005). According to Miller (2002), "abuse, whether domestic, sexual, or emotional, is about power, control, and self-gratification. It is about brute force" (p. 567). In addition, feminists believe that "abuse begins and is perpetuated within the confines of the family" (Miller, p. 567). The feminist theory places the blame of child abuse squarely on the shoulders of the man – or the patriarchal society that gives man the power and teaches women to be submissive. However, this viewpoint is limited because it does not take into account the abuse that children suffer at the hands of the mother, or her complicity in the abuse when she is not the abuser, or with child prostitution, or other types of abuse endured by children.

Theoretical Models

Attachment theory.

Bowlby (1958) is considered the father of attachment theory and he hypothesized that early separation of mother and child may have long-term detrimental effects on child development. Attachment theory was based on the concept of attachment behaviors which is defined as "any behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world" (Bowlby, 1988). Bowlby's work on attachment theory began during his work with the World Health Organization and the Tavistock Clinic in London (Bowlby, 1988). He was further influenced by Lorenz's (1935) work on imprinting in geese and other birds. Lorenz's research was interesting because it theorized that social bonds could be formed between species that were not based on food or feeding (Bowlby, 1988; Bretherton, 1992). This research encouraged Bowlby to begin to apply ethological principles to the study of mother-child interactions. Ethological principles refer to observing animals in their natural environment; therefore, Bowlby began observing mother-child interactions as they occurred naturally (Bowlby, 1988; Bretherton). Other researchers have expanded upon the original attachment theory and have identified three types of caregiving environments that result in insecure attachments (Ainsworth et al. 1978; Crittenden, 1995). These types are: avoidant/defended, ambivalent/coercive, and disorganized/controlling.

Those children in the avoidant/defended type of caregiving environments see their environment as predictably hostile. The parents become irritated when the child displays behaviors that are viewed as needy, demanding, or assertive. This type of caregiving

environment can include physical violence in extreme instances. Therefore, these children learn to adapt to their environment by minimizing their emotions of distress (Howe, Dooley, & Hinings, 2000). The child often views environments in which the caregiver is inconsistently responsive to the needs of the child as unpredictable and insensitive. In extreme cases, these environments can become neglectful and disorganized. In this situation children tend to maximize their emotions of distress often exhibiting high levels of demanding or attention-seeking behavior (Howe et al.). These behaviors are classified as avoidant/coercive and children become distrustful that adults will maintain interest in them or to be reliable. Finally, children who live in households with unpredictable and rejecting caregivers begin to display disorganized/controlling patterns of behavior. This seems to be the most difficult household in which abused children must adapt. These children are unable to find the "right" attachment behaviors, actions that will get a response out of the parents. Children who display disorganized patterns of attachment are often those who experience both neglect and abuse (Howe et al.).

While attachment theory may allow researchers to look at child abuse and predict which children are the most abused or maltreated, viewing child maltreatment solely through the lens of attachment theory has some limitations. According to Miller (2002) attachment theory only looks at the mother's role in child care or maltreatment, leaving the father of the children unaccountable in the situation. In addition, the attachment theory does not take into account other factors of child abuse such as poverty, depression, intimate partner violence, family stress, or paternal history of abuse (Miller; Little & Kantor, 2002). The next section will discuss the developmental theory on child abuse.

Developmental theory.

Developmental theories normally explain how children or adults develop physically, cognitively, emotionally, and even morally. Most developmental theories are based on certain stages or tasks that must be successfully negotiated for normal development to occur. According to developmental theories, childhood experiences are a crucial factor in successful adult adjustment. Developing normally is often a difficult task for an abused child and any disruption of the developmental tasks can result in negative and profound long-term effects (Crosson-Tower, 2002; Hulme, 2004).

Developmental theories are often used by researchers in the area of child abuse to explain deficits in peer interaction, school performance, cognitive abilities and self-esteem issues (Cameron, 2000, Finkelhor, 1995). Developmental theories are important in childhood abuse because the age and emotional development of the child are related to the child's ability to cope with the maltreatment (Mignon et al., 2002). According to Finkelhor (1995), "developmental effects are more likely to occur under a number of conditions: (1) the maltreatment is repetitive and ongoing, (2) the maltreatment dramatically changes the nature of the relationship with the primary support system, (3) the maltreatment adds to other stressors and (4) the maltreatment interrupts a crucial developmental transition" (p. 185).

Cameron (2000) proposes the utilization of Erikson's theory of developmental stages to explain developmental difficulties in women who were victims of child sexual abuse. She states that Erikson's theory is appropriate for the following reasons: "(1) He believed that children's "self" matured in response to interactions with family, culture, and environment, (2) his stages require a counterbalance of values, (3) his theory is based

on valuable ego strengths – a hallmark of a mature and healthy personality and (4) his theory is optimistic because the damage is not necessarily irreversible" (pp 78-79). Finkelhor (1995) would agree stating "that much of the theory in the field of child development can be applied to child victimization" (p. 169). In addition, he proposes that future research in the field of child victimization or maltreatment should integrate some sort of developmental theory. While I do not disagree with Finkelhor, I believe that future research needs to move away from attempting to explain or find causal relations and should focus on the perception of the victims regarding their own unique situations. The next section will discuss the ecological theory of child abuse.

Ecological theory.

According to Mignon et al. (2002), the ecological theory developed by Belsky in1980 "is the most influential attempt to integrate the study of child maltreatment" (p. 142). The ecological theory developed by Belsky for the analysis of child maltreatment is a modified version of the Bronfenbrenner (1977) ecology of human development theory. The family in Bronfenbrenner's model is situated within a specific topographical area (local) that keeps expanding to include different types of environments that may interact with and impact on the family.

Families interact across ecological space and these are composed of four overlapping system layers called the microsystem, mesosystem, ecosystem, and macrosystem (Bronfenbrenner, 1977). The microsystem encompasses the settings where daily interactions take place. The mesosystem refers to structures that influence individuals at particular times in their development such as school or work. The mesosystem directly impinges upon the microsystem. The ecosystem encompasses the

larger societal structures that might influence the local area such as the government, work, and mass media. The macrosystem is the larger culture encompassing the beliefs and values that are transmitted to the individual by interaction with the other systems (Bronfenbrenner).

The ecological theory proposed by Belsky (1980) has added one feature he felt was lacking in Bronfenbrenner's work. In order to study child maltreatment, Belsky proposes that "one must take into account how a particular parent grows up to behave in an abusive or neglected manner" (p. 321). In other words, we must understand the ontogenic development of the parents. Belsky's ecological theory for child maltreatment has four levels of analysis: ontogenic, microsystem, ecosystem, macrosystem. The ontogenic system contains what parents bring into a family (the way they were raised); the microsystem is the immediate family setting, the ecosystem contains the neighborhood and work, and the macrosystem contains the values and beliefs of the larger culture (Belsky).

Belsky (1980) believes that his theory fully integrates all existing data on child maltreatment and should guide future research. According to Belsky, using this proposed theory of analysis should "encourage investigators to move beyond the mere identification of individual variables that are correlated with child abuse and neglect to the study of relationships among variables" (p. 321). While it is important to understand that parents are a mixture of their experiences in the world and that they will bring those experiences with them during the creation of a new family, I believe that some caution is necessary within this theory. First, ontogenesis in the abuser may not be related to that person being abused. Note the many parents who were abused in childhood but who do

not abuse their children or other children. Second, his theory does not account for variation seen in different types of child maltreatment. The next section will discuss parents as perpetrators.

Parents as Perpetrators

It should be no surprise that the majority of child maltreatment occurs within the child's own family; they are tragically assaulted by the very people from whom they have expected the most protection (Pritchard, 2004). Since the 1960s researchers have been attempting to discover causal explanations behind child maltreatment. There are five major social and family factors consistently found by researchers to be related to child maltreatment: "intergenerational transmission of maltreatment; low socioeconomic status; social and structural stress; social isolation and low community embedment; and family structure" (Gelles, 1987, p. 229). However, although these factors are common among families where violence appears to be a common occurrence, they are not found in every child maltreatment incident.

So, why are some parents abusive? Empirical evidence has demonstrated that child maltreatment is difficult to explain or predict. I think that child maltreatment is multi-dimensional and that all of the factors related to child maltreatment have yet to be discovered. There are numerous research studies on the topic of child maltreatment. The majority of the articles investigate the negative aftereffects that the maltreatment has had on the children. In comparison, there have been very few research studies investigating the role of the parent in child maltreatment cases and even fewer studies devoted to just one parent.

Mothers

Mothers are typically known as the major caretaker of the children. The mothers' role in the family is often one of nurturing and is the first relationship that children often form. According to Bowlby (1988) infants will form attachments with both parents but in stressful events they prefer the mother; in other words children have a clear hierarchy of preference. The fact that children have a preference of who to go to for comfort suggests that mothers are the major nurturer of the family.

In a longitudinal case study relying heavily on attachment theory, Harvey and Kelly (1993) observed the quality of interactions between a young boy and his caretakers. The young boy was currently in foster care because he was being maltreated by his biological mother. The authors were asked by his social service caseworker to evaluate the quality of his relationship to his mother when the young boy was approximately 18 months of age and again at 36 months of age. According to the Harvey and Kelly "the evaluations were requested to determine if the emotional relationship between Aaron and his biological mother was in his best interest based on the history of abuse, neglect, inconsistent visitation, and long term placement in a caring and loving foster home" (p. 389).

The evaluations were completed between Aaron and his biological mother as well as between Aaron and his foster parents. The evaluation procedure utilized with all caretakers (foster and biological) consisted of individual play time for Aaron, followed by a brief five minute reunion with caretakers and concluded with interactive play time between Aaron and the caretakers. Observations that were of importance during the reunion time and the interactive play consisted of: "breaks in interaction, use of intimate

space (proximity to caretaker), front-to-front interaction, total time in interaction, and assessments of attachment category" (p. 390). Results revealed that Aaron interacted with his biological mother very infrequently and displayed avoidant behaviors when in her presence. In other words, Aaron stayed out of her reach but within her sight and would play alone rather than play or interact with her. In contrast, Aaron remained in close proximity with his foster parents, often stopping his play to hug them and initiated interactive play with them. The authors conclude that Aaron had developed two distinct styles for interaction with his caretakers: avoidance/distance with his biological mother and attunement/attachment with his foster parents (Harvey & Kelly).

While I think this study was interesting and the researchers demonstrated good interrater reliability during the observations, it seems like the results of this study should have been expected to occur as they did. The observations were completed in an environment not familiar to Aaron and his biological mother had infrequent visits with Aaron in general. Therefore, it is not unusual to suspect that Aaron would prefer his foster parents due to their consistent presence and love during most of his life. In addition, the researchers did not attempt to help the biological mother improve her method of interaction with her son or present any evidence of mediating or moderating variables.

In an attempt to explain reasons related to maternal abuse of children, Coohey (2004) utilized a quantitative methodology comparing four groups of mothers. She had a total of 184 mothers divided into the following groups: 53 mothers who were abused as children and who abused their children (co-occurrence group); 57 mothers who were neither abused nor did they abuse their children; 33 mothers who were abused as children

but did not abuse their children; and 41 mothers who were not abused as children but who did abuse their children. The groups were similar on all demographic variables. History of the mothers' abuse as a child was rated as yes or no; stressors were evaluated an adaptation of the Holmes & Rahe's stressful life events scale; and informal support was evaluated by Coohey's own approach to network circumscription developed in 1993.

The network circumscription allows the participant to pick up to 11 people to be included within her social network. The participant was then asked to evaluate each member of her chosen social network on the following characteristics: "received emotional support, relationship quality; partner drug or alcohol problem; and length of relationship" (Coohey, 2004, p.947). Separate indexes were created for the friends versus the family members of the participant. Statistics were completed utilizing logistic regression with step-wise selection. According to Coohey, mothers in the co-occurrence group were more likely to report severe abuse by their mothers and fathers than the other groups. Thus she concludes that intervention strategies should be designed to prevent the transgenerational transmission of abuse.

The variables in this study are not clear and some of the information necessary to determine the validity and reliability of Coohey's approach to network circumscription appears to be missing. In addition, the title of the article suggests that the researcher will be investigating mother-child relationships but there is no evidence that Coohey measured or observed any interaction between the mothers and their children. Furthermore, it is unclear how she determined which mothers abused their children because there is no evidence of measurement on that variable. The next section will discuss fathers in relation to childhood maltreatment.

Fathers

Historically fathers have been associated with being the primary breadwinners and protectors of the family. Day to day childcare was not a function of fatherhood; however, fathers still developed relationships with their children. Fathers play a vital role in the lives of their children; however it is the quality of the relationship rather than absence or presence that determines whether the influence upon the child will be positive or negative (Pritchard, 2004). The majority of abuse perpetrated by fathers has mainly been physical and sexual abuse.

Some researchers have postulated that close involvement by fathers in early caregiving of daughters decreases the likelihood of any later sexual abuse. Furthermore, they state that familiarity discourages sexual arousal and fathers who participate in caregiving activities with their daughters will not find their daughters sexually attractive. These postulations are based what the researchers term *biosocial theory.* Biosocial theory attempts to describe how living closely together in a social environment, such as a family unit, innately inhibits sexual intercourse with members of the social environment. (Parker & Parker, 1986; Williams & Finkelhor, 1995).

In a study designed to test this theory, researchers compared two groups of incestuous fathers with a closely matched control group. The total sample size included 234 men recruited from the US Navy and civilian sources. One of the underlying aims of the study was to promote social policy toward active promotion of early father – daughter interactions if the theory can be supported. Several variables were selected for study: amount of time father was absent from his daughter and amount of involvement in the

care of his daughter; emotional stability; lack of empathy; marital dissatisfaction; youth sexual offences; and a history of childhood abuse (physical, sexual, neglect) by the father.

The results of the study did confirm that fathers actively involved in the care of a daughter were at lower risk for incest even when controlling for other factors. Although the results did prove the general prediction of the theory, the specific mechanisms of the theory were not confirmed. The researchers could not explain how this occurred. For instance, one of the predictions centers on the fact that bodily caretaking, i.e. changing a diaper or feeding a child, would offer the most protection against incest. In this study, non bodily contact, such as reading or playing with children, was more protective against incest. Although this study was about fathers and daughters, it was not about the father-daughter relationship, which is what I am interested in. The authors of this study did suggest that a study regarding father – daughter relationships should be the next step in this process (Williams & Finkelhor, 1995).

Consequences of Child Maltreatment

Since child maltreatment can take many different forms, no single profile exists for the maltreated child (Futa, Nash, Hansen, & Garbin, 2003). However, researchers have demonstrated that many children who were maltreated exhibit externalizing behaviors such as self-abuse, cruelty, aggression, and/or problems with school performance (Jaffe, Wolfe, Wilson, & Zak, 1986; Wells, McCann, Adams, Voris, & Ensign, 1995) and internalizing behaviors such as anxiety, hopelessness, depression and low self-esteem (McClellan, Adams, Douglas, McCurry, & Storck, 1995; Wells et al). Most researchers would classify these behaviors or consequences as aftereffects.

Aftereffects can be similar across all the different types of child abuse and some are specific to a particular type of maltreatment. In this section I will discuss the long-term and short-term effects of child maltreatment within the context of specific types.

Physical Maltreatment

The concept of physical maltreatment entered the consciousness of the American public in 1962 when Kempe et al. published the now infamous article entitled *The Battered Child Syndrome.* Kempe purposefully chose a dramatic title for the article in order to call attention to the seriousness of child maltreatment in the United States (Mignon et al., 2002). Kempe et al. defined the battered child syndrome as "a term used by us to characterize a clinical condition in young children who have received serious physical abuse, generally from a parent or a foster parent" (p. 105). About 18.9% of all children who are maltreated, are physically maltreated (NCHCANI, 2005).

According to some researchers, physically maltreated children exhibit more symptoms of depression, have low self-esteem, and hopelessness than non-abused children (Allen, & Tarnowski, 1989; Cerezo & Frias, 1994). Boys who have been physically maltreated tend to have more problems with conduct disorder and displayed more aggressive behaviors than non-maltreated boys or maltreated girls; while maltreated girls have more conduct disorders than non-maltreated girls (Jaffe et al., 1986). In addition, these children are at risk for further victimization or maltreatment throughout the lifespan or as adults and some maltreated children may become abusers of their own children (Coohey, 2004; Mitchell & Finkelhor, 2001).

Children who are physically maltreated tend to view the world as a dangerous place and believe that aggression and violence are ways to get what you desire (Mignon

et al., 2002). Physical maltreatment can lead to negative consequences either in later childhood or as an adult such as substance abuse, mental health problems, educational failure, and criminal behavior. In a review of the literature looking only at educational failure, children who were physically abused had lower English scores, poorer outcomes on tests, more absences, higher degree of grade retention, and more discipline and conduct difficulties than non-maltreated children (Eckenrode et al., 1995; Kurtz et al., 1993; Leiter & Johnson, 1994; Moffatt, 2003).

Sexual Maltreatment

Although research on the physical maltreatment of children exploded after 1962, research conducted on the topic of childhood sexual maltreatment did not begin until David Finkelhor was working on his dissertation in the late 1970s. The term child sexual abuse (CSA) covers a wide range of acts. Legal and research definitions require two elements: (1) "sexual activities involving a child; and (2) an abusive condition such as coercion or a large age gap between the participants" (Finkelhor, 1994, p. 32). CSA occurs in around 10% of all children who abused yearly (NCHCANI, 2005). Perpetrators of CSA are known to the child and are either family members or acquaintances of the family (Finkelhor, 1994).

Children who have been sexually maltreated seem to be at increased risk for substance abuse, psychiatric disorders, promiscuity, eating disorders and suicidal tendencies (Browne & Finkelhor, 1986; Gelles, 1997; Moffat, 2003). The consequences of CSA depend on a number of factors: age at time of abuse, length of time abuse occurred, type of abuse, and identity of the perpetrator (Crosson-Tower, 2002; Mignon et al., 2002). In 1985, Finkelhor proposed a model for understanding and analyzing the

experience of CSA. He divides the model into what he calls "four trauma-causing factors or *traumagenic dynamics*: traumatic sexualization, betrayal, powerlessness, and stigmatization" (p. 633).

Traumatic sexualization is a process of shaping the child's sexuality in a developmentally inappropriate and dysfunctional fashion. Betrayal refers to the child's realization that someone they trusted has lied or misleads them. Powerlessness relates to the child's inability to stop the abuse from happening. Stigmatization relates to the negative connotations that are associated with CSA such as shame and guilt that are incorporated into the child's self-image (Finkelhor, 1985). According to Finkelhor (1985), this model represents the "four links between the experience of sexual abuse and the sequelae that have been widely noted" (p. 646). In addition, he proposes that this model can be utilized for both research and practice. In research it can be a framework for reviewing existing literature as well as developing instruments. In practice, this model could be utilized to provide a complex assessment for the potential for trauma.

Neglect

The most common form of child maltreatment is neglect; reported to occur in about 60% of all maltreated children per year (NCHCANI, 2005). However, research into the issue of child neglect is way behind the other types of child maltreatment (Hildyard & Wolfe, 2002). The reasons for the lack of empirical research into child neglect may be related to the following: neglect is insidious and often hidden from view, violence is more interesting, and neglect is often associated with poverty, a topic with which most Americans are uncomfortable (Crosson-Tower, 2002; Zuravin, 1999). Neglect can be defined as failure to meet the basic needs of the child and can be classified into three

categories: physical neglect, emotional neglect, and educational neglect (Crosson-Tower; Dubowitz, 1999; Moffat, 2003).

Physical neglect is failure to adequately meet the physical needs of the child and could include medical neglect, failure to supervise children adequately resulting in physical harm, or abandonment. Emotional neglect concerns acts or omissions of acts by the caregivers that may result in development of behavioral, emotional, mental, or cognitive disorders (Hildyard & Wolfe, 2002). Educational neglect refers to inadequate provision of developmental and educational needs of the child (Crosson-Tower, 2002). Regardless of the type of neglect, most researchers agree that children who are victims of neglect suffer from poor school performance, social isolation, decreased peer interaction, and they are at increased risk of running away from home (Crosson-Tower; Eckenrode, Laird, & Doris, 1993; Gable, 1998).

Psychological Maltreatment

I use the term psychological abuse in order to utilize a more inclusive term for what has been called *emotional* or *mental* maltreatment in the past. O'Hagan (1995) defines psychological abuse as the "sustained, repetitive, inappropriate behavior which damages or substantially reduces the creative and developmental potential or crucially important mental faculties and mental processes of a child" (p. 458). The most consistent aftereffects of psychological maltreatment are low self-esteem and self-confidence (Mignon et al. 2002). Other researchers include externalizing behaviors such as aggression, behavior disorders or internalizing disorders such as depression, social withdrawal, or suicide (Cameras & Rappaport, 1993; Cerezo & Frias, 1994; Jaffe et al., 1986). As noted from the literature, child maltreatment, regardless of the type, often has

long term consequences that could interfere with successful adult adjustment. Although the long-term consequences can be horrible, researchers need to focus their attentions on other areas such as interfamilial relationships and the impact these relationships have on child maltreatment.

Summary

Overall, the literature review reveals that child maltreatment is a pervasive societal problem. Children have been maltreated since the beginning of time and have consistently been viewed as the property of their parents. Although children may have rights, most often these rights are ignored or violated by the larger society that seeks to preserve the sanctity of the family at the possible cost of the child.

The majority of child maltreatment literature has been and continues to be quantitative in nature. Although these studies are important and have helped to raise professional and public awareness of the atrocities suffered by the millions of child victims every year, it is time to move away from attempting to predict, explain, or describe the prevalence of child maltreatment. Child maltreatment is a complex and multi-dimensional problem and often occurs within the context of family. The complexities of child maltreatment within the family context can not be fully understood within the quantitative framework. Therefore, it is time for qualitative studies into this topic to come to the forefront of the empirical literature.

The worldview of nursing is holistic and contextual in nature as nurses seek to understand the many complexities of human nature. The perspective elucidates the perspectives of women survivors about their relationships with their parents. To date

there are very few studies investigating the complexities of the parent-child relationship within the context of child abuse. Those studies that do exist are usually from the parents' perspective of the relationship; not from the perspective of the children. Therefore, a promising area of research is a qualitative approach that investigates the adult daughters' perceptions of the experience of the parent-daughter relationship. The following chapter discusses the methodology and method utilized in this study.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this existential phenomenological study was to describe the lived experiences of relationships between parents and daughters in abusive families as perceived by adult female survivors. This study analyzed the meaning and essence of these relationships. In this chapter, I discuss the methodology, including the history and philosophical underpinnings of existential phenomenology, the specific phenomenological method as it fits the research aim and the procedure including details of the study participants, data analysis, and issues of validity.

Existential Phenomenology: An Historical Perspective

Epistemology is the branch of philosophy that is concerned with knowledge – how do we know and how have we come to know the world as we experience it? (Munhall, 2001). Ontology is the branch of philosophy that is concerned with what is the meaning or what exists (Blackburn, 1996). Phenomenology is concerned with both epistemology and ontology. In truth, phenomenology is a philosophy that is concerned with what it means to be human (Munhall, 1994).

Phenomenology emerged in response to dissatisfaction with the dominance of positivist thinking and the mind-body dualism. In his earliest writings, Johann Heinrich Lambert, describes phenomenology as "the description of consciousness and experience in abstraction from consideration of its intentional content" (as cited in Blackburn, 1996, p. 284). The worldview of phenomenology contends "that truth is embedded in the

human consciousness and expressed through the essence of universality" (Polifroni, 1999, p. 58). In the late 18th Century and during the 19th Century there was a movement among philosophers towards existentialism as a rejection of the logical positivists' view that the universe is a "closed, coherent, and intelligible system" (Blackburn, 1994, p. 130). Existentialism focuses on the uniqueness of each individual and by doing so abandons the search for universal human qualities that can be explained by purely scientific terms (Welch, 1999).

Soren Kierkegaard, 19th Century, is credited with the origination of existentialism as a revolt against the idea that the world is a remote, closed, intelligible system (Blackburn, 1994; Thomas & Pollio, 2002). Over time, other philosophers have expanded on Kierkegaard's concept of existentialism. Jaspers (1971/1996) describes existentialism through the root word *Existenz* (reality) as "everything essentially real is for me only by virtue of the fact that I am myself" (p. 55). In other words, existentialism is the experience of living or being alive – experiencing life. Sartre (1948/1996), a 20th Century philosopher, describes existentialism as "a doctrine that does render human life possible; a doctrine, also, which affirms that every thought and every action imply both an environment and a human subjectivity" (p. 65).

The early phenomenological philosophers were concerned with the nature and existence of human experience. Edmund Husserl, often called the father of phenomenology, emphasizes a reflective intuition in the description and clarification of subjective human experiences as they emerge into consciousness (1970). "In our reflections we confined ourselves to the perceiving consciousness of things, to one's own perceiving of them, to my perceptual field" (Husserl, 1970, p. 107). Husserl called this

reflective intuition "transcendental subjectivity" (p. 153). Husserl believed that philosophy could be as rigorous as science and that "using the method of epoche or bracketing (holding in abeyance) one's presuppositions or theories and by deep reflection, one could seek the roots or beginnings of knowledge in the subjective processes, 'in the things themselves'" (Ray, 1994, p. 119). Husserl was most interested in describing the things that humans take for granted – the occurrences of everyday life (Thomas & Pollio, 2002).

Heidegger, a student and critic of Husserl, has been credited with redefining phenomenology into "hermeneutical or interpretative" phenomenology (Ray, 1994). Heidegger moved phenomenology more towards the ontologic viewpoint by stressing "that the fundamental dimension of all human consciousness is historical and sociocultural and is expressed through language" (Ray, 1994). According to Heidegger, the central question is: what it means to be (Heidegger, 1926/1962). "When we come to what is to be interrogated, the question of 'Being' requires that the right way of access to entities shall have been obtained and secured in advance" (Heidegger, 1926/1962, p. 26). He expresses the condition of a human person as *Dasein* or being-in-the-world (Ray, 1994; Thomas & Pollio, 2002). "Being–in-the-world" means that human existence and the environment are forever intertwined and you cannot understand one without the other. Heidegger also suggests that we view phenomenology as the study of what stands out, or is figural (being) against the background or context (in-the-world) (Thomas & Pollio, 2002). For phenomenologists, human experience is expressed as what stands out or is figural against a background and the meaning of the experience can only be understood

within the four existential grounds of *others*, *time*, *body*, and the *world* (Thomas & Pollio, 2002).

Existential Phenomenology: Modern Perspective

Currently phenomenology is no longer considered to be a school of thought but as a movement that embraces a variety of meanings for different people (Welch, 1999). During the 20th Century, three distinct movements of phenomenology emerged: the Duquesne school which followed Husserlian (descriptive) ideas, the Dutch school (both interpretative and descriptive), and Heideggerian hermeneutics (strictly interpretative) (Thomas & Pollio, 2002). The central feature of phenomenology that holds in all three schools: subjectivity has a privileged position.

Merleau-Ponty, drawing upon the previous work of both Husserl and Heidegger, emphasized phenomenology as the study of perception and could be called one of the founders of modern phenomenology. Merleau-Ponty (1945/1962) defines phenomenology as "the study of essences; and according to it, all problems amount to finding definitions of essences; the essence of perception, or the essence of consciousness" (p. vii). In addition, he states that phenomenology is a type of "descriptive psychology" and the "start of a rejection of science" (p. viii).

Merleau-Ponty's interest in phenomenology continued until his death at the age of 53 (Munhall, 1984; Thomas, 2005). During the course of his lifetime, his views on phenomenology changed and evolved and have become incorporated into modern phenomenology today. His primary concepts are embodiment, the primacy of perception, functioning intentionality, and the focus on the lived experience. Embodiment refers to

"viewing people as they are in their world within their body" (Munhall, p. 291). According to Thomas, "the body is the vantage point of perception and not only perceives but gestures and speaks" (p. 71). To Merleau-Ponty (1945/1962) the body represents our link between the world and consciousness; "every perceptual habit is still a motor habit and here equally the process of grasping meaning is performed by the body" (p. 153.)

The concept that is central in Merleau-Ponty's (1945/1962) philosophy is perception which he defines as "the background from which all acts stand out, and is presupposed by them" (pp. x-xi). He states "the self-evidence of perception is not adequate thought or apodeictic self-evidence. The world is not what I think, but what I live through. I am open to the world, I have no doubt that I am in communication with it, but I do not possess it" (pp. xvi-xvii). "Perception opens us to reality, providing a direct experience of the events, objects, and phenomena of the world" (Thomas, 2005). Functional intentionality is how we relate to the world and with the things that we are directed towards such as objects, phenomena, or events (Thomas & Pollio, 2002). According to Merleau-Ponty, intentionality "is to take in the total intention – not only what these things are for representation (the 'properties' of the thing perceived, the mass of 'historical facts', the ideas introduced by the doctrine) – but the unique mode of existing" (p. xviii).

Phenomenology has gained significant popularity among nurse researchers over the past several decades. The phenomenological approach is congruent with the philosophical foundations inherent in nursing and therefore, is a good fit as a research

methodology. Early nurse scholars such as Josephine Paterson and Loretta Zderad, Rosemary Parse, Carolyn Oiler, and Anna Omery were among the first to realize the potential for utilizing the phenomenological method in nursing research (Thomas & Pollio, 2002).

Researcher's Rationale for Choosing Phenomenology

I chose the phenomenological method for this study because it is congruent with my worldview, a belief that people can be understand only as whole beings rather than separating them into different and distinct parts. It is also consistent with the values of nursing and would therefore, be easily understood by them. I also believe that everyone has separate and unique experiences which comprise their reality. Only through listening to an individual's description of their life and the meaning they attach to their life can we uncover new understandings and insights. Bracketing allowed me the ability to understand my own values, experiences, and prejudices so that I could see the individual's world without preconceptions. Merleau –Ponty believed "in order to see the world and grasp it as paradoxical, we must break with our familiar acceptance of it" (1945/1962, p. xiv).

Phenomenology provides a rich description of the phenomenon and will yield more useable and relevant data than I would discover from a quantitative study. In addition, phenomenology blends easily with the narrative perspective of the original study. According to Reissman (2002) "narrative methods can be combined with other forms of qualitative analysis" (p. 706). Both phenomenology and narrative analysis are interested in the life story of the individual and in understanding the experience that the

story relates. By choosing phenomenology as the method for this study, I can further elucidate and add to the findings from the original study. Human experience requires a rich description that could be lost with quantitative methods. Quantitative researchers are often more interested in causal explanations then in experiences or awareness of emotions. Existential phenomenology is not predictive, instead it is descriptive and allows us to relearn to see the world and be astonished by it (Thomas, 2005).

The phenomenological approach "attempts to disclose the essential meaning of human endeavors" (Bishop & Scudder, 1991, p. 5 as cited in Ray, 1994) Phenomenology seeks to describe the experience and used as a methodology often increases the nurses' understanding of client's feelings. Currently, there are no existing studies investigating the perception of parent-daughter relationships in abusive families; therefore, a phenomenological baseline is critical to increasing awareness and understanding of parent-daughter relationships in abusive families.

Method and Procedure of Original Study

Sample Characteristics

This is a secondary analysis of data from Dr. Joanne Hall's NIH RO1 funded study on *Women Survivors of Childhood Maltreatment* utilizing narrative analysis as the primary methodology. All of the participants are female and most were recruited when they telephoned after having read an article in the local newspaper explaining the purpose of Hall et al's study as exploring how abuse survivors achieve success, despite obstacles posed by abuse aftereffects.

The inclusion/exclusion criteria were that participants will: (a) self-identify as a child abuse survivor, (b) comprehend English at the sixth grade level, (c) not be experiencing any psychotic symptoms, severe depression or suicidality, (d) not currently be experiencing interpersonal violence, (e) not currently be abusing alcohol or other drugs, and (f) not have acute physical illness. The majority of the female participants responded by telephone to the research office of Dr. Joanne Hall and she explained the basics of the study to interested parties. Minority female participants were purposefully selected through a minority personal contact so that women of color would be better represented in the sample derived from a predominately white community.

After the women decided to participate in the study, then arrangements were made to begin the interview process in a location that was convenient to the women. Interviews were obtained either in the participant's home or other place of their choice or in a private office in the interviewer's workplace. Many participants expressed a desire to help others who may be in the same situation and expressed gratitude that someone was interested in success after childhood abuse and not only the problems that occur.

There were a total of 44 women who decided to participate in the original study; 33 Caucasians, 9 African Americans, and 2 Hispanic Americans. Participate ages ranged from 21 to greater than 60 with the majority of women being between the ages of 40-49. The vast majority of women (70.5%) experienced multiple forms of abuse. The participants were relatively well educated; three were limited to a high school degree and one dropped out of school after the tenth grade.

Researcher as Instrument

Data was collected in private, confidential face-to-face interviews by seven different researchers from Dr. Joanne Hall's research team. The researchers became the instrument for data collection by actively engaging the participants in a dialogue regarding their experiences with surviving childhood abuse. Although the researchers were all experienced psychiatric nurses, they were not working with the participants in any clinical capacity and no services participants were already receiving were affected by their participation in the study. The interviewers were prepared to make referrals to other agencies as needed by the participants if the interviews became too distressing. No such referrals were necessary.

Data Collection

During the first meeting, the study was explained to the participants and an informed consent form was signed by both the interviewer and participant (See Appendix A). In addition, demographic data was collected (See Appendix B). The participants were told they could drop out of the study at any time without fear of recrimination or other negative consequences. Participants were informed that the study would consist of three interviews collected over a period of six months to one year.

Interviewing was chosen in order to allow the participants to tell their stories to the researcher. The interviews were open-ended but prompts were used during periods of silence in order to allow the story to unfold. The equipment utilized for the interview was a digital tape recorder and a conference-type flat microphone. The interview was audio taped and the narratives transcribed verbatim because the participant's words were important and the unfolding story needed to be in the exact words of the participants.

Transcription was done through a medical transcription service, which facilitated quick turnaround of several interviews at a time for beginning initial analyses while data collection continued. Pseudonyms were used to replace participant names, and references to others' names, institutions, and places were removed whenever possible. The professional transcription service had a policy of maintaining confidentiality for all transcription; in addition the transcription service completed the confidentiality pledge used throughout the study period (See Appendix C). Each person accessing the data in any way (a team member, for example) signed a copy of this pledge, which was kept on file.

The opening question for the first interview was "What made you decide to participate in this study?" In most cases the participant was encouraged to tell their story in whatever way made sense to them. The interviews were focused on successes and strategies of overcoming adverse childhood circumstances. There was no expectation that participants necessarily recount actual abuse events unless they chose to do so. The amount of detail about actual abuse varied; a few simply said they had experienced multiple forms of abuse. Others recounted their abuse in detail. As might be expected, emotional/verbal abuse and neglect were disclosed more as ongoing patterns rather than specific events.

The interviews ranged in time from 30 – 90 minutes in length. The participants were informed that they could stop the interview at any time. Field notes were recorded after each interview by the researcher describing contextual settings, emotions, thoughts, disruptions, and non-verbal communication. In subsequent interviews, the opening question was, "How have you been doing since we last met?" The researchers had

interview guides for each of the three different interviews (See Appendix D). The guides were not always used but were available to the researcher if the information was not spontaneously given and in order to stimulate recall and expression of narratives.

Data Analysis

The methodology utilized for the original study is narrative analysis and has been adapted to focus on meaning, sociological stories, and functional narratives. In narrative analysis the participants' life stories are elicited, not just the meaning of the life story. Narrative analysis refers to the use of stories to describe human experiences and actions (Polkinghorne, 1995). Narrative analysis has become an approach to understanding human action and therefore, has recently become a popular methodology of research (Howard, 1991). Reissman (1993) believes the purpose of narrative analysis is to see how people make sense of their lives and experiences. Narrative analysis uses an approach that "is distinguished by an interpretative thrust" (Reissman, 1993 p. 5). It is through this interpretation that the meaning of the story is revealed to the reader from the details of the participant's experiences (Polkinghorne, 1995; Reissman, 2002).

Thus far, data analysis is still ongoing and is in the second phase of a three phase analysis plan based on the specific aims of the study. These aims are to: (1) discover patterns of past and recent aftereffects of child abuse as described by women survivors that are currently thriving versus those still struggling; (2) identify self-protective, health promoting strategies and resources that constitute strengths for thriving in developmental, transitional, and everyday situations, (3) explore thriving and struggling survivors' perceptions evaluations of interactions with others especially health care providers, as they affect abuse aftereffects and strengths; and (4) ascertain cultural, structural, and

environmental dimensions of work and relationships with others that women survivors view as effective or not effective in helping them thrive. The first phase of the analysis involved reading a sample of the transcripts for key concepts. These key concepts were generated by the research team to break the narratives into smaller pieces to be utilized for Nvivo coding (See Appendix E).

The second phase of the analysis has involved reading the transcripts of the participants who have completed at least two interviews and completing summary narrative assessments. The summary narrative assessments are templates with specific questions to be answered from the participant narratives based on the specific aims (See Appendix F). The summary narrative assessments were used to help the research team to understand how it has been and are for the participants in view of their abuse/traumatic history. The final phase of the original study will entail discourse analysis of selected portions of participant interviews.

Method Procedure of Secondary Analysis

Bracketing

Existential phenomenology requires the researcher to participate in a bracketing interview. Bracketing is an "intellectual activity in which one tries to put aside theories, knowledge, and assumptions about a phenomenon" (Thomas & Pollio, 2002, p. 33). The bracketing interview was conducted by an interviewer experienced in qualitative research and was analyzed by the interdisciplinary phenomenology group. As a women's health care nurse practitioner, I have provided care to several women who were victims of either domestic violence or childhood abuse. By participating in a bracketing

interview, I revealed to myself my presupposed ideas, theories, and assumptions regarding the phenomenon of daughter-parent relationships in abusive families.

The analysis of the bracketing interview within the interdisciplinary revealed that I held parent-daughter relationships in high esteem and felt that a healthy parent-daughter relationship was essential to normal development. In addition I have revealed to myself that I find it hard to believe that women can be brutal perpetrators of abuse upon their children. The bracketing interviewed helped me to remain aware of my biases, values, and beliefs regarding parent-daughter relationships while I analyzed the transcripts.

Data Analysis

This is a secondary analysis of a large scale narrative study on *Women Survivors of Childhood Maltreatment*. The sample size for analysis was selected from the 27 women who completed a total of three interviews. The transcripts of those 27 women were scanned for rich descriptions of the parent-daughter relationship. After eliminating those interviews in which parent-daughter relationships are not discussed, I further limited the sample by including only those women whose ages where between 40 and 65. This further limitation was undertaken to attempt to insure a similar cohort of participants in regards to societal beliefs and values, historical period, and developmental stage. This was accomplished by utilizing the typology of adult development in women as described by Levinson (1996) resulting in the selection of women who are considered to be in the midlife era of development.

The method described by Pollio, Henley, and Thompson (1997) and Thomas and Pollio (2002) was followed in this study as it relates to thematic analysis. The question I

asked the data is: how do daughters from abusive families describe their relationships with their parents? I analyzed the interviews in a line-by line fashion relating parts to the whole interview and interviews to the whole account (set of three interviews) and I identified meaning units and themes within the interviews. I also had access to the voice recordings, so I was able to listen to the narrative of the participants as necessary and reflected upon the tone and nuances of the descriptions. I presented two interviews to the interdisciplinary phenomenology group at the University of Tennessee. The interviews were interpreted using hermeneutic analysis of each individual interview looking for patterns of commonalities in meanings, situations, and experiences. Further analysis divided the patterns into themes and finally into global themes that represented the thematic structure of the parent-daughter relationship. Finally, the thematic structure was presented to an original study participant for clarification and reflection of the perceived experience.

Validity, Rigor, and Reliability

Qualitative researchers are cognizant of data error but do not report strength of their research through empirical statistics, accuracy, or relevance. Validity "means whether one has investigated what one wished to investigate" (Thomas & Pollio, 2002 p. 40). According to Thorne (1994), validity in secondary analysis does not have to include the original participants but could include "new key informants, the primary researchers, and clinical experts" (p. 275). For this study, validity was ensured by presenting the thematic structure that emerged from the narratives to a study participant and by presenting the thematic structure to the interdisciplinary phenomenology group at the University of Tennessee, Knoxville. The study participant and the interdisciplinary

phenomenology group agreed that the thematic structure was representative of the parent-daughter relationship as perceived by adult female survivors of childhood abuse.

In addition to validity, other methodological concerns in phenomenological analysis include rigor and appropriateness (Thomas & Pollio, 2002). Rigor was ensured by adherence to the methodology of phenomenology and authentication by interdisciplinary research groups. I have determined that the use of existential phenomenology was appropriate for this study because it allowed me to tell about the experiences of the daughters regarding their relationships with their parents in their own words with their perceptions. Additional assurances of rigor included closely following the criteria set forth by Munhall (1984). These include resonancy (familiarity), reasonableness (possible explanation), representativeness, recognizability, raised consciousness (a fresh experience), readability, relevance, and responsibility (ethical considerations). Rigor was achieved in this study due to the fact that the thematic structure seemed to include the criteria of resonancy, reasonableness, representativeness, and recognizability by both the study participant and the interdisciplinary phenomenology group, which served as a type of peer review. In addition, the use of existential phenomenology provided a new and fresh insight into the parent-daughter relationship as will be discussed in Chapters IV and V.

Protection of Human Subjects

The original RO1 funded study by Dr. Joanne Hall was reviewed and approved by the University of Tennessee (UTK) College of Nursing Human Subjects review committee and the UTK Institutional review committee. The study was then approved and funded by the National Institute of Health (NIH), specifically the National Institute

of Nursing Research (NINR). I requested an expedited review for this study since I was not involving actual human participants in this study. The expedited review was approved by both the UTK College of Nursing Human Subjects review committee and the UTK Institutional Review Board. I will keep the transcripts locked in a file cabinet in my home office for up to three years after the study and then I will destroy the transcripts by incineration. The consent forms for the participants are locked in the research office for the original study within the UTK College of Nursing. Only my dissertation committee, the interdisciplinary research group, and I had access to the transcripts. All identifying information has been removed from the transcripts. Any person accessing the data transcripts signed a Confidentiality Pledge (See appendix C) similar to the one used in the original study.

Risks and Benefits

Since I analyzed data that had already been collected and transcribed, there were not any risks to the original study participants. Benefits emanating from this study included a deeper understanding of parent – daughter relationships in abusive families and provided nursing with a rich description of the perceived relationship. The strength of this study is that it extended the knowledge of the original study and offers health care providers a rich description of the relationship between parents and daughters in abusive families.

Summary

Phenomenological studies are intended to investigate the meaning of experience as described by the participant. These studies provide a unique insight into the world of

women abuse survivors' experiences, including many relationships relevant to family, and particularly relationships to parents and give us a rich description of their experiences within their everyday life. This chapter discussed methodology, history, and philosophical underpinnings of existential phenomenology, the method procedure, study participants, data analysis, and issues of validity. In addition, this chapter also discussed the risk and benefits of the study as well as the procedure for the protection of human rights. The next chapter will discuss the thematic structural findings of the study.

CHAPTER IV

RESULTS

Introduction

Parent-child relationships are forged within the contextual setting of the family environment. It is the first relationship that the child enters into and if it is a healthy relationship then it should be filled with mutual respect and love. The focus of this existential phenomenological study was parent-daughter relationships as perceived by adult women survivors of childhood abuse. Existential phenomenology enables discovery of a thematic structure that represents the parent-daughter relationships of these adult women survivors of childhood abuse. This chapter will present demographic characteristics of the participants and the thematic structure of the parent-daughter relationship as perceived by adult women of childhood abuse. Direct quotes taken from the transcribed interviews will be provided to illustrate the thematic structure of the parent-daughter relationships.

Demographic Characteristics

All of the participants in this study were female and the majority suffered from various types of abuse. The abuse started during childhood and for some of the participants extended into their adult years. Their ages ranged from 43 to 60 years with the average age of 51.2 years. All of the participants had completed high school and 57.1% had graduated from college with either an Associate's, Bachelor's or a Master's degree. Nine of the participants (64.2%) were currently married. Demographic data appears in table 4.1.

Table 4.1

Participant Demographics

Pseudonym	Age	Marital Status	Education	Types of Abuse	Perpetrator
Adele	48	Married	Master's Degree	Sexual Emotional	Paternal grandfather
Betsy	54	Divorced	Some College	Emotional Neglect Physical	Mother
Candace	45	Married	Some College	Sexual Emotional	
Carmen	44	Married	Bachelor's Degree	Sexual Emotional	Brother in law
Claire	52	Divorced	Some College	Sexual Emotional	Mother Stepfather
Denise	43	Married	Master's Degree	Sexual Emotional Physical	Father Mother
Fran	47	Divorced	Associate's Degree	Sexual Emotional Physical Verbal	Father Mother
Gwen	60	Married	Master's Degree	Sexual Emotional	Father Mother
Jade	60	Married	Associate's Degree	Emotional Verbal Neglect	Father Mother
Janet	60	Married	Some College	Sexual Emotional Verbal Physical	Father
Lynn	60	Widowed	Some College	Physical Emotional Verbal	Father Mother
Mae	46	Divorced	Bachelor's Degree	Physical Emotional Verbal	Father Mother
Ruth	47	Married	Some College	Sexual Physical Emotional Verbal	Parental Uncle

Table 4.1 Continued

Participant Demographics

Pseudonym	Age	Marital Status	Education	Types of Abuse	Perpetrator
Sue	51	Married	Master's Degree	Emotional Physical Verbal	Mother

Contextual Grounds

The experiences of the participants in regards to their parent-daughter relationships were contextualized within the existential grounds of world and others. The contextual grounds of world and others are woven together for these participants and therefore one can not be understood without the other. While world refers to the actual place or environment; others refers to interactions with people outside of the family. The participants' world was characterized mostly by "abject fear" and violence. There were no feelings of safety and security in this world; instead participants spoke of their world as "nightmare house" or "horror house". The existential ground of others is represented not only through intermittent acts of kindness to the participants by people who were not a part of the family world but also through recognition of their accomplishments and recognition of the participants as human individuals. Others could be neighbors, teachers, or extended family members who through their thoughts, words, or actions offered the participants a thread that could give them some comfort against the terrors of their world.

World

The existential ground of world was a place of great fear and hostility for the participants. They were often surrounded in places where they felt unsafe and insecure. However, for the participants this horrible and fearful world was all they knew and to them it was normal. The world for these participants can be summed up by the following description of how Janet viewed her world: "um (sighing) – it, it was - you know, when you're growing up you don't know what a nightmare something is - 'cos you don't know anything else, I just thought that was normal".

World was described by the participants in terms of specific places. Often these places were unsafe and full of horrible acts. Descriptions of the places where the participants spent a great deal of their life were often reminiscent of places lifted from the pages of a good horror story. Jade, who suffered physical abuse and abandonment from her father and total neglect from her mother, describes her home as:

…we lived in this big old house, it was a big huge house, it was actually an inn at one time and it had a lot of rooms. It actually had two apartments, so there was a lot of room in this house and it was like ... I don't know, when I think of it now, it was like a nightmare house, you know.

Mae, who along with her brother was physically, emotionally, and verbally abused by both parents, describes her home life with her brother as "we were like prisoners in the same cell". Mae also clearly reveals "our home was what I would characterize as a very violent home…and I remember growing up was just, um everyday of my life I considered

to be in abject fear". Mae's descriptions of her home life are full of battle language as if she had been a prisoner of war during her childhood.

Although the majority of the participants described their world as unsafe places and places that were full of fear, two of the participants also described a small part of their world as being safe. They had discovered "safe places" within the overwhelming horror of everyday life. Mae describes her school as a place where she felt safe. Mae elaborates:

> and it was a safe place - school for me - I loved school, most children hate school, you know, I loved it because that was eight hours out of the day during the week that it, I was, I knew I was safe, um, and that was a great feeling.

Denise's safe place was at a neighborhood church on Sunday mornings. She conveys that one of the neighborhood churches would send buses into the neighborhood to pick up children to attend Sunday School and that she would wake up, get ready, and go outside to ride the bus. While she was at this church she recalls having a spiritual experience that she describes as "I had some kind of experience in that I felt like I came – you know, spirit to spirit with – God". She continues to describe this feeling with the following:

> I felt like there was something, some being that was - greater than my parents, I think, at that point is how I felt about it. There was some, there was some authority behind what, what I was experiencing at home.

Denise's parents stopped her from going to church after she talked about her spiritual experience and she was never allowed to go again until she was old enough to drive herself.

In contrast to the descriptions of the participants' world being an unsafe place, one participant never described her world as unsafe. She did however, describe a ruined place. This ruined place was on some lakefront property that her parents owned and this participant describes how she enjoyed being at the lake because it was peaceful and beautiful. This beautiful place was ruined through the thoughtless actions of her parents when they allowed her abuser to move his trailer onto the property. Once the abuser was living on the property, it became a place whose beauty had been ruined for this participant.

> I was angry at my parents too because they have a place up on D Lake and at some point back in the past, they moved his trailer onto their property and I was so angry about that, that they would include him and move him up there, 'cos I never wanted to go up there to visit. I never wanted to be anywhere around him and when I was, it was just a horrible, you know - (chuckle) uh, it was like - you've let him back in your life after what he did to me, you know, even if he is your father, you know, and, and you spoil this whole place for me to be that I always thought would be a wonderful place to be. (Adele)

Others

The contextual ground of others is interwoven with the contextual ground of world. There were two important groups of others for these participants: others associated with childhood and others associated with adulthood. Others associated with childhood could be teachers, neighbors, or extended family members that demonstrated intermittent acts of kindness and recognized the participants as individuals with interests of their own. Others associated with adulthood could be husbands, therapists, or bosses. Regardless of whether they were associated with childhood or adulthood others were perceived by the participants as interested in them and their abilities to be successful.

Others Associated with Childhood.

The majority of others that were associated with childhood consisted of teachers, neighbors, or extended family members. These others did not have to and did not remove the participants from their world of fear and violence but through their actions gave the participants a thread of hope and pride to take back into the dark world of violence. As Gwen, sexually abused by her father from the tender age of four, illustrates:

> I was very fortunate throughout my growing up days, I had - what today we would call - maybe mentors - in, in school and, and then some - friends of my parents and - um - uh - in retrospect it's obvious that - some of those people knew what was going on, or suspected what was going on and did things to - um - maybe try to offset that. They weren't in a position they could stop it, or they could prove it but they did things to offset that.

All of the participants fondly recall someone outside the family that was interested in them as an individual with thoughts, feelings, and desires. The most frequently talked about other was a school teacher. School teachers were in the unique position to see the participant outside of the confines of the family. Teachers offered praise and encouragement to the participants and some teachers even praised the participants to their parents. Denise, whose mother yelled at her whenever she desired affection, recalls "I had a teacher who was very supportive and nurturing in high school. She was really warm, you know". Mae recalls fondly a music teacher that she had in the ninth grade that recognized her talent for singing.

> I had a music teacher in the ninth grade that um - um - I can sing, not, I mean I can carry a tune, but I don't think it's particularly great, but she must have thought I was, um, and she put me in a lot of like, starring things, and, you know, solos and all that kind of stuff.

Recognition from others for accomplishments was something that the participants did not receive at home. Therefore, any kind word or act by people outside of the immediate family was appreciated by the participants and fondly remembered and revealed in the narratives. Grandparents could also be a part of the others and provide a positive ray of hope for the participants. Claire, who was briefly abandoned by her mother in early childhood, fondly remembers her grandparents as warm, loving, and caring people. Claire states "glory be, to my grandparents who were - these religious people who actually took excellent care of me and my brothers and sisters who, got us what we needed…They were wonderful". Mae conveys that her grandfather was the first

person to show any interest in her as an individual. According to Mae, "I had um, a grandfather, who when I was very young, um, he was the only person that I remembered as a very young child caring about me at all, and that was, that was a tremendous impact".

Denise recalls the kindness of her childhood friend's mother. "When I came over she would have something special that I liked there or she would be making some supper that she knew I really liked". Others had a huge impact on the participants and it was through their acts of kindness that many of the participants found the courage to succeed. As Gwen states:

> ...none of those people - told anybody I was being abused - but they told me they loved me. And they told me I was alright and that message is probably what carried me through and allowed me to - to succeed.

Others Associated with Adulthood.

The majority of others associated with adulthood consisted of husbands, therapists, and bosses. Husbands were often described as wonderful, caring men who were supportive and nurturing to the participants. Husbands provided the affection, nurturance, and support that these participants did not receive during childhood. Not only were these husbands affectionate and supportive but they also believed in the participants' abilities to be successful. Gwen, who went through a self-destructive phase during her 20s as a response to the childhood maltreatment that she had suffered from her parents, credits her husband with her redemption. Gwen states:

> My husband bought me – he paid the price to redeem me from all the things that I had lived through before and even during part of our marriage, he loved me enough to say that – whatever you've done doesn't matter to me, I love you that much. And nobody else had ever done that, nobody else would, probably ever will, but he cared that much about me, he saw something in me that was worthwhile.

Not only did Gwen's husband redeem her, he also gave her the best gift she has ever received – the feeling that she was loved.

> I know what it is to be loved and I know that that experience is what kept me from killing myself and it's what made me a whole person. Being loved – and accepted – totally is probably the rarest gift in the world. And Spencer gave that to me. And I gave that to him. And I'm very fortunate.

Candace, who left home at the age of fifteen and suffered from low self-esteem, credits her husband with restoring her faith in herself. Candace states "I have a really supportive and loving husband". She goes to state that her husband is a positive motivator and always starts the day with positive self-talk.

> But my husband has always, since, when I first met him when I was 15, he has always been a very big proponent of positive mental attitude. He does not allow negative talk in the house, or especially negative self talk. He's always positively reinforcing me. There are times when he's a little annoying, but he does it in such a loving way, in a supportive way…

Candace is grateful to her husband for serving as a role model of healthy self-esteem because there were times when she needed that strength from him. She also credits him with believing in her and her abilities to be successful. Candace states "my husband would always say I believe in you – I think you can do this".

Other participants describe their husbands in a similar fashion. Denise, who felt unloved and unwanted as a child describes her husband as "a wonderful man". She also believes that she has been very lucky to find him since she had no experience with positive relationships and had a negative role model in her father. Denise states

> I have a really great husband, I, I don't know how I got so lucky, God had to just put him in that spot, you know, sort of knock me over (chuckle), yeah, because he is, he's wonderful, he's a great husband, he's a wonderful father and, and I don't know how I got that lucky, you know, because I know that there are woman who have gone through, who have lived through abuse, who, who don't choose so well or just - don't seem to be so lucky.

Ruth, who was sexually abused by her uncle as a child, speaks fondly about her husband because she knows that he loves, respects, and supports her. Ruth also believes that she and her husband have the same ideas about what makes life wonderful – keeping it simple. Ruth gives us a wonderful description of her husband in the following passage:

> My husband is, um, is real good about that and, um, he's always been super supportive of me in what I've - wanted to do in learning and that sort of thing and

career move and, he said, if that's what you want to do, go for it, and you'll never know unless you try it, you'll never know.

The participants have also viewed therapists as very important adulthood others. Many participants speak of their therapists fondly and give them credit for helping them to overcome the aftereffects of childhood maltreatment. Descriptions regarding these therapists revolve around the issue that the participants believed that the therapist would be there for them at any time. Adele, sexually abused by her grandfather and emotionally neglected by her parents, spent about eight to ten years in intensive psychotherapy. She describes therapy and her therapist as "extremely helpful". Adele states "and sometimes it really, really helps just to have a third party who is not emotionally involved to listen - somebody that knows what they're doing, and understands, and make suggestions."

Janet, a participant who describes her childhood maltreatment as consisting of beatings around her face from both parents, parental withholding of affection and love, and sexual abuse from her father beginning at the age of three, has been with the same therapist for the past fourteen years. She began seeing the therapist during a time when she felt like she was not functioning well. Janet states:

> And so when I went to see the therapist, in the first session I told him about the childhood sexual abuse and um – it was the most unbelievable day of my life (chuckle)…and I talked the whole time…I'm still going (laughs) after all these years. I still see the same therapist.

Janet also credits her therapist with helping her to be brave enough to confront her father, who was her primary abuser. Janet believed that confronting her father would help her in her recovery process so her therapist agreed to help set the situation up. Janet recalls the preparation that went into getting ready for the confrontation:

> …that I did confront my dad. And that's such a huge part of this whole recovery process... I'm not saying I did it better than anybody else, but I put a lot into it with the help of a lot of people before I did it… but with the help of my therapist and a therapist in the city where my dad lives, we all worked together, set it up and did it.

Being able to confront her father gave Janet an incredible feeling of control, self-esteem, and self-respect.

Denise, who has had to struggle with her feelings of emotional abandonment from her mother, has been in therapy on and off since college. She had a positive experience with her first therapist and describes her as "supportive". Denise states "she was real supportive. She tried to let me know that – she tried to make it real universal so that I didn't feel like I was the only one this had happened to". Denise began intensive therapy just prior to the original study and she credits that therapist with helping her to overcome her issues related to the emotional abandonment, which has been difficult for her to accomplish.

> I see my therapist once a week and she's been very good about letting me - call her, you know, one of the ... (sighing) - for me one of the hardest issues has been -

> I really sort of created this life for myself... gosh (sighing) ... where it didn't - I didn't think about, I didn't care - it, it really didn't matter if people loved me. You know. It, it really wasn't important - of course, of course it was but - um - I guess it was part of my protection, you know, that - (sighing) - I didn't know what love was and so I didn't know what to expect and so, um, I just didn't expect anything and - um ... if, if someone loved me, I wouldn't have even, I don't think I would have even known what that was because I didn't - have a reference point and, and so - um, one of the hardest things in therapy to deal with has been, you know, uncovering my - my need, my desire to feel loved - has been really, really hard.

The participants feel like therapists are important not only because they help them to recover and to deal with issues related to their childhood abuse but because the therapists are perceived as "being there for them" whenever they are needed.

Thematic Structure

There are four major themes that characterize the experience of the parent-daughter relationships in adult women who are survivors of childhood abuse. These themes are (1) *nobody to know or care*; (2) *the ultimate betrayal*; (3) *deception of appearances*; and (4) *they treat me with respect now*. The first three themes represent the parent-daughter relationships in childhood while the fourth theme represents the current parent-daughter relationship.

Nobody to Know or Care

The overarching meaning with this theme illustrates the lack of nurturance, love, support, or basic parenting that characterizes and forms the perceptions of these participants regarding their parent-daughter relationships. This theme is further subdivided into sub themes related to both parents and sub themes related to fathers and mothers separately. Themes related to fathers were (1) *a really creepy thing* and (2) *he was emotionally constipated*; themes related to mothers were (1) *she was not a mother*; (2) *she really didn't listen*; and (3) *she practiced verbal batterings.*

The participants' parents are revealed as unconcerned with the welfare of their daughters and are not providing them an environment full of love, trust, or safety. As Jade illustrates "[I] really had a childhood that was really crappy, really um - there was absolutely nothing there. There was no support, no emotional support, no physical support, there was really nothing". Jade continues to describe what her childhood was like; living in a house without any parental supervision.

> I mean I had access to anything I wanted as far as drugs, booze - um, really anything I wanted. Any kind of, I mean they were just wild, wild kids, you know that - and nobody knew what was going on, nobody, there was nobody to know or to care.

This lack of support was not only in physical or financial matters but also in supporting your child's decisions or even being involved in their everyday life. Carmen conveys a story about not having emotional support during her childhood. Her parents provided for her financially and she lived with both of her parents but they did not

involve themselves in her everyday life. The following passage illustrates the difficulty that Carmen had in school and how her parents reacted to that difficulty.

> Every report card said, you know, - this student daydreams, it's hard for her to do her work, please come in and talk to us, um, and it was all, then the next thing would be, you know you send a report card home for the parents to sign that says - I am so sorry you didn't come in to talk to us, I'm so sorry you didn't make the parent conference - and I'm thinking, through my whole life - where was, where was anybody for me?

In addition to failing to provide support, nurturance, love, and safety many parents were perceived as being concerned only with themselves instead of their daughters. In fact, parents were so concerned with each other that many of the daughters felt like they were invisible or didn't exist as individuals. This concept of not existing is illustrated by Mae:

> Um, we existed in the home but, uh - you know - I don't believe either one of our parents could have told you anything about us, except that they did have a son and they had a daughter, and they might have known the color of our hair but, you know, nothing else about who we were, because we didn't, I don't think we existed as people, at all, ever at any point in our lives to either one of them.

Not only did the daughters' feel like they did not exist as human individuals to there parents, they also felt isolated and "outside the family". Sue in describing what it was like to live in her family after the injury of her sister from a car wreck explains "...it

was a little bit about feeling like I was on the outside of the family and a little bit of getting not too pleasant attention when I wasn't". Sue is telling us that not only did she fell isolated and apart from the family but that when she was noticed the attention she received was not nurturing or supportive. Betsy also feels isolated from the family but in a different way than Sue describes. Betsy's isolation results from the fact that out of three children she is the only one who is mistreated: "...cos I was singled out from the three, of the three kids – in my own home".

Although at times the daughters spoke about their parents as a unit they also often spoke about their parents as individuals. They would separate out behaviors and actions of their fathers from the behaviors and actions of their mothers. It appears that these individual actions of their parents were just as detrimental to the participants as the perceived action of their parents acting together as a unit.

Fathers

The participants' describe their fathers as (1) *a really creepy thing* and (2) *emotionally constipated*. This description sets the stage for an expectation of a mean, creepy villainous type character that was emotionally distant from the daughter and perhaps the entire family. Descriptions of the father-daughter relationship were not as numerous as accounts regarding the mother-daughter relationships; however, they were present and do represent a troubled relationship.

A really creepy thing.

This theme represents how the fathers' characters were perceived by their daughters. In addition to negatively describing their fathers as mean and creepy many of the participants reveal that they either hated their fathers during childhood or continue to

hate him to this day. Hatred is a strong emotion and I wondered as I read these stories just exactly what kind of men (fathers) are the participants describing? I discovered that for the majority of the participants their fathers were still a big part of their lives and they had to see them every day of their childhood that they lived in the family home.

Jade, the only participant whose father abandoned his children, describes him as "…the father, my father and I don't really like to say my father because he was never really a father; he was a really creepy thing". In this one statement she speaks volumes about the kind of man her father was in her eyes. Jade goes to describe how he interacted with his children:

> … he was very mean and he was a drunk and what I remember most is just that he was mean, you know, hitting and kicking, and you know he'd hit you, walk by and just kick you for really no reason (chuckle) and, you know, just really mean. Had some ideas of what he should do to little kids that, you know, just shouldn't be done to anybody, little kid or anybody. You know, just kind of cruel things, you know cruel little punishments he would think up and stuff to humiliate and be painful, and you know.

Gwen also describes her father as a mean man and a selfish man. "…my father was mean spoken…my father was combative uh – selfish, self-interested, anything that happened was never his fault". In another passage Gwen gives us the briefest glimpse into her father's personality by stating "…my father was a son-of-a-bitch even without the abuse". Mae will also tell you her father is a mean man but her description is somewhat different from Gwen's and Jade's. Mae states:

> my dad was just very violent, very physically violent, violent, you know, just everything about him, he was like your picture of a mad man, you know, he just had these really deep furrows in his face and he always looked furious.

Bound up with the descriptions that their father was *a really creepy thing* is an immense hatred of him that was revealed by only a few participants. This hatred of their father is revealed through passages where they talk about their fathers and the concept of death. Lynn, who was beaten severely by her father for "all of her life", reveals her hatred of her father after he has died. She is remembering her father's death and her feelings surrounding his death.

> One of the happiest days of my life was when my father died. I couldn't believe it was just too good to be true. It was like if somebody told me I won the lottery and I just couldn't believe the good news. It took me a few years to really feel secure that he really was dead. And I watched 'em put him in the ground and I knew he was dead but - on some level it was just too good to be true.

Denise reveals her struggle regarding whether or not she should try to maintain a father-daughter relationship into adulthood. "I felt like it was much better for me not to have dealings with my father…I tried for a while after college – …I don't think I could ever trust him again, ever again and I don't like him. I hate him". She describes these feelings again in another passage and at this time reveals that it would not bother her if he were to suddenly die.

You know, I, I don't want, I don't ever want – to have a relationship with that man – you know, I don't – ever. I mean, I don't, I don't feel a need for revenge but - I, I certainly I don't want to ever see him or speak to him again and, and quite frankly I really wouldn't care if he wound up dead in the street somewhere.

He was emotionally constipated.

Daughters often revealed their fathers to be emotionally distant or "emotionally constipated in their dealings with them or the family. It is almost as if the fathers were attempting to isolate themselves from family life. This emotional distance was often expressed through perceived acts of selfishness or the inability or refusal to discuss anything but trivial matters with their daughters.

Fran describes her father's emotional distance as being concerned with himself. According to Fran her father "…only loved me as an object that could fulfill his needs". She continues by revealing "father is pretty much a selfish bastard. He only thinks of his own needs. He always plays the little boy wounded part in life". Fran further describes his reaction to a disclosure from Fran regarding her husband's abuse at the hands of his father. "He looked down at his feet and whined – big deal – your grandma and I were beat by your grandpa who was an alcoholic. Father always turned everything into something about himself".

Carmen attributes her father's emotional distance to his age and to the possibility that he may have had a psychiatric disorder.

"My father was 56 when I was born… when I think back on it, I was the baby of five. I didn't get much attention from my father and I have found out recently that

he was schizophrenic – so we walked around him – you know tiptoed around him".

Candace explains her father's lack of emotional involvement as a combination of his inability to express himself and her mother tried to protect him from things that happened within the home. "I've always called my father emotionally constipated because he doesn't know how to express his emotions". Candace further reveals "it's kind of a southern gentlemen type of relationship that I have going on with him. Mom would always say – let's protect your father from this".

Mothers

The participants describe their mothers in terms of what they perceived as lacking in the role of motherhood. It became obvious from the narratives of the participants that the mothers were not meeting their daughters' expectations of mothering. Mothers were described as (1) *she was not a mother*, (2) *she really didn't listen,* and (3) *she practiced verbal batterings.* Descriptions of the mother-daughter relationship were numerous and it is interesting to note that mothers were held more accountable for their actions or non-actions than fathers were.

She was not a mother.

This theme represents the various ways in which the participants' viewed the lack of parenting that they received from their mothers. To not be a mother meant not being supportive, nurturing, loving, or protective towards their daughters. This non-mothering was just as destructive to the participants as the abuse that they endured on a daily basis.

The main concern of the participants regarding their mothers centers on the fact that the mother was not available for comfort, love, or emotional support. These quotes illustrate the lack of emotional support:

> Well she was there physically but she, she was never there emotionally for me. I remember one time when I was um, 15, I had had a broken heart and uh - I asked her to put her arms around me and she wouldn't. (Lynn)

> Now she was a very um ... undemonstrative person um - no touch - very little touch, even with a child... you know, there wasn't a lot of hugging, or kissing, or anything like that. (Gwen)

> I didn't have a very supportive mother. My mother died a year ago, this month, and my mother was just not a ... although I think she did the best she could do but - she wasn't - a mother, the best mother either, you know. (Claire)

In addition to the lack of emotional support, many participants report that in most instances their mother chose to support the abuser or become complicit in the abuse. In these instances, mothers failed to protect their daughters. As Gwen reveals while talking about her mother's reaction to her abuse, "...she didn't protect me. She did physical things for me, but she did not protect - she did not do the most important things that a - mother does for her child". Denise describes a similar story when discussing her mother's actions in relation to the abuse that Denise suffered. For Denise, this lack of emotional support, affection, or failure to protect resulted in anger and resentment towards her mother.

> There is a lot of anger and resentment, um, because she, she didn't protect me and she knew what was going on and she knew, she certainly knew of the physical abuse and she also knew about the sexual abuse and, chose to do nothing and, and also was, was not - I didn't get anything that I needed from her as far as affection goes.

Lynn also relates a similar story of complicity and non protection from her mother:

> And my mother assured me that I was doing something wrong and I had it coming. That was the only thing she could imagine. My father never beat her, he just beat the children. And I can hear her so clearly, like it was yesterday, saying - Tim, don't you think you've hit her enough ... and uh - she never intervened, she never defended me, she never protected me - she was never there - you know, she was removed from it too.

Not being a mother to your daughter was very destructive to the mother-daughter relationship. All of the participants reveal the many times they waited for their mothers to hug them or show them some sign of affection. Denise, now in her 40s, is dealing with this in therapy; "... I think um, for the first time at least that I can remember actually having the gut feeling of wishing I had, want, wanting a mommy, you know wanting a mother that, to comfort me" However, the participants began to realize that they would not get the affection that they needed from their mothers and with this realization came a great pain. The following quote illuminates this painful realization:

> ...I gave up - that yearning for - her to ever be my mother. To ever approve of anything I did or appreciate anything I did... and so that approval that you expect from your mother most people expect from their mothers, I had to give up - that need. And not expect that from her. That was kind of, that was a very painful time for me. (Gwen)

She really didn't listen.

The feeling of not being listened to by their mothers was another way in which the daughters felt that they were unloved or unimportant to their mothers. The daughters reported that their mothers "talked over me", "changed the subject" or even discounted their feelings when they were trying to discuss important issues or concerns. This refusal to discuss important issues most often revolved around the daughters trying to elicit answers and understanding from their mothers regarding their abuse. Not listening to their daughters further eroded the mother-daughter relationship and once again left the daughters with the perception that they were unimportant.

For many of the participants, the perception that they were not listened to by their mothers was painful and further contributed to feelings of isolation or non-importance. As Adele illustrates:

> And when you tried to talk to her, you felt like she really didn't listen to you, you know, she was doing something and you'd be trying to tell her something that was really important to you and then, you, and, and she, I, I've had her before, I have had her talk right over me - when I was trying to tell her something, to somebody else or to, and I knew she wasn't paying a bit of attention to what I said.

According to Adele, her mother continues to talk over her and to perpetuate that whatever Adele has to say is not important.

Sue gives us a different perspective regarding her mother's not listening. Although Sue's mother does not talk over her or interrupt her, she often discounts or finds a way to make Sue's concerns seem insignificant. In Sue's story, she often felt like she couldn't ever complain about her life to her mother because her mother would simply belittle her complaints and leave her feeling small and insignificant.

> if I was complaining about something or I was unhappy about something, she'd say –I don't know what you have to complain about, you're going to... be able to go to college, get married, be able to have a good career… and Janice (Sue's sister) never will.

While all parents attempt to lessen the pain their children feel over disappointing times in their lives, this constant discounting of Sue's feelings by her mother left her with feelings of resentment and the perception that Sue was not as important to her mother as her sister. As Sue illustrates "she was the standard by which everybody was measured and I was way out here and had absolutely nothing to complain about, in my mother's view".

Many of the participants reveal stories of their attempts to understand their mothers' refusal to protect them from the abuse. Most often, these attempts at understanding or even getting an explanation from the mothers was futile and further eroded the mother-daughter relationship. Claire reveals that she was trying to get her mother to be open with her about the abuse and to tell her why she did nothing to stop it and her mother denied that it had happened. At that point, Claire realized that "I wasn't

going get this resolved through her and at that point it was like…I'm not going to be able to get what I need from her".

Gwen had a somewhat different response from her mother regarding her abuse. Gwen was asking her mother why she allowed the abuse to occur when her mother responded with "well you know, I knew what he was doing, but when he was bothering you he wasn't bothering me and I didn't think it hurt you". Regardless of the outcome from the mothers regarding the abuse issue, the daughters were once again left the perception that they were insignificant and unimportant to their mothers and that their thoughts and feelings did not matter.

She practiced verbal batterings.

Many of the mother-daughter interactions were plagued by hurtful words and constant criticizing. The participants described their mothers as women who seemed to go out of their way to be hateful and vindictive to their daughters. These acts of cruelty further convinced the daughters of their unimportance. For Mae the verbal assaults were as violent as the abuse. "I remember all of our abuse having a violent aspect to it whether it was the sexual abuse, being hit, or the verbal – I call them verbal batterings". Mae goes on to say "My mother used to do this thing I call verbal either bludgeoning or battering…she would talk and talk to me."

Mothers would say things that were designed to be hurtful and belittling. The following quotes illustrate how the mother's words were designed to make the daughters feel small and insignificant.

> My mother was very - her - she had a forked tongue. If her tongue could have killed somebody - she would have killed a lot of people with her mouth - because she was vicious and she was vile and she would say horrible things to - to me anyway. (Claire)

> And my mother told me recently that, um, the reason she never writes or calls me is because, uh, since I moved to Tennessee it's so far away she's pretty much forgotten about me. (Lynn)

Betsy, who experienced both verbal and emotional abuse from her mother until about 1-2 years ago, conveys that her mother believes her to be worthless and that she had been told that by her mother. "I try not to be the person my mother wants to think of as and that is someone who will never amount to anything." Betsy also reveals a possible reason as to why her mother uses *verbal batterings*. "I think she she's a very insecure person and in her own little mind the further down she can bring somebody the bigger she is."

Other participants convey similar stories and experiences. Not only were the words designed to be hurtful but were also designed to be frightening. As Jade illustrates:

> I really think it's a little bit of a mean streak cause why would you wanna try to scare your kids? You know? I don't know. We were scared enough for Chrissake, you know, (laugh) we didn't have anybody that we could go to or come to – or - we didn't know what the hell was coming next so we were already

scared, you know? Don't, don't scare us anymore, you know? I don't know why she found that amusing, that kind of thing.

Regardless of the reasons why the verbal batterings occurred, they did accomplish the feat of making the participants feel unloved, unwanted, scared, and insignificant. Thus these verbal diatribes were another way in which the mothers practiced controlling their daughters.

The Ultimate Betrayal

The feeling of being betrayed to humans often leaves us with feelings of anger, hurt, and mistrust. Being betrayed by their parents was emotionally destructive to the participants. These perceived acts of betrayal took various forms and happened at different times within the lives of the participants. Betrayal was perceived as disbelieving an account of abuse, continuing an amiable relationship with the abuser, the realization that your parents did not love you, or by hurting or abusing the participants' children.

Ruth, who was abused by her father's brother, relates this incident after she disclosed the abuse to her parents "I think my dad's silence, more than anything to me - almost felt like a slap in the face." However, the feelings of betrayal did not stop there because as Ruth further relates "he still would, you know, go with my uncle, his brother, and uh, it didn't make sense, and I think that's why I had such a long road to um - forgiveness to - let up." As Ruth has stated this act of betrayal by her father was not understood by her and contributed to her delayed ability to practice forgiveness to both her father and her uncle.

This act of betrayal of the parents in continuing a relationship with their daughter's abuser was devastating to the daughters and not understood by them. Often these relationships continued on for years and resulted in the daughters being forced through the actions of their parents to also continue a relationship with their abuser. Carmen also relates to us an incident involving disclosure of abuse to her mother that resulted in the whole family's continued relationship with her abuser.

> ... when they left I told my mother. And um - her reaction wasn't - she said, oh, I'm so sorry or something you know it was just like - oh, I'm so sorry… we swept everything under the carpet, he came over that night for dinner, my mother made his favorite potato salad without onions and uh, that's how I lived.

Adele shares her feelings of betrayal and anger with her parents after they allowed her abuser, her grandfather, back into the family and provided him some room on the family property at the lake for him to live.

> …- before he died he was a feeble old man of 70 plus - (chuckle) - and I was angry at my parents too because they have a place up on D Lake and at some point back in the past, they moved his trailer onto their property and I was so angry about that, that they would include him and move him up there…

This incident occurred after the family had broken ties with the grandfather for many years but they reconnected with him right before his death. This action was not understood by Adele and resulted in feelings of anger at her parents and for a time caused a drift in the parent-daughter relationship.

Denise describes her parent's betrayal in the following way:

> the betrayal, I didn't feel the - not being loved and, and - and, I just wanted to survive - you know…and so the hard part really is having to go back now and realize that, you know, these people who were supposed to be welcoming me into the world - hurt me - and, (crying) and that's, to me that's the hard part.

Jade's descriptions of parental betrayal are related to and associated with her father:

> So here you have this rotten, mean - person that - was supposed to be someone you could rely on, at least minimally - you know - leaves, abandons you, leaves you and just, you know, with nothing - and then comes back and you reluctantly let him back in your life and then he - like does the ultimate betrayal, hurts one of your kids…

For these participants betrayal was described in terms of "ultimate betrayal" and often evoked feelings of pain or anger at being betrayed. Regardless of parental intent, the daughters simply felt like they had been let down by their parents and their feelings had been discounted.

Deception of Appearances

All of the participants in telling their stories revealed that their lives of abuse were shrouded in secrecy especially to the outside world – society. Outward appearances were important to these families and what was represented to society was drastically different

to what the participants experienced within the confines of the family or the inside world. Janet tells us "uh, we led a double life. We looked like Norman Rockwell, a Norman Rockwell painting, but inside it was more like a horror house." Janet continues to explain to us what she means by a double life:

> And so we had the church persona, we went to church, and then we had the way it really was - and daddy was mean (laughs) obnoxious and had a filthy mouth – and everybody in the family was scared to death of him.

Secrecy is a big part to maintaining the outward deception of the participants' home life. The secret of the abuse had to remain inside the home and could not be portrayed to the outside world. Mae illustrates how this feat was accomplished by her family:

> One of the things that our family was, um, what I would just call, uh, deception of appearance. On the outside, things didn't look bad, like I said my mother, you know, she was the president of the women's society in the church and, my dad uh was an accountant with E corporation, you know, he wore a suit everyday to work, you know, had his hair trimmed every three weeks, you know, just picture-perfect,… my mother kept photo albums all, all of the years we were growing up, and it was so bizarre to me, because these photo albums are like something you've never seen, they are perfect,… but I knew that what I saw and experienced and what other people saw and experienced were two entirely different things.

Gwen relates that her parents were college educated and very involved in their community church which is how they kept their big family secret.

> both my parents had college educations um - we went to church, we were probably - middle class, probably lower middle class, everything had to be perfect, manners had to be perfect, you know, all of those things, course and, and I recognize now that those were all outward things - you know. Your clothes had to be perfect; your manners had to be perfect.

Other passages from participants that clearly illustrate this theme are as follows:

> I guess - I had a loving family, in some ways it was kinda like Leave it to Beaver or something, uh, family. There were those undertones, there was some weird, weird stuff that was going on as far as the, um, you know, the shoulds and should nots. (Candace)

> Course, the other side of that was, the more participation in outside activities, the better chance that somebody might suggest, might suspect something was going on or I might tell something, so it was important for my parents to keep me at home. So I was viewed as a very protected only child in a wonderfully happy Christian home. (Gwen)

Maintaining a perfect outward appearance was important to the families of all of the participants. This false outward projection of a loving family involved deception and secrecy on the part of both the parents and the daughters.

They Treat Me with Respect Now

This theme, unlike the previous three themes, describes the current parent-daughter relationship now that the daughters are adults. This theme represents a redefining of the parent-daughter relationship into terms that the daughter has constructed. This redefining of the parent-daughter relationship was necessary in order to continue to remain in contact with their parents. For some of the participants, the relationship had to be redefined in order to care for an elderly parent before death. Overall this theme represents a victory for the participants because now they are in control of their lives and their relationships instead of their parents being in control.

How did this change in the relationships occur? For some of the participants, this redefining of the parent-daughter relationship was necessary in order to care for the dying parent.

> I had to learn how to view her as - I would - someone who was not my mother. As an only child, I knew she would be my responsibility at some point and I had to learn to view her as - um - an elderly friend of the family, I mean that's what I chose to view her as um. (Gwen)

For other participants it involved the daughters setting boundaries or conditions on how and when they would interact with their parents. Setting boundaries or conditions is illustrated by Ruth, who has decided that she can not totally fulfill the cultural expectation that she will totally care for her parents at their whim:

> I said - mom and dad (sighing) I am 45-years-old, I, I've been down here for 16 years now and - you can't just stop in anytime you want to I - call - call me first, let me know you're coming over and so I - had a five-hour talk with them. There were a lot of tears but there was - some laughter too that I'm - yes, I'm still your daughter but I'm not a child any longer. You cannot talk to me and treat me as a child. I can't do that and I'm not gonna do that anymore… I'm here for you, I'm here for you but you, you must respect me too.

Notice that Ruth insists that her parents respect her. Ruth through her success at her occupation and with the help of her relationship with her husband has learned to respect herself and because she does respect herself, she insists that her parents respect her as well.

This concept of respect is evident in other participant stories. These participants have worked hard to be overcome the egregious childhood abuse and with the help of others have come to respect themselves. Jade has also set conditions and boundaries regarding her interaction with her mother. Jade insists that her mother respect her by having a conversation in which her mother does not attempt to be manipulative.

> And I'm not letting her do it to me anymore. I, I don't, I won't talk to her on the phone. If she's - I mean I'll accept a phone call from her, even call her but if she starts that, that crap, I just tell her - I have to go now, if you're not gonna have a decent conversation with me or have a, any kind of conversation with me, we, I, I have to go right now, I'm not gonna play this game, I'm not gonna talk to you.

The participants now enjoy this new relationship with their parents. As Candace states, "I enjoy spending time with my dad, I really do and, though it's a horrible polite relationship in some ways than what I would really like." Candace continues to discuss her relationship with her father and reveals to us why she now enjoys spending time with her father.

> You know, in my teen years where I really was able to talk to my father about in-issues, you know, it was all real superficial… And it's only been in the last five or six years that we've started to really talk on an emotional level.

Other participants speak about how they now relate to their parent(s) as an adult and feel like they have the respect of their parents. This notion of receiving their parents respect and being treated as an adult has further contributed to the participants to be content with their current parent-daughter relationship. Their parents respect them as individuals and respect their thoughts and feelings, something none of the participants had with their parents during childhood. Fran, who suffered numerous beatings about the face, describes how wonderful it is to be respected by your parents.

> Yeah and um, what um, because like today it's uh, it's hard to believe that we have a good relationship, I mean as far as - for us (chuckle) - I'm like - we're not, you know ... fantasy, you know, we're, we'll never, you know, be, you know, like, I don't know - close emotionally or - um - uh whatever, but it's like… they treat me with respect, now - that's what's different, that's why I can be around 'em. Before they never treated me with respect.

Carmen, who describes being emotionally neglected by both her parents and who is currently working on her master's degree in social work, describes how the she is enjoying her new relationship with her mother. This new relationship is built upon interacting with each other as women or equals which requires both self-respect from Carmen and respect for Carmen from her mother.

> Well I always think I related to her as a child. Um, where if we go out to eat, um, you know, she'd pay for my dinner or I'd pay for her dinner, well now we go Dutch. Um, and just, um ... just relating to her as a woman, and being able to, um, talk about school, how hard it's been, how, how joyful it is, I don't talk as a child. I don't need her approval anymore.

Summary

The findings as described represent the meaning of the parent-daughter relationship as perceived by women survivors of childhood abuse. The findings were revealed to the researcher from the transcripts of the participants and are in their own words. Four themes were revealed and must be considered within the contextual grounds of world and others. The parent-daughter relationship occurred with the world of violence and fear which is related to the childhood abuse. For these participants' world is represented by places: safe places, unsafe places, and ruined places. Others may not have been able to extract them from their world but could through their acts of kindness and interactions helped to buffer the world.

For the daughters in this study, the parent-daughter relationships were tainted with fear, pain, and cruelty. The daughters suffered at the hands of the very people who

should have loved them and protected them. The daughters repeatedly emphasized they ways they were not parented by their parents. For these daughters, to be non-parented meant possibly not existing as individuals, not being loved, and being used for the needs of the parents. Although the daughters were not parented well and were often used by their parents, the daughters found ways to reestablish a relationship with their parents at a later point in their lives. However, this reconnection of a parent-daughter relationship occurred only under conditions defined by the daughters. The next chapter will discuss the findings of the study for nursing practice, research, and education.

CHAPTER V

DISCUSSION

Introduction

The purpose of this study was to examine the meaning of the parent-daughter relationship as perceived by adult women survivors of childhood abuse. This was a secondary analysis utilizing an existential phenomenological approach. The sample consisted of 14 participants who had completed a total of three interviews. The narratives of these daughters revealed four themes as discussed in the previous chapter, (1) *nobody to know or care*, (2) *the ultimate betrayal*, (3) *deception of appearances*, and (4) *they treat me with respect now*. This chapter will discuss the meaning of the experience as it relates to other theory and research. In addition, implications for nursing practice, research, and education are discussed.

Contextual Grounds

The experience of the parent-daughter relationship in this study occurs within the grounds of *world* and *others*. The world of the participant was characterized by abject fear and violence. Most often the participants described their world as "a very violent place'' or as "nightmare house". The ground of others refers to the intermittent acts of kindness and the praise or recognition of the participant by someone outside of the immediate family. Others helped them to be able to survive the violence of their world.

World

According to Macquarrie (1972) "the expression of world always seems to include the point of view of the person who is talking about the world. It does not stand

for something independent… but rather for their total environment as they are aware of it" (p. 79). Merleau-Ponty (1945/1962) and Heidegger (1926/1962) appear to agree with the above supposition. According to Merleau-Ponty human beings create the meaning of their world. Heidegger believes that human beings "dwell or reside in the world as that which is familiar to me" (p. 80). Another word for world would be place. Human beings form sentimental attachments to places. According to Tuan (1977) "places are centers of felt value where biological needs, such as those for food, water, rest, and procreation, are satisfied" (p. 4). Peacher (1995) states "place is a personalized corner of space, capable of becoming a part of one's identity or who one is" (p. 37).

For most people, places have the ability to evoke special memories and meanings. The daughters in this study described their world as a place that was unsafe. This unsafe place was of course, their family home, a place where they spent the majority of their childhood. In addition, some of the participants described some part of their world as a safe place. These safe places were usually school or possibly a neighbor's house.

According to Peacher (1995), places or the experience of places can represent security and connection or as the participants describe it - safety. Security in a place relates to feelings of familiarity and safety such as the safety Mae felt when she was at school. Mae loved school, she was comfortable there, it was familiar and as she stated "school was the one place where I felt safe". Connection to a place refers to the "strong feelings of being intimately bound with others" (Peacher, p. 153). For example, Mae's safe place was school where she had formed intimate relationships with some of her teachers; and Denise's safe place was at church where her connection was bound up in an intimate relationship with "a higher authority than my parents". Therefore, in this study

Peacher's ideas of the experience of place in regards to security and connection are supported by the participants.

The description of their world as an unsafe place can be supported by two earlier studies where the researchers were interested in the environment of the sexual abuse victim. Draucker and Madsen (1999) conducted a study to describe Heidegger's concept of dwelling in women who had experienced sexual abuse. The women in their study described their world "as a violent lifeworld" (p. 329). Two types of dwelling were revealed: "living-in-exile" and "sparing and preserving amid violence" (p. 329). "Living in exile" was described as feeling isolated, different, and rejected by their parents. "Sparing and preserving amid violence" involved the women finding ways to create a place of safety within this world of violence. These findings correlate well with the description of world as both an unsafe and safe place as illustrated in this study.

Hall (1996) described a topography of the environment of lesbian women who had suffered childhood sexual abuse. This topography of the home environment revealed a place described as brutally hostile, dangerously violent, and pervasively exploitive. It revealed an unsafe place – a place where the needs of the women were abandoned and unmet by their caregivers. Again, place and world were central things as found in this study.

Others

The participants' narratives were full of descriptions of relationships that were formed with other people who were outside the family of origin. These relationships were valuable to the participants because they provided them with something they did not receive at home: a sense of existing as an individual. For these participants, others were

important in both childhood and adulthood. Many of the relationships that were described with others in childhood revolved around teachers within the school system. These teachers often praised the participants for their accomplishments at school giving the participants a sense of pride and a desire to continue to do well. The two most significant others during adulthood include husbands and therapists.

According to the larger study on *female survivors of childhood maltreatment*, others can be classified into two major types: *saw something in me* and *no matter what* (Roman, Bolton, Broyles, 2006). Most of the childhood others seem to fit into the category of *saw something in me* because childhood others are described by the participants as "nurturing, supportive, and interested in my abilities". Remember Mae's description about her music teacher, a woman who saw in Mae the ability to sing and sing well. Ruth fondly recalls her school librarian who always treated as though she were special and would always have her genre of books waiting for her when she came in to the library. Ruth states "I loved to read and I would go into the library and she would have books waiting for me…she was a wonderful person and she believed in me".

Husbands and therapists would fit into the category of *no matter what.* This category refers to believing in and supporting someone's decisions regardless of what may happen (Roman et al, 2006). Many of the participants describe their husbands as loving them and believing in them regardless of the situation. For example, Candace states "my husband would always say I believe in you – I think you can do this". Carmen states "my husband is very supportive of me…He provided a place where I could thrive". Therapists are also described as supportive and caring. The participants seem to feel that their therapists were willing to work with them and would be available to them whenever

they were needed. Gwen tells a story about her counselor that let Gwen determine how therapy would go and that he was with her during the death of her father, even though he died in the middle of the night. According to Gwen "so he came (counselor) and stood there with me while my father died and that was very powerful". Thomas (2006) in her work in the larger study of *female survivors of childhood maltreatment* illustrates how important therapists are to the life trajectories of the participants. Life trajectories represent the path that these participants have taken toward a recovery process. Often the interaction with a helping, caring therapist provided a catalyst to begin moving beyond the horrors of the abuse.

The significance of others for these participants can be explained through examination of the concept of resilience. The resilience literature indicates that forming a positive relationship with another person increases the likelihood of a protective buffer against the risk of stress (Easterbrooks, Davidson, & Chazan, 1993; Egeland, Carlson, & Stroufe, 1993; Spaccarelli & Kim, 1995). Chollar (1994) believes that resilient children have formed the ability "to form close relationships to others to substitute for the ones they couldn't achieve with those who failed them" (p. 75). She also states "resilient children have learned to keep an eye out for concerned adults and have become skilled at recruiting their attention and affection" (p. 75).

The participants in this study often revealed that others helped them to manage and offset the violence of their lifeworld. They described these relationships as "warm and caring" and "supportive and nurturing". They describe that the others made them feel important. Denise relates how the couple she babysat for made her feel "when I was with them I felt like - I was, I was okay, you know, I - sorry (crying) - I, I could, I could be

loved. And that was a good thing". This finding that others helped them to offset the violence of their world is also evident within the larger study of *female survivors of childhood maltreatment* as evidenced by positive interactions with others helped propel participants in an upward trajectory toward recovery (Roman et al., 2006; Thomas, 2006).

According to Bowlby (1988) a secure base of attachment does not have to occur within the parent-child relationship with the biological mother; a relationship can be developed with a surrogate mother. Due to the importance of others to the study participants, I would agree. However, in attachment theory Bowlby refers to a permanent surrogate mother. This finding is not consistent with the participants' accounts in this study. The relationships with others were not permanent; they were temporary, often of very brief duration. Moreover, the participants developed the ability to form numerous relationships with different others throughout their lifetime, thereby excluding the need for a single attachment or relationship to become permanent.

Themes

Nobody To Know Or Care

This major theme is noted for its dominance in the narratives of all of the participants. Within this theme the participants either spoke about their parents as a unit or they spoke of things related to each individual parent. Both fathers and mothers were revealed to have disappointed their daughters by not living up to their expectations of a parent. According to Katz (1971) the parent-child relationship should provide stability and integrity; health and education; morality and respect; and financial security. Parents

have predetermined roles and responsibilities within the family; however, the parents of these participants did not fulfill their responsibilities to the parent-child relationship.

Recent literature into family dynamics and family dysfunction within abusive families describe family relationships as chaotic, unstable, and unbalanced. Parent and child roles are blurred, family members were less expressive and communicative with each other, and there was little expression of warmth or affection (Gable, 1998; Gaudin, Polansky, Kilpatrick, & Shilton, 1996; Higgins & McCabe, 2003; Paavilainen & Astedt-Kurki, 2003). The above results appear to mirror the perception of the participants regarding parent-daughter relationships in this study. Therefore, one could argue that the participants' families were dysfunctional. However, the majority of the parents of the study participants were gainfully employed: a direct contrast to the families studied by the researchers of the family functioning literature mentioned above. I will agree that the parent-daughter relationships of the participants were dysfunctional but other aspects of the family life as described by the participants indicated that to outward appearance, parents were highly functioning, highly respected and contributing members of society. The next section will discuss the subthemes related to the fathers and mothers as separate entities.

Fathers.

Fathers were described by their daughters as *a really creepy thing* and as being *emotionally constipated*. These in vivo phrases are the major themes about fathers. Both descriptors reveal the characters of the fathers as perceived by the daughters. Fathers were mean, sadistic, and cruel during their interactions with their daughters or they were emotionally distant during the interaction. The sub theme of he was *a really creepy thing*

is directly related to the fact that the majority of the participant fathers were their abusers. The larger study from which this analysis was derived did not include investigation of causes of the abuse, nor detailed information about perpetrators. Therefore fathers' motives for abuse remain unclear in this study as well.

Research into the concept of male parenting illustrates that traditionally the father's role within the family was that of the breadwinner. Fathers were expected to work outside the home and provide their families with financial security. In addition, most fathers were viewed as the authority figure within the family, responsible for making and enforcing the rules (Bronstein, 1986; Robinson & Barret, 1986).

Is it possible that this stereotype of the stern father figure is responsible for the participants' perceptions that their father was emotionally distant? The mean age of the participants is 51.2 years. This means that they were born sometime in the 1950s. In fact, Candace, in comparing her father's interactions with her to her husband's interactions with their daughters wistfully states:

> I enjoy spending time with my dad, I really do and, though it's a horrible polite relationship in some ways than what I would really like – you know, I see what my husband and my daughters have and, course I know it sort of evolves – fathers, a lot of fathers were like that in the 50s and the 60s.

In this statement, Candace not only describes her superficial relationship with her father but also provides the rationalization behind the emotional distance as related to the historical period of her childhood. Men who were fathers in the 1950s were not socialized in their childhood to be emotionally open in their relationships with their

children. Instead, men of that era were socialized to reflect a strong will and to be emotionally distant.

Mothers.

There were three sub themes regarding mothers: (1) *she was not a mother*; (2) *she really didn't listen*; and (3) *she practiced verbal batterings.* These themes all illustrate one point; the mother-daughter relationship was nonexistent. Typically mothers have been cast into the role of providing nurturance and emotional stability to the family. According to Robinson and Barret (1986) "the mother nurtures her children with statements of empathy, offers the emotional security needed to form healthy relationships with others and teaches them about their emotions" (p. 6). According to the participants in this study, their mothers did not do any of these things. Many of the participants describe desperately wanting affection and attention from their mothers but unable to get those things from her.

Ainsworth et al. (1978) states that the inability to form secure parent-child relationships results in avoidance type behaviors in the children and may impair their ability to develop lasting or trusting relationships with others. This is not supported by the participants. They demonstrated the ability to form valuable and trusting relationships with teachers, adult neighbors, grandparents, husbands, and even their own children. These other relationships outside of the mother-daughter relationships gave the participants something that was needed by them: affection and affirmation of their abilities.

The only type of outside relationship missing from the descriptions of the participants is peer to peer relationships as children. The participants did not describe

childhood friends as being figural to their experience. However, I would postulate that the lack of childhood friendships is related more to the abusive situation in the home, which often included denial of opportunities for interaction with anyone outside the family, as opposed to the participants practicing avoidance type behaviors because of mistrust.

The Ultimate Betrayal

Finkelhor & Browne (1985) espouse that betrayal is one of the four trauma-causing factors referred to as "traumagenic dynamics" (p. 633). "Betrayal refers to the dynamic by which children discover that someone on whom they were vitally dependent has caused them harm" (p. 633). The theme of betrayal is also a prominent finding by Draucker (1993) in her study on women who were sexually abused. Draucker describes the theme as a "betrayal of trust" because the women were abused by those "they depended on, loved, or admired" (p. 257). Participants in this study reported acts of betrayal from their parents regarding the abuse, the lack of parent-child relationships, and the lack of positive behaviors such as praise, affection, and protection. The finding of betrayal as a theme from the study participants supports the premise that betrayal is a common theme or feeling among children who have suffered childhood abuse and that the betrayal is tied to not only to the maltreatment but the lack of protection from that maltreatment has been supported by this study. The realization of the betrayal from their parents was often painful as illustrated by Denise:

> the betrayal, I didn't feel the - not being loved and, and - and, I just wanted to survive - you know...and so the hard part really is having to go back now and

realize that, you know, these people who were supposed to be welcoming me into the world - hurt me - and, (crying) and that's, to me that's the hard part.

Finkelhor and Browne (1985) have found in their studies that betrayal will lead to issues of mistrust, isolation, and aversion to intimate relationships. Herman (1992) espouses that survivors of childhood abuse "are left with fundamental problems in basic trust, autonomy, and initiative" (p. 110). This premise is not supported by this study. The participants describe wonderful and supportive relationships with husbands and children. These relationships are characterized by trust, communication, and affection. The issue of mistrust for these participants remains connected only to the abusive parents. The participants appear to be slightly distrustful of their parents' ability to be supportive even though they may have some form of parent-daughter relationship with them. However, the participants report that they don't need their parents support any longer because they have learned to form caring and supportive relationships outside of the parent-daughter dyad.

Deception Of Appearances

The premise of this theme is the outward appearance and persona that the family portrays to the outside world or society. Descriptions of "the perfect family" or "the church persona" were common in every narrative of the participants. The underlying dynamic here is secrecy. The parents must keep the abuse a secret from people who are not members of the family of origin. Maintaining secrecy of the abuse is a common finding in the child abuse literature. Secrecy is often maintained to "preserve the family unit, and to avoid recrimination, guilt and shame" (Gries et al., 2000, p. 30).

Cameron (2000) espouses that secrets between a child and a childhood sexual abuser are harmful secrets and destroys the capacity for trust and intimacy. She further contends that "the child knows that revealing it would not surprise and shock but could destroy someone she loves, her family, or herself. In effect, she is given a bomb and warned not to explode it" (p. 66). Although Cameron is referring to secrets regarding child sexual abuse, the main concept about the secret can be transposed to entire families who are hiding the secret of abuse within the walls of the family home. The main premise is of course, that the secret is detrimental to both the child and the family. The secret has no benefits to anyone other than the abuser who benefits from the power they have in the situation and over the child. The child "is a prisoner of the secret and she feels isolated" (Cameron, p. 67).

This theme supports the concept of secrecy within families suffering from childhood abuse. The secrets were maintained in this family not only to avoid recrimination but also as a way of controlling the daughters. Many participants described threats against them if they disclosed the secret to anybody. In other situations, elaborate stories were concocted to explain injuries to a child to outside family members or friends. Maintaining the secrecy of the abuse was vital to these families because many of the families were viewed as important and influential within the larger society.

They Treat Me With Respect Now

This is the only theme that describes the parent-daughter relationship in the present time. The parent-daughter relationships have been redefined by the daughters. The daughters have become adults and are in control of their own lives; therefore, they have assumed control over the parent-daughter relationship as well.

For some of the participants, the parent-daughter relationship was redefined in order for the daughter to be able and comfortable with caring for an unhealthy parent. However, for the majority of participants the redefining of the relationship occurred in response to moving beyond the abuse they suffered as a child. Erikson (1959) would call moving beyond the abuse a form of ego development. Ego development is an important part of developing one's identity. Erikson believed that ego devolvement and identity were shaped by society and that development of a positive ego and identity resulted in positive personality development.

Draucker (2000) in her work with women who were victims of childhood sexual abuse discusses that many of her study participants claim that they needed time away from their families of origin during the healing process. Many of her participants participated in intensive therapy and made life changes based this therapy. After their healing process had begun, many of her participants began to reconnect with their families of origin. Draucker espouses that survivors need to reconnect with their families "from the perspective they have made in the healing process, rather than interacting with their family based on old patterns and roles" (p. 101). The participants in this study have clearly illustrated that they have refused to interact with their families based on old patterns and instead have determined how their interaction with their families will take place.

The participants in this study revealed positive personalities. They were well educated, gainfully employed, and in successful relationships with others. They had established a positive identity removed from the aftereffects of abuse. They no longer identified themselves in a victimized role as adults. This establishment of a positive

identity often came with many years of hard work with a therapist. It was through this hard work with their therapist, interactions with positive others during both childhood and adulthood that has allowed the participants to be able to interact with their parents in a way that is beneficial for them, the participants. This finding is further supported with the larger study of female survivors of childhood maltreatment (Hall et al, 2006; Roman et al, 2006; Thomas, 2006). The majority of participants report that they still maintain contact with their parents. Their ability to maintain parent-daughter relationships with the very people who disappointed them or abused them in their childhood is a testament to their secure identities as the women they have become.

Reflections on the Study Findings

As the researcher I was astonished by the fact that the existential ground of body was absent from the narratives of the participants. Child abuse literature is replete with descriptions of physical and mental health problems as aftereffects of abuse (Dube et al., 2003; Hildyard & Wolfe, 2002; Roberts, O' Conner, Dunn, & Golding, 2004). However, the participants' narratives did not dwell upon these aftereffects. This is most likely related to the following: (1) the original study focused on the success stories of these women and (2) health issues or concerns were not a figural part of their story.

As the daughters related their stories of the parent-daughter relationship, it became obvious that they held their mothers more accountable for their deleterious actions than they did their fathers. I believe that this finding has to do with the expectations that the daughter had of their parents. As previously stated most of the participants were children in the 1950s and 1960s and therefore, did not expect much

from their relationship with their fathers. They did however; expect to have a nurturing and loving relationship with their mother. Therefore, the abusive and/or neglectful actions of their mother were harder for them to understand and harder for them to forgive.

Implications for Nursing Practice

The intent of this study was to describe the parent-daughter relationship as it was perceived by adult women survivors of childhood abuse, and the original study was focused on how these women became successful. However, there was no mention of nurses, not even mental health nurses, within the narratives of the participants when they reported health seeking. Nurses have a high degree of trustworthiness in communities, yet the relative invisibility of nurses to women survivors of abuse shows that trustworthiness is far from straightforward and needs further attention (Sellman, 2006).

Interacting with families who are suffering from childhood abuse may be difficult for many nurses. There is no magic pill or intervention that will immediately stop the abuse or repair all of the effects of childhood abuse. Working with children and families who suffer from childhood abuse will require many hours of patience and perseverance. While abuse forces a focus on the crime and the major perpetrator, who may be an adult male, it is a finding of this study that central in the process of interacting with families in these situations is to understand the nuances of the parent-daughter relationship. Paramount to this understanding is the knowledge that children of abusive families may be fearful, timid, and appear withdrawn during interactions until a level of trust is established.

School health and family nurses need to use their expertise in interacting with children and families to develop appropriate interventions designed to promote healthy parent-daughter relationships. Mental health nurses need to incorporate some aspects of family therapy into their treatment plans. Treatment plans and interventions need to be designed that move at the pace of the daughter or the family. Nurses need to actively listen to the daughters and/or the family in order to promote trust and respect within the professional healthcare relationships.

It is evident from the results of this study that other people besides parents played an important role in the lives of these participants. Therefore, an important assessment for abused or suspected abused children is of supportive adults outside the nuclear family. Once the support system is identified, then with the permission of the client every effort should be made to include that support system in the delivery of nursing care. Nurses who work in specialty areas such as family nursing, women's health nursing, and mental health nursing should find time to speak at community functions regarding the importance of the "golden rule" approach: to respect each child, see individual strengths and point them out, and listen attentively to them. These adults need to become more aware that even single interactions might be remarkably helpful to a child that lives in an abusive situation. Such interactions model a different world outlook, in contrast to the bleakness of an abusive family context.

Nurses who work with expectant mothers and their significant others should investigate the parent-daughter relationships between the expectant mother and her mother. If the relationship appears to be "non-existent" or conflicted, or if the expectant mother reveals a parent-daughter relationship such as this study describes, in which her

mother was indifferent or unprotective regarding the daughter's abuse, then possible referral for psychotherapy or grief counseling may be necessary to help the expectant mother resolve her feelings toward her own mother. The general assumption that mothers of pregnant women are always a potential positive resource to help with the pregnancy and delivery needs to be abandoned.

Currently theories designed to explain and understand the maternal role is based in some part on the relationship that the expectant mother has had with her own mother (Mercer, 1986, 1995, 2004; Rubin, 1961, 1967a, 1967b; 1984). These theories are useful in women's health care nursing but they do suggest that attainment of the maternal role is easier if the expectant mother had a good role model as a child. Based on the results of this study maternal-child nurses and women's health care nurse practitioners should modify their use of these theories to include any positive role model for mothering whether it be a best friend or a close neighbor.

New parenting classes need to be designed for the expectant mother and father to incorporate the ever changing roles of both parents. Currently, most parenting classes focus on the mother as the major nurturer of the child and the father as the mother's support person. The new classes need to include instructions or suggestions that would help the father take a more active role in the daily care and nurturance of the child. Parenting classes should also focus on providing parents with the skills needed to provide individualized parenting and communication with each child in the family. Children are similar to adults; each child is different and unique from every other child. In addition forming parent support groups in which new parents are perhaps mentored by parents of more than two years can be helpful in helping both new parents become comfortable with

their roles as the mother and the father as well as serve as a model for shared childcare and nurturance.

Finally, women's health care nurse practitioners should design an educational program for the teachers. In the state of Tennessee, the primary school teachers must attend so many hours of in-service per school year. The findings from this research study regarding the importance of teachers to children who have been maltreated and how the teachers were important should be designed. Simply put, teachers need to be aware that they are important to these children and not because they can identify the children but because they treat the children as individuals and may be key in countering the self-image and expressive problems caused by abusive parenting.

Implications for Nursing Research

Given the scarcity of research related to parent-daughter relationships in abusive families more research needs to be completed. Child abuse is not going to go away anytime soon and to be fully prepared to help both the child and the family a greater understanding is needed of the nuances of the parent-daughter relationship. The women in this study revealed the loss they felt by not being mothered; however, available research in the area of "motherless daughters" is currently focused on women who have lost their mothers to death. This study suggests that similarities may exist between women who lost their mothers to death and women who report not being mothered by mothers who are living. However, research is needed to validate whether this similarity holds between these two situations.

An important finding from this study revolves around the perception that the women were not known by their parents. Why did these women feel this way? To answer this question we need to expand our knowledge past theories related to attachment behaviors and attempt to discover how children come to understand individuality and existence. In other words, we need to know what it means existentially for a child to be known to others.

Issues of betrayal were also prominent findings in this study. The women felt betrayed by their parents because they were not protected or loved. However, intermingled with the feeling of betrayal were also feelings of that could be suggestive of grief. Does this mean that children in abusive situations will have both feelings of betrayal and of grief? Is grief an extension of betrayal? These questions were not answered by this study but research into the feelings of betrayal and grief in abusive families needs to be further investigated so that a clearer understanding of both of these concepts can be achieved.

Additionally, it was discovered during the course of this study that the women had clear cut perceptions regarding the role of the parent. Are these perceptions due to the fact that adult women were the participants and these perceptions regarding the roles of the parents were merely adult reflections? To answer this question correctly this study would need to be repeated with children as the participants. I believe that children are unique individuals and would provide an interesting perspective to the parent-child relationship in abusive families. In conducting this study with children we could gain a richer description of the parent-daughter relationship as it truly exists during childhood and we may discover if they have preconceived notions regarding parental roles.

More studies aimed at understanding the gender-based complexities behind the parent-daughter interactions are needed. Since this study was conducted on adult women survivors of childhood abuse phenomenological interviews with adult male survivors of childhood abuse may determine ways in which their experience regarding the parent-child relationship are similar and how they differ. In addition, conducting the study with a more focused cultural comparison of participants might reveal important differences in parenting patterns, perceptions of parents and the parent-daughter relationships and/or meanings of abuse itself. Cultural differences are important to the family environment and as nurses we need to understand what family means and what an appropriate parent-daughter relationship is in order to help those clients who are culturally different than the nurse.

The majority of participants in this study were highly educated, gainfully employed, involved in successful marriages. The participants viewed themselves as successful survivors of childhood abuse and did not view themselves as victims of the abuse. Phenomenological interviews with women who are single parents or who are still involved in abusive situations are also needed to thoroughly understand the importance of the parent-child interaction on development into adulthood and old age.

In addition to studying males, phenomenological interviews with non-abused, healthy children would enrich our understanding of the parent-child relationship. This would specifically provide truer parameters of what is experienced as "normal" family interaction from the child's perspective. This could include diverse family configurations and ethnic/cultural groups for comparison.

Implications for Nursing Education

Nursing education provides the knowledge and the skills necessary to provide quality healthcare to a variety of clients. Curricula need to be varied enough to allow all nursing students the opportunities to work within the family system. Conflict resolutions skills should be incorporated into the classes, especially in the areas of school health, family, or community health nursing. Nurses should also be taught how to recognize unresolved anger, fear, and/or grief in regards to parent-daughter relationships and to be able to either assist the client with acknowledging and moving beyond feeling "stuck" because of a bad or non-existent parent-daughter relationship. Cues should always be taken from the client about what would help, and at what pace this can be accomplished. Nursing students at all levels need more instruction in creating and presenting presentations to groups of communities or clients on the complexities, not only of child maltreatment but the healing processes from trauma and interpersonal violence in particular. Being able to get this valuable instruction in school about how to work with and within the larger communities may lead to more nurses speaking publicly on issues related to health promotion and prevention.

In nursing education, emphasis must be placed communication skills so that the nurse learns to actively listen to a client's story and draw the appropriate conclusions. Students should continue to be taught that people are individuals and that all interactions with clients, no matter how brief are important. Remind students that they can not identify everyone who is in an abusive situation but that caring interactions have been shown to be beneficial and important in the lives of individuals who are marginalized through their life situations. Teaching interviewing skills may be helpful in providing

nurses with the appropriate tools they need to elicit the client's story. Nursing education must focus on viewing humans as holistic beings and the nurse's role in helping clients to attain the highest level of health – physically, mentally, and spiritually.

Advanced practice nurses in the specialty of mental health and women's health care, not only need an advanced knowledge base but also an understanding of family dynamics. In addition, advanced practice nurses need to develop the necessary skills in dealing with clients in crisis situations. Nurse educators should function as role models to learning students, by competent demonstration of the necessary skills and adherence to the values of the nursing profession. Nurse educators are in the perfect place to expertly model the caring interaction between nurse and client. This caring interaction can be modeled first by treating nursing students as we treat clients and secondly by actively modeling the nurse-client interaction in clinical situations. Nursing as a profession espouses a belief in the holistic human being and a belief in the holistic approach to dealing with clients. Nurses and clients should work together in the development of appropriate interventions and client treatment to ensure the best possible outcome for the woman client who is surviving a history of child maltreatment in a society where this remains a highly difficult topic to broach.

Summary

This study has provided a deeper understanding of the experience of the parent-daughter relationship from the perspective of adult women survivors of childhood abuse through the retrospective lens of the women's narratives. There are both similarities and differences in the findings of this study as compared to current research and selected

child development theories. The implications of this study for practice, research and theory point to a need for more clarity, and a sense of urgency about children still being abused by parents; that they have some other adults in their world who can make a difference.

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APPENDICES

APPENDIX A

Informed Consent

INTRODUCTION

You are invited to participate in a research project about how you have been able to succeed and feel well after having survived child abuse and/or neglect. The purposes of the project are to (a) discover the patterns in how people respond to having been abused, (b) identify ways that you helped yourself, and how others may have helped you to protect yourself and be successful in life and (c) find out what health care providers do that is helpful or not helpful to you in surviving aftereffects of abuse.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY

The project involves 3 interviews over 7 months time to enable you to comfortably tell your story of survival. You may say as much or as little as you want about actual abuse events. Each interview will be no more than 2 hours long, and they would be spaced over 3 month intervals. Your total commitment would be 10-14 hours over 7 months Each of your interviews will be done with the same person, either Dr. Joanne Hall or Dr. Jill Powell of the University of Tennessee College of Nursing. Both are experienced psychiatric nurses. You can choose where the interview is to happen, whether that is your home or a private setting such as an interview room at the College of Nursing. The interviews will be audio taped, so you will see a tape recorder and a special microphone. You can ask that the tape be turned off for a while for a break or if you wish to stop your participation in the study. At the end of each interview, if you wish to continue in the study, an appointment will be made for the next interview. Your name will not be used to identify the tapes of your interview. Instead a code number will be assigned to the interview materials. A secretarial person who has signed a pledge of confidentiality will type up the tapes of the interviews. The typed interviews will then be copied and used for analysis by the two researchers and their research team. Some students, practitioners, two abuse survivors not in the study and faculty researchers are on the team, all of whom will also sign a confidentiality pledge. Analysis will consist of examining the kind of account you give about your life and what has worked for you in surviving abuse, and looking for common themes with other survivors and ways for health care providers to improve services.

Participant's Initials_____

RISKS

The main risk in this research is the possibility that discussing abuse and its aftereffects might make you feel strong emotions, or even some distress. You might experience troubling memories, nightmares, nervousness or sadness, for example. Your interviewer is experienced at helping people with emotional distress. Some discomfort is normal, but it should not affect your ability to carry out your daily routines. If more severe distress occurs, there are resources available to you. A licensed therapist will provide free short-term services and referral for long-term help if needed. You will also be given a list of telephone numbers that you can call on your own for assistance. Some are available 24 hours a day. You can stop the interview process at any point.

BENEFITS

Some people feel better and more confident after talking about surviving abuse, but not everyone does. Everyone who contributes their story to make services better for other survivors can certainly feel proud of this effort. Because abuse-related *problems* are usually studied rather than *strengths*, this research might uncover important information for health care providers to use in offering services to survivors of abuse.

CONFIDENTIALITY

The only people who will hear the interview tapes are the main investigators, Dr. Hall and Dr. Powell, and the typist. The typist will sign an agreement of confidentiality never to reveal any identifying information from the tapes. Your name will not be attached to the tapes or to the typed interviews. Instead a code number will be assigned to these materials. No identifying information will appear in any place where the results of the study will be presented, whether in print, other media, or at research meetings. Student research assistants will only have access to the typed interviews and will also sign a confidentiality agreement. The list of names and consent forms will never be attached to actual interview materials. Each of these will be stored separately in locked files at the College of Nursing and will be destroyed three years after the completion of data analysis. An exception to this is for persons who agree to participate in future studies of this kind. A follow-up study is planned for members of this study to work on developing a program for people who have suffered child abuse and are now adults. If you decide to allow us to contact you for that study, your name and address will be kept for a period of one extra year after this study is completed.

Participant's Initials _____

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration Act (FDA). You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

The Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily, without your consent, information that would identify you as a participant in the research project under the following circumstances: We must by law report current child abuse or neglect if this comes up in your interview. We may also need to report past child abuse. In case you are or would become pregnant, we may need to report circumstances that would harm your unborn child, according to the requirements of law.

COMPENSATION

There is no monetary award for participating in this study. Your voluntary participation is greatly appreciated. Your decision whether to participate will not affect any care or education you are receiving from any agency of the University of Tennessee.

CONTACT INFORMATION

If you have questions at any time about the study or the procedures, or you experience any mental difficulty or injury in the course of this research, or for more information, please notify the investigator in charge, Dr. Joanne Hall, University of Tennessee College of Nursing, 1200 Volunteer Blvd. Knoxville, TN, 37996, phone (865)-974-5769. If you have questions about your rights as a participant, contact the Compliance Section of the Office of Research at (865) 974-3466.

Participant's Initials _____

PARTICIPATION

Your participation in this study is voluntary. You can decline to participate at any point without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed and you do not want *any* of you information used in the study, your tapes and interview materials will be returned to you or destroyed.

CONSENT

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

I would be willing to be contacted within 2 years after this study is completed for participation in another similar study about abuse survivors. I understand I can withdraw this consent at any time.

Participant's signature_____ Date_____

Investigator's signature _____ Date _____

APPENDIX B

Demographic Questionnaire

Date of Interview_____ Place of Interview _____

Age_____ Ethnic/Race_____

Religion (childhood) _____Religion (now)_____

High School (yrs completed)_____ Trade/tech_____ College Education_____

Employment: Occupation_____ Length of Employment_____

Current employment Full time___ Part time____ Unemployed_____ Other ___

Family of Origin (unified, divorce, years)

_____

Siblings and Birth Order (ex: Girl, Boy, Boy, etc…) (circle participant)

_____

_____

Relationship Status: Married____(yrs) ____Separated (explain)

_____

Single____ (yrs) Widowed ____(yrs) Divorced ____(yrs) Current partner ____(yrs)

Number of Children _____Sex and Ages_____

Custody (explain any special Arrangements)_____

_____

_____

Sexual Orientation: Heterosexual____ Gay____ Lesbian____ Bi-sexual____ Transsexual____ Other_____ Decline to Answer_____

Mutual/Self Help Groups? yes____ no____ Non-professional (type/duration)_____
Currently? yes___ no ____ Frequency_____

Participation in 12-Step Program? yes____ no____
(type/duration)_____
Currently yes___ no ____
Frequency_____

Therapist-led groups ___(type/duration)_____(currently) yes___ no ____

Health Services Past and Present:

Therapy:
Psychiatrist ___(reason)_____(currently) yes____ no ____

Therapist (Social Worker, Psychiatrist, Nurse, Other) _____
Reason(s) for Seeking
Care?_____

Duration of therapy (include years and breaks)
_____
_____

Medical:
Do you see a General Practitioner or Family Practice doctor_____ How long ____ yrs
Do you see a Nurse practitioner _____ yrs

How often do you receive physical checkups? _____

Medical Practices:

Medications
(past)_____

_____
_____

Medications
(current)_____

_____
_____

Have you ever used alcohol? yes___ no ____
If yes, describe
pattern:_____

Was alcohol ever a problem? yes___ no___ Have you received treatment? yes___ no ____
Describe pattern of alcohol
use_____
Describe
treatment:_____

Have you ever used other drugs? yes____ no ____ Have you received treatment? yes___ no ____

If yes, describe drugs used & pattern of use_____

_____

_____

Describe treatment:_____

Abuse:

Types of childhood abuse. Include brief description, duration, and perpetrator.

Physical_____

_____

Emotional_____

_____

Verbal_____

_____

Sexual

_____

Neglect_____

_____

Other

_____

_

_____

_____

Have you ever had any of the following problems?
Circle those that apply to you and indicate when they occurred:

Depression

_____

Suicide attempt

_____

Flashbacks

_____

Mood swings

_____

Spacing out/lost time

_____

Intrusive memories

_____

Physical pain

_____

Anxiety/phobias

_____

Eating problem

_____

Weight problem

_____

Sleep disturbance

_____

Hospitalizations

_____

Other medical

_____

Why did you decide to participate in this study?

_____
_____
_____
_____

Date & Time of next interview _____ Place
_____

APPENDIX C

Confidentiality Agreement

I understand that I am being given access to personal, private and sensitive information as a result of my involvement in working on the study of "Parent-daughter relationships in abusive families as perceived by adult female survivors of childhood abuse". I hereby pledge not to disclose the content of the interview data except as is necessary for the purposes of this study. I will consult with Kimberly Sue Bolton, PI and doctoral student, or Dr. Joanne Hall, faculty advisor if I have any questions about the confidentiality of this study.

Date: _____

APPENDIX D

Interview Guides

The interview guides are designed to stimulate narratives on the part of the participant. Probes will be used, such as, "Can you tell me more about that?" or "When did this happen?" etc. It may be that not all of the questions will be needed, depending on how much information each participant offers spontaneously. The participant's terms will be used as much as is possible. For example, some women do not use the term "survivor." Therefore the wording of questions will differ from person to person.

Before each interview the investigator will read the following statement:
Even though you have given your consent to be in the study, your participation is still voluntary. You can decide to skip some questions or stop the interview altogether. You may also stop for breaks if needed. If you decide to withdraw from the study completely, all of your interview materials and tapes will be given back to you if you wish, and no data from you will be used in the study. The interviews deal with sensitive information. You can say as much or as little as you want about these topics.

Interview #1

1. How did you decide whether to participate in this study? Have you done this before?

2. What about your self and your life situation would indicate to you that you are well and successful? Can you give an example? How do you think your experience compares with that of other survivors of child abuse?

3. Abuse and neglect have different effects on different people. Have you had any problems that you feel are connected to abuse? (if so) Can you tell me about these problems? How did you become aware of them? How did you first deal with these problems?

4. Are there things about you, or things that happened to you as time passed that have given you strength and confidence? (either way) Can you tell me more about that?

5. Is there anything that you would like to add today?

At this point a standardized questionnaire about demographic and family background information will be administered, filled out by the investigator. The participant can decline to answer any of these items also.

Interview #2

1. In the last interview you were talking about problems and strengths, especially those related to abuse. Have you given this much thought since then? How have the past few weeks been for you?

2. What was it like for you growing up? How would you describe your relationship to your family? Has this changed over time? (if applicable:) How do you see yourself as a parent?

3. Who have been the most important people in your life? Who influenced you the most? (if described as positive) How did they support you? (if described as negative) How did they contribute to problems? Who are you most close to now? Can you describe that relationship? (s)

4. Have you talked to others about abuse or things related to it? (either way) What has that been like for you? Did things change as a result of talking about the abuse?

5. What is it like for you to be working (or in school)? Are things going as well as you had hoped? Have things changed in this part of your life? Has being a survivor affected this part of your life?

6. What have been the hardest things you have faced in life? Have you had to deal with any prejudices as a child? As an adult?

Interview #3

1. How have things been for you over the last few weeks, since we last talked?

2. What things do you do for yourself to stay well? How do you handle strong feelings or memories from your childhood? Have these things changed? What have been important turning points for you?

3. Do you think that facing abuse and its aftereffects have made you stronger, or have they only caused problems for you? What other situations in your life might you have seen as challenges that made you stronger, if any?

4. How important is your work/school to you? How does the future look to you? To survivors in general?

5. Was there someone you could count on in the past for support related to abuse issues? (if so) Who was that and how did they help? Do you have people you can count on now?

6. Did you ever seek help from doctors, nurses or therapists (or other helping persons) for abuse-related issues? (if so) What happened? What was helpful? Not helpful? Do you think effects of abuse can be resolved? (if so) How would that happen? (or) Why not? Do you find that health care providers and mental health services show an understanding of what it is like to survive childhood abuse and neglect? Can you give an example? (if applicable) Do you believe help you have gotten is based on your strengths, or on problems?

7. Would you like to add anything today? Were there questions you expected that didn't come up?

APPENDIX E

Concept List

Abuse/neglect accounts

Comparison/Contrast
- Alternate realities
- Worse off
- Normal/abnormal
- Siblings
- Others

Disclosure/Covertness

Emotional State
- Loneliness
- Anger
- Forgiveness
- Fear

Family
- Family of origin
- Identified family

Health Issues

Helping Others
- Protectors
- Caregivers
- Volunteer
- Foster Care
- Political Advocate
- Community Leader

Help-seeking
- Therapy
  - Quality
  - Personality/Style of

Introspection/Reflection
- Self-realization
- Journaling
- Reading

Learning about self
Spiritual growth

Memory

Linear memory
Fractional memory
Fractional remembering
Chronological memory
Associational memory

Key Others

Mentors
Siblings
Partners/Spouse
Mother
Father
Protectors
Teachers
Bosses
Co-Workers
Validators
Invalidators
Childhood friends
Adult friends
Clergy/Ministers
Groups (i.e. partners without partners, church)
Perpetrator
Other adults (neighbors)
Strangers

Repetitive behaviors

Eating disorder
Alcohol
Other drugs
Impulsive behavior
Sexual promiscuity

Resoluteness - maybe this is really our huge overarching category and everything really fits under here – maybe it should be moved off this list.

Willfulness
Moving beyond

School/Education

Sexual Development

Precocity
Menarche stories
Promiscuity

Self-Characteristics

Spirituality
Prayer
Reading Bible
Guardian Angel
"The Call"

Strategies
Mantras
Self-talk
Distancing
Making decisions
Dissociation/Zoning Out
Compartmentalizing
Defining Boundaries

Turning Points
Revelations
Patterns
Upward swing

Work/Financial stories
Employment
Unemployment

APPENDIX F

Summary Narrative Assessment

How does the participant view/describe the *childhood abuse*? Was there abuse in adulthood also? Was there beginning and/or and endpoint to the abuse?

What *aftereffects* seem to be prominent for her?

What were *major events/turning points* in the recovery pattern and/or life in general for this participant?

Who are the *key players* in the survival/recovery process and why are they important?

What specific *interactions* or types of interactions have been helpful (or not?)

What does this participant talk about as evidence/*criteria* for success/thriving in her life? What *strengths* does she see about herself?

What *strengths do you* see in this participant in terms of survival/thriving?

What has been the *trajectory* of surviving/thriving as seen in the whole of the account (all 3 interviews) — can try to state this and even draw a timeline if that is meaningful.

What *activities or actions* have been helpful at particular points/situations in the whole account?

What are major *themes/concepts* emphasized or repeated in the whole account that captures the *essence* of the participant's story?

What type or *genre* of narrative is this? Is it Conversational? Heroic? Victim? Self-sacrifice? Redemption? Rescuer? Compassion? Resistance? Oppression? Patient/Client? Tragedy? Struggle? Transition? Conversion? Satire? Illness? Progressive? Regressive? Hopeful? Hopeless? (use you own words if needed, this list is not exhaustive). May use more than one or a combination.

What have been the sources and patterns of *resoluteness* in this participant's life? Is this a person who has a great deal of resoluteness?

What are ways that memory is manifested in this participant's life? Especially related to trauma and survival? Changes?

How is the self/self/concept or identity constructed through the telling of this account? How is this woman's self positioned in society/the world as evidenced in the account? What "script" does she seem to be living out, if any?

How does this participant compare herself with others, such as siblings, other women she has encountered who were abused?

What is the recent pattern or trajectory of survival/thriving across the three interviews, indicating how she is doing now?

What contextual factors frame the narrative(s) or parts of these, such as historical period in which she lived or grew up, cultural or ethnic influences, and developmental stages when things took place?

What else stands out about this person's account? Surprising or contradictory elements/revelations?

VITA

Kimberly Sue Bolton was born in Knoxville, Tennessee on July 31, 1963. She attended school within the Knox County school system and graduated from Halls High School in June of 1981. She received a baccalaureate degree in nursing in 1988 and a master's degree in nursing in 1991 both from the University of Tennessee, Knoxville.

Kim began her nursing career in 1988 at Fort Sanders Regional Medical Center working in labor and delivery. This first job in nursing gave her a love of women's health care; therefore, she has remained in this field working as a women's health care nurse practitioner for the past fifteen years.

In 1997 she accepted a position at Carson-Newman College as an assistant professor in their new graduate program and is currently a tenured educator in the Division of Nursing. In January 2001, she enrolled in the doctoral program at the University of Tennessee, Knoxville and received the Doctor of Philosophy degree in May of 2006.

She currently resides in Powell, Tennessee and lives with her thirteen year old son Christopher and her husband, Preston. She continues to work as a women's health care nurse practitioner during the summer months and is dedicated to both nursing education and the health of women throughout the lifespan.

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