

***"The Messy Stories Are the Real Ones": Exploring
Narratives of Mothers Whose Children Are Impacted by
Child Sexual Abuse and Social Workers' Perspectives***

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Impact of COVID-19

The COVID-19 pandemic impacted this study, particularly in relation to interview participant recruitment. The study commenced in October 2019 with ethical approval in January 2021. During this time, disruptions occurred via three national lockdowns and public health measures which shaped the recruitment strategy and limited in-person contact, through moving data collection for narrative interviews online. In addition, beyond this period, recruitment opportunities were constrained with respect to participant access and engagement due to ongoing restrictions, as well as varied potential participant personal and broader psychosocial impacts such as increased anxiety, competing personal and caring responsibilities, and capacity for research commitments. To mitigate against this, the period of primary data collection for narrative interviews was extended and a further data collection method was incorporated through focus groups with practitioners. These adaptations were implemented to maintain the study's integrity and rigour, whilst remaining responsive to the realities of undertaking research during and beyond the pandemic context.

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"Unless we recognise what we are asking mothers to perform in the world – and for the world – we will continue to tear both the world and mothers to pieces"
(Rose, 2018, p2)

Abstract

Aim: To explore what life is like for mothers whose child has been sexually abused, as well as examine social workers' perspectives.

Background: Behind children harmed by sexual abuse are often the hidden victims, their mothers. What is well known is that a mother's experience remains underexplored in the UK. Whilst attention is primarily focused on mothers in relation to the support and protection of their child. However, service responses often present many shortcomings which include a lack of understanding with a mother's own needs overlooked and feeling pathologised, silenced and blamed. What is less well-known is what this experience looks and feels like for them and how mothers are often in crisis with their child but unrecognised as such.

Methods: This study employs a qualitative multiple method design. Purposive sampling recruited nine mothers to participate in online narrative interviews. Whilst 10 social workers took part in two in-person focus groups to explore their views of mothers' experiences. This is the first study of its kind in the UK to use a narrative approach and include social worker perspectives.

Findings: Narrative thematic analysis of the interviews with mothers generated four themes, whilst reflexive thematic analysis of the focus groups with practitioners constructed three themes. Together, these were distilled into the final themes (1) *Hijacked Motherhood: Weaponised and Colonised Identities* (2) *Ruptured, Wounded and Scarred: The Embodiment of Mother's Narratives*, (3) *"There is no baby without*

a mother": Threads Which Bind Child, Mother and Social Worker and (4) The Intersection of Systemic Failure and Defence Mechanisms.

Practice Implications: This study amplifies mothers' visibility and reframes understandings in recognition of their trauma experiences and symbiotic relationship with their child.

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CHAPTER ONE INTRODUCTION

The thesis aims to explore what life is like for mothers whose child has been sexually abused, as well as eliciting social workers' perspectives. This study matters because hidden stories are the blueprint to understand and respond to child sexual abuse with potential to change the landscape in support of mothers. As such, this study intends to centre mothers' voices and increase their visibility in research as Rose (2018, p11) shares below,

“Behind each and every child there is a story of mothers to be told, but they rarely get a mention.”

This will be achieved through undertaking a narrative synthesis review of existing literature, followed by a qualitative multiple-method study involving narrative interviews with mothers and focus groups with social workers. To begin, this chapter explores what it means to be a mother, primarily seeking to respond to the questions, how are mothers understood and how do mothers understand themselves? This will be followed by an overview of child sexual abuse examining how it is understood and defined. This contextualises the experiences of mothers and presents the prevalence, background, dynamics and impacts of child sexual abuse which consequently shape a mother's reality, and where their voices are often silent, and they frequently encounter blame. The theoretical, social work, legislative and policy landscape will subsequently be outlined, along with the research questions, aim, objectives and significance of the study. The chapter will conclude with an overview of how the thesis is organised.

1.1 What is a Mother?

1.1.1 Background

There is an abundance of research which exists on motherhood as a topic which has seen exponential growth over forty years and is of an interdisciplinary and multidisciplinary nature. Exploring the meaning of motherhood in child sexual abuse research is crucial because this influences how we understand, respond and support mothers. Instead of offering a single definition, this study presents understandings informed by multiple feminist perspectives. There is a myth that mothering is innate, one where maternal instinct is so naturalised it is entrenched in our ideas of what it is to be a mother (Hooper, 1992). Whereas alternative understandings of motherhood are imbued with social and cultural processes which are historically and culturally located (DiQuinzio, 1999). Typically, laden with gendered, raced and classed assumptions, motherhood is understood differently dependent upon the sphere it is located, traversing the private, public and political spheres.

Famously categorised as an institution, as experience (Rich, 1986) and as identity (O'Reilly, 2010), motherhood involves the doing, being, becoming and belonging of mothers. In Rich's (1986, p13) distinction of motherhood as an institution to maintain women under male control, this is concerned with laws, policies, ideologies and ideas of patriarchal motherhood. This category also includes how children are a mother's responsibility which appears to stem from entrenched beliefs of motherhood as an experience through her powers of reproduction (Rich, 1986, p13) suggesting that motherhood is a biological imperative. However, not all mothers give birth and not all women who give birth raise their children as mothers. This suggests that motherhood is not a fixed biological role and instead, a counter discourse

focusses on mothering as a practice (Ruddick, 1989) where explorations involve the work women do as mothers. These experiences of mothering are often idealised as nurturers with maternal sensitivity (Mesman, *et al.*, 2016). However, this assumption has been challenged for its cultural uniformity and primacy of mother care which may contradict diverse cultural norms (Davies and Krane, 1996). There is a myth which underpins this belief where mothers are selfless, all-giving and always on call which “*make impossible conditions [...] appear natural and normal*” (Davies and Krane, 1996, p7) meaning motherhood is all-consuming with unrealistic expectations, and women are unable to preserve a sense of self outside of this identity. These moral and social expectations help to elucidate the second category of motherhood as an experience but can also limit and police how motherhood is understood and performed because mothers are judged against these impossible ideals.

The third category, identity is about how a mother’s sense of self is shaped by the experience of mothering and the institution of motherhood (O’Reilly, 2010). However, identity categories may not be neutral and can enact forms of control and together, prescribe who qualifies as a mother, regulation of her behaviour and determine her value in society. For example, social norms regulate the role of mothers as protectors of children and they are required to have a set of specialist skills which prioritise caregiving, whilst often subject to more judgment compared to fathers (Schmidt, Décieux, Zartler and Schnor, 2022). Consequently, this has significant implications for mothers’ and few experience this scrutiny more acutely, than those mothers whose children have been sexually abused.

1.1.2 *Mothering under Watch*

There has been a persistent surveillance upon women's mothering which has increased over the years and perpetuated an unachievable standard of motherhood perfection shaping how mothering is understood (Arendell, 1999). The ideology of intensive mothering (Hays, 1996) requires total investment and devotion to her child under the watchful gaze of society, other mothers and themselves as mothers, and is governed by fearful rhetoric and social control (Henderson, Harmon and Houser, 2010). Consequently, mothers are subject to judgement, assessment and often measured according to their children (Florina Florescu, 2013). This implies that mothers are judged dependent upon their children's behaviour and outcomes. So, if their children are successful, there are assumptions that the mothers are 'good' and their children are being well raised. If not, mothers do not meet the unrealistic standard of perfection required and demonised for their perceived failures. Mothers of child victims of sexual abuse are among the most surveilled and maligned in such ways, experiencing profoundly negative views (Feigenbaum, 1997). In addition, the framing of their child's successful development further marginalises mothers through mother blame when sexual abuse has harmed their child and things have gone wrong. Accordingly, this assertion captures the polarised understandings of mothers which have emerged and reinforces the need to deepen understandings of mothers as reflected in this study.

1.1.3 *The Good Mother – Bad Mother Binary*

Reductive understandings confining mothers as either 'good' or 'bad' saturate our everyday existence and shape women's lives (Choi, Henshaw and Baker, 2004; Ruddick, 2001, p189). The all-encompassing identity of a 'good mother' tends not to

be uniform or constant (Goodwin and Huppertz, 2010) yet suggests that one's identity does not exist or matter beyond a mother, with no other purpose, needs or aspirations (Friedan, 1963). As such, the pressure towards ideal mothering can have wide-ranging implications for today's mothers (Meeussen and Van Laar, 2018; Roskam, Raes and Mikolajczak, 2017) and position some women as failing or seen as 'bad' mothers (Guillem and Barnes, 2018; Phoenix, Woollett and Lloyd, 1991). Whilst a "*good enough mother*" (Winnicott, 1953, p94) indicates that although mistakes are likely to be made, consistent responsiveness is more important than being perfect. Furthermore, ideal norms risk reinforcing harmful and unrealistic standards which legitimatise how all mothers are measured or 'othered', particularly those which may be unobtainable for mothers whose children have been sexually abused. Given this weight of expectation, it is imperative that this study addresses this knowledge gap.

Mothers shoulder much blame if the unrealistic standards of motherhood are not met and for any adverse outcomes of their children (Caplan and Hall-McCorquodale, 1985; Jackson and Mannix, 2004; Sommerfield, 1989). Furthermore, mothers are often torn between different social expectations and held to a higher or sole level of responsibility for their children. This is particularly salient with mothers whose children have been sexually abused where they are blamed for failing to protect their children and felt to be at fault, because they should have known better or 'sensed' what was going on (Zagrodney and Cummings, 2017). As such, there is a common yet misaligned view that mothers have failed in their fundamental role to prevent harm and in effect, implicated in the abuse (Hooper, 1992). 'Bad' mothers often take the blame for society's ills (Miller, Hager and Bromwich, 2017), becoming a

convenient repository for society's most unsettling failures, foremost among these, are mothers of sexually abused children. Furthermore, for those that fall outside good mother ideals, their roles are compelled to become socially palatable and as such they are inseparable from the broader landscape. Consequently, the next section will consider the context of child sexual abuse and its background.

1.2 Child Sexual Abuse

1.2.1 Background

Child sexual abuse is recognised as a national threat (Parke and Karsna, 2019, p30) and global public health problem which pervades our society (Cagney *et al.*, 2025; Stoltenborgh, Ijzendoorn, Euser and Bakermans-Kranenburg, 2011; World Health Organisation (WHO), 2017, p1). Furthermore, child sexual abuse is a crime, enshrined in law (multiple sections of the Sexual Offences Act 2003). The position of this study is that it is wrong (Pilgrim 2018), harmful and a serious moral concern (Salter, 2018). There are many definitions of child sexual abuse (Lange, Condon and Gardner, 2020) and for the purpose of this study, the central social work guidance which sets the standard for working with children and families is used to locate understanding in the field as outlined below (HM Government, 2023, p162):

“Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.”

This definition reflects current Eurocentric understandings in line with legal thresholds and is widely applied in contemporary social work practice. Although, it should be noted that definitions can also limit understandings and narrow what constitutes sexual abuse, discouraging professional curiosity and nuance. Additionally, experiences of mothers remain largely absent from definitional frameworks and when they are included in wider discourses, are often problematised in their maternal caregiving role (Zagrodney and Cummings, 2017).

Whilst a definition provides conceptual clarity, prevalence highlights the scale of the issue. Approximately 500,000 children every year are impacted by sexual abuse, with at least one in ten children in England and Wales sexually abused before the age of 16 years old (Karsna and Bromley, 2024). However, child sexual abuse relies on secrecy and is well known to be significantly under reported (Independent Inquiry into Child Sexual Abuse (IICSA), 2017). In 80% of child sexual abuse crimes, the victim knew the abuser with the most commonly reported type of sexual abuse taking place in and around the family environment, with almost half of victims under ten years old (Vulnerability Knowledge and Practice Programme (VKPP), 2023). Furthermore, most victims are female (79%), whilst most abusers are male (82%), mostly White and in a caregiving role, such as father stepfather, foster carer or mother's partner, with over 93% involving contact abuse (VKPP, 2023). This includes physical contact such as rape, penetration, sexual touching and sexual activity (National Society for the Prevention of Cruelty to Children (NSPCC), 2025a). In addition, there is a concerning and significant increase with child-on-child abuse, as well as online child sexual abuse (VKPP, 2023) which also demonstrates the field's complexities. Furthermore, many children will not ever disclose their abuse with the

majority not disclosing until they are adults (Lemaigre, Taylor and Gittoes, 2017).

Whilst a mother's experience of her child's abuse remains underexplored in the UK, this further highlights the need for the present study. Together this suggests that the prevalence of sexual abuse and likely occurrence by someone in a trusted relationship means that mothers are forced to confront a contemptible situation.

Despite data clearly highlighting the crisis of sexual abuse, society remains blind to harms against children (Heffernan, 2011) whilst the "*harm, scale and seriousness continues to be disputed*" (Howells, 2022, p227). Although prevalence data attests to the widespread nature of child sexual abuse, this has also provoked reactions understood as backlash theories.

1.2.2 Backlash Theory

According to Nelson (2016), protection and progress in child sexual abuse matters have been consistently undermined by backlash theories, which are discourses used to deny and silence the exposure of sexual abuse. They are approaches which drive widespread fear and intimidation, and attack victim/survivors and professionals' credibility serving to protect abusers and maintain the cultural status quo in enabling child sexual abuse matters to continue unchallenged (Herman, 2015, p7). Perhaps one of the starkest examples of a backlash theory delegitimising child sexual abuse matters which forged a legacy influencing attitudes, approaches and politics was the 1987 Cleveland child abuse crisis (Richardson and Bacon, 2018). The crisis involved concerns of child sexual abuse involving 127 children through medical diagnoses and wider assessment which resulted in removal from their homes. This took place over a period of a few months in the county of Cleveland and placed unprecedented demand on agency resources. Whilst the situation initially reflected professionals'

protective interventions to address child sexual abuse, there was intense national controversy involving a public outcry of disbelief emphasised through media sensationalism which discredited professionals and shifted discourse to biased and polarised misconceptions. Professionals were framed as wrong and overzealous, whilst parents were framed as innocent and consequently, many of the children were returned home. Following this, the Cleveland Inquiry Report (Butler Sloss, 1988) examined how the investigation was carried out, rather than whether abuse had occurred or not which left a significant evidence gap. Much of the literature on the Cleveland crisis obscures the identities of the abusers, with little attention paid toward the fact that all abusers were male, with only one case of female sexual abuse in the inquiry (The Therapeutic Care Journal, 2011). However, there was mention that mothers did not “*behave in a uniform or stereotyped way*” but they played a crucial role in their child’s coping abilities (Richardson and Bacon, 2018, p208).

Additionally, at this time there was also suppression of findings from an independent review of contested cases which found that in over 75% of circumstances, child sexual abuse had been correctly identified (Richardson and Bacon, 2018, p4). Moreover, Campbell (2024) unearthed new evidence which posited that most child sexual abuse outcomes in the Cleveland crisis should have been upheld and what happened served as a powerful indictment about gendered power, political legitimacy and the silencing of child sexual abuse matters and thus, diverted attention away from systemic failures and created a culture of mistrust which undermined mothers’ roles. Consequently, the enduring legacy involved professionals fear and silence outweighing the imperative to protect and maternal

voices as often overlooked or inadvertently blamed. In the aftermath of Cleveland, the responsibility for protection has increasingly displaced the responsibility of protection toward women and mothers in addressing the impacts of sexual abuse.

1.2.3 Impacts of Child Sexual Abuse

There are multiple, wide-ranging and long-lasting impacts of child sexual abuse which can affect all aspects of a victim/survivor's life (IICSA, 2022) from mental health, wellbeing, physical health, development, relationships and later parenting practices (Vera-Grey, 2023). Moreover, recent studies have explored its biological impact and the way sexual abuse alters people's internal bodily systems (Lo Lacono, Trentini and Carola, 2021), as well as its imprint on neurological brain structure and functioning (Blanco *et al.*, 2015). Whilst these approaches offer valuable insights for policy and practice, research is limited (Edwards, 2018) and it's important to be aware of the dangers in reducing trauma to a neuroscience (Alford, 2016, p91). Child sexual abuse is not experienced in a vacuum and instead, it could be argued that these impacts are socially situated (Herman, 2015) and understood as logical, proportionate and rational reactions to heinous violations and crimes against children. Furthermore, research suggests that these impacts can extend to parents (Quadara, Stathapoulos and Carson, 2016), more specifically mothers who experience a heavy toll (Stewart, 2012). Therefore, child sexual abuse has far-reaching implications persisting across families in a ripple effect which underscores the need for this study.

There is a substantial body of UK research across the field of child sexual abuse including prevalence (Karsna and Kelly, 2021), impacts (Vera-Gray, 2023),

victim/survivor accounts (IICSA, 2022), including those who are mothers (Lange, Condon and Gardner, 2019; Rayment-Jones and Montgomery, 2025) which rightly foregrounds victim/survivor experiences. However, behind children are often the hidden victims, their mothers. Although there is much international data about maternal support of the child (Bolen and Gergely, 2015; McCarthy, Cyr, Fernet and Hébert, 2019; Wamser-Nanney, 2017) and maternal responses post-disclosure (Knott and Fabre, 2014), as well as the impact of abuse on relationships (Krinkin and Dekel, 2025; Van Delft, Finkenauer, De Schipper and Lamers-Winkelmann, 2021), there is a dearth of research in the English context about what this experience looks like for mothers and how they are often in crisis with their child but unrecognised as such. As Richardson and Bacon (2018, p210) point out below:

“We ignore the needs and strengths of mothers at our peril; they are the child’s best resource and without them, children can only have a second-best chance to overcome the effects of sexual abuse”.

The impact of this devastating crime reverberates through the family with primarily mothers navigating the aftermath facing profound emotional, psychological and social consequences. More specifically, mothers are often presented as “*a key resource for children*” (Rickford, 1992, p15) with research suggesting that they are the most influential factor in their children’s functioning following the abuse which indicates their centrality in their child’s short term and long-term outcomes (Adams and Bukowski, 2007; Hooper, 1992; Lovett, 1995). Moreover, a mother’s fundamental role in her child’s life was reinforced by Winnicott (1960) who emphasised the interdependence between child and mother as the cornerstone of a child’s development and wellbeing. In contrast, widely cited studies indicate that although maternal support is helpful, they are limited to certain areas, rather than across all child outcomes (Everson *et al.*, 1989). Additionally, one study goes further

and suggests that previous research may overstate the impact of maternal support, and the level of maternal support does not appear a reliable predictor of a child's trauma symptoms following sexual abuse (Wamser-Nanney, 2017). However, much research highlights the mother's role as the most significant protective factor for the child following sexual abuse (Kendall-Tackett, Williams and Finkelhor, 1993; Vera-Gray, 2023). Despite this focus of existing research toward maternal responses and support of their child, comparatively less attention has been given to the impact on mothers with exploration of her own experiences. Often, these experiences do not occur in isolation and are shaped not only by the abuse of her child, but are also compounded by her maternal role, entrenched societal beliefs as well as organisational responses and thus, presents a distinctive and unparalleled experience explored in this study. In addition, these impacts can be interpreted through the theoretical framework of trauma to provide a deeper understanding of mothers' experiences.

1.3 Trauma

Trauma emerged as a key framework in this study, shaping mothers' experiences and offering a lens to understand their accounts. The definition of trauma has evolved and expanded over the years (Gradus and Galea, 2022; Sweeney and Taggart, 2018). Trauma is defined in psychiatric classification manuals of *The International Statistical Classification of Diseases and Related Health Problems* (ICD-11, WHO, 2019) and *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-5, American Psychiatric Association, 2022) and is commonly used to describe the psychological and emotional responses to distressing events (Zoromba *et al.*, 2024). In addition to an event, trauma is also associated with experiences and

effects (Blehm, 2024). Although research suggests that trauma is directly connected to specific events, subjectivity across these three elements is central (Zoromba *et al.*, 2024). Several factors including age, identity, background, history, support and coping mechanisms can shape an individual's trauma. This means that what may be profoundly traumatic for one person, may be less so for another. Nonetheless, it is well established that sexual abuse is traumatic to the child victim (Finkelhor and Browne, 1985; Vera-Gray, 2023) whereas less is known about the impact on their mothers' lives and such gaps reinforce the timeliness of the current study.

Although the language of trauma carries weight in legitimising distressing experiences, it is important to acknowledge how trauma can risk pathologisation through the dominant medical model and therapeutic culture discourse (Howells, 2022). Manifestations of trauma are often depicted through a wide range of 'symptoms' which involve re-experiencing the event(s), avoidance and hyperarousal (WHO, 2024), and together these amplify the somatic dimension of trauma. Post-Traumatic Stress Disorder (PTSD) emerged in the 1980s and includes a range of symptoms across three clusters of (1) vivid intrusive thoughts, flashbacks and nightmares, (2) avoidance of stimuli reminiscent of the trauma and (3) hypervigilant behaviours to ensure safety (ICD-11, WHO, 2019). Whilst Complex Post-Traumatic Stress Disorder (C-PTSD) as a psychiatric classification includes the defining features of PTSD with three additional clusters of severe and persistent (1) emotional dysregulation, (2) negative self-perception with feelings of shame, guilt and failure and (3) disturbances in relationships (ICD-11, WHO, 2019). Together, both PTSD and C-PTSD symptom profiles have emerged in child victims of sexual abuse (Hébert, Amédée and Tremblay-Perreault, 2024; Karatzias and Levendosky,

2019), and although these may be a useful clinical lens to understand mothers' experiences and inform treatment planning (Karatzias *et al.*, 2017; Mason, Taggart and Broadhurst, 2020), there is a dearth of research in this field. Furthermore, research suggests that although there may be similar symptoms across some traumatic events, the effects can differ particularly with the inclusion of sexual violence (Shakespeare-Finch and Armstrong, 2009). However, understandings have evolved beyond symptoms to consider the effects within broader social and cultural frameworks and across time (Magruder, McLaughlin and Elmore Borbon, 2017). This means that trauma is situated in the societies, cultures and histories in which we live and for mothers, this suggests that trauma of their child's abuse not only includes the effects on their wellbeing, but also consideration of their maternal status, caregiving responsibilities and wider relationship dynamics. This draws parallels with Herman's pioneering work (2015) in the conceptualisation of complex trauma and subsequent 'triad of impairments' which were foundational for the diagnostic criteria of C-PTSD through the three interrelated psychological difficulties stated above. The final relational domain also includes mothers' interactions with social work practices and policy frameworks which can compound their traumatic experiences when navigating reporting systems for their sexually abused child (Zagrodney and Cummings, 2017), where they are often seen as the problem and child protection practice as the solution (Hooper, 1992, pviii).

1.4 Social Work Practice and Policy Landscape

Complexities, difficulties and inconsistencies remain a defining feature of operationalising social work practice with child sexual abuse matters. Up to 2022 there was no central source for collating child sexual abuse data and since 2022, the

VKPP has provided a detailed picture of reported child sexual abuse crimes across England and Wales from datasets of 44 police forces. Police data presents sexual abuse offences increase each successive year, with greater severity in offending and complexity for professionals (Howells, 2025). Whilst in social work, fewer children are being placed on child protection plans under the category of sexual abuse, falling to its lowest level in thirty years (Kewley and Karsna, 2025). This means that there is a troubling disconnect across the landscape and such data only tells part of the story, reflecting crimes and offending rather than the full scale of the problem.

Research suggests that professionals continue to miss signs of sexual abuse of children and operate within a culture of fear and silence, paired with an over reliance on the criminal justice system (The Child Safeguarding Practice Review Panel, 2024). In addition, Bunting *et al.*'s (2019) rapid evidence review synthesised evidence drawn from international contexts which recognised the significance of implementing trauma-informed services at systems-levels, however noted its fragmented nature in the UK context. Furthermore, practitioners lack knowledge, confidence, training and support (Kewley, Blinkhorn and Thomas, 2025; Martin *et al.*, 2014) and overall, a lack of understanding and recognition of the mother's experience (The Child Safeguarding Practice Review Panel, 2024). Despite Working Together to Safeguard Children 2023 guidance (HM Government, 2023, p11) outlining that practitioners meet "*the needs of the whole family*" with a "*whole family focus*", there appears to be limited understanding and empirical data of mothers about their child's abuse within social work practice further highlighting the necessity of this study. This was reinforced in the Tackling Child Sexual Abuse Strategy 2021 (HM Government, 2021) which outlined measures to strengthen professional

responses in addressing prevention and responses, whilst similarly paying very little attention to mothers, despite their central role with their children in these processes. This appears indicative of maternal roles being assumed as inherent to protective labour whilst simultaneously undervalued.

Social work is often done by women to women (Alston, 2018) with motherhood as a political feeding ground and a central feature to understand how women's lives are shaped, regulated and supported. As such, this foregrounds the burden of responsibilities and unrealistic expectations placed on women to 'do' child protection work (Hooper, 1992). For example, research outlines there is an over dependency on parents to protect their children with a lack of support (The Child Safeguarding Practice Review Panel, 2024) and mothers continuing to feel blamed and stigmatised (Zagrodney and Cummings, 2017). Collectively, this gap between policy rhetoric and practice reality points to the ongoing disproportionate responsibility on mothers for the safety and protection of their child, without adequate knowledge and support of their experiences. As such, this study responds to this gap through its empirical grounding. However, these inconsistencies also appear to be in conflict with the legislative framework which underpins child and family social work practice through The Children Act 1989, through Section 17 (provision of services for children in need, their families and others) and Section 47 (local authority's duty to investigate) which establishes clear duties to work in partnership and support families, rather than police them (Donzelot, 1979) and perpetuate outdated perspectives about mothers. The persistence of these historical views can be considered through the lens of Menzies Lyth's work (1988), which provides further understanding of mechanisms that shape professional approaches with mothers.

1.5 Menzies Lyth's Theory of Organisational Defences

Derived from psychoanalytic organisational theory, Menzies Lyth's concept of organisational defences (1988) examines institutions' structures and procedural mechanisms, such as standardised routines and task allocation as well as hierarchical decision-making which function as social defence mechanisms. These mirror practitioner psychological defence mechanisms as a way of coping, to manage anxieties often found in complex and challenging work. In other words, social work is widely regarded as emotionally demanding, particularly in child protection (Howe, 2008) and sexual violence matters (Crivatu, Horvath and Massey, 2023; Martin *et al.*, 2014), whilst regularly encountering trauma (Bunting *et al.*, 2019) and the concept of social defences helps understand how social workers cope with anxiety from practicing in a field fraught with trauma, risk and difficulties.

Additionally, this theory amplifies the role of unconscious dynamics operating at both individual and organisational levels which are enacted across systems.

Organisational power through structures such as depersonalised processes and hierarchical control serve to stabilise the workforce, manage practitioner emotions, and move away from relational aspects of the work (Whittaker, 2011) for employees to fulfil their duties. For example, in social work this might be commonly found through the fragmentation of tasks via assessments and interventions. More specifically, initial assessments may shift to different workers and teams depending on the risk of significant harm to the child. This might be accompanied by escalation to high-level decision making through a strategy discussion to determine whether the threshold for significant harm has been met requiring Section 47 child protection enquiries under the Children Act 1989. Although these obligations may be ethically

and legally required, there may be an overreliance on completing prescriptive risk assessments and bureaucratic documentation through a ritualistic approach which can shift workers away from the distressing realities of children and mothers' lives and curtail the need for responsibility in decision-making (Whittaker, 2011).

Whilst Menzies Lyth's research has remained highly influential in social work settings, limitations include that there is more focus on anxieties and emotional defences rather than experiences of trauma. Furthermore, given some of the contextual issues, such as lack of consideration of the wider socio-political influences in contemporary social work may risk the pathologisation of organisational functions. Nonetheless, Menzies Lyth's framework offers a useful lens to explore social worker perspectives and the relational dynamics which shape interactions between professionals and mothers in this study. Consequently, the framework features in the analysis of focus group findings to help make sense of practitioner viewpoints. In addition to these insights which involve sense-making of professional contexts, this study also draws on Morrison's (1990, p262) "*The Professional Accommodation Syndrome*" as a complementary lens to understand the emotional impact of workers operating within the field of child protection.

1.6 The Professional Accommodation Syndrome

Morrison's work (1990) was adapted from Summit's (1983) *The Child Sexual Abuse Accommodation Syndrome*, which depicted the tension between how children present and cope when sexual abuse has occurred, and adult expectations and understandings of what abuse victim's behaviours should 'look like'. The focus of the child sexual abuse accommodation syndrome involved a child victim's psychological

survival to accommodate the abuse. Drawing on Summit's seminal work (1983), he put forward that victimised children's behaviours are often misunderstood by adults and shared categories of typical reactions, which might contradict societal expectations. This might be compounded by disbelief of the child's allegations (Lovett, Coy and Kelly, 2018) and victim-blame (Ellis, 2020), along with any treatment from the criminal justice and child protection system, which is likely to contribute to how the child victim is potentially revictimised (Fisher, Goldsmith, Hurcombe and Soares, 2017). Subsequently, what is required, is a challenge to commonly held adult assumptions about the child victim experience. Although, the child sexual abuse syndrome can be helpful as a clinical framework, its use became distorted and weaponised in the legal arena, contributing to polarised debates about its credibility (Summit, 1992).

Although Summit's article (1983) was written over forty years ago, this chapter draws upon the model to contextualise its adaptation with professionals as seen in Morrison's paper (1990), through reformulation of 'child' to "*worker and organisational relationships*". The model explored the impact of child protection practitioners under stress working directly with families, as well as the impact of organisational and managerial responses upon them. This paper holds relevance with this study because of the involvement with practitioners in this research. The five stages are briefly outlined below:

1.6.1 Secrecy

Organisational cultures can discourage disclosure and workers may be reluctant to speak openly about any harm or distress arising from their work.

1.6.2 Helplessness

There are organisational assumptions and expectations that workers' silence is evidence of coping. Workers can feel ashamed if they feel helpless because the climate they operate within fails to legitimise their experiences.

1.6.3 Entrapment and Accommodation

Workers feel conflicted between viewing their organisation, profession and colleagues as good and caring, as the alternative may be too difficult to accept. They internalise the abuse they encounter through their work, feeling at fault, that if they were a better worker it would stop. Strength is seen through denial, whilst speaking out is seen as unprofessional in sharing their distress.

1.6.4 Delayed or Unconvincing Disclosure

Accommodating the distress might arise through performing well, working harder and being professionally compliant. Conversely, the sharing of distress can arise through training, other colleagues or inter-professional conflict, manifested as fight (confrontation, anger) or flight (sickness, resignation) behaviours. Together, both presentations may lead to disbelief about worker disclosures with attributions of other reasoning, for example, questioning their suitability for the profession or impact when they seem unaffected.

1.6.5 Retraction

The delayed or unconvincing disclosure is met by disbelief, uncertainty or punitive responses by the organisation and as such, the worker retracts their complaint to gain acceptance and survive. Together, these five stages provide a useful framework

as a starting point to understand the emotional impact of workers who operate at the interface of pain and distress, whilst potentially disguising what really may be going on for them. For the purpose of this study in *Chapter 7, Discussion* Summit's (1983) and Morrison's (1990) models' principles are extended and serve as a lens for explanation with mothers in an original application, offering new insights into mothers' experiences. The next section provides an explanation of the study's purpose and significance, providing a rationale for the use of these theoretical perspectives.

1.7 Research Aim, Questions, Objectives, Rationale and Significance

"I am the collector of a very specific type of story and the keeper of a very particular type of secret [...]" (Easthope, 2023, p286)

The above adapted quote from Professor Lucy Easthope, who is an expert in planning and reacting to major emergencies such as natural disasters, terrorist attacks and world crises resonated with this research. The excerpt captures the heart of this study which involves mothers whose stories are often hidden or silenced, their narratives reflect a distinct story type embodying the complex and multifaceted nature of motherhood in the context of their child's sexual abuse. Secondly social workers, often have a professional remit which involves navigating multiple perspectives, gathering sensitive information and they frequently bear witness to people's pain and distress. Practitioners also undertake this work and safeguard stories sensitively and often without fanfare. Finally, my role as a researcher in the emotionally charged field of child sexual abuse means that I deliberately set out to assemble and preserve the stories and secrets I encountered, seeking to honour them with care and integrity.

1.7.1 Aim

To explore what life is like for mothers of a child victim of sexual abuse, as well as social workers' views on these maternal experiences.

1.7.2 Research Questions

- What is it like to be a mother of a child who has been subject to child sexual abuse?
- How do social workers understand these maternal experiences and what are the implications for their practice?

1.7.3 Objectives

The following objectives have an attached subsidiary question which are a useful consideration when evidencing the objectives:

1. To examine the emotional, psychological and social impact of sexual abuse upon mothers of an abused child

Question: How does their child's sexual abuse affect mothers?

2. To identify mothers' coping mechanisms upon learning about their child's abuse

Question: What coping strategies does a mother employ once the abuse comes to light?

3. To investigate how mothers navigate support in the aftermath of their child's sexual abuse

Question: How do mothers seek out and access support?

4. To analyse social work perspectives on maternal experiences of child sexual abuse and the implications for practice

Question: How do social workers understand and respond to mothers of a child victim?

1.8 Rationale for a Qualitative Approach

A qualitative multiple method approach was adopted for this study, given the focus on capturing mothers' experiences, as well as practitioners' perspectives. Delving into people's complex worlds and yielding nuanced insights to understand their subjective accounts often cannot be reduced to quantitative, statistical analysis. Instead, qualitative inquiry is well suited to explore matters in depth, eliciting richness within a mother's multifaceted life and professional's multidimensional practice (Lim, 2024). Moreover, qualitative research is inherently about real world issues, such as child sexual abuse, and therefore is grounded in the realities of mothers and the practitioners that operate in this field. Together, this approach indicates that this study is theoretically and practically sound, and the next section *Significance* signals the originality within the research.

1.9 Significance

This study addresses a critical gap in the field exploring mothers' experiences of their child's sexual abuse, which is largely grounded in international literature from over a decade ago and in the UK context appears to have received limited attention. In addition, to the best of the researcher's knowledge and following an exhaustive review of the literature, this is the first study of its kind to explore maternal experiences of their child's sexual abuse, alongside social work perspectives and introduces a narrative methodological approach not previously seen in the existing literature and consequently, offers an original contribution within the field.

Furthermore, this study provides a practical and applied focus with direct relevance to social work that extends beyond theory to inform real-world and contemporary practice to support meaningful practice. Finally, this study's original contribution also lies in its knowledge production by challenging existing narratives of mothers as having experienced secondary trauma and positioning them in the background of their child's experiences. This research offers new insights that recognises mothers as having experienced a primary-injury type trauma and are consequently, directly victimised in their own right because of their child's sexual abuse. Also, a symbiosis between a mother and her child was found, propelling her needs to the forefront and becoming more centre stage. As such, these findings change how mothers are conceptualised and reframe how social work practice engages and supports mothers. With the contribution of this study established, the subsequent section details how the thesis is organised.

1.10 Structure

Chapter 2, Narrative Synthesis Review presents two key sections. The first section provides a rationale for the narrative synthesis review and comprehensive search strategy. There is an overview of the critical appraisal approach with evidence of undertaking a systematic process. The second section provides critical analysis of existing literature within the field. There is a synthesis of international data which explores the material through a critical lens, identifying key patterns and highlighting the dearth of literature about mothers' experiences in the UK. Consequently, the review demonstrates the value and contribution to the field, evidencing what is already known and areas which warrant further investigation, namely through this focused inquiry.

Chapter 3, Methodology outlines the underpinning philosophies within this study exploring two methods of data collection, nine narrative interviews with mothers and two focus groups with social workers. The chapter also explains why a qualitative multiple method approach aligns well with the research questions. Furthermore, this section describes participant recruitment, sampling strategies and use of gatekeepers, as well as the difficulties encountered in data collection. There is also a detailed outline of the analytic approaches for both types of data collection methods.

Chapter 4, Ethics discusses the ethical considerations in sensitive research through the feminist ethics of care lens, as well as interrogates my positionality through reflexivity. In addition, the chapter considers key ethical considerations in relation to participants in a nuanced and sensitive manner. This chapter was separated from *Methodology* to provide detailed ethical considerations as a researcher operating in a sensitive field (Pascoe-Leahy, 2022) to ensure quality and rigour.

Chapter 5, Narrative Interview Findings presents findings from the narrative interviews with mothers, presenting participant portraits and exploring four themes, (1) *Motherhood Ruptured: Interruptions in Womanhood, Maternal Fractures and Rethinking Identities*, (2) *Mothers as Outliers: Marginalised, unseen and unMeritorious (Mum)*, (3) *A Mother's Mire: The Perpetual Pains of their Child's Sexual Abuse* and (4) *Systemic Failure: A Lack of Recognition, Relational Support and Effective Services*. This chapter concludes with making sense of the narrative structure and form through Frank's (1995) chaos, restitution and quest narratives. The interview and focus group findings were separated to allow full articulation of the

distinct characteristics of the two datasets which also required different analytic techniques.

Chapter 6, Focus Group Findings presents findings from the focus groups with social workers examining three themes of (1) *'Mothers in Need': The Being and Becoming of Mothers in light of Child Sexual Abuse*, (2) *Interrelatedness of Experience between Mothers and Practitioners* and (3) *Forces Which Shape Understanding: Silencing Effect of Defence Mechanisms*.

Chapter 7, Discussion draws the literature and findings from both datasets together for discussion, distilled into the following (1) *Hijacked Motherhood: Weaponised and Colonised Identities*, (2) *Ruptured, Wounded and Scarred: The Embodiment of Mother's Narratives*, (3) *"There is no baby without a mother": Threads Which Bind Child, Mother (and Social Worker)* and (4) *The Intersection of Systemic Failure and Defence Mechanisms*. The study's findings advance understanding of mothers' experiences through several significant and original contributions, including a reconceptualisation of their trauma experiences and symbiotic relationship with their child. Additionally, insights drawn from this study amplify a mother's visibility and value, as well as shine a light on their parallel nature with social workers. Beyond these contributions the study provides practical tools to assist practitioners, and the chapter concludes with strengths, limitations and implications for practice.

1.11 A brief note about language

"Being careful and precise about language is one way to oppose the disintegration of meaning, to encourage the beloved community and the conversations that inculcate hope and vision."

In light of Solnit's (2018, p4) quote above, throughout the research I have deliberately made the intentional choice to use the term 'mother', rather than 'non-offending mother' or 'non-offending caregiver'. In my opinion, the attribute of 'non-offending' positions women in relation to the abuser and intertwines their identity to an absence of abuse, rather than their protective labour. The approach I have implemented challenges the pathologising language used in discourse. Although it should be noted that within the literature review, there were different types of caregivers across the material with diverse terms used. In these circumstances I was mindful to use the term 'caregivers' or 'parents' when research included any caregivers, other than a mother.

1.12 Chapter Summary

This introductory chapter has provided context and a rationale for the need of a study of this kind. The evidence presented shows that there is a lack of recognition and understanding of a mother's experience in the aftermath of her child's sexual abuse. Additionally, social work practice continues to place a heavy responsibility on mothers for the safety and protection of her child, whilst simultaneously leaving them feeling pathologised and blamed. Furthermore, there is a dearth of contemporary literature with limited existing studies in the UK in connection with this topic which underscores the imperative for this inquiry. Building on this reasoning, the next chapter moves on to consider the rationale for carrying out a narrative synthesis review and explores the body of literature. In this regard, *Chapter 2 Narrative Synthesis Review* identifies knowledge gaps and positions the study within the evidence base.

CHAPTER 2 NARRATIVE SYNTHESIS REVIEW

This chapter provides the narrative synthesis review for the study and comprises of two key sections. The first section presents an overview and rationale for the narrative synthesis review, followed by the methodological approach to the review, including research questions and search strategy. The databases and sources accessed are subsequently outlined, accompanied by the screening process. Finally, the process presents the data selected for the narrative synthesis review demonstrating an overall systematic and transparent process. The second section explores the body of literature relating to mothers' experiences of their child's sexual abuse and social worker perspectives. This segment synthesises 63 articles which were identified in the first section and draws out key patterns and relationships within and between the included studies. The second section is organised into eight components, beginning with an overview of key findings and followed by discussion of seven central themes within the synthesis, (1) Discovery of the Abuse, (2) Short-Term and Long-Term Impacts, (3) Secondary Victimisation, (4) Mother Blame (5) History of Child Sexual Abuse, (6) Support and Protection and (7) Support Needs and Experiences with Professionals.

2.1 Overview

The study sets out to unearth what life is like for mothers of children impacted by sexual abuse, as well as social worker perspectives. The research captures insights through mothers' narratives and practitioner views via primary methods of narrative interviews and focus groups, as well as explores the evidence base underpinning these experiences. This chapter responds to the overall research questions as outlined below (*Section 2.2.1*) and more specifically, all four objectives exploring the

impacts of her child's sexual abuse, mothers' coping mechanisms, their access to support as well as social workers' views. Consequently, to ground this research within the wider field, a narrative synthesis review was undertaken.

Narrative synthesis is part of the storytelling culture and its primary contribution involves deepening understanding about a topic (Greenhalgh, Thorne and Malterud, 2018). It is also well-suited to exploring sensitive, complex and under researched topics (Sukhera, 2022), as well as an effective method to bridge practice and research insights (Rumrill and Fitzgerald, 2001). Moving beyond description, a narrative synthesis involves investigation, interpretation and critique of data sources and relationships between studies. As such, the rationale for implementing a narrative synthesis review aligned with the overall study's research questions and narrative method. Although systematic reviews are often seen as superior due to their highly technical approach, the narrative synthesis is not unsystematic and offers an evidence-informed way to extract and summarise data in a clear manner (Greenhalgh, Thorne and Malterud, 2018).

2.2 Methodological Approach to the Review

Drawing on Popay, *et al.*'s, (2006) guidance, the aim was to produce a narrative synthesis to methodically collect and interpret findings from multiple studies, including but not limited to primary research. The review was systematic in terms of being comprehensive, replicable and critical with a structured approach to the search strategy, as well as detailed in the reporting practices. This was accompanied by the Critical Appraisal Skills Programme Checklist tools (CASP) for Qualitative Studies, Cross-Sectional Studies and Systematic Review (Critical Appraisal Skills

Programme, 2025) and together presents a transparent and rigorous method (Aveyard, 2010). To construct a meaningful narrative synthesis, there was engagement with a range of knowledge sources (Greenhalgh, Thorne and Malterud, 2018) including grey literature. A first and second search of the literature was carried out in 2019 and 2021, however the search terms were different due to the initial focus on intrafamilial child sexual abuse which incorporated search terms such as 'intrafamilial or family or incest' or 'in and around the family'. A revised search strategy was subsequently developed and implemented in 2025 using terms more closely aligned with the study's focus because this shifted during the narrative interview data collection phase between 2022-2023 as three participants shared their child was sexually abused by older male children outside of their family.

The review drew on the ECLIPSE model in guiding the search strategy to explore the best current evidence (Wildridge and Bell, 2002). The mnemonic stands for expectation, client group, location, impact, professionals and service. It is well-suited to this study due to its exploratory nature and integration of practice and experience-based research. Additionally, the ECLIPSE framework supports a detailed, thorough search through a structured manner through setting the boundaries of a question.

Table 2.1 below indicates how ECLIPSE was used as an aid to structure the overall research questions.

Table 2.1: Eclipse to aid the review's research question

Expectations	To increase understanding and recognition of mothers' lived realities, their coping strategies and needs, as well as social workers' experiences.

Client Group	Mothers whose children have been impacted by sexual abuse in England.
Location	Community Local Authority Social Work
Impact	To better equip professionals in practice practically and with greater insight; improved professional relationships and service delivery.
Professionals	Social Workers
Service	Child and Family Social Work

Source: Author's own

2.2.1 Overarching Research Questions

- What is it like to be a mother of a child who has been subject to child sexual abuse?
- How do social workers understand these maternal experiences and what are the implications for their practice?

Additionally, The STARLITE mnemonic of sampling strategy, type of study, approaches, range of years, limits, inclusion and exclusions, terms used and electronic databases (Booth, 2006), complemented and set the standard for the reporting of the literature search. This approach introduced further systematic rigour and established clear parameters on the narrative review (Aveyard, 2010). See *Table 2.2* below outlining the search strategy:

Table 2.2: Starlite to structure the search

Sampling Strategy	Comprehensive

Type of Study	Qualitative, quantitative and mixed method, primary research. Systematic reviews, narrative synthesis, meta-synthesis and ethnographic studies. Grey literature.
Approaches	Electronic database search, subject search, snowball strategies, internet searching (organisational research sites e.g. CSA Centre, The Independent Inquiry into Child Sexual Abuse, NSPCC and Barnardo's).
Range of Years	A start date of 1988 to reflect the date of the first Working Together to Safeguard Children guidance (NSPCC, 2025b) and outline of sexual abuse. No end date limiter.
Limits	English, human, full-text, articles and reports
Inclusion and Exclusions	<i>Inclusion:</i> - Any primary research article that meets the aim and focus of the study - A mother's experience following their child's sexual abuse - Impact, effects or implications for mothers. - Supports needs of mothers involved with child sexual abuse - Interventions framed as part of support needs or impact - Foster "mothers" - Non-gender specific 'parent' or 'non-offending caregiver' research <i>Exclusion:</i>

	• Papers that focus on fathers and other caregivers e.g. male foster carers, grandparents • Mothers who sexually abuse their children • Papers that focus on mother's own experience of sexual abuse • Papers that relate solely to prevention, prevention programmes and prevention education or child's disclosure • Evaluations of specific interventions e.g. play therapy and groupwork • Papers that focus on child victim experiences, support, characteristics of child sexual abuse • Children who abuse • Papers that focus specifically on mothers of children with a disability • Other types of abuse or non-sexual abuse specific trauma e.g. neglect • Research that investigates maternal responses and the relationship with a child's outcomes • Papers that focus on other professional perspectives e.g. counsellors • Research which investigates women's experiences because of her relationship with the abuser e.g. intimate partner, husband.

Terms Used	“mother*” OR “maternal” OR “mum*” OR “mom*” OR “parent*” OR “non* offend* care*” OR “noc*” (Title/Abstract Field) AND “experience*” OR “narrative*” OR “understand*” OR “stor*” OR “impact*” OR “account*” OR “testimon*” OR “cop*” (Title/Abstract Field) AND “child* sex* assault” OR “child* sex* abuse” OR “child* sex* trauma” OR “csa” OR “sex* abuse*” (Title/Abstract Field) AND “social work*” OR “social service*” or “human service*” (Any Field)
Electronic Databases	Via University of Essex Library: CINAHL Ultimate, MEDLINE Ultimate, APA PsycARTICLES, APA PsycINFO, Scopus, Taylor and Francis (ejournals), SAGE Journals Online, Wiley Online Library, Web of Science, Cochrane Library. Connected Papers CSA Centre, The Independent Inquiry into Child Sexual Abuse, NSPCC and Barnardo’s. Snowballing via reference list of papers identified above.

Source: Author’s own

From the search strategy above, *Table 2.3* below outlines the search results and papers identified following a seven-stage review process as detailed in the next section.

Table 2.3 Research databases and papers which met the inclusion criteria

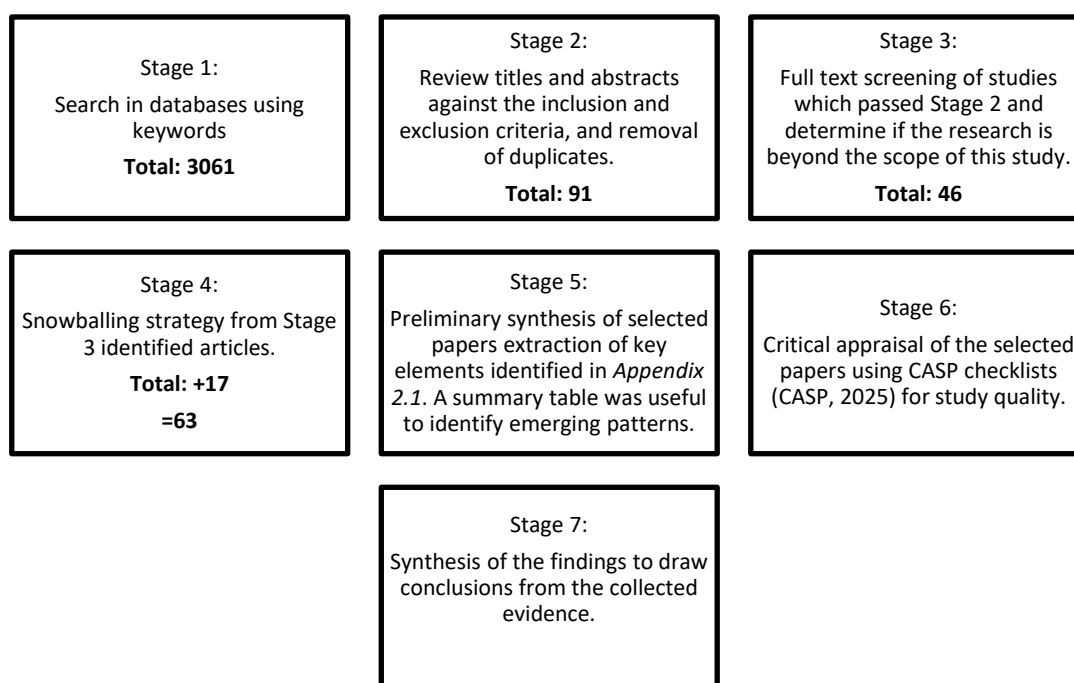
Database	Search Results	Stage 2 Papers	Stage 3 Papers
CINAHL	89	19	11
MEDLINE Ultimate	385	2	2
APA PsycARTICLES	47	3	1
APA PsycINFO	339	4	1
Scopus	1194	54	27
Taylor and Francis (ejournal)	0	0	0
SAGE journals online	0	0	0
Wiley online Library	0	0	0
Web of Science	503	2	2
Cochrane Library	1	0	0
Connected Papers	60	7	2
CSA Centre	87	0	0
IICSA	1	0	0
NSPCC	81	0	0
Barnardo's	274	0	0
Snowballing	N/A	N/A	17

Source: Author's own

2.2.2 Data Collection, Extraction and Appraisal

Seven stages of the review process were undertaken in line with Popay's guidance (2006). There were two stages within Popay's process which were not relevant for the purposes of this study such as development of a theory of change and logic model chain, of causal assumptions. These were not included because this study is generating, rather than testing theory and assumptions were not made in advance of data collection. The stages are as follows:

Figure 2.1: Seven stages of the review process



Source: Author's own

2.3 Description of Included Studies

2.3.1 Rationale - inclusion of material which includes male caregivers

The synthesised review intentionally includes literature which foregrounds mothers, alongside some studies which incorporate male caregiver perspectives. The samples in these latter studies were predominantly composed of mothers and omitting such studies would disregard a body of literature where their experiences are co-occurring

and as such, further diminish mothers' visibility and value. The synthesised articles have been disaggregated (*Appendix 2.2*) which shows 22 of 63 papers reflected male caregiver perspectives alongside mothers. When these studies were excluded from consideration, three of the remaining studies originated from the UK and ten papers were generated in the last ten years out of 41 articles. This suggested that the literature base was limited with a small portion of research completed in the UK, as well as the overall research body mostly being over a decade old. In addition, several of the 22 studies were regarded as seminal and provided key insights into the field. Whilst the intertwining of maternal and paternal perspectives in the 22 studies is indicative of the overlap in shared parental experiences, it also potentially risks obscuring mother's experiences and as such, this study renews focus on their distinctiveness. Consequently, the decision to include this material was taken and I remained mindful of the language implemented and experiences drawn upon throughout the narrative synthesis review centring mothers' experiences. Furthermore, when male caregivers were included in studies, this was detailed in the review, the sample demographics were provided as far as possible and where appropriate, the data was drawn from mothers' responses.

2.3.2 Summary

Out of the total 63 articles (*Appendix 2.1*), 53 papers were international with three from the Republic of Ireland and seven from the UK. Most papers originated from USA and Canada. A summary breakdown of the geographic regions is below:

Table 2.4: Breakdown of research papers from the search strategy

Wales	1		Turkey	4
Republic of Ireland	3		Australia	6

Scotland	1		Cyprus	1
England	5		France	1
South Korea	1		Norway	1
South Africa	4		Canada	11
Israel	2		USA	18
Brazil	2		NZ	2

Source: Author's own

As can be seen above, most of the studies originated from international contexts, demonstrating a global interest in the topic. Whilst international research offers valuable insights, none of the included studies addressed the specific subject under investigation using this thesis' combination of context, population and methodological approach. To consider this in greater detail, 11 of the articles involved mixed-method research, 13 used a quantitative methodology, five were theoretical-based, one included a meta-analysis, whilst 33 were qualitative studies. This suggested that across the reviewed literature, there is a spread of different approaches and most research included exploratory designs focussed on participant experiences. Additionally, studies were conducted from varying standpoints and could be broadly categorised into the following: 38 papers reflected mothers' perspectives, 19 research articles focussed more broadly on 'parents', whilst five papers elicited professional responses, and one article presented children and young people's views. Despite the multiplicity of approaches, it was clear that most research foregrounded the maternal lens which was also the central focus of this study.

In addition to these varying perspectives, it was important to consider the language used across the studies as they influenced how mothers were presented. The selected papers employed the following terminology below:

Table 2.5: Terminology overview across the reviewed papers

Nonoffending caregiver, NOC, non-abusive mother, nonoffending maternal caregiver, nonoffending guardian, nonoffending parent, nonoffending mother	31 papers
Mothers, women	22 papers
Parents, primary carers, primary caretakers, families	10 papers

Source: Author's own

As can be seen above, the way in which mothers are represented can mask their identities, minimise their distinct experiences and continue to perpetuate their implication within the abuse by using the term 'non'. As such, this study seeks to re-address such issues, prioritising mothers linguistically and experientially.

Furthermore, there were several common trends across the studies in circumstances where the demographics were provided, which align with prevalent findings in the field. These included that most child sexual abuse victims were female and the overwhelming majority of abusers were male and known to the victim or family. As well as this, child sexual abuse cuts across socioeconomic factors effecting a range of mothers, from those who have not completed secondary school to university level education, as well as those who were not in employment and may be facing financial hardship to those in full-time employment and were more economically affluent. Finally, as can be seen from *Appendix 2.1*, the existing body of literature is largely composed of older studies, with only 14 papers published from 2020 onwards and 23 papers published in the last decade. This suggests a temporal gap in the research

and underscores the need for renewed scholarly attention relevant to a contemporary context.

2.3.3 UK Context

It should be noted that comparatively little attention has examined mother's experiences of their child's sexual abuse in the UK context. *Table 2.6* below indicates the current landscape:

Table 2.6: Research papers from the UK

McGookin, 2025	Two-year participatory action research, using photovoice method and poetry, playwriting and letter writing. Explored mother's experiences with social work whose partners were under investigation for possession of child sexual abuse material.	Scotland
Warrington, Beckett, Allnock and Soares, 2023	Qualitative interviews with 53 children and young people who were sexually abused in the family environment. Explored the child victim's perspective of the impact and support needs of their familial relationships.	England
Butterby and Hackett, 2022	Qualitative study involving semi-structured interviews with seven girls and six mothers. Explored girls and mothers' experiences of police and criminal justice responses and impact of investigation.	England

Hill, 2001	Qualitative study with 11 interviews of mothers. Explored women's experiences of attending a peer support group as their child was sexually abused and the role of social workers within this.	England
McCourt, Peel and O'Carroll, 1998	Mixed-method approach involving interviews and questionnaires with 16 adults (nine mothers, one maternal grandmother, one couple (parents) and two couples (mother and stepfather). Explored the effects of the abuse on 'secondary victims' – the families of the child victims.	England
Hooper and Humphreys, 1998	Theoretical reflections. Explored the development of polarised debates between feminist writers/practitioners and family therapists.	England
Davies, 1995	Mixed-method approach involving semi-structured interview and questionnaires with 30 parents (including stepparents). Explored the problems experienced by parents following the sexual abuse of their child by someone known to them.	Wales

Source: Author's own

Out of the seven articles in the UK context, two of the studies used a mixed-method approach to explore both parents' perspectives, one study presented theoretical

reflections and the remaining four qualitative studies explored experiences of attending a support group, experiences of the police and criminal justice system, a participatory action approach for mothers' experiences with social work and finally, a child victim's perspectives of their family's support needs. This examination of the reviewed articles suggests that a limited body of literature exists related to the broader topic, but very few studies engage directly with the particular focus of this research. To be more specific, out of the seven articles in the UK context, as well as the broader 63 articles across the international literature, none have explored the experiences of mothers using a narrative approach and included social worker perspectives. This highlights that there is an absence of research to date exploring this specific issue and as such, a methodological gap exists in the field which this study seeks to address. As such the following section presents the *Narrative Synthesis of Themes* for this study.

28.Cyr et al., 2013		✓		✓	✓	✓	✓	✓		✓		✓
29.Hee et al., 2011		✓	✓	✓	✓	✓		✓	✓	✓		
30. Hébert et al., 2007		✓	✓	✓	✓	✓			✓	✓		✓
31.Bolen et al., 2007		✓		✓	✓	✓	✓			✓	✓	
32.Plummer, 2006		✓	✓	✓	✓		✓		✓	✓		✓
33.Hiebert-Murphy, 2000		✓		✓	✓	✓				✓		✓
34. Fong et al., 1998	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓
35. Hiebert-Murphy, 1998		✓		✓	✓	✓				✓		✓
36.McCourt et al., 1998		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
37. Scott, 1996		✓	✓	✓	✓	✓	✓	✓		✓		
38.Humphreys, 1995		✓		✓	✓	✓		✓	✓	✓		
39. Carter, 1993	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓
40.St-Amand et al., 2022		✓	✓	✓	✓	✓	✓	✓		✓		✓
41.Hill, 2001	✓	✓		✓	✓	✓		✓	✓	✓		
42.Hooper et al., 1998	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
43.Mauny et al., 2023	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓
44.Kilroy et al., 2014	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
45.Elliott et al., 2001		✓	✓	✓	✓	✓	✓	✓		✓		✓
46.Heriot, 1996		✓		✓	✓	✓	✓			✓		✓
47.Stitt, 2007		✓	✓	✓	✓	✓	✓	✓	✓	✓		
48.McLaren, 2012		✓	✓	✓	✓	✓		✓	✓	✓		
49.Dyb et al., 2003		✓	✓	✓	✓	✓				✓		
50.Kardam et al., 2013		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
51.Serin, 2020		✓	✓	✓	✓	✓	✓		✓	✓		
52.Davies, 1995		✓		✓	✓	✓	✓	✓		✓		
53.Newberger et al., 1993		✓	✓	✓	✓	✓	✓		✓	✓		
54.Santa-Sosa et al., 2013		✓		✓	✓	✓				✓		
55.DeYoung, 1994		✓		✓	✓	✓			✓	✓		
56.Nakhle Tamraz, 1996		✓	✓	✓	✓	✓			✓	✓		✓
57.Schonberg, 1992		✓	✓	✓	✓	✓			✓	✓		✓
58.Pretorius et al., 2011		✓	✓	✓	✓	✓	✓		✓	✓		
59.Manion et al., 1996		✓	✓	✓	✓	✓	✓		✓	✓		✓
60.Runyon et al., 2014		✓	✓	✓	✓	✓	✓		✓	✓		✓
61.Carvalho, et al., 2009		✓	✓	✓	✓	✓	✓	✓	✓	✓		
62.Masilo et al., 2016		✓	✓	✓	✓	✓		✓	✓	✓	✓	
63.McCallum, 2001	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

Source: Author's own

As part of the rigorous interrogation of papers through the critical appraisal process, *Table 2.7* above emerged with extractions of common threads repeated through the data. A summary of the concepts is outlined below:

Table 2.8: Summary of concepts from Table 2.7

<i>Discovery</i>	The paper discussed finding out about the abuse.
<i>Trauma and/or Distress</i>	Mother's experience indicated a level of trauma or distress.
<i>Secondary Victimisation</i>	Outline of mothers as secondary victims, experiencing secondary trauma or subject to Post Traumatic Stress Disorder (PTSD).
<i>Short-Term Impact</i>	Immediate or short-term effects on the mother following finding out about the abuse.
<i>Long-Term Impact</i>	Wide-ranging or long-term effects on the mother following finding out about the abuse.
<i>Support Needs</i>	Identification of mothers' support needs
<i>Belief</i>	Mothers believe or disbelieve the child and/or the sexual abuse occurred.
<i>Experience with Social Work</i>	The mothers' experience includes involvement with social work and/or professional services.
<i>Mother Blame</i>	Acknowledgment of maternal blame, self-blame, judgement and/or scrutiny.
<i>Relationship with Support/Protection of Child</i>	The paper stated an aspect of the mother's responsibility of support and protection towards her child.

<i>Faith</i>	Revealed the role of faith, religion or spirituality as part of the mothers' experience.
<i>History of Child Sexual Abuse</i>	Divulged a connection to a mothers' history of child sexual abuse.

Source: Author's own

2.5 Narrative Synthesis Summary of Themes

One third of papers ($n=21$) identified the scarcity of studies exploring mothers' experiences (Lipinsky and Goldner, 2021, Stitt, 2007) and overlooked nature of their needs (Hill, 2001; Newberger *et al.*, 1993; Serin, 2023). Whilst all studies included a focus towards experiences as intertwined with support and protection of her child (Hill, 2001; Stitt, 2007) ($n=63$). Additionally, studies within the synthesis review noted the influence of widespread misinformation and at times, a lack of knowledge pertaining to mothers and child sexual abuse matters (Hooper and Humphreys, 1998; Nakhle Tamraz, 1996; Sufredini, Moré, Krenkel and Crepaldi, 2022). Despite such misconceptions and falsehoods being challenged by empirical data and feminist contributions, this was namely mothers as collusive, complicit or blamed for the abuse which persisted across the literature. However, given the dataset incorporated longstanding perspectives, the field appeared to be closely tied to historical ideas and as such, this was reflected below in the core patterns. Moreover, finding out about the abuse ($n=15$) and a mother's history of child sexual abuse ($n=28$) also appeared recurrently across studies and were therefore, significant. Whilst a range of short-term and long-term effects were identified across all reviewed papers ($n=63$) alongside diverse experiences of trauma and distress. This connected with a cluster of studies which identified the impact of the abuse as secondary

trauma ($n=35$). Furthermore, mothers' support needs and involvement with services were highlighted as critical components, and although belief emerged frequently in the data ($n=43$), this appeared embedded within support and protection dynamics. As a final consideration, despite faith occurring occasionally within studies ($n=12$), its implications were noteworthy and warranted inclusion.

2.6 Discovery of the Abuse

Conceptualisations of the effect of their child's sexual abuse on mothers started with the discovery of the abuse. Patterns emerged in relation to learning about the abuse spanning diverse expressions of discovery, differing interpretations of understanding and a sense of participants' varied realities across 15 papers. In their theoretical reflective paper exploring the polarised debates between feminist writers, practitioners and family therapists, Hooper and Humphreys (1998, p569) shared how professionals often refer to language of "*disclosure*", whilst women tended to speak about "*finding out*". This included a process involving different timescales and making sense of diverse types of information. For example, Mauny *et al.*, (2023) conducted phenomenological research interviewing nine mothers and four fathers whose children shared during psychiatric care that they had been sexually abused. Their data analysis identified three meta-themes, one of which outlined the cues which prompted parents' concern of their child. These included noticing their child's distress, experiencing anxiety, self-harm and engaging with risky behaviours, as well as conflict between their communication. This was summarised as a lack of recognition of their child reflecting a profound sense of loss and consternation (p5). However, a methodological limitation noted by the authors (p11) outlined that due to the cross-sectional design of the research parental experience had been examined

at a particular moment in time which might be influenced by contextual factors and as such, could change if repeated at a different time period. In addition, rather than an isolated incident, Mauny *et al.*, (2023) described finding out as a fluid and evolving process. Whilst other papers recounted finding out as a singular, life changing event. For example, Hill's study (2001, p388) explored the experiences of 11 mothers who attended a specialist peer support group run by and for mothers of sexually abused children with one participant sharing it was like a bomb going off,

"I'd been married for 25 years so it was a real bombshell [...] It blew my world apart. Everything I thought was okay just seemed as if it was just a sham."

In the above excerpt, finding out about the abuse was characterised as life-altering and this was a common theme shared across a small selection of papers ($n=8$). For example, papers referred to finding out as "*all-consuming [...] heartbreaking [...] the end of the world*" (Kilroy, Egan, Maliszewska and Sarma, 2014, p489) and "*I was thunderstruck [...] It's a tsunam*" (P1, p16). "*I fell off a cliff [...] It was as if someone had cut off my legs*" (P5, p15)" (Mauny *et al.*, 2023). All of which signified the depth of emotional pain and devastation experienced from finding out. Furthermore, worlds were forever changed (McElvaney and Nixon, 2020) and shifts in perception were further conveyed in studies through presentations of participants' two time periods, exemplified through 'before and after' finding out. McGookin (2025, p784) referred to a phenomenon as part of the discovery of the abuse and drawn from wider literature as "*The Knock*" referencing the knock on the door from police, to raid participant houses and the devastation which ensued. Participants who were four women referred to their two different worlds, creating a stark divide between life before and after "*The Knock*". Furthermore, Lipinsky and Goldner (2022, p86) phenomenologically explored the drawings and narratives of 21 Israeli Ultra-Orthodox Jewish mothers and one of the four central pictorial phenomena was

presented as “*split drawings*” describing two distinct periods in their lives, before and after finding out about the abuse. These split drawings also pointed to the fractured nature of participants’ lives and identities presented as a sense of internal conflict and incoherence. This splitting was also found in Carter’s (1993, p83) research, which involved in-depth interviews with 24 mothers, as well as interviews with 15 experts and analysis of child welfare case records. Although the author noted that a limitation was the small size impacting the representativeness of experiences (p88), one of the mothers described below the moment she found out about the abuse and was split in two,

“The moment she told me it was like I split into two people. It was like a bomb went off inside me and I could see my guts and my skin and my hair and my flesh and my whole life just go phewie [sic] into thousands [...] of pieces.”

This quote epitomised the sudden, intense and embodied nature of unearthing what happened to their child. Although this type of intense emotive expression was only commonly found across a small subset of the synthesis review ($n=8$), given the intensity with which finding out was expressed, it merited inclusion to demonstrate the impact a child’s sexual abuse can present for mothers.

2.7 Short-Term and Long-Term Impacts

The body of literature provided insight into the emotional, psychological and social impact of sexual abuse upon mothers of an abused child which evolved in two main strands; the synthesis found that all ($n=63$) reviewed papers included elements of immediate and short-term effects, as well as wide-ranging and enduring effects of the abuse on mothers.

2.7.1 Short-Term Impacts

There were common patterns across studies in relation to the effects experienced by mothers upon hearing about the abuse. Mothers often experienced a surge of overwhelming and disorienting emotions. For example, research exploring 10 women's experiences in South Africa outlined the sudden onset of physical distress symptoms which included crying, shivering, sweating, dizziness and fainting (Bux, Cartwright and Collins, 2016, p92). A methodological limitation of this study noted by its authors (p90) was the unknown time between the abuse and participant interview which potentially contributed to interpretation of the aftermath. However, being unable to think straight was also reported by participants in Fong and Walsh-Bowers (1998, p32) research which involved exploring the experiences of mothers whose daughters were sexually abused by their fathers and stepfather in Canada. Furthermore, disbelief was mentioned as an initial reaction across papers (Carter, 1993, p77; Elliott and Carnes, 2001, p314; Humphreys, 1995, p15; McCourt, Peel and O'Carroll, 1998, p290). Other typical reactions included shock, confusion, fear, pain and most frequently, guilt and anger (Mauny *et al.*, 2023; McCallum, 2001; McCourt, Peel and O'Carroll, 1998; Pretorius, Chauke and Morgan, 2011).

2.7.1.1 Guilt

Guilt was a pattern consistently observed across studies (Hee and Mee, 2011; Lipinsky and Goldner, 2021; Masilo and Davhana-Maselesele, 2016) and was also evident as a central finding in select studies. Namely, Pretorius, Chauke and Morgan's (2011) phenomenological study deeply exploring the complex experiences of three mothers in South Africa whose children were sexually abused by their male partners found guilt was a common theme. Although the small sample size makes it

hard to generalise this finding, McCourt, Peel and O'Carroll (1998) also found that guilt was one of the most difficult for participants to grapple with in their mixed-method study with 13 caregivers. Furthermore, Carvalho, Galvao and Cardoso (2009, p506) qualitative research which explored 10 mothers' perceptions of their sexually abused daughters in Brazil found that guilt emerged as part of the "*perfect motherhood*" myth where societal norms, such as self-sacrificial, protectors and responsibility for their children drive how women and mothers should think and behave, and so, guilt emerged because of the perceived failure in this role. The paper suggested that because it is so deeply entrenched with the maternal figure, guilt becomes both internalised by women and is part of cultural understandings of motherhood. Although valuable and the principles may apply across contexts, it should be noted that a methodological limitation of this research was the findings were situated in a Brazilian social and cultural, child protection context, and as such, may differ considerably from the UK. Next, attention is given to reports of anger as one study indicated its overlapping nature with guilt (Masilo and Davhana-Maselesele, 2016).

2.7.1.2 Anger

"Like furious. Like wanting to rip someone's head off. Angry, everything" (Fong et al., 2017, p4196)

As depicted above, a key recurrent feature evident across papers was anger towards the abuser, however this also extended to men in general (Hill, 2001; McCourt, Peel and O'Carroll, 1998; Pretorius, Chauke and Morgan, 2011). In addition, anger appeared directed at a variety of people and issues, from responses of the criminal justice system, the lack of protection and support from services and schools, treatment by family and friends, and even at times felt toward the child victim

(Alaggia, 2002; Kilroy, Egan, Maliszewska and Sarma, 2014; McCourt, Peel and O'Carroll, 1998). Additionally, anger was directed at themselves as parents. In Serin's (2018) narrative literature review, which was useful to provide a broad qualitative understanding of support needs of mothers, thematic analysis of 12 empirical research articles identified anger as a central theme and outlined that anger was often associated with other factors such as guilt and blame. Whilst Cyr, McDuff and Hébert's (2013) mixed method study involved better understanding 226 mothers of sexually abused children who were involved in child protective services in Canada who used cluster analysis to identify four maternal profiles, one of which was anger-oriented reactive mother. Although mothers were also found to be supportive and protective, a small minority of mothers also simultaneously felt anger toward their children. Although a limitation noted by the authors (p224) was that due to the cross-sectional design of the research, it could not be determined whether anger existed prior to or occurred following the sexual abuse. In addition, the risk in constructing an anger-oriented maternal profile means that a mother's complex emotional state may be oversimplified and obscure the nuances of a mother's anger.

In Humphreys research (1995) which explored 14 mothers, two fathers and one stepfather's counselling, information and emotional support needs in the aftermath of child sexual abuse, participants felt that men and women reacted differently. For example, men were more likely to want to act, seek revenge or not talk about what happened. Whilst women wanted to talk about their feelings, however, these differing reactions often became a source of tension. In addition, in some papers, there were expressions of vengeance toward the abuser, but at times a lack of detail of which parent voiced these ideas (Davies, 1995; Kilroy, Egan, Maliszewska and Sarma,

2013; Mauny *et al.*, 2023). Moreover, underneath these diverse expressions of anger, mothers appeared to grapple with profound pain and distress. A sense of betrayal also emerged across the literature (Fong and Walsh-Bowers, 1998; Hee and Mee, 2011; Pretorius, Chauke and Morgan, 2011; Van Toledo and Seymour, 2016) with complicated feelings in circumstances where the abuser was the mother's husband or intimate partner. This also connected with losing trust in people and the world around them (Lipinsky and Goldner, 2021; McElvaney and Nixon 2020; Scott, 1996) and was vividly illustrated in McCourt, Peel and O'Carroll's study (1998, p291) where a lack of trust was shared by all participants and appeared a significant debilitating issue which affected everyday decisions. Consequently, it appeared that several of these reactions were found to dominate parents' daily lives and persisted beyond the short-term (Davies, 1995).

All papers reflected distress in the caregivers' experiences ($n=63$). Whilst numerous studies consistently found that mothers experienced extremely high levels of distress (Cyr *et al.*, 2016; Davies and Bennett, 2021; Newberger, Gremy, Waternaux and Newberger, 1993) with multiple ($n=9$) quantitative studies indicating that distress was reflective of clinical or psychiatric outpatient norms (Bolen and Leah Lamb, 2004, p200; Plummer, 2006, p115; Hébert, Daigneault, Collin-Vézina and Cyr, 2007, p808). This suggested intense and significant suffering was experienced following the sexual abuse of their child to that of thresholds within a professional setting warranting attention and concern. This was reinforced by Elliott and Carnes (2001) theoretical literature review outlining strong evidence which identified the distress experienced by parents was significant.

Whilst some studies suggested the distress experienced by mothers was about the abuse, other papers spoke about maternal distress arising from other circumstantial matters. For example, in the UK, research exploring girls and mothers' experiences of the police and criminal justice responses presented participants distress at the time delays which often spanned years between the report of sexual abuse to reaching a verdict at trial which suggested that stressors surrounding the abuse often compounded and amplified the distress already felt by mothers. Conversely, some parents in Mauny *et al.*'s study, (2023) found involvement with professionals helpful and a relief as health reports recognised their child as a victim of a crime affirming what happened. Moreover, mixed method research undertaken in Wales which explored the difficulties of parents following the sexual abuse of their child by someone known to them supported the view that parents experience significant and persistent levels of distress, which often manifested in different ways (Davies 1995). The cross-sectional design study analysed a combination of semi-structured interview and multiple questionnaire data and found three distinct types of parents in relation to their distress: Type I – able to cope following some initial distress, Type II – able to cope following initial distress but with significant remaining problems and Type III – unable to cope. Difficulties ranged from anxiety-based symptoms, depressed mood, parenting and relationship issues with the child victim, unresolved anger and loss of relationship because of the abuse. Although the study's design offered a useful snapshot of the distress experienced by parents and their ability to cope, distress is dynamic in nature and can evolve over time. Additionally, Davies (1995) outlined that some difficulties experienced pre-existed prior to the abuse taking place, which could also raise issues around its validity. Furthermore, trends within studies also consistently found that although rates of distress were higher in

the sample than the general population, fathers and male caregivers reported fewer symptoms of psychological distress compared to mothers (Cyr *et al.*, 2016; Davies, 1995; Manion *et al.*, 1996) which suggested potential gendered differences in experiences of distress.

2.7.2 Long-Term Impacts

A strong pattern identified in the literature was the serious and long-lasting impact upon a mother of her child's sexual abuse, with feelings and memories returning persistently years after the abuse (Hill, 2001, p388). In addition, some participants used metaphors of death to convey the depth of their emotional pain. For example, qualitative research conducted in Ireland exploring the impact of their child's sexual abuse with 13 parents (10 mothers, three fathers) described the experience as "*even more painful than a death*" (Kilroy, Egan, Maliszewska and Sarma, 2013, p489).

Whilst other papers referred the parents' experiences as akin to the process of grieving and bereavement (Bux, Cartwright and Collins, 2016; Pretorius, Chauke and Morgan, 2011) which signified multiple losses. Whereas McCourt, Peel and O'Carroll (1998) carried out mixed method research in England to explore the effects of sexual abuse on families of the child victims. The sample included nine mothers, one maternal grandmother and three parent couples comprised of mother/father or stepfather. The study found that there were overlapping effects of sexual abuse upon the caregiver like those of bereavement, which extended beyond typical grief reactions and were more like the "*accidental death of a child*" (p294). This parallel effect suggested that the feelings of their child being sexually abused were intense, traumatic and complex for parents in combination with common bereavement themes such as guilt, anger and isolation. Although connecting the effects of child

sexual abuse with an analogy of death might be problematic, as they are qualitatively different experiences. In other words, the comparison may not capture the unique lived experience of mothers and the violation they might feel because of the sexual abuse of their child and a bereavement model may not adequately frame a mother's pain or fit her needs. It also should be noted that the sample was drawn from those who had contact with a specialist unit in the Northwest of England and so, may only speak to this particular aspect of the population.

A segment of papers ($n=15$) mentioned mothers' reactions which included suicidal ideation (Carvalho, Galvao and Cardoso, 2009, p505; Fong *et al.*, 2017, p4195; Masilo and Davhana-Maselesele, 2016, p3). In addition, symptoms of depression appeared a common trend across studies (Davies, 1995; Masilo and Davhana-Maselesele, 2016; Pretorius, Chauke and Morgan, 2011). Evidence from a theoretical literature review found that empirical studies have established the link between caregivers of children who have been sexually abused and depression, as well as the increased likelihood that they will experience depression compared to those whose children have not been abused (Elliott and Carnes, 2001) and particularly affected are mothers (Cyr *et al.*, 2016). This is corroborated by two quantitative research projects undertaken in USA which generated key insights in relation to mothers and maternal caregiver depression. First, Santa Sosa, Steer, Deblinger and Runyon (2013) investigated the relationship between depression and parenting behaviours of mothers whose children were sexually abused with 204 biological mother-child pairs. The study found that 22% of mothers struggled with clinically high levels of depression and when compared to findings of other studies, the prevalence was slightly lower (26%-46%) (p924). One strength of this study was

the large sample size, however the authors noted a “*limited set of demographic variables*” (p926) alongside a further limitation of relying on self-report measures in that it is difficult to know whether the difficulties became distorted by the mothers’ depressive symptoms who perhaps were being overly harsh or holding themselves to an unrealistic mothering standard.

Secondly, Runyon, Spandorfer and Schroeder (2014) implemented a structured interview and questionnaires with 68 maternal caregivers (94% biological mothers) to examine their distress levels following finding out about the sexual abuse of their child and found that caregivers thoughts tied to the abuse were the strongest predictors of symptoms of depression, for example, feeling like their child’s life was ruined or that the abuse was their fault. In other words, emotionally charged beliefs directly connected to the abuse appeared as the most significant predictor for depression, even when general negative thinking was considered. Together, the two studies provide an interconnected perspective, that maternal caregivers were more vulnerable to depression if they held strong negative abuse-specific thoughts (Runyon, Spandorfer and Schroeder, 2014), whilst maternal depression was associated with self-reported parenting difficulties (Santa Sosa, Steer, Deblinger and Runyon, 2013).

Although arguably somewhat dated, Nakhle Tamraz (1996) review of the literature found there was a lack of attention given to the impact of their child’s sexual abuse disclosure on mothers’ physical health. Physical health difficulties in mothers as part of their aftermath experiences were observed briefly in Bux, Cartwright and Collins, (2016), Cyr *et al.*, (2016) and Lipinsky and Goldner’s (2021) studies. Whilst Nakhle

Tamraz (1996) found that none of the reviewed 32 research-based investigations in the literature review included a focus toward a mother's physical health, instead the opinion-based literature presented frequent general physical problems and harsh stereotypes which highlighted a lack of empirical evidence. In contrast, McCourt, Peel and O'Carroll (1998) described how five out of 16 caregivers (13 mothers and three father/stepfathers) experienced a significant or fatal impact on their health. This included shingles, medication, hospitalisation for depression and postponing hospital treatment, because the mother had to work, but subsequently died. Consequently, this study presented the qualitative, knock-on effects on caregivers arising from the abuse of their child. Building on this, Dyb *et al.*'s mixed method research (2003, p939) which involved parents in Norway (24 mothers and 15 fathers) whose children had been sexually abused at a day care centre found that over 40% ($n=16$) of participants had taken sick leave which further highlighted the ripple effects of the abuse and what they termed as "*secondary life changes*".

Further secondary life changes that appeared as patterns across papers included changes in economic and financial status (Carter, 1993; Fong and Walsh-Bowers, 1998; Hee and Mee, 2011; Serin, 2023). For example, six participants in McCourt, Peel and O'Carroll's study (1998) spoke about finances as a major concern which included moving from two incomes to one, becoming reliant on benefits or left with debt following the abuse. This was reinforced through Massat and Lundy's research (1999) which outlined most caregivers experienced a loss of income which raised issues for their survival. Furthermore, Dyb *et al.*'s findings (2003) outlined that almost half the participants (48.7%) relocated at three times the rate of the general population rates in Norway with reasons not specified in the study. Whilst changes in

social support through friends and family were also common features (Dyb *et al.*, 2003; Hee and Mee, 2011; Hill, 2001; Massat and Lundy, 1999). In addition, one fifth of synthesised papers ($n=12$) made reference to faith as part of the caregiver experience with a portion of studies identifying a range of changes which included renewed religious faith (McCourt, Peel and O'Carroll, 1998), increased reliance on their faith (Lipinsky and Goldner, 2022; Masilo and Davhana-Maselesele, 2016), feeling anger towards religion (Kilroy, Egan, Maliszewska and Sarma, 2014) or the abuse acted as a catalyst to reconstruct their religious beliefs (Alaggia, 2001, p51), and shift participants' thinking and world view. Collectively, these arguments point to multiple life changes which could occur secondary to the abuse itself.

2.8 Secondary Victimisation

Mothers as secondary victims emerged as a significant theme, which encompassed elements of secondary trauma, stigma and subject to PTSD. More than half the papers ($n= 35$) referred to secondary victimisation through a range of experiences. For example, Manion *et al.*'s, (1996, p1104) central finding outlined that parents experience secondary traumatisation, particularly affected were mothers who experienced greater emotional distress which was severe and profound. The quantitative case-control design project carried out in Canada involved structured interviews and questionnaires with 63 mothers and 30 fathers to explore parental functioning within three months of finding out about the sexual abuse of their child. Their functioning was compared to a nonclinical comparison group comprised of 74 mothers and 62 fathers. Whilst the study's standardised design outlined measurable data which was valuable and drew attention to understanding a mother's distress and status, the paper may lack nuance in relation to the meaning surrounding their

secondary trauma beyond measurable scales and perhaps instead could have been strengthened through a randomised controlled trial design.

In contrast, Masilo and Davhana-Maselesele's (2016, p3) qualitative research involving interviews explored the experiences of 17 mothers of sexually abused children in South Africa and found that mothers experienced secondary trauma immediately following learning about the abuse, as well as across three distinct categories of (1) emotional and psychological reactions which included feelings such as guilt and self-blame, as well as any pain experienced (2) socio-economic reactions which involved mothers isolating themselves to protect the child and experiencing difficult financial constraints and (3) spiritual reactions of coping through religious and supernatural beliefs. Although it should be noted that only one study out of the 12 papers which mentioned faith were drawn from the UK (McCourt, Peel and O'Carroll, 1998), which may limit its relevance to the UK context. Additionally, Bux, Cartwright and Collins (2016, p92) discussed the medico-legal distress experienced by participants' (nine mothers, one aunt) who encountered difficulties with the justice system, counselling and medical services in South Africa. Of note, was the maternal caregiver's distress from the abuser not being prosecuted and release from prison. Consequently, this was understood as the many "costs" to mothers, the personal toll which extended beyond the abuse but was endured in the ongoing aftermath (Massat and Lundy, 1998; Plummer and Eastin, 2007, p781). Together, these universal and contextually unique experiences exacerbated the trauma experienced by mothers (Bux, Cartwright and Collins, 2016).

Several papers suggested that mothers exhibited symptoms of PTSD ($n=19$).

Although PTSD can be understood as a direct form of trauma, studies appeared to conceptualise this through secondary exposure to their child's trauma. Research using a mixed method approach which explored the mental and physical health of 109 mothers and 43 fathers following the sexual abuse of their child in Canada found at least one-third of mothers met the clinical criteria for PTSD (Cyr *et al.*, 2016).

Although this was evaluated by clinicians, due to the cross-sectional design of the study, inferences cannot be drawn about the connection between the abuse being responsible for participants' mental states. This is because it is not possible to confirm whether the abuse preceded the mental ill-health or vice versa, and also there may be confounding variables such as socioeconomic stress or pre-existing mental ill-health. Additionally, quantitative longitudinal research examined 44 mothers and two maternal caregiver's psychological symptomology across one year following the disclosure of their child's sexual abuse in USA (Newberger, Gremy, Waternaux and Newberger, 1993). The study's design presented the advantage of following the same participants, so was able to see how time, as a variable impacted their symptoms and found participant symptoms were consistent with the diagnostic criteria of PTSD across the scales. Furthermore, these findings were reinforced across empirical studies in Elliott and Carnes (2001) theoretical literature review which emphasised PTSD as a recurrent pattern profoundly impairing functioning and could appear as a central feature of the maternal experience when their child was sexually abused.

Three studies specifically outlined how secondary or vicarious traumatising and relational PTSD were useful models for understanding the impact on caregivers of

their child's sexual abuse (Bux, Cartwright and Collins, 2016; Kilroy, Egan, Maliszewska and Sarma, 2014; McCourt, Peel and O'Carroll, 1998). There were select studies which presented caregivers as secondary victims of abuse as a key finding (McCourt, Peel and O'Carroll, 1998; Scott, 1996). For example, in their review of the literature, Schonberg (1992, p57), exploring patterns of women protecting children in situations involving sexual abuse, identified the significance of recognising mothers as secondary victims alongside the child as primary victims. This differentiation in role and status were reported to be crucial to "*healing*" within the mother-child relationship dynamics. Furthermore, the concept of "*relational PTSD*" (Kilroy, Egan, Maliszewska and Sarma, 2014, p483) appeared to be closely related to secondary trauma, which involves the post-traumatic stress that emerges from the shared interactions between parent and child's trauma symptoms. This model emphasised the ripple effect of trauma upon maternal caregivers who were often positioned in primary carer roles. In addition, the theory of vicarious traumatisation offered a way to understand the maternal caregiver's experience through "*indirect exposure to traumatic events or [...] as a result of empathic engagement with another individual's traumatic experiences*" (Bux, Cartwright and Collins, 2016, p89). This meant the detrimental effects of their child's sexual abuse on a mother's psychological health such as a lack of trust and challenges to their sense of self were consistent with vicarious trauma.

In contrast to the maternal perspective, Joyce (2007, p8) also shared the significance of vicarious trauma applied to professionals' experiences. The qualitative study involved a grounded theory approach to explore the perspectives of 15 female masters-level social workers who worked alongside mothers exposed to

intrafamilial child sexual abuse in USA. Vicarious traumatisation emerged from the shared and overlapping characteristics between workers and mothers, such as ethnicity and background which made the workers feel particularly vulnerable. Additionally, there was heightened distress from the deeply unsettling nature of the abuse. Developing this argument further in relation to the maternal experience, McGookin (2025, p792) referred to mothers as subject to secondary stigma because of the abuser's actions which resulted in their marginalisation as exemplified below,

“It’s not fair to have to carry the burden of somebody else’s crimes as if you’re the criminal [...] We’ve done nothing wrong.” (focus group transcript)

This suggested that mothers faced social judgement simply because of their closeness to the violation. This overlapped with mothers seen as *“doubly oppressed by society”* (Joyce, 2007, p10) where they were unfairly blamed for the abuse, and then secondarily, through the absence of support or adequate resources in the aftermath of the abuse. Although one paper suggested that frameworks such as relational PTSD were not employed as guiding reference points in the literature (Kilroy, Egan, Maliszewska and Sarma (2014, p483), this synthesis found notions of secondary-ness through trauma, PTSD and stigma operated as conceptual anchors across the literature and highlighted the effects on mothers through their association and proximity to their child, the abuser and the abuse.

Finally, a noteworthy outline which appeared in one study but was not widely replicated across the synthesis review identified mothers as having experienced both secondary and primary trauma when they found out about their child's sexual abuse (Plummer, 2006, p104). Collectively, the scholarship informs the study's focus on the traumatic experiences and impact of their child's sexual abuse upon mothers, as the discussion now turns to explore practices of blame.

2.9 Mother Blame

Almost three-quarters of papers ($n=45$) presented mother blame with common features of being treated with suspicion and mistrust, as well as judgment, scrutiny and self-blame. McGookin (2025, p792) referenced existing literature citing this as “*the parallel sentence*” where mothers were felt to be at fault because of the abuser’s actions, who were often their (ex)husband or (ex)partner. Many of the papers dispelled the outdated and refuted myth of the collusive mother or the mother seen as an accomplice in the abuse (Breckenridge and Baldry, 1997; Joyce, 2007; McElvaney and Nixon, 2020; Nakhle Tamraz, 1996) suggesting the longstanding and polarised debates surrounding a mothers’ culpability have evolved (Hill, 2001; McCallum, 2001).

Despite this, research continued to depict blaming dynamics toward mothers in various ways. For example, Breckenridge and Baldry (1997) explored the beliefs and attitudes of front-line workers involved in child sexual abuse in Australia and found that 71% of workers felt that mothers knew about the abuse taking place in and around the family. Given the paper’s publication almost three decades ago, perhaps there is an argument about the relevance in contemporary social work practice. However, Wolfteich and Cline (2013) carried out a quantitative study with 56 social service professionals (80% female participants, 20% male participants) in USA to assess their perceptions of caregivers in situations involving child sexual abuse and found that male workers blamed parents more than female professionals.

Furthermore, one of the key findings of Kardam and Bademci’s grounded theory approach to research (2013) in Turkey which included 98 professionals of frontline

workers, teachers, counsellors, physicians and social workers involved in intrafamilial child sexual abuse matters was that professionals blamed mothers believing they knew about the abuse. Together, this research highlights the influence of pervasive beliefs, ideologies and value judgments upon institutional responses. In other words, child protection systems which are designed to protect instead actively participate in mother blame (Breckenridge and Baldry, 1997, p69) and perpetuate misplaced and biased judgments against mothers. This suggests that both professionals who operate within the system and the systems themselves contribute to holding the mother responsible for the sexual abuse of their child by the actions of another, "*where it is generally accepted that 95% of offenders are male*" (Morris, 2003 as cited in McLaren, 2012, p441). In addition, McLaren's (2012) qualitative research drawn from a PhD involving interviews with 12 mothers outlined that a mother's unawareness or lack of knowledge of the abuse is distinct from complicity or collusion, but often these perspectives are overlapped and intertwined in the literature, discourses and practice.

Conversely, research carried out with mothers exploring their experiences with professionals signalled how widespread mother blame has become throughout the years. For example, one of Fong and Walsh-Bowers' (1998) key findings highlighted mother blame was felt by mothers across professionals from counsellors, police officers, teachers, child protection workers and the justice system itself. Additionally, mothers in Stitt's research (2007) also felt blamed by professionals. Although perhaps it should be noted the way in which mother blame has manifested might have changed. For example, two papers spoke about mothers being accused of making false allegations (Breckenridge and Baldry, 1997; Plummer and Eastin, 2007,

p782) with more suspicion focused on the mother rather than the abuser. Although wider research has found mothers making false allegations to be rare (Elliott and Carnes, 2001; McCourt, Peel and O'Carroll, 1998). Mother blame also emerged through family members. In Humphreys (1995) research, seven out of 14 women felt blamed by their husband or intimate partner when the abuse was carried out by someone else. In addition, Fong and Walsh-Bowers (1998) spoke about daughters blaming their mothers as assumptions were made about their knowledge of the abuse. Although Warrington, Beckett, Allnock and Soares' (2023) qualitative research which involved interviews with 53 children and young people who were sexually abused in the family environment in England explored their perspective of the support needs of their familial relationships made no mention of blaming their protective caregivers and instead found common features of self-blame and an acute awareness of caregivers blaming themselves, for which the children felt profoundly responsible.

Furthermore, mothers blaming themselves, feeling that they should have known the risk posed by the abuser and felt accountable for the abuse (Masilo and Davhana-Maselesele, 2016; McCourt, Peel and O'Carroll, 1998) was reflected as a pattern across studies. In Lipinsky and Goldner's qualitative phenomenological study (2021) interviewing 21 mothers of the ultra-Orthodox Jewish community in Israel, 100% of mothers felt guilty and blamed themselves, whilst grappling with an overwhelming sense of failing to protect their children. This perception of being "*failed mothers*" (McLaren, 2012, p442) under the weight of guilt was also highlighted by Hill (2001, p390) whose female participants in England shared that they were already feeling this way about themselves, which was difficult in itself, but the

situation worsens when the professional spotlight was on them as mothers and professionals also view them through this lens. Framing mother blame through a ‘failure to protect’ narrative emerged through articles which shared that mothers felt scrutinised, judged and if mothers did not reach the same conclusion as workers, it was felt that they were not aligned with good mother ideals (Breckenridge and Baldry, 1997; Plummer and Eastin, 2007, p780) and as such, risked heavy consequences. Additionally, mother blame as perpetuated through a sense of control was documented in research undertaken in England, and presented as feeling surveilled and punished as depicted by Parent 5 below,

“He’s allowed to go anywhere he likes so that means we’re the ones with restrictions because we can’t avoid him and it’s just injustice it stinks. Literally and metaphorically, I am under surveillance [...] we haven’t done anything wrong”. (Butterby and Hackett, 2021, p155)

Taken together, the synthesis review found that mother blame operated in diverse forms and featured as part of their experience as a form of social control, situating mothers in exceptionally difficult, complex and often untenable circumstances. Building on this discussion further, the following theme explores how a mother’s history of child sexual abuse emerged in the literature.

2.10 History of Child Sexual Abuse

Maternal history of child sexual abuse emerged as a recurrent trend across 44% of synthesised papers ($n=28$) with rates spanning from 26% ($n=5$) for research in Israel (Lipinsky and Goldner, 2021), 30% ($n=4$) in France (Mauny, *et al.*, 2023), 44% ($n=29$) (Davies and Bennett, 2021) and 45% ($n=10$) (Fong *et al.*, 2017) in USA and 51% ($n=75$) (Hébert, Daigneault, Collin-Vézina and Cyr, 2007) and 74% ($n=75$) of the samples (Hiebert-Murphy, 1998) in Canada. As such, studies indicated considerable variation in rates of prevalence. Of the 28 reviewed papers which included reference

to a background of child sexual abuse, almost 61% ($n=17$) solely focussed on mothers and their personal histories, whilst 39% ($n=11$) included male and female caregivers within the research. Although of particular significance is out of these 11 studies, five papers focused only on maternal history of child sexual abuse. In other words, out of the total number of papers ($n=28$) that mentioned an early experience of child sexual abuse, overwhelmingly 79% ($n= 22$) of studies concentrated on mothers' histories of child sexual abuse irrespective of whether fathers and male caregivers were included as part of the research. Arguably, this suggests that there is an enduring bias across the literature with disproportionate attention on mothers' backgrounds. Consequently, there is a risk that frequent scrutiny of maternal background and history under the guise of context and meaning as part of their experience can place inadvertent blame upon mothers, whereas paternal histories receive comparatively less attention.

In Plummer's quantitative research (2006) with 125 female caregivers in USA, it was suggested that not only did a maternal history of abuse impact her skills and interactions with her child, but it was also associated with life stressors and rumination which put simply, are repetitive and recurrent thoughts. Moreover, professionals in Kardam and Bademci's (2013) research felt that a mother's own history influenced her attitude toward the intrafamilial sexual abuse of her child which made her disregard what was happening and negatively impacted her child's disclosure. Contrary to these arguments, other studies signalled that maternal abuse history did not influence functioning (Manion *et al.* 1996) or maternal support (Elliott and Carnes, 2001) and helped mothers better protect and empathise with their child (Fong *et al.*, 2017). Furthermore, St-Amand, Servot, Pearson and Bussi eres (2022)

undertook a meta-analysis systematic review of 18 studies which explored the effectiveness of interventions with protective caregivers and found that participation in their child's treatment enabled support of their own history of child sexual abuse (Davies and Bennett, 2021, p635). This approach presents a rigorous method of analysis across studies. However, there is conflicting empirical data regarding the link between distress and maternal history of child sexual abuse. For example, a quantitative study which involved 102 mothers in Canada investigated psychosocial factors related to a mother's distress following the sexual abuse of their child found there was a link between emotional distress and maternal history of child sexual abuse (Hiebert-Murphy, 1998). Although further research by Hiebert-Murphy (2000) drawing on the same sample presented maternal history was not related to parenting efficacy or satisfaction which suggests different measurement constructs were used and collectively, this meant that a mothers' history of sexual abuse was related to their distress but not how effective or satisfied they were in their maternal role.

In contrast, quantitative research which examined the distress experienced by a different sample of 149 mothers of sexually abused children through exploration of different abuse-related variables, one of which included a history of child sexual abuse found that up to 40% mothers with a history of sexual abuse did not reach clinical levels of distress in Canada (Hébert, Daigneault, Collin-Vézina and Cyr, 2007). In other words, Hiebert-Murphy's study (1998) primarily focused on maternal history, whilst Hébert, Daigneault, Collin-Vézina and Cyr (2007) considered other contextual variables alongside maternal history. Additionally, mixed-method research by Fong *et al.*, (2017) in USA outlined caregivers with and without personal histories of child sexual abuse reported qualitatively similar feelings of distress ($n=22$, 91%

female). Together, this suggests that findings were contradictory and there was considerable heterogeneity among mothers whose children were sexually abused. Also, considering this research, perhaps, standardised measures implemented in quantitative research may not full capture the nuances required for the unique experiences of caregivers who possess histories of child sexual abuse (Davies and Bennett, 2021, p644). Beyond this, in the next theme, factors of support and protection will be discussed.

2.11 Support and Protection

A central pattern to emerge from the literature involved mothers' supportive and protective tendencies toward their child as intertwined features with mothers' experiences and were raised across all papers ($n=63$). The literature also noted how 'support' was often used interchangeably with terms such as 'maternal reaction' and 'response' (Alaggia, 2002, p41; Sufredini, Moré, Krenkel and Crepaldi, 2022, p3323). Whilst Knott and Fabre (2014 as cited in McElvaney and Nixon, 2020, p1775) "*operationally defined support as consisting of believing, being protective, or being supportive.*", although belief, support and protection were noted to overlap and were consequently difficult to disentangle (Elliott and Carnes, 2001, p315). The synthesis identified four key points of analysis which concerned belief, support and protection dynamics, diverse strategies of support and protection and turning points.

2.11.1 Belief

It was evident from the literature that maternal belief of the abuse was intrinsically tied to mothers' experiences. More than two-thirds of papers ($n=43$) referred to dimensions of belief surrounding the abuse. Belief appeared as a significant feature,

presenting across studies as more complex than simply believing or not believing the abuse had taken place. Closely linked to parental support in many of the papers, belief was seen as intertwined with a child's sense of emotional support and safety (Bolen and Leah Lamb, 2004; Emirza and Bayrak, 2024) and children placed significant value on being believed (Davies, Seymour and Read, 2000, p42). However, the synthesis review noted that belief may not equal support, support does not always follow belief and support may not always include belief.

There is a historical legacy of considerable variability of mothers not believing the abuse (Elliott and Carnes, 2001; Joyce, 2007). However, the credibility of this has been challenged (Nakhle Tamraz, 1996) and empirical studies in the synthesis review found the majority of mothers believed their children (Carter, 1993; Cyr, McDuff and Hébert, 2013; Fong and Walsh-Bowers, 1998). For example, from a quantitative perspective involving casework with one hundred and eighteen mothers and a questionnaire to sexual abuse caseworkers in USA, Heriot (1996, p188) found that despite not including belief as a criterion to measure maternal protectiveness, she found 74.6% ($n=88$) of mothers believed the abuse had taken place and the relationships between belief with maternal support and action were significant. Although, the authors noted a limitation of worker bias and recall. Conversely, from a qualitative perspective, Alaggia's (2002) grounded theory study in Canada which involved interviews with ten mothers explored maternal responses and support, and found most mothers believed their child immediately ($n=8$), whilst two mothers initially did not believe their partners had sexually abused their children but came to accept this. Arguably, this might reflect how profoundly traumatic finding out and believing the abuse can be for caregivers (Bolen and Leah Lamb, 2004; Joyce,

2007). Consequently, analysis found that belief was one of the central categories of maternal support and comprised of seven dimensions ranging from unconditional belief to the mother does not believe the child initially or over time. This suggested that belief was multidimensional and understandings should extend beyond binary, to believe or not to believe explanations.

The idea that belief was a dynamic process, rather than absolute was also discussed by Bolen, Dessel and Sutter (2015, p52) who shared belief existed on a “*continuum from disbelief to belief*”. In their qualitative study in the USA which explored how caregivers support their children, semi-structured interviews were undertaken with seventeen caregivers, the majority of whom were mothers (12 mothers, a mother and father pair, one paternal aunt, one maternal aunt and two grandmothers) and found that participants spoke more about considerations of different types of evidence which informed their belief, rather than simply believing or disbelieving the sexual abuse had occurred. Instead of belief, this was referred to as ‘decision-making’ drawn primarily from three sources of evidence which factored into how certain they were about the abuse having taken place. The sources of evidence were the child, the abuser and medical evidence. As such, the shift in language from belief to decision-making reframes an inherently emotional process to more clinical and analytical understandings which may reduce blame but also obscure the emotive components of such experiences. Whilst Joyce (2007, p3) discussed how mothers were more likely to believe their child dependent upon certain circumstances, such as when the abuser was not the mother’s current partner. This was reinforced in Elliott and Carnes (2001) theoretical literature review which outlined common variables to predict belief and enact protective action. Conversely, research indicated

that belief does not mean that support and protection will be implemented as 20% of mothers in Heriot's research (1996) who believed their child's abuse did not take protective actions. Together, this suggested that although belief was important in protective practices, it was often shaped by maternal, child and situational aspects and decisions.

2.11.2 Support and Protection Dynamics

One of the most significant patterns which emerged from the synthesis review was the connection between maternal support with the child's protection from harm, functioning and 'recovery' (Alaggia, 2002; Plummer, 2006; McElvaney and Nixon, 2020). Much empirical data championed the link between how caregiver support aided their child's adjustment (Bux, Cartwright and Collins, 2016; Elliott and Carnes, 2001; McCourt, Peel and O'Carroll, 1998), mitigated the effects of the abuse with the potential to interrupt its future recurrence (Heriot, 1996). Contrary to this, evidence from a meta-analysis indicated that the relationship between caregiver support and children's post-disclosure functioning was weak or inconclusive (Bolen and Gergely, 2015 cited in Warrington, Beckett, Allnock and Soares, 2023, p3). Given the contrasting perspectives between maternal support and a child's functioning, varied understandings of support may be deserving of attention. Conceptualisations of support identified multi-dimensional factors with elements of belief, which reflected the cognitive domain, emotional and meaningful support as the affective domain and behavioural responses which included actions against the abuser (Bolen and Leah Lamb, 2004). In other words, there was a complex interplay of beliefs, attitudes, thoughts, feelings and actions which made up support. The detailed nature of these dimensions was purported to be helpful for practitioners.

Whilst maternal protectiveness was measured across criteria in Heriot's research (1996) of (1) action to separate the mother and the child from the abuser and (2) mother's feelings and actions in supportive ways to her child. Whilst the relationship between maternal support and protection was strong and most mothers were consistently protective and supportive of their children, there were several risk factors that influenced maternal protectiveness which presented conflicts and tensions. The most significant of which, was the mother's feelings and relationship with the abuser; those who felt hostile and rejecting were more likely to support their child and take protective action, compared to those who felt more accepting of the abuser. This relationship feature with the abuser appeared recurrently across the literature (McCallum, 2001, p322), although Elliott and Carnes (2001) theoretical literature review noted that numerous empirical studies had failed to find a significant relationship between support, protection and the mother's relationship with the abuser. So, in summary, this suggested that the existing research was marked by inconsistencies with a lack of agreement.

Furthermore, across the literature there were widely fluctuating rates of maternal support (Alaggia, 2002), however, a substantial body of literature found that mothers responded supportively (Cyr, McDuff and Hébert, 2013; Elliott and Carnes, 2001; Heriot, 1996; Sufredini, Moré, Krenkel and Crepaldi, 2022). Nevertheless, one of the key methodological limitations raised was that research included voluntary participation by mothers which may consequently overrepresent notions of belief, support and protection, but it was important to note that these may be qualitatively different experiences from those mothers who are unwilling or unable to participate (Elliott and Carnes, 2001).

Several studies identified the abuse had challenged participants identities as protectors of their children and consequently, they had become overprotective and hypervigilant (Bux, Cartwright and Collins, 2016; Lipinsky and Goldner, 2021; McElvaney and Nixon, p1779). One of the key themes identified in Bux, Cartwright and Collins (2016) research was maternal caregivers' multiple concerns for their child's safety, physical and medical wellbeing and future. For example, participants expressed significant fear that their child might have contracted HIV, the abuser had not been arrested and so posed a threat to their child and their child's future relationships. In other studies, concern for their child's future also presented as fear of their daughter's sexual adjustment becoming promiscuous (Scott, 1996) or the abuse had determined their son's sexual orientation (Davies, 1995). Although perhaps these ideas might be considered somewhat outdated.

Furthermore, a select number of studies shared that the child's functioning following the abuse, directly impacted the caregiver (Hiebert-Murphy, 2000; Scott, 1996). For example, one of the key themes to emerge from a qualitative study completed in South Africa which explored the resources of family resilience in the aftermath of their child's sexual abuse with nine families (five single mothers, three married mothers and one stepfather) identified the child's positive ability to cope, enabled participants to cope (Vermeulen and Greeff, 2015, p560). Whilst Kilroy, Egan, Maliszewska and Sarma's study (2014) presented parents who described a deterioration in their children and who were dealing with self-harm, suicide attempts, substance use, anxiety, eating disorders and school refusal which left caregivers struggling and feeling powerless. Consequently, this dynamic reinforced a

relationship of mutuality between caregiver and child, influencing one another in a reciprocal manner (Emirza and Bayrak, 2024; Van Toledo, 2016; Warrington, Beckett, Allnock and Soares, 2023). However, Davies (1995) highlighted that caregiver problems such as unresolved anger, posttraumatic stress and depression, persisted irrespective of their child improving or not. Developing this further, Stitt's qualitative research (2007) with 12 mothers and six professionals in Ireland concluded that a mothers' needs are independent from the needs of her child and as such, should be treated in her own standing. Together, this suggested that although there appeared to be a parallel between maternal caregiver and child, their needs were distinct. Acknowledgement of this alignment of individual needs between a mother and her child underscored the necessity to clarify strategies which enacted support and protection.

2.11.3 Diverse Strategies of Support and Protection

A theme identified in the literature categorised support across three distinct maternal reactions, which was captured succinctly in Sufredini, Moré, Krenkel and Crepaldi's research (2022) as positive, ambivalent and negative reactions. This qualitative study undertaken in Brazil implemented interviews with 12 mothers and used a grounded theory approach to characterise their reactions. First, positive reactions involved recognition of the trauma, demonstrating an understanding of different types of abuse and frustrations with the legal system and abuser impunity. Studies outlined that tuning in and empathising with their child's emotional support was also significant (Van Toledo, 2016; Vermeulen and Greeff, 2015). Additionally, a further pattern across the literature identified mothers in key supportive roles who employed

multiple strategies to support the child and protect them from the abuser (Bolen and Leah Lamb, 2004; Elliott and Carnes, 2001). This was encapsulated below:

“In the absence of timely therapeutic support, we found that mothers were typically playing a central role in supporting positive outcomes for their daughters following reporting of the abuse: providing emotional support (which was ongoing and consistent), practical support (such as transport to appointments and liaising with school), taking time off work, and in one case, moving house to ensure the girl’s safety.” (Butterby and Hackett, 2021, p154)

In addition, research found that mothers adopted extreme and unrelenting strategies to offer protection, which at times were detrimental to their own wellbeing. For example, mothers not sleeping or going out to protect their daughters 24 hours per day or having a vigorous sexual relationship with the abuser following a pelvic operation believing this would stop the abuse (Hee and Mee 2011, p118).

Furthermore, Bolen, Dessel and Sutter (2015) found eight support dimensions ranging from basic environmental and financial support (e.g. safe housing and budgeting of income) to active parenting and availability (e.g. prioritising the child’s needs and being physically and emotionally available). The study further contended that although both were fundamental, direct protective actions surpassed the importance of emotional safety, whereas other studies treated both factors as equally important without attributing more significance to either aspect (Alaggia, 2002).

Taken together, studies within the synthesis review presented understandings of diverse forms of support, with mothers noted as often going to great lengths to implement these.

Secondly, negative reactions were characterised as ignoring or minimising the abuse, as well as a lack of understanding of child sexual abuse and its implications (Sufredini, Moré, Krenkel and Crepaldi, 2022). Although it should be noted that all negative reaction excerpts in this study were drawn from one single mother

seemingly reflecting an individual experience. Unsupportive reactions across the literature involved disbelieving the child (McElvaney and Nixon, 2020) or belief alongside anger or blame toward the child and not taking steps to enact protection (Alaggia, 2002). This was felt to be further complicated when the mother was in a relationship with the abuser, reliant on them or having to reconcile her maternal role (DeYoung, 1994; Sufredini, Moré, Krenkel and Crepaldi, 2022). It should be noted however, that negative reactions were featured far less frequently compared to positive responses.

Thirdly, the final category of support, ambivalence was defined as the “*explicit or implicit, of conflict with a person, cohort, experience, or value*” (Bolen and Leah Lamb, 2004, p189). Several papers shared that ambivalence could be a typical response and reflective of the significant level of trauma experienced from finding out about the abuse (Bolen and Leah Lamb, 2004; Bolen, Dessel and Sutter, 2015; Sufredini, Moré, Krenkel and Crepaldi, 2022). Ambivalent reactions involved fluctuations in attitudes and behaviours such as believing or disbelieving the sexual abuse or child or separating or resuming the relationship with the abuser (Sufredini, Moré, Krenkel and Crepaldi, 2022). Furthermore, professionals in Kardam and Bademci’s study in Turkey (2013) described mothers whose child experienced intrafamilial sexual abuse as ambivalent, which involved indecisions and dilemmas between protecting her child and preserving her family, believing less harm would come to her child. This highlighted how mothers mixed reactions could also be constrained by deep-rooted cultural ideals of family honour and integrity which threatened the fabric of their patriarchal community (Alaggia, 2001; Lipinsky and Goldner, 2021; Serin, 2020, p534).

In contrast, Bolen and Leah Lamb (2004) undertook a mixed-method project which explored the role of ambivalence in 30 mothers' responses to their child in USA and outlined how ambivalence conflated the uncertainty and actions aimed at the abuser, with those aimed at the child victim. The research found that ambivalence in mothers was minimal and that this was more likely to occur as a reaction, when the abuser was a loved one and factors such as increased stressors and reduced resources coincided with the distress experienced. Finally, a key pattern to emerge across the literature was support and ambivalence appeared to coexist where mothers can be both supportive and ambivalent following the sexual abuse of their child (Elliott and Carnes, 2001). Beyond support, turning points marked pivotal shifts in the support and protective process.

2.11.4 Turning Points

It was widely regarded that abusers use grooming tactics to undermine the relationship between the mother and child, as a strategy of control and alienation (Carter, 1993). Despite this, research presented children who sought support and disclosed their abuse to their mothers, for example, Carter (1993) shared that eight of the 10 children abused by their fathers disclosed to their mother first. Whilst Fong *et al.*, 2017 noted that family relationships had worsened following the abuse, several studies outlined mothers became closer in the relationship with their child (Butterby and Hackett, 2021; Fong and Walsh-Bowers, 1998; McElvaney and Nixon, 2020). This sense of growing closer was also reinforced through messages from child victims in certain studies (Fong *et al.*, 2017, p4202; Warrington, Beckett, Allnock and Soares, 2023, p7).

Growing closer with her child featured as a key turning point for mothers, whilst finding out about the abuse also featured as a catalyst for change in select studies. In one study, one participant hoped services, more specifically counselling would bring her closer with her nine-year-old daughter which had been absent for many years (Scott, 1996, p110). Furthermore, mothers in South Korea spoke about educating themselves, returning to study or learning counselling and psychology (Hee and Mee, 2011). Whilst five mothers (24%) in the Jewish ultra-Orthodox community shared “*that the disclosure was a turning point in their approach to sexuality and secrecy*” with their children (Lipinsky and Goldner, 2021, p13). Consequently, the synthesis review highlighted that finding out about the abuse ignited coping strategies as diverse shifts in mothers’ lives across studies.

2.12 Support Needs and Experiences with Professionals

One-third of studies ($n=21$) identified how mothers’ needs receive little attention, can often be ignored and go unmet (Hill, 2001; Massat and Lundy, 1999; Newberger *et al*, 1993; Serin, 2023). Whilst all papers ($n=63$) identified aspects of maternal support needs either directly or indirectly, these were often focussed or intertwined with their child, rather than limited to a mother’s own experience. Given understanding of the context, the concept of mothers’ support needs was defined by Serin (2018 p540) as,

“Personal needs for support covering both formal and informal support. Formal support is defined as support services of any kind received from school, social services, court, police, or health services, whereas informal support refers to support from family, friends, or other community members.”

Evidence across the synthesis review noted mother’s formal support needs to help cope with the sexual abuse of her child, namely therapeutic support in her own right (Fong *et al.*, 2017; Hébert, Daigneault, Collin-Vézina and Cyr, 2007;

Humphreys, 1995). Mothers often felt that their trauma, fear or emotive components were not recognised by professionals and as such, their experiences remained unresolved (Lipinsky and Goldner, 2021) and they were left to find their own ways to make sense of their emotions (Butterby and Hackett, 2021, p158). A mother's need for professional help was also reinforced through a research project which elicited child victim's perspectives where 57% ($n=30$) of participants outlined how this help could better support them. This suggested that both mothers and their children perceived maternal support as vital and reinforced how assisting a mother aided support of their child and often acted as their child's lifeline (Alaggia, 2002; Kilroy, Egan, Maliszewska and Sarma, 2014).

In addition, practical remedies were important which included financial support and housing (Bolen, Dessel and Sutter, 2015; McCourt, Peel and O'Carroll, 1998; Plummer and Eastin, 2007). Mothers' employment was impacted as studies outlined how mothers were reported to have lost jobs or given up work due to the impact of the abuse on their child or them (Bux, Cartwright and Collins, 2016; Bolen, Dessel and Sutter, 2015). For example, a child's withdrawal from school and as such, mothers were required to stay home (Butterby and Hackett, 2021). In contrast, research identified work as offering avenues of support and helped caregiver's resilience (Vermeulen and Greeff, 2015). Practical measures of support were seen as critical and evidence suggested that at times, this was seen as more important than the emotional impact. For example, Bolen and Leah Lamb (2004, p198) outlined that 60% of mothers from their study ($n=18$) were more worried about surviving financially whilst only 33% ($n=9$) were concerned about their emotional survival. Although the authors noted a limitation of their study was the use of a

convenience sample which meant generalisations were not warranted.

Notwithstanding these difficulties, Humphreys (1995) noted the unavailability of conventional channels of support. Taken together, studies in the synthesis review presented mothers who possessed a range of fundamental emotional and practical needs which required remedies.

Although there was a small subset of papers which conveyed positive experiences with services, most literature across the synthesis review was dominated by negative accounts. Positive encounters included reports of helpful professionals. For example, a mixed method study which involved nonparametric tests and interviews with 51 children and 124 caregivers (103 mothers, five fathers and 12 guardians) in New Zealand explored their perception of professionals involved in the investigation process (Davies, Seymour and Read, 2000). The majority of caregivers ($n=79\%$) shared positive experiences with social workers' treatment of their child, but less positive of their own experience with the social worker ($n=50.5\%$), particularly if the abuser was a father or stepfather. Further mixed method research which involved 104 parents (100 female and four male) in USA whose child had been subject to intrafamilial child sexual abuse explored the helpfulness and availability of services and found a high level of satisfaction with services despite reporting that many needs remained unmet (Massat and Lundy, 1999). Additionally, research indicated positive therapeutic interactions with a mother's child (Plummer and Eastin, 2007), although, evidence suggested that a lack of therapeutic interventions offered was common and challenging (Butterby and Hackett, 2021). Finally, mothers also valued a caring, kind and compassionate presence (Whitehouse, McKenzie and Hobbs (2025).

Negative experiences were varied in nature and ranged from feeling judged, treated punitively with a lack of sensitivity and involved a misuse of professional power (Carter, 1993; Hee and Mee, 2011; Scott, 1996). For example, Plummer and Eastin (2007) carried out qualitative research in USA which explored 59 mothers' experiences with professionals. Thematic analysis identified mothers being told that they should have known about the abuse, being called names, feeling blamed and treated harshly if mothers did not align with professionals' ideas about what they should do, which risked severe implications such as risking losing custody. Participants also expressed regret at ever contacting authorities because of how poorly their situation had been handled. This echoed with other research that participants felt professionals made things worst (Hill, 2001). Whilst qualitative research undertaken in France conveyed how the child protective process was experienced as violent, frightening and slow (Mauny *et al.*, 2023). Additionally, Whitehouse, McKenzie and Hobbs' (2025) grounded theory and embedded ethnography research in Australia with eight mothers and 10 children examined their experiences of the first 72 hours after reporting sexual abuse with police, hospital and psychosocial care and found that participants felt frustrated, confused and dismissed in the early stages. This was then followed by reports that professionals lacked understanding of trauma and how the caregiver experiences a new and unknown system as overwhelming. Participants were then sent home with little information, support or follow up and consequently felt left on their own. This sense of isolation and absence of consistent professional involvement appeared recurrently across studies (Butterby and Hackett, 2021; McElvaney and Nixon, 2020; Stitt, 2007).

Further negative professional experiences involved delays in actions by social workers and accessing services, a lack of clarity and not being kept informed, and process-driven approaches to investigations (Butterby and Hackett, 2021; Davies, Seymour and Read, 2000; McElvaney and Nixon, 2020; Scott, 1996). So, there appeared to be a significant difference between what Davies, Seymour and Read (2000, p49) termed the “*safety agenda*” over the “*needs agenda*”, where professionals prioritised a child’s protection from harm over a mother’s needs of being involved and informed about the process and interacted with through a trauma lens, as the following quote exemplifies,

“She was only interested in the safety of my child. To me, it was about both of us”.

This emphasis on a child’s safety, with mothers’ needs seen as inconsequential left them feeling powerless and risked being harmed by the process reflecting a deep disconnect between the professionals’ systems and a mother’s choice and control (Butterby and Hackett, 2021, p156; Scott, 1996). Ways to help mothers regain their autonomy were presented across the synthesis review as therapeutic intervention and targeted emotional support (DeYoung, 1994), interventions which addressed the need for information (St-Amand, Servot, Pearson and Bussi eres, 2022), being listened to and accepted (McCourt, Peel and O’Carroll, 1998), whilst several studies spoke about the need to connect with other mothers and parents who had endured their child’s sexual abuse (Hee and Mee, 2011; Massat and Lundy, 1999) and informal support from relatives and friends (Serin, 2020). Research suggested such social support served as a protective factor in difficult circumstances (Emirza, 2024; Hiebert-Murphy, 2000). Despite the tendency for a mother’s needs to be overlooked, research identified varied forms of support which could be implemented with help from professionals.

Finally, there were not any striking recurrent themes across the studies which included data collection with professionals (15%, $n=10$). The most recent studies were undertaken in 2013 (Kardam and Bademci, 2013; Wolfeich and Cline, 2013) and the earliest in 1993 (Carter, 1993). However, across the 10 papers the most common pattern included professional attitudes which depicted mother blame (Breckenridge and Baldry, 1997; Kardam and Bademci, 2013; Stitt, 2007; Wolfeich and Cline, 2013). In contrast, one of the studies found that workers saw mothers as unfairly blamed by services and outlined that diminished resources and funding cuts influenced how mothers were understood by organisations, seeing them as at risk socially and economically (Joyce, 2007).

2.13 Chapter Summary

In summary, the narrative synthesis review was systematic and detailed with a structured approach to the reporting practices. While the body of literature provides valuable insights into mothers' experiences following the sexual abuse of her child and social worker perspectives, a significant proportion of the evidence base was historical which limits its contemporary relevance. In addition, the applicability to the UK context needs to be considered in light of the international scope of most of the literature. As such, this reinforces the timeliness of the current study. Furthermore, the body of work presented evidence that is at times contradictory and did not fully consider a mother's experience in her own regard with a strong focus on her role in support of her child's needs. Moreover, across most of the narrative synthesis review there were blaming dynamics depicted consistently toward mothers in multiple ways. Together, these themes informed the first research question and choice of narrative

interviews with mothers which aimed to counter any misrepresentations in research through capturing women's stories to ensure their accounts were understood and heard.

Additionally, studies presented maternal distress, as well as a range of short-term and long-term adverse effects following finding out about their child's sexual abuse. This occurred alongside positioning mothers as adjunct to their children and consequently, emerged as secondary victims experiencing secondary trauma, stigma and PTSD. Although PTSD can be understood as a direct form of trauma, studies appeared to conceptualise this as derivative of their child's violation. As such, the study's narrative interview approach foregrounds maternal narratives and offers insight to their realities with deeper understandings of any potential trauma, as described in their own words. The narrative synthesis review also highlighted mothers seeking and accessing support as intertwined with the maternal experience. At times, mothers navigated multiple and extreme strategies whilst the literature was also occasionally marked by inconsistencies or outdated ideas. Furthermore, none of the studies employed the methodological approach used in this study. Collectively, these grounds contributed to shaping the rationale for the present study.

Finally, there was also limited understanding of social workers' views across the existing studies which informed the choice of the second research question and focus groups with practitioners to elicit their perspectives. Consequently, these knowledge gaps underscore the need for the present study as we now turn to *Chapter 3, Methodology* to explore these issues further.

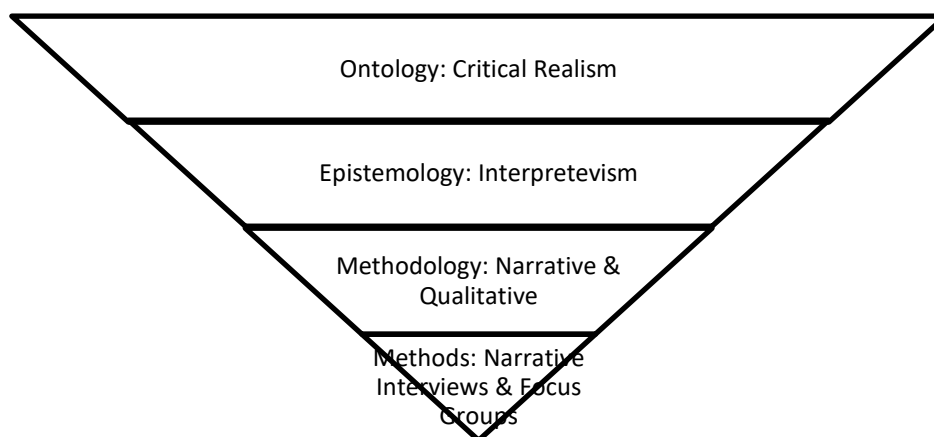
CHAPTER 3 METHODOLOGY

There are two separate but interconnected methodology chapters. This chapter provides a detailed account of the underpinning philosophies within this study. First, there will be an overview of the paradigm, ontology, epistemology, methodology and methods. Then the design of the research, research process concerning recruitment, data collection and analysis will be discussed for each method, as well as why a qualitative multiple method was the best approach to take. The second methodology chapter explores ethical considerations inherent with researching sensitive topics connected to sexual abuse. The rationale to separate these chapters allows for clearer presentation and emphasis of their distinct, but associated purposes.

3.1 Research Design and Philosophical Position

As outlined in *Chapter 1, Introduction*, the aim of the study is to explore what life is like for mothers of a child victim of sexual abuse, as well as social workers' views on these maternal experiences, as supported by the underpinning philosophies in the following visual representation.

Figure 3.1: Illustration of underpinning philosophies and methods



Source: Author's own

As a feminist researcher of mothering experiences to a child victim of child sexual abuse, the study's philosophical framework is rooted in critical realism (Bhaskar, 1975). Emerging out of the positivist and constructivist 'paradigm wars' of the 1980s (Gage, 1989), critical realism draws on both paradigms and situates itself as an alternative to positivists search for universal laws or a strong interpretivist philosophy. A paradigm is a cluster of beliefs or set of ideas, which locates the research within a specific philosophical outlook (Kuhn, 1970) and provides a conceptual lens which demonstrates the researcher's worldview (Guba and Lincoln, 1994), shaping and guiding the research process. A paradigm is made up of different components such as ontology, epistemology and methodology (Lincoln and Guba, 1985). Through conveying these underpinning philosophies, this not only aids understanding of how meaning is constructed, but also allows for transparency around the theoretical lens, namely critical realism which underpins the study.

Positivism involves a single, tangible reality based on order, measurement and observation (Corby, 2006), whilst the constructivist paradigm posits that phenomena can have multiple interpretations, is complex and layered (McLaughlin, 2011) with reality and meanings produced through human interactions, activity and language. These constructions of the social world are in a continual state of review (Bryman, 2016, p29). Critical realist ontology accepts both the existence of an objective reality and agreement about these realities and recognises that individual subjective interpretation plays a role in defining and understanding reality (Zhang, 2022). Put simply, critical realism asserts that the world exists independently of individuals' perceptions and alongside this, our understanding of the world is influenced by social and cultural contexts.

For this study, critical realism provides a multi-layered approach; firstly, to acknowledge the objective reality, where once the sexual abuse of a child has occurred, nothing can be done to change what has happened. In this instance, the reality involves all incidents of abuse whether recognised or disclosed as such or not. This runs parallel with a mother's experiences, where once their lives have ruptured because of what happened, this cannot be undone or unknown. The second part to understanding the study through the lens of critical realism involves recognition of underlying mechanisms and structures that influence both motherhood (Schmidt, Décieux, Zartler and Schnor, 2022) and the ongoing existence of child sexual abuse. For example, social factors may include consideration of broader social norms such as silence and secrecy (Centre of expertise on child sexual abuse (CSA Centre), 2022) around discussing abuse or strong beliefs about the role of a mother and cultural attitudes of blaming the victim or mother, with implications of failure or complicity in the abuse (Zagrodney and Cummings, 2016). The position of this research is that it is wrong, harm is not exaggerated (Pilgrim, 2017a) and due to the intrinsic nature of secrecy of this type of abuse, most victims will remain hidden and not come to the attention of any authorities, suggesting data vastly underestimates the scale of child sexual abuse (Karsna and Kelly, 2021).

Critical realism also sees the world as theory-laden, not theory determined (Fletcher, 2016). Pilgrim (2017b) offers a powerful argument that much of the literature about child sexual abuse through the lens of feminism aligns with strong social constructionism and he goes on to offer critiques through a critical realist perspective. A strong social constructionist position in child sexual abuse may suggest every point of view is as good as the other, where the notion of 'truth' is a

product of social processes and power dynamics. This suggests that truth can be shaped through the language used, is dynamic and socially negotiated which can present dangerous discourse and risks the harm of child sexual abuse left open to dispute (Woodiwiss, 2014). Consequently, strong constructionism when applied to a topic, such as child sexual abuse may not be ethically or rationally appropriate.

A central feature of a critical realist standpoint involves research participants potentially being unaware of the underlying structures that shape their experiences and behaviours (Willig, 2012) because of their operation at a deep ontological level. Motherhood is political (Borchorst, 1990) and as such, mothers are embedded in historical, unequal political, economic and social structures where power plays a central role (O'Reilly, Porter and Short, 2005). This means there are mechanisms which exist independently of our perception of them which influence human experience. For example, from an early age, women may internalise western social and cultural norms of what makes a good mother, such as being present and attentive to their child or being happy, contented with the maternal role (Schmidt, Décieux, Zartler and Schnor, 2022). A further example may involve the complex interplay of power, gender and motherhood where historically, women have been positioned primarily as caregivers and faced limited opportunities or social pressure to conform to the traditional stay-at-home ideal (Hollins Martin, Anderson and Martin, 2019). Despite structural constraints such as these, critical realism acknowledges the agency of mothers to navigate, resist and reshape their roles within these structures (Hall, 2023). Critical realism also offers a philosophical framework for enacting social change. An example of social change within this study may include mothers emancipated from different sources of oppression, such as 'secondary'

victimisation and internalised feelings of shame. In addition, critical realism aligns with the research question exploring social worker views by focusing on the meaning women derive from their maternal experiences and as such, this approach draws insightful parallels. In other words, a critical realist approach helps make sense of the underlying mechanisms underpinning mothers and social workers' experiences and perspectives. If critical realism provides the philosophical foundation that acknowledges the complexity of social reality, then interpretivism offers a methodological approach to explore how mothers and practitioners experience and interpret that complex reality and this research is drawn from an interpretivist epistemology (Scotland, 2012).

Epistemology is about knowledge and how we come to know something, answering the question, how do we know what we know? (Crotty, 1998, p8). The research is concerned with lived experience and human interpretation and so, interpretivist epistemology can help gain insight in what life is like for mothers on a day-to-day basis, their coping mechanisms, mothering practices and how they make sense of their interactions with their child who has been sexually abused. The stories that the mothers share about their lives can reveal how they navigate their roles alongside their individual and contextual realities, helping to understand how they experience the underlying mechanisms which explain motherhood. The integration of a critical realist ontology and interpretivist epistemology offers a framework for understanding mothers' experiences to consider both the objective realities and structures that influence their lives, as well as the subjective interpretations and meanings they ascribe to their experiences. In essence, capturing both the broader social forces which exist and the individual, lived realities of mothers.

Interpretivist epistemology also makes sense for social workers within the focus groups, as understanding their perspectives, meanings and experiences are central to the research. Practitioners shared their insights and understanding of the mothering experiences, reflecting on how their professional contexts shaped their perspectives. The interactions that took place between the practitioners are viewed as sources of knowledge and their multiple perspectives led to a more nuanced understanding of the issues raised. As such, these underpinning philosophies provide the basis from which the study's methodology is outlined.

3.2 Methodology

3.2.1 *Qualitative Methodology*

Rooted in a qualitative framework, this study's overarching methodology for both methods of data collection explored deeper insights into the lives of mothers and embraced the perspectives of social workers about a sensitive and complex topic (Hennink, Hutter and Bailey, 2020). Characterised by openness, flexibility and responsiveness to context, qualitative research can both shed light on mothers' nuanced realities alongside exploration of professionals directly involved with a focus towards enhancing practice areas (Busetto, Wick and Gumbinger, 2020). However, this study was mindful of Fook's (2019, p68) approach to not fragment practice by focusing solely on specific aspects within practice, such as interventions and instead, conceptualised practice as experience, integrating understanding of both the thinking and emotions surrounding this. Furthermore, combining interview and focus group data allows for comprehensive understanding through triangulation (Carter *et al.*, 2014), mixing different perspectives and exploring research questions in depth, as

found in *Chapter 7, Discussion*. Together this strengthens the study and increases the validity of its findings. Whilst both methods are qualitative in nature, the interviews with mothers were specifically informed by a narrative methodological approach, as we now turn to exploring this in more detail.

3.2.2 *Narrative Methodology*

Narrative inquiry is a qualitative research approach which recognises the power of stories in understanding the world and developing a sense of people's identities (Riessman, 2008). Through employing narrative inquiry as a methodological framework, this study delves into the complex and multifaceted lived experiences of mothers within the context of their child's sexual abuse. Research suggests that narrative methodology amplifies voices that ordinarily remain unheard (Trahar, 2013) and often reveal intricacy and meaning within their experiences (Wang and Geale, 2015). Taken together, these considerations demonstrate clear alignment with the first research question, *What is it like to be a mother of a child who has been subject to child sexual abuse?* Moreover, the narrative lens provides valuable insight about how mothers are understood as 'storied', suggesting that their experiences and identities are fundamentally shaped by the narratives they construct (Riessman, 2008). Notably, storytelling is a key feature of this methodological approach, with narratives as "*strategic, functional, and purposeful*" (Riessman, 2008, p8). In other words, stories serve different functions, for example, mothers might narrate their experiences to make sense of difficult past events or perhaps, to foster empathy within a community. Alternatively, mothers might feel mobilised to change situations to benefit future mothers, using the narrative form as a tool because it is considered to have greater impact, compared to other discourses (Hagström and Gustafsson,

2019), providing clarity and authenticity. Together, this indicates how narratives also reflect power dynamics which are embedded and expressed through the world. As such, understanding mothers of children who have been sexually abused emerges through connection to deep social and cultural structures which exist (Riessman, 2008, p10) that shape norms and values tied to motherhood, caregiving and responsibility. This signifies that mothers' stories function as both personal accounts, as well as reflect broader societal expectations, which means their experiences shape and are shaped by the stories they construct. Thus, narrative methodology aligns well with critical realist ontology and interpretivist epistemology.

In narrative methodology, mothers becoming the narrative through which they tell their lives position their stories as simultaneously deeply personal and socially situated. This suggests that mothers' stories do not exist in a vacuum (Bell, 2002) and there is recognition of the inherent interplay of three core characteristics when storying an experience, (1) *Interaction*, which connects to both mothers' own personal feelings, as well as social interactions with other people, (2) *Continuity*, which foregrounds attention to temporal aspects such as past, present and future, and (3) *Situation*, which refers to participants' location and context. Widely recognised as the three-dimensional narrative inquiry space (Clandinin and Connelly, 2000), this conceptual framework offers a valuable set of guiding principles within narrative inquiry for framing participants' stories. Although it is also important to acknowledge its limitations which include the potential to become formulaic, as well as challenges to achieve contextual depth when applied in research (Lyons and Scull, 2023). Nonetheless, noting the multidimensional aspects of interactions, time and context can support the meaningful illustration of experiences with richness and

depth, that may not be fully reflected in other qualitative approaches. Therefore, narrative methodology is well-suited to this study as a way to elicit meaning from the complexities, insights and dynamics of a mother's deeply personal and unique experience when her child is sexually abused. Consequently, the study seeks to elucidate mothers' voices through a narrative lens to make their experiences more visible, whilst similarly recognising aspects which shape their accounts. Building on this narrative methodological framework, the next section considers the methods implemented within the study.

3.3 Methods

This is a qualitative multiple method study involving two methods of data collection (Kumar, 2019): nine online narrative interviews with mothers and two in-person focus groups with social workers as seen in the figure below.

Figure 3.2. Methods Visual



Source: Author's own

3.4 Narrative Interviews

3.4.1 Overview

For many, narratives are synonymous with ‘story’ and closely connected with the subjective nature of human experience (Andrews *et al.*, 2000). Narrative can take many forms (Bold, 2012) and there are a range of definitions (Riessman, 2008). Narratives weave events together (Morgan, 2000, p5) and differs from other forms of discourse because of “*sequence and consequence*” whereby “*events are selected, organized, connected, and evaluated as meaningful for a particular audience*” (Riessman and Quinney, 2005, p394). In other words, narratives are storied ways of communication and knowledge, providing insight to the world where meaning-making is at the fore (Cobley, 2014) and place participants at the centre of research. In this study, mothers shared stories through oral accounts relating their personal experiences and events whilst embedded within a social and cultural context (Ricoeur, 1984).

Narrative methods reveal complexity and nuance. Further benefits of narrative interviews are prioritising the mother’s perspective and privileging of meanings assigned to their stories (Anderson and Kirkpatrick, 2016). Empirical studies suggest that the experience can be cathartic and help participants make sense of their experience (Allmark *et al.*, 2009). However, it is important to note that there are boundaries or conditions which contribute to the existence of narratives (Genette and Levonas, 1976) which speak to the inherent power relations which structure stories and shape responses to them. There can be tensions between stories providing a glimpse into the storyteller’s world and compelling individuals to share their experiences in line with traditional storytelling tropes, thus influencing how a story

can be told and value which some stories hold (Howells, 2022). This meant it was important to be mindful of the ways in which participants' stories are told and the language used.

The Interview Schedule (*Appendix 3.1*) comprised of six questions which elicited participants stories and were inspired by Campbell's (2002, p5) approach asking to "*tell me your story (of being a mother)*" as an open-ended narrative. This enabled participants to start their story from the point they felt comfortable with several participant responses to this question taking between 30—50 minutes. In line with Anderson and Kirkpatrick's (2016, p632) four sections of narrative interviews; introduction and explanation of the research, the narrative, questioning phase and conclusion, all participants retained power to direct the pace and course of their narratives. Although one limitation of narrative interviews is that some people might struggle to convey their story and prefer to be asked a series of questions (Anderson and Kirkpatrick, 2016). Consequently, my role as the researcher in facilitating the participant's telling of the story was key, firstly in preparation (Jovchelovitch and Bauer, 2000) which included familiarity with the topic, my background skills as a social worker and creating access for participants to the online interview with appropriate technology software (Lobe, Morgan and Hoffman, 2022). Although studies have documented widespread challenges for online interviewing (Adams-Hutcheson and Longhurst, 2017; Meherali and Louie-Poon, 2021), research suggests there is little difference between in-person and online interviews in quality of data with online interviews seen as particularly beneficial when discussing sensitive topics (Jenner and Myers, 2019). In addition, for this study the covid-19

pandemic initiated the pragmatic update of online data collection (Keen, Lomeli-Rodriguez and Joffe, 2022).

Secondly, during the interview, I paid attention to rapport building, active listening, implemented non-verbal facial cues to signal attention and encouragement, as well as followed and empathised with the narrative (Kartch, 2017). Throughout this, I was aware of their influence and the co-construction of meaning between myself as the researcher and participants' stories (Bakhtin, 1981). As such, I was mindful of their presence and engagement, and supportive of the participant controlling the unfolding of their narrative. Although routine criticisms cite researcher influence and interpretation as limitations (Aletta, Kang and Axelsson, 2016), narrative inquiry embraces the position of the researcher and subjectivity within research as a strength (Hydén, 2008). Moreover, interviews lasted up to two hours, with the average being one and a half hours and required sustained empathic expressions to sensitive and at times, distressing information. This meant the interview presented as an intense, embodied experience (Kähäri and Edelman, 2024) and required my ongoing engagement with reflexive practice (Olmos-Vega, Stalmeijer, Varpio, Kahlke, 2023). Following this overview, the next section will discuss the sampling strategy.

3.4.2 Sampling Strategy

A purposive sampling was adopted for the study, where the focus explored complex phenomena and obtained deep, insightful data. In other words, it included the identification and selection of samples which were "*information-rich*" (Patton, 2002, p230) to yield in-depth understanding. The rationale involved alignment with the research objectives to capture mothers' unique experiences and their detailed

accounts. As a multifaceted, hidden issue (McElvaney, Greene and Hogan, 2012) requiring nuanced understanding, this targeted approach was appropriate given the intricacies associated with child sexual abuse. In this study, this included mothers who are marginalised due to their child's abuse. While purposive sampling offers valuable insights to understand a specific population and is a hallmark in qualitative research (Carter and Little, 2007), this approach also comes with limitations. This includes the potential for selection bias, which involves unintentionally or consciously selecting participants to distort the outcome of the research (Jager, *et al.*, 2020). To mitigate against this, two strategies were implemented:

- (1) Inclusion and exclusion criteria were established to reduce subjectivity and identify participants in a uniform manner (Garg, 2016). Please see *Table 3.1* for narrative interview criteria below and *Table 3.4* for focus group criteria below.
- (2) Triangulation (Patton, 1999) was used to combine multiple perspectives of mothers and social workers through different data collection methods to provide a balanced view.

Table 3.1: Narrative Interviews Inclusion/Exclusion Criteria

Inclusion Criteria	1. Mothers whose child(ren) have been subject to child sexual abuse 2. Steps to ensure the safety and protection of the child(ren) have taken place.
Exclusion Criteria	1. The abuse occurred within the previous 12 months. 2. Mothers who have perpetrated sexual abuse towards children.

Source: Author's own

3.4.3 Narrative Interview Sampling Strategy - Strengths and Limitations

There were several benefits to the purposive sampling strategy. Through the use of gatekeepers (Wanat, 2008), the research aimed to reach a cross-section of mothers.

In qualitative research, generalisability tends not to be the intention beyond the sample. Transferability, where the findings can be transferred to a similar context or group is an appropriate marker of assessing quality criteria and enhances trustworthiness in qualitative research (Stenfors, Kajamaa and Bennett, 2020).

Purposive sampling is a non-probability sampling technique commonly used in qualitative research (Campbell, *et al.*, 2020). The narrative interview sample obtained was non-representative of the population of mothers. However, through sharing the research flyer with three gatekeepers, who circulated this to individuals on their databases, as well as via social media, this provided the greatest opportunity of sampling a heterogeneous sample of mothers. Richie, Lewis, McNaughton Nicholls and Ormston (2013) outline heterogeneity in sampling is associated with rigour in qualitative research. This means the greater diversity within the sample, the richer the data. Despite these efforts, all interview participants described their ethnicity as White with ages ranged from 34 years old to 58 years old as per the following table.

Table 3.2: Interview Demographic Information

Participant	Ethnicity	Age Range
Maddyn	White British	30 - 34
Lavinia	White Jewish	45 - 49
Ina	White British	55 - 59
Lily	White Scottish	40 - 44
Candie	White British	50 - 54
Ambika	White British	40 - 44

Demmi	White British	40 - 44
Amaya	White British	50 - 54
Maia	White British	50 - 54

Source: Author's own

Although, recruitment involved multiple channels to reach different segments of the population, there are additional barriers within some marginalised communities to speak about child sexual abuse, such as racism or mistrust in institutions (IICSA, 2020; Gill and Begum, 2022). Consequently, these factors may have influenced participation and are noted as a limitation within the study and discussed further in section 3.7 *Limitations* below.

The study aligned with Warnock, MacNeil Taylor and Horton's (2022) feminist and ethical imperative to recognise participants for their time and role in the research and as such, the mothers were offered £20 gift token. Consideration was given to arguments which suggest payments can coerce participation (Millum and Garnett, 2019). However, the practice of paying participants in qualitative research is increasingly common (Head, 2009). Drawn from a feminist ethics of care to maintain a respectful, relational approach within the study (Clement, 1996), the amount offered recognition of the value of participation and recompensed for any caring responsibilities impacted by taking part but did not appear sufficient to incentivise or pressure research participation. In addition to considerations of participant payments, the involvement of gatekeepers supported access and recruitment as discussed in the following section.

3.4.4 Gatekeepers

Gatekeepers are widely regarded as significant in social work research, given the sensitive fields of enquiry involving marginalised populations (Gřundělová, Broskevičová and Kowolová, 2024). Within this study, there was engagement with three organisational gatekeepers as intermediaries with participants where relationships and trust were already established because of the work the specialist organisations completed with mothers and/or their children.

3.4.4.1 Survivors in Transition (SiT)

SiT is a Suffolk-based provision offering therapeutic work for adults who have experienced childhood sexual abuse. SiT are also involved in raising awareness, campaigning and inform training and strategy at local, regional and national levels.

3.4.4.2 Brave Futures (previously Fresh Start New Beginnings (FSNB))

Brave Futures is a specialist support service in Suffolk and Norfolk for children up to 18 years old who have experienced sexual abuse. Brave Futures provides supportive sessions with parents where a child has disclosed sexual abuse.

3.4.4.3 Restitute

Restitute is a not-for-profit community interest company which provides practical support and information to individuals who care for survivors of sexual and violent crimes across the UK. Restitute also offer training and consultancy work with organisations.

The gatekeepers were a central element to permit or restrict access to participants, helped with translating the research information to them and as a result, impacted the research's trajectory (Kawulich, 2011). There is a multilayered nature to gatekeeping, which is centred in power (Chaudhuri, 2017) and connected with reciprocity, consensus and cooperation (Broadhead and Rist, 1976, p326). Although the gatekeepers demonstrated a supportive attitude toward the research activity, fieldwork posed unique challenges (Agbebiyi, 2013). Within the study, some of the gatekeeper members appeared to adopt a cautious approach to identify mothers, in weighing up their responsibilities to guard against additional distress from participating in the study (Turner and Almack, 2017). This could have also been connected to a mistrust of my role as a social worker, motives or skills (Brodeur, Schwartz and McDonald, 2025). To overcome this, I explained the research's purpose and its value, emphasised the commitment to sound ethical research practices, such as confidentiality and transparency and was persistent in ongoing communication (Clark, 2011).

Other obstacles involved navigating gatekeepers busy work schedules and time constraints (Williams, 2020). Research suggests that victim/survivor specialist agencies often operate within pressured environments and staff already feel stretched with competing responsibilities and limited resources (Bradbury-Jones, *et al.*, 2025). Consequently, the research may have been seen as disruptive and impacted participation. To address this, I presented the importance of making a mother's voice more visible in research as alignment between the research and their organisation's work (Andoh-Arthur, 2020). To navigate the complex gatekeeping process I built a good working and collaborative relationship with a variety of

agencies and demonstrated curiosity toward their experience and knowledge in recognition of their goodwill (Finch and McCulloch, 2025; Survivors in Transition, 2025; Suffolk Police and Crime Commissioner, n.d.). Despite this, I encountered interview recruitment difficulties, as discussed below.

3.4.5 Narrative Interview Recruitment Difficulties

In March 2022, eleven months since the start of the data collection phase, I submitted an amendment to the ethics committee to move the recruitment strategy online (ETH2122-1572, *Appendix 3.2*) due to recruitment difficulties. During this time, I had met with two gatekeepers and maintained regular contact via emails, meetings via Microsoft Teams, in-person meetings (where possible) and presented at the organisations' team meetings as per the outline within the ethics application. The gatekeepers also circulated the flyer (*Appendix 3.3*). By January 2022, one participant had contacted me. Alongside this, in December 2021, eight months since the start of the data collection phase, I provided the flyer and contacted the following organisations specialising in child sexual abuse:

- Voicing CSA
- Lucy Faithful Foundation
- Centre of Expertise on CSA
- Survivor's trust
- Mosac
- CARA (Essex)
- Sue Lambert Trust (Norfolk)
- The Ferns
- VictimFocus

In parallel, I also emailed several individuals and contacts from my professional network who either demonstrated a research background in child sexual abuse or had shown an interest in the study and requested the flyer. By March 2022, one further participant agreed to be interviewed before May 2022 through these networks. From this, I found myself in a position of eleven months of data collection with two participants coming forward. Although, I was acutely aware that the reasons for a lack of involvement could be, first, that any potential hesitancy might be the social location of participants given the hidden and stigmatising nature of the topic (IICSA, 2020). Secondly, awareness of the heightened psychological risks of recalling and telling distressing experiences (Crann, Choubak, Jeffrey, and Ellard-Gray, 2015; Elmir, Schmied, Jackson and Wilkes, 2011). Thirdly, there were obstacles faced with data collection taking place during a global pandemic (Self and Ryazantsev, 2021). Overcoming recruitment challenges in qualitative research is widely documented (Daly, Hannon and Brady, 2019; Perez, Murphy, Wilkes and Peters, 2022), with research deemed as sensitive posing particular difficulties (Turner and Almack, 2017). Nevertheless, by July 2023, data collection was complete as per *Table 3.3*.

Table 3.3: Gatekeepers and number of participants

Gatekeeper	Number of Participants
Survivors in Transition (SiT)	0
Brave Futures	2
Restitute	2
Social Media, Word of Mouth	5

Source: Author's own

3.4.6 Data Analysis

There are different models of narrative analysis appropriate for analysing oral accounts and within this study, interview analysis combined the following three techniques under the umbrella of Narrative Thematic Analysis (Riessman, 2008) to ensure the narrative picture captured the participants at the centre of their stories alongside their meanings with theoretical insights:

3.4.6.1 Pen Portraits

The pen portrait analytic technique qualitatively analyses, summarises and presents participant accounts, alongside consideration of patterns and temporal dimensions (Holloway and Jefferson, 2013). A useful, but underused form of analysis, there are different types of pen portraits, such as a summary depicting a group of people or processes, an illustration capturing both the individual participant and the broader qualitative themes, and an interpretive account used as a research tool (Blundell and Oakley, 2024). For this study, the pen portrait served as a synopsis of the individual participant, reflective of the raw data which made their narrative 'come alive'. In terms of limitations, there is a dearth of literature surrounding definitions and how to approach pen portraits (Blundell and Oakley, 2024), however, I sought inspiration from Sheard and Marsh's (2019, p4) four key stage process. Although I engaged with a much more fluid approach, using my discretion (Sheard *et al.*, 2017) rather than a prescriptive, rigid exercise which was found to be stifling. The purpose of the analytic approach was to maintain the narratives' integrity and richness and as such, time and care was taken to understand the data. This meant transcribing and several months of relistening to the interviews and re-reading the transcripts, alongside

reviewing and making further interview notes. During this first stage of immersion, I also bore the following in mind:

1. What stands out about this participant?
2. What is important to this participant?
3. What is going on underneath or beyond her narrative?
4. What is the context of her experience?

Using a visual image of a thought shower for the second stage of development of the pen portraits, I wrote free-flowing and disjointed sections. Like disentangling knots, I strived to remain close to the narratives to develop meaningful insights and honour participant perspectives. I was also mindful of Hydén's (2008, p123) point that focussing solely on participants suffering and pain can obscure their identity and limit the research. As such, the pen portraits encapsulated a complete narrative picture. This stage involved reconceptualising ideas, to see if they stood up against what the narratives were saying to ensure their trustworthiness. The next stage involved drafting initial pen portraits and through this a structure emerged organically, which included the following:

- Narrative structure framework e.g. how participants opened their stories and ways in which their story was told
- Elicit the participant's spirit or essence
- Narrative content and details of the abuse
- Consideration of emotive components – thoughts and feelings

The final stage involved reviewing and redrafting the pen portraits alongside deliberation of ethical matters, more specifically confidentiality to ensure they did not risk identifying participants. Due to participants' marginalised nature as mothers to children impacted by sexual abuse, this added a unique layer to the development of

the pen portraits which were considered throughout the whole process from start to finish, which included notions of sensitivity and compassion, which was identified as an ethics of care and is further discussed in *Chapter 4, Ethics*. Pen portraits fit well with different methods of qualitative analysis, including narrative thematic analysis and share some commonalities with their use of vignettes (Riessman, 2005).

3.4.6.2 Narrative Thematic Analysis

The most widely used approach of all the typologies, principles of narrative thematic analysis were implemented within the research (Riessman, 2008). The rationale for this approach involved the focus towards analysing content and what was said, alongside the applied nature of the study within social work practice. The emphasis toward exploring common thematic patterns across participant narratives also has its ontological roots in critical realism because it accesses people's underlying realities and provides understanding of their socially situated experiences. Although, the study's approach did not represent Riessman's (2008, p53) 'pure' narrative thematic analysis form to "*keep a story "intact"*", the study aligned with meaning-making of stories as told through recurring patterns within the narratives. Riessman (2008) also acknowledges the diversity of this approach across research and outlines the lack of rules accompanying its application.

In addition, there were both practical and analytical reasons for approaching the analysis in this manner. It was felt that using pen portraits and the inclusion of thematic segments would enhance coherence and avoid repetition of multiple stories. This balance also enabled a nuanced understanding of participants' experiences as well as interrogation of broader patterns across the dataset. As such,

this strategy allowed responsiveness and flexibility to the realities of undertaking research with complex narrative data. Although there is not a list of prescriptive steps to undertake narrative thematic analysis, I engaged with the following measures, adapted from Gareth Williams “*A Study of Illness Narrative*” (Riessman, 2008, p55-59):

Step 1: Familiarity with the data

Familiarisation involved listening to recordings repeatedly and transcribing the narrative interviews whilst noting down initial impressions and potential recurring concepts. The purpose was to establish a sound understanding of the data.

Step 2: Present key ideas to focus group

Although this step was part of the focus group process, this step was noted here as it also aided the analytical strategy in the narrative analysis to introduce preliminary ideas from the narrative interviews for consideration. This took the form of a Practice Brief, which was developed and included presenting the central points for reflection and discussion within the focus groups.

Step 3: Immersion within the data

This step involved actively delving into the data, as outlined in the pen portraits above and understanding the data on a deep level. This included identification and interpretation of ideas and relationships within the data. This took several months of re-reading the transcripts and re-listening to the interviews whilst note-taking key ideas and common experiences.

Step 4: Undertake pen portrait process and completion of nine pen portraits

This step enabled the data to move beyond transcripts into stories and derive insight from participant narratives. This step involved understanding and summarising each participant's story as a whole, capturing the key elements outlined in the pen portraits above. It was important to stay close to the narratives at this stage noticing nuances and unearthing meaning.

Step 5: Note down the initial assumptions

Working with a single pen portrait at a time, I noted down core ideas, emotions, reflective notes and significant aspects of the narrative. The associated underlying assumptions were also identified at this stage.

Step 6: Extract patterns across the data

Exploration of shared and diverse patterns across the narratives took place with attention paid to participants sharing of their experiences. I considered what these patterns revealed about the driving forces behind the maternal lived experience.

Step 7: Interpretation of Initial Themes

This step involved the interpretation and development of themes, whilst reflecting on the connections between participants' personal accounts and broader contexts.

Step 8: Review of Themes

This step involved a period of deliberation, which involved reflective walking (Springgay and Truman, 2017) and time to deepen the analysis. Periods of walking were particularly implemented at this stage as an approach to cultivate thinking-in-

movement and refine analytical thought. I also re-read participant narratives with the themes in mind to ensure their well-developed integration

Step 9: Write up

This included explanations of the themes and presentation of the themes, illustrated with extended narrative excerpts drawn from participant narratives. An abridged worked example of steps 5-8 is provided in the below figure:

Figure 3.3: Worked example of steps 5-8 Narrative Thematic Analysis

Example Quote		
<i>When she told me, I was like, 'did I miss this?' and then I got terrible guilt, because why didn't I listen to her? She said the abuse had happened since she could remember [...] I still don't know what to say because this whole part of me is guilt-ridden. It happened in my family, with my daughter and I didn't see it and I did nothing. – Ina</i>		
Core Ideas	Underlying Assumptions	Patterns
Shock Frozen Blame Shame Distress Guilt Disbelief Disconnected Coping Trauma	• The 'Good Mother' Ideal • Children are a mother's responsibility • Motherhood as self-sacrificial and selfless	• Rollercoaster of turbulent emotions • Reverberation of negative emotions • A sense of being stuck in the 'swamp' of emotions

Survival Flooded Lost Anger Out of control Overwhelmed Self-critical Hypervigilance Intense Fear of making it worst Visceral reactions Internalising negative self-beliefs	• Maternal emotional labour • 'Failure to Protect' doctrine • Ideologies of intensive mothering • Pathologisation of maternal distress • Intense and internalised surveillance	• Entangled in the messiness of emotions • Signs and symptoms of trauma • Shaped by entrenched, pervasive beliefs and cultural ideals of motherhood • Influence of normative assumptions about maternal responsibility • Emotional distress is depoliticised and individualised
Initial Theme “Navigating the swampy lowlands” of emotions		
Reviewed Theme A Mother's Mire: The perpetual pains of their child's sexual abuse		

Source: Author's own

One of the key limitations of narrative thematic analysis is how subjectivity can introduce potential bias, for example would another researcher generate similar

underlying assumptions as outlined above. To address this, transparency in the quality criteria was outlined (see below section, *3.6 Quality Criteria*). Additionally, in narrative thematic analysis, attention toward language and content of speech is seen as a resource (Riessman, 2008, p58). In light of this, the narrative interviews' features were analysed through the lens of chaos, restitution and quest narratives (Frank, 1995) as outlined in the next section.

3.4.6.3 Narrative Features

Drawn from Frank's typology of illness narratives (1995), the final phase of the interview analysis implemented the framework of chaos, restitution and quest narratives to interpret the structure and form of participant narratives. Chaos narratives "*are told after your world has been 'unmade'*" (1995, p103), where worlds are deconstructed and reassembled and serve as a critical lens to explore stories of abuse and the aftermath of trauma. Stories such as these often do not fit in the traditional storytelling structures and consequently, are seen as anti-narratives interrupting dominant narrative conventions. Key features of chaos narratives include disruption, powerlessness, feelings of overwhelm, raw suffering and so, fused well with participant narratives. This lens embraced uncertainty and presence in participant's pain, as well as recognised the hardship endured by mothers and honours the authenticity in their stories.

However, a limitation of chaos narratives within this study involved the inherent contradiction in the application of structured analysis techniques, including implementation of a framework whilst striving not to reshape chaos narratives, which often resist structure. Whereas restitution narratives involve a story of restoration

and align well to the dominant therapeutic culture discourse found in trauma narratives, where a sense of recovery or healing takes place. Key principles involve the existence of transitioning states of before the trauma, through the harm to a return of how things once were. The sense of reparation drives the plot of the storyline with remedies of finding one's voice or sensemaking through therapeutic talk. The danger is that sharing a story becomes a necessary condition for healing (Howells, 2022) and individualises the harm, locating the remedy with the individual's capacity to speak their story and accompanied by a resolution at the end.

Additionally, quest narratives find meaning in their trauma, irrespective of whether there is a resolution. This involves a process of developing insight and understanding from their trauma, where something is gained from the experience. However, there is a risk for mothers in this study that they may feel obliged to find meaning in something that was forced upon them and is incomprehensible to them, leaving them retraumatised. Furthermore, Frank (1995, p76) outlines "*no actual telling confirms exclusively to any of the three narratives. Actual tellings combine all three, each perpetually interrupting the other two.*" As such, integrating these elements perceived the narrative features as meaningful and offered a nuanced understanding of mothers' diverse experiences.

Together, in summary this multilayered approach to analysis which included pen portraits, narrative thematic analysis and exploration of narrative structure and form complemented one another to demonstrate analytical depth and methodological sensitivity. By foregrounding mothers' lived experience, balanced with themes and features within the narrative allowed for deep engagement with the interviews, through different approaches and consequently, strengthened the analytic approach.

Furthermore, this study's intention of applicability within a practice setting meant that it was imperative to involve practitioners to gain their perspective. The data collection method of in-person focus groups were felt to complement online narrative interviews through incorporating an element of group and relational dynamics to capture shared meanings.

3.5 Focus Groups

3.5.1 Overview

A focus group is a research method involving a guided discussion with a selected group of individuals about a particular topic (Kitzinger, 2005; Wilkinson, 2004). The purpose of a focus group involves understanding the perspectives of participants through a collective conversation. The focus is towards eliciting meanings and interpretations from a range of responses, rather than to achieve consensus about the research issue (Liamputtong, 2011), potentially revealing greater insights (Krueger, 1994). To achieve this level of discussion relies on my skills as the researcher in creating and maintaining an environment where participants feel comfortable and able to share their thoughts and experiences about the specified topic (Côté-Arsenault and Morrison-Beedy, 2005). There are perceptions which exist about focus groups being a simple technique to establish, more cost-effective with research which can be carried out quickly (Willis, *et al.*, 2009). However, this has been disputed (Liamputtong, 2011; Wilkinson, 2004) and can take away from focus groups being seen as particularly useful in facilitating discussion about sensitive topics, such as sexual violence (Kitzinger, 1994) and a method which provides high quality evidence (Willis, *et al.*, 2009).

In this study, conditions were implemented to motivate focus group participants to interact with one another and facilitate multiple lines of communication. The first condition included commonalities between participants (Krueger, 1994) possessing backgrounds of social workers with some familiarity with the field of child sexual abuse. This contributed to homogeneity within the focus group (Acocella, 2011) and as such, this contributed towards a strong sense of identity between focus group participants (Hennink, Hutter and Bailey, 2020) with sufficient opportunity to speak freely. The second condition involved my role as a moderator in conducting the group, establishing the ground rules, promoting group rapport, orchestrating the group workings and managing the dynamics (Gray, 2017). As a social worker, I was well-trained in managing group discussions as part of statutory guidance duties in my previous practice (Department for Education, 2024). Key skills involved active listening and picking up on verbal and non-verbal cues, probing techniques to gain further detail or clarify participant's points and an activity of a practice brief (*Appendix 3.4*) to promote discussion (Hennink, 2014; Hennink, Hutter and Bailey, 2020).

A practice brief is a short, research-based summary that bridges connection between scholarship and practice. The brief synthesised and shared key ideas gathered from the initial narrative interviews with mothers for focus group participants to reflect on and consider the implications within practice. The aim of the brief was to support practitioners in their day-to-day practice with a quick-reference guide. This approach overlaps with respondent validation or member checking (Lincoln and Guba, 1985), a common qualitative research technique to check for resonance with focus group participant professional experiences. Although I was cognisant of the differing interview participant (lived experience) and focus group participant (professional)

positioning and perspective, the focus group presented a powerful mechanism to reveal the realities of mothers whose children were impacted by sexual abuse (Morgan and Krueger, 1993). As well as providing copies, I summarised the practice brief at the start of the focus group to initiate conversation. As such, the interplay of perspectives emerged through open dialogue with focus group participants drawing on the practice brief to focus their discussion.

Both focus groups were in-person and lasted between one hour and one and a half hours, which is consistent with focus groups' overall approach (Leung and Savithiri, 2009). Although intended and framed as a supportive environment, I was mindful of a further limitation of focus groups in that they can be publicly exposing (Sim and Waterfield, 2019), particularly when discussing sensitive matters which involve sexual violence within a group context. There is a risk that professionals decision-making and thought processes are laid bare (Morgan and Krueger, 1993) and risk their tacit knowledge being presented as uninformed or misaligned. However, research suggests that focus groups are effective tools in sensitive research (Farquhar and Das, 1999; Samardzic, Wildman, Barata and Morton, 2024) and can serve as an emancipatory space, like a collective and reflective eye-opener for professionals (Antoft and Peterson, 2014) to bring attention to their shortcomings or to understand a mother's situation differently. From a critical realist perspective, the focus groups presented as a constructive tool which showed how professional discourses, institutional mechanisms, organisational practices and established social norms and beliefs influenced focus group participants' interpretations and responses to the maternal experience. In summary, through group interaction, participants

reflected, co-constructed and challenged one another's thoughts, views and meanings which consequently revealed deeper insights of their perspectives.

3.5.2 Sampling Strategy

As identified in the *Narrative Interview* section 3.4.2 *Sampling Strategy* above, purposive sampling was implemented across the research. The benefits of this approach include that it is a practical remedy when recruiting participants specifically for their background, namely accessing those who operate in the field. Conversely, commonly reported limitations include a lack of generalisation or representation with other populations (Andrade, 2021). However, there are arguments which suggest that these are not the quality marker or purpose of qualitative research and instead focus towards comprehensively understanding the context-specific, field under study (Bryman, 2016, p399; Carminati, 2018). *Table 3.4* below details the focus group inclusion and exclusion criteria.

Table 3.4: Focus Group Inclusion/Exclusion Criteria

Inclusion Criteria	1. One year post qualified 2. Registered with Social Work England (Regulatory Body) 3. Have experience of working with child sexual abuse matters in a professional capacity. 4. Currently practising as a social worker in any field e.g., practice, social work education, practice education
Exclusion Criteria	1. Newly Qualified Social Workers 2. Student Social Workers 3. Apprentice Social Workers

Source: Author's own

3.5.3 Focus Group Sampling Strategy - Strengths and Limitations

Purposive sampling is widely recommended and was a useful method to recruit focus group participants, given their knowledge, expertise and experience required for the topic (O.Nyumba, Wilson, Derrick and Mukherjee, 2018) which aimed to increase the depth of understanding within the study (Palinkas, *et al.*, 2015). An email (*Appendix 3.5*) was circulated to a local authority and amongst professional networks. Although it was acknowledged the use of existing contacts risked the introduction of bias, to mitigate against this, there was a clearly defined selection criteria, consideration of key ethical considerations and outline of the purpose of the study within the email and Participant Information Sheet (*Appendix 3.6*). One further advantage of implementing a purposive sample involved the practicality of being more efficient to foster meaningful discussion within limited time (Stratton, 2024). Furthermore, focus group considerations involved accommodating busy schedules of social workers (Keemink, Sharp, Dargan and Forder, 2022) which meant the difficult organisation of a suitable time and date which took two months to co-ordinate. An online focus group was considered due to many practitioners use of a hybrid practice model in their work (Jeyasingham and Devlin, 2024), ease of access and effectiveness of digital methods (Keemink, Sharp, Dargan and Forder, 2022). In addition, research suggests that both approaches generate similar data quality when discussing sensitive topics (Woodyatt, Finneran and Stephenson, 2016). However, I wanted the focus group to be a positive, fulfilling experience where participants felt valued and their efforts rewarded (Ouyang, Liu and Zhang, 2025). Consequently, this was demonstrated through the provision of home-made food and refreshments, which was intended to bring participants together and forged bonding (Dunbar,

2017). Anecdotally, in my practice experience food was often used throughout social work teams to build engagement and strengthen relationships.

Whilst the first focus group was a mix of practitioners employed across organisations and locations, the second focus group attracted a group of colleagues within the same organisation, which is an approach that Kitzinger (1994) defends in focus group research. This level of homogeneity appeared to aid a flow of interactions for the duration of the second group, with contributions from all focus group participants. However, I was alert to the presence of inherent biases in focus groups and incidences of ‘groupthink’ but felt I possessed the skills to intervene if necessary. Although perhaps because of the experienced nature of the professionals involved, some of whom undertook roles that included frequently challenging colleagues and other professionals about their practice, expressions of a range of similar and diverse opinions were shared (Freeman, 2006). Each focus group recruited five participants who met the inclusion and exclusion criteria (*Table 3.4* above), which is in line with the “*ideal size*” (Krueger and Casey, 2015, p67) and included nine female and one male participants with backgrounds from Practitioner, Senior Practitioner, Team Manager, Child Protection Co-Ordinator, Quality Assurance Manager and Social Work Educator. One of the incentives to attend, which several participants raised within focus groups was the direct practice benefit of the insight and knowledge gained from the research and discussion. Next, there is an outline of the analytic technique applied to focus group data.

3.5.4 Data Analysis

Reflexive thematic analysis provided the foundation for the analytical framework within the focus groups (Braun and Clarke, 2022, pp35-36). Drawing on the principles and process of reflexive thematic analysis, the aim was to interpret patterns across the focus group dataset through undertaking a systematic process of coding and construction of themes. This prescriptive approach is the key difference between reflexive thematic analysis and narrative thematic analysis implemented in the interviews. Whilst storytelling featured occasionally within the focus groups as anecdotal accounts, the group's aims were to capture patterns across professional viewpoints and experiences in an interactional manner and so this analytic approach was the most appropriate method of data analysis. Subjectivity is at the heart of reflexive thematic analysis and this analytic approach offers six phases:

1. Familiarisation and immersion within the dataset.

I became acquainted with the dataset from the data collection stage as the focus group facilitator. A deep and intimate knowledge of the data set grew from listening to the recordings repeatedly, transcribing the scripts and rereading these multiple times, whilst building on the notes made during the discussion. Analytic ideas and insights were added and reviewed throughout the transcript.

2. Systematically coding the data in a detailed manner through application of code labels representing my analytic take.

First, I engaged with line-by-line coding which included descriptors and analytic ideas about the data. This meant I interacted with the transcripts on a granular level.

Then, these codes were clustered together, where related codes were grouped according to their shared meaning under an umbrella 'code label'.

3. Generation of initial themes through identification of shared patterns or themes across the codes and focus groups (Appendix 3.7).

The construction of initial themes involved the identification of shared meanings across the code labels. The potential themes were developed through an iterative and dynamic process involving the groupings. Provisional themes required multiple revisions as meanings and coherence were reviewed, considering the data and the research questions.

4. Development and review of themes ensured that the themes made sense, conveyed significant patterns and the relationships between themes were considered.

Through iterative cycles of review, I refined the themes to ensure they demonstrated a central idea and made sense in relation to the data. This phase also included ensuring the themes revealed key patterns across the dataset in response to the research questions. So, this phase, included revisiting the transcripts with the reviewed themes in mind. Initial themes were restructured into 'Reviewed Themes'.

5. Refine, define and naming of themes involved each theme possessing a strong core concept and tweaking where necessary.

This phase involved writing up a brief synopsis of each reviewed theme and clarifying their essence. This part of the process included refining the analysis and interrogating the theme for coherence and distinctiveness.

6. Write up a coherent story sharing the analytic narrative with data extracts.

The final phase included writing up, reviewing and editing Chapter 6, Focus Group Findings. This chapter provided thematic analysis of the focus groups discussions.

Criticisms of thematic analysis focus largely on researchers' tendencies not to be sufficiently explicit in how they are using thematic analysis or the process by which themes are extracted (Bazeley, 2013). However, Braun and Clarke's (2022) approach counter this argument. The phases above outline an iterative process of meaning-making where flexibility was embraced as a strength, rather than being misunderstood to lack rigour (Finlay, 2021; Nowell, Norris, White and Moules, 2017), which is often cited as a limitation of thematic analysis. Rigour can also be seen in the evidence of systematic work and as such, a worked example of the Focus Group Thematic Framework (*Appendix 3.7*) has been provided to complement the findings. Furthermore, analysis was conducted primarily through manual methods of iterative and interpretive reading of the material with annotations in word or by hand. This allowed me to remain close to the data and engage with nuanced analytical thinking. Transcripts from both methods of data collection were inputted into Nvivo software as a tool to complement, not replace the thematic analytical process (Bazeley and Jackson, 2013). Building on the account of how the data was analysed, next, the quality criteria will be examined.

3.6 Quality Criteria

The study implemented Stenfors, Kajamaa and Bennett's (2020) criteria to ensure trustworthiness, as the bedrock of high-quality qualitative research, credibility,

dependability, confirmability, transferability and reflexivity. This provided a shorthand structure of the core values and best practices within the study:

3.6.1 Credibility

Validity in quantitative research (Heale and Twycross, 2015) is what credibility is in qualitative research and refers to the trustworthiness of the findings in the study (Tracy, 2010). Two strategies were employed to establish rigour. The first was triangulation, where different sources of data were used (Carter, *et al.*, 2014), interviews with mothers and focus groups with practitioners. In mixing purposeful samples such as this, the aim was not to yield the same results but to gain a deeper insight (Patton, 1999) into mothers' experiences. One of the challenges experienced in triangulation was integrating multiple qualitative data sources and using different analytical approaches into a coherent analysis. To overcome this, I used iterative analysis techniques which allowed for ongoing exploration as insights emerged. The second strategy to ensure credibility involved thick description (Geertz, 1973; Ryle, 1949) which came about through providing in-depth, rich, illustrations of the findings, using long quotes to help the reader visualise participant 'voices' (Ponterotto, 2006). One difficulty that arose was, given the importance of the topic, narratives and views shared, discerning what was most significant and as a researcher, focusing on the most pertinent aspects of the data. This was achieved by implementing a structured framework for analysis. In addition, trustworthiness can also be thought about as the potential for bias in qualitative studies and the steps taken to manage this. For example, in relation to context bias the use of open questions allowed interview participants to shape the direction of their narrative and helped to manage the inherent power imbalance between researcher and researched. Having considered

credibility to strengthen the study's trustworthiness, the next aspect of quality concerns dependability.

3.6.2 Dependability

Dependability refers to the stability of the data to maintain coherence over time (Bitsch, 2005). In quantitative research, the closest equivalent to dependability is reliability which is determined through the replicability and consistency of measurements and the use of instruments (Sarantakos, 2013). However, for this qualitative study dependability emphasised the need for an audit trail which involved detailed accounts of the research process to be clearly documented, for example, how the data were collected, recorded and analysed (Anney, 2014). The challenges inherent in maintaining consistency and thoroughness within the research involved my subjective interpretation and understanding of the data, meaning objectivity might potentially be difficult to achieve, as other researchers may interpret the same data differently. To address this limitation, I engaged in review with supervisors to cross-check the dependability of the findings. Whilst dependability addresses consistency in the research process, transferability considers how the findings resonate beyond the study.

3.6.3 Transferability

Transferability is widely understood as the application of findings to other contexts (Lincoln and Guba, 1985). One way this was achieved was to clearly articulate the sampling process and criteria, in order to determine other settings where the findings may be appropriate (Ahmed, 2024). Further ways to enhance transferability will involve dissemination of explicit practical guidelines for social workers to apply the

research outcomes in professional practice as the focus groups with practitioners allowed for discussion of some of the practical implications beyond the research setting. This consideration also shows congruence with Kvale's (2007) criteria for determining validity in qualitative research which includes application of knowledge in practice settings, for example, using the findings to inform social work practices. However, given the lack of diversity within the interview sample consideration of transferability with practitioners working alongside different cultural groups, values and practices needs to be treated with sensitivity. This study also borrowed from Stalmeijer, Brown and O'Brien's (2024) and Tracy's (2010) work conceptualising transferability as resonance. This means the way in which I meaningfully present the research elicits empathy or an emotional experience. Similar to "*evocative storytelling*" (Ellis, 1995, p318), the focus was towards sharing narratives that were vivid, engaging and as such, were well-placed within the study. Beyond resonance, the next section considers reflexivity to ensure rigour.

3.6.4 Reflexivity

Reflexivity, the ability to locate oneself in the research, alongside reflectivity (Argyris and Schön, 1976) are central to critical social work practice and research (Fook, 1999). An important part of rigour within qualitative research (Jootun, McGhee and Marland, 2009), reflexivity also demonstrates commitment to ethical and thoughtful scholarship. Within the study, this came through the process of critically examining and reflecting on my role and aspects of my personal and social identity (Burnham, 2012). Reflexive practices included maintaining a reflective research journal throughout the process, engaging in dialogue with peers and supervisors and providing a reflexive commentary as seen in *Chapter 4, Ethics* (Barrett, Kajamaa and

Johnston, 2020). Through this process, I was mindful of some of the criticisms which include poor application and understanding in qualitative research (Olmos-Vega, Stalmeijer, Vario and Kahlke, 2023), and a tendency for issues to become individualised, rather than considered as part of wider social processes and interactions (D'Cruz, Gillingham and Melendez, 2006). To address this, the study was informed by Fook's critical reconstructive process (2016, p120) which included an adapted set of questions (2016, p129-130) which aided analysis and enabled deconstruction of situations, actions and ways of thinking to interrogate underlying assumptions and notions of power to rework experiences and unearth multi-faceted understandings. An abridged worked example is included as *Appendix 3.8*, as the next section examines confirmability.

3.6.5 Confirmability

The criterion of confirmability is how the data collected and analysed is derived from the perspectives and experiences of participants, rather than subjective interpretations of the researcher (Ahmed, 2024). In this study, confirmability was achieved through maintaining rigour in the research process through the techniques mentioned above in the other criteria, such as triangulation, thick description and audit trail. Whilst the strategies for confirmability have been outlined, it is important to critically reflect the study's limitations.

3.7 Limitations

The study has potential limitations, some of which have been noted above throughout this chapter. One of the key limitations was the lack of demographic diversity within the narrative interview sample despite using multiple strategies to

access a cross-section of participants. Whilst the research offers important insights into mothers' experiences, this limitation suggests that intersectional aspects of ethnicity or disability may not be fully captured within this study. Participants with different characteristics may have had qualitatively different accounts and although this qualitative research did not aim for generalisability beyond the sample, it is recognised that diversity in sampling can lead to broader insights. One practical remedy for future research would be to build time into the study to foster relationships and engage with gatekeepers who have established connections with underrepresented groups to ensure their inclusion.

One further limitation that I have deeply reflected on was the narrative interview participants lack of inclusion in transcript review, analysis and sign off of their participant pen reviews. Although member checking by interview participants was advocated by the researcher in the early iterations of the ethics paperwork, this was removed following advice due to the practical constraints this presented. Although focus group participants were involved in a technique which overlapped with member checking, given the centring of mothers' voices within this research, this was a missed opportunity for co-production with interview participants to take place. Considering the feminist ethic of care standpoint (defined and discussed in *Chapter 4, Ethics*), the empowering of interview participant voices through their active role in the interpretation of narratives could have further shaped their stories and contributed towards their own sensemaking. In future, I will strengthen feminist methodological commitments, such as member checking in my work where possible.

3.8 Chapter Summary

This chapter has clearly outlined the underpinning philosophies for this study, namely critical realist ontology and interpretivist epistemology which present a strong philosophical grounding (Houston, 2001) and alignment with the research methods. The study employed narrative interviews with nine mothers and two focus groups with ten social workers to explore their stories and perspectives. This chapter presented why these methods were the best approaches, given exploration of matters in-depth to elicit nuanced understandings, whilst tailored to each sample. In addition, rationales for the analytic approaches were provided with coherence between the philosophical stance and research methods, to ensure rigour and trustworthiness. Finally, both the quality criteria and limitations were explicitly addressed to enhance the robustness of the study. Next, ethical considerations will be considered in *Chapter 4, Ethics*.

CHAPTER 4 ETHICS

This chapter explores the ethical considerations inherent with researching sensitive topics. The rationale to provide a separate ethics chapter was threefold; first, ethics permeate the entire research process and therefore they merit focused discussion, rather than presented as a subsection within the methodology. Secondly, social work demonstrates a distinct ethical framework that “*distinguishes it from other helping professions*” (Reamer, 1993, p39) and as such, detailed ethical considerations are fundamental to quality research (Correia, 2023). Finally, thoroughly outlining both the ‘explicit’ and more ‘subtle’ ethics considerations is a responsibility that is deeply felt operating in a sensitive field (Pascoe-Leahy, 2022). Initially I will discuss the ethical framework, accompanied by the research materials. This will be followed by examining ethics in sensitive research and exploration of my positionality. Then attention will be paid to a feminist ethics of care approach and key participant considerations.

4.1 Ethical Framework

Ethical approval for the study was granted through University of East Anglia, School of Social Work Research Ethics Committee on 22 January 2021 (*Appendix 4.1*). The study was underpinned by The UK Policy Framework for Health and Social Care Research (Health Research Authority, 2020) to ensure that the research culture remained ethically sound. Ethics refers to notions of right and wrong and are embodied in a set of key principles (Sobočan, Bertotti and Strom-Gottfried, 2018) which include (1) respect for persons, ensuring their dignity and autonomy, (2) beneficence, which means acting for the benefit of others and includes the principle of nonmaleficence as the ethical duty to secure participants freedom from harm and

protection from exploitation and (3) justice, as part of participants right to fair treatment and privacy. As a registered Social Worker, I am also bound by an ethical code of conduct (BASW, 2021) to uphold core social work values of anti-oppression, anti-discrimination, anti-racism and social justice, all of which are congruent with the skills required to aid decision-making when faced with ethical dilemmas (Sobočan, Bertotti and Strom-Gottfried, 2018). An example of this involves the amendment to extend the recruitment strategy online which was approved on 25 March 2022 (*Appendix 3.2*). One further amendment was agreed to extend the date of primary data collection (*Appendix 4.2*). Following transfer of the PhD in January 2024 to the University of Essex, an Ethics Application was submitted via Ethics Review and Management System (ERAMS) and agreed on 6 March 2024 (ETH2324-0466, *Appendix 4.3*) to collect data via two focus groups with practitioners. Finally, local authority research governance agreement was confirmed on 18 June 2024 (*Appendix 4.4*) and further instruments are now considered.

4.2 Research Instruments

Participant Information Sheets were provided to potential participants to give sufficient written detail with information about the study to make an informed decision about whether to take part (Ennis and Wykes, 2016). Two Participant Information Sheets were developed: one for narrative interview participants (*Appendix 4.5*) and another for focus group participants (*Appendix 3.6*). It was important to be mindful of some of the widespread limitations of these documents which included consideration of their length and complexity, and so details were presented in an accessible manner relevant to the potential audience (Coleman, *et al.*, 2021).

Informed Consent Forms (Appendices 4.6 and 4.7) were discussed to gain written consent from all participants within the study. The cornerstone of ethical research practice, informed consent was also summarised and verbally captured at the start of the data collection methods to aid transparency and remind individuals of the voluntary nature of their participation (Xu *et al.*, 2020). Further materials, such as the interview schedule for the narrative interviews and practice brief in the focus groups have been discussed in *Chapter 3, Methodology* and the debrief forms will be discussed later in this chapter, as we turn to ethics in sensitive research.

4.3 Ethics in Sensitive Research

The field of child sexual abuse is widely regarded as highly emotive and ‘sensitive’ in research (Lee, 1993; Lee and Renzetti, 1993). Purposeful attention was focused on the engagement with ethical matters as the study “*makes public a very private side of researching very difficult social issues*” (Campbell, 2002, p13). Consequently, the ethical process was rigorous and involved a great deal of planning and preparation in consideration of protections, with particular attention toward addressing participant harm and distress. Ethic committees maintain vigilance and adherence to the relevant procedural ethics (Taggart, 2018) which tend to focus on form and legalities (Pascoe Leahy, 2022). Whilst ethical issues in sensitive research are often seen as more complex (Sieber and Stanley, 1988) with the need for additional safety measures. Together, this meant that at the start of the study there was a lengthy ethical approval process with emphasis on risk and protocols. For example, this involved a strong focus by the ethics committee on participant disclosure within the narrative interviews with particular attention to providing robust safeguarding procedures. However, these increased responsibilities in sensitive research have

been challenged (Cromer and Newman, 2011). Despite this, greater attention to the nuances in ethics, as well as the role of the researcher (Silverio *et al.*, 2022) are further considered in the next section and paper “‘Sensitive’ Research: Ethics of Care in Sexual Abuse Projects” (Howells, Taggart, Hollinrake, Under Review) drawn from the PhD.

4.4 Researcher Positionality

Clearly delineating the researcher’s identity and recognition as an active agent in the research process is a quality indicator of rigour (Johnson, Adkins and Shauvin, 2020). As such, it is important to outline my positionality within the research context. I am a light-skinned, mixed-heritage (white and black African) female, mother, social work academic and registered Social Worker with an MA in Social Work and MA in Advanced Social Work. The field of trauma and abuse has always resonated with me as a personal area of interest. In addition, my curiosity grew from my professional practice background in children and families social work, where I worked alongside mothers whose children were subject to child sexual abuse. During this work, I noticed firsthand how practice was directed to mothers and how some mothers were offered little compassion, particularly if they were seen as ‘failing to protect’ their children. One situation early in my social work career stood out to me which involved a mother who was confrontational, defensive and struggled to leave the abuser. At the time, I could not understand why this mother was so angry with professionals, as our intention was to support the victim and their family. The situation also held a mirror up to my naïve beliefs at that point about how motherhood was self-sacrificial and nurturing, with children’s needs placed above a woman’s own. However, my judgments about this woman’s maternal practices clearly reinforced societal patterns

of mother blame and shaped our professional relationship of support with surveillance and regulation (Berrick, 2018). Social workers are entrusted with legal and professional powers, as part of our statutory role to intervene in people's lives to enquire, assess and protect (SWE, 2019). I became cognisant of the power dynamics that flooded our interactions (Saar-Heiman, 2023) which involved the mother's drive for control in the situation alongside my discomfort of power in my role (Karim, 2023) to intervene and the resulting anxiety and avoidance of this hostile relationship (Ferguson *et al.*, 2020). I learnt much from working with this family including rethinking my relationship with power and need for both understanding and compassion (Tanner, 2019) to enact change.

In terms of my own motherhood, the western dominant discourses of intensive mothering and being a responsible mother have strongly featured in my maternal role. This contrasts with differing narratives of mothering borne from my heritage which frame motherhood as collective with caregiving shared across the community (Semley, 2020). I have strived to become a 'good mother' to meet idealised standards by devoting a great deal of time, energy and resources to my parenting. I came to realise how motherhood can be performative (Butler, 1999) where maternal scripts and practices are enacted and regulated by others, which meant that at times these expectations have come at a personal cost. In addition, my ethnicity and background also rendered my position as an 'other' mother, marginalised by experiences as a child and woman (Traustadóttir, 2001). For example, the first in my family to attend further and higher education, I negotiated cultural scripts emphasising education as a driver for social mobility. A child of an immigrant parent, I embodied characteristics of a strong work ethic, a sense of responsibility and

perseverance. As such, learning provided me with new insights and opportunities around motherhood that were beyond my inherited norms. Education exposes diverse and new ideas which can unlock agency (Khalid, 2023) and create differing worldviews amongst familial ties. Bridging these different positions meant that at times, I experienced dislocation as a mother and strived for a sense of belonging, both of which resonated within the research. Narrative interview participants in this research were encouraged to describe themselves as a mother and as such, I recognised the vulnerability this entailed. Due to the reciprocal nature of research to build trust and redress unequal power relationships with participants (Mathie *et al.*, 2018), I attempted to describe myself as a mother in a free-flowing written manner to aid transparency and reflexivity in my role as a researcher below (Koopman, Watling and LaDonna, 2020).

I aim to be a loving, funny and kind mum. I am independent, laidback, but at times, can be anxious. I am protective and believe in the importance of boundaries for safety and containment. I tend to be a problem-solver and have learnt that sometimes my kids want to be 'heard or hugged' rather than always 'helped'. At times, I can be sensitive but am always open to learning. Historically, I have been a people pleaser in some areas of life, although this lessens as I grow older, but am keen to raise daughters who value assertiveness and are comfortable with their boundaries.

Exposing myself as a mother through this process was unsettling (Koopman, Watling and LaDonna, 2020) and initially I struggled to reveal the messy and difficult parts of my maternal identity which led me to consider how the mothers may have felt at some points through their interview. In addition, being aware of my tendency to protect, people-please and problem-solve meant that I was attuned to attributes such as vulnerability and care within the research stories. As such, I remained cautious to how this might amplify values which resonated with my disposition and focused on analytical rigour. In parallel, I was also mindful of such traits when they were absent, alongside the influence of my feelings together with the risk of making judgements.

For example, a prominent consideration that was held in mind through interpretation of the data was “*does this directly or inadvertently reinforce blame?*”. This highlighted a commitment to a nuanced understanding of participants’ experiences within their contexts (Ricoeur, 1996) and a recognition of the power I held to frame stories. Therefore, I was cognisant that my social work lens aimed to complement and not overwhelm my researcher role.

I have a strong sense of belonging and commitment to the profession’s values (Moorhead *et al.*, 2025) of upholding human rights, social justice and demonstrating professional integrity (BASW, 2021). Exploration of power dynamics and inequalities serve as fundamental principles within social work and so, it is clear why Wendt and Moulding (2017, p261) posit feminism and social work as “*natural allies*”.

Consequently, my feminist stance compelled me to magnify voices who are often underrepresented in research, namely mothers whose children have experienced sexual abuse. Furthermore, as a practitioner researcher (Shaw and Lunt, 2018) I was well-placed to recognise an area that warranted further enquiry (Costley, Elliott and Gibbs, 2010). Although this insider position also presented challenges to re-examine the nature of social workers’ practices under scrutiny through a critical approach (Fook, 2016), this was balanced with my professional empathy of the complexities underlying these. To address this, I held space for both compassion and critique with recognition of how practice is shaped by broader organisational and cultural contexts (González-Portillo, Ruiz-Ballesteros and Salinas-Pérez, 2025).

4.5 Insider – Outsider Researcher Status

As a researcher there was fluidity in my researcher status across both groups of participants.

4.5.1 *Narrative Interview Participants*

I possessed outsider status with the narrative interview participants as I was not a mother of a child sexual abuse victim and as such demonstrated a level of objectivity. However, I was also an insider due to sharing common characteristics such as being a mother, woman and possessed ‘a priori’ or intimate knowledge around this research topic. As such, I felt situated within the research (Dwyer and Buckle, 2009) and consequently, the fieldwork felt personal. This emerged through the intimacy experienced between a female researcher interviewing female participants (Cotterill, 1992). My personal role was intertwined with my researcher role, one could not exist without the other within this study influencing the research throughout. Consequently, the research involved prioritising silenced maternal perspectives without colonising them in such a way which reinforced existing dominant patterns of control. I recognised the inherent power imbalance between the mothers and I in this study, which is mirrored in the lived experience of mothers – practitioner relationship. Consequently, I sought reciprocal relationships with narrative interview participants based on empathy and mutual respect, attempting to redress the imbalance of power between the researcher and researched. This draws on Oakley’s suggestion that there can be “*no intimacy without reciprocity*” (1981, p49) between feminist researchers and women they research. Although, I recognise the constraints within the study of not collaborating with participants throughout the research design and production (Aldridge, 2014). As such, reciprocity was an

ongoing, guiding ethical commitment to ensure mothers were heard and their stories were treated with care and integrity.

4.5.2 Focus Group Participants

As a social worker, I shared insider status with professionals within the focus group. This demonstrated several advantages in terms of access, rapport building and trust (Htong Kham, 2024). Additionally, given focus group participants' familiarity and experience in the field, I understood and empathised with their practice culture and demonstrated sensitivity to their context (Teusner, 2020). I was aware of the increased risk of potential bias that accompanied insider status (Dwyer and Buckle, 2009), with researchers struggling to disentangle their experiences with participants (Breen, 2007). However, whilst I shared a professional identity with focus group participants, I was aware of how our roles diverged and differences existed between our practice contexts and daily professional experiences which positioned me as an outsider (Bridges, 2001). Although this brought benefits such as a fresh, new lens in the field and uncovering dynamics that might otherwise be overlooked, one drawback of this was potential unfamiliarity with practice nuances (Berger, 2015). Consequently, I ensured I was curious about focus group participant's experiences.

In summary, mine and participants' identity positions and positionality were multi-faceted and complex. A critical understanding of my shifting standpoint provided insight and enriched the analytic approach through both shared and differing perspectives on a continuum (Acker, 2000) because "*as researchers we can only ever occupy the space between*" (Dwyer and Buckle, 2009, p61). Furthermore, my position was also shaped by feminist principles as examined in the next section.

4.6 Feminist Research Ethic & Ethics of Care

The position for this research is rooted in a framework of feminist values (Jenkins, Narayanaswamy and Sweetman, 2019, p420) where the ‘personal is political’ in researching and raising the profile of a sensitive issue such as mothering a child victim of sexual abuse. The study also aligned with Kelly’s ethical commitment (1988, p73) to increase understanding and better responses for mothers whose children were subject to sexual violence, with a responsibility to not condone abuse. These political aims demonstrate what Peled and Leichtentritt (2002) found was often lacking in an analysis of 57 qualitative and mixed method research studies, that greater attention to ethical thinking, practices and relationships is needed to enhance social justice. In addition, feminist principles involve the importance of reflexivity (D’Cruz, Gillingham, Melendez, 2006) through consideration of my location, knowledge is contextual and embodied, and relationships are central to ethical decision-making (Tronto, 1993). This suggested that a feminist ethic, more specifically a feminist ethics of care approach provided a framework well suited to a sensitive field of research explored in this study. Considering this, the research drew on Noddings (1984) ethics of care, where empathy, responsiveness and caring relationships, namely caring and being cared for were fundamental to ethical decision-making. Noddings (2013, p32) went on to share how it is a space where caring flourishes and a way to think about ethics “*from an alternative perspective*” compared to rigid protocols which typically exist in ethics committees which largely prioritise procedural compliance (Caine, Chung, Steeves and Clandinin, 2020).

The research drew on Fisher and Tronto’s four phases of care (1990) and Tronto’s (2013) fifth phase. These five phases were supplemented with Tronto’s (1993,

pp127-137) four elements of successful caring to strengthen the ethical stance.

Examples of application are detailed in the below table:

Table 4.1: Applied phases of care

Phase	Elements of Care	Overview	Application
Caring about	<i>Caring qualities: attentiveness and empathy</i>	Recognition of unmet caring needs where the experiences of participants are underrepresented.	Although, there is much research across the child sexual abuse field (CSA Centre, 2025; NSPCC, 2025c), there is a dearth of research exploring the mothering experiences involving children impacted by sexual abuse, as well as social worker perspectives.
Caring for	<i>Caring qualities: sensitivity, moral commitment and ethical responsibility</i>	The researcher takes responsibility to address the needs mentioned above through a commitment to sensitive and respectful research design	I undertook preparations to complete the research with completion of ethical approval in line with protocols, research materials, safeguarding mechanisms and support pathways.

Caregiving	<i>Caring qualities: respectful skills and competence</i>	The direct work of conducting the interviews and focus groups and connecting with participants. The creation of a safe space and questions that are open-ended and accessible.	I committed to be an “<i>emotionally engaged researcher</i>” with narrative interview participants and drew inspiration from Campbell’s research with rape survivors (2002, p10) in consideration of how to comprehensively address the ethical issues. An example of this involved the importance of building trust and the structure of the interview schedule where I asked near the beginning of the interview to “<i>tell me your story (of being a mother)</i>”. As an open-ended narrative, it allowed participants to tell me, in as much detail as they want, what happened. To ask early in the narrative interview ensures the participants were not left

			wondering when the question about their experiences would come.
Care receiving	<i>Caring qualities: openness and responsiveness</i>	This refers to the response of the participant to the researcher's care and actions. The researcher checks in with participants responding to their affective needs.	Care was taken to 'tune in' (Taylor and Devine 1993, p20) to interview participants, remaining alert to their verbal and non-verbal cues. This also involved checking during and at the end of interview to ensure participant protection, safety and wellbeing. For example, at the start of the interview, participants were asked if they had any worries that needed to be addressed and at the end, what it was like doing the interview. Throughout the interview, any signs of upset included offers of pauses.
Caring with	<i>Caring qualities:</i>	The relationship becomes reciprocal	Throughout the study, I implemented a positive

	<i>reciprocity,</i> <i>autonomy and</i> <i>empowerment</i>	and collaborative where the participants' voices are valued in the creation of a shared understanding and promotion of empowerment.	empowerment approach, which recognised participants as 'active agents' (Downes, Kelly and Westmarland, 2014). This meant that although there was recognition of the risks, the research positioned mothers as able to take action and make choices about their participation, whilst distanced from the negative stereotypes around their fragility and vulnerability, which are typically conflated with assumptions of capacity (Howells, Hollinrake and Taggart, Under Review). Nevertheless, there was understanding that vulnerability and fragility were contextual which meant there was fluidity in

			both participant and the researcher's dynamics.

Source: Author's own

Undertaking ethically informed 'sensitive' research requires consideration of safe spaces, support pathways, therapeutic space and emotional labour, both for narrative interviews with mothers and focus groups with social work professionals.

4.7 Narrative Interviews with Mothers

4.7.1 Creation of a Safe Space

Qualitative interviewing involves the researcher entering participants' worlds (Elmir, Schmied, Jackson and Wilkes, 2011) as they share the most personal experiences. This means the creation of a trusting, contained relationship with rapport building (Bion, 1962; Seidman, 2019). In sensitive research, participants may have emotional responses as they are sharing painful or distressing experiences which may not have been shared previously (Schulman-Green, McCorkle and Bradley, 2009). Feminist scholarship has long stressed the value of rapport (Reinharz, 1992) as key to creating safe spaces. In this study, rapport building started at recruitment with email exchanges expressing appreciation, reassurance and care. As well as facilitating these rapport conditions, I wanted to create a personal connection with participants through being kind, empathetic and non-judgmental with the hope this would aid participant's comfort, open dialogue and safety through the interviews (Crough, Doin Larivière, Ogunseye and Eastwood, 2024). Whilst rapport may mitigate discomfort and build trust, it may not dissolve participants potential sense of exposure or address the power dynamics within the research relationship. Reciprocity helps counter these imbalances through transparency of information

sharing with a focus on participant choice and control as far as possible. For example, providing sufficient time for participants to consider their informed consent, which took place through a written process prior to the interview (Schulman-Green, McCorkle and Bradley, 2009), as well as reiterated verbally at the start of the interview. Care for participants' wellbeing and comfort, and not solely being focussed on the data, through the creation of a supportive space reinforced the reciprocal nature of the research.

Furthermore, privacy protections in terms of confidentiality and anonymity principles were of paramount importance for several mothers, who sought reassurance at the start or during the interview process. The potential lack of anonymity can impact not only the participant, but also those involved in her network (Abadie, Fisher and Dombrowski, 2021). This highlighted the sensitivities inherent in this study and underscored participants' expressions of agency within a potentially exposing process involving power and personal risk. I endeavoured to address any further power imbalances through conducting the interviews at times most convenient for participants and although covid-19 restrictions necessitated the use of online platforms, research suggests that these can be safer spaces for participants narratives to develop (Oswald, *et al.*, 2023) with less researcher presence (Keen, Lomeli-Rodriguez and Joffe, 2022), compared to in-person spaces. Moreover, I considered the use of sensitive and open questioning through the interviews where participants talked for most of the time, shaping the direction of their narrative and sharing experiences at their own pace, whilst I prioritised listening and remained silent for lengthy periods (Elmir, Schmied, Jackson and Wilkes, 2011). This connects with ideas that individuals feel empowered when placed centre stage, listened to and

heard (Roos, Postmes, Koudenburg, 2023). Together, these aspects contributed to enhancing the overall richness of the data.

Although intentional efforts were made to create a safe and supportive space for participants, there were some limitations noted. These included limits to confidentiality and tensions between my researcher and social worker role. Although safe spaces facilitate participants' free expression of experiences, clear boundaries were established regarding my safeguarding duties (Williamson and Burns, 2014). I was aware that this tension could undermine safety of the space, so ensured these responsibilities were communicated clearly with an outline of participant involvement in the process. Consequently, this recognition presented safety as relational, rather than absolute, as now discussion turns to support pathways.

4.7.2 Support Pathways

Given the sensitive nature of the study and the potential for difficult and distressing experiences and feelings to be evoked, I was attentive to the provision of support to ensure participant wellbeing. I recognised my ethical duty to address any risks of research participant distress ensuring I was prepared and responsive to their emotional needs (Whitney and Evered, 2022). Firstly, there was consideration of additional support for participants post interview with one of the gatekeepers offering further assistance should this be required. Secondly, there was significant attention devoted to the structure and content of the interview schedule (*Appendix 3.1*), which was used as a guide (Dempsey, Dowling, Larkin and Murphy, 2016). Specific effort was invested into framing the opening (warm up) and closing (cool down) questions. The opening questions were inspired by Campbell's (2002, p5) approach in her work

with rape survivors asking how participants heard about the research, why they decided to take part and if they had any concerns, what I could do to address those. These opened considerations of power dynamics and started to shift control to the participant as the next question followed about their experience and their choice in what to share or not (Westland, Vervoort, Kars and Jaarsma, 2025). Whilst the closing questions were reflective with the aim of gently easing the participant out of the emotionally charged interview space and reorientating them to their future plans. Additionally, during online interviews, I implemented a range of non-verbal cues to demonstrate empathy and indicate that I was attuned with the participant (Leslie, Brown, Larsen and Fanshawe, 2023). For example, maintaining eye contact, but not staring and looking away or down at different points so participants did not feel 'watched', head nodding and tilting to offer reassurance, smiles and facial expressions, leaning forward to signal curiosity and mirroring of participant cues where appropriate. Through all the interviews, there were check-ins, offers of pauses and "*to take all the time you need*", however, participants seemed to convey that emotions were part of telling their story (Westland, Vervoort, Kars and Jaarsma, 2025) and did not wish to stop. Finally, a follow up email and debrief form (*Appendix 4.8*) was sent to all participants that was tailored to their locations which included services available to them. Next, there is consideration of the therapeutic space.

4.7.3 Therapeutic Space

Narrative interviews are widely regarded to offer therapeutic potential for the storyteller (Ziebland, 2013). Participants may find the reflective process of telling their stories cathartic (Elmir, Schmied, Jackson and Wilkes, 2011) and sense-making can be derived through the development of narrative, where experiences are

understood as meaningful, not only for participants but to others (Morecroft, Cantrill and Tully, 2004). Supporting the participant to feel validated and enhance authenticity through the research process is reported to be an important outcome within research (Nelson *et al.*, 2013, p6). For mothers who may have felt stigmatised or silenced, their voice being of value empowered them (Castillo *et al.*, 2012). Through a feminist lens, foregrounding participant voice as a legitimate form of knowledge disrupted traditional hierarchies of knowledge (Lokot, 2021) and revealed insights that ordinarily might remain hidden. As well as a source of knowledge, participants' voices were also gestures of care and solidarity, which were seen across narratives with the desire their stories might help others. Participants' motivations to reveal their lived experiences were grounded in hope, belonging and helping others, which reflected broader therapeutic culture, where often, the sharing of stories is seen as a prerequisite to healing (Howells, 2022). However, there is a risk that this infers that there is a resolution, or mothers are to be 'cured', whereas this framing may not fit for participants. Talking it through may be simply more about bearing witness to an experience (Ahmed, 2021) and the ongoing nature of any difficulties.

In qualitative research, researchers are often understood as instruments in the research process (Pezalla, Pettigrew and Miller-Day, 2012). Consequently, I was active and responsive in facilitating a space where I conveyed that I cared and participant experiences were taken seriously (Perry and Bigelow, 2020), for example, using empathic, affirming and non-judgmental language. Although there was recognition that I was not a counsellor, I implemented therapeutic techniques, such as active listening (Silverio *et al.*, 2022), paraphrasing and respecting and supporting

emotional expressions. However, when exploring sensitive and private matters, termed as the “*intimate*” sphere (Birch and Miller, 2000, p189), there can be a sense of closeness within the research relationship and therefore a risk of potentially blurring boundaries (Dickson-Swift, James, Kippen and Liamputtong, 2006).

Although due to my professional background I felt skilled as a practitioner-researcher to provide safe containment of participants in a holding environment (Archard and O'Reilly, 2022) and the feminist ethics of care approach foregrounded relational accountability over emotional distance. An example of this was also seen at the end of the interview, whereby I checked in with participants, offered further resources, expressed gratitude and closed with care. Accompanying this relational aspect was also consideration of emotional labour for participants and myself, as the researcher.

4.7.4 Emotional Labour

Emotional labour is a concept originally focused on service work (Hochschild, 1983) which has been expanded to research settings involving sensitive topics. Although there are many definitions (Yang and Chen, 2020), emotional labour refers to managing one's emotions and responding to participants' emotive expressions during the research process. This commitment is significant for both researcher and participant and often undervalued and invisible (Ward and McMurray, 2016). As this study is situated within a field that may be difficult to think about or deeply upsetting for wider society (McMurray and Ward, 2014), there is already an emotional intensity associated with the topic.

Research suggests that emotional labour is an embodied practice (Dickson-Swift, James, Kippen, and Liamputtong, 2007) as emotions are reflective and relational,

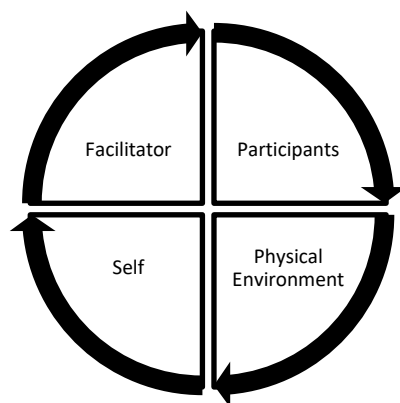
helping us understand one another (Denzin, 2007). Throughout the interviews, I experienced a range of emotions from sadness, anguish, compassion, concern, frustration, curiosity, protectiveness, and admiration, yet due to my background experience as a social worker and educator, I felt equipped to manage and regulate my emotions (Sewell, 2020) and sit with any discomfort. For example, in a few of the interviews I was on the edge of tears as I empathised with participants' heightened emotions, however my priority was to be a safe holding space and I did not want to pull attention away from participants' stories or them to worry about the impact of their emotions or words. Instead, I implemented empathic expressions such as "*that sounds really upsetting*" or "*I can see how difficult it was for you*". This connects with emotional intelligence, which involves the ability to understand and manage my emotions in different situations as well as the identification of other people's emotional expressions (Ingram, 2013). However, two key obstacles challenged me in terms of emotion work the most. The first involved the emotional labour of maintaining access to participants (Bergman Blix and Wettergren, 2015). Despite the use of gatekeepers and following this, social media I felt destabilised and remained concerned through much of the interview data collection phase due to the lack of potential participants. The second difficulty I encountered involved balancing the competing pressures of full-time work responsibilities with doctoral research. However, in November 2023 a change in professional role, and consequently supervisory team and university marked a turning point in the emotional labour of the research bringing renewed engagement and clarity within the process, as well as consideration of a further data collection method of focus groups.

4.8 Focus Groups with Social Workers

4.8.1 Creation of a Safe Space

Focus groups are complex and dynamic social contexts (Hollander, 2004) which require a safe space for candid and open dialogue. Several variables have already been discussed in *Chapter 3, Methodology* for the creation of a safe space from ground rules to the use of a practice brief. In addition to this discussion, as an educator I borrowed from and adapted the four principles for a ‘safe classroom’ with the following characteristics (Holley and Steiner, 2005, p56):

Figure 4.1: Principles of a ‘safe focus group’



Source: Author's own

4.8.1.1 Facilitator

There were three key tenets which guided my role as facilitator. First, in line with the feminist ethic of care (Noddings, 1984), I demonstrated care by being friendly, patient and presenting myself as both capable but also open to learning. Both these aspects were important for focus group participants to exchange ideas freely, whilst being receptive to challenge in the pursuit of deeper insights (Stewart, Shamdasani and Rook, 2007a). This was achieved through framing the information gained through the narrative interviews as tentative ideas rather than facts or certainties. In addition, I role-modelled that group dynamics were understood as well-intentioned

with focus group participants immersed in a culture of inquiry and curiosity. The second and third tenets overlap with one another and connect with understanding and addressing power dynamics (Thompson, 2024) and engagement with difficult conversations. This was presented through the focus group as a transparent and collaborative process whereby I was clear from the outset about the group's purpose, as well as transparent about the narrative interview data and production with focus group participants (Cyr, 2016). To empower participants further, they were able to choose their colour preference to identify their contribution and maintain their anonymity outside of the group. Furthermore, experienced social workers tend to be familiar with difficult conversations due to the nature of their role and recognise that these can often be suffused with emotion (Gardner and Blake, 2023). This meant that mutual trust was important between myself and focus group participants to maintain professionalism (BASW, 2018) alongside our authenticity.

4.8.1.2 Participants

Cohesion, in terms of what holds the focus group together relied on participants interpersonal interactions in achieving the group's purpose. This did not mean that participants needed to agree with one another but rather there was a sense of community (Krueger and Casey, 2015) through respectful dialogue and open to one another's views. Participants seemed generous in their interactions, eloquently challenging one another. For example, in Focus Group 1 Green1 handled this deftly commenting, *"That's really interesting. In [another field] [...], I guess I'm also curious about [...], When you absolutely pointed out about [...], I was thinking about [...]"* to offer alternative explanations or viewpoints. This also links with deepening participants' critical thinking, which is also a key capability in social work (Weisman

and Zornado, 2018). However, a common criticism of focus groups is that they lack depth and participants may fear judgment (Acocella, 2011) which may lead to conformity in views. Critical thinking involves the confrontation of biases, beliefs and values which can be difficult to fully achieve, given the time-limited nature of the discussion. Yet, given their experienced background, participants appeared adept at offering critically informed perspectives in a succinct manner whilst in a neutral environment.

4.8.1.3 *Physical Environment*

Seating arrangements involved participants seated at a rectangular table and able to see one another in a private, uninterrupted space with an appropriately sized room and lighting (Holley and Steiner, 2005). This was an important consideration for participants to confidently respond to one another's colour identity and to ensure comfort and security within the space (Stewart, Shamdasani and Rook, 2007b), to express their professional selves.

4.8.1.4 *Self*

This characteristic involves what participants brought to the focus group discussion in relation to self-awareness. Three components were considered in relation to the *self*, (1) active participation in the process e.g. contributing to the discussion and active listening of others (2) commitment to the process e.g. professionally curious and responsive (3) values of being open and nonjudgmental (Krueger and Casey, 2015). All these qualities overlap with experienced social worker capabilities and as such, appeared to aid the research process. However, if expressions of oppressive, discriminatory or factually inaccurate information were shared, I felt equipped to

address such matters (Sim and Waterfield, 2019) and set expectations from the outset as discussed next.

4.8.2 Support Pathways

As part of the ground rules, I set the tone for open and questioning discussion with reassurance of anonymity beyond the focus groups and emphasis toward professional experiences. I also reiterated how there were no right or wrong responses, differing points of view were welcome and conformity was not the objective (Liamputtong, 2011). There was consideration that the focus group structure empowered participants particularly when discussing sensitive topics, as they offered a forum of support to share experiences and express feelings or concerns that ordinarily might not be spoken about or neglected (Liamputtong, 2011). Furthermore, the focus group seemed to function as a cathartic mechanism. Draucker, Martsolf and Poole (2009, p349) highlight how trauma researchers can be alert to “*Pandora’s box phenomenon*” where painful emotions and experiences are released, but adverse reactions occur infrequently. As such, participants demonstrated integrity and practical wisdom in their professional practice and focus group discussion (Weaver, Morse and Mitcham, 2008). Finally, a debrief form for focus group participants (*Appendix 4.9*) included signposts to local services. Next, focus groups as a therapeutic mechanism will be explored.

4.8.3 Therapeutic Space

The hallmark of focus groups is their interactive discussion (Hennink, 2014) and whilst they were not typically designed as a therapeutic space, there was a

responsive therapeutic alliance which developed (Taiwo, Chinyio, Hewson and Agberrotimi, 2023) across both focus groups in three specific ways:

- 1) Mutual trust extended to the dynamics amongst participants to create a space of care and honesty with one another. For example, when Orange1 became tearful in Focus Group 1 in relation to their emotional disclosure of being referred to as “*a dog with a bone*”, other focus group participants responded with emotional support, validation and reframing to offer a constructive, alternative understanding (Balconi, Daffinà and Angioletti, 2025). The sharing and reframe of this experience within a supportive group setting fostered feelings of connection and self-efficacy.
- 2) The focus groups presented as opportunities for critical thinking which is a key feature of a therapeutic space in working sensitively with people (Simon, 2010). Supervision tends to be the setting where critical thinking typically takes place for practitioners, however, this approach can be inconsistent or become familiar and routine for experienced practitioners (Research in Practice, 2025). Instead, the focus groups appeared to provide significant benefits for critical, peer-to-peer engagement to unearth deeper meanings in their work.
- 3) Many focus groups participants engaged with storytelling, which possesses therapeutic characteristics as ways to showcase understanding, process emotions and reframe or gain new perspectives (Crawford, Brown and Crawford, 2004). Storytelling in the focus groups was an interactive social process, which offered social support and mutual learning, however there is a

risk that if not organised or managed well, shared grievances can distort the situation (Grant, 2011).

4.8.4 Emotional Labour

Social work is inherently a caring profession and includes significant emotional demands, suggesting that emotional labour is an intrinsic part of the job requirements (Carder and Cook, 2025). Viewed as a form of care, emotional labour is a relational practice and ethical commitment but is an area often overlooked. This means that undertaking sensitive, emotive work can take an emotional toll, at times resulting in burnout or anxiety (MacIver *et al.*, 2024). Consequently, the focus groups inadvertently acted like a peer support group as a reflective, critical and supportive space. My role as facilitator required me to be both self-aware and present in the evolving interactions (Dimitrakopoulou and Theodorou, 2022). Although I offered clarity and asked open-ended questions, my interaction in both focus groups was minimal as I trusted the group process to achieve its objectives. Prior to both groups I felt nervous about the unpredictability of the group dynamics and during the process, I was alert to the groups' "*pulse*" (Dimitrakopoulou and Theodorou, 2022, p6). Immediately following the focus groups, I made notes, secured the data storage of the recording and stepped away to decompress and reflect on the discussion. When transcribing took place, I noted the emotional labour involved in the length of time these took to identify participants, anonymise and write up recordings, whilst taking regular breaks to maintain focus.

4.9 Chapter Summary

In summary this chapter has provided an overview of the research framework, key principles and instruments implemented within this study. This was followed by consideration of ethics in sensitive research, as well as interrogation of my position as a researcher, drawing on my background and beliefs. Subsequent to this, I explored my insider-outsider status in relation to both groups of participants and focused on how a feminist ethic of care approach underpinned the study, namely through exploration of safe spaces, support pathways, therapeutic spaces and emotional labour across both narrative interviews and focus groups. Next, *Chapter 5 Narrative Interview Findings* will be presented.

CHAPTER 5 NARRATIVE INTERVIEW FINDINGS

This chapter presents the findings from the narrative interviews with mothers whose children have been sexually abused. Beginning with an overview of participant information, this will then be followed by (1) pen portraits of mothers (2) a summary of thematic structure and narrative thematic analysis drawing on nine participant verbatim extracts and (3) using the framework of Frank's (1995) typology of chaos, restitution and quest narratives to explore the narrative's structure and form.

5.1 Overview of Participants

Pseudonyms were used to conceal participant's identity with 'mother' in the meaning to create a symbolic connection between participants and the study's focus. This emphasised the central topic of motherhood and the shared identity of participants. This approach felt dignifying of mothers as a counter narrative to the shame experienced within their stories. The pseudonyms and meanings are identified as:

Table 5.1: Pseudonyms of Interview Participants

Maddyn	One whose mother was a brave warrior (Judaism)
Lavinia	Legendary mother of the Roman people (Romanian)
Ina	Mother (Hindu)
Lily	Represents motherhood and rebirth (Greek Mythology)
Candie	Queen Mother (Latin)
Ambika	Mother Goddess and good woman (Sanskrit)
Demmi	Earth and Mother (Greek)
Amaya	Mother City (Spanish)
Maia	Good mother (Greek)

Source: Author's own

Some demographic information was not collected through direct questioning but emerged organically through participant narratives and are captured more fully within the pen portraits. Observations included how child sexual abuse cuts across class, with mother's educational background ranging from secondary school to PhD and child victims attending state or independent schools. As such, this fits with the literature which shows that sexual abuse is the only form of child abuse that does not follow an inverted social gradient (Baker and Duncan, 1985). All abusers were male with the majority in the role of caregiver whilst three were older male children. The age of child victims ranged from birth to eleven years old and at the time of the abuse were predominantly female except for one male victim. Mothers found out about the abuse by either disclosure from the child, informed by a professional or the child, as an adult telling the mother. One out of the nine mothers disclosed personal experience of sexual abuse. From the interviews conducted, Participant Pen Portraits were created for each of the interview participants.

5.2 Participant Pen Portraits

Maddyn

Maddyn's daughter was sexually abused by her biological father and disclosed as a child (6yrs) to Maddyn. Maddyn's narrative started by outlining two distinctive experiences of motherhood, one aligned with a typical maternal lived experience and the other marked by challenges of adolescence within a context of abuse. During her teenage years, Maddyn became pregnant (15yrs) and was cohabiting with a much older, abusive man in his twenties who was involved in illicit drug related activities. Upon finding out about the pregnancy, Maddyn actively worked towards building a healthier future for her and her daughter, moving in with her

mother and obtaining a restraining order against her abusive ex-partner. Maddyn recollected this time with her baby and family support, a job and studying with happiness and contentment. Following on from this, Maddyn recounted a protracted and exhausting legal battle involving Maddyn's ex-partner seeking contact with his daughter. Maddyn fought to protect her daughter for years, but her voice was not heard, and she was misunderstood by services as difficult instead of terrified and protective. Consequently, Maddyn and her daughter were failed by the system and Maddyn's father sexually abused her during overnight contact.

Maddyn advocated in the field of child sexual abuse and although she shared her comfort with telling her story, there was a strong undercurrent of anger which ran through the interview which shaped the emotional intensity of her reflections and introduced an unanticipated dynamic within the discussion, challenging the researcher's initial assumptions and appeared to catch Maddyn off guard. Given her professional identity was deeply entwined with the field, there was anticipation that experiences and emotional difficulties might have been reconciled and processed, but there was much more emotional complexity than initially presumed.

Throughout Maddyn's narrative, there were clear intersections of strength, safety and power. Maddyn acknowledged her defiant attitude alongside privileges and opportunities she had experienced in her life constructed through an image of strength and self-reliance. However, this emphasis towards her strong spirit, seemed to make it difficult for Maddyn to explore and articulate her feelings. In addition, there was a recurring feature of 'safety', through discussion of her daughter's physical and emotional safety, Maddyn's own safety and the safety

provided by her family. Together, Maddyn's account of these experiences was framed through power and control dynamics, involving Maddyn feeling out of control with little power in several situations (relationship, court, abuse) and then assuming control through acts and portrayals of strength. As such, Maddyn exemplified being a relentless warrior, showing courage in defence of her family and strength through endurance and grit.

Lavinia

Lavinia's daughter was sexually abused by older male children across her primary school years which started when she was 4 years old. During this time her daughter exhibited concerning behaviours, which were compounded by a neurodevelopmental condition diagnosed in adolescence alongside the onset of a severe mental health condition. Lavinia was informed of the abuse by a counsellor when her daughter was 17 years old. Lavinia's narrative started from becoming a mother to her children and the significance this role held for her, describing her approach which included firm boundaries with high standards, alongside a supportive environment for child-led experimentation, freedom and independence.

Throughout her narrative, there was a sense of Lavinia's desperation in trying to find answers and support of her daughter which spanned many years and described as "*baffling, constant and just really confusing*". Throughout her experiences with professionals, Lavinia was dismissed and disregarded as having a "*naughty*" child. She felt that services mislocated her daughter's difficulties as stemming from familial dysfunction and consequently, felt blamed and frustrated.

Lavinia recounted these struggles as dark times with the situation reaching an impasse with no solutions or support. There were several turning points denoted in Lavinia's narrative which involved removing her child from school, the diagnosis of a neurodevelopmental condition and by pure luck, a recommendation for therapeutic intervention which led to the first disclosure, understanding what happened and her daughter's coping behaviours.

Lavinia seemed more comfortable in articulating the disruptive nature of sexual abuse and the resulting behaviours across other family members lives, but less so in acknowledging the impact on herself. As a mother, Lavinia was actively engaged in caring for a child into adulthood who possessed chronic conditions and experienced long-term distress, which meant that Lavinia's trauma appeared 'live' and ongoing. As such, her survival mechanism involved locking away her feelings and memories in a metaphorical box to enable her to deal with her child's persistent flashbacks, disclosures and outbursts. Consequently, Lavinia communicated that she did not feel anything through sharing her story which indicated a lack of emotional resonance within her narrative. Although Lavinia highlighted two key detrimental impacts of exposure to incessant stress as rooted in sexual abuse, one of which involved the development of an autoimmune condition and the other, was the intergenerational imprint, exemplified through her comment, "*we will never escape it as a family*".

Ina

Ina's daughter was abused by her biological father and disclosed as an adult to Ina. Ina's narrative started from her own childhood, describing a life of poverty and

littered with adversity, including domestic abuse, instability and scarcity. Ina shared the complicated dynamics of loving her own father and knowing but not really understanding a disclosure from her stepsister as children about him sexually abusing her.

Ina's account of becoming a mother and wife (18yrs) during adolescence was framed through her aspiration of the 'white picket fence', which served as a metaphor to symbolise her idyllic vision of family life, stability and prosperity. Ina described this longing and realisation of becoming a young family as all that she ever wanted, and she idealized her husband, channelling all her energies into winning his love and approval. However, her husband was emotionally and physically abusive, which gradually eroded her sense of self and self-worth. A tender moment was portrayed between Ina and her own mother, following separating with her ex-husband, where she was seen as re-emerging to her former self.

Throughout her narrative, Ina presented with a quiet strength and did not linger on any details of the experiences. Ina held fast to her values, which aligned with traditional beliefs about parenting including a stoic acceptance of hardships and the importance of respect, with a no-nonsense attitude. Ina felt a strong sense of protection towards her daughter, as she had taken steps to maintain distance between her daughter and her own father, but reflected a strong sense of unease about marrying someone whose traits mirrored her father's and perpetuated some of the childhood familial patterns.

When Ina's daughter disclosed, Ina felt guilt-ridden as she reflected on past experiences where a tentative attempt at disclosure was rebuffed. Ina sensed that the abuse would be a persistent backdrop influencing future relational dynamics between her and her daughter. Furthermore, Ina internalised a sense of failure, sharing how she did not recognise or intervene in the abuse at the time, despite evidently not being accountable for circumstances which were concealed. Ina felt it was too late to protect her daughter but instead redirected her protective efforts towards her grandchildren, which served as a stabilising mechanism and continuity in her caregiving role.

Lily

Lily's daughter was abused by a male foster carer from birth up to the age of three and a half years old and disclosed as a child (7yrs) to Lily and in parallel, was also informed by a specialist mental health worker. Lily's narrative started from the adoption of her daughter and following this, her daughter's allegations of physical discipline and presentation of unusual behaviours. Lily sought support from local authority services, who fed her misinformation about children's inclinations to be dishonest and diminished her sense of legitimacy as a mother. Once it became clear what happened to her daughter, Lily contacted the police and supported her daughter through a long and traumatic legal process.

Lily shared trauma symptoms, some of which mirrored her daughter, from nightmares, feeling physically sick, frozen, shock, disbelief, lost and out of control as she heard graphic disclosures and endured the help-seeking process.

Experiences with professionals ranged from being dismissive, patronising and demeaning towards Lily, treating her as if she was incapable and presented with defensive attitudes. Lily spoke about a total lack of compassion, empathy and support across all services (health, social work and police) and throughout the process with exception of one single professional. Lily also found that there was a distorted perception of her maternal identity, which included practitioners framing her as adopting a child that had been sexually abused. Whereas Lily confirmed that was not the way it happened nor was that her story. Instead, Lily felt strongly that as a mother to her daughter, she found out about the abuse and there was a complete absence of recognition and support of this reframe.

There was a deep emotional complexity to Lily's narrative as she grappled with feelings of failing to protect her daughter, despite the circumstances surrounding the abuse taking place prior to the adoption. One way to explain this was through cognitive dissonance and the lack of temporal regularity in this dissonant belief which involved the discomfort between Lily's personal beliefs as the protective caregiver in conflict with the reality of the abuse occurring before her involvement. Lily expressed a sense of responsibility towards her child's safety and wellbeing and felt deprived of this maternal experience because of what happened. Consequently, Lily existed in a prolonged state of practical, survival-oriented approach of motherhood and through her narrative reflected tenacity and her ability to exercise agency. In addition, Lily presented as deeply insightful, articulate and in tune with her feelings sharing how this experience had profoundly changed her life and her strive to move from the dark world of sexual abuse to become a fun mother.

Candie

Candie's daughter was sexually abused by an older male child across her primary school years. During this time, her daughter exhibited behaviours suggestive of underlying trauma, however Candie was informed of the abuse following a disclosure at school when her daughter was 12 years old. Candie's narrative started from the long-awaited birth of her daughter and the first year of life being easy. However, this was followed by many tough years. By the time her daughter was approaching secondary school, Candie recognised trauma played a part. Across Candie's narrative, the trajectory of incidences, including her daughter's mental ill health, disclosures, managing difficult behaviours and the abuse, spanned years which emphasised the prolonged nature of experiences. Consequently, Candie shared how exhausting and "*utterly baffling and traumatising*" it was, severely damaging all spheres of her emotional, physical, psychological and health.

Early in the narrative, Candie acknowledged the difficulty in separating her professional and personal self, as well as defining herself from the past, alongside the woman she was in the present. Candie worked in a field involving child sexual abuse and felt that she knew too much as a professional to offer detailed emotional responses. This was characterised through her preference for factual expressions, over emotional declarations. Candie recognised that she was measured and controlled in her actions, reflecting a strong inclination toward analytical and careful regulation. In parallel, Candie spoke about being "*psychologically screwed*", from having to cope with caring for an acutely traumatised child through to adulthood but refuting diagnoses of PTSD, because

the chronic stress was ongoing and constant and there was “*nothing post about it*”. Presenting with insight, Candie’s candid reflections and ability to confront difficult truths revealed the often-unspoken aspects about what happened and what can be felt as a mother when a child was abused. In addition, Candie spoke about feeling relieved to finally know what was going on for her daughter, following years of diagnoses, challenging behaviours and chaos. In addition, Candie exhibited a high level of confidence which interacted with her trauma where she explained through having already endured the worst experience in her life, subsequent challenges paled in comparison.

Candie derived a strong sense of purpose from her experiences and described herself as tenacious, dedicated and remained a hands-on mother to an adult daughter with complex, chronic needs. Candie presented as highly intelligent and favoured “*brutal honesty*”. Candie’s matter of fact approach and use of impersonal language reinforced how she had existed practically engaging with the world since her daughter was young and shared how she could be seen by others as “*hard work*”.

Ambika

Ambika’s children were sexually abused by their biological father and she was informed by the police when her youngest child was 6 years old. Ambika started her narrative from the police knocking on her door to retrieve electronic items from her home as they were investigating her husband for indecent images with children. A day indelibly imprinted in her mind, Ambika shared that as the story

unfolded, her world started to move in slow motion indicating a catastrophic disruption and perceptual distortion of her reality. Despite experiencing this distress, Ambika swiftly enacted protective and decisive measures, immediately moving her husband's belongings out of their house and cooperating with the police in securing evidence. At the time, there were not any disclosures or evidence to suggest Ambika's children had endured abuse, however, the police later returned and confirmed that her children had been sexually abused.

Ambika experienced a range of emotions, from shock and disbelief in marrying up her ex-husband's unexpected abusive behaviour and who he had portrayed himself to be. This was followed by disenfranchised grief, where Ambika compared the situation to a death, but open expressions of grief were curtailed because of what her ex-husband had done. As such, Ambika felt dislocated from the life she thought she had, which not only involved aspects of what happened because of the abuse but also a change in gaining employment and assuming financial responsibility for her family. This was followed by self-blame, guilt, anger and questioning previously overlooked details as potential signs of abuse. This perception emerged from considering the illusion that she should have known about the abuse. Ambika existed in survival mode for many years, navigating daily life without processing what happened as she had been advised not to engage with therapeutic services at the same time as her children. For these years, Ambika moved through life on autopilot and used the metaphor of feeling like a soldier with the psychological aftermath of trauma and operating in a functional, habitual state. There was a sense of loneliness, with little support during this time. Ambika shared how she was ostracised in the playground, because her relational

proximity to the abuser was conflated with moral complicity, despite a total absence of culpability. Once the police investigation was resolved and Ambika was able to speak about what happened, she described a sense of relief and outlined how she was able to start living again.

Ambika presented as pragmatic, emotionally sensitive and warm. She wanted to return to being a fun mother who was more spontaneous. Ambika felt that the experience changed her in that she had become more emotional, but the tears had changed over the years and shared how the experience no longer held the same weight.

Demmi

Demmi's son was sexually abused by his paternal uncle and disclosed as a child (11yrs) to his older sibling, asking them to share this with Demmi and her husband. Demmi's narrative started from the disclosure and the shift from a normal day, doing typical mum stuff to being thrust into a hidden, murky world and suddenly sensing both what her son had endured, alongside his vulnerability. The disclosure propelled Demmi into action, whereby she embodied the principles of nurturing and protecting caregiving practices, striving to do what was needed and showing her child that he was believed and taken seriously. Appearing deeply intuitive, Demmi's narrative was characterised through her expressive use of language, demonstrating her compassion and insight. Demmi's sensitivity reflected a deep attunement to the experiences and emotions of those involved, not only with her son and his sibling but also extending beyond this, to the complex dynamics her

husband faced, as well as his mother and the abuser's wife. This profound level of empathy indicated Demmi's strong emotional intelligence and reflective capabilities.

Following the disclosure, Demmi shared that she became obsessed by what happened, thinking about it repeatedly and not trusting signs that her child was okay, feeling as if she was missing something. Alongside this, Demmi detailed the pressure cooker effect of secret keeping having been advised by the police not to share what happened beyond the immediate family. As such, Demmi experienced physical sensations from adrenaline coursing through her body, exploding in her brain alongside the desire to talk about it. Consequently, Demmi's narrative was imbued with different flows of energy which shaped her experiences. For example, the disclosure where her mind was "*racing nineteen to the dozen*" epitomised survival energy to navigate a crisis. Descriptions of obsessive thinking made it difficult to disengage, whilst Demmi also used the experience to drive her and the situation forward in facing the treadmill of the court case.

Demmi described herself as really loving and encouraging but there was a stark difference between pre-and post-disclosure which shifted her own mothering beliefs and behaviours. Demmi recounted how previously educational attainment was a priority, whereas now happiness took precedence.

Amaya

Amaya's daughter was sexually abused by Amaya's male partner and disclosed as a child (11yrs) to Amaya. Amaya's narrative started from her life as a single parent and resuming a relationship with someone from her teenage years, describing the familiarity and trust of already knowing this individual. Yet, Amaya described a pattern of coercive behaviour in the adult relationship through isolation and psychological undermining, which eroded her confidence and decision-making capabilities, whilst increasing her dependency on him. It was difficult for Amaya to recognise these patterns at the time, and consequently, Amaya felt that she lost herself.

Amaya described herself as reflective and presented as kind with a deep care for others. It was evident that she had experienced significant emotional distress because of the abuse, which manifested through recurrent and intrusive cognitive questioning, presented through "*what if*" statements. These reflected a dominant pattern of internalised self-blame and guilt which Amaya detailed through metaphors of motion, such as a "*whirlwind in your brain*" and "*wave of feelings*". The narrative conveyed a sense of intensity and overwhelm throughout the experience, which Amaya's physical body enacted through her descriptions of being left alone at home and rocking back and forth. In contrast, there were also elements of disconnection and numbness through a vacuum of loneliness and experiences akin to "*looking in from the outside*". This juxtaposition exemplified an ebb and flow of emotions and Amaya's oscillation between hyperarousal (motion) and hypo arousal (disconnection).

Amaya outlined much fulfilment in motherhood and prior to this relationship, led a demanding life as a single mother balancing multiple responsibilities, worked full-time, raised young children and engaged with social, health and wellbeing activities. This was vividly illustrated through Amaya's spinning plates analogy. Although it was clear that Amaya struggled with recognition of her own strengths, instead focussing on what helped in the situation. This included creative outlets and one professional noticing that she needed support. One of the central ideas from Amaya's experience involved the absence of having any professional support for herself, to check in, ask how she was and reassure her.

Maia

Maia's daughter (3yrs) was sexually abused by an older male child (8yrs), who was personally connected with the family through a friend and childminder. Maia was informed by the preschool following a behavioural and verbal disclosure. Maia's narrative started from becoming pregnant later in life and having a childcare arrangement that was felt to be ideal for her professional career. This involved a friend, whose family she knew well and was a well-regarded childminder.

Maia described feeling shocked and disbelief about the disclosure given she thought her daughter was considered family to the childminder's family. Very few feelings were verbally acknowledged throughout the narrative and self-control presented as a recurrent, ingrained feature in Maia's life. Maia reflected a strong preference for autonomy and safety over emotional expression. When asked to describe herself, Maia reflected on her children's sentiments towards her being

emotionally absent, even whilst in their company. From the narrative, it was evident that self-control evolved as a protective mechanism, but there was a tendency to prioritise this over emotional engagement. In a previous relationship, Maia was subject to abuse with involvement of both police and social work services and perhaps, this historical adversity alongside her coping strategies inadvertently affected her capacity for emotional disclosure.

In addition, the narrative reflected an intersection of control and emotional labour. This included Maia's emphasis on internal self-control and managing her emotions, whilst struggling with her daughter's frequent uninhibited, unfiltered disclosures as characterised through telling "*any Tom, Dick and Harry that would listen*". In light of this, Maia pursued support around her daughter's expressiveness in social contexts. Despite her tendency towards self-control, Maia spoke about being emotionally unrestrained in her plea for help from services. There was a catalogue of inadequate responses and inaction, leading to Maia feeling that her cries were wasted. Although there was one inexperienced professional who Maia recounted as central to transforming her experience.

Maia highlighted how she felt isolated, blamed and made an outcast. Maia described herself as having integrity, strength and being authentic, whilst others described her as confident. However, there was evidently a mismatch between the attribution of confidence and how Maia truly saw herself. Furthermore, Maia appeared boundaried which was indicated through sharing that she had created a "*safe, strong environment that if I don't want you in it, you won't get in.*"

5.3 Thematic Structure Overview

From the narrative interviews, four themes with sub-themes were constructed:

5.3.1 Motherhood Ruptured: Interruptions in Womanhood, Maternal fractures and Rethinking Identities

5.3.1.1 *Transition to Motherhood*

5.3.1.2 *The Rhythms and Disruptions in Motherhood*

5.3.1.3 *Reconceptualising Mothering*

This theme contextualised mothers through the lens of their life experiences and identities, and any turning points or disruptions that fundamentally altered their sense of self and understanding of the world. For some mothers, this was presented through consideration of their early childhood experiences, becoming a mother or abusive behaviours they had been subject to from an intimate partner. However, for all participants the occurrence of their child's sexual abuse initiated such a profound rupture in their lives, their trajectory as mothers irrevocably shifted and dislocated them from their previous lives and identity. This dislocation included a renegotiation of motherhood where mothers were overshadowed by the abuse and often became active agents of protection, at the expense of other maternal functions.

5.3.2 Mothers as Outliers: Marginalised, unseen and unMeritorious (Mum)

5.3.2.1 *The Invisibility of Women*

5.3.2.2 *On the Edges: Silenced, Stigmatised and Secluded*

This theme exposed striking narratives of mothers on the margins (MoM), who were often positioned in ways that they were excluded from societal norms. This pervasive disenfranchisement was characterised by a denial of their voice, visibility and value as girls, women and mothers. This occurred through court systems, within intimate

relationships, by friends, family and through accessing support and treatment from services. At times, participants' invisibility was amplified through the telling of their narrative, prioritising their child's experience above their own. Whilst "*should have known*" statements marginalised mothers through blaming and shaming attitudes.

5.3.3 A Mother's Mire: The Perpetual Pains of their Child's Sexual Abuse

5.3.3.1 *A Turbulent Emotional Landscape*

5.3.3.2 *PTSD – 'Present' Traumatic Stress Disorder*

This theme explored the embodiment of maternal experience involving the turbulent spectrum of emotional narratives shared by mothers following the discovery of their child's sexual abuse from anger, guilt, shock, disbelief, sadness and shame. At times, these were alongside mothers grappling with feelings of self-blame that they had failed to protect their children. The psychological experience of the past took up residence and intruded on a mother's present, which meant that these experiences echoed throughout mothers' lives, reverberating in their thoughts and actions.

Consequently, mothers found it difficult to extricate themselves from these painful feelings and often existed in a state devoid of reverie and alert to risk and uncertainty. Together, these formed a primary injury-type trauma unique to mothers whose children have been sexually abused.

5.3.4 Systemic Failure: Lack of Recognition, Relational Support and Effective Services

5.3.4.1 *Gaps in Service: Unsupported and Unrecognised*

5.3.4.2 *A System of Disconnection, Injustice and Luck*

This theme presented a landscape of absent or inadequate services. Participants discussed navigating and battling the system alone, with recurrent experiences of being ignored and dismissed. Also, for most participants who interacted with professionals, there was a lack of empathy and recognition of the mother's experience which signified their lack of value. There were persistent experiences of luck-based support for both mother and child which indicated unpredictable service delivery and deep systemic inequality which eroded the legitimacy of support systems. Accompanying this, there was a lack of justice whereby mothers negotiated systems that failed to provide viable recourse for the sexual abuse of their child. As such, participants were rendered without resolution which seemingly compounded their distress. Together, this highlighted the fundamental flaws in organisational and justice frameworks, designed to offer protection and redress. The next section moves on to present supporting evidence of each theme in the form of data extracts with explanation and interpretation.

5.4 Theme One: Motherhood Ruptured: Interruptions in Womanhood, Maternal Fractures and Rethinking Identities

5.4.1 *Transition to Motherhood*

Five mothers opened their narratives from becoming a mother indicating the transition to motherhood was a significant turning point in a women's life as seen below,

[My daughter] was a home birth with a perfectly normal delivery. She was very much wanted, loved and looked forward to child [...] For the first year of her life, she was the most user-friendly baby you have ever met in your entire life.
(Candie)

I found myself pregnant later in life in my forties and knew I needed to return to work. So, the childcare situation that was put into place was just ideal really. (Maia)

In addition, Lily spoke below about becoming a single mother through adoption which presented with additional expectations about her child's attachment status given her background,

It was my first child and I wanted to adopt a child as a single parent. Once I found this little girl, I just fell in love with her instantly. The local authority wanted me to know that this was a great child. She'd been in foster care from birth and had been with the same, very experienced foster carers. So, I was expecting this little girl to have really secure attachments because she'd had that security.

Whilst for Lavina, the significance of her maternal role started long before becoming a mother and anchored her identity to motherhood in the following extract,

[Motherhood] started a lot earlier than [getting pregnant] for me. When I was a teenager, people used to talk about what they wanted to be when they were adults or what they wanted to do for their careers or whatever. I just couldn't imagine anything other than being a mother [...] I was a full-time mum and that was a massive part of my identity.

Together, it appeared that becoming a mother was marked by profound changes in women's' lives with role adjustments, renegotiation and adaptation of their identity.

Furthermore, Ambika outlined her start to motherhood was almost idyllic and like the standard upheld by the nuclear family, as described below,

Everything was fabulous in the first few years. It was just such a lovely, typical 2.4 family.

Whereas two participants faced challenges in becoming mothers which interrupted their expected stage of life. Maddyn spoke about how her life changed completely upon finding out that she was pregnant as an adolescent whilst in a relationship with an abusive partner, as seen below,

I was very young and a single parent from the get-go and so, the moment I became pregnant I decided that I needed to put this baby before me. I was on a real downward spiral and living with this very abusive man [...] When I was fifteen, he was in his twenties. The moment I became pregnant I remember

calling my mum from a telephone box [...] I moved in with my mum and from then I did it by myself. However, my partner wanted to maintain control of me. I had to call the police multiple times. So, by the time I had my baby, I had a hefty restraining order against him.

Above, it appeared that Maddyn was already redefining her protector role leading up to the birth of her child by leaving and taking steps to shield her child from future harm. Whilst similarly below, Ina discussed how becoming a mother during adolescence was an important transition in her life and saw it is a way to overcome some of the difficulties she had experienced in childhood, viewing motherhood as restorative and a way to become independent,

He [abuser] was my first love. I just wanted to be married, have the picket fence, have the family and the happy ever after dream. But growing up, there were lots of things that happened with my mum because we were very, very poor. I just wanted to have this nice home and nice little family and that's why I wanted to be a mum. I got pregnant when I was only 18. He came from an absolutely dysfunctional family. I wanted freedom but I was totally unprepared for a baby. When I became a mother that was all I wanted and I loved it but I just picked the wrong person.

As can be seen above, Ina's idealised dream of the "picket fence" future was shaped by the lived realities of dysfunction and the way in which she saw herself as building the family she always longed for. This was further noted in both Ina and Maddyn's accounts below where although they both encountered hardship, they were able to reflect on the joy and fulfilment they found in motherhood,

When I became a mother that was all I wanted. I loved it and I didn't care that I didn't party or go out. I would be quite happy at home with my husband and the baby, nesting and making everything nice and everything. (Ina)

Looking back on it, at the time I remember feeling really content and really happy in our own little bubble together. I had a lot of family support around and doing really well. (Maddyn)

5.4.2 The Rhythms and Disruptions in Motherhood

Both Maddyn and Ina spoke about the battles they had already faced during motherhood prior to the sexual abuse of their children. Maddyn fought for many

years to protect her daughter in matters involving contact between her child and her child's father. However, her daughter's protection was disrupted by court order mandates and described below by Maddyn as a visceral unmaking of herself,

[Child's] father took me to court for contact with her [...] eventually the court ruled that she could have overnight contact which was just horrific [...] I never thought that what did happen, would happen. But also, I knew he was a very dangerous person and not safe. It's strange, it was like a part of me was ripped away every time she was there and there was no way of relaxing and enjoying time away from my child.

Whilst Ina's maternal experience was clouded by domestic abuse and her idealisation of her husband, which obscured the harmful dynamics that played out in the following extract,

I'd come from domestic abuse as a child and people thought my husband was charismatic and so, he was like my dad in some ways [...] I put him on a pedestal and his abusive behaviour, mentally and physically got worst [sic]. After years and years, the arguments became the norm for the kids. Children learn to accept it and the kids also vied for more attention. It was like we were all vying for this man's attention that actually did not deserve one iota of it.

Consequently, maternal rupture was observed in the data when participants presented with a fractured sense of self, with difficulty in reconciling their anticipated maternal roles and the mothers they were forced to become. For two mothers, this dislocation of their motherhood came about through parenting a child with additional needs as seen in the following excerpts,

[My child] got diagnosed when she was 14, at which point, it was like 'aaah, of course, yeah'. I think for a really long time, the way that she did things was the normal way and then when my second child did them differently, I thought that they were doing it wrong. But then, when my third child did things the same way as my second had done them, it was then it started to be like, 'oh, okay, so this is a [first child] problem'. (Lavinia)

She became an absolute sodding nightmare. She wouldn't eat, wouldn't sleep, she was aggressive, highly intelligent and would not do as she was told. Long story short, misdiagnosis of ADHD. It was extremely difficult to nurture and love when you are constantly trying to manage a child's behaviour. But basically, she was bloody hard work. (Candie)

In addition, four participants described feeling dislocated and confused as they navigated uncertainties and complexities during their mothering, in searching for clarity about their child's behaviour and this was overwhelming, as depicted below,

It was just utterly baffling, constant and just really confusing. Because we kept trying different things [...] I feel as if I've spent an awful lot of my energy as a parent trying desperately to find answers and find somebody who can help and support her. (Lavinia)

I did notice quite early on when she moved in with me some odd behaviours. Things, that she maybe couldn't articulate, but I thought were quite odd for a little girl of that age. But I didn't really have any prior experience, so I would raise it with my social workers who were involved in the adoption. (Lily)

A 'mother's instinct' of something not being right for their child, manifested through the above extracts demonstrating intuitive understanding of their child's needs accompanied by a sense of unease. Together, these experiences leading up to the disclosures of sexual abuse presented disruptions which challenged and dislocated some participants' sense of identities as women and mothers, fragmenting and shifting their stability and control in their own lives. Together, these disturbances served as an undercurrent of ruptures before confronted by the catastrophic ordeal of finding out about their child's sexual abuse. Notably, participants vividly recalled the day they found out about what happened to their child with illuminating detail, suggesting the memory was seared into their minds and presented below,

I can remember it very clearly. The children had gone to their dads for the weekend, and I got a phone call in the evening to say you need to come round. So, I went round and sat on the sofa next to [my child] and she said, 'I've got something to tell you'. (Amaya)

It's one of those things that gets etched in your mind. On [date], we were about to get up, but my youngest said, 'mummy, just five more minutes'. So, I was like, 'fine, get in bed, we'll have five minutes'. We just got back into bed and there's a bang at the door. I was like, 'Oh my God, who's that?' So, I opened the window and there's about seven people [police] outside the door. So, I went downstairs and opened the door [...] They came in the house and then the police officers just started scattering like little mice and running in different directions in the house. A lady from social services came in with two other ladies and went up to the children and sat upstairs. The police officer

asked, 'do you know why I'm here?' [...] When the police officer actually told me, 'we're here because we think that your partner's been looking at or producing indecent images of children'. Yeah, everything stops thin and everybody started going in slow motion. I didn't really know what was going on. (Ambika)

Above, Ambika described physical sensations of distress in coping with cognitive overload and this was portrayed through the world around her moving at a different pace the moment she found out about her husband being involved in indecent images of children. This disruption of reality resonated with four mothers, where a striking juxtaposition was noted between their life altering experience and the normalcy of the day, as depicted by Demmi below,

I remember the day and 24 hours really clearly. My son had been really distracted and there was just something all through the day, I couldn't put my finger on. But then we were calling in to the supermarket that evening to get food for the night. My husband and I went in, [child] stayed in the car with [his sibling] and it just all felt so normal. We got back to the car and on that very short drive home, they had music on and were singing. When we got home, [child's sibling] said, 'oh, can I speak to you both?'. But now I clock my son and he's sitting in an armchair in the front room and we go upstairs and, in the car, while we've been in the supermarket he has told them what's happened and asks them to tell us. So, then we thank them for telling us and for playing that important part in him being able to talk and then go down and see him and he's in the armchair. He's quite a happy go lucky person and yet in that moment, sitting small in the armchair, I sensed his vulnerability [...] I just hug him and say, 'it's OK, we're with you and we believe you'.

As seen above, the ordinary rhythm of life shifted with a profound rupture and pierced Demmi's understanding of her child. Maddyn also highlighted the sobering delivery of finding out from her child, comparing its ordinariness with "McDonalds" for tea, as seen in the extract below,

When she was six, [child] had been home a few days and had always been a fantastic sleeper. Then 10 o'clock at night I heard these little pitter patter of feet down the stairs and I kind of dismissed her and said, 'come on, back to bed' and she just said she needed to tell me something. She said to me that her dad had sexually abused her. She said it in such a matter-of-fact way, as if she was saying I had McDonald's for dinner. I was in complete shock.

Six mothers described the immediate disbelief they felt upon hearing about the abuse, with descriptions of trying to “*get their heads round it*” as seen below,

I remember being in disbelief as I was trying to get my head round it because I had never looked at him [abuser] in that way, whereas I had looked at my dad and kept him away. But I had never, ever looked at my husband. (Ina)

I was in shell shock for quite a period of time because I knew them [foster carers] and I knew him [abuser]. It was really hard to get my head round [...] it was difficult, there was definitely not a close relationship there, but it was certainly a relationship of some sort. (Lily)

It was clear from the extracts above that these moments were deeply confronting for mothers and consequently, disorienting for them as they tried to make sense of the presenting situation. This disorientation signalled a profound maternal rupture acting as a catalyst to destabilise participants' daily lives. Moreover, two mothers admitted to feeling a sense of relief of finally understanding their child's behaviours. Although, it should be noted that the feelings of relief were drawn from mothers whose children were abused by other children which might suggest qualitatively different experiences in relation to the response to disclosure, compared to mothers whose child's abusers who were partners, a family member or foster carer. These uncomfortable feelings were framed considering what their family had endured over the years and were undercut by the horror of what happened. As Candie presented,

Now you've got to remember by this point I've been having 10 years of chaos with my daughter. To the point where I was just completely and utterly exhausted, baffled and didn't know what to do. I was thankful for it [disclosure]. Which sounds ridiculous as nobody should feel relieved in that situation. But I did, because suddenly I had an explanation for the horrific, horrendous behaviour that she'd been going through. You won't get many people admitting to this by the way. We had been prodded, poked and analysed. Accused, scrutinised and everything under the sun about why our child was having a problem. To actually have a reason, however horrific at that moment. The relief was unbelievable 'cause now we knew what we were dealing with. Up until that point, everything was just a reflection of us being bad parents and me being a bad mother and everything else.

Openly expressing such strikingly candid, yet socially unacceptable feelings was acknowledged by Candie to bring judgment and misunderstanding yet signalled a humanising, emotional experience of revealing feelings that often remained hidden. These complex and stigmatised emotions were further reinforced as Candie highlighted her reflexive reactions in the moment in the following extract,

My knee jerk reaction was she's got to be lying. There's a really good reason why people do that. So, psychological safety says that if you're given a choice between two horrible options, your brain will automatically take you to the one that's easier to live with. If you were given the choice between being told that your child was a liar or your child had been sexually abused, which one would you choose? Which one does your brain find easier to deal with?

Candie's response above where she struggled to acknowledge her child's sexual abuse echoed with wider society denial. Additionally, Ina reflected on a past tentative attempt at disclosure, which was brushed off and consequently, the ripple effect of ongoing and long-term abuse on the victim, as seen below,

It didn't come out until [my daughter] was an adult and had her own children. But when my daughter was a teenager, my husband was play fighting with the kids and something happened. My daughter said, 'he touched me'. I remember looking at her as she accused her dad of touching her. But it was the way I was hearing it. It was all in the moment of anger saying, 'you did this or whatever'. I think I remember saying 'don't say that and I told you all not to play'. It didn't even register as I just saw it as she wasn't getting the attention, or it all got out of hand. My brain wasn't even thinking that way. It did, however, explain a lot of my daughter's behaviours over the years. When she told me and I didn't believe her, where could she turn? But I think she was absolutely relieved that I believed her when she was an adult. She had kept it secret for so long [...] and it had completely changed her personality.

Narratives of belief of their children's abuse permeated across most participant's stories and were significant for both the mother and victim. Affirming belief of a victims' experience was a critical component for their safety and feeling understood. However, as Ina presented, these ideal responses did not always occur and led potentially to psychological harm to the victim and a disruption in the mother-child relationship. Moreover, Ina further reflected on the situation, in the following excerpt,

When my daughter told me, I remember feeling so sad. She was the child and the one person to believe her should have been me. The one person she should have been able to tell, was me and she did, and I had dismissed it. So, what did she think about me? Did she hate me? Did she think 'why is my mum not standing up for me or noticing what is going on'. I think she took a chance by telling me. But I think because I did believe her, things fell into place a bit more, which brought us closer as she had an ally.

Ina's experience above was noteworthy as she illustrated how an initial unhelpful and disbelieving response could be later repaired. In contrast, Demmi presented the steps she took to convey belief to her child emphasising its significance below,

But I just wanted [son] to hear us saying to [abuser], that's it, we know. And to the police, because I feel like that signified how serious we were taking it for him and what had happened and especially in a child's eyes, I think once you told the police, that's the truth. So, that was us telling the truth to the police. His truth. So, it felt important in lots of ways, really.

5.4.3 Reconceptualising Mothering

Where disclosures took place whilst victims were children, mothers in the sample moved into practical and protective modes immediately, as depicted below,

I went into professional mode, 'right, okay, we need to ring the police and the sexual assault centre and report this' [...] I couldn't even begin to imagine how scared she must have felt because it happened in our house in her bedroom and in her bed [...] I slept in the same bedroom with [my child] and she obviously cried and I said you're just so brave for being able to say what has happened and we will do whatever we can to get through this. (Amaya)

My thoughts that night were quite clear, as in we've got to tell the police, we've got to tell [abuser] that we know and it's over [...] So, I'm googling CPS [Crown Prosecution Service] and seeing, from what he had been able to tell us that night, what we were looking at here and really hoping that we weren't about to launch him into a lion's den of people not believing him. (Demmi)

As can be seen above, active steps were taken in attempting to remedy the situation through implementing measures to reduce risk and enhance safety, as well as demonstrate concern, comfort and empathy toward their child. This suggested that mothers were balancing care responsibilities and reclaiming control of the situation

and addressing the rupture. Nevertheless, for Maddyn this focus toward protection came at a cost of other maternal functions at the time, as she reflected below,

At the time [of the disclosure] my head just went into work mode, 'right, don't ask any leading questions', reassure and I just need to get her to bed as I need to report this. It was just so strange and I think I probably was very cold towards her looking back because I just didn't know what to do with this and I then called my mum and then called social care and the police came round.

Maddyn, like other mothers appeared to feel a deep level of responsibility to prioritise the safety of her child. There were evidently good intentions, although her reaction may have been driven by fear or default habits. This indicated that coping mechanisms which involved hearing distressing and overwhelming information, that often took place alongside decision-making in a high-pressure situation can be unpredictable as Maddyn looked for ways to lessen her uncertainty and manage the rupture. This interpretation drew parallels with emotional flooding, where Maddyn implemented mechanisms to stop her from becoming swamped with emotions and meant that in-the-moment protective responses might be shaped by a mix of factors and may not always be rational. In such circumstances where immediate responses were reactive rather than carefully planned, engrained and familiar habits might be relied upon for comfort and confidence.

Additionally, mothers in the sample described how life was not ever the same for them following the disclosure and suddenly, their world radically shifted, encapsulated below by Demmi,

You're in one world one minute and then you're in a very different world the next minute. You see your children through one set of glasses, but suddenly I'm seeing all of this stuff that [my child] has been shouldering that I've not seen. Suddenly you're seeing all the hidden murky world that you've only previously seen the nice side of life. Your role as a mum in supporting this child who's got nothing really going on and you're just doing a very standard mum job, doing the nice stuff and in retrospect, is a very luxurious position to be in. Then suddenly you're thrust into something different because you've got

some much more important stuff that you've got to deal with [...] Once you've realised what's happened, I don't think life can ever be the same.

Demmi highlighted above how her mind could not unknow the unsettling knowledge that she had come to know and consequently, there was an inescapability about her situation which spoke to the enduring nature of the rupture. This caused her to reflect on the previous, privileged yet less-informed perspective she possessed. Amaya also spoke about the destruction of her world below,

Everything you thought was okay is just completely demolished and swept away. You're just left there thinking how has this happened? You have to carry on with day-to-day life and continue to try and look after your children, go to work, try and look after yourself. That box gets very small because all your energy is just taken up with supporting your child and other children as well while you're trying to work out in your head how it's all happened.

Above, Amaya conveyed how life, as she knew it, was destroyed. As she pieced together what happened, Amaya spoke about also navigating the aftermath of sexual abuse alongside her daily life prioritising others' support, over herself. Together with Lily, who felt she had been stripped of her ability to fulfil the most fundamental maternal role, as protector of her child, in the following excerpt,

But it's changed my life too, as a mum and I've adjusted my life to make her feel more safe, as safe as I can. But I would say I've been robbed as a mother of being able to do that. Like when a child falls over and hurts themselves and you can reassure them and make it better. That's the one thing I've been robbed of because I can't make this better for her and that's horrible.

Despite this increased endangerment for mothers which involved their worlds as they knew it, profoundly rupturing, in Demmi's story there were indications that for the child victim, this might be the start of their reparation, as seen below,

I think [my child] had reached a point in his life where he had to do something and that this was the only thing he could do [...] I'll always remember that night because we wanted to be in a massive nest together. So, we dragged all our mattresses from our bedrooms and just put them on the floor. We made some food and [son] fell asleep. Myself, my other child and my husband were awake and couldn't sleep. I've always taken that as a good thing, that he could relax, he knew he'd done what he needed and that evening had gone okay for him, so he was able to sleep. But we were awake, awake, awake.

The extract above implied that the irreversible event of mothers' learning about the sexual abuse of their child could, at times, be accompanied by the knowledge that their child's act of sharing what happened was part of their restoration. Their child's disclosure however painful and life-altering was made more bearable for mothers because the parallel signs of their child's repair. Although, for two participants this did not occur and their child's trauma remained 'live' for years, spanning into adulthood.

5.5 Theme Two: Mothers as Outliers: Marginalised, unseen and unMeritorious (Mum)

5.5.1 *The Invisibility of Women*

Throughout the interviews, participants attested the different ways they had experienced marginalisation. Prior to finding out about the abuse, three mothers spoke about losing themselves through their intimate relationships with the abusers with examples below,

I lost my self-worth, I lost me. All my efforts, all my energy was in trying to please him to make him love me, love the children and love the family that we could become. I lost myself and he didn't deserve any of us. (Ina)

It was only when I started to unpick how I was feeling that I could then see how I had lost my confidence. I wasn't going out to meet my friends, he'd question my ability at my job, but I didn't see it. He was very clever at undermining and eating away at my self-confidence and I completely lost myself [...] It was very, very gradual until I completely lost my own ability to make a decision and I hadn't noticed it. (Amaya)

The extracts above demonstrate how participants' loss of self grew slowly through the abuser's patterns of behaviours. Consequently, Ina prioritised the relationship above everything else and suppressed her own needs, whilst Amaya's loss of autonomy and withdrawal from her friends happened subtly over time. This implied that through various abusive tactics, there was a gradual erosion of participants'

sense of agency and self-efficacy. Likewise, this connected to a mothers' inability to express her thoughts, needs and emotions. This was further exemplified in Maddyn's narrative below, when she spoke about her voice being silenced within the court system considering contact between the abuser and her child,

What I feel is most important is the lack of voice given to me as her mother in trying to protect her. Throughout that whole time nobody would listen to how abusive he had been towards me. They said that wasn't relevant because it's about the child, not about me. I was just completely ignored and I talked about sexual abuse that had happened when I met him when I was 15 and he was in his 20s and that was denied as being an issue. I felt that there was a lot of treatment where I was looked at as that hysterical woman that wanted to deny this poor father to see to see their child.

As can be seen above, Maddyn was robbed of her own voice and forced to accept the voice of the judiciary attributing her as obstructive. This profound disempowering of Maddyn and her voice served as a mechanism of control to arguably, police her behaviour and quieten her. Additionally, participants described how matters involving child sexual abuse were not deemed palatable to hear and as such, mother's realities remained unheard, as posited by Lily in the following extract,

I think it's a horrible story anyway, but I think the fact that we can't even be heard is really awful. It was exhausting and every time I felt really berated and spoken down to.

Marginalisation was observed in the data through participants' lack of voice. Additionally, tone policing and not making space for difficult conversations seemingly perpetuated ongoing harm toward mothers. Correspondingly, a power imbalance where women felt berated served as ways for others to assert dominance and undermine a mother's autonomy, pushing them to the margins. It appeared that denial of a mother's voice was endemic across participant narratives. Furthermore, Lily went on to share her experiences with the police of how she was not valued,

And just the whole process I just felt like I was being spoken to like I was a daft mum or a silly uneducated mother [...] there's something about being the 'mum' and having the tag of that. I almost lose 40 points of my IQ as 'the

mum'. Whereas, if I'd been Lily in a suit, I would have been received and spoken to differently.

As can be seen above, Lily was dehumanised in her maternal role, reduced to a function to enact, rather than recognised as a whole woman. Experiences of being disregarded cut across participants stories with Lavinia's experiences of being dismissed, having a "naughty daughter" when seeking help for her behaviour below,

We went to the GP, when the school were saying we can't deal with her any longer. The first GP that we saw just said 'she's being manipulative, she's being difficult, this is what thirteen-fourteen-year-old girls can be like'. And we'd be like, 'well, clearly not, just look at what you've got sitting in front of you. There's nothing normal about this'. So, we had that from the GP and we had the school essentially saying, 'you've got a naughty daughter'.

Additionally, in Maddyn's situation, this involved a lack of understanding of her as not only a mother, but also a frightened adolescent victim of abuse below,

Then we had to be in the courtroom together and I was denied anybody in with me. My solicitor was a man and he would say to me 'well, you're fine' and it didn't feel like he had any understanding of what it meant for me to actually be in a room with this man who had at that point, been physically, sexually and emotionally abusive to me. I was absolutely terrified of him.

Overall, these extracts speak to the invisibility of women. They were often overshadowed by social expectations of mothering which fuelled harmful beliefs that they were not recognised nor deserving. Participants' invisibility was reinforced through their narratives about whose story they were sharing, as Demmi pointed out,

I think there was this real unknowing about whose story this is, but it's my child's. But we've all got to go through this and find our way to cope.

Demmi's response above illustrated both the interconnectedness of mother-child experiences, whilst similarly presenting a lack of recognition of mothers' identity and voice in her own story. Mothers were confident that their children were the victims in their stories but less so about articulating their own status, risking their erasure, even though they had also experienced victimisation and were intertwined with their child.

5.5.2 *On the Edges: Silenced, Stigmatised and Secluded*

Participants' difficulties existed in a complex, nuanced space where there was familiarity in prioritising and supporting their children in their maternal roles. This meant at times their own experiences were sidelined and framed as less valuable which resonated with the concept stigma. Subsequently, participants illustrated experiences of feeling stigmatised as mothers to children impacted by sexual abuse,

There's a lot of stigma around being a parent of a child that's been abused. I think people do it [stigma] to themselves and people do it from the outside. I think it's really important for that stigma to be broken as well. (Maddyn)

There's lots of things that I just don't think would ever change, no matter how much time passes, there's always stigma around things like this [sexual abuse] [...] I remember being on the playground once and a complete stranger who I didn't know at the time, got into a little disagreement with one of her friends and came and stood with me. I thought, 'she's never stood with me before. Why is this happening?' And it'd actually been because her friend had said 'I can't believe she's got the balls to come into the playground after what's happened', talking about me. So, her friend in the end had gone 'she didn't do anything wrong and she's got every right to be here to pick up her kids' and walked away from them and came and stood with me. (Ambika)

Above, Maddyn seemed to be touching on internalised stigma and the stigma that was felt socially. An example of this social stigma came through Ambika's story above where she shared an experience of being stigmatised in the playground by a mother, while simultaneously offered solidarity from another mother. This illustrated how there was often an expectation to conform to social norms within the mothering community and members offered judgement if other mothers did not fit these expectations. The concept of othering, when a person is made to feel that they do not belong, was a process noted in research participants' experience, solely because they were mothers whose children were subject to child sexual abuse. As could be seen in Ambika's narrative above, the othering created division as she was labelled and vilified. Furthermore, Ambika also experienced disenfranchised grief, whereby her mourning was hidden and not seen as legitimate, as exemplified below,

Then after that, it was grief to begin with, grief of the life that we thought we had and the loss of my husband. I think if he had portrayed himself in that kind of light, you could have expected it, but it was almost like he had died, but you weren't allowed to grieve openly because of what he had done.

Open expressions of grief were curtailed because of what her ex-husband had done.

As such, not only was Ambika judged for her complicated feelings of loss, but she also felt dislocated from the life she thought she had. Both of which were isolating for Ambika and aligned with being seen as an outlier. Moreover, due to sexual abuse of their child, one of the central and recurring implications for all participants was the experience of social isolation and being excluded, as symbolised below

I've got friends and family and things but it's not a topic you can really talk about. I did try in the [...] but I lost a friend through it and then people distance themselves a bit from it. [...] So, I was just completely isolated [...] all just because it was sexual abuse. It's just so weird as a society, why we do that, isn't it? (Lily)

I think I was on my own in the house for two weeks completely on my own. I didn't tell my parents, I didn't tell my siblings, I didn't tell my friends [...] Then you think, 'oh crikey, how have I let that happen? Why didn't I see it?' It was just really lonely. I had nobody contacting me at that time and I just felt lost, alone and afraid. (Amaya)

As seen in Lily's extract above, she highlighted the conditional silence she encountered when navigating friendships and the unconscious and conscious reluctance of her network to offer support. In short, mothers in the sample seemed to bear the burden of their child's disclosure, without any support and with an expectation that the sexual abuse remained concealed. In both extracts above, both participants' suffering was clearly exacerbated by the absence of a support network. Amaya's narrative above also presented self-blaming as a type of social exclusion and this was familiar across narratives, as "should have known" statements,

It's really hard but from that situation, you think 'I should have known' and if I feel like I should have known, then everybody else is thinking she should have known. How can she live with them and not know? You just think, well, I should have known and why didn't I know? (Ambika)

The extract above demonstrated how blaming attitudes appeared to misplace responsibility for their child's abuse and as such, reinforced stigma and deepened participants' isolation. Similarly, loneliness was well established across narratives with mothers withdrawing and becoming cut-off from their existing communities because of what happened, as shown below,

It's a very lonely time [...] That's something I've really struggled with. I think naturally I've just withdrawn from life and then I feel quite isolated and that can make my mood go down. (Amaya)

We became very insular. It got so exhausting with people [...] Especially when nobody was actually coming up with any solutions. [...] you become very isolated. I'm very unable to socialise in other environments because either everybody knows what you're going through and you don't know what they're thinking or nobody knows what you're going through, and therefore you come across as either spiky or flaky or difficult. (Candie)

As seen above, retreating was a way to disengage from the overwhelming distress caused by the abuse in the absence of meaningful support, pushing mothers further to the margins. Additionally, there were interruptions to finances with economic hardships, which compounded their marginalisation as described by Ambika below,

I just went into survival mode to make sure everything was done and the kids were cared for and fed. I needed to get a job and make sure that all the bills were put in my name. So, it's not a case of just being able to focus on that one thing. There's so many things you have to think about.

Together with Lily whose experience was made more difficult when she shared concerns about her child's behaviours with professionals and was made to feel like she was not a real mother,

Then the social workers said 'it's normal, it's quite common for adopted kids to make false accusations about foster carers', which I've since found out is not true. I was just fobbed off as a new mum and I think as a mum who didn't have a partner, it was almost like 'you're not a real mum'. I was really talked down to or fobbed off as if it was me who was overreacting or hysterical or looking into things beyond what they were. So, of course I started to doubt myself.

The extract above exemplified how Lily sought support from local authority services and was provided with misinformation about children's behaviours. In addition, professionals diminished her sense of legitimacy as a mother causing her to question herself and her maternal capabilities. These considerations symbolised participants' failure to meet expectations of others to fit with the socially accepted image of motherhood and consequently, led to Lily's and others disenfranchisement.

5.6 Theme Three: A Mother's Mire: The Perpetual Pains of their Child's Sexual Abuse

5.6.1 A Turbulent Emotional Landscape

There was clearly a rollercoaster of emotions for participants upon finding out their child had been sexually abused. Seven mothers spoke about feeling shocked, but this was often accompanied with other emotions and actions, as seen below,

I think everybody who knew him was shocked because he [the abuser] wasn't the kind of person you would think would do that. So, I think shock was the biggest kind of emotion. (Ambika)

Other than just saying sort of shock, I don't know what other emotions I had. But afterwards, that sort of mix of just real worry because I wasn't sure that my child had shared everything with us about what happened [...] I don't know, I just felt [long pause] almost nothing but everything, everything condensed into a speck of everything. (Demmi)

I was shocked. But immediately I rang the police and reported it and supported [my child] through that. I think I felt quite lost, quite shocked and disbelief. (Amaya)

The ensuing emotions that followed, ranged from concern for their child's health to feeling lost. Demmi summarised participants' narratives through her description above of feeling "*almost nothing but everything, everything condensed into a speck of everything*" which presented a cataclysm of emotions. This level of distress epitomised the mire experienced by mothers in the sample. Despite being

overwhelmed with a whirlwind of feelings, Amaya spoke about enacting immediate protection of her child above. This indicated that in high stress situations, her priority was to implement strategies to mitigate harm, over processing her emotions like several other participants' experiences. Almost immediately and in parallel, participants moved into feeling responsible and questioned whether they had missed anything in the following excerpts,

It was like, 'hang on a minute, I thought I knew this person'. How did I miss something? Then you feel very ashamed and blame yourself when you think, well, 'what could I have done to prevent it?' (Amaya)

When she told me, I was like, 'did I miss this?' and then I got terrible guilt, because why didn't I listen to her? She said the abuse had happened since she could remember [...] I still don't know what to say because this whole part of me is guilt-ridden. It happened in my family, with my daughter and I didn't see it and I did nothing. (Ina)

Mire manifested in the extracts above as feeling self-critical and guilt-ridden which was common amongst participants and was rooted in gendered attributions of caregiving and responsibility, through the 'failure to protect' doctrine and was further reinforced by Lily below,

Even though it happened previous to me knowing her, I still felt weirdly, that I wasn't able to protect her. I know that sounds silly because I didn't know her at the time. But because of the way it played out, I just felt that motherly, not being able to protect her from the world. (Lily)

It seemed that Lily felt as if she had failed in her moral and lawful duty to protect her child from harm as a mother, despite being an adoptive mother who did not know her child at the time of the abuse. This suggested that the notion of 'failure to protect' was such a strongly entrenched and pervasive belief in society, that mothers in this sample often bore the harmful burden of responsibility irrespective of their circumstances and presence in their child's past or not. For Lily, as an adoptive mother, this appeared additive to an already fragile identity of being a 'real mother'. Furthermore, it seemed that for all participants, caring was conflated with

responsibility in that shame, guilt and failure were so intimately interwoven with maternal love and care, this rendered wrongful blame upon women for the sexual offences of boys and men. This level of blame was common amongst participants and as such, implied there was a perception of mothers which involved an illusion of omnipotence and complicity. To combat against this, five participants attempted to reframe the situation and locate the blame elsewhere, as illustrated below,

It's taken a long time to know that I am okay and it wasn't my fault, it wasn't [my child's] fault. It was all on the other person. It was their choice to do what they did. That is still difficult to think about, but it does help in terms of getting things into perspective. (Amaya)

This recognition of the abuser being at fault above, rather than shouldering responsibility for what happened was difficult for Amaya. This was also seen in the oscillation of shame with Maddyn, between her cognitive understanding of shame fitting elsewhere to reclaim control, yet in her narrative below conveyed that she was carrying emotional remnants of a deeper-rooted shame,

I've taken control of the situation by not being ashamed of what's happened and feeling that it's not something shameful in any way [...] It's just reminded me that my dad said, 'this really shames me to say this, but I just thought in my mind, this doesn't happen to people like us'. I think it's so hard because we all have biases inside us. I know that I fight that every time. I mean even talking to you now, I'm like I don't really want to say what actually happened. I don't want to get to that bit and it's hard because it feels, I don't know, it feels dirty. It feels like you're dirty because of it, which is a horrible place to be and I know, logically, that isn't on me or my child, that's on [the abuser]. But you're still left with that layer of shame which is very hard to live with.

Blame and shame were both indicative of mothers' mire. Shame, as a normative social phenomenon was also accompanied with a moral emotion, in that Maddyn felt as if she would be violating a norm in discussing such a sensitive aspect of her child's sexual abuse, considering it "dirty". This self-perception appeared to be one way that Maddyn maintained a protective distance from the researcher which might

have exposed her as being held hostage to her shame. Similarly, Amaya reflected this oscillation of shame characterised through a “*whirlwind*”,

When you experience all that wave of feelings, it's hard. I think feeling ashamed of what's happened or feeling guilty that what happened when I wasn't here is something that I've questioned in my head [...] like a whirlwind in your brain.

Hyperarousal in response to their distressing situation was typical amongst participants. However, for some mothers, these symptoms became difficult to control and were characterised by persistent and intrusive thoughts, similar to a fixation, as experienced by Demmi in the following excerpt,

I almost became obsessed by it [...] I think [the obsession] was going over and over and over and over that time of finding out about [the abuse]. I think it was trying to get through the [court] process and the outcome of that. I had a hawk eye on my child, micro watching him about how he was doing and actually he was really giving us signs that he was doing OK. But I couldn't be reassured by that.

The extract above highlighted how Demmi remained in a state of hypervigilance, despite reassuring evidence of her child's wellbeing. There was a sense of becoming trapped in a cycle of rumination, which appeared to have moved from an adaptive coping mechanism to maladaptive due to its intensity. Intense emotional responses also arose through participant's narratives of anger below,

I think, for me, there's so much anger [...] There's a lot of anger really at the situation. I feel angry for my child, angry for myself and really, profoundly let down and angry at the system. Angry that that was allowed to happen. It shouldn't have happened. (Maddyn)

As depicted above, Maddyn's anger emerged as an emotional response in reaction to a devastating injustice of her child being abused. Although anger manifested in different ways, such as Ina's expression of loathing towards the abuser below,

I couldn't look at my ex-husband for a long while without looking at him with hatred.

There appeared to be a qualitative difference in the narratives of mothers who had been in a relationship with the abuser or where he was a family member, compared to mothers of children who were abused by other children, namely in relation to their preoccupation with the abuser. These often manifested as intense feelings of anger and intrusive, repetitive thoughts. Whilst four participants described feelings of being “*lost and out of control*” and presented by Lily below,

I just feel a bit lost and out of control as a mother, as our duty is to keep our children safe and that's been taken from me. As a mum, I don't have that control to be able to keep her safe from these people because I don't know where they are or what they're doing.

Here, Lily spoke about being denied her maternal function to keep her child safe because of what happened and consequently, this left her feeling unanchored in her identity as a mother alongside struggling to navigate safety in a practical sense in considering the whereabouts of the abuser. In addition, three participants spoke about feeling immobilised, characterised through being frozen or paralysed below,

I didn't have any advice on how to react to these [sexual abuse] disclosures. I didn't know. I just tried to listen, nod and not put [daughter] off. [...] I didn't want to negatively affect her in any way. [...] I just felt kind of frozen and not knowing for the first time really as a mum, what to do or what to say. (Lily)

[After the disclosure] It was very hard to just get up, get the children off to school. I remember sitting on the sofa and I didn't know what to think really. I don't know what I was thinking, but I was just sitting there and rocking [...] just paralysed. I don't know if I was paralysed with fear or paralysed with worry [...] I felt such a bad, terrible person that this had happened and I wasn't around to protect her and keep her safe. (Amaya)

Lily's frozen response indicated above, seemed to be connected to a heightened level of caution and fear of exacerbating her daughter's situation given Lily's deep feelings of responsibility towards her child's wellbeing. Alongside this, Amaya also felt that she had failed in maintaining her child's safety because sexual abuse had occurred and as such, internalised this as a belief about herself as “*bad and terrible*”. Consequently, this stress and overload led to Amaya's paralysis, which were features

of participants' mire. In addition, Amaya recounted feelings of disassociation during the police interview, as illustrated below,

Looking back to when [my daughter] had her police interview, it's almost like a very surreal experience when you're in that room because I've never been in trouble with the police before. When you're sitting in that room somebody's asking you the questions, it's almost like you're very disconnected.

In the extract above there was evidently a detachment between Amaya's thoughts, feelings and what was happening in her surroundings. Emerging in reaction to stress and trauma as a common survival mechanism, these responses served to minimise Amaya's psychological harm and withstand further distress. In addition, functional dissociation was noted as a coping strategy for those mothers who also operated professionally in the field of sexual abuse, and struggled to articulate and connect with their feelings, as seen in both Maddyn and Candie's accounts,

[long pause] [exhales]. I think there's just so many feelings [laughs]. It's hard. It's hard to put words to it [...] I just don't think I really allowed myself [pause] to think about it, to feel about it. (Maddyn)

I'm going to find it really hard separating my professional and my personal self because I've been dealing with this for many years [...] It's so hard to define myself from the past with the person that I am now, and offer you my immediate emotional response but the whole thing has just been completely and utterly traumatising [...] If I was going to engage with my emotions, I would have ended up in a funny farm myself. (Candie)

Candie and Maddyn's tendency to maintain control through emotional detachment appeared a protective response for themselves and perhaps, enabled them to perform their work responsibilities. However, this distance from emotional vulnerability and discomfort as a survival mechanism manifested as stuck in their respective, unresolved states. Furthermore, Lavinia spoke below about suppressing her emotional responses when she dealt with explicit disclosures to prevent becoming overwhelmed, as well as in protection in support of her child's wellbeing,

Then she started to unpack all of this trauma and that was where it really got difficult for me. I would go into the end of [counselling] sessions for the last

fifteen minutes and the counsellor would say, [graphic, traumatic and explicit events which child endured] and it was just week after week after week that I would have to just sit there and not really express anything on the outside because [my child] was watching me and it needed to be about her. I was thinking this can't be about how I'm feeling about hearing my child having gone through all of this. It's about us supporting her.

As seen above, compartmentalisation as a psychological defence mechanism, which involved separating emotions to sustain maternal function, was common amongst participants. Seven mothers adapted their behaviours to navigate their daily lives pushing their needs to the side and prioritising the needs of their child. Few of the mothers shared the importance of their reactions to repeated disclosures as a protective step, as seen above for Lavinia and below for Lily,

I felt quite sick. I remember it being hard when my daughter started to make disclosures and they started to become more graphic in nature. It's horrible because you don't want to stop her disclosing because you want her to be able to tell someone and you don't want to react. But sometimes you can't help the images of what she's describing come into your head, and as a mum it's just so scarring [...] some disclosures made me vomit and that was hard.

These were visceral reactions to disclosures where Lily was physically sick upon hearing what happened which presented the embodiment of mothers' mire. Lily shared how the experience was "scarring" and left a deep imprint with a new reality.

5.6.2 PTSD – 'Present' Traumatic Stress Disorder

Common amongst all narratives were descriptions of a primary injury type trauma as a result of finding out about the sexual abuse of their child. This was revealed through a wide array of physical, psychological and behavioural symptoms below,

It took all my energy. All my emotional energy, all my physical energy and I have the same [as my child] kind of, almost like secondary trauma, not sleeping and having nightmares. (Lily)

That not knowing where [the abuser] was, took quite a toll on me because whenever we would go out, I was constantly on tenterhooks fearing I would bump into him. That lasted for years and years. Even now I get spooked by

particular body shapes and I'm like, 'oh my God, is that him?' and certain cars are a bit of a trigger. (Amaya)

But in terms of my own emotional, physical, psychological and health, it's severely damaged me. (Candie)

Overall, directly experiencing traumatic symptoms of exhaustion, sleep disturbances, flashbacks, hypervigilance, hyperarousal, avoidance, and fear, as seen above and which persisted, were also accompanied by other manifestations of primary trauma. These have been seen across the themes and included intrusive thoughts, sadness, hopelessness, guilt, shame, disassociation, social isolation and lack of reverie. Although Lily noted this as secondary trauma above, these symptoms were reminiscent of primary injury trauma and for some, drew parallels with their children's experiences. In addition, seven participants spoke about remaining in survival and protective mode for a long time, sacrificing other maternal aspects like fun,

I just felt like I was constantly firefighting and in protective mode for so long and that was exhausting. It was constantly, just protection, protection and I sacrificed a lot of fun for a lot of other things. Sometimes it feels like as a mum. I've just been surviving for quite a few years just trying to get the next day and the next week. (Lily)

Mothers' lives were narrowly focused on coping with the present day and reacting to crises, which over the long-term were harmful. This was illustrated by Candie who went on to share below about providing long-term care for a child affected by trauma and who struggled with self-harm and suicidal behaviours,

I think one of the things you realise, is you go through a period of mourning and grief before your child is dead. Because it's the only way you can live with it. [...] I've done the whole CPR thing and that's when you realise that as parents, you're psychologically, completely screwed. When you're sitting on the bedroom floor giving your child CPR and you're not thinking, 'Oh my God, my child is dying', you're thinking 'God I'm crap at this, I really thought I'd be better at this'. The lights which had gone on and off and on and off and on and off so many times that you're just completely numb. I mean, severe stress disorder. In the past people have tried to diagnose me with PTSD, but there's a big P at the beginning of that which says post. Well, there's nothing post about it.

The implications of remaining living and dealing with the lasting effects of child sexual abuse were so severe and life-shattering, that Candie felt that the diagnosis of PTSD did not fully capture her lived experience. As such, it seemed that mothers experienced a unique and esoteric primary injury type trauma. In the extract above, Candie presented a situation where she was so deeply affected by trauma, that expected typical emotional responses were absent. The disconnection from her overwhelming feelings seemed to be a survival mechanism, because the risk was too dangerous for Candie to engage with her emotions to enact protective remedies, for example resuscitation. In other words, the trauma originated from the initial incident of finding out about sexual abuse but was compounded by persistent distress and adversities which remained 'live' for mothers and stuck in their mire. These were cumulative and shaped the trauma, moving beyond Post Traumatic Stress Disorder perhaps for Candie in particular, into something more *Present*.

Furthermore, participants acknowledged the sexual abuse of their child was the worst experience of their lives and fundamentally altered them as women and across their different roles. Consequently, it meant their beliefs about themselves and the world around them was forever changed. For Candie, she described below how it gave her confidence and made her hard work,

When you have been through what is undoubtedly the very worst experience of your entire life and is ever likely to be, you become slightly fearless. It gives you a level of confidence that when you go into other battles, that you really don't care. [...] You can become impatient or feisty or difficult to be around because you have this level of inner confidence combined with trauma combined with not giving a crap anymore. That can make you quite hard work. Apparently, I'm hard work.

Whereas for other participants, although it had also changed their core beliefs, they described the experience like a "rollercoaster", as illustrated by Amaya below,

I'm more aware of the changes in how [my children] are, whether I've become more hypersensitive to it, I don't know. But I'm beginning to feel happier and stronger. I think it's very much like a roller coaster journey. Some days you're okay, sometimes you're very overwhelmed by what has happened and then you're kind of okay. In the early days it's very much up and down. But with time, the roller coaster journey bumps get fewer. They don't go away completely, but they get fewer.

Above, Amaya encapsulated the fluctuations and unpredictable nature of finding out about her child's sexual abuse that involved periods of high and lows. Feelings of intensity, uncertainty and fear coexisted with moments of relief and eventually, a levelling out with fewer sharp disruptions. This typified the episodic reverberations of participants' mire persisting through their lives. Five participants aligned with this and conveyed how their emotions changed over the years, as depicted below,

It's quite mad thinking back over the years, but realising as I say it, it's definitely not so raw, it's not so fresh. There's water under the bridge and I'll still find myself out running sometimes and if I'm really tired and I need some energy, I think about this because it's going to get me up that hill, you know, it's still there. But obviously when I'm feeling calm and all of that, it does feel like a long time ago. (Demmi)

I think the tears have changed over the years. I do cry now, but it doesn't affect me like it did before. I think it's more like a memory that makes me cry rather than a huge feeling inside me that's making me cry. (Ambika)

Although, for two mothers whose children were still significantly struggling, they remained immersed in actively experiencing trauma and as such, were implementing daily coping strategies, as described below

Actually, talking about it doesn't really make me feel anything. I have in my life moments where I can feel about it, but mostly I have to keep it all boxed up because life wouldn't be deal-able with. But I have a therapist of my own who says, 'you actually need to allow yourself to feel something some of the time. Even if it's for a short amount of time and then box it back up again because it's unbearable'. But the thing is, we could finish this conversation and I could go downstairs and [my child] could be having a massive flashback and I cannot be feeling anything. I've got to be ready to deal with it. So, actually the

times that I feel anything are the very few times when I go away on holiday without her and that's not a very pretty sight. (Lavinia)

However, the chronicity of stress, strain and distress could also lead to the development of health conditions and difficulties, as Lavinia added,

Funnily enough, not funny, I've just been diagnosed with [an autoimmune condition]. Ongoing and unrelenting stress is also a big predictor of being subject to this disease. I think it's one of those things that's really important, isn't it? What's the impact of having a child who's been sexually abused? It can be on your health, even when you're really healthy, a person who's got a good diet, exercises, does yoga and meditates. It can still be too much.

5.7 Theme Four: Systemic Failure: A Lack of Recognition, Relational Support and Effective Services

5.7.1 Gaps in Service: Unsupported and Unrecognised

Seven participants expressed a lack of support for them and their child following finding out about their child's sexual abuse, as exemplified in the following extracts,

There was absolutely no support. Everything that we have done to support her and to support ourselves, I've had to source, arrange and pay for. I can accept that we've just been through austerity, we were in a war and we've had a pandemic where resources are scarce. Everybody from the NHS, mental health, schools and more are underfunded and I'm aware that's a completely different political question. But there's no help. (Lavinia)

It was very lonely. There wasn't a lot of support out there. We did try and find anybody to contact and we rang all of these companies and they're like, 'we don't know anybody who would do that. I can't put you in touch with anybody because there is no company around that helps with that'. (Ambika)

As indicated in Lavinia's extract above, there was recognition of the existence of underfunded and understaffed agencies with insufficient resources. Organisational shortcomings evidently occurred at multiple levels, from the political, as highlighted by Lavinia, to the individual, as shared by Ambika above. This suggested that there was an absence of meaningful support and mothers were left to navigate the

complex system of support alone which indicated a sense of betrayal that they had been abandoned. As Candie shared in the following extract,

But there was no support for us at all [...] Not only was there no emotional support or psychological support. Negotiating the system and the endless round robin of different organisations who none of them knew what anybody else was doing or should have been doing [...] All of those things completely failed.

From the narratives, it was clear that the burden of responsibility to 'figure it out' weighed heavily on mothers. In addition, participants shared their frustration in the battles they faced in seeking support. For example, Lavinia spoke of the troubling times she encountered when trying to access services below,

It was just like banging our heads against a brick wall all of the time.

Moreover, Maia recounted her experience of begging for help in the following extract,

I remember when I spoke to the council, I said I'm a [professional] and I don't know what to do to help my child. That's the level I had to get at on the phone, crying, saying 'I don't know what to do'. Before they threw a young, part-time worker at me, who then said, 'they didn't tell me this, I'm sorry, I didn't know'. I just felt like I'd wasted all the tears on the phone saying I desperately need help because I don't know how to help her. They hadn't even bothered passing on the memo that it involved child sex abuse.

There were vivid accounts of participants' feelings of helplessness and the stresses and strains they faced. All of which, took a toll on mothers as Maia demonstrated above through feeling as if she had used her emotions unnecessarily. Participants described experiences of repeatedly feeling let down by services and as a result felt emotionally drained and hopeless. Additionally, there were recurring incidences of inadequate responses to safeguarding concerns with misinformation, a lack of knowledge and skills, and lack of professional curiosity, as exemplified by Lily,

[My daughter] was still so young and she would say things like 'he did a roly poly on me' and of course, at the time we didn't have a clue. It sounded ominous, but you don't jump to that conclusion automatically, do you? I mean, I probably do now that I've been through all this, but certainly not at the time and I reported these disclosures. Then the local authorities said, 'we'll do an investigation', which involved just going and talking to the foster carers and

asking them if they hurt her. Of course, they said no. So, they'd just come back and say these foster carers have fostered for many years, with no concerns, blah blah blah.

The extract above demonstrated that the local authority presented an illusion of support, but in reality, provided no meaningful assistance. For Lily, there was a feeling of frustration in how the investigation was carried out and given the abuser's status as a foster carer, this left other children at greater risk with potential for further harm. Together, this compounded participants' struggles with protective systems. In addition, Lily discussed the absence of practical support throughout the various stages of the criminal process in supporting her daughter below,

So, [police] asked if my daughter would do a forensic medical exam. As a mother, it was so hard 'cause you're sending this wee girl out to do something that's quite embarrassing, quite intimate and for horrible reasons. It was really hard as a mum to try and find the words that explained this to her and why it was important as part of this legal process. Given the amount of sexual abuse that exists in our country, there was nobody that could give me advice on how to talk to her about that. How to prepare her for police interviews, how to prepare her for a forensic medical exam, other than to say, 'I'll be with you throughout it'.

From the excerpt above, there was evidently a gap in support between expectation and reality, whereby for participants, this was the first encounter into the world of sexual abuse and involvement with services. Whilst professionals were more familiar with distressing situations and operated within a system which dealt with these concerns more frequently. Despite this specialist insight and knowledge, there was a failure to provide clear advice and guidance to Lily in support of her child with assumptions made to navigate her way through a highly emotive and intrusive medical exam. This implied that there was a disconnect between professionals understanding and operationalisation of their duty of care toward traumatised mothers supporting their traumatised children, irrespective of how they presented at

the time. A further noteworthy insight, was the lack of recognition of mothers as in need of support, as well as other family members,

There is no recognition that her siblings or her parents might need support. There's just no recognition that if you're a parent, you might find it hard that your child was abused. There is no recognition that once the scars have healed, we will need support. My feeling, angry, upset or traumatised or whatever is not something most people would even consider. (Lavinia)

Failure of services to recognise a mother's needs was persistent across seven participant narratives. There was clearly a lack of understanding of a mother's wellbeing and how supported she felt could directly link to support of her child. In addition, there was a failure to view mothers as individual women who had experienced trauma and might be struggling with difficult feelings and symptoms. As such, they were seen by professionals solely through the lens of caregivers to their child, which undermined their needs as women. This lack of recognition also came about through incomprehension of their mothering stories, as depicted by Lily below,

I think a lot of people presume, even when I'm speaking to medical professionals, still, they're like, 'oh, you adopted a child that's been sexually abused' and I was like, 'no, I didn't because that's not how it happened for me. That wasn't my chronology. He abused my little baby girl and I've never really had any recognition from that point of view or any support.

In the extract above, professionals misinterpreted and misunderstood Lily's maternal experience, and accordingly, obscured and denied her voice and visibility. This implied that mothers were not valued and continued to remain unheard.

5.7.2 A System of Disconnection, Injustice and Luck

The lack of connection to the maternal experience fuelled a lack of empathy and this notion reappeared across narratives in diverse ways. From Lily's treatment with the police below,

The police asked me to do a statement because [my daughter] was making disclosures to me and they just kept referring to me as a witness. They

weren't particularly compassionate or empathetic or understanding of what a mother must be feeling that all these things have happened to her child by someone that a. that we know and b. that was actually being paid to care for her and keep her safe.

to Amaya's experience of being treated with a lack of emotion and called a

"vulnerable witness" in the following excerpt,

We went to the police station and SARC [Sexual Assault Referral Centre]. Even though I went with [my child] and we went with her dad, I still felt very frightened and scared. I remember they said to me that if it went to court, I would be classed as a vulnerable witness. I'd not seen myself as being vulnerable like that. I think looking back, you sit in that police station and you talk about it in a very matter of fact way. Then [the police] are 'right, okay, thank you very much' and off you go.

Both accounts above demonstrated an empathy deficit by professionals to acknowledge Amaya and Lily's situation, instead prioritising the emotionally detached, bureaucratic process of eliciting information. There was little compassion and no consideration towards the impact of them being called a "witness" and "vulnerable witness". This complete absence of empathy and acknowledgement of the depth of their emotions meant that participants felt dehumanised and treated as if they did not matter. This was also captured in Lily's experience below,

I was dealing with detectives and they were just awful. He would make comments to me like 'investigations aren't like on TV, you know.' As if I was just a stupid mum that sat and watched crime dramas. [...] I had no knowledge of criminal process or anything, so I would just ask 'so what happens next'. He'd get really angry with me, raise his voice and say, 'you have no right to know what is going on with this investigation' [...] I certainly felt targeted and quite belittled. My concerns and questions were never taken seriously.

Professionals dismissing mothers was common amongst narratives, minimising their experiences and undermining their concerns. In the excerpt above, there was a clear misuse of power by the detective to denigrate Lily and presented as unethical and potentially abusive practice, which layered further harm within the situation and

created mistrust of the authorities. Additionally, seven participants questioned why services did not simply check in with them or ask if they needed support,

As a parent on your own, there was nothing else. Nobody ever said 'how are you? Is there anything we can do to help you?' (Amaya)

At no point did the local authority or the police say to me, 'do you need any support? Do you need advice?' Not once. (Lily)

As seen in the above extracts, there was unquestionably a glaring oversight that support was not proactively offered, where mothers were not provided with the fundamentals of a check in or inquiry of assistance. As well as this, some participants felt blamed,

At the time there was no support for anybody like me. We were just seen as a problem. (Candie)

There was a real definite underlying, 'the problem comes from the family' [...] you don't really need to be blamed for that. You need somebody to say, 'look, we'll work with you'. But I always felt that they were suspecting that something was going on at home that we weren't saying about, which wasn't happening. (Lavinia)

Narratives conveyed how blaming attitudes perpetuated further harm, causing participants to lose faith in services and created a culture of disillusionment for those who received care. Similarly, this occurred when advice or support was misinformed or unhelpful, as posited below,

[Name of specialist service] recommended not to do counselling while your children were having counselling. Because if you're going through it together, they said that I wouldn't be able to support my children because it'll be in my head as well [...] I would say that advice is a little bit shitty [...] because you know how they say you can't pour from an empty cup? (Ambika)

One of the things the school said to all of the children was 'don't tell your mum and dad what happens at school. It's your place, it's not their place, they're just being nosy, they don't need to know'. Which, to [my daughter] became a rule to not tell your parents anything. It's taken a lot of work having to say 'no, the school was wrong'. (Lavinia)

Poor and unevidenced advice held wide-ranging consequences and were seen across five mothers' experiences. For Lavinia above, this involved the burden of

undoing the inappropriate guidance, however, this potentially added stress to an already distressing situation. Both accounts above led participants to question the credibility and judgment of professionals. Moreover, ineffective information sharing and inexperienced workers led to a lack of trust within the system for Maia below,

The [local authority] said, 'we'll put something in place through one of the family centres. The day I arrived I was greeted by a young part time [worker]. I walked in and said, 'my daughter is disclosing sexual abuse. I've acknowledged that it's being acted on, but I don't want her to just keep telling everybody in the shop or when we're out on a walk or whatever'. The poor [worker] said 'they never told me this. I've got no idea what to do'. She asked if we could come back next week to give her time to consult and do this properly. I just felt so sorry for her.

Although Maia's wish for support centred on attending to her child's repeated disclosures, there was plainly a lack of space for Maia's emotions to be held and addressed. The creation of an atmosphere conducive for emotional containment could have shaped Maia's development of trust in services. A stable, supportive and informed professional environment was needed and perhaps, could have contributed to dealing with Maia's feelings around her child's sharing of what happened. This focus toward mother-centred support was also noted in Candie's comments below,

We were just running around in the dark and didn't have a bloody clue. [...] One thing I'm absolutely convinced of now is that you can take a child and you can stick the child in therapy. But unless you back up the people who are looking after that child 24/7 rather than the one hour a week that you're spending with their child, offering them therapeutic support, you aren't going to get anywhere [...] The most important thing you've got to deal with is the parents and their trauma. Otherwise, you've got a traumatised parent bringing up traumatised children and that's never going to work.

In the extract above, Candie pointed to the vital need for mothers to have their own social and emotional professional scaffolding. She indicated that although therapeutic support for the child victim was helpful, without meaningful guidance and support to the caregiver there was a risk that both child and mother potentially remained within a cycle of trauma, which was noted as “*never going to work*”. In

other words, Candie felt that the support provided to the mother and addressing her trauma was one of the most significant interventions in helping the child, in addition to any victim therapeutic support. For most participants, this support was entirely absent whereas for others, luck featured as a recurring, core determinant of support,

I was just very lucky that I had a connection with that particular worker. I could open up and get that support and reassurance. I was just lucky that she was a professional. She was probably a mum herself and talked to me as 'Lily' and not 'the mum' and was the first professional encounter that spoke to me like a person. (Lily)

When [my child] had her sessions, I was struggling. A professional from [a specialist service for my child] saw and did pick up on how I was feeling and looking at the time and she said, 'do you think it would be helpful if you spoke somebody? I said yes, please. (Amaya)

Reliance on chance-based approaches presented an unjust system, rather than a system designed to provide equitable support. Participants appeared to 'stumble across' support instead of receiving consistent, fair service delivery. Besides this, accessing help was also linked to personal and informal networks, as seen below,

The one friend I chose to tell was a social worker who used to work in the field with children who'd been sexually abused. (Demmi)

For some participants, support was based on who they knew, rather than what they needed. The implications of a connection-driven, luck-based approach meant that those without these relationships were at a disadvantage, whilst those with allies benefitted greatly, irrespective of their needs. As such, the existing systems of support presented with deep systemic inequities and inconsistent service delivery. In contrast, a few participants articulated positive experiences between their child and services as illustrated below,

Then when we accessed [specialist service], they were very focused on [my child] and rightly so. They've been brilliant at supporting her and seeing her through. (Amaya)

[My child] was interviewed by the police and I still think about that because it still amazes me; the police officer was just incredible. The way she questioned her and things she questioned her about; it still gets to me. (Maddyn)

Whilst Maddyn spoke about how social work involvement was dependent upon her actions as a mother toward the safety and protection of her child below,

Social services just advised not to continue contact and if there was continuation of contact, then there would be a child protection issue. Obviously, I wasn't going to be putting her back there anyway. So, that was closed very quickly with an assessment and then done.

The extract above suggested that a child's welfare was a mother's responsibility and social work interventions prioritised safeguarding matters, which included 'cases closed' without any due consideration towards a mother's support needs. A further recurring central concept across narratives, was a sense of justice. One of the participants reflected positively on the court process and achieving justice below,

I think the court going the way it did because [the abuser] did go to prison and I feel the way the court was handled, the judge I thought was great. (Demmi)

Whereas for six participants, there was no sense of justice as seen below,

We can't get justice. We've done all the forensic exams [conclusive of abuse], we've had all those disclosures and a child that age, giving those consistent detailed descriptions over and over again, and we've just been left. We got a phone call to say 'just to let you know that we're closing the file' [...] It's so frustrating that we can't get that justice for her. As a mother that really sucks because you want to make your children feel safe, don't you? You want to try and heal and move on and that's really hard to do. (Lily)

Participants presented with a range of emotions in not achieving justice for their children, from devastation, frustration, anger and hopelessness. As Lily highlighted, justice was key to her child's feeling of safety and without it, mothers were left in an endless reminder that there was no resolution. Consequently, there was a loss of trust in protective services where the remaining injustice and lack of support served to deepen the harm and exacerbate the damage experienced within the situation.

From Lavinia's perspective below, this was likely to extend far beyond her child victim and their family, but also impact future generations,

It won't just be us that never escape it, it will be my children's children as they will never look at anybody with trust. There will be a little part of their mind that is always just a little bit wary and that could carry on down another generation.

Intergenerational trauma stemmed from the reverberating patterns of wounding behaviours across generations of a family. There was potential for a ripple effect of harm and unresolved pain as an unintended consequence of the abuse, lack of justice and inadequate support. Although Ina recounted her drive to become a generational agent of protection to remedy what happened to her daughter below,

But this is at a time [my daughter] is a mother herself, so her worry is about her children. I was too late to protect her, but I can protect my grandchildren. So, I think it helped that.

Additionally, all participants determined what helped them, from attitudes and informal networks of support involving family, friendships and volunteering,

We were very lucky with our extended family that we had around us. So, that has helped. I also started volunteering and that helps to feel that I'm using that horrible experience and I'm putting it to some positive. (Demmi)

I think it's my 'fuck you' attitude [laughs]. I mean, in that I recognise that I have been able to do that because of the support around me. So, when I felt really rubbish, I have had people there to pick me up which is fundamental and really, truly, that's the only reason I've been able to be the person I am. That's safety, I suppose around me. (Maddyn)

Overall, participants' sources of support were diverse and deeply personal, in what sustained one mother did not appear for another. However, the connection across narratives was their function in fostering comfort and strength for mothers in their times of need.

5.8 Thematic Summary

In summary, the findings revealed how becoming a mother was a profound turning point for participants. However, some participants encountered disruptions to their anticipated maternal roles prior to finding out about the sexual abuse which involved abusive partners, court involvement or having a child with additional needs. Finding out about the sexual abuse of their child was a catastrophic rupture and irrevocably changed their lives and reconceptualised their identities as mothers which was captured through the first theme, *Motherhood ruptured*. In the second theme, *Mothers as Outliers*, mothers were marginalised in different ways through experiences which illustrated a lack of voice, value and visibility. Additionally, participants faced stigma, silencing and blaming attitudes, as well as isolation. Furthermore, in the third theme, *A Mother's Mire*, participants presented a rollercoaster of emotions, some of which were intertwined with their child, but others were qualitatively different depending on the abuser's relationship to the mother. In addition, analysis in this theme captured how mothers experienced a wound so deep and scarring, it manifested as a primary injury type trauma. Finally, the fourth theme, *Systemic Failure*, encapsulated a lack of maternal support and recognition in services, lack as a recurrent feature of support and little sense of justice for most participants. Beyond these overarching themes, the analysis now explores the narrative's structure and form.

5.9 Narrative Features

This section of analysis interprets the structure and form of participant stories through the lens of Frank's chaos, restitution and quest narratives (1995). As such,

this section explores the question, '*what does the chaos, restitution and quest narrative framework illuminate about participants' experiences?*'

5.9.1 Structure

In brief, restitution narratives tend to follow a linear sequence with a focus on remedies and restoration, whilst quest narratives derive meaning from suffering and chaos narratives defy narrative expectations by not aligning with traditional storytelling tropes with a linear sequence and a tidy resolution. Furthermore, chaos stories are well known as both difficult to hear and tell, rendering participants' experiences unspeakable. Child sexual abuse narratives are amongst the most discomforting and distressing situations which often break storytelling conventions, both for storyteller and listener. In this study, all participants recognised the confrontational nature of their narratives, as exemplified below,

I think the whole thing needs to be less of a taboo subject. It happens so often but it makes people feel so dirty if it happens to them or if it's someone close by or anything. The whole thing needs to be shared. (Ambika)

I think the thing for me that's most important is it's so not talked about. It's really difficult to have a conversation with anybody about what goes on in our family. So, it's really isolating. (Lavinia)

Above, Lavinia and Ambika shared the untellable nature of their stories. They pointed to the broader cultural aspect of their experiences being silenced. This signified that there was a societal expectation that mothers' stories were suppressed and as such, excluded from mainstream open discourse. This was a recurrent issue present across narratives and the absence of a space to be heard or their story to be told perpetuated the chaos where experiences could not be processed and impacted sense-making. As Amaya shared below,

I'm quite a reflective person and I think although I may have felt I'd thought about things at the time, I don't think I've really thought about things and

processed it. For me, this is learning, it's having some time and space from the events. Now I can see what I actually need to help myself in order to help my children.

This extract depicted how the failure by audiences to receive chaos narratives at the time of the abuse led to their rejection and consequently, delegitimised their authority outside the research space. Additionally, this exclusion heightened the chaos through societal refusal to bear witness and tolerate a mother's truth. As such, participants often recognised the difficulty in listening to their stories, as described,

The messy stories are the real ones [...] I mean, it's quite hard to hear but I'm used to talking about it. I've done a lot of counselling. (Lavinia)

This suggested participants were preparing the researcher for a story that they understood was “*hard to hear*”, despite the research specifically aimed at their experiences which involved their child's sexual abuse. Although there is no socially acceptable means or framework to easily discuss this, it becomes reduced in epistemic status to the unspeakable. However, through participation in this study, mothers were engaged in testimony, bearing witness to their experiences which intersected with how stories were told drawing on different narrative types. For example, through the lens of chaos narratives, stories of sexual abuse were overwhelming and unpredictable as participants spoke from within the disruption, which highlighted the disjuncture between the chaos at the time and the point of interview. Furthermore, the abuse was the primary source of chaos alongside its repercussions. Additionally, the chronology of mothers' narratives started from different points with Ina starting in her own childhood below,

When I was a child, I was always the one that played with dollies and I loved dressing up and playing mum. I came from what we called, 'a broken home'.

Whilst Amaya discussed background to the relationship with the abuser, Demmi and Ambika began from the point of the disclosure and five participants started their story

of becoming a mother (Maddyn, Lavinia, Candie, Lily and Maia) and exemplified by Lily below,

I think I probably have to start, just for you to understand the story at the time I adopted my daughter.

These diverse starting points of stories in response to the same question suggested that each participant located the centre of the story differently, either in emotionally charged moments or through providing contextual background before easing into the difficult parts. This appeared indicative of participants striving to impose order and make it understandable for the researcher. This was a recurrent feature throughout all participant narratives perhaps because of the pressure for narratives to conform. However, it should be noted that overall, the structure of participant narratives in this study were coherent and recounted their experiences in a flow of experiences like a journey, often found in quest narrative. This was also evidenced through participants different starting points which provided context and a strive toward coherence, before the first of three quest stages emerged. The first stage, 'departure' where the world changes and journey begins, starts with the call and for mothers, this was the discovery of the abuse. However, this discovery understood through chaos narratives, was where a mother's world was unmade. In other words, their lives were destabilised, shattered and irrevocably changed. Namely, their worlds and beliefs forever shifted. Moreover, the abuse surfaced early on in all the interviews, acting as an entry point for participants' stories to be shaped by what happened and the lens for which to be understood. Consequently, this marked brief fragmentation across narratives which reflected the significance of the experience for the overall narrative. For example, one third of the way through Maddyn's story, she asked,

[Shared the experience of her child's sexual abuse] I don't know if that's what you want? [laughs] – Maddyn

Relational safety between the researcher and participants was central for narrative assembly. Sense-making through suffering emerged and demonstrated the second stage of quest narratives, 'initiation', where participants recounted living through what happened. Nevertheless, coherence did not mean that chaos was absent. In chaos narratives the thoughtfully crafted stories of first-person unfiltered accounts were obscured by their constructed nature through memories, emotions and context. At times the sense of order found in quest narratives appeared fragile, with an undercurrent of chaos and instead, expressions of fragmentation were understood as complete testimony, rather than incomplete or incoherent. Whilst chaos did not dominate the entire narrative scaffold, bursts of chaos were discernible throughout the architecture of the stories and as such, manifested through different ways and overlapped with quest narratives. For example, the typologies prioritised the lived experience and feelings of participants with emphasis across three key areas, maternal role overload, mothers overwhelmed in their caregiving responsibilities and coping with the emotional toll and feelings about the abuse, as described below.

Challenging is one word I would definitely use to describe it. It's hard and it's exhausting. There are times that me and my partner will discuss it and it's hard not to get into that kind of 'woe is me state' and 'why do I have to deal with this?' (Maddyn)

It was horrific and the hardest thing we have ever had to deal with. (Demmi)

Chaos narratives acknowledged the overwhelming nature of mothers' feelings about what happened to their child. This was akin for all participants as their world rupturing. Recurrent features included feeling flooded with a lack of control, despair and suffering. Although difficult at times, participants spoke from within their trauma, with the interview as a mechanism for participants to reflect the impact of their child's sexual abuse on them, as mothers. For most mothers, these feelings were ignited or

reignited through their retrospective accounts. However, reflection is a key feature of quest narrative and was found in the interview experience itself, as seen below,

I'm quite surprised I haven't cried. I definitely had that numb, shaky feeling when we started talking. But now I feel quite relaxed. This is crazy to say, but I could be telling you about my Tesco shopping. So, that surprises me which just shows really how settled I feel about it perhaps and how at the moment there is no big worry on my radar to do with it. (Demmi)

I've got a headache, it's made me cry, my nose is running and my sausages are burnt [Laughs]. In all honesty, I haven't particularly looked forward to reliving this, but it's been really helpful to talk about it today. (Ina)

It appeared that the reflective interview experience mirrored participants changing emotional process in their lives. Whilst chaos presented a sense of flooding of emotions, as could be seen above, quest narratives acknowledged the power of their emotions to become bearable. Although all participants narratives were emotionally charged and saturated with strong and diverse feelings, two narratives demonstrated significant emotional intensity (Lavinia, Candie), which was perhaps indicative of remaining in the thick of the crisis often found with chaos narratives,

We will never escape it as a family. – Lavinia

The gravity of child sexual abuse confirmed the chaos and left mothers with a sense of feeling trapped. For Lavinia and Candie, managing their child's 'live' episodes of trauma and additional needs compounded their imprisonment in a profoundly difficult situation. An analogy of a storm may be helpful here, where Lavinia and Candie remained caught in the storm, feeling hammered from all directions (chaos), whilst Demmi and Ina's accounts above acknowledged the destruction of the storm, and others noted how it had forever changed them, but they came through it (quest). Furthermore, almost all accounts recounted a lack of resolve in their narratives and as such, participants felt angry, frustrated and devastated,

The CPS [Crown Prosecution Service] said there wasn't enough evidence and that [my child] was not a strong enough witness, was the term they used. Six

years old [laughs] and not a strong enough witness, so it was just her word against his word. So, no consequences whatsoever to him. (Maddyn)

The common absence of a clear resolution challenged dominant discourses of redemption and healing often found in restitution narratives, and exposed signs of disintegration. Chaos narratives without narrative closure challenged the discomfort in showing what falling apart felt like and resisted the pressure of restoration and remedy. However, one participant's story vividly combined both restitution and quest narratives in both having a resolution as the final stage of 'return' in restitution narratives and learning something about themselves as part of quest narratives, as presented below by Demmi,

I think the court going the way it did because [the abuser] did go to prison and I feel like the way the court was handled, the judge I thought was great [...] this is going to sound really weird, but I think however horrific a situation is, somewhere in there is going to be the most tiny silver lining maybe, but I always try to look for that. We've always been a close family, the four of us, but I think we've had this really unique experience together that we've absolutely had each other's back. There was never a second of not having each other's back [...] So, really my little family has weathered that storm.

As seen above, justice for the abuser going to prison presented as restitution and the role of a remedy. Whilst the analogy of weathering the storm combined with the "*tiny silver lining*" reinforced a sense of enduring an experience and the meaning derived from it often found in quest narratives. For Demmi, this was the closeness and support of her family. For other participants, this final stage of quest featured a mark left on them because of what happened, such as Lily finding the experience "*scarring*" (p209) and Candie's beliefs changing to become "*fearless*" (p211). In line with Frank's approach (1995, p76) it was common that participant stories combined all three types of narratives, "*perpetually interrupting*" one another because of the oscillating and multilayered nature of trauma. Furthermore, the disintegration mentioned above as part of the chaos narratives was also captured through the

harm which fractured participants identities. The reconstruction of identities is further discussed in the 'form' section below, but was also indicated through blurring of narrative voice between 'I' and 'you', as seen below,

When I'm stressed, anxious and worried, I lose my appetite. So, I feel and felt very sick and nauseous. And you're trying to kind of maintain some normal routine for your children. (Amaya)

Amaya frequently moved between 'I' and 'you' which signalled a depersonalisation moving from personal experience to outside of herself, perhaps to avoid full re-immersion in her story. These unclear narrator boundaries are emblematic of chaos narratives and were also seen in participants recognition and on occasion, discomfort in their roles as narrators, as depicted by Maddyn below,

It's that whole wounded healer, isn't it? I think every [profession] is a wounded healer and I definitely am [laughs].

Maddyn was clearly disconcerted in her narrator role as "a wounded healer". The concept appeared to signify both Maddyn's hurt and the hurt as a source of power and strength to help others. This appeared to mask her vulnerability and helped her to avoid confronting the depth of her pain. In addition, some participants struggled to tune into their fragility throughout their narratives, preferring to detail their child's experiences rather than discuss their vulnerable states, as seen in Lavinia's excerpt,

She was so bright and talking in sentences on her first birthday, she had a vocabulary of about 150 words and she could recite Green Eggs and Ham and turn the pages of the book at the right time on her first birthday, I've got video of her doing it. But I thought it was normal [laughs].

Mothers were destabilised and at times, appeared unable to speak from within their own pain preferring to 'circle' it from the edges as a protective measure. This was a recurrent strategy, particularly for participants who stood out as striving for control in an uncontrollable situation (Maddyn, Lavinia, Ina, Candie and Maia). Control was seen as the antithesis of chaos and through attempting to tell their stories in a

controlled, coherent manner, participants maintained an illusion of control to manage the unmanageable. Through the lens of chaos narratives their child's story became a narrative proxy to obscure their unvoiced trauma. Although in contrast, it could be understood through restitution narratives as the solution-focussed nature of their child's situation which emphasised restoration and repair for their child with depictions of prioritising the needs of the child as seen in Lavina's extract above. Together, the structure of participants stories did not exclusively conform to one narrative type and instead frequently blended chaos, restitution and quest elements. Now, exploration of narrative form using metaphors and emotional signals will follow.

5.9.2 Form

5.9.2.1 Narrative Form: Trivial Pursuit and Identities of Gatekeepers, Soldiers, Being In-Control and Vulnerable

Metaphors featured in all three narrative types, but their function differs across quest, restitution and chaos. For example, through the lens of chaos narratives some participants used metaphors as a tool to make their fragmented experience more coherent. This was illustrated through Demmi's vivid account within her narrative that emerged powerfully following the disclosure of her child's abuse,

A strong feeling I had, and still have, but don't dwell on it quite so much now, involved Trivial Pursuit, the game. You've got the round counters where you put all the cheese in and all the pieces when you win a colour. I've had this really strong feeling which started that night which at times got really strong and other times less so. So, in my head we're all in this round counter and the scenario is the round counter, but we've all got different pieces of the cheese. We've all got a different combination of colours that we have in this scenario. So, for me, my colours were around predominantly, I got the colour of being [son]'s mum. No one else has got that. I've got the colour of being [child sibling's] mum and I've got the colour of being [husband]'s wife and supporting him in terms of what's happened to his son and that [the abuser] was his brother.

Through the recurring metaphor of colour-coded wedges or ‘cheeses’, borrowed from the trivial pursuit board game, Demmi outlined people’s particular roles and responsibilities. Each cheese represented the individual’s unique dynamics towards the situation with consideration of how diverse perspectives contributed different knowledge and viewed the situation through their distinct lenses. This implied that each person connected to the situation possessed influence that the others did not have within their role. For example, Demmi, spoke about her colour cheeses as her son’s mother, her older child’s mother and as her husband’s wife. Whilst she felt her husband’s cheeses were different and the situation more complicated due to the abuser being his brother. Additionally, she commented how her mother-in-law was very supportive but also shouldered different burdens,

She was very supportive and coming back to this idea of Trivial Pursuit, this was her son. She's got a unique piece of the jigsaw that she's got to bear, manage and do as she needs. As long as there's no doubt from anyone as to my child's truth and what's happened to them.

Alongside the metaphor, the addition of the “jigsaw” comment reinforced that knowledge of the situation was connected to a puzzle. Both served as mechanisms to provide more clarity and structure within an incomprehensible situation. The sense that pieces were scattered and some pieces were particularly painful to bear mirrored chaos narratives. Although there was flexibility within people’s specialist roles, Demmi was clear that the fundamentals of the system were fixed. Like the ‘game’s rules’, the ultimate guiding principle which governed all actions involved prioritising her child’s truth. This aspect of fixed rules aligned closely with restitution narrative, where the outcome was framed within a predetermined framework. This perspective suggested that whilst Demmi acknowledged fragmentation of the familial roles and was open to adjustments, this was underscored by a deep sense of protection and advocacy for her child’s narrative. Consequently, this metaphor

played a role in Demmi's identity reconstruction following the abuse, positioning herself as a protective gatekeeper establishing boundaries and preserving the integrity of her child's personal narrative. This shift in identity and purpose signalled quest narrative, where meaning-making was deeply intertwined. Furthermore, these shifts in identities were found across participant's narratives, but differed across narrative types, as seen below,

I was on autopilot going through everything, not really living, just like a soldier almost [crying]. I don't think I've ever spoken about it at lengths with a professional, like this or anybody before [...] It's the first time I've ever really stopped and spoke about it and been told that it's okay, you can stop, you can think about this and that. You don't have to be a soldier, you don't have to just keep going, you know? (Ambika)

The portrayal of a soldier implied mothering as a battlefield role which emphasised fighting, endless duty and hardship was reminiscent of chaos narrative. In the excerpt above, Ambika described her emotional detachment to fulfil her maternal responsibilities, signifying the cost of duty and exemplifying chaos in her story, that her identity was under threat. Suppression of feelings to perform their motherhood roles obscured their identities as women with individual needs and emotions and connected with the idea of tireless, self-sacrifice and prioritising of their missions and motherly duties. Moreover, motherhood, like a soldier was seen through combat and operating in a functional, habitual state, as Ambika shared. This took place alongside her experience of stepping into her vulnerability and out of the controlled, autopilot, soldier state to face the psychological aftermath of trauma. A mothers' perseverance through the concept of 'soldiering on' or battling was a frequent pattern highlighted amongst participant narratives,

There was none of the brutal honesty that we could have really done with. We could have worked with something like that as a family, rather than us battling around in the dark. (Candie)

We then had a three-year battle before [my daughter] met [the abuser] for the first time [...] I had fought for years at this point and it felt like such a battle and I was exhausted. (Maddyn)

In Maddyn's excerpt above, she spoke of battle fatigue from defending against the abuser's 'attacks' in relation to contact with her daughter. Whilst Candie described potential, yet absent ways to reclaim control in an unclear situation. Furthermore, below Maddyn referenced the "minefield" in navigating the shifting landscape between control, support and autonomy in her maternal role with her child,

I think that it can be a minefield. I want to help [my daughter] and be understanding and compassionate. Then there are times where I think 'are you just being a teenager and you're trying to get out of being told off?' It's hard work definitely, and I just want an easy life but it's not.

It was evident here, that participant narratives were used as sites of control, where there was a strive to understand the terms of the interactions and the need for careful deliberation as one wrong step could lead to misunderstanding. Additionally, Maddyn shared her yearning for "an easy life" which exemplified the tension between having control and the burden of control, as seen through consideration of her daily parenting negotiations. For Maia, notions of control came through her difficulties in managing her daughter's repeated disclosures in the following extract,

My child was going around telling random strangers, neighbours, any Tom, Dick and Harry that would listen that she had been sexually abused. So, I ended up phoning the council and saying to them [...] 'I can't stop her disclosing'.

The extract above reflected restitution narratives in reclaiming control through the remedy to balance Maia's daughter's uninhibited, transparent disclosures, with restraint. The phrase "any Tom, Dick and Harry" encapsulated social regulation through the management of information sharing and demonstrated Maia's discomfort with her lack of control. This excerpt fits well with restitution narratives, due to the

restoration of order and control. The limits of participants' control were further illustrated through the metaphor, "*sphere of control*" for Amaya,

My friend suggested the sphere of control, the things you can control and things you can't control. I thought, 'oh, I quite like that idea. So, let's just concentrate on the here and now rather than things that I can't control or things that I can't change.

The acknowledgement above of aspects within and beyond Amaya's power and control to change was meaningful and resonated with quest narratives. This recognition that there were uncontrollable aspects integrated within her story supported Amaya to feel empowered and freed her from situations where she felt more powerless. For example, when she recounted difficult experiences through the following metaphors,

I think [my child] surprised me by how well she coped because there'd be days when I was in pieces and she'd be okay. I'd think, wow, that's amazing. But today, personally, I'm a wreck and then other days I might not be.

The above excerpt blended narrative types. It was clear that participants' loss of control and experiences of powerlessness strongly resonated with chaos narratives, with the impact of the abuse presenting as a force beyond participants' control. The images of being a "*wreck*" and "*in pieces*" on some days symbolised Amaya's sense of despair and disarray. In contrast, noticing how her daughter was coping well indicated a sense of restoration commonly found in restitution. Whereas Amaya also exposed her vulnerability, which spoke to her inner strength and insight about her experiences which demonstrated the meaning derived from the experience.

Together, the use of metaphors, shifts in identities and aspects of control emerged through the different narrative types across participants' stories, which also revealed different emotional signals and states.

5.9.2.2 **Narrative Form: Emotional Signals and States**

Diverse emotional signals were apparent across participant narratives and revealed how experiences were felt and shared in the interviews. As such, the different indicators signalled the narrative type performed. For example, emotions toward restoration such as hope might present restitution narratives, whilst disruptions of the narrative form through overwhelming emotions align more with chaos and although quest narratives accept disruptions, this is about integrating emotions with new meaning. One such indicator which conveyed participant experiences was laughter, which despite circumstances involving deep pain and suffering was present across all narratives and as such, conveyed different types of meaning throughout. From using it defensively to shield against pain to nervously making the unseen, seen as Ambika demonstrated in the following extract,

I also think I'm becoming more of an emotional mum because someone said to me once that I never used to let my kids see me cry and they're like, 'how are they going to know that it's okay to cry if they never see you cry?' So, now I just cry all the time [laughs].

This reflective insight signalled a shift in Ambika which was something she seemed to be still grappling with, and her laughter implied recognition of her emotional wounds with a slight unease about their visibility. This suggested that the experience was raw but had taught Ambika that it was okay to show her emotions, features commonly seen in quest narratives. Whilst Maia's experience below enacted avoidance of engaging with her vulnerability and signalled a move towards chaos,

It's funny, someone I was on the school walk earlier on said to me 'I'd love to know how you exude so much confidence'. I just laughed at her and I said 'don't be fooled, you've got no idea, love' [laughs].

The quote above identified the tension between how Maia was perceived by others and how she understood herself. By laughing, Maia diffused any introspection, preferring her normative state of self-control striving to disrupt the chaos in her

narrative and reclaim control. Moreover, Ina's laughter also seemed to be a protective response to feeling exposed,

My daughter believed in Disney, I mean I did bring her up on Disney and Prince Charming. I put rose-coloured spectacles on and we found out the hard way [laughs].

Perhaps, Ina's laughter also masked her disappointment that reality did not match her idealised expectations. The fairytale and Prince Charming archetype depicted perfection and heroism, protecting Ina and her daughter from danger, but instead this diminished Ina's agency and perpetuated harmful relationship dynamics.

Consequently, this appeared to be a strategy to maintain her composure in a disempowering memory, which corresponded with chaos narratives. Conversely, participants also used laughter as a source of relief temporarily punctuating the chaos with restitution narratives. There was often a build-up of tension due to the weight of their discussion and as seen in the following quotation, a desire to get back to 'normal',

I think as a mother, I overcompensated for everything, doing everything for them all the time because it wasn't just about the trauma of what they went through, it was the fact that they did lose a parent at the same time, however shitty he was. It's only recently that I've started taking a step back, going, you can make your own chicken sandwich [laughs]. (Ambika)

Through the humour of a "chicken sandwich", Ambika conveyed her autonomy, tentatively shifting her maternal boundaries in the best interests of increasing her children's independence. In summary, through their narratives, mothers used laughter as a tool, not to invalidate their pain, but instead as embodied expressions of their emotional states, that at times weren't easily narratable, implied reflection and relief, or a combination of these. In contrast, tears symbolised the emotions and chaos which underscored the experience,

It was really [pause] It was just really dark [cries]. (Lavinia)

It was really hard [cries]. I was in survival mode. So, it was like this needs doing, this needs doing, this needs doing and I didn't really process anything [cries]. (Ambika)

The language and tears presented in these narratives revealed the hardship and suffering experienced by Ambika and Lavinia in line with chaos narratives. As such, their emotions flooded them, interrupted their storytelling and revealed fractured emotional states. These emotional expressions served to frame and communicated the pain, as well as released the feelings surrounding their difficult times. Ambika's and Lavinia's tears revealed their vulnerabilities and appeared to signal a temporary breach of their narrative containment which is a distinctive feature within chaos narratives. Whilst for Ina, a moment of realisation revealed a sense of inner turmoil below,

I didn't realise until a few years later when we'd split up and then one day I woke up and it was a turning point. My mum looked at me and said 'Ina, it's nice to have you back'. [muffled cries] I probably hadn't been a very nice person because everything had been about him [abuser].

Ina's self-criticism came through her mother seeing her in a new light, presented toward restitution in her narratives. Feelings of shame and guilt briefly surfaced as tears before maintaining her composure which signalled that these emotions were difficult to express. Furthermore, there is a strength of emotion in the narratives, where laughter and tears were intertwined in emotional expression and while this varied within and between interviews, the presence of emotion was salient and consistent. In addition, metaphors of tensions and anxieties presented different emotional states, as seen below,

It was just like living on drawing pins for all that time [during court case], just waiting, waiting, waiting and hoping. Feeling like everything's pinned on this [...] being on a treadmill and getting dangled the carrot of something's going to come from this. (Demmi)

The extract above characterised how Demmi felt on edge through persistent stresses. There was a sense of unease accompanied with nervous anticipation in waiting for an outcome, of which she had little control. There was a combination of metaphors of “*living on drawing pins*” with “*dangled the carrot*” which symbolised a state of discomfort and uncertainty with suspense and hope of a positive outcome, often found in restitution narratives. As well as this, participants spoke about the messiness and complicated nature of their situation,

We do have a lot to deal with and it felt like a can of worms that could go in all sorts of different ways. (Lavinia)

I've been thrown into this world of child sexual abuse and once you open that can of worms, it's a really dark place. (Lily)

The “*can of worms*” metaphor inferred a situation, once ‘opened’ could spiral into different directions or chaos for Lavinia, whilst for Lily the darkness represented the heavy emotional weight of the situation embedded within chaos narratives. In contrast, there were also characterisations of participant experiences which were suffused with high intensity energy below,

The adrenaline coursed through my body from that day and what tomorrow would bring because we knew we had to do stuff [...] That night was just disbelief, numbness, and then, your mind racing nineteen to the dozen. (Demmi)

Demmi’s mind appeared to be operating at a frantic and uncontrollable pace in addressing the crisis of her child’s disclosure. Similarly, Amaya’s overwhelmed response was embodied through physical movement of rocking back and forth,

For two weeks I just sat on my sofa rocking because I did not know what to do. Everything in my head just exploded because it's too big for you to get your head round because you just want to protect your children.

Both extracts above presented intense and uncontrollable energies which depicted chaos narratives. Amaya’s survival mode manifested in her body, as she attempted

to regulate her distress. The explosive metaphor she described above resonated with Demmi's experiences below,

Then the police said to us, don't tell anyone else what's happened. So, we didn't have anyone else that we could talk to about it and I felt like I just needed to talk about this, it was just exploding in my body, in my brain. So, if not with [my son], I just had to keep talking about it with my husband.

The pressure cooker effect of secret keeping emphasised the accumulative toll it took on Demmi and her need to talk about the situation as it burst through her body and mind. This captured the pressure participants faced and these emotional surges were hallmarks of chaos narratives. In addition, Amaya shared her multiple responsibilities through a spinning plates analogy below,

[The counsellor] asked me what did I have going on in life while [my child] was going through therapy. I remember taking back a picture [to counselling] which I'd drawn of poles and plates and everything on it spinning.

The above quote implied that Amaya was juggling different demands simultaneously, with unrelenting pressure. This was also a consistent pattern described across narratives. Conversely, participants also shared detached and autopilot emotional states devoid of feeling, which were also features of chaos narratives seen below,

We had just been going through the motions really. We saw the police and the social worker and gave statements. Then we just entered the black tunnel of waiting for it all to churn through the court. It felt like forever. (Demmi)

There was clearly a feeling of a lack of control within a slow judicial process. Demmi used the metaphors "*black tunnel*" and "*churn*" which implied her frustrated surrender to the bureaucratic grind. Demmi went onto to explain following the outcome of the court case, how things were calmer for her and used the expression "*chill in my head*" which signalled a move to quest narrative,

It's taken a long time to be able to let things chill in my head, to not have to worry so much which feels quite crazy actually, but I think it comes down to my child and who he is. I mean, I find it incredible to put this sentence together, but maybe what he's doing, is just moving on.

This indicated that Demmi's previously frantic pace was much slower and she attributed this to how her child was doing. Demmi's child appeared to be the narrative anchor, which suggested that Demmi's wellbeing and safety was bound in her child's survival. This was similar across some participant narratives with children who perhaps required less intensive, ongoing support. As such, Demmi also spoke about check-ins with their child through the metaphor of a dentist,

I think probably the big one was, 'how on earth is [my child] coping like this? What am I missing?' We've tried to do things with him, like, how you go to the dentist every six months for a checkup. I'll just have a little check in with him and say, 'how are you doing? Do you want to talk to anyone about this? Just open it even just for 30 seconds and then it can be closed again if that's what you want'. (Demmi)

This approach suggested that like a dentist, Demmi was seeing if anything was causing her child any discomfort that might not be immediately visible. The metaphor presented sensitivity and care in creating an opportunity to share in a safe space and indicated acceptance within the situation, commonly found in quest narratives. On the contrary, for participants whose children were now adults and continued to require a significant level of attention due to their chronic and multifaceted needs, they were engaged with 'live' survival mechanisms. For example, Lavinia described herself as continuing to be in 'crisis management' with her child on an ongoing basis, and consequently, used a secure compartment in her mind to lock difficult aspects away, as shown below,

I had this metaphorical box in my head and I just put everything into that box and slammed the lid on so that even driving home, I wouldn't be thinking about it. I didn't think about it for ages. Because I just felt like I had to deal with what happened because every time [my child] had a session, then she would have three or four really bad days where all of these memories were churning around and she would have panic attacks and meltdowns and it was really difficult.

Boxing up painful memories, thoughts and feelings was a technique Lavinia implemented to enact her maternal functionality. In other words, storing

overwhelming knowledge and emotions in a metaphorical box meant that Lavinia could carry on protecting and caring for her child, through a functional dissociative response and keep the chaos at bay. In summary, laughter, tears and the use of metaphors illustrated participants emotional states and revealed how mothers' stories were expressed.

5.10 Chapter Summary

Overall, this chapter, *Narrative Interview Findings* has analysed participant data through narrative thematic analysis, comprised of individual pen portraits, thematic analysis of four themes and analysis of stories' form and structure through the lenses of restitution, quest and chaos narrative frameworks. Together, this integrated approach allowed for deep engagement with participant interviews and overall, strengthened the analysis. Additionally, this chapter has responded to the first research question exploring what life is like for mothers to children who have been sexually abused as well as the first three objectives which include exploration of the emotional, psychological and social impacts on mothers, their coping mechanisms and how they navigate support in the aftermath. In the next *Chapter 6*, the focus group findings will be analysed.

CHAPTER 6: FOCUS GROUP FINDINGS

This chapter presents the findings from the focus groups. A key qualitative objective of this phase of the study was to explore focus group participants discussion. This corresponds with the study's overall aim to understand social worker perspectives and one of the central research questions to be addressed: *How do social workers understand these maternal experiences and what are the implications for their practice?* First, there will be a brief overview of participants. Secondly, the themes which emerged from the data will be presented and participant extracts will evidence the analytic process and bring the content to life. To protect participants' identities and shared stories, all identifiable information has been removed.

6.1 Overview of Participants

Data were collected through two focus groups with five experienced social workers in each with varying backgrounds and they were anonymised using colours:

Table 6.1: Focus group identification table

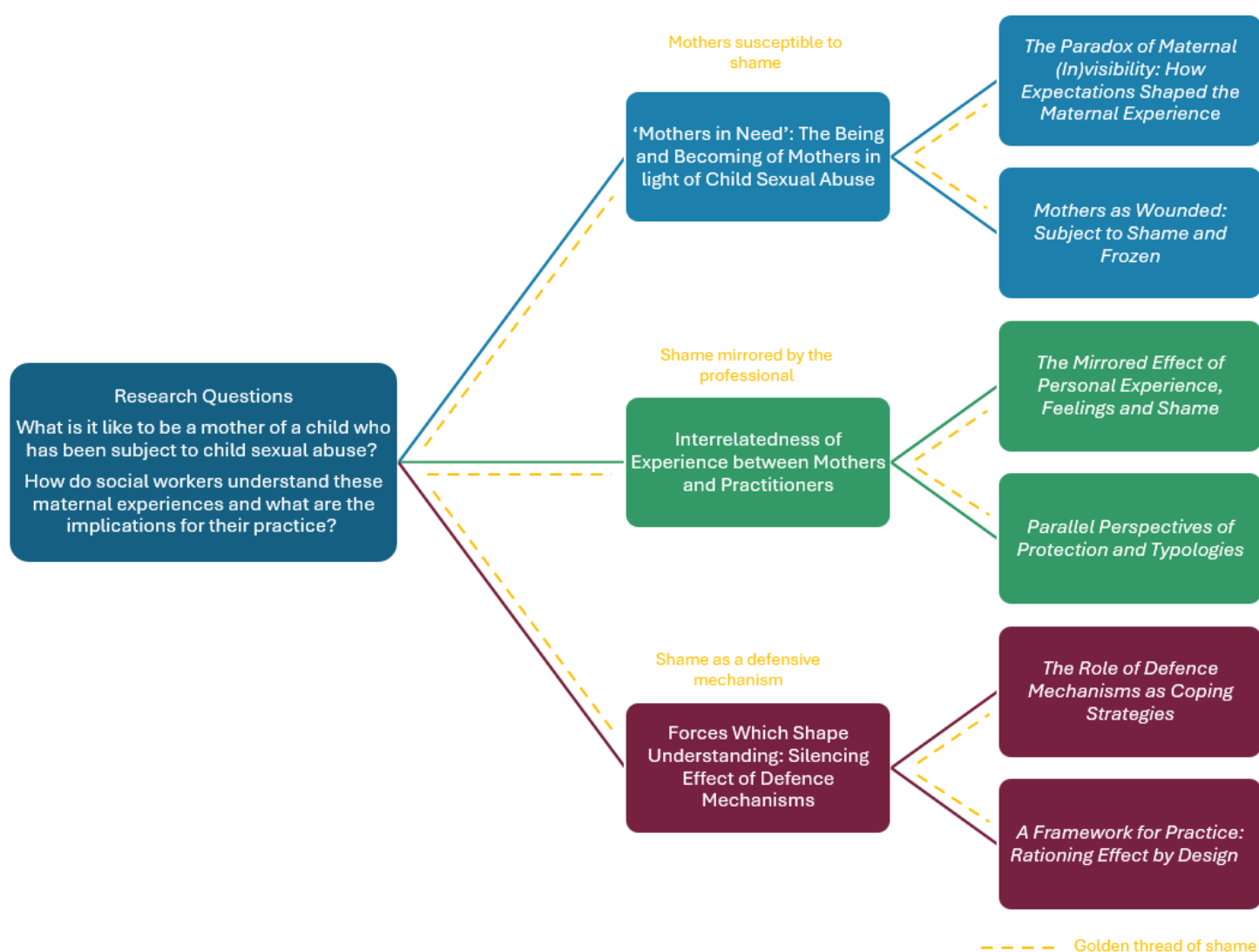
Focus Group 1	Focus Group 2
Orange1	Orange2
Blue1	Blue2
Yellow1	Yellow2
Green1	Green2
Red1	Red2

Source: Author's own

6.2 Summary of Themes and Thematic Map

From the focus groups, three overarching themes each with two sub-themes were constructed, as visually represented in the thematic map below (*Figure 6.1*). Initial coding generated multiple codes and code labels, which were then refined into six initial themes (*Appendix 3.7*) which can be seen on the right-hand side of *Figure 6.1*. These were then grouped into three overarching reviewed themes.

Figure 6.1: Focus Group Thematic Map



Source: Author's own

6.2.1 *'Mothers in Need': The Being and Becoming of Mothers in light of Child Sexual Abuse*

6.2.1.1 *The Paradox of Maternal (In)visibility: How Expectations Shaped the Maternal Experience*

6.2.1.2 *Mothers as Wounded: Subject to Shame and Frozen*

This central theme explored how narratives of motherhood were situated in common factors such as historical legacies, stereotypes and expectations which shaped maternal identity. Perceptions of mothers as protectors reinforced notions that they remained primarily responsible for their child and were consequently, hypervisible to services. However, motherhood itself appeared to render mothers invisible as women with needs. Furthermore, for mothers of sexually abused children, this was a unique form of trauma in their lives as women and in their mothering role, characterised through the mother as wounded, subject to shame and frozen.

6.2.2 *Interrelatedness of Experience between Mothers and Practitioners*

6.2.2.1 *The Mirrored Effect of Personal Experience, Feelings and Shame*

6.2.2.2 *Parallel Perspectives of Protection and Typologies*

This theme explored the core idea that practitioners and mothers shared complex parallel experiences through a mirroring effect of overlapping feelings, perspectives and proximity to child sexual abuse. This included personal connections with child sexual abuse on some level through direct experience, friendships or colleagues. Focus group participants also expressed their own feelings of shame with deep emotional dynamics at play in their practice experience and practitioner approaches towards protection reflected those experienced by a mother whose child has been

sexually abused. Additionally, diverse understandings of mothers closely resembled practitioner behaviours. These personal and multilayered experiences were found to be inextricably linked to practitioners' understanding and work in the field of child sexual abuse (see *Appendix 6.1*).

6.2.3 Forces Which Shape Understanding: Silencing Effect of Defence

Mechanisms

6.2.3.1 The Role of Defence Mechanisms as Coping Strategies

6.2.3.2 A Framework for Practice: Rationing Effect by Design

The final theme considered the drivers for practitioner understanding and behaviours. In other words, the coping strategies and hidden forces which operate as a lens for social work practice and influence how mothers are interacted with and seen. In this theme there was an assumption that the welfare system was employing a rationalist response to child sexual abuse through metrics, procedures and processes. However, the data belies this claim suggesting that it was not rational and instead, recognised the system as mirroring trauma-based responses. Analysis highlighted psychodynamic theory and namely, the role of defence mechanisms, as a useful framework to make sense of coping strategies in relation to practitioners and organisations defending against anxiety and painful experiences. Consequently, a rationing effect was in place and came through several ways, from *resources vs relational practice*, *control vs compassion*, *certainty vs ambivalence* and *structural support vs professional autonomy*. Together, these factors influenced how practice toward mothers was operationalised.

Whilst the first two themes primarily focus on the individual level of experience, the final theme moves toward a systemic level of understanding. In addition, throughout the themes, there was a golden thread of shame. However, this manifested differently in each theme as (1) mothers susceptible to shame, (2) shame mirrored by the professional and (3) shame as a defensive mechanism.

6.3 Theme One: ‘Mothers in Need’: The Being and Becoming of Mothers in light of Child Sexual Abuse

6.3.1 *The Paradox of Maternal (In)visibility: How Expectations Shaped the Maternal Experience*

Unpacking expectations of motherhood started with focus group participants raising the significance of historical legacies as ways to understand how motherhood was perceived and enacted. To understand the historical context, multiple perspectives ensured social work practice paid attention to the past as sources of experience and their relevance to present understandings of motherhood, as described below,

It made me think about the very ambivalent position that mothers have had for a long time and that stereotypical split, which goes back to second wave feminism, between the Madonna-whore split, for how women are perceived. So, you're either the perfect mother, the Madonna and so you do your job brilliantly or not [...] It's kind of a stereotype that people pull on to, in their way of making sense of what's happened. (Yellow1)

So, it's [motherhood] clearly something that is socially constructed. (Orange1)

Above, Yellow1 spoke about the stereotype of how being a mother brings with it an ideal of perfection which placed pressure upon mothers to subscribe to dominant ideologies. The alternative was that mothers do not qualify for the standard and are thus, ‘bad’ characterised through the “*Madonna-whore*” split. Stereotypes appeared

to aid understanding as Yellow1 further considered idealised motherhood, which was perpetuated through the valorisation of the mothering role as nurturer, seen below,

But are we reverting again to cultural stereotypes as the mother is the caring figure who's emotionally engaged. All those sorts of stereotypes. (Yellow1)

Entrenched legacies influenced expectations placed upon mothers as well as defined values tied to motherhood. Together, this seemed to have a narrowing effect on mothers' capacity to parent. For mothers of sexually abused children, this was indicated in the discussion about many of the imposed expectations from society, family and social work practice about protection, captured by Orange2 below,

What society expects and what you and your family might expect. You might make your own rules, but they could be safe enough rules, but not sure we give families credit to create their own safety [...] we almost expect parents to jump into protection immediately.

This was further emphasised by participants in expectations for how mothers should feel and behave after they have found out about the abuse, as indicated below,

So, acceptance brings with it potentially a lot of those other feelings. I think once you accept that something's happened, then potentially you've got the shame, the guilt, the anger. (Green2)

So, we're led in terms of wanting to see a connection between mum and daughter, because we see her daughter as a victim and we want to see that emotion and connection [...] Then we have our interpretation of what she should be doing in a very practical sense as well as the emotional. (Orange2)

These implicit attitudes suggested that there was a 'mothering script' which existed about what to do, how to feel and behave, which mothers of sexually abused children needed to adopt to measure up to the required standard. The above extracts signalled that practitioners were clear about what they wanted to see from mothers, raising questions about who set and owned the standard. This dynamic exposed professional's demands of loyalty to the mothering script, for example, as seen above for mothers to prioritise the child's needs, demonstrate connection with the child and find acceptance in what has happened. Whereas participants also

questioned the legitimacy of these expectations, sounding out mothers' self-sacrificial burden alongside the complexity of child sexual abuse, expressed below,

Do we really need to have mothers really give their all and say, 'I absolutely renounce this person and I bow down and I'll never see this person'. It's not as simple as that. It's complicated, isn't it? [...] And I guess they decide the rules and those rules might not be what our rules are. You know, in terms of what we expect of 'you cannot see the perpetrator again'. (Orange2)

The extract above captured participants' curiosity about the implications of mothers not aligning with the implicit attitudes placed upon them, referred to as "rules" through the example of contact with the abuser. It appeared that Orange2 contemplated 'damage limitation' of enabling mothers' self-determination, over and above the imposed rules. It could also be seen as consideration of the explicit consequences to the implicit expectations. However, all participants agreed that for mothers, there was a very real and "*enormous burden of responsibility*" (Yellow1) that accompanied the sexual abuse of their child as indicated in the following,

I've heard that said a lot of times, 'is the mother protecting the children?' Yes. Then we can close the case [...] But what happens then? It could be that she's thrown out her abusive partner. Great. Mother's protecting the children. We don't need to do anymore. (Red1)

A case comes in, it's seen in child protection and then it's closed down. The expectation is that the mothers will keep those children safe and then it's done and dusted. (Orange1)

I did an audit involving sexual abuse and the thing what was interesting reading the assessment was when they were talking about what they were worried about and was cause for concern was mum's mental health and not the sexual abuse. [...] But it did really strike me that we were talking about this woman, saying that her anxiety, her mood, depression have increased, and we're worried about how that impacts on the child. But whose wouldn't in that situation? (Yellow2)

Above, Yellow2 revealed the emotional toll that accompanied mothers' responsibility to care and protect their child in the aftermath. This burden of responsibility then seemingly became weaponised as a valid source of concern over and above the abuse. Additionally, this was seen in Red1's excerpt above, where 'case closure'

within statutory services appeared wholly reliant on the protection offered by the mother, rendering other caregivers invisible, as Green1 questioned below,

I guess I'm interested when the practitioner's focus on the mother's responsibilities, so, where does the dad sit in this?

Together, there was a risk that a mothers' sense of duty and perceived responsibility to protect became a mechanism of scrutiny by practitioners. This suggested that women whose children have been sexually abused were solely seen for their mothering role and functions they fulfilled to protect, connect with and keep their child safe. The mothers themselves, were made invisible through their motherhood, dehumanised and not seen as in need, despite experiencing trauma and articulated across both focus groups and indicated below,

That seems to indicate then that services do not see them as an individual in need at all. (Yellow1)

And I wonder where the space is for her own therapy, for her own self, the acknowledgement of her own trauma. And I think that really struck me when you were talking about it that we, I mean, I know that I have not focused on that. It's just not really on my radar. (Yellow2)

In summary, there appeared to be a clear paradox of visibility at play, with women made invisible through their motherhood, overlooked as in need and treated by organisations as functions to enact rather than acknowledged for their full humanity. Simultaneously, mothers were hypervisible as wholly responsible for the prescriptive ways in which to protect and ensure the safety and wellbeing of their child. This symbolised the complex interplay of the difficult realities and tensions mothers of sexually abused children faced when working alongside services. However, to gain a comprehensive understanding of their experiences, focus group participant, Red1, suggested to start with a redefinition of mothers' identities,

So, we haven't got a term 'birth mother in need' have we, but there almost ought to be one.

This reframe of a mother's identity also leads to recognition of the trauma endured, as explored in the next theme.

6.3.2 Mothers as Wounded: Subject to Shame and Frozen

The concept of shame was discussed across both focus groups. Several participants highlighted how mothers were thrust into shameful positions, as described below by Yellow1 like an infection,

It seems that they were infected [...] somehow. Even though they've not done anything [...] But as soon as something happens, and even if you're not implicated, you're suddenly propelled into this very shameful position with little control really [...] but it's a very unjust position, isn't it, to be put into. (Yellow1)

Well, say there's a family of four and there's one child that's been abused. It's very rare we bring one child to a child protection conference, so we bring the whole family to conference. So, they've got four different schools and all of a sudden, it's not just that child but all the siblings' schools now. We as a professional network open it up really wide sometimes for families. I think that must bring in the shame of it as well. (Green2)

This suggested that shaming occurred irrespective of the mother's actions. Above, Yellow1 highlighted shame as a political emotion, where mothers were positioned in relation to unjust circumstances where they are often scrutinised and their maternal role overshadows the actions of the abuser which also reinforces their responsabilisation. Additionally, as depicted by Green2 above, shame was a powerful mechanism which could be leveraged as an unintended consequence to encourage mothers to conform to welfare requirements. Mothers of sexually abused children hold stigmatised identities and as such, their experience can be both shamed and distorted. This was highlighted in the below extract as the complexity in a mothers' and victims experiences could remain hidden because of its shame-prone nature,

We know that not all of life is abusive. Some really nice things happen. Sometimes there is shame and guilt from the victim and mother to have liked elements of that relationship and times they really enjoyed it. So, it's not clear cut, is it? (Orange2)

Additionally, shame was also seen through participants consideration of judgments and demonstrating empathy with a mother's complex situation, as highlighted below,

There's a lot of judgement isn't there? Because from the point of view of a mother whose partner is the perpetrator and they can't accept that, thinking about it from their position, you can see the difficulty in the issue [...] it unravels a lot for them in their life. You can empathise to some degree with why it might be really difficult for that mother to take that on board. (Yellow1)

Furthermore, participants shared how mothers felt a painful disconnection, immobilised and rejected from their community, as depicted by Orange1 below,

There were three children who were adopted. Sometime into their adoption, the family found out that one sibling had been sexually abusing another sibling and was then entered back into care. The family were eventually reunited, but for that mother, who was then left on her own with those children because the father couldn't deal with it and left the family home. So, then the implications for her and her family, involved a conversation she shared with me that she'd had with her own mum. Her mum said 'Well, they're not yours anyway'. So, the grandmother couldn't accept that her daughter still wanted to be the parent of a child who had sexually abused one of the other children not understanding or even wanting or feeling able to and probably not wanting to have that level of shame on the family.

In Orange1's excerpt above, shame appeared such a powerful force in sexual abuse situations that it could sever familial ties, which included a father's disavowal of his adopted children and a grandmother's rejection of her grandchildren. Building on this further, this personal experience of shame as illustrated through breaking family bonds is also shaped by cultural understandings of responsibility and belonging. As such, discussion and research data were noted by Orange1 as rooted in a culturally distinctive experience of shame,

One of the differences when I worked in a prior role with black African women where they had found out that their child had been sexually abused within the family. When I worked with this group of mothers, it was very differently observed within the group, and the mothers were very supportive of each other and when I was reading this [practice brief], it was starkly different [...] they did not experience the same level of shame, and the women were very united and protective, and it was a much more sisterly type, 'we've got your back. We will protect your child'. And all the onus wasn't on the mother. It was a collective effort.

Standing in stark contrast to the typical individualistic approach in the context of child sexual abuse, the extract above presented ways in which individuals experience shame was bound by culture and demonstrated recognition that shame beliefs in relation to a mothers' experience of child sexual abuse appeared to be culturally nuanced. Consequently, the violation of norms and values associated with the trauma experienced by mothers of a child sexual abuse victim may differ, alongside blame responses from others as well as maternal shame coping strategies. Beyond this, focus group participants discussed their observations of mothers' common coping mechanisms in response to their child's sexual abuse, drawing on their encounters in social work practice. One of which was mothers being frozen unable to think and act which was illustrated through a cognitive and physical paralysis below,

The mums who I've worked with, they just seem sort of paralysed in some ways, they're not in acceptance, they're not even strongly denying that it's happening. But they just seem paralysed. (Red2)

There was a case involving a 13-year-old that has given birth to her stepfather's baby, but Mum was also pregnant at the same time. Now that pregnancy has ended. But at first, she had the 13-year-old and the baby home, but that's now broken down because that was her husband's. She's now lost a baby [...] So, if you think about when we're talking about trauma and feeling paralysed, it's when you've got all those emotions. She's lost her husband, her daughter, gained a grandchild, lost another child, gained her husband's child. How do you move into protective mode and the doing when you're surviving with that emotional trauma? (Green2)

The extracts above indicated there was a sense of being immobilised and seemingly a significant disruption to mothers' daily lives. The response to the complex and overwhelming trauma of their child being sexually abused and all that accompanied this, for example, as seen in Green2's compelling excerpt above, involved mothers interpreted as numb and emotionally distant. From focus group participants' perspectives, this behavioural pattern persisted despite interventions, further

diminishing a mothers' engagement and shaping practitioners' understandings

towards her with a sense of being stuck. Such views were widely replicated below,

There's been so many attempts to engage this mum in different kinds of services and she still just seems absolutely stuck, saying simply 'Yeah, OK, I'll do that'. But cannot verbalise or show any meaningful understanding. (Red2)

The allegations involve significant, penetrative sexual abuse which [Dad] outrightly denies. The case is in child protection. We've done lots of programmes and all this different stuff, and there is also domestic abuse to consider [...] and mum is just stuck where she isn't able to manoeuvre herself out of that position with the support and protection of services. (Blue2)

Together, the extracts above indicated that despite services, mothers were unable to free themselves from their situation. The mothers' coping mechanisms seemed not to be understood as reasonable and rational responses to life-changing, traumatic events and instead, were seen as maladaptive. In the discussion, this led to cognitive reframing that the mother failed to protect her child, as seen below,

We see the stage of denial, anger, and paralysis. We don't often see the other side of it when they do start to engage and repair and make those decisions to protect. (Red2)

So, in this particular case then the mother who was in denial [about the sexual abuse] then became just as guilty because she was colluding, and questions involved 'why couldn't you protect your children? Why can't you see it?' So, there wasn't just isolation, but all the people that could have supported her were then very anti – her. So, that's another feature, isn't it? About how some family support, context specific, about whether people are going to help you or turn against you. (Red1)

In Red2's extract above, non-engagement and absence of repair through a safeguarding perspective could often be constructed through the lens of 'failure to protect'. Additionally, when a mother exhibited denial in Red1's excerpt above, not only could this contribute to being ostracised by their support network, echoing earlier points, this could also be frequently framed as a perceived lack of protection of their child. This meant that how a mother responded to sexual abuse influenced

how she was viewed and treated by professionals and those close to her, as emphasised across focus groups and referred to as the “*domino effect*” by Orange1,

In that scenario, when thinking about the wider impact, that if other members in the family had understood and knew what had happened, what impact would that have had on her relationship with other members in family? I imagine it's like experiences I've observed in families. The 'domino effect' of how on earth can you not believe your daughter when she's telling you this about that person? And that, that happened? So, then they become completely isolated to just that individual because the wider members of the family who do believe that has happened to that child, how do they support the child as well as the mum who didn't believe.

The “*domino effect*” described above implied a sequential reaction, where one action or response triggered the next event or consequence. So, the example in the situation above included how the maternal response and sense of belief of their child’s abuse sets off whether the mother’s family would support her and raised the difficulties encountered when also considering the child victim in the relationship dynamics. Whilst the “*domino effect*” in Red1’s earlier extract above included how a mother’s denial led to professional perspectives of collusion and failing to protect. Consequently, the “*domino effect*” provided a useful metaphor to understand the subsequent reactions and responses in a mother’s aftermath. The next theme moves beyond sequential reactions to interrelational understandings.

6.4 Theme Two: Interrelatedness of Experience between Mothers and Practitioners

6.4.1 The Mirrored Effect of Personal Experience, Feelings and Shame

Across both focus groups, several participants disclosed personal connections with child sexual abuse of varying degrees from personal circumstances, in friendships, with colleagues or across the workforce,

I was just thinking about if there'd been a group for people who'd experienced sexual abuse, for workers whether I would have attended it. (Blue1)

I've seen [child sexual abuse] in my own circle [...] somebody I knew in my friendship group. (Orange1)

We all know people who have come into a professional position, who have been abused or have had abuse in their lives, and it's a struggle to know how people can cope with it in their professional life, alongside their own personal experiences. (Orange2)

As depicted in the above extracts, participants brought unique perspectives to their work and navigated multiple identities as professionals, friends and victims/survivors. Furthermore, these appeared deeply intertwined with their emotional experiences and there was exploration of what focus group discussion had brought up for them. The emotional landscape was characterised by sadness, frustration and disillusionment for several focus group participants as shared below,

I feel, I suppose, what's the word? Disappointed. I don't know if it is, but why haven't things changed? Why is this still the case? I suppose that's what I feel like, maybe there's a frustration, a frustration and a sadness. (Blue1)

I don't know, it just makes me feel sad that that women are still going through these feelings and situations. (Orange1)

I'm just going to use the word frustrated about ultimately the lack of care that is offered or not offered. I mean, the lack of care that's available for women's positions. (Yellow1)

The data highlighted the complexity of emotions when considering a mother's experience involving child sexual abuse. As such, some emotional states were reproduced by participants through acknowledgement or 'absorbing' the difficult experience's mothers had endured. Whilst other participants expressed emotions of concern that presented a more galvanising effect. Child sexual abuse can press upon the most primitive feelings, evoking strong reactions as demonstrated by Red1 below who felt incensed because sexual abuse was not taken seriously,

Because to me, just to say, 'oh, these are children and these things happen'. We were outraged. No, this is much worse than this. Look at what this girl's been through and what she said has happened. That doesn't fit.

Anger mirrored some of the mothers' feelings from the interview data and is a common reaction to child sexual abuse. In contrast, it was striking how some participants found it difficult to articulate their feelings during the discussion, like the mothers in the narrative interviews. Similarly, the potential risk emotions posed for practitioners drew parallels with mothers in the study and across focus groups, participants demonstrated familiarity with and recognition of themselves in the mothers they worked alongside and articulated by Yellow 2,

I mean from a therapeutic perspective, the reenactment of the trauma feels familiar, and 'comfortable' and it's something that you know. So, we see people, maybe even ourselves, who have similar relationships over and over again until we're able to recognise and feel the feelings and think we want something different.

This practice wisdom shared by Yellow2 demonstrated profound insight of the overlapping experiences between practitioners and mothers. In essence, they captured how developing a high level of emotional intelligence contributed towards meaning-making and enacting change. This recognition and understanding of emotions also arose through discussions about shame. It appeared that shame was one of the most important emotions to understand in depth and was central to people's identity. The concept of shame from the narrative interviews with mothers strongly resonated with focus group participants, as shared by Blue1 in the following excerpt,

But also, if they've had these experiences themselves, that shame is there as well for workers. And we rarely talk about sexual abuse really. We know it's prolific in terms of prevalence. So, there's going to be lots of social workers that will have experienced it as well.

Shame as a deeply felt, personal and internalised emotion was complex and multidimensional, with practitioners experiencing an accumulation of shame, described by focus group participant Orange1 as a “*stacking*”,

I was also thinking about situations that have happened in my life and knowing that for some people who are in the profession where childhood sexual abuse happens, you would think from the outside looking in, that because that person has worked within that profession and understands it and is absolutely in support of mothers, that they would recognise that there's no shame attached to them. But they feel it themselves [...] If that happens to your child, and you weren't able to protect or stop that from happening to your child, there's this idea that you're somehow partly responsible for it. Then, because you're in the profession that you're in, you should know how to respond to that. Then there's a level of shame about not knowing how to respond to it. So, it's almost like a stacking of shame.

The quote above suggested that shame was a powerful force in social work, social in nature and enmeshed between the individual and societal context. The sense of “*stacking*” implied an accumulative, layered experience which potentially created an archive of shame. In Orange1’s story, the feelings of being responsible and fear of not knowing what to do were strong drivers in social interactions. Mirroring the narrative interviews with mothers, participants recognised that experiencing shame in this manner was an unwarranted response, yet they still experienced it on an emotional level. This suggested a disconnect between practitioners’ rational understanding and their emotional regulation, which meant they struggled with the multilayered nature of shame when they too had direct experience of child sexual abuse. Although, shame was experienced by practitioners regardless of their personal encounters, but across their professional actions, due to the nature of their role involving sensitive and distressing material and consequently, there was a sense that shame became ‘sticky’ or contagious. Despite shame being induced in practitioners there was consensus amongst focus group participants that

professionals play a vital role when working in the field of child sexual abuse.

Despite this, child sexual abuse can remain unspoken in social work, as seen below,

So, they're [practitioners and mothers] sharing in their silence. (Yellow1)

I didn't find out for months but somebody [friend and social worker] very close to me, and it was only months after the event that she broke down and shared what happened to her child. While she was breaking down, expressing how upset she was, she was then explaining how she didn't understand why she didn't tell me when it happened. Which just reinforces this whole, 'it's still something that you don't talk about, even if you're in the profession where we talk about it'. But if it happens in your own life, her whole perception of it changed and she couldn't even reach out to her closest friends and her family today still don't know about it. (Orange1)

This sense of shared silence was akin to some of the mothers' experiences within their support networks and community. As shown above, shame was experienced by the individual on a personal level and manifested through silence. Nevertheless, as seen in Orange1's extract above, shame existed at the intersection of internal, personal experience and external, social interactions, and thus, created awareness of how practitioners understood themselves and how they were seen by others. This resulted in Orange1's friend not telling her family. However, these silencing effects of shame held significant consequences for children and mothers, impeding the ability of practitioners to ensure their safety and protection, as seen below,

Years ago, there was a case involving Dad going to prison for sexually abusing his two daughters. There were child protection plans in place for everything but the sexual abuse. When we were working with Dad in prison, he said it was so easy to fall in with professionals, it was so easy to talk about everything else because his kids were scared to talk about it. Obviously, he had put the fear into them, but he was so clever and we didn't even ask the questions or even put it out there.

Orange2's quote suggested a powerful interplay between shame-based dynamics and social workers' abilities to effectively communicate, act decisively and protect child victims and their mothers. The abuser relied on a shaming atmosphere, one of discomfort to exploit the silencing effects of shame to ensure practitioners shied

away from asking questions. Consequently, this undermined the practitioner's ability to disrupt the abuse and left the abuser's behaviour unchecked. This is significant because this resonates with how detection and prevention are hard shame-based processes which operate unconsciously across family and professional systems and as such, leads to considerations of protections.

6.4.2 Parallel Perspectives of Protection and Typologies

There appeared to be a strongly held belief that good social work comes through a focus towards practical remedies and the 'doing' of social work activities. With multiple tasks undertaken, practitioners mirrored mothers and mothers mirrored practitioners in operationalising protection, as identified below,

I think these workers who because of resources they're being, say too practical or because of the culture of social work [...] at the moment. (Blue1)

We need the 13-year-old on a [...] plan, we're really worried about XYZ. We come in with a very practical 'we need a safeguarding plan'. (Green2)

The depiction above of practitioners 'doing' protection arose through various practical aspects, such as through implementing a child protection plan or 'busy-ing' practitioners through practical remedies. This practical approach to protection also extended to both abuser and mother, reassuring the practitioners that practical protective measures were also being undertaken to ensure the safety of the child victim, as described by participants below,

I think if we talk about the 'others' out there, there's a sense of whoever the perpetrator is to punish them rather than thinking, actually once this whole circus is done, there's a family behind it and I think that gets lost sometimes. We're so quick to want to protect. (Orange2)

I think when we're in the child protection arena and we often send mums off to family centres to do empowering women's groups. I don't know all the ins and outs of what is involved in these programmes. But it is about protecting. It's about us arming that mum with the ability to protect a child. (Yellow2)

In the above excerpt, Orange2 implied that because of practitioners' focus towards the 'doing' of protection, this meant that sometimes they lose sight of truly empathising with what the family have endured, which speaks to relational practice and engaging with feelings and emotions. Whilst Yellow2 used a military metaphor of "*arming that mum with the ability to protect*" which could suggest social workers as soldiers speaking about intervening to the threat posed or perhaps equipping the mothers as 'soldiers with arms'. This doing of protection strongly resonated with mothers in the interviews who moved into becoming very practical in different ways to ensure protection. One potential explanation for being practical might stem from practitioners' desire to fix a situation as agents of change, as seen below,

But you just get so wrapped up in, how can we make this situation better? And want to fix it that it's not our job to fix it. Sometimes it's our job to help parents and mothers to figure out how they're going to make things better. (Orange1)

So, when thinking about the 'luck of one' [from the practice brief], and I'm not saying it's either way, but is there a connection between being able to save and rescue where they haven't been rescued themselves or couldn't save their own situation. (Orange2)

Above, Orange2 outlined how some practice is shaped through a practitioner's rescue agenda. However, both 'fixing' and 'rescuing' undermine social work's core values of self-determination and empowerment which may be difficult to hold on to when working with child sexual abuse. Although this can create a dependency dynamic and disempower mothers, and also inadvertently reinforce negative stereotypes about mothers, portraying them as incapable of change without the expertise of social work. Despite this, parallel perspectives of mothers from the interviews were also seen in the role of 'fixers', shouldering the burden of responsibilities in addressing and resolving the fallout from the abuse. Furthermore, typologies of mothers whose children have been sexually abused were expressed across focus groups and offered a useful framework to recognise the complexity and

nuance within the motherhood role, whilst parallels were also drawn with practitioners (Appendix 6.1). From the 'marginalised' mother, whose experiences were overlooked and silenced, as recounted earlier, and was also shaped through a profound sense of isolation, as described by Orange2 below,

In my experience of mothers where there has been sexual abuse, they've been totally ostracised and it's really hard because they've been completely shut down of love and affection [from their family], so it's hard for them to try and create their own family unit, isn't it?

For practitioners, participants considered many difficulties in multi-agency work from palatable language and differences in safety thresholds, as described below,

It was a kind of, two worlds meeting where we [two social work teams] were both very upset on behalf of the respective children. But the language was very difficult to find, that the other side found palatable. (Red1)

However, the police have deemed her as being able to keep the child safe when we're saying actually, we're on a child protection plan because we're saying she cannot keep her children safe. (Blue2)

Together these diverse ways of working served to overlap with marginalisation and decision-making, where professional judgment, thresholds and language differed and as such, power dynamics arose. Additionally, isolation was symbolised through Red1's consideration below of moving beyond the 'silo mentality' approach in practice towards something more collaborative,

So, I'm just wondering about the divide between services [...] instead of silos, should there be a collaborative response? It's about family work. Maybe it's not just do child or just do family, but perhaps it's a collaborative approach, together providing that support.

So, the marginalised mother with a paralleled practitioner referred to a process of being pushed to the edges. Although there were overlaps with isolation between mothers and professionals, their experiences manifested differently, for example, this was noted in focus group discussion as a mother's needs being overlooked whilst a practitioner grappled with their influence in difficult or different professional working

relationships. In contrast, the ‘*agentic*’ mother, who was able to act, make choices and was affluent enough to outsource tasks and treatments was described below,

So, if you're a middle-class woman who's well off or those sorts of things, I think it's also important to think when we're challenging ourselves about who we think gets this limited support that there is because of resources and so on. You know, about class and these women here, their experience of that. If you've got money then you're on your own, sort yourself out with therapy or whatever because people had to go and find it themselves. (Blue1)

The parallel perspective was typified in participant's views of practitioners exercising power by being tenacious and using their legitimate authority as shared below,

It's implementing their legitimate authority in a very practical manner. It's the stuff that practically makes you feel confident. (Green1)

The luck of one helpful professional, and that's what made me think you're the person [referring to Orange1], the tenacious social worker who is the one. I suppose if you were that mother, that you're hoping that someone will fight, fight on your behalf. (Blue1)

Together, the agentic mother and professional described someone with the capacity and power to act, even whilst operating within constrained systems or contexts.

Furthermore, the mother who sought help out of concern for their child's wellbeing and described by Orange1 below could also be understood as the ‘*protector*’ mother,

When you're presented with a young person in mental health crisis and the mental health service are doing suicide risk assessments on the phone. Normally, it's the mother who I generally hear them talking to and you hear those very direct questions. 'Right, are you locking away the knives at night? Are you doing this? Are you doing that?' And on the other end of the phone, there's little consideration for the fact that there's a mother at home who's potentially found her child trying to hang themselves that morning and have rung the service to say I don't know what to do.

Similarly, protecting children and families from harm was a key safeguarding principle for social workers and enacted in myriad ways, as seen below,

I think the families that will have the longer-term work will be the ones where the parents are deemed not to be keeping the children safe. So, then a lot of effort and time, and practical tasks when you get to court and there's an enormous number of expensive resources that are called upon, and psychologists, assessments and things like that. (Red1)

Drawn from the extracts above by Red1 and Orange1, the typology of protector seemed to include a central aspect of implementing support and protection in relation to the child victim for both mothers and professionals. Furthermore, many participants highlighted the category of the ‘*disbelieving*’ mother, who struggled with fully accepting and believing their child’s experience of sexual abuse. Whilst disbelieving had profound implications for the child’s safety and relationship with their mother, this reaction was complex and multi-faceted. As Red1’s example below shows the link between dynamics of grooming and distortion of mother’s perception,

We have a lot that we’ve worked with. One mother didn’t believe it happened for her child. I think it is certainly relevant that the abuser was her partner. So, that abuser had groomed her and she had strong feelings for [him]. (Red1)

This mirrored practitioners in two ways; the first was raised by Blue2 below in considering how sexual abuse is the least recorded category of abuse and in ascertaining the ‘truth’,

I sometimes wonder, as sexual abuse is the category least recorded and it’s never really named on its own. I wonder whether that is something about us [practitioners] as well. But is there an element that’s still trying to recognise it as truthful or trying to identify something else because it’s so difficult.

In addition, participant perplexities of operating within organisations and making decisions which were in conflict with practitioner values, were characterised as having “*their hands tied*” below by Yellow2,

If social workers have their hands tied, that’s about the system and managers and higher up, but how do we as social workers create this space to practice and all feel confident then to bring in other people to do it. Because we’re like, ‘well, I’m being told I’ve got to do this and I’ve got to close it as I haven’t got a disclosure.’ There can be that kind of attitude sometimes.

Professional systems rely on metrics to capture people’s experiences and so, the parallel experience of disbelieving in professionals occurred at both the individual practitioner level, as well as the systemic level when child sexual abuse was not identified in official records and there was pressure to rely on a single type of

evidence as seen in the above extracts. In addition, Blue2 described below the archetype of an ‘overwhelmed’ mother, who felt the weight of child sexual abuse and needed time to step back and reflect, upon finding out about the abuse,

One of the first cases that I had when I was a social worker was a brother who had sexually abused his sister. On the first visit, Mum shut it down instantly and said it didn't happen over and over again. When we went back the second day, she said, 'I knew it happened because she would never lie, but I just had to have time to process and ask the questions myself out of that spot you put me in'. She then came forward with information and stuff like that, but it was just the need to give mum a chance to catch a breath.

Whilst participants discussed the exceptionally high demands practitioners faced and the inadvertent implications when working within a fast-paced environment and the need to reflect, through ‘checking in’, as shared below,

If you're a team that's doing 200 referrals a week, you have to shut those cases fast. And that is weeks, not months. So, once you've shut them, of course you're then relying on the parent accessing help. (Red1)

I think we all do it and knowingly, sometimes you think 'did I really just start thinking that?' So, you check in. (Orange1)

It seemed that self-regulation was mirrored across mothers and practitioners in response to overwhelming situations through ‘checking in’ or ‘taking a breath’.

Subsequently, recognition of the ‘survivor’ mother, as resourceful and resilient in the face of overwhelming adversity, alongside other struggles was illustrated below,

I think it takes a lot of emotional maturity if you were the mother in that situation to separate things out as she has done and recognise it's this and that. And if you've got other traumas that you've experienced as well, layering that is really difficult. (Yellow2)

I am thinking of a situation involving a model [child protection] plan where parents, partners and people came together. [...] But she [mother] was a model parent. I mean, an absolutely amazing parent. I got to wonder, how did she get to be so resolute. (Orange2)

This was mirrored with practitioners through the key skill of being resourceful and raised by focus group participants multiple times. Additionally, there was

acknowledgement of practice operating within the complexity of child sexual abuse work, as described below,

It's [child sexual abuse] complex. Sibling abuse is much more prevalent than we know about. It's the last taboo. (Blue1)

There could be a general understanding that the family will need three to six months support. I'm talking about structures now and being resourceful, those that are tasked with doing the longer-term work and are there to do direct work with children. Then you'd have the parents being supported longer with better outcomes, and probably more children with better outcomes and better outcomes for the children that are yet to be born. (Red1)

From the above extracts, the survivor typology was mirrored across mothers and practitioners, both as skilled parties with key acknowledgment that child sexual abuse situations were complex in nature. In summary, typologies served as frameworks to foster understanding and recognised the patterns and complexity of maternal experiences involving child sexual abuse, as well as the overlapping effect with social workers. Although, it was important to be mindful of oversimplifying the nuanced realities of motherhood and practice. Alongside the parallel experiences, participants also offered contrasting experiences between mothers and practitioners. Across the focus groups, there was some agreement that there was a disconnect between the mothers in the study and the mothers that were encountered in social work practice as highlighted below,

So, all these women [in the research] seem to have a level of insight. They knew it wasn't their fault, but they felt all these things. Well, this mother [from practice] would have been totally different to any of these mothers, in terms of how she responded because as far as she's concerned, this wonderful guy could not possibly have done this, and in utter denial. (Red1)

So, I guess my initial thoughts were linked to the 'doing' [in the practice brief]. I felt that with my experience in child protection and working with families, is when that isn't happening. So, it's about actually when the mother or parent hasn't moved into that role or are refusing to believe this happened to their child. So, they're then making unsafe decisions for their child who may remain within that environment. So, I guess that 'doing' is the ideal, but it's not necessarily our experience. (Blue2)

Some participants shared that portrayals of the mothers from the study did not fully reflect the mothers they worked alongside in practice. Discussion focused on the lack of maternal protection offered by mothers in practice to intervene or those who inadvertently enabled the abuse, whilst the mothers from the study were seen as insightful and having taken steps to protect their child. The mothers who were understood as not protective of their children were categorised as ‘*exposed*’ in the typology. However, the risk in viewing both these lived realities of mothers as fundamentally different to one another, may mean that some mothers are pathologised and assumptions are made about their maternal role. As a result this exposes parallel practitioner perspectives who inadvertently or directly perpetuate harmful stereotypes and blame mothers for their failings, rather than consider their behaviours as coping strategies, abuser grooming tactics or rational reactions to heinous crimes committed to their children. In the next theme, coping strategies are considered through a different lens at practitioner and organisational level as defence mechanisms.

6.5 Theme Three: Forces Which Shape Understanding: Silencing Effect of Defence Mechanisms

6.5.1 The Role of Defence Mechanisms as Coping Strategies

The final theme considers two levels of defence mechanisms, the first operating at practitioner level and the second at organisational level. Firstly, the defence mechanisms as coping strategies are explored, followed by defence mechanisms via a culture of rationing. Focus group discussion generated a range of well-developed and habitual coping strategies practitioners used to defend against stress and painful experiences. These psychological strategies manifested both as internal and

external reactions when confronted with sexual abuse matters. For example, the pain of getting too close to child sexual abuse or the feelings connected with it led to practitioners shutting down their feelings, as described below,

They [practitioners] were working with children where there was abuse [...] but they felt that they had to cut off their feelings from that child to cope with it because they hadn't processed things that had happened for themselves.
(Blue1)

I think it just really hit me and maybe on a personal level if I found out that my child had been sexually abused, the guilt, the shame and just total disintegration of who I think I am and who my child is and in our relationship. I think we just don't engage with that, do we? [becomes emotional] I think we have to close it down so that we can work it and we just don't engage actually in what that feels like. (Yellow2)

In the above extracts both participants highlighted the defensive efforts practitioners engaged with to regulate their emotions through distancing themselves from the felt quality of their emotions. This process of depersonalisation appeared to create an emotional numbing, used as a protective shield against psychologically stressful or distressing experiences. This appeared to enable professionals to maintain their psychological stability and navigate challenging situations in their role. In contrast, Yellow2 above vividly demonstrated what could happen, when a practitioner becomes emotionally attuned to one's underlying feelings and deeply empathic of an experience of sexual abuse. In this instance, their feelings of devastation temporarily overwhelmed them, presenting the potential daily reality for practitioners involved with sexual abuse and the risk of emotions not being contained. However, child sexual abuse work is emotive and acknowledgement of its emotional impact in this instance, within a containing space could be seen as role-modelling best practice. Although, one focus group participant commented that dealing with sensitive work with heightened emotions was the 'bread and butter' of everyday social work as shared below,

It's interesting because we'll talk about stuff that we forget isn't normal. Most people don't sit and have these conversations, do they? (Orange1)

However, most participants agreed that professionals tended to find it difficult to talk about child sexual abuse, struggling to even say the words. This could be understood as a further defence mechanism to cope, due to its distressing nature, as signalled in the following extracts,

There seems to be so little of it [reflective space] which makes it difficult to get a whole view because it's like 'a drip there or a drip over there' and I think some practitioners are fantastic and able to name it and for others it's obviously very uncomfortable. (Yellow2)

There are still elements of what we talk about that we still like to skirt around, and because it's how uncomfortable it makes us feel as humans. (Orange1)

And I think professionals are unable to say the words [related to child sexual abuse]. (Green2)

Avoidance as a defence mechanism seemed to function as a protective measure, where language played an important role in its connection to emotions and experiences. In psychodynamic terms, there could be an unconscious conflict between confronting sexual abuse and the need to avoid emotional discomfort. For practitioners, this might include professional detachment and a move away to create distance from engaging with difficult experiences and feelings as depicted below,

I think it's obvious to us because we're outsiders looking in, that we don't have that emotional attachment to whatever's happening or to any person within that scenario, do we? (Green2)

Emotional detachment in social work meant practitioners could remain objective and their involvement did not risk clouding their judgement, referred to as being “outsiders” by Green2 above. Menzies Lyth’s (1988) theoretical framework proposed such forms of depersonalisation, avoidance and detachment as social defences against anxiety inherent in human service professions. The framework explored how anxiety and defence mechanisms, as an underlying factor to cope in professional

environments was managed by individuals and implemented by collective structures within an organisation. This led to considerations of emotional labour and the incentives for organisations to keep practitioners distanced from their emotions because if they stopped and felt the maternal pain of a child being sexually abused, social workers might find the pain unbearable and unable to carry out their job. For example, practitioners' avoidance of talking about it at the individual level due to the agonising pain it could cause and the influence of New Public Management practices at the structural level. This was discussed in this study by Blue1 and Yellow1 below,

It's made me think about that sort of, legal approach and gathering evidence and how as social workers, that becomes at the forefront of the work. At the same time, I was thinking about individualism, that social work is like this [two hands placed in front] at the moment, under this neoliberalism that we're all affected by. (Blue1)

But I'm thinking of the 1980s, before all that kind of managerialist approach came in, before Thatcher and before the whole assault started on local authority services. I used to work with people who were referred, who wouldn't get a look in these days. (Yellow1)

To understand how practitioners understand and respond to mothers, the context of their practice needs to be considered. As pointed out above, under neoliberal reforms, services and resources are cut and accountability mechanisms intensify which can channel energy into bureaucratic survival coping strategies. Whilst providing advantages such as clear, standardised frameworks to address complex situations in a predictable manner, the rigidity located in protocols can deny the complexity of the work and at times can often be disproportionately focused on procedural compliance, as described below,

There are internal kind of rules created. So, where there's a suspected child sexual abuse, there's a general understanding that there will be a strategy meeting now. So that's what we'd be expected to do. (Red1)

Priority is given to pre-statutory frameworks, boundaries, red tapes and processes. When my mum worked in social care at the same time and shared

her reflections as my career went on, she said 'you do far more on paper and less with people'. (Orange1)

The extracts above indicated that processes and procedures served two functions, first they are legal requirements which ensure behavioural uniformity through understanding the duties of how practitioners should work and secondly, they acted as emotional containers to support practitioners coping strategies. However, Orange1 raised above that practice often prioritised bureaucratic, administrative procedures at the expense of professional encounters with children and mothers. Whilst Red1 highlighted how practitioners adopted familiar ways of working, followed due process and implemented a choice of routine decisions, all mechanisms as part of a highly ordered child protection system arguably aimed at minimising individual freedom and responsibility in decision making. Consequently, social workers found solace in these organisational defensive structures in recognition that they were safely practicing social work, in line with the constraints of resource and capacity driven support as highlighted by several participants across focus groups,

I think because we have timescales, which drive me insane, we want things to happen with a set time frame to evidence and move families on. There is no way our time scales align. As this stuff is a lifetime of working through, isn't it? It's not necessarily a 12–18-month child protection plan. (Orange2)

Unfortunately, there are only so many hours in the day and so many children and families that you can work with. You prioritise what's in front of you, don't you? The resources are finite and so, what do you do? (Orange1)

The excerpts above highlight how compliance interacted with care. Operating at both structural and cultural levels, the defensive mechanisms of prescriptive timescales and ritual task-focussed working practices served to reduce the variety of decisions and reassured practitioners of their performance yet diverted practitioners away from time spent working with mothers and children. Perhaps, in some circumstances the right thing to do was not conform to the processes, as seen below,

Reminds me of a previous case where this mum had this house party with all kinds of strangers in her home and it ended up that her daughter made an allegation that somebody had sexually abused her. So, we held a child protection conference and I was being advised to not have a child protection plan with the category of sexual abuse because the prosecution was not about this child being sexually abused, but it was about mum lying and she failed to protect the child. So, it was really weird, but I didn't follow the advice. The plan was for sexual abuse, because that was the harm the child had experienced. (Orange2)

Above, Orange2 resisted the rules by countering the mother blame narrative and prioritised the purpose of the work, which signalled their defence mechanisms against the system to stay close to their core social work values. This suggested that maintaining professional integrity over compliance with the organisation could be understood as a coping strategy to address the tension between conflicting systemic constraints and the profession's values. However, there can be a risk for practitioners should they attempt to consistently challenge the system, as shared by Orange1 below who had clearly experienced a personal toll because of the difficult working conditions they had faced within the organisation,

I've been referred to as a dog with a bone, over 20 odd years as a social worker, and it makes me really sad that that's how I'm referred to by leaders still. But my reason for being like this is to make sure that it's not just the child. Mothers can only parent children if mothers have got their needs met. So, I'm happy to be a dog with a bone, but it also makes me feel sad that I've been tarnished with a nickname in social work that I've developed for myself, purely because I've just advocated for people to get what they need in order to live a life [tearful]. (Orange1)

In the excerpt above, the diminishment of an individual's worth served as an organisational defence mechanism. Organisations can regulate shame to generate compliance and conformity through assimilation with defined standards and behaviours. Being referred to as “a dog with a bone” in this manner appeared as a power strategy, to shame and demean Orange1. This phrase involved a negative interpretation of being relentless and not aligned with organisational culture. Orange1 represented a symbolic figure of being an ‘outsider’ and a target for the

organisation's potential shortcomings or collective frustrations. As a way of deflecting anxiety or insecurity, leaders might feel threatened by the presence of Orange1, devaluing their approach and might attempt to minimise the complexity of the work. As well as these coping strategies operating as defence mechanisms, a culture of rationing will be explored in the next subtheme.

6.5.2 A Framework for Practice: Rationing Effect by Design

Discussions emerged which outlined social work with mothers needed to be understood in the wider context in which practice unfolded. Characteristics of the organisational climate manifested through polarised perspectives and participants highlighted a multitude of practitioner perceptions from the 'either-or' position, instead of an 'and' stance. Due to systemic pressures as part of the role of organisational defensive mechanisms, it appeared that a rationing effect was in place and summarised as: *resources vs relational practice, control vs compassion, certainty vs ambivalence* and *structural support vs professional autonomy*. Together this rationing shaped a mother's experience, as outlined earlier, unrecognised, overlooked with her needs unmet.

6.5.2.1 Resources vs Relational Practice

But the resources are finite and so, what do you do [as a practitioner]? Do you support the mum, or do you support the child because you've got no money to do both. (Orange1)

Above, Orange1 encapsulated the rationing effect implemented in social work practice. This was presented as decision-making in how limited resources shaped allocation of support towards mother or child, but not both. This revealed a fragmentation of needs, which ignored their interconnected nature as seen below,

But they're [child and mother] interconnected, they interact. Looking at the resource angle, it just seems ludicrous and so short sighted not looking at the relationships and the interactions that must be going on. (Yellow1)

To support the children, we need to support mothers immediately but also longer term. (Red1)

Both Red1 and Yellow1 above highlighted the reciprocal relationship between a mother and child, influencing one another and if resources are only focused on the child, this narrow approach risked diminishing the relational aspect between them and compounds the harm over time. Although, tensions of funding constraints to meet increasing demand were highlighted below,

Some of these experiences are so traumatic going down generations, with the level of support that's needed and that has huge implications for Council budgets and we know what they're like at the moment. (Yellow1)

I don't think it is just about resources. I'm going to think back over years and I'm not sure it is accepted that in practice they [mothers] need support. I mean of course they do, but I think over the years there's been no provision. (Red1)

Above, Red1 pointed out that provision specifically for mothers did not exist which spoke volumes about both their lack of recognition and obscurity in child sexual abuse matters. Albeit multiple participant narratives centred on the division and access to resources, which consequently appeared to leave less space for relational practice, as described by Red1 in the below excerpt,

I was wondering about some kind of superficial advice that's given to families. So, you've got the very busy child protection teams, they're going in when there's a crisis. They're giving advice with few resources [...] the advice given was this mother was told to keep the children separate due to sexual abuse. So, she'd kept the child who abused the other child in one part of the house and the child victim in another part of the house. The family would never spend time together and often the child who abused the other child would just be left and that was the situation after several years [...] because the child protection team had done their job, kept the children safe and ticked that box. Of course, in an emergency you would do that, but then several years later, you're still doing that, So, it's relevant to the support you would give and continue to give not just in the emergency but then what happens after.

In Red1's example above, it appeared that interventions were misaligned when relational care was not fully considered with the realities of mothers and families. The busyness of teams described above rationed the implementation of relational practice and as such, this resulted in dire long-term consequences. In contrast, relational practice as an approach and embodied by Green2's experience below was seen to be transformational for a mother,

I remember going out to see this mum to complete a Section 7 [court] report to talk about her experience. She said she had been seen by multiple police officers and all sorts of people, but it was me, as a social worker coming in who said, 'tell me your story' and the mum said 'you never asked me a single question. You just sat on my sofa and asked for my version of events'. The mum said that was the first time she ever acknowledged the relationship that she'd been in and how abusive it was. She said she knew that she'd had a million opportunities to tell somebody because neighbours had called the police and whatever, but she said it was the first person who never asked. (Green2)

In the above extract, key relational practice principles were demonstrated through active listening, being professionally curious and responsive towards the mother in the way that was needed. The most distinctive element from this story, was the profound impact of the practitioner not asking any questions of the mother. This proposed that the social worker's self served as the most significant resource in the creation of a meaningful relationship and change, involving the practitioner's time and attunement with the mother's needs. Moreover, relational practice encompassed the (re)building of supportive networks, as participants put forward below,

So, I think it's looking at what people are already involved in. Then figuring out, out of those who's the best place within those to support that mum. So, they haven't got to meet somebody else to tell that awful story to, to try and get support. (Orange1)

Really working with the mother to think about who else in their personal network, as well as their professional work, they could support to confide in. Who's going to be there? (Green1)

Furthermore, Orange2 reflected below how practitioners could help mothers develop insight, feel understood alongside practical support, which suggested merging of resources with relational practice was paramount,

And that's the thing, we like to fix things. But maybe we're not going to fix it. We could help people explore themselves, access services and be heard.

In summary, this suggested that both resources *and* relational practice were key for both child *and* mother, but these were often rationed due to organisational constraints such as time and budgets. As such, a lack of resources and time to carry out relational practice presented as organisational defence mechanisms, which masked the harm and displaced responsibility to the practitioner. Without consideration of both aspects in their entirety and as interconnected, there was a risk that needs were disjointed and rendered a mother invisible, vulnerable to control.

6.5.2.2 Control vs Compassion

Participants highlighted social work as an ambivalent profession through exercising control to alleviate risk, at the expense of compassion. Control as an organisational defence mechanism created an illusion of safety and order but perhaps acted as a cover to deflect blame, defend against resource failure and anxiety. Examples of control arose through processes, procedures, timescales and resources, as noted earlier as well as oppressive tactics involving child removal, as described by Yellow2,

I was just thinking about how the mums are incredibly traumatised by finding out this has happened to your child and then you're in a child protection process. Then, there might be threats to remove your child if you don't do this and that, and to manage all of that on top of it all.

In addition, indirect forms of control, such as inordinate signposting were presented. Whilst appearing helpful, these can be ways to keep mothers busy and limit

practitioner's accountability through shifting responsibility to the mother to access and engage with services, as seen below,

What's more likely is that the frontline team would have given that mother 20 phone numbers to ring. You know, the offer. Now, some of those services might be good, they might not. But the onus would have been on that parent to then go and use that service that they find if they need to. (Red1)

As seen above, excessive signposting has the potential to become a tick box of safety and order whilst reassuring the practitioner they have fulfilled their duty.

Although, effective signposting to valuable sources of support was central to social work practice, Red1's excerpt above underscored the need for this approach to be meaningfully aligned to the mother's circumstances and needs. Furthermore, the role of compassion in practice was recognised through understanding the emotional component of the work and being responsive, as Green1 posited below,

It's just different words around empathy and compassion. Maybe because empathy and compassion don't cost anything [...] and quite often I think about people feeling listened to and understood. (Green1)

Showing compassion led to individuals feeling valued and this was epitomised through listening and understanding as reinforced by Orange2 below,

So, from a different perspective, the run of complaints we've had in recent years, for most of them it's about people who just want to be heard. They just want their voice and their story to be heard. They want to be listened to. Yeah, so whatever way you go to it, it just echoes what you're saying, that we don't sometimes need to ask the questions.

The complaints shared by Orange2 above signified that compassion, through emotional validation and acts of care were more important to individuals than any other part of practice. During their pain and stress, people wanted their voices to be truly heard by a professional and as highlighted earlier, time, relational practice and the use of the practitioner's 'self' becomes key. But when mechanisms of control are in effect, this appeared to stifle practitioner's compassionate practice and silence

voices. Below, Green2 went on to draw attention to practitioners showing up, listening and just being there for those they worked with,

Maybe it's who was there at the right time, at the right place and able to listen without coming into a child protection process and giving [mothers] 10 jobs to go away and do. It was somebody who wasn't there to tell them what to do or how to be. It was just the person who listened.

6.5.2.3 Certainty vs Ambivalence

Certainty featured as a defence mechanism across focus group discussions.

Created through standardised procedures by the organisations, as discussed earlier, adherence to the process seemed to overrule outcomes. Training was noted as one mechanism to reinforce a sense of certainty in the work, as described below,

When you think about it, when you're doing various types of training and this might be systemic training or motivational interviewing and you might do all the training around. [pause] okay, so I am now in that mode and I'm thinking a certain way [in line with the training] and we are trained to do it to other people. (Orange1)

As Orange1 conveyed above, training supported practitioners to think or respond in particular ways in line with a specific approach. Training is commissioned or delivered by organisations and as such, reinforces ways of working in line with their ethos. Additionally, participants described one of the implications when dealing with daunting, complex matters involving sexual abuse was the strive for concrete thinking and certainty, denoted by Green1 below as classification through binaries,

I think because this, in my view and experience, is such complex work that I think sometimes people go to binary because that's kind of easier. I think there's something in [field of work] where it's not either-or. But children can be both, and so children can be displaying behaviours and be perpetrators, and they can also be victims. So, it's not viewing through one particular lens and it's not an either-or thing.

Although, this kind of thinking by practitioners might be useful in some situations that were perhaps more clear-cut, this approach to thinking in complex matters was limiting and often came at the cost of nuance. In navigating uncertainty, Green2

spoke below about an experience which required them to be bold and move beyond their ambivalence by addressing the emotionally charged issue head-on,

So, when starting a child protection conference, obviously we spoke to the family first, but then the first person I went to was the police and said 'we all know why we're here today. What can you tell us about the current open investigation?' and afterwards the health visitor thanked me for being so bold and starting with that. I think sometimes it's easier to start with other things.

The excerpt above presented Green2 intentionally tackling distressing tasks immediately. They acknowledged that there was a tendency in practice to remain in the remit of the 'easier' issues, but their ability to confront difficult situations promptly meant that other professionals were able to recognise Green2's ability to prioritise what mattered most. This communicated to mothers that their situation was being taken seriously, minimised any felt ambivalence and scaffolded them through professionals' autonomy and frameworks.

6.5.2.4 Structural Support vs Professional Autonomy

Further defence mechanisms emerged frequently through a lack of structural support, namely through limited facilitation of supervision and more specifically, a therapeutic and reflective space, for those on the 'frontline', as exemplified below,

If we look at the audits we've been doing lately, we can tell supervision and stuff isn't happening regularly for a lot of our social workers with managers. So, they're not getting that reflective space necessarily even within their supervision. (Green2)

I know this is the drum that I bang. I will have reflective supervision with a therapist who's coming in to help the team to think about their cases, and that's not in a frontline team. Why on earth is that not available in frontline teams? That should be the bread and butter for social workers to have access to that kind of therapeutic support and space. (Yellow2)

The longstanding notion of social workers not receiving adequate support and supervision was a common criticism across focus groups. Situations involving child sexual abuse can be the most distressing to manage and evoke intense emotional

responses, yet the lack of containment as a function of supervision through the provision of a safe, stable and consistent space to consider this, was a defence mechanism employed by the organisation to prevent practitioners engaging and confronting with this complexity. In other words, critical reflection can stir up emotions and requests for support, whereas not providing supervision reduces this burden for organisations. However, the risk is that in their work with mothers, practitioners are unable to unearth what really might be going on. Furthermore, highly specialist therapeutic and reflective supervision was seen as essential in developing and managing practice in the field. In addition, practitioner expertise came through a variety of ways, which included demonstrating self-awareness and understanding of their own impact on a situation, as seen in the below excerpts,

The other side is that fear of doing damage which is about self-awareness and emotional awareness. (Yellow1)

That points to the need for increasing emotional intelligence and all these judgments that we have that can operate and be very powerful in the situation. (Yellow2)

This recognition of what practitioners bring to their work shapes how they interact with mothers. For example, as Yellow1 pointed out above, being mindful of not making the situation worse. Accompanying this, participants also identified a range of developmental areas to support them in their practice with sexual abuse matters,

I think that very practical stuff because social workers are incredibly busy and they want to do their best. Those really accessible easy checklists, tips, questions. (Green1)

I think a toolkit of questions as well. Perhaps, it could give practitioners a bit more confidence. (Red2)

In summary, the third theme presented the organisational context within which it facilitates a range of defence mechanisms across two levels, one at systems level and the second at practitioner level as coping strategies. Consequently, this

influenced social work practice with mothers reinforcing notions of their needs being overlooked and unmet.

6.6 Chapter Summary

Overall, the focus group findings generated from practitioner discussion indicated that mothers' roles remained intertwined with responsibility and protection of their child. This positioned motherhood functions as hypervisible to services, but invisible as women with needs. Additionally, mothers of sexually abused children were subject to shame and appeared frozen to professionals. Furthermore, mothers and practitioners shared complex parallel experiences and a typology of overlapping understandings and behaviours. Finally, consideration of the system within which social workers operated, shaped understanding of mothers and explored the role of coping strategies, defence mechanisms and rationing. This chapter primarily responded to the second research question and fourth research objective in exploration of social work perspectives. However, it should be noted that analysis of this chapter was also considered across all research questions and objectives. The next *Chapter 7 Discussion* explores the significance of these findings alongside *Chapter 5 Narrative Interview Findings* in relation to the existing literature and implications for the study's research questions.

CHAPTER 7 DISCUSSION

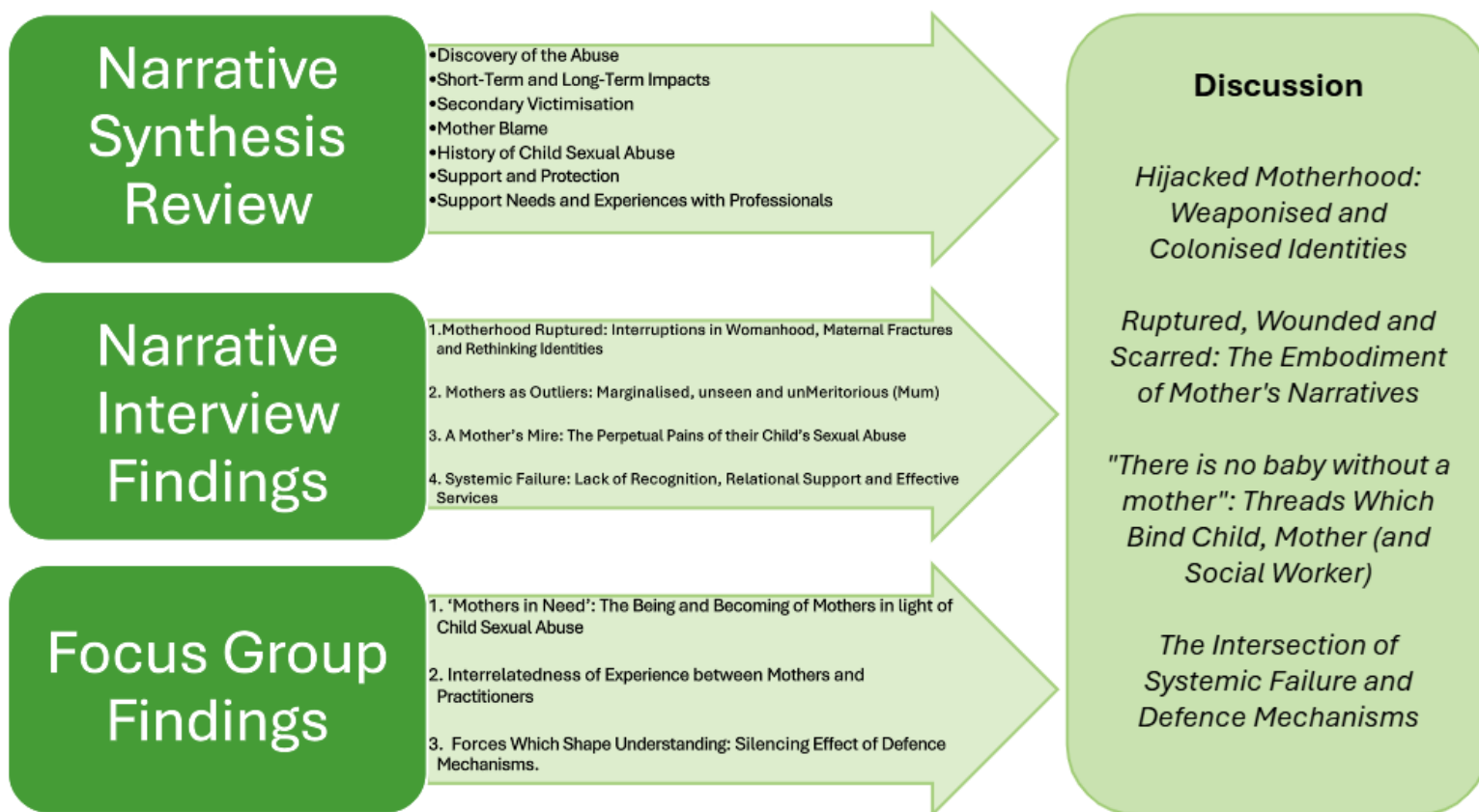
The final chapter synthesises the existing literature with the narrative interview and focus group findings which explored what life was like for mothers of children subjected to sexual abuse, as well as social worker perspectives. First there will be an outline of the aim of the thesis accompanied by a summary of the key findings. Subsequently, the discussion will merge and distil findings from both datasets which will also be contextualised with the literature, in accordance with the following overarching themes, *Hijacked Motherhood: Weaponised and Colonised Identities*, *Ruptured, Wounded and Scarred: The Embodiment of Mother's Narratives*, *"There is no baby without a mother": Threads Which Bind Child, Mother (and Social Worker)* and *The Intersection of Systemic Failure and Defence Mechanisms*. In addition, there will be discussion of a newly developed framework to further understand the maternal experience. Reflecting the practice-based nature of this thesis, the themes are accompanied with tools which have been created with practitioners in mind, as drawn from the study. To complete this chapter, the limitations and strengths will be considered, as well as implications for social work practice.

7.1 Summary

The aim of the study was to explore what life was like for mothers of a child impacted by sexual abuse, as well as social workers' views. This is the first study in the UK to undertake this exploration using these data collection methods. Nine mothers participated in online narrative interviews which were analysed using narrative thematic analysis to reveal four themes. In addition, two in person focus groups with 10 social workers were analysed using reflexive thematic analysis which constructed

three themes. Together, four conclusive themes were established for the discussion (Figure 7.1) and discussed below.

Figure 7.1: Visual representation of Discussion



Source: Author's own

This chapter synthesises key insights across datasets with the body of literature, starting with a recap of the key findings and alignment with the research objectives, alongside an outline of the final themes. Firstly, *Mother Blame* and *History of Child Sexual Abuse* from the narrative synthesis review highlighted how blame and stigma operated in various ways, because of a mother's status to a child who has been sexually abused. This manifested as judgment, scrutiny and control and was perpetuated through practitioners, systems and mothers themselves, as well as influenced by broader pervasive beliefs and ideologies. These central findings were integrated with critical insights from *Mothers as Outliers* and *A Mother's Mire* from the narrative interview findings and *Mothers in Need* from focus group findings which

presented women as invisible, yet as mothers, hypervisible to services and seen through the enactment of their maternal role and functions. Similarly, notions of maternal responsibility for the safety and wellbeing of their child were clearly evident, in parallel with the diminishment of a mother's value. Furthermore, the disruption of the abuse and feelings toward the abuser displaced their identities and profoundly violated their maternal experience. Taken together, these responded to the first objective (*effects*) and contributed to the final theme *Hijacked Motherhood: Weaponised and Colonised Identities*.

Secondly, findings were synthesised from *Discovery of the Abuse, Short-Term and Long-Term Impacts* and *Secondary Victimisation* from the narrative synthesis review, with *Motherhood Ruptured* and *A Mother's Mire* from narrative interview findings and *Mothers in Need* from focus group findings. Together, the main findings presented the embodiment of the maternal experience, namely through catastrophic and multiple impacts on a mother finding out about her child's sexual abuse and ensuing traumatic symptoms. In addition, varied maternal coping mechanisms were illustrated through trauma symptom profiles and so, this theme responded to objective one (*effects*) and two (*coping strategies*). As such, this synthesis informed development of *Ruptured, Wounded and Scarred: The Embodiment of Mother's Narratives*.

Thirdly, *Support and Protection* drawn from the narrative synthesis review highlighted how a mother's support and protection of her child was bound in her child's safety and survival. This sense of interconnection was echoed in the narrative interview findings whilst also extended between mothers and practitioners in *Interrelatedness*

of Experience between Mothers and Practitioners from the focus group findings. This primarily emerged in parallel behaviours and shame experiences. Together, these responded to all four objectives and were grounded in *"There is no baby without a mother": Threads Which Bind Child and Mother (and Social Worker)*.

Finally, the synthesis of *Support Needs and Experiences with Professionals* from the body of literature with *Systemic Failure* from the narrative interview findings and *Forces Which Shape Understanding* from focus group findings highlighted some positive experiences with services, but overall, mothers mostly encountered limited meaningful support, a lack of empathy and recognition, with reliance on inequitable chance-based support. Whilst practitioners and the systems they operate within enacted a range of defence mechanisms understood through the lens of coping strategies to defend against the pain, anxiety and stress that comes with working with child sexual abuse. Together this responded to the third (*navigate support*) and fourth objective (*practice implications*) and were anchored in the final theme, *Intersection of Systemic Failure and Defence Mechanisms*. Next, the *Discussion* will be explored in detail through the concluding themes.

7.2 Hijacked Motherhood: Weaponised and Colonised Identities

Participants stopped being women and became 'mums', and subsequently their identities and worlds were relinquished as they became both 'mums' and 'cases' (Frank, 1995, p10). Key findings in this study showed how women were colonised by motherhood, and both women and mothers were colonised by social work. For example, when working with mothers, focus group participants outlined there was an expected benchmark of behaviours and feelings which were required through

witnessing the mother's emotion and connection to the child (p251). This showed a lack of developmental alignment between social workers and mothers and was categorised as an unspoken and imposed 'mothering script' which served a colonising function onto their identity. There appeared a need to conform to a version of motherhood immediately in the wake of the abuse disclosure which did not take account of the shock and direct traumatic injury mothers suffered. As such, this compelled mothers to adopt scripts which reinforced notions of personal responsibility and stripped away their autonomy and agency to shape their own maternal experiences in light of child sexual abuse. This colonising was also observed in interview participants' experiences of being dehumanised and reduced to maternal functions to enact rather than recognised as women (p202). Data revealed common experiences among interview participants of their voices being unheard with a lack of visibility and value. Perhaps, the starkest example came from Lily, an interview participant who recounted how she lost IQ points being seen as "*the mum*", whereas if she'd been Lily in a suit she might have been viewed and treated differently (p202). This lack of value was reinforced in the focus group findings where women were overlooked as in need whilst simultaneously scrutinised as mothers and as such, placed under surveillance in their support and protection of their child. This was termed *the paradox of maternal (in)visibility* and formed part of the original contribution of this study, which put simply, included women made invisible through their motherhood, yet hypervisible to services through their maternal functions and perceived management of the safety of their child (p253).

A lack of focus on mothers' experiences was likewise observed in the narrative synthesis review (Lipinsky and Goldner, 2021, Stitt, 2007) and instead there was

evident orientation toward a mother's functions of support and protection of her child across all papers ($n=63$, Butterby and Hackett, 2021, p156; Scott, 1996). So, what became clear was women's needs were seen as inconsequential and as mothers were reduced to what they offered and did with their child in response to their sexual abuse. This resonated with focus group findings where systemic blind spots occurred, with women not on practitioner radars (p253) and so, remained devalued and unseen. To address this, a practitioner suggested starting with a redefinition of maternal identities, captured through the useful term "*mother in need*" (p253), which bears resemblance to the legal term "*child in need*" defined in Section 17 of the Children Act 1989.

Extending the argument of colonisation further was the abuse as an unwanted intrusion and a sense of invasion by abusers into a mother's world. There appeared to be a discernible distinction in the narratives of mothers who had been in a relationship with the abuser, or the abuser was a family member, compared to mothers of children who were abused by other children, specifically regarding their preoccupation with the abuser. These often involved intense feelings of anger and intrusive, repetitive thoughts towards the abuser. For example, in the interview findings Ina described looking at her ex-husband with hatred (p209), whilst Maddyn's anger presented at her child's abuse, with acknowledgement of little consequences to the abuser (p209). In addition, anger towards the abuser was a key feature across papers in the narrative synthesis review (Hill, 2001; McCourt, Peel and O'Carroll, 1998; Pretorius, Chauke and Morgan, 2011). This was accompanied by complicated feelings toward the abuser, if the mother had been in a relationship with them. Together, this suggested that the abuser had not only directly violated a mother

through abusing their child, but they had also dislocated mothers from their lives as well as their anticipated maternal roles, compared to the mothers they were forced to become because of the abuse. This was encapsulated by Lily, one of the interview participants who stated that she felt “*robbed*” of her capability to fulfil her primary role, as protector of her child (p199).

Not all catastrophes are made equal and as such, crises such as sexual abuse of a child have a long and entrenched history often intertwined with a mother’s role.

Positioned as preventable within the maternal responsibility discourse, it is well evidenced that mothers disproportionately carry the blame of their child’s sexual abuse. For example, mother blame featured strongly as a recurrent theme within almost three-quarters of papers in the narrative synthesis review ($n=45$, p76).

However, it was noted that the existing literature was largely historical and as such mothers’ culpability was noted to have evolved, yet professionals’ blaming attitudes were consistent across research from both practice and maternal perspectives (Breckenridge and Baldry, 1997; Fong and Walsh-Bowers, 1998; Kardam and Bademci, 2013; Wolffeich and Cline, 2013). Despite the age of the evidence base, these insights provided the grounding for this study’s sense-making around this aspect. For example, blaming dynamics were common amongst interview participants, from professionals’ wrongful blame upon mothers for the sexual offences of boys and men, to grappling with feelings of guilt and self-blame.

Furthermore, the pervasiveness of societal blame was so ubiquitous, it emerged powerfully through the mother’s ‘failure to protect’ doctrine and was exemplified through Lily’s experience of having felt that she was not able to protect her child, despite being an adoptive mother who did not know her child at the time of the abuse

(p207). Lily's experiences were striking as they vividly articulated how mothers often shouldered the harmful burden of responsibility regardless of their circumstances and spoke to the tension between healthy self-responsibility and a sense of tyranny on mothers from outside influences. In addition, failure to protect perspectives were seen in focus group findings through participants recounting mothers' responses to her child as denial or disbelieving the sexual abuse. Consequently, there was a sequential effect of these responses which led to professionals' views of mothers through the lens of collusion and failings. This was described by a focus group participant as the "*domino effect*" phenomenon (*Appendix 7.1*) (p258) which inferred a chain reaction of effects and consequences which led to how a mother was either blamed or not. Whilst in the narrative synthesis review, it was noted that a mother's lack of knowledge of the abuse was distinct from complicity or collusion, yet often historically, these perspectives have been entangled in discourses and practice (McLaren, 2012). In other words, the stigmatising perception of mothers as aiding or acquiescing to their child's abuse, despite their non-abusive position came into sharp focus across both literature and the research's findings.

Stigma manifested in distinct and intersecting ways, yet in a maternal context the norm of which the standard was measured against came through recognition of idealised motherhood. For example, focus group participants acknowledged how mothers were often seen through the "*ideal of omnipotent perfection*" (Davies, 2008, p142). Women were beholden to entrenched legacies which included mothers as nurturers, primarily responsible for their children with a far-reaching sphere of influence in their child's welfare (p251). However, these imposed expectations which defined the parameters of acceptable behaviours, feelings and actions following the

sexual abuse of their child had been intended to maintain the status quo of mothering, but instead often had a narrowing effect on a mother's capacity to parent whilst simultaneously rendering them accountable. This meant that under the guise of responsibility for their child, mothers were being held to account for the wellbeing of society. This key finding functions as a critical anchor within the study capturing the core representations of motherhood and the purpose mothering serves in society.

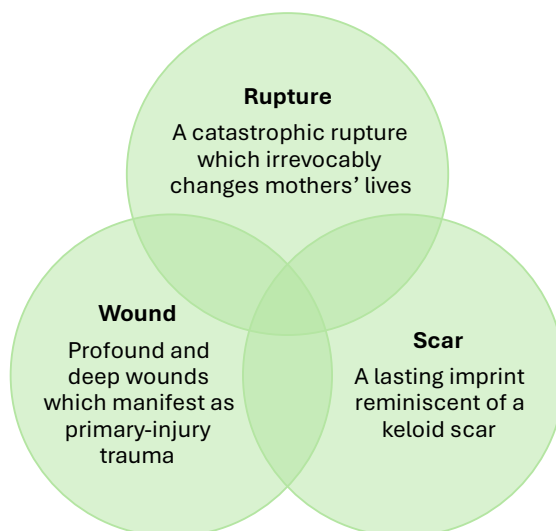
There is a tendency in the literature to portray mothers of sexually abused children as having failed in their maternal role, which consequently frames them as the "*ultimate scapegoat*" (Rose, 2018, p1). This was seen across interview participants experiences from Amaya being called a "*vulnerable witness*" when she accompanied her daughter to the police (p220), to Lily's denigration by a detective for asking questions about the process (p220) and Ambika being 'othered' by mothers in the playground (p203). This was accompanied more broadly by social stigma faced by mothers in their status as a mother to a sexually abused child, as well as the isolation and lack of support encountered. This was reinforced in the narrative synthesis review which highlighted the pervasive nature of cultural ideals, which served as prescriptions of women's roles and were particularly prevalent in marginalised and patriarchal structured communities, but were also weaponised as powerful mechanisms of control (Hee and Mee, 2011; Lipinsky and Goldner, 2021) to surveil and police women's conformity within the maternal role. The most salient example of weaponisation in the current study emerged powerfully through focus group participants discussion of 'case closure' and the reliance on mothers' with the heavy burden of responsibility to care and protect their child in the aftermath of the

abuse becoming a mechanism of scrutiny by professionals (p252) which was also affirmed through the interview findings, through Maddyn's experience (p224).

Stigma was also found to be intertwined with mothers' personal histories. For example, 44% ($n=28$) of the synthesised papers referred to a maternal history of child sexual abuse with disproportionate attention to a mother's background irrespective of whether fathers and male caregivers were included in the research (p81). This finding reinforced how stigma was gendered where women's histories were often scrutinised whilst men's backgrounds were not. Despite the prevalence of a mothers' history of sexual abuse being of note within the literature, this was not replicated in the current study with most participants sharing this was their first encounter with services and only one mother disclosed experiences of sexual abuse from the interviews ($n=1$, 11%) which had been perpetrated by the same abuser of her child. Whilst focus group participants did not directly discuss maternal history of sexual abuse, there was indication of the potential intergenerational imprint (p277). Taken together, this suggests that contrary to existing literature which frequently highlighted a mother's history of child sexual abuse, this did not emerge as a dominant finding in the current study. Although, it should be noted that this reflects the characteristics and size of this sample. Furthermore, stigma is about the conferring of a mark to highlight something visibly about the person which leads us onto consider the embodiment of trauma as discussed below.

7.3 Ruptured, Wounded and Scarred: The Embodiment of Mother's Narratives

Figure 7.2: Theoretical triad of rupture, wound and scar



Source: Author's own

The data reflected a profound depth of trauma experienced by mothers, which was encapsulated by the theoretical triad of rupture, wound and scar (*Figure 7.2*), which depicted the intersection of a mother's embodied harm to her enduring transformation. First, the catastrophic rupture of finding out about her child's sexual abuse which irrevocably changed her life, followed by a wound so deep, manifestations of primary-injury trauma appeared and finally, a lasting imprint from her experience which fundamentally altered a mother's sense of self.

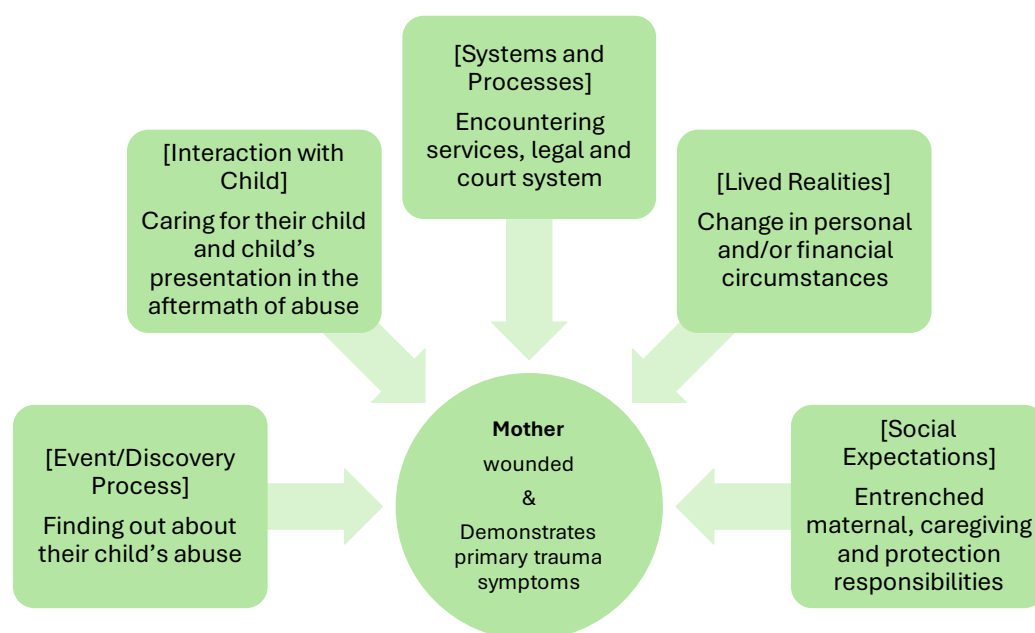
7.3.1 Rupture

The literature described two distinct periods in mothers' lives, before and after finding out about the abuse, as well as a small selection of papers which highlighted the devastation experienced through depictions of falling off a cliff or feeling like their

legs were cut off (Mauny *et al.*, 2023). Similarly, the discovery of the abuse for interview participants was etched into their minds as a destabilising, life altering ordeal. Feelings of disbelief, distress and disruptions of reality were common amongst mothers. However, two mothers admitted feeling a sense of relief in finally understanding their child's behaviours, following years of scrutiny and blame. Although it should be noted that these feelings stemmed from mothers whose children were abused by other children which might suggest qualitatively different experiences compared to other mothers whose child's abusers were (ex)partners, family members or foster carers. These two accounts highlight an important area that potentially warrants further exploration in future research.

7.3.2 Wound

Figure 7.3: The five factors of maternal primary trauma 'wound'



Source: Author's own

This study demonstrated the harm mothers experienced is derived from the abuse of their child and the way this manifested was through a primary trauma injury rather than secondary trauma. Moreover, mothers were wounded from the primary trauma they experienced, which materialised because of five interrelated factors, (1) event/discovery process, (2) interaction with their child, (3) systems and processes, (4) lived realities and (5) social expectations (*Figure 7.3*). Table 7.1 below outlines an accompanying tool to understand the nature of the trauma with examples:

Table 7.1 The five factors of maternal primary trauma ‘wound’ tool

Factor	Trauma type	Manifestation	Example
Event/ Discovery Process	<i>Acute</i> Catastrophic rupture of a mother’s life where the world changes and a new reality takes form.	Learning about an extremely threatening or horrific event of a loved one. Strong physical sensations of distress, disorientation and distortion of realities (DSM-5, American Psychiatric Association, 2022; ICD-11, WHO, 2019).	<i>“Everything stops thin and everybody started going in slow motion. I didn’t really know what was going on.” – Ambika</i>
Interaction with Child	<i>Relational</i> The ongoing and accumulative nature of caring	Severe and persistent effects including disconnection (avoidance), hypervigilance and	<i>“I’ve done the whole CPR thing and that’s when you realise that [...] you’re psychologically,</i>

	for a child in the aftermath of abuse, which is relationally bound and intertwined with mother-child dynamics.	difficulties in relationships (DSM-5, American Psychiatric Association, 2022; ICD-11, WHO, 2019). The level of prolonging and intensity of trauma can be connected to the child's state.	<i>completely screwed. When you're sitting on the bedroom floor giving your child CPR and you're not thinking, 'Oh my God, my child is dying', you're thinking 'God I'm crap at this, I really thought I'd be better at this'. The lights which had gone on and off [...] so many times that you're just completely numb.' – Candie</i>
Systems and Processes	<i>Compounded</i> Retraumatising effects with professionals and systems which exacerbated a mother's distress e.g.	Feelings of abandonment, stress, betrayal, isolation, blame and being diminished.	<i>"I was dealing with detectives and they were just awful. He would make comments to me like 'investigations aren't like on TV, you know.' As if I was just a stupid mum that sat and watched crime dramas</i>

	Experiences like a battlefield and treated as a bystander with a lack of compassion, kindness and empathy.		<i>[...] He'd get really angry with me, raise his voice and say, 'you have no right to know what is going on with this investigation' [...] My concerns and questions were never taken seriously."</i> – Lily
Lived Realities	<i>Situational</i> Implications from significant changes in a mother's circumstances that disrupts and destabilises their life because of their child's sexual abuse e.g. employment, housing, marriage status.	Feelings of being overwhelmed, helplessness, failure, disenfranchisement and self-doubt (DSM-5, American Psychiatric Association, 2022; ICD-11, WHO, 2019).	<i>"I just went into survival mode to make sure everything was done and the kids were cared for and fed. I needed to get a job and make sure that all the bills were put in my name."</i> – Ambika

Social Expectations	<i>Structural</i> Deeply ingrained maternal norms and beliefs which involve gendered notions of caregiving and responsibility, as well as pervasive protective doctrines shape a mother's role, experiences and stigma irrespective of the circumstances.	Externalised messages and internalised feelings of blame, shame linked to traumatic injury, guilt and failure (DSM-5, American Psychiatric Association, 2022; ICD-11, WHO, 2019)	<i>"Even though it happened previous to me knowing her, I still felt weirdly, that I wasn't able to protect her. I know that sounds silly because I didn't know her at the time. But because of the way it played out, I just felt that motherly, not being able to protect her from the world." – Lily</i>

Source: Author's own

The etymological root of trauma is derived from 'wound' or 'injury'. Whilst mothers as secondary victims emerged as a significant theme in the narrative synthesis review, the findings from this study suggested that mothers experienced primary injury trauma through the sexual abuse of their child. Although, it was noted that the

existing body of literature was largely comprised of older studies, this study's reconceptualisation of mothers is significant and brings new understanding to the field. The notion of 'secondary-ness' featured across the narrative synthesis review, which implied a ripple effect of their child's sexual abuse from life changes, stigma and secondary trauma. Although PTSD was noted in the literature, there was a lack of conceptual clarity regarding its directness. Together, these were found to be the burden mothers faced in the enduring aftermath of the abuse. In the synthesis review, these "costs" to mothers were seen as derivative of the abuse (Massat and Lundy, 1998; Plummer and Eastin, 2007, p781). Whereas this study reframes mothers as primary and direct victims, subjected to harm because of their child's sexual abuse. This is not to diminish the experiences of child victims but instead understand both children and mothers as victims in distinct yet connected ways. In other words, trauma is not understood as a byproduct of their child's sexual abuse but instead operates as a direct force on mothers. For example, the child is directly subjected to abuse whilst their mother is subjected firsthand to their child's abuse. Consequently, this study has found a number of trauma markers in several areas which suggest that mothers experienced primary rather than secondary traumatic injury. A follow up study could focus on diagnostic categorisation.

Moreover, mothers in the interviews shared a cluster of traumatic symptoms which were consistent with primary injury trauma (p212) from exhaustion, sleep disturbances, flashbacks, hypervigilance, hyperarousal, intrusive thoughts, sadness, hopelessness, avoidance, guilt, shame, dissociation, social isolation and lack of reverie. For example, Amaya described getting spooked by different body shapes and feeling paralysed, rocking back and forth (p210), whilst Demmi shared how she

became obsessed by what happened, finding it difficult to disengage (p209) and Candie stated that she was severely damaged (p213). Furthermore, Lily shared visceral trauma symptoms which mirrored her child such as vomiting and feeling out of control. Together, the effects persisted years after the abuse and were clearly profound and life shattering, aligning with trauma symptom profiles (DSM-5, American Psychiatric Association, 2022; ICD-11, WHO, 2019). Additionally, trauma symptoms were reinforced across focus group findings where practitioners depicted mothers as frozen, angry or in denial, unable to think and act (p256) which disrupted their lives and suggested maternal functionality was compromised to such an extent, there were significant implications in how mothers were understood and responded to. For example, not as demonstrating reasonable responses to heinous and devastating circumstances but instead seen as maladaptive (Karatzias and Levendosky, 2019).

Furthermore, there was consensus amongst interview participants that their child's sexual abuse was the worst experience of their lives which fundamentally changed them as women and their trajectory as mothers. For two of the participants, they were actively experiencing trauma which appeared to remain 'live' for them, whilst implementing different coping mechanisms. For example, Lavinia spoke about boxing up her feelings and pain to manage her child's flashbacks (p215), whilst Candie described her "*psychologically, completely screwed*" mental state during an episode of giving her child CPR (p210). This indicated that mothers' experiences of trauma were tied to their interactions with their child in the aftermath of the abuse. Additionally, the narrative synthesis review highlighted the distress mothers experienced through court processes, encountering protective services and

professionals, as well as changing personal circumstances. This was also exacerbated by pervasive mother-blame and failure to protect doctrines and beliefs (Joyce, 2007; Kardam and Bademci, 2013). These were features reinforced across interview participants which compounded mothers' distress. In addition, several papers in the narrative synthesis review also identified mothers met the diagnostic criteria for PTSD (Cyr *et al.*, 2016; Elliott and Carnes, 2001; Newberger, Gremy, Waternaux and Newberger, 1993). However, it was felt that this did not fully reflect mothers' realities in this study because the trauma was layered and evolved into being more *Present*. Whilst the presence of trauma was more pronounced for some mothers more than others at the interview stage, they all shared in experiencing a unique and esoteric primary injury trauma that was not fully empirically captured in the literature and instead, the reconceptualisation counters the atomisation inherent in this type of harm.

7.3.3 Scar

Their child's sexual abuse was not something mothers recovered or healed from, instead these experiences which were thrust upon them created enduring imprints on mothers, which fundamentally reshaped their lives and they learned to live with. One mother, Lily described the deeply confronting experience of her child's sexual abuse as "*scarring*" (p212) whilst analysis of interview participant stories structures and form interpreted through the lens of Frank's (1995) quest narratives, discussed an indelible mark left on mothers, forever shifting their maternal role revealing the pain they bore, trauma they endured and a story they lived. The narrative synthesis review presented serious and long-lasting effects for mothers from their child's sexual abuse, which permanently altered their lives and roles (Bux, Cartwright and

Collins, 2016; Davies, 1995; McCourt, Peel and O'Carroll, 1998). Although shame is examined in greater depth later in the chapter, the scars in the aftermath were compounded by a concept named “*stacked shame*” which emerged from focus group findings and focused on the impact of an accumulative, layering of shame integrated with a mother's experience (p261). Derived from a woman's archive of shame made up of self-blame, feeling responsible and a sense of failure in protection of her child, all in combination with her different identities as a mother tied to her family, alongside potentially being a professional. The stacking inferred a sediment hardening into scars whilst shame is also closely tied to traumatic injury (DSM-5, American Psychiatric Association, 2022; ICD-11, WHO, 2019). Together these arguments prompted consideration of the discovery of their child's sexual abuse and ensuing trauma manifested with mothers as keloid scars.

Keloid scars are caused by the body 'overworking' to heal itself and this resonated with mothers trying to work through or reconcile what happened to their child which appeared as common trauma symptoms indicated above. Like mothers' symptomatic experiences in this study, manifestations of keloids vary widely from mild to more severe and impact functionality. Furthermore, mothers described their stigmatised identities, as indicated above in *Hijacked Motherhood* which resonated with the distorted appearance of keloid scars. Although each scar is testament to a story to be told, it is also a visceral reminder of what mothers have endured. For some mothers in this study, these scars and experiences were still raw and alive, whilst for others their scars' intensity had lessened. Together, the rupture, wound and scar serve as narrative markers and embodiment of a mothers' experiences. This sense

of intertwine through this theoretical triad is now extended in the next section of the discussion which involves the interconnection between mother, child and practitioner.

7.4 "There is no baby without a mother": Threads Which Bind Child and Mother (and Social Worker)

The originality of this research also lies in foregrounding the symbiotic quality between a mother and her child who has been sexually abused. This sense of interconnectedness appeared recurrently across the literature as well as the findings. For example, in the narrative review, one of the strongest features to emerge was the mother's support and protection of her child which appeared across all synthesised papers ($n=63$, p59). Centred on four areas belief, support and protection dynamics, diverse strategies of support and protection, and turning points, these dimensions were intimately enmeshed with the safety of her child (Bolen and Leah Lamb, 2004; Emirza and Bayrak, 2024). Although these aspects overlapped, the narrative synthesis review highlighted that "*belief may not equal support, support does not always follow belief and support may not always include belief*" (p84) which suggested one may exist without the other and their presence does not guarantee the inclusion of the other. Despite this, what clearly emerged from the narrative synthesis review was their interlinking nature which was expressed within the mother and child relationship. However, instead of being entwined, the existing literature depicted the influence operating primarily in a single direction, flowing from mother to child, for example, in terms of what mothers could do for their child. Additionally, while parallels were exhibited between mother and child, their needs were also distinct, for example, where there was a level of emotional independence between mother and child then this led to a greater likelihood of both identifying their needs

independent of the other. Together, these dynamics of belief, support, protection and turning points within the connected relationship served as synergistic maternal coping mechanisms in navigating the aftermath of the abuse.

Consequently, the findings of this study build on the insights from the existing literature and reveal previously unrecognised and unobserved symbiotic dynamics. The intertwine between a mother with her child was most vividly illustrated in the interview findings. The most revealing instance of this pattern came through participant narratives of their wellbeing bound in their child's coping and survival following the abuse. At the time of the interviews, two of the mothers' children, now adults (Candie and Lavinia) required ongoing and significant levels of support which meant their trauma remained live and as such, there was a sense of its unrelenting nature. Whereas for others, their children required less support at the time of the interview and appeared to be moving on as seen in Demmi's account (p243). Consequently, this suggested that their children served as narrative anchors. This was further reinforced by Demmi when sharing about the "*real unknowing about whose story this is, but it's my child's*" (p202). Mothers were accustomed to being in the background, even in their own stories as shaped by societal expectations and how they are treated and understood. This sense of mutuality was also reinforced in the literature (Hiebert-Murphy, 2000; Kilroy, Egan, Maliszewska and Sarma, 2014; Scott, 1996). However, the interconnected dynamic between mother and child compelled mothers to the foreground, fused with their child. There is a risk that this may be an uncomfortable space to occupy, however shifting asymmetries of power can be difficult at first as the recognition moves from mothers as third-party, secondary or 'backstage' positions toward more of an interactive state.

Additionally, in the focus group findings, although there was recognition that the child and mother were connected and so, both required support and resources (p277), the interrelationship was more pronounced in the shared and overlapping experiences between mothers and practitioners. For example, focus group participants disclosed varying proximities to sexual abuse occurrences. Yet, like mothers, participants navigated multiple identities as parents, professionals, victims/survivors and more. These identities coexisted and required careful balancing, but like mothers, their dominant identity, in this circumstance, as a 'professional' could overshadow other aspects of their identity disregarding its multifaceted complexity. Furthermore, practitioners mirrored mothers' emotional states, ranging from anger, feelings of concern, to finding the words difficult to articulate drawing parallels with some of the mothers from the interviews. The "*emotionally indigestible*" (Cooper, 2014, p. 271) nature of child sexual abuse meant that the absence of emotion or naming emotions can be a defensive effort and led to consideration of how emotions can also be a risk for some focus group participants' professional judgement and practice. Perhaps, this mirrored how emotions were a risk for some mothers in their mothering practices and together, this can lead to both practitioners and mothers facing silence and shame in their respective communities.

Shame emerged as a central feature of focus group participants experiences. Whilst for mothers in the narrative interviews, shame appeared intimately interwoven with maternal love and care. Together this suggested there was a shared sense of shame in the fabric of the relationships across the findings. Shame can be felt when there is a sense of not being 'good enough'. For practitioners this arose through a lack of knowledge or confidence to work in the field of sexual abuse, feeling responsible,

overwhelmed or helpless in their practice with sexually abused children and their mothers. Focus group participant, Orange2 (p262) highlighted a compelling example of a father who abused his daughters and who shared it was easy to go along with professionals, because they did not want to talk about sexual abuse and his child victims were too frightened to talk about it, so his behaviour was left unaddressed. It was clear that the abuser relied on a shaming atmosphere to maintain silence and secrecy which exemplified how practitioners' discomfort could be manipulated and consequently, the potential for harm remained high. The sense that shame could be exploited by others also resonated with how practitioners might leverage shame on mothers to maintain conformity to welfare requirements, as found in the focus group discussion (p254). Furthermore, narrative interview participants demonstrated oscillations of shame attempting to locate it elsewhere with recognition that the abuser was at fault, but despite this and perhaps because caring was conflated with responsibility or shame operated as such a powerful force, mothers continued to be held hostage to their shame (p208).

Although shame did not feature explicitly as a central finding in the existing body of literature, it surfaced through a sense of failure, guilt, self-blame and not being a good mother (Lipinsky and Goldner 2022). The concept of 'good enough' also strongly resonated with the narrative interviews (Winnicott, 1953). Although, it is important to acknowledge how imperfection in mothering practices does not mean failure. Furthermore, in the narrative interviews Demmi's response to the disclosure showed her motherhood working well in the face of child sexual abuse through hugging and telling her child that they were here for them and believed them (p194). However, this appears to clash with victim/survivor accounts of wanting this type of

response to happen but is seldom realised (Allnock, Miller and Baker, 2019). Whilst Candie outlined her kneejerk reaction that her child was lying (p196), Lily shared how she was shellshocked (p195) and Maddyn reflected how she went into work mode and was likely cold to her daughter (p198). Although this may be received as denial or minimisation by the child victim, through a trauma lens, these instinctive responses are understood as mothers grappling with their psychological safety in the face of their world being unmade (Frank, 1995) and together this could be explained through this study's newly developed '*Maternal Accommodation Syndrome*' (see section 7.6 below).

Moreover, Ina described her child's historical disclosure that she had initially rebuffed which presented her as disbelieving towards her daughter (p196). Despite this detrimental reaction, Ina spoke about a later experience which involved her belief of what happened demonstrating how the situation could be repaired, sharing it had brought them closer. This is an important finding as it means that there is potential for reparation, following any first or immediate responses which may prove damaging. Although, it should be noted that this sense of restoration is solely through the lens of the mother and further research may be required to include victims/survivors to triangulate this. In the existing literature, several studies reinforced mothers growing closer with their child (Butterby and Hackett, 2021; Fong and Walsh-Bowers, 1998; McElvaney and Nixon, 2020) whilst a further two studies highlighted this stronger connection from a child's perspective (Warrington, Beckett, Allnock and Soares, 2023; Fong *et al.*, 2017). Whereas relationships were also noted to worsen for some families (Fong *et al.*, 2017). Nonetheless, this finding is important and not only applies to mothers, but the principles may be considered in light of the

social worker's relationship with the mother and resonant experiences of not getting things right at first and the subsequent space for learning and repair.

The mirroring between practitioners and mothers also extended to practitioner behaviours which bore a strong resemblance to diverse understandings of mothers for which a typology was created (*Appendix 6.1*). This newly developed framework offers understandings of motherhood in light of sexual abuse accompanied by interactions with the professional roles which emphasised their overlapping nature. For example, a prominent feature of 'doing' protection appeared strongly across both focus group and narrative interview findings where practical measures to ensure safety were markedly evident. The notion of 'fixing' appeared recurrently across both types of participants, for mothers this manifested through the weight of responsibility in the aftermath of the abuse in navigating services, potentially adjusting to a new financial or housing situation and trying to source support, whereas for practitioners their strive to fix was closely tied to their role in safeguarding, as agents of change and gatekeepers of resources. This typology was categorised as 'protector' and for both types of participants, the support and protection toward the child victim was the fundamental anchor which suggested that the threads were dynamic, relational and interconnected. Nevertheless, focus group participant Orange1 raised that due to limited resources, support was either directed toward the child or mother, but not both and as such, practice defied their interconnected nature and compounded any harm experienced (p276). This lack of provision was reinforced by other focus group participants (p277). This suggested that with this study's reframe of a mother and child existing in a reciprocal, interacting dynamic within the same system, there is a

risk that the organisational climate and funding constraints may continue to fragment needs and perpetuate the devaluation of the maternal role.

In summary, this study brings the symbiosis between a mother and child into the spotlight, showing the importance of consistently being thought of together. Whilst existing literature and practice has focussed on solely the mother's role in support of her child or her needs overlooked entirely, this perspective sees them as two interconnected parts of a shared system. Although their needs and experiences differ, their lives are bound together through a violation of abuse and as identified above both will be directly affected and subject to primary trauma. Consequently, this reframe creates a tapestry of interwoven experiences or threads. These threads can also extend to practitioners and interrelatedness with the mother. These relational dynamics can be further understood through wider organisational systems within which professionals operate as examined in the final theme.

7.5 The Intersection of Systemic Failure and Defence Mechanisms

The final theme found a complex interplay of mothers' varied experiences with professionals and services, and chance-based support which indicated underlying system inequities. Additionally, the role of defence mechanisms was markedly evident which operated as coping strategies at practitioner and organisational levels to defend against stress and anxiety. Furthermore, a sense of justice was rarely achieved for mothers in the study (p225) and whilst there was limited attention to justice in the literature, references were made to how the justice-seeking process often compounded any distress (Butterby and Hackett, 2021). The intention of this final theme, like the overall study, was not to inadvertently assign blame but instead

understand practitioner behaviours on an individual level and within a broader context.

Although positive professional experiences emerged, negative encounters were more prevalent across the body of literature and interview findings. For example, in the narrative synthesis review, studies indicated that helpful professionals and treatment of their child were amongst the positive interactions (Davies, Seymour and Read, 2000; Plummer and Eastin, 2007) with mothers appreciating a caring and kind response (Whitehouse, McKenzie and Hobbs, 2025). This was reinforced by interview participants, Maya and Maddyn who shared the “*brilliant*” and “*incredible*” treatment by services of their child (p223) whilst Demmi also shared a positive experience with the court and judge (p224). Whereas focus group participants presented as insightful, reflexive and committed practitioners who often operated in difficult and complex circumstances. Conversely, negative experiences were varied, ranging from being blamed and treated punitively in both interview findings and studies which highlighted regret at contacting authorities because of the poor handling of the situation, slow progress and overall, made matters worse (Carter, 1993; Hill, 2001; Mauny *et al.*, 2023; Scott, 1996; Stitt, 2007). In addition, there was little consideration of a mother’s needs, who found a new and unknown system as confusing, overwhelming and were often left in the dark (McElvaney and Nixon, 2020; Whitehouse, McKenzie and Hobbs, 2025). Interview participants’ experiences corroborated these findings and additionally shared how seeking support was like an uphill battle against an impenetrable system, leaving them feeling abandoned and left to “*figure it out*” (p217). Whilst transparency can be inhibited by the fear of practitioners to cause further harm, this compounded a mother’s distress whereby

often, this was their first involvement with services and accompanying this, the suspicion, blame and misinformation they faced caused them to lose faith in the system. Lily's example of navigating the legal processes and forensic medical exams without clear guidance (p218) encapsulated the disconnect which existed between professional's implementation of their duty of care toward supporting mothers who are traumatised and who, in parallel, are supporting their traumatised children. Furthermore, in focus group discussion Orange2 highlighted that two of the most important fundamental active practices which had been raised recurrently across complaints as missing from practice were listening to an individual's story and compassion (p280). This was reinforced across interview participants with examples of being denigrated and dehumanised by professionals (Lily and Amaya, p220). As Solnit (2019, p29) points out below,

"We talk about empathy and compassion as virtues, but they are also active practices of paying attention to other people. In this way, we understand others and the world beyond our own experiences. I pay attention to you because you matter, and if you ignore me, it's because I don't."

Social work practice often bears high emotional demands and practitioners are exposed to situations which evoke considerable stress and strong feelings. Working with child sexual abuse matters can be deeply confronting and involve disturbing and emotionally challenging material. It was evident that navigating such complexities inherent in the field, intersected with practitioner and organisational level coping strategies, namely through the role of defence mechanisms as understood through the work of Menzies Lyth (1988). As such, this suggested that the system mirrored trauma-based responses and shaped practice toward mothers. This was most notably found in focus group findings, whereas interview findings presented the implications for those mothers on the receiving end of support. At practitioner level, examples of psychological coping strategies ranged from shutting down their

feelings, avoidance and professional detachment. Although these functioned as psychological shields against experiencing distress and helped practitioners to function, these defence mechanisms are regarded by Menzies Lyth (1988) to diminish connection within relationships.

The alternative of attuning with the emotive nature of child sexual abuse work was most powerfully conveyed through Yellow2 becoming emotionally overwhelmed in the focus group discussion (p271). This led to considerations of incentives for organisations to maintain practitioners' abilities to fulfil the duties of their job, specifically where procedures and processes are often implemented to establish structure and control in the workplace perhaps with the intention of mitigating coping strategies but can often reinforce defences to guard against anxieties. Serving two functions, processes and procedures operated as legal and ethical duties, as well as emotional containment for practitioners and acted as a source of comfort and reassurance of their safe practice (p274). However, it appeared that adherence to the process seemed to overrule outcomes. Focus group participants shared how compliance to system regimen interacted with the care provided. Ethical dilemmas existed for practitioners between who to help, or rule-compliance and knowing when to step outside bureaucratic processes which get in the way of good practice. The assumption is the rules are right, but perhaps, in some circumstances the right thing to do was not conform. But there is a risk for practitioners in doing this which was most vividly illustrated by focus group participant Orange1, when she described the implications of being seen as "*a dog with a bone*" (p275). Orange1's offerings of being tenacious and persistent were key skills for practitioners, and much needed by mothers, but arguably, perhaps these are desired skills if the practitioner

demonstrates these only whilst compliant with the organisation's ethos of fulfilling statutory duties.

In addition, the process of rationing as a psychological defence mechanism operating within organisational culture presented as a significant finding in the study and was exemplified in the following focus group quote,

But the resources are finite and so, what do you do [as a practitioner]? Do you support the mum, or do you support the child because you've got no money to do both. (Orange1, p276)

Although the rationing effect was not exclusively focused on tensions of resources, this revealed an organisational context which fragmented children and mothers' needs, with a lack of recognition of their symbiotic nature. This was reiterated across interview participant narratives with experiences of seeking safety and guidance in the support systems meant to offer protection, however, their experiences involved fragmented co-ordination and inaccessible care (Candie, p217). Additionally, across both findings, it was evident that resource constraints influenced relational practice and the creation of meaningful relationships. For example, in the interview findings there was recognition of the scarcity of resources and a sense that the systems were not aligned with what the child and mother needed from the point of sexual abuse disclosure and at times, were actively working against them (p218). Furthermore, there was an "*illusion of support*" (p218) and any positive experiences of support were "*stumbled across*", through more of a luck-based approach (p223).

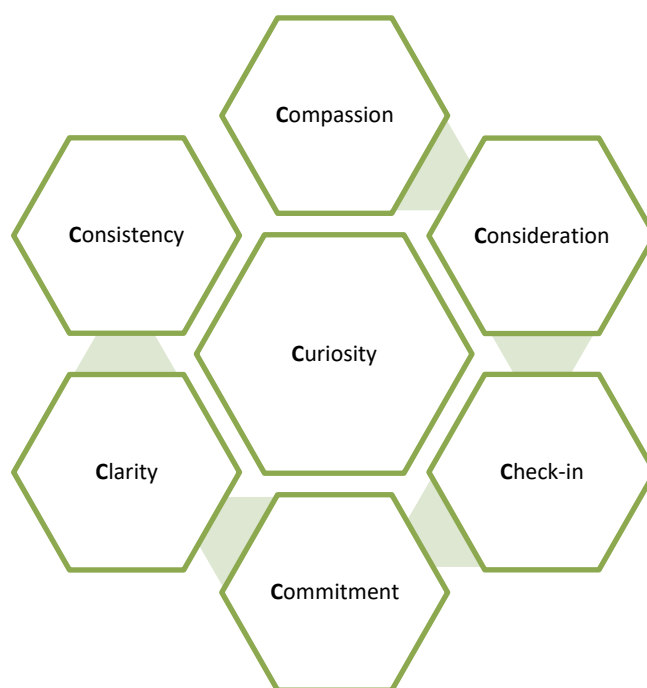
Whilst focus group participant Green2 (p278) epitomised the benefits of a relational approach which was presented when a mother shared "*you never asked me a single question. You just sat on my sofa and asked for my version of events*". This

experience emphasised that consistency in dedication of time and key skills of listening and compassion as a practitioner towards a mother could be transformational. Whereas the existing body of literature focused on how diminished resources not only added to a mother's distress but also shaped how she was understood by organisations, vulnerable to social and economic pressures (Bolen and Leah Lamb, 2004; Joyce, 2007). Rationing could also be understood through the lens of Morrison's '*Professional Accommodation Syndrome*' (1990) to explain practitioners' psychological processes to manage stress and discomfort in their roles. Together this suggested that the rationing of practical and interpersonal, relational resources can be mitigated through attention to a mother's needs alongside her child's.

Consequently, as drawn from these findings, *The 7 C's Model of Professional Communications* (Figure 7.4) accompanied by a supplementary table below, was developed which might benefit subsequent practitioner exchanges with mothers. Discussion in the focus groups showed a type of thinking that revealed some assumptions about how mothers would respond to child sexual abuse, for example with defensive denial (p257). When confronted by alternative evidence from this study that did not fit with their thinking, practitioners responded that the mothers in the study were fundamentally different from those they encountered in practice (p270). It may be that working in a high threat state means that practitioners jump to conclusions to manage the impossibility of the tasks, however making time for thinking through the lens of critical engagement and as a broad social activity (Rose, 2021, p33), rather than a cognitive process may be a helpful consideration for practitioners. In addition, given the strong likelihood that justice may not be served,

as was shared by most interview participants (p224) with mothers left with a complete lack of resolution, practitioners can implement a process that is meaningful, caring and affirming and guided by an ethics of care (Noddings, 1984; Tronto, 1993). Whilst it may not fully resolve the injustice, it might help to address some of the maternal harm and pain. It should be noted that an eighth 'C' was considered, as *Culture*, due to consideration of different cultural motherhood practices however, due to limited sample diversity as a limitation within the study, this aspect did not emerge from the data but could be considered for future practice.

Figure 7.4: The 7 C's Model of Professional Communications



Source: Author's own

Table 7.2: The 7 C's Model of Professional Communications accompanying tool

Curiosity	Professional curiosity involves questioning, analysis and critical thinking skills to unearth what lays beneath. Sit in discomfort, acknowledge complexity and be active to <i>"think what we are</i>

	<i>doing.</i> " (Arendt, 1958 cited in Rose, 2021, p176), e.g. reflect, check assumptions and notice the relationship with certainty.
Compassion	Move from clinical behaviours to demonstrate kind, caring and empathic actions and conversations e.g. offer a cup of tea and acknowledge what a difficult situation this is for mothers.
Consideration	Offer understanding of their practical and emotional needs as a woman and mother who might be traumatised or in crisis and may not be presenting as practitioners think they should e.g. ask them how they are feeling, what they need and keep an open mind.
Check-in	Keep mothers informed of the process and timescales, even if there is no update e.g. drop them a call or email.
Commitment	Deliver on any actions for their child and family.
Clarity	Share clear, accessible information about processes or approaches and reiterate in visual or other forms if required. Repeat this as needed, given how trauma may impact retention of information e.g. provide a one-page flowchart or overview
Consistency	Implement professional interactions using the 7 C's model in a reliable and ongoing manner.

Source: Author's own

Further defence mechanisms arose in the focus group through the pursuit of concrete thinking where certainty came at a cost of nuance (Houston, 2020). Binary reasoning was acknowledged and provided a sense of safety to practitioners. This was most pronounced through focus group participants' distinction between mothers in the study compared to mothers they worked with (p270). Although it appeared that mothers in this study demonstrated social mobility, there were clear overlaps across

mothers as seen in their defence mechanisms, behavioural and trauma responses. Fundamentally, this indicates that viewing both these realities of mothers as different to one another is risky practice. Perhaps, instead it could be hypothesised that because of practitioners' frame of interactions, they have not been able to or cannot get to know mothers in this way. Moreover, to hold space for ambivalence can be difficult, particularly for complex matters involving child sexual abuse. It could be surmised that certainty and compliance is prioritised over critical thinking and ambivalence, and defence mechanisms focus on protection of the organisation rather than support of their workforce. Arguably, this can lead to practice with mothers which is routine, professionally distanced and reliant on process.

Furthermore, social work approaches are intended to be systemic (HM Government, 2023, p11), however the involvement of child sexual abuse appeared to significantly diminish practitioners' capacity to think systemically due to pressure from the system and risk level.

There was a sense that most practitioners were complicit in a system that served a range of defensive purposes which continued to disregard the emotional aspects of child sexual abuse work. Additionally, practitioners benefit from the system in some way and from this, so does the organisation. Menzies Lyth (1988, p78) suggests "*the success and viability of a social institution are intimately connected with the techniques it uses to contain anxiety.*" However, at times these defensive practices can be ineffective and a way for practitioners working in a field fraught with highly emotive, complex and confronting work to control their feelings and reduce the weight of responsibility. It was clear that social workers faced considerable difficulties and challenges when working alongside child sexual abuse matters, due to

organisational 'red tape' which shaped and limited their practice. Additionally, the completion of prescriptive tasks and following routine procedure may not consider the nuance in child sexual abuse matters, attempt to simplify issues and minimise the emotional burden of uncertainty, preventing deeper emotional engagement with the difficult area of sexual abuse.

Nevertheless, emotions are intrinsic to social work practice (Ruch *et al.*, 2019) and detachment undermines the core relational aspect of social work. In addition, focus group participant perplexities of operating within organisations and making decisions which conflicted with practitioner values, were characterised as dynamics of discontent alongside a lack of adequate support and supervision. Conversely, to trust and value those social workers who do not comply or exercise professional discretion in the implementation of bureaucratic rules means a move towards "*a system that values professional expertise*" (Munro, 2011, p10). Consequently, this calls for a shift in culture to hold space with the felt emotions of ambivalence, pain, discomfort and safe uncertainty (Williams, 2019) that comes with the complexity in child sexual abuse matters. Together, these themes offer valuable insights about the study's key contributions, as well as inform the newly developed framework '*Maternal Accommodation Syndrome*' presented in the next section.

7.6 Maternal Accommodation Syndrome

Mirroring both Summit's (1983) and Morrison's (1990) approach, this study has redeveloped the model's five stages through the adapted and renamed '*Maternal Accommodation Syndrome*' through integrating the body of evidence with the study's findings to further understand the maternal experience. The rationale was to provide

a practical framework to illustrate the distinction between what mothers may visibly present and any underlying dynamics, as seen through a trauma lens.

7.6.1 Secrecy

Sexual abuse thrives in secrecy (CSA Centre, 2022) and it is widely regarded that mother's experiences are largely hidden. Secrecy can stem from fear of blame, judgment or reprisals. Mothers may feel pressured into silence due to feelings of loyalty or privacy for their family or child victim. For example, secrecy might also emerge as a protective mechanism, shielding the child from further stigma and harm as seen in several of the mother's in the study strive for privacy protections (p158). Despite a growing critical understanding and research of the maternal role, secrecy can at times, be interpreted as complicity. In the narrative synthesis review, unawareness of the abuse was entangled with complicity (McLaren, 2012) and as such, mothers could be understood as acquiescing to their child's abuse. However, there are broader issues at play, for example, as highlighted in the narrative interviews with mothers and focus groups with practitioners, the structural or psychological forces where their pain is ignored, or she is seen as partly responsible through cultural and social norms, such as mother blame or the 'failure to protect' doctrine, regardless of the context.

7.6.2 Helplessness

Mothers can experience impacts like that of their sexually abused child (Vera-Gray, 2023) with feelings ranging from shock, disbelief, guilt and helplessness. As seen in the narrative interviews with mothers, there were feelings of overwhelm and a lack of control in addressing the situation, but a desire to do anything to 'help' their child

(p198). However, mothers may feel uncertain of what can be done, creating confusion potentially effecting their decision-making or reacting in the moment (p196). This stage also connects with the social construction of help-seeking behaviour where the well-known phrase 'mother knows best' reflects a longstanding cultural belief of positioning mothers as all-knowing and responsible for their child's wellbeing as seen across the literature and both sets of findings. However, this pervasive ideal means that mothers may feel shame or fear being reported and as such, prevent them from accessing services.

7.6.3 *Entrapment and Accommodation*

Maternal accommodation is a strategy employed to ensure a mother's survival and functioning in response to an incomprehensible and abhorrent situation.

Circumstances involved being forced to confront her sense of identity as a mother.

This stage is about power, control and adaptations mothers make to reclaim this, in the face of feeling trapped through the abuse. Behaviours as seen in the narrative interviews included self-blame, anger, suppressing emotional responses, overcompensating in their caregiving or feeling immobilised due to fear.

Mothers experience conflicting feelings as they might take responsibility for their child's abuse (Summit, 1983) instead of facing the difficult reality that someone they potentially know, love and trusted has sexually abused their child.

7.6.4 *Delayed or Unconvincing Disclosure*

Research suggests that many children will not disclose their abuse with the majority not disclosing until they are adults (Lemaigre, Taylor and Gittoes, 2017). However, in circumstances where children do disclose, mothers are the most commonly

told (Allnock, Miller and Baker, 2019; Carter, 1993). As such, this stage may connect to the way in which mothers respond to the disclosure, factors which influence this, and coping mechanisms employed. For example, in the focus group findings practitioners depicted mothers encountered in practice as in defensive denial, whilst in the narrative interviews, mothers' disbelief and fragmented telling was found. Together this may be indicative of mothers' struggling with finding out and serve as a protective coping mechanism rather than evidence of being at fault or complicit in the abuse (Zagrodney and Cummings, 2017).

7.6.5 Retraction

Retraction might involve mothers' downplaying or withdrawing the concerns they initially shared about their child's abuse. Instead of signifying a mistrust of mothers (Zagrodney and Cummings, 2017) or existence of falsehoods, perhaps there could be consideration of what mothers are up against when sharing what happened, for example, perceptions of mother blame, failing to protect her child or society's wilful blindness (Heffernan, 2011) of child sexual abuse, in combination with an unrealistic standard of motherhood (Davies and Krane, 1996). Instead, mothers could be understood through the lens of trauma and survival with symptoms of avoidance or shame as traumatic injury (DSM-5, American Psychiatric Association, 2022; ICD-11, WHO, 2019).

Consequently, the proposed framework extends previous models and understandings which were developed under different conditions with distinct application to children and professionals. Accordingly, this new model with mothers integrates insights drawn from the current study to capture the complexity of the

maternal experience and offers a practical tool for practitioners. In addition to the key findings and new framework, it is also important to consider the potential limitations of the study's findings.

7.7 Limitations

Whilst the methodological limitations identified in *Chapter 3 Methodology* were primarily concerned with constraints within the study's design, the discussion now considers the potential limitations pertaining to the findings and their interpretation. Firstly, these findings reflect the experiences and perspectives of a small group of mothers and social workers which suggests although rich, meaningful insights have been found, they may be context specific and inform understanding across similar populations (Carminati, 2018). As such, future research could adopt approaches across multiple contexts to incorporate other professionals working in the field, such as police officers, health professionals and legal professionals. All of whom were noted in the findings through the experiences of mothers and who may also find the learning and tools useful to consider in their practice. In addition, these findings reflect mothers' experiences at varying points in time following their child's sexual abuse, perhaps illustrating the developmental stage of their maternal capacity. Although, this study explored mothers' experiences holistically as depicted through their findings, perhaps future research may focus on longitudinal data collection to capture a more nuanced understanding at discrete time or turning points. Despite these limitations, the research offers notable strengths which enhance the study's contribution to the field.

7.8 Strengths

This study demonstrates several strengths, the most significant is that this is the first study to explore mothers' experiences of their child's sexual abuse using a narrative approach with the inclusion of social worker perspectives in England and to the best of the researcher's knowledge, across international contexts. This reinforces that the study's methodological approach is significant and original. The second strength is closely tied to the study's development of contemporary insights, given that it is a topic dominated by an older body of literature. Furthermore, the findings of this study respond to the research objectives and consequently, together this enhances the evidence base in the field. Thirdly, the study's practical contribution to social work with the provision of tools, as part of a wider toolkit (Howells, 2025) operationalises the study's findings and evidences impact beyond the academic domain. In addition, through the generation of knowledge production this study yielded a multitude of new insights throughout the thesis. However, several key contributions emerged as significant and were captured below in *Figure 7.5*.

Figure 7.5: Key contributions of the study



Source: Author's own

Finally, this study presents new empirical data regarding a mother's experiences grounded in a rigorous and systematic research process. Mothers in this study have shared their narratives with unflinching honesty and as such, have opened space for others to share their stories of what it means to be a mother to a child harmed by sexual abuse. In addition, social workers too, have revealed their worlds which takes courage. Together, both have helped to shift and change the landscape, even if a little, and move such stories into the mainstream (Rose, 2018, p208), demonstrating their legitimacy and influence. As such, these findings not only amplify the study's value, but also inform practice in the field.

7.9 Implications for practice

The study's intention includes both amplifying a mother's hidden voice and experience of her child's sexual abuse as well as the development of meaningful implications for practitioners. As such, attention is directed to the quote below,

"To name something truly is to lay bare what may be brutal or corrupt – or important or possible – and key to the work of changing the world is changing the story, the names, and inventing or popularising new names and terms and phrases."

In light of Solnit's (2018, p2) sentiments, one key implication is a shift in professional language as well as a reframe of current understandings of mothers whose children have been harmed by sexual abuse. This was seen across the study from a redefinition put forward by a focus group participant of *"mother in need"* which resonated with legal terms used for children across services and a reconceptualisation of mothers in terms of the trauma they experienced and their symbiotic nature with their child. Instead of not thinking about their needs, blaming them or viewing mothers through the lens of what they can offer to their child in terms of safety and wellbeing, the drive is for practitioners to keep mothers in their sights and instead consider their influences, traumatic experiences and what they need, as part of the interconnected dynamic between mother and child. Furthermore, policy becomes personal and is often shaped by practitioners enacting this at the 'street-level' (Lipsky, 1980) through their interactions with mothers in two ways. Firstly, the study's methodological approach can be adapted to social work practice, as critical realism posits that behaviour is shaped by an interplay of social systems (Houston, 2001) and secondly, the new framing serves as a call to arms to recognise a mother's needs in context. Consequently, this suggests a critical juncture where rather than weaponising mothers' behaviours for blame, for example through the lens of defensive denial, practitioners resist accepting these at face value and instead

leverage these as 'evidence' to work with mothers and their families to address underlying trauma that is presenting as resistance (Mason, Taggart and Broadhurst, 2020). Thus, the recommendation is to offer follow up care in and outside of the child protection arena to both alleviate risk and build in protection.

Furthermore, given the emotionally demanding nature of social work and the difficulties that arise when working with emotive matters (Menzies Lyth, 1988; Morrison, 1990), the findings highlight the need for consistent therapeutic, trauma-informed and reflective supervision for practitioners who operate across the field, particularly for practitioners in children and families service working alongside sexual abuse matters. More specifically, the role of containment (Bion, 1962) as a function of supervision to involve fostering a safe space to speak about, name what is happening and think about something that is hard to bear. Additionally, emotionally attuning with the more difficult aspects of the work and address practitioners' coping strategies as defence mechanisms, enhancing their capacity for ethical and caring practice, and manage their anxieties. This approach could help practitioners consider their work through the therapeutic frame (Henderson, 2016, p12) and is derived from Bion's maternal-child model and so, the symbiotic thread and ethics of care flow through the study's findings. Consequently, the practical future recommendation involves applying for a research grant to pilot a small-scale research project with involvement from final year students drawn from psychological therapy training to provide a therapeutic space for practitioners who work with trauma to develop this approach. Additionally, the final recommendation involves supportive parental therapeutic input with a focus on both theirs and their child's needs. There are expectations that mothers are expected to hold the pain of their children and repair it,

whilst the aftermath of finding out about the abuse takes a toll on their wellbeing. So, providing practical, therapeutic support is central to maternal survival. In addition to their practical application, these findings point to further directions for future research.

7.10 Implications for research

Beyond the research and publications already outlined, the thesis establishes the basis for further scholarly outputs. In addition to the journal article currently under review which discusses ethics in sensitive research (Howells, Taggart, Hollinrake, Under Review), at least two additional publications are planned. One will synthesise the overall findings and key contributions of the study, whilst another will focus on the analytic approach implemented in the interviews. The intention for this final paper stems from my own experiences during the PhD where a clear, practical framework may be useful to other research students in navigating and applying narrative analysis techniques. Finally, given the usefulness and inspiration drawn from Campbell's book, *Emotionally Involved, The Impact of Researching Rape* (2002), as well as being editor of a well-received practical book series (Beesley, 2022; Zawawi, 2026), there is consideration of developing a monograph, which will integrate creative elements from mothers with a toolkit for practitioners. Consequently, it will be important to bridge the gap between the richness of the research findings with accessible and practical insights, to ensure that knowledge and practice are enhanced in a meaningful way. Together, these developments point to the translation of the study's key contributions within research, as the focus turns to how the findings will inform policy development.

7.11 Implications for policy

The findings of this study highlight important policy implications for support provision and better responses for mothers in the field of child sexual abuse. Although several key implications emerged from this research, attention will be given to three of the most significant which can be directly operationalised into policy and practice. The first policy implication involves a reconceptualisation of mothers' location and experiences. Despite mothers' central position with their children in these processes, the UK Government's strategy and mandated statutory guidance (HM Government, 2021; HM Government, 2023) obscures their specific roles, leaving mothers' hidden. This study reinforced this claim and drew attention to the limited understanding which exists about a mother's experience. The study found that a mother's own needs were often overlooked and made invisible through their motherhood, whilst similarly hypervisible to services and scrutinised through their maternal functions and safety of their child. As such, the *paradox of maternal (in)visibility* will be a useful concept to embed in policy language to explicitly recognise and understand mothers' experiences. Dissemination of this original contribution through conferences and engagement with organisations involved in child sexual abuse policy will reframe mothers, bringing them more to the forefront in policy discourses.

The second policy implication provides a framework to guide practitioner responses with mothers in support of enhancing their knowledge and skills. *The 7 C's Model of Professional Communications (Figure 7.4)* is a model which serves three objectives (1) structures practitioner-mother interactions guided by an ethics of care (Noddings, 1984; Tronto, 1993), (2) fosters reflexivity to challenge underlying assumptions and (3) implementation of a process that might help to address some of

the maternal distress, in the absence of justice which may be unlikely to be achieved. In addition, this model may help to address the nature of complaints made about social workers (Hayes, 2018), with the findings similarly raising this concern (Orange2, p283). Moreover, this model underscores the need for consistent enactment of relational principles that may often be absent in practice. Consequently, embedding the model through professional training and knowledge exchange activities is likely to contribute to improved professional practice with mothers and accordingly, stronger alignment with policy, guidance and UK Government strategy (HM Government, 2021; HM Government, 2023).

Drawing on Menzies Lyth's (1988) work, the final policy implication concerns practitioner and organisational level coping strategies intersecting with the difficult and emotive demands social workers face when working with child sexual abuse matters. The study's recommendation to provide consistent therapeutic, trauma-informed and containing supervision (Bion, 1962) for practitioners, in combination with the previously proposed small-scale research grant application and project, are positioned to strengthen the evidence base to support policy change within organisational supervision structures. Furthermore, at a broader level, the study aims to inform national guidance and training frameworks for supervision to specifically explore practitioners' work through the therapeutic frame (Henderson, 2016, p12). With the key policy discussion established, the chapter now concludes with a summary.

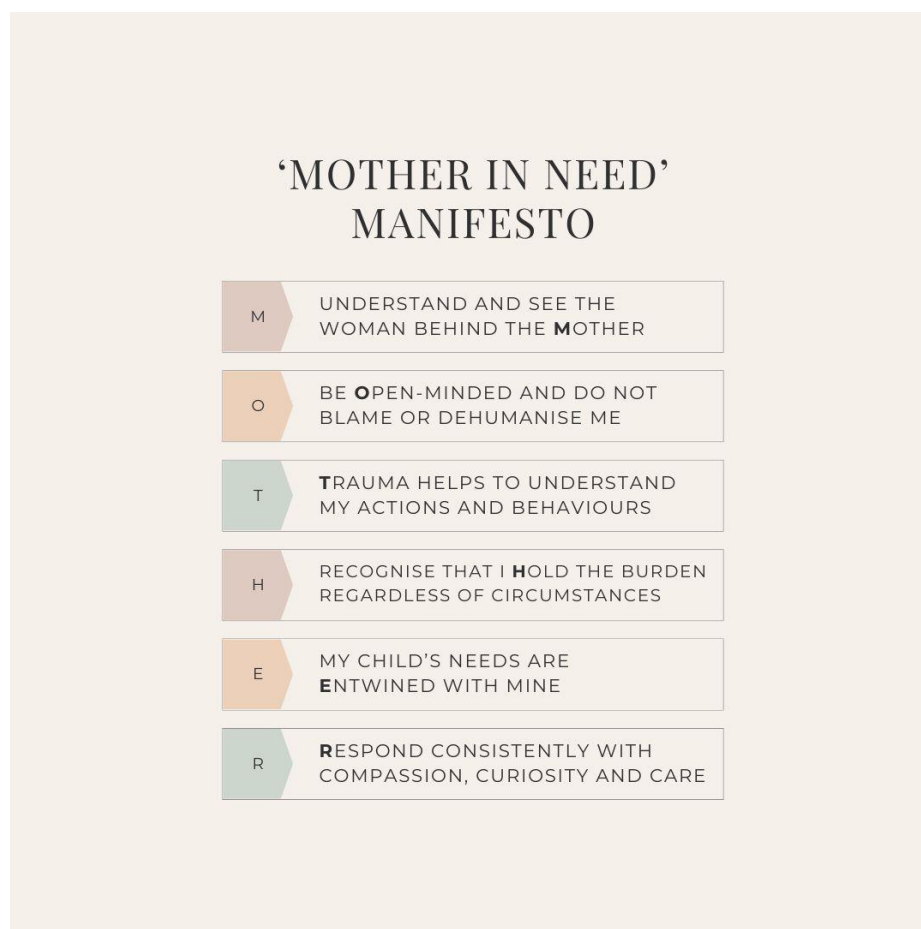
7.12 Chapter Summary

The thesis set out to examine hidden narratives of mothers whose children have been sexually abused and social worker perspectives. The study drew from a feminist ethics of care approach (Fisher and Tronto, 1990; Noddings, 2013; Tronto, 1993; Tronto, 2013) and implemented qualitative multiple methods, namely narrative interviews with nine mothers and two focus groups with 10 social workers. This is the first study of its kind in the UK to use a narrative approach and include practitioner perspectives and in doing so, offers an original empirical and methodological contribution. Key findings highlighted how women were colonised by motherhood, and as mothers were colonised and weaponised by social work. This was illustrated centrally through women made invisible through their motherhood and as mothers, hypervisible to services through their maternal role and functions. Next, *the theoretical triad of rupture, wound and scar* (Figure 7.2) presented the interface of mothers' embodied harms to the lasting imprint of her experiences which fundamentally altered her trajectory as a woman and mother. In this study, mothers encountered primary-injury trauma which offered a reconceptualisation of their experiences that was not fully articulated in the literature.

Subsequently, the symbiosis between a mother and child was brought into sharp focus, showing the importance of seeing them as two interconnected parts of a shared system. The sense of interrelatedness also extended between the mother and practitioner. Furthermore, the final theme highlighted mothers' varied experiences with professionals and services, with inequitable chance-based support. Additionally, defence mechanisms featured as coping strategies at practitioner and organisational levels to defend against stress and anxiety inherent in human service

professions. Across the findings, several key contributions emerged as significant and were captured in *Figure 7.5*. This study has also developed several accessible tools to support the operationalisation of findings into accessible resources for practitioners. Although limitations were noted above in section 7.7, insights from the thesis make a meaningful contribution to the field accompanied by future recommendations. Collectively, these findings contribute toward a shift in understanding surrounding mothers which increases their visibility and value, moving their hidden experiences to the foreground in practice. Moreover, this points to a clear call to action. As such, the thesis concludes with a manifesto, with learning generated from this study and expressed through the final tool, *Figure 7.6: The 'Mother in Need' Manifesto* below and accompanying explanation (*Appendix 7.2*).

Figure 7.6: The 'Mother in Need' Manifesto



Source: Author's own

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APPENDICES

Appendix 2.1: Synthesis of selected papers

Journal Article & Objective	Research aims and methods	Country	Database	Overview of findings
1. McGookin, N. K. (2025) 'KNOCK NOC'—Non-offending carers experiences with social work in the aftermath of Internet-based child sexual abuse. <i>The British journal of social work</i>. [Online] 55 (2), 782–800. Doi: https://doi.org/10.1093/bjsw/bc-ae165 Objective 1, 2	Two-year participatory action research using photovoice method and poetry, playwriting and letter writing. Explored mothers' experiences with social work whose partners are under investigation for possession of child sexual abuse material. Thematic analysis.	Scotland	CINAHL	Four themes framed as messages to practitioners: 1. 'We are terrified' – as homes searched, fear of removal of child from their care, concerns that children would be traumatised and stress from media attention. 2. 'We are not the perpetrator' – suspicion and feeling accused of offences and practitioner's incongruence between spoken words of support and actions. 3. 'We are on our knees' – a lack of recognition and empathy of the trauma, alongside feelings of overwhelm. 4. 'We want to work together to protect our children' – towards protecting children from harm.
2. Serin, H. (2023) Non-abusing mothers' formal support needs after child sexual abuse disclosure: the case of North Cyprus. <i>European journal of social work</i>. [Online] 26 (1), 41–53. Doi: https://doi.org/10.1080/13691457.2021.1977252 Objective 3	Qualitative semi-structured interviews with 15 mothers, including one grandmother and 'foster mother'. Explored formal support needs of mothers whose children had been sexually abused. Thematic analysis.	Cyprus	CINAHL	Four needs identified: 1. Financial support – endured economic hardship, lived in low-income households and tension between caregiving and employment. 2. Child day-care services and social facilities – no free public child day-care services exist in North Cyprus; caregiving is left to mothers who also must work long hours and grandmothers are usually the main caregivers. 3. Therapeutic services – lack of long-term, well-coordinated and accessible services, as well as unmet need for mothers. 4. Improved public knowledge and trust in services – mothers demonstrated little awareness of social work prior to sexual abuse.
3. Cyr, M. et al. (2016) Psychological and Physical Health of Nonoffending Parents After Disclosure of Sexual Abuse of Their Child. <i>Journal of child sexual abuse</i>. [Online] 25 (7), 757–776. Doi: http://dx.doi.org/10.1080/10538712.2016.1228726 Objective 1	Mixed method approach involving interviews with 109 mothers and 43 fathers and three questionnaires. Explored the mental and physical health of parents following their child's sexual abuse. Use of scales, measures and statistical analysis including generalised estimating equations and exploration of variables.	Canada	CINAHL	Findings revealed: 1. Both parents experienced psychological and physical problems, but more mothers reported depression, distress and accessed services. 2. Both parents' health status deteriorated following disclosure. 3. Diagnosis and reports of PTSD, depression and distress higher in parents of sexually abused children, than the general population. 4. Some gender differences in some variables.
4. Bolen, R. M., Dessel, A.B. and Sutter, J. (2015) Parents Will Be Parents: Conceptualizing and Measuring Nonoffending Parent and Other Caregiver Support Following Disclosure of Sexual Abuse. <i>Journal of aggression, maltreatment & trauma</i>. [Online] 24 (1), 41–67. Doi: 10.1080/10926771.2015.1005267 Objective 2, 3	Qualitative study involving semi-structured interviews with 17 caregivers (12 biological mothers, a biological mother and father pair, one paternal aunt, one maternal aunt, and two grandmothers). Explored how caregivers supported their children following sexual abuse. Grounded theory approach of open coding.	USA	CINAHL	Eight dimensions were identified: 1. Basic needs – environmental, support and financial. 2. Safety needs – protection from the abuser and self-harm, monitoring and supervision, and creating a sense of safety. 3. Decision-making – the influence of belief and evidence. 4. Active parenting – involved in day-to-day activities of parental responsibility, boundaries and self-awareness. 5. Instrumental support – sourcing informal and formal services and support. 6. Availability – being present, emotionally available, communicative and completing activities with their child. 7. Sensitivity to the child – awareness of the direct and indirect impact of the abuse. 8. Affirmation – expressing love, praise and helping their child feel loved.
5. Joyce, P. A. (2007) The Production of Therapy: The Social Process of Construction	Qualitative study with 15 female masters-level social workers.	USA	CINAHL	Mothers were not constructed as collusive. 1. External constraints on agency practice – cuts in programs and limited resources impacted understanding. Mothers also at risk socially

of the Mother of a Sexually Abused Child. <i>Journal of child sexual abuse</i>. [Online] 16 (3), 1–18. Doi: 10.1300/J070v16n03_01 Objective 4	Explored perspectives of social workers on mothers of sexually abused children and whether collusion was used to describe mothers. One hundred hours of case conferences were observed; treatment summaries were read and evaluated. Grounded theory approach.			and economically as lost financial support from the abuser and provision of support could empower. 2. Clinician's reactions – local media influenced understanding and fear in practice of scrutiny. Parallel process of scrutiny placed upon mothers. Vicarious trauma, humour as a coping strategy and shared ethnicity between practitioner-mothers emerged as key aspects. 3. The agency's context – structure, organisational and interpersonal dynamics and culture e.g. the use of authority, teaching as knowledge production.
6. Plummer, C. A. and Eastin, J. A. (2007) System Intervention Problems in Child Sexual Abuse Investigations: The Mothers' Perspectives. <i>Journal of interpersonal violence</i>. [Online] 22 (6), 775–787. Doi: https://doi.org/10.1177/0886260507300753 Objective 1,2, 4	Qualitative study including 3 focus groups ($n=19$) and open-ended survey ($n=40$) with 59 women. Explored mothers of sexually abused children experiences with professionals Thematic analysis.	USA	CINAHL	Eight themes were presented: 1. Fair and impartial treatment – mothers were surprised at the lack of fair treatment, with expressions that they 'should have known'. 2. Felling judged – mothers felt judged or seen as unsupportive and torn between responsibilities. 3. Instructions on mothering – professionals expressed 'good mother' ideals with consequences if not met. 4. Costs to mothers – Many costs including loss of family support, personal identity and financial costs. 5. Living with uncertainty – In situations where sexual abuse was suspected, left mothers in difficulty. 6. Accusations that mothers promote false allegations – mothers were charged by professionals. 7. Difficulty seeing the "system" as a positive resource for the future – regret at contacting services for support. 8. The Bright Spot: Helpful Professionals – these ranged from police officers, therapists, CPS caseworkers and attorneys.

7. Alaggia, R. (2002) Balancing acts: Reconceptualizing support in maternal response to intra-familial child sexual abuse. <i>Clinical social work journal</i>. [Online] 30 (1), 41–56. Doi: https://psycnet.apa.org/doi/10.1023/A:1014274311428 Objective 2	Qualitative study involving 10 interviews with mothers of sexually abused children. Explored the factors that influence maternal response and support. Grounded theory approach of open, axial, selective coding and comparison to generate themes.	Canada	CINAHL	In relation to support, the following themes were identified: 1. Belief – ranged from mothers' unconditional belief of the child to disbelief as well as the evidence required to inform belief. 2. Affective support – acknowledgement of the distress from the abuse and expanded to blame, anger and rejection of the child, as well as dismissal of the abuse. 3. Behavioural response – moved between mothers taking protective action continuing to place the child at risk. 4. Initial and enduring response – responses changes in two directions over time, from supportive to less supportive and from less supportive to more.
8. Alaggia, R. (2001) Cultural and Religious Influences in Maternal Response to Intrafamilial Child Sexual Abuse: Charting New Territory for Research and Treatment. <i>Journal of child sexual abuse</i>. [Online] 10 (2), 41–60. Doi: https://doi.org/10.1300/J070v10n02_03 Objective 2	Qualitative study involving 10 interviews with mothers of sexually abused children and 3 service providers. Explored the factors that shape maternal response and support. Grounded theory approach of open, axial, selective coding and comparison to generate themes.	Canada	CINAHL	In relation to support, the following themes were identified: 1. Culture and religion – faith influenced their problem-solving and decision-making support e.g. forgiveness and rehabilitation 2. Culture and family preservation – loyalty to the role of the family as an embedded patriarchal belief system. 3. Value system conflicts with service providers – mothers who were understood as less supportive of their child felt misunderstood, whilst the most supportive were emotionally supportive and separated from the abuser.
9. Davies, E., Seymour, F. and Read, J. (2000) Children's and Primary Caretakers' Perceptions of the Sexual Abuse Investigation Process: A New Zealand Example. <i>Journal of child sexual abuse</i>. [Online] 9 (2), 41–56. Doi:	Mixed method approach involving nonparametric tests and interviews with 51 children and 124 primary carers where disclosures of sexual abuse have occurred. Participants were mostly mothers - 103 (83.1%), 5 (4.0%) were fathers, and 16 (12.9%) were	New Zealand	CINAHL	The caregivers were supportive of their child's allegations: 1. Investigation process was slow, and delays were stressful. 2. Communication between agencies was particularly poor at the early stage with inadequate information. 3. Most caregivers received little support which made it difficult to support their children.

https://doi.org/10.1300/J070v09n02_03	guardians (e.g., aunts, grandparents).			
Objective 3	Explored the perception of social work and police interventions. Statistical tests and content analysis.			
10. Massat, C. R. and Lundy, M. (1999) Service and Support Needs of Non-Offending Parents in Cases of Intrafamilial Sexual Abuse. <i>Journal of child sexual abuse</i> . [Online] 8 (2), 41–56. Doi: https://doi.org/10.1300/J070v08n02_03	Mixed method approach - questionnaire and interview with 100 female and 4 male parents. Explored the helpfulness and availability of services with parents of children sexually abused by a family member. Use of scales, measures and statistical analysis.	USA	CINAHL	1. High level of satisfaction with provision of services. 2. Gap between needs and availability of services. 3. Many parental needs were unmet. 4. Subject to stigma and loss of social support of family, friends. 5. Strong need for contact with other parents. 6. Marital status and siblings are important aspects of consideration.
Objective 3,4				
11. Breckenridge, J. and Baldry, E. (1997) Workers Dealing with Mother Blame in Child Sexual Assault Cases. <i>Journal of child sexual abuse</i> . [Online] 6 (1), 65–80. Doi: https://doi.org/10.1300/J070v06n01_04	Draws on Breckenridge (1988) PhD research – no methodology or further details provided. The PhD research examined frontline workers practice in intrafamilial and extrafamilial child sexual abuse matters. Explored mother blame in intrafamilial child sexual abuse matters and the influence of this on practice.	Australia	CINAHL	Criticism of mothers is framed as a set of beliefs around mother blame: 1. Nonfulfillment of role as wife/lack of sexual relations – A dated belief that wives are the problem and presence of marital discord. 2. The mother's involvement: unconscious collusion – mothers unconsciously knowing about the abuse and rooted in family dysfunction. 3. Mother as ill, absent or rejecting – presents a vulnerability for abuse and creates punitive attitudes towards mothers. 4. Victim anger – involves the child victim feeling angry towards the mother due to internalised beliefs and tactics employed by the abuser.
Objective 4				

12. Bolen, R. M. and Leah Lamb, J. (2004) Ambivalence of Nonoffending Guardians after Child Sexual Abuse Disclosure. <i>Journal of Interpersonal Violence</i> , 19(2), 185–211. Doi: https://doi.org/10.1177/0886260503260324	Mixed method approach involving interviews and questionnaires with 30 mothers whose partners sexually abused their child. Explored the role of ambivalence in mothers' response to their child. Use of measures, scales and statistical analysis.	USA	APA PsycInfo	1. Mothers experienced multiple symptoms including high levels of distress and reflective of psychiatric outpatient norms. 2. Ambivalence toward the child was minimal with stronger negative emotions toward the abuser. 3. Attachment shaped behavioural ambivalence. 4. Stressors – affective ambivalence related to one stressor of "only feel whole with my partner". 5. Distress – moderate-strong relationship between post disclosure ambivalence and distress.
Objective 1				
13. Whitehouse, C., McKenzie, P., and Hobbs, C. (2025) The First 72 Hours After Child Sexual Assault: Reporting Children, Young People, and Mothers' Experiences of Police, Hospital, and Psychosocial Care in Victoria. <i>Journal of Interpersonal Violence</i> , 0(0). Doi: https://doi.org/10.1177/08862605251324962	Qualitative project involving grounded theory of 18 semi-structured interviews, 10 with children and 8 with their mothers, including embedded ethnography of the researcher. Examined how children and biological mothers experience the process following their child's sexual assault being reported.	Australia	SCOPUS	Three stages are navigated (reaching out for help, hospital process and procedure and discharge) and within these stages are five themes: 1. Confusion, distress and minimization – when first reported to police, there was little reassurance and feelings of being dismissed with a lack of understanding. 2. Valuing a caring presence – staff's kindness and compassion were valued to ease people's comfort. 3. Feeling exposed, vulnerable and ashamed – there was a lack of sensitivity to the trauma where information was overwhelming or not shared clearly or examinations were difficult. 4. Lost in space and time – the process at the crisis care centre felt confusing and chaotic which added to the distress. 5. Going home alone – there was poor information, little post support and follow up.
Objective 1,3				
14. Emirza, E.G. and Bayrak, N.G. (2024) Coping strategies and psychological resilience of parents with children victimized of sexual abuse: A	Quantitative study involving cross-sectional and descriptive study. 55 parent's data were collected through forms and use of 2 scales.	Turkey	SCOPUS	1. Several variables influenced parents' resilience and coping, from abuser role and age, child's suicidal history and type of sexual abuse. 2. Social support is key as a protective factor. 3. Strong solidarity amongst parents is an influencing factor.

cross-sectional descriptive study. <i>Journal of Pediatric Nursing</i> , 78, pp21-30. Doi: https://doi.org/10.1016/j.pedn.2024.05.036 .	Explored the coping skills and resilience of parents whose children have been sexually abused.			4. Frequency of abuse impacted how the parents navigated the process. 5. The absence of domestic abuse influenced coping abilities.
Objective 2	Statistical analysis.			
15. Warrington, C., Beckett, H. Allnock, D. and Soares, C. (2023) Children's perspectives on family members' needs and support after child sexual abuse. <i>Children and youth services review</i> . [Online] 149. Doi: https://doi.org/10.1016/j.chldyouth.2023.106925	Qualitative interviews with 53 children and young people who were sexually abused in the family environment. Explored the child victim's perspective of the impact and support needs of their familial relationships.	England	SCOPUS	Presents the mutuality of children's experiences with caregivers: 1. Evidence of the impacts – anticipated negative impacts on relationships presented as a barrier to disclosure and support variables included five themes of estrangement and conflict, altered treatment and perception, emotional impact on family, increased physical safety and increased emotional and advocacy support. 2. Children's decision-making is shaped by their sense of responsibility – a profound sense of concern for the fallout from the abuse. 3. Unmet needs of family members – family members need professional support.]
Objective 1,2,3	Thematic analysis.			
16. Sufredini, F., Moré, C.L.O.O., Krenkel, S. and Crepaldi, M.A. (2022) Narratives of Mothers Whose Children Had Been Sexually Abused: Maternal Reactions and Comprehension Regarding Child and Adolescent Sexual Abuse, <i>Journal of Interpersonal Violence</i> , 37, 5-6. Doi: 10.1177/0886260520948520	Qualitative study involving interviews with 12 mothers. Examined maternal reactions and understanding of their child's sexual abuse disclosure. Grounded theory approach involving coding and categories.	Brazil	SCOPUS	Three categories identified: 1. Positive reactions – recognition of the trauma caused from the abuse, understanding of the types of abuse and frustrations with the legal system. 2. Ambivalent reactions – feelings of disbelief and fluctuations in protective steps alongside difficulties in describing sexual abuse. 3. Negative reactions – Attitudes of doubt, rivalry and lack of support included minimising abuse, blame of the victim and contradictory understandings of sexual abuse.
Objective 1				
17. Butterby, K. and Hackett, S. (2021) 'It's like we're locked in a box': Girls' and mothers'	Qualitative study involving semi-structured interviews with 7 girls and 6 mothers.	England	SCOPUS	Three overarching themes were created: 1. Lack of timely therapeutic provision and supportive female caregivers – families were left to source their own support which meant

experiences of the police and legal system following child sexual abuse. <i>Children & society</i> . [Online] 36 (1), 149–165. Doi: https://doi.org/10.1111/chso.12490	Explored girls and mothers' experiences of police and criminal justice responses and impact of investigation.			victims struggled with mental ill health. Mothers also filled a central role in absence of support. 2. Problems within the processes – Feelings of entrapment, lack of police contact, the importance of a named professional and process-driven approaches to investigation. 3. Impact of processes on children and families lives – Disrupted education, lack of support post-court and lack of support for parents and wider family.
Objective 3	Thematic analysis.			
18. Lipinsky A.S and Goldner L. (2021) "God, why?": The Experience of Mothers from the Israeli Ultra-Orthodox Sector after their Child's Disclosure of Sexual Abuse. <i>Journal of Interpersonal Violence</i> , 37(17-18):NP16799-NP16828. Doi: 10.1177/08862605211021982.	Qualitative study involving semi-structured interviews with 21 mothers whose children were sexually abused. Explored the experiences of Jewish ultra-Orthodox mothers after their child's disclosure. Interpretative phenomenological analysis.	Israel	SCOPUS	Four themes were identified: 1. Social stigmatisation and restrictions on sharing about her child's abuse – religious and community norms and values prevented them from sharing and left them feeling isolated. 2. Effects on mothers – felt traumatised, overwhelmed, shock, confused, guilty and powerless, as well as damaging to their self-concept and fluctuating feelings toward the victim. 3. Unprocessed experiences – loss of trust, disassociation and distraction. 4. Coping strategies – emotional and practical coping mechanisms such as seeking help, engaging with community and finding meaning from the abuse.
Objective 1,2				
19. Davies, M. A., and Bennett, D. B. (2022) Parenting Stress in Non-Offending Caregivers of Sexually Abused Children. <i>Journal of Child Sexual Abuse</i> , 31(6), 633–648. Doi: https://doi.org/10.1080/10538712.2021.1985676 .	Quantitative study involving questionnaires with 66 caregivers (47 female, 19 male) who participated in a family sexual abuse treatment program. Explored common stress reactions in response to child sexual abuse disclosures.	USA	SCOPUS	1. Caregivers demonstrated higher than average parenting stress and focused toward parent-child dysfunctional interaction and concern for their child's withdrawal. 2. Mothers demonstrated higher levels of stress than male caregivers. 3. Support caregivers as secondary victim-survivors.
Objective 1	Statistical analysis.			

20. Lipinsky, A.S. and Goldner, L. (2022) The Experience of Mothers from the Israeli Jewish Ultra-Orthodox Sector after Disclosure of Their Child's Sexual Abuse as Manifested in Drawings and Narratives. <i>Journal of Child Sexual Abuse</i> , 31(1), 86–104. https://doi.org/10.1080/10538712.2021.1918307	Qualitative study involving semi-structured interviews with 21 mothers whose children were sexually abused. Explored the experiences of Jewish ultra-Orthodox mothers after their child's disclosure. Interpretative phenomenological analysis.	Israel	SCOPUS	Four phenomena identified: 1. Squiggles which represent distress – emotional pain, chaos and distress from the disclosure, as well as unprocessed trauma. 2. Mother-child relationship – feelings of emptiness, sadness and love, alongside distance and a sense of brokenness. 3. Pseudo-sweet houses – childish sense of happiness and idealisation of the family home. 4. Split drawings – sense of fragmentation and conflict, as well as experiencing two periods in their lives (during and after disclosure).
Objective 1				
21. McElvaney R. and Nixon E. (2020) Parents' Experiences of Their Child's Disclosure of Child Sexual Abuse. <i>Family Process</i> , 59(4):1773–1788. Doi: 10.1111/famp.12507.	Qualitative study involving interviews with 10 mothers and 4 fathers. Explored the experiences of parents following their child's sexual abuse. Grounded theory approach involving axial coding and comparative analysis.	Ireland	SCOPUS	Three themes identified: 1. Making sense of the abuse in retrospect – involved a process of understanding why their child did not disclose earlier and with hindsight, noticing something was wrong. 2. Negotiating parental identity as protector – perception of the world forever changed, trust in others changed and their roles as protectors challenged. 3. Navigating services – feeling alone, not knowing how to access help, delays in accessing services and critical of social work responses.
Objective 1, 2, 3, 4				
22. Fong, H.F., et al. (2017) The Impact of Child Sexual Abuse Discovery on Caregivers and Families: A Qualitative Study. <i>Journal of Interpersonal Violence</i> , 35(21–22):4189–4215. Doi: 10.1177/0886260517714437.	Part of a larger study involving a mixed method approach involving qualitative semi-structured interviews and questionnaires with 22 caregivers (91% female). Explored the impact on caregivers of finding out about their child's sexual abuse.	USA	SCOPUS	Themes were constructed: 1. Impact of finding out on the caregiver – significant emotional distress of depression, anger, guilt, changes in sleep, appetite, health and engagement with work. 2. Sources of distress – most worried for their child and their functioning. 3. Negative beliefs about parenting – feelings of letting down their child. 4. Family members actions – feeling worried about other family member's reactions, hurt
Objective 1,3				

	Use of scales, measures and statistical analysis and grounded theory approach for analysis.			and betrayed by those who either abused or aligned with the abuser. 5. Memories of previous maltreatment – 68% reported a history of maltreatment and negative memories being brought up because of their child's abuse. 6. Impact on family – becoming closer or relationships worsening in the aftermath. 7. Mental health services – feelings that services should have been offered to them and more necessary, whilst others sourced services due to their beneficial impact.
23. Serin, H. (2018) Non-abusing mothers' support needs after child sexual abuse disclosure: A narrative review. <i>Child & family social work</i> . [Online] 23 (3), 539–548. Doi: https://psycnet.apa.org/doi/10.1111/cfs.12455	Narrative review of the literature drawing on 12 empirical research articles. Explored how the support needs of mothers are recognised.	Turkey	SCOPUS	Four themes identified that mothers' needs are typically intertwined with their child's, but need to be considered independent of the mothering role: 1. Improving the quality of the whole social support network for non-abusing mothers – both formal and informal support. 2. Being blamed, maternal guilt, and shame – common feelings amongst mothers. 3. Anger – toward themselves, to reactions of blame and other people's attitudes. 4. Coping strategies – such as religion, avoidance, isolation and learning about parenting or sexual abuse
Objective 1,2,3				
24. Van Toledo, A. and Seymour, F. (2016) Caregiver Needs Following Disclosure of Child Sexual Abuse. <i>Journal of Child Sexual Abuse</i> , 25(4), 403–414. Doi: https://doi.org/10.1080/10538712.2016.1156206	Mixed method approach. Part of a larger program evaluation. 60 needs assessment forms (42 mothers, 5 fathers, 8 by both, 4 extended family member and 2 missing). Explored caregiver's needs following disclosure of their child's sexual abuse. Content analysis (qualitative) and descriptive statistics (quantitative).	New Zealand	SCOPUS	The following were identified: 1. Needs of the child – emotional and behavioural changes were noted, alongside social and deterioration in mental health. 2. Needs of the caregivers – responding to child and managing their behaviour, coping strategies and experiencing varied emotions and physical symptoms, and support needed. 3. Needs of the family – emotional difficulties for siblings and extended family members.
Objective 1,2				

25. Bux, W., Cartwright, D. J., and Collings, S. J. (2016). The experience of non-offending caregivers following the disclosure of child sexual abuse: Understanding the aftermath. <i>South African Journal of Psychology</i> , 46(1), 88–100. https://doi.org/10.1177/0081246315595038 Objective 1,2,3	Qualitative study involving interviews with 10 caregivers (all female – 9 mothers, 1 aunt). Explored the experiences of caregivers following disclosure of sexual abuse of a child in their care. Thematic analysis.	South Africa	SCOPUS	Parents experience vicarious traumatisation. Five core themes identified: 1. Distress – physical, emotional and difficulties in the justice system, state counselling and medical services, as well as additional difficulties in legal costs, transportation, medical services and work. 2. Concern for the child – multiple concerns for their child becoming overprotective through physical and emotional closeness, alongside concern for their child's safety, future and HIV status. 3. Alienation – community and family alienation were common. 4. Coping style – engaged with action and emotional coping to regain control within the situation. 5. Grief – experienced a range of emotions common to the grief process – disbelief, anger, bargaining, despair and hope.
26. Vermeulen, T. and Greeff, A.P. (2015) Family Resilience Resources in Coping with Child Sexual Abuse in South Africa. <i>Journal of Child Sex Abuse</i> ; 24(5):555-71. Doi: 10.1080/10538712.2015.1042183. Objective 1,2	Qualitative study involving 9 families (5 single mothers, 3 married mothers, 1 stepfather). Explored resources of family resilience to help families cope with child sexual abuse. Thematic analysis.	South Africa	SCOPUS	Themes identified: 1. Relationships with the child – quality of relationship influence family resilience. 2. Child's ability to cope – influences the parent-child relationship and impact parents coping. 3. Participant emotional functioning and attitude – assumed responsibility for being emotionally available and strong for their child. 4. Insight into their child's needs – the relationship with their child was key for recognising what the child had endured. 5. Insight into abuse dynamics – being sensitive to their child's emotion and the need to heal. Experience guilt and initial reactions to the disclosure were also significant. 6. Boundaries – basic developmental need which provided security to the child.

				7. Life experience – prior experience of abuse, empathy, familial relationships, external resources and faith played important roles.
27. Wolfeich, P.M. and Cline, M.L. (2013) Social service professionals' perceptions of nonoffending caregivers in child sexual abuse cases. <i>Journal of Child Sex Abuse</i> . 22(4):429-43. Doi: 10.1080/10538712.2013.781090. Objective 4	Quantitative study involving questionnaire with 56 social service professionals (80% female, 20% male). Assessed social service workers perceptions of caregivers in child sexual abuse situations. Use of scales, measures and statistical analysis.	USA	SCOPUS	1. Years in job and level of education were not significant predictors of blame for caregivers. 2. Male workers tended to blame caregivers more than female workers. 3. Intrafamilial sexual abuse can be confusing situation and lead to stereotypical responses from male and female workers.
28. Cyr, M., McDuff, P., and Hébert, M. (2013) Support and Profiles of Nonoffending Mothers of Sexually Abused Children. <i>Journal of Child Sexual Abuse</i> , 22(2), 209–230. Doi: https://doi.org/10.1080/10538712.2013.737444 Objective 1,4	Mixed method study involving semi-structured interviews and questionnaires with 226 mothers. To better understand mothers of children who are sexually abused. Use of scales, measures, statistical analysis and cluster analysis	Canada	SCOPUS	Defined clusters of mothers taking account of variables: 1. Perceived social support did not differentiate the maternal profiles. 2. Past maltreatment, relationships with birth family, PTSD symptoms, anger, current life stress, avoidant coping strategies and relationship with the child fed into the profiles. 3. Four categories of mothers emerged – resilient, avoidant coping, traumatised and anger-oriented reactive. 4. Majority of mothers believed and supported their child following disclosure. 5. Tailored interventions are needed for mothers.
29. Hee, K. K., and Mee, K. K. (2011). Mothers' Survival Experiences in Cases of Incestuous Sexual Abuse of Girls 1. <i>Asian Journal of Women's Studies</i> , 17(2), 96–119. Doi: https://doi.org/10.1080/12259276.2011.11666109	Qualitative project involving between 2 and 5 interviews with 5 mothers whose daughters were sexually abused by their fathers. Explored the mother's survival experience and understood its meaning.	South Korea	SCOPUS	There are three stages: 1. Breakdown of the family – feelings of betrayal, guilt and self-blame, alongside cultural issues of upholding the family name, dependency on their husbands and fear of challenging the status quo. 2. Difficulties and loneliness outside of the family – became estranged from family, friends and their homes and were subjected to blame and hostility.

Objective 1, 2	Hermeneutic phenomenological analysis.			3. Rebuilding the family – practical support from agencies and social workers helped and shared what happened with other mothers, becoming new families.
30. Hébert, M., Daigneault, I., Collin-Vézina, D. and Cyr, M. (2007) Factors Linked to Distress in Mothers of Children Disclosing Sexual Abuse. <i>Journal of Nervous & Mental Disease</i> . [Online] 195 (10), 805–811. Doi: https://doi.org/10.1097/nmd.0b013e3181568149 Objective 1,2	Quantitative project involving questionnaires with 149 mothers of girls who were sexually abused Examined the distress and role of abuse-related variables, history of sexual abuse and partner violence, coping and empowerment. Use of measures, scales, and statistical analysis.	Canada	SCOPUS	1. More than half of mothers reported clinical levels of psychological distress. 2. Following disclosure, a significant proportion of mothers require support and counselling to help cope. 3. Parental emotional health is important to a child's recovery. 4. Chronicity and severity of abuse were not associated with distress levels. 5. Stressors such financial loss, residential change, separation, loss in support network place additional burdens on coping strategies. 6. More than half of mothers reported history of sexual abuse and vulnerable to clinical distress.
31. Bolen, R. M. and Leah Lamb, J. (2007) Can Nonoffending Mothers of Sexually Abused Children Be Both Ambivalent and Supportive? <i>Child maltreatment</i> . [Online] 12 (2), 191–197. Doi: 10.1177/1077559507300132. Objective 2	Quantitative project involving interviews and questionnaires with 29 mothers whose partners sexually abused their children. Tested a hypothesis that parental support and ambivalence can coexist. Various questionnaires, Likert-type scales and different measures, assessments and statistical analysis were implemented.	USA	SCOPUS	1. Maternal support was unrelated to ambivalence which suggests that mothers can be both ambivalent and supportive after disclosure. 2. Greater security in attachment was related to more pre-disclosure stressors and greater maternal support but to less ambivalence. 3. Attachment security as related to attachment type – mothers who were more preoccupied in attachment were more likely to experience distress and ambivalence. 4. Pre-disclosure stressors were related to decreased maternal support and post-disclosure stressors were related to greater maternal support and distress which was related to greater ambivalence and less maternal support.
32. Plummer, C. A. (2006) Non-Abusive Mothers of Sexually	Quantitative research involving questionnaires with 125	USA	SCOPUS	1. No significant differences based on education or ethnicity.

Abused Children: The Role of Rumination in Maternal Outcomes. <i>Journal of child sexual abuse</i> . [Online] 15 (2), 103–122. Doi: https://doi.org/10.1300/j070v15n02_07 Objective 2	'mothers' or primary female caregivers. Examined the role of rumination in maternal emotional and behavioural outcomes following the sexual abuse of their child. Use of questionnaires and Likert-type scales, regression analysis.			2. Life stressors were correlated with mother's history of child abuse and rumination. 3. Severity of abuse was not significantly related to the outcomes. 4. Rumination was significantly correlated with negative outcome measures. 5. Rates of distress were higher than normal population. 6. Rumination was central to understanding maternal outcomes.
33. Hiebert-Murphy, D. (2000) Factors Related to Mothers' Perceptions of Parenting Following their Children's Disclosures of Sexual Abuse. <i>Child Maltreatment</i> , 5(3), 251–260. Doi: https://doi.org/10.1177/1077559500005003005 Objective 1,2	Quantitative project involving questionnaires with 102 mothers whose children were sexually abused. Examination of parenting efficacy and satisfaction following the sexual abuse of their child. Use of scales, measures, checklists and statistical analysis.	Canada	SCOPUS	1. Abuse characteristics and demographic variables are not central to parental satisfaction. 2. Significance of child's behaviour in parenting efficacy and satisfaction were confirmed. 3. Social support and coping resources are important for parenting efficacy.
34. Fong, J. and Walsh-Bowers, R. (1998). Voices of the Blamed: Mothers' Responsiveness to Father-Daughter Incest. <i>Journal of Family Social Work</i> , 3(1), 25–41. Doi: https://doi.org/10.1300/J039v03n01_03 Objective 1,2,3	Participatory approach including qualitative interviews with 6 mothers whose daughters were abused by their fathers. Explored the experiences of mothers. Thematic analysis.	Canada	SCOPUS	1. Immediate reactions – belief of the abuse and confronting of the abuser, feelings of shock and overwhelm 2. Broader impact – feelings of helplessness, depression, guilt, anger and help-seeking. 3. Effects on relationships – closer relationship with their child victim, impact on siblings and lack of trust in abuser and impact on friends and family. 4. Mother blaming – from daughters, professionals and systems. 5. System predicaments – considered as numbers rather than treated as individuals,

				bias from professionals, judgment and a lack of understanding existed within the systems. 6. Self-help and recommendations – self-help groups provided most support and made recommendations, alongside reform of the court systems.
35. Hiebert-Murphy, D. (1998) Emotional Distress Among Mothers Whose Children Have Been Sexually Abused: The Role of a History of Child Sexual Abuse, Social Support, and Coping. <i>Child Abuse & Neglect</i>, 22, 5, pp 423-435. Doi: https://doi.org/10.1016/S0145-2134(98)00006-4 Objective 2	Quantitative project including structured interviews using questionnaires with 102 mothers whose child had been sexually abused. Explored psychosocial factors related to mother's distress. Use of measures, scales, questionnaires and statistical analysis.	Canada	SCOPUS	1. 74% mothers outlined one experience of contact sexual abuse in childhood or adolescence. 2. Supported that women with histories of sexual abuse have greater emotional distress during disclosure than those without. 3. Social support related to emotional distress. 4. Mothers who were active in their behavioural/cognitive strategies experienced less emotional distress than women who implemented avoidance strategies.
36. McCourt, J., Peel, J.C.F. and O'Carroll, P. (1998) The effects of child sexual abuse on the protecting parent(s): Identifying a counselling response for secondary victims. <i>Counselling psychology quarterly</i>. [Online] 11 (3), 283–299. Doi: https://psycnet.apa.org/doi/10.1080/09515079808254061 Objective 1,2	Mixed method approach involving interviews and questionnaire with 16 adults (9 mothers, 1 maternal grandmother, 1 couple (parents) and 2 couples (mother and stepfather). Explored the effects of the abuse on 'secondary victims' – the families of the child victims.	England	SCOPUS	1. Living in a nightmare – effects on health, finance, housing, work, career, relationships and personality. 2. Feelings of disbelief, guilt, self-blame, anger, fear, sadness and isolation. 3. Failure of family to be supportive over the long term but would be something of value. 4. Being listened to, believed and accepted was important, alongside the availability of support from different sources. 5. Moving from victim status to survivor status challenged the power of the abuser.
37. Scott, D. A. (1996) Parental experiences in cases of child sexual abuse: a qualitative study. <i>Child & family social</i>	Qualitative project involving 109 interviews with professionals and 37 observations of practice as	Australia	SCOPUS	1. Responses to professionals – anxious about what professionals would do with their children, lack of knowledge from professionals and unable to express their concerns. Some professionals were able to earn trust through

work. [Online] 1 (2), 107–114. doi: https://doi.org/10.1111/j.1365-2206.1996.tb00015.x Objective 1,3,4	well as interviews with parents of sexually abused children. Explored the parents' experiences and involvement with 3 services. Content analysis.			enabling parents to be part of the healing process. 2. Power and authority – parents felt ambivalent about professional authority. 3. Counselling as cure - seeing the path as a recovery and 'getting it all out' or seen as a magic fix. 4. Parents as secondary victims – impact on the dimensions within marital relationship and concerns for their child's future and psychologically 'damaged'. 5. Wider family and social relationships – viewing the world as dangerous and their standing in the community impacted.
38. Humphreys, C. (1995) Counselling and support issues for mothers and fathers of sexually abused children. <i>Australian social work</i>. [Online] 48 (4), 13–20. Doi: http://dx.doi.org/10.1080/03124079508412496 Objective 1, 2,4	Mixed method approach and part of a larger project involving both quantitative and qualitative research (interviews with 17 parents (14 mothers, 2 fathers, 1 stepfather) and questionnaires with statutory workers and counsellors. This paper refers primarily to the interviews. Explored the support in the aftermath of their child's sexual abuse.	Australia	SCOPUS	1. Crisis of disclosure – major crisis including huge pain, distress, anger, despair and a range of disruptive emotions. 2. Counselling and support issues for mothers and fathers – need for individual support and counselling for mothers mainly. Aware of how they managed the crisis impacted the child victim. 3. Ambivalence by fathers to seek help due to shame upon the family and community. 4. Men and women react differently, and support differed which can become a source of conflict. 5. Mother blame exacerbated marital conflict.
39. Carter, B. (1993). Child Sexual Abuse: Impact on Mothers. <i>Affilia</i>, 8(1), 72-90. Doi: https://doi.org/10.1177/088610999300800106 Objective 1,2	Qualitative project involving interviews with 24 mothers following the sexual abuse of their child, 15 experts and analysis of case records. Explored the broader context of sexual abuse and ethic of blame attributed to mothers.	Canada	SCOPUS	1. Context – confusion and disbelief about trusted individuals in a mother's life and how they pose a serious threat and use different tactics to conceal the abuse. 2. Dilemma in reporting – tensions between keeping the family "intact" in line with social work practices and policies and upon reporting the abuse being treated punitively and disrespectfully. 3. Response – fear of losing their child, belief of the abuse and anger.

				4. Effect on mothers – experienced trauma and negative social, psychological and economic consequences.
40. St-Amand, A., Servot, S., Pearson, J. and Bussi�eres, E.L. (2022) Effectiveness of Interventions Offered to Non-Offending Caregivers of Sexually Abused Children: A Meta-Analysis. <i>Canadian psychology = Psychologie canadienne</i> . [Online] 63 (3), 339–356. Doi: https://doi.org/10.1037/cap0000296 Objective 3, 4	Meta-analysis systematic review of 18 studies of 24 interventions with 809 caregivers (78% biological parents and 90% women). Explored the effectiveness on caregivers of interventions. Quantitative synthesis.	Canada	APA PsycArticles	1. Interventions have a moderate beneficial effect for caregivers. 2. Interventions address the need for information, emotional support and emotional reactions improved. 3. Impact of interventions on parenting stress was not significant and may vary dependent on time since the disclosure. 4. There are moderators associated with the interventions such as number of sessions, theory underpinning the intervention, number of caregiver needs and intervention methods and approaches. 5. There are moderators associated with participants such as sex, type of caregiver, age of child and origin of the abuse.
41. Hill, A. (2001) 'No-one else could understand': Women's Experiences of a Support Group run by and for Mothers of Sexually Abused Children. <i>The British journal of social work</i> . [Online] 31 (3), 385–397. Doi: https://doi.org/10.1093/bjsw/31.3.385 Objective 1,2,3	Qualitative study with 11 interviews of mothers. Explored women's experiences of attending a peer support group as their child was sexually abused and the role of social workers within this.	England	Web of Science	The following patterns were identified: 1. Child sexual abuse, motherhood and failure – feelings of guilt, incredulity, and a sense of failure emerged as mothers found out about the abuse. 2. Difficulties in accepting help from family and friends – most women had people they could turn to, but they couldn't fully understand and there was a need for long term support which they couldn't provide. 3. Dealing with professionals – ranged from helpful to unhelpful, with a lack of understanding and focus on them as mothers. 4. Joining the group – some women had to overcome things to attend the group. 5. How the group helps – feelings of relief, safety and support with a sense of catharsis.
42. Hooper, C.A. and Humphreys, C. (1998) Women Whose Children have been Sexually Abused: Reflections on a Debate. <i>The British journal of social work</i> . [Online] 28 (4), 565–580. Doi: https://doi.org/10.1093/oxfordjournals.bjsw.a011367 Objective 1, 2	Theoretical reflections. No methodology provided. Explored the development of polarised debates between feminist writers/practitioners and family therapists.	England	Web of Science	6. Group facilitators – the social worker role was central with distinct features. 7. Gender issues – all women group is important. Reflections on: 1. Mother-blaming and responsibility within the abuse context. 2. Child sexual abuse cited as a social problem, rather than responsibility with the abuser. 3. Exploration of preconditions for child sexual abuse to occur. 4. The difference between disclosure and finding out. 5. Experience of fluctuation and change within the mothers' experience. 6. Mothers fluctuate rather than identified as supportive – non-supportive. 7. Understanding of the existing child-mother relationship. 8. Impact on pathologies of Failure to protect, collusion
43. Mauny, P., Guessoum, S.B., Moro, M.R., Radjack, R. and Carre�ier, E. (2023) How parents experience their adolescent's disclosure of previous sexual abuse: a qualitative study. <i>BMC Psychiatry</i> . 6:23(1):916. Doi: https://doi.org/10.1186/s12888-023-05410-7 Objective 1,2,3	Qualitative study involving 13 semi-structured interviews with 9 mothers and 4 fathers. Explored parents' experiences of their child's disclosure of sexual abuse during psychiatric care.	France	MEDLINE	Identification of three themes: 1. Parents: alerts and search for support – signs of distress from their child; experience of shock, guilt, anger and empathy and sought support. 2. Between parents and adolescents: a disruption in relationships linked to the disclosure and its legal consequences – impact of the disclosure on the familial dynamics and experience of relief, doubt and rejection through the legal process. 3. Disclosure at the family level: the possible reactivation of a traumatic past and the search for a new equilibrium – focuses on the parent's history, changes to the familial dynamics and new familial structure.

44. Kilroy, S. J., Egan, J., Maliszewska, A., and Sarma, K. M. (2014). "Systemic Trauma": The Impact on Parents Whose Children Have Experienced Sexual Abuse. <i>Journal of Child Sexual Abuse</i> , 23(5), 481–503. Doi: https://doi.org/10.1080/10538712.2014.920458 Objective 1,2	Qualitative study with semi structured interviews with 13 biological parents - 10 female, 3 males (2 of which were couples). Examined the impact on parents of their child's sexual abuse and explored pathways to distress. Grounded theory approach of axial and theoretical coding.	Ireland	MEDLINE	Overall 'systemic trauma' emerged comprised of eight categories: 1. Family context – presence of existing significant familial factors which complicated the abuse. 2. Abuse characteristics – abuse context, abuse details and impact on their child contributed to their distress. 3. Emotional impact – a variety of emotions were experienced, such as shock, anger, powerlessness. 4. Cognitions – feelings of the abuse were overpowering and recurrent with self-blame and worry. 5. Support systems – family, friends, social work, work, police, the court system, specialist unit, impacted the parent. 6. Impact on daily life – changes to daily life including relocation for some. 7. Coping – variety of ways to cope with what happened from distraction, avoidance and maladaptive coping strategies. 8. Family dynamics – fluctuation across the experience.
45. Elliott, A. N., and Carnes, C. N. (2001). Reactions of Nonoffending Parents to the Sexual Abuse of their Child: A Review of the Literature. <i>Child Maltreatment</i> , 6(4), 314–331. Doi: https://doi.org/10.1177/1077559501006004005 Objective 1, 2, 4	A theoretical literature review of existing empirical studies. Explored parents (mothers and fathers) reactions to their child's sexual abuse.	USA	Connected Papers	Six categories include: 1. Belief and supportiveness of caregivers – difficulties include the lack of medical evidence and abuse carried out often by someone they know, there is variability in the belief, support and protection of children. 2. Respond in a supportive/protective way - most mothers believed the allegations, but this does not equal support and protection. Inconsistency and ambivalence may still exist alongside protective action. 3. Factors which predict parental belief, support and protection – four common variables

				include relationship to the abuser, maternal history of abuse, age and gender of child. 4. Experience of significant distress – evidence suggests that it is significant for both parents and include depression, PTSD and other general symptom distress. 5. Support/protection associated with children's wellbeing – parental support is associated with short and long-term child outcomes. 6. Provision of better support to parents leads to better adjustment for children – evidence suggests that this is confirmed.
46. Heriot, J. (1996). Maternal Protectiveness Following the Disclosure of Intrafamilial, Child Sexual Abuse. <i>Journal of Interpersonal Violence</i> , 11(2), 181–194. Doi: https://doi.org/10.1177/088626096011002003 Objective 2, 4	Quantitative study involving casework of 118 mothers, as well as questionnaire to sexual abuse caseworkers. Examined the proportion of mothers who act protectively, and factors associated with non-protectiveness of children subject to intrafamilial child sexual abuse. Three-step statistical analysis.	USA	Connected Papers	Findings found: 1. 57% of mothers took action to separate from the abuser, two thirds were supportive of their child and 52% did both. 2. Mothers were more likely to act protectively if their attitude toward the abuser was negative, the abuse did not involve sexual intercourse, and the abuser was not the mother's partner. 3. Age of child victim also influenced non-protection as well as maternal substance abuse. 4. 15 possible risk factors identified of 3 categories – maternal characteristics, relationship to abuser and child's characteristics.
47. Stitt, S. (2007) Non-offending Mothers of Sexually Abused Children: The Hidden Victims, <i>The ITB Journal</i> : 8: 1, 3. Doi:10.21427/D7016T Objective 3,4	Qualitative project involving telephone interviews with 12 mothers and questionnaires with 6 agency professionals. Examined the support offered to mothers of sexually abused children.	Ireland	Snowball (McGookin, 2025)	1. Difficult to find support and lack of support by social workers. 2. Organisations outlined that mothers were dissatisfied with the support. 3. Effects of improved support – mothers felt that with support, their recovery could have been less painful. 4. Organisations were blaming of mothers, and maternal issues are often overlooked.

	Grounded theory and discourse analysis.			5. Recognition of the mother – there was a lack of recognition of the mother in her own right. 6. Lack of funding, belief that mothers are suspicious of agencies and the materials/information sharing about coping are often underused by agencies.
48. McLaren, H. J. (2012) (Un)-blaming mothers whose partners sexually abuse children: in view of heteronormative myths, pressures and authorities. <i>Child & family social work</i>. [Online] 18 (4), 439–448. Doi: https://doi.org/10.1111/j.1365-2206.2012.00863.x Objective 2,4	Qualitative project drawn from a PhD involving interviews with 12 mothers. Explored how discourses of shame and blame influence maternal relationships with the abuser. Foucauldian theory analysis	Australia	Snowball (Serin, 2021)	1. Deficient adult sexual intimacy does not lead to child sexual abuse – males feeling unfulfilled in sexual intimacy and through their marriages discourse are challenged yet remain popular in society. 2. Being blinded to abuse is not complicity or collusion – mother blaming was significant on professional thinking, alongside failing to protect and authoritative pressures influence how males and females are understood and treated. 3. Maternal alienation leads to silence and marginalisation – the co-occurrence of domestic abuse alongside child sexual abuse breaks the bond between the mother and child. 4. Silence strengthened by shame and blame – mothers carry the burden of facing the abuser, community reactions and managing the child, as well as her own difficulties. 5. Leaving is difficult and ending adult relationships – fear of losing everything and feeling pressured to stay or leave and being blamed.
49. Dyb, D., Holen, A., Steinberg, A.M., Rodriguez, N. and Pynoos, R.S. (2003) Alleged sexual abuse at a day care center: impact on parents, <i>Child Abuse & Neglect</i>,	Mixed method approach involving interviews and questionnaires with 39 parents (24 mothers and 15 fathers). Evaluated PTSD symptoms and reactions to stressful events 4 years following the sexual abuse of their child.	Norway	Snowball (Serin, 2021)	1. Significant stress experienced – finding out about the abuse, testifying, hearing the verdict and exposed to media. 2. Parents felt powerless and revictimised in the criminal justice system. 3. Parents experienced secondary life changes which increased distress.

27, 8, pp 939-950. Doi: https://doi.org/10.1016/S0145-2134(03)00141-8. Objective 1,4	Use of scales, measures and statistical analysis.			4. One-third of parents experienced PTSD symptoms of intrusion and lack of psychological wellbeing for years. 5. Social support may have been insufficient.
50. Kardam, F., and Bademci, E. (2013) Mothers in cases of incest in Turkey: Views and experiences of professionals. <i>Journal of Family Violence</i>, 28(3), 253–263. Doi: https://doi.org/10.1007/s10896-013-9495-z Objective 4	Qualitative study with unstructured and semi-structured interviews with 98 professionals (frontline workers, teachers, counsellors, physicians, social services. Part of a larger project. Explored how professionals view mothers whose children were sexually abused by their fathers/sons. Grounded theory	Turkey	Snowball (Serin, 2021)	1. Blame the mothers – tension between expectations of mothers and blaming the mother for not disclosing, believing, accepting and protecting the child. 2. Socioeconomic weakness of mothers – the reason for mothers not active in the disclosure connects with their social and economic conditions, with issues of poverty, lack of education and dependency and fear of husbands. 3. Preserving the unit of the family – there is an assumption of less harm if the secret of the abuse is kept. 4. Feelings towards the abuser and victim – the relationship with the abuser/victim influences maternal actions. 5. Is 'incest' a woman's fault? – mothers internalise beliefs which blame their daughters. 6. Ambivalence and support -fluctuations in feelings and experience of severe trauma, alongside protective strategies.
51. Serin, H. (2020). Non-abusing mothers' agency after disclosure of the child's extra-familial sexual abuse. <i>European Journal of Women's Studies</i>, 28,4. Doi: https://doi.org/10.1177/1350506820944432 Objective 2,3	Qualitative study involving semi-structured interviews with 8 mothers. Explored mothers' agency following their child's sexual abuse. Interpretative Phenomenological Analysis.	Turkey	Snowball (Serin, 2021)	1. Agency related to motherhood skills e.g. emotional skills or managing and protecting the child and became a source of empowerment, alongside the burden in traditional Turkish society. 2. Agency in the community – opposing the tactics and oppressive behaviours of men within both the extended and abuser's family. As well as support from informal networks.

52. Davies, M.G. (1995) Parental distress and ability to cope following disclosure of extra-familial sexual abuse, <i>Child Abuse & Neglect</i> , 19, 4, pp 399-408. Doi: https://doi.org/10.1016/0145-2134(95)00010-6 . Objective 1,2	Mixed method approach involving semi-structured interview and questionnaires with 30 parents (including stepparents) Explored the problems experienced by parents following the sexual abuse of their child by someone known to them. Use of scales and measures.	Wales	Snowball (Cyr et al., 2016)	1. Clinical intervention required for depressed mood, parental attitude and marital satisfaction, alongside experience of severe stress. 2. Difficulties in marital relationships experiences compounded by the abuse. 3. Feelings of anger toward the abuser, as well as guilt for not exacting revenge. 4. Overall ability cope divided into three types – able to cope following initial period of distress, able to cope following initial period of distress with significant problems and parents unable to cope.
53. Newberger, C. M., Gremy, I. M., Waternaux, C. M. and Newberger, E. H. (1993) Mothers of sexually abused children: Trauma and repair in longitudinal perspective. <i>American Journal of Orthopsychiatry</i> , 63(1), 92–102. Doi: https://psycnet.apa.org/doi/10.1037/h0079398 Objective 1,2	Quantitative project involving 3 interviews of questionnaires with 44 mothers and 2 maternal caregivers. Examined mother's psychological symptomatology across one year following finding out about their child's sexual abuse. Use of scales, checklists, inventories and statistical analysis.	USA	Snowball (Cyr et al., 2016)	1. Numerous and severe emotional distress in the initial period of finding out and this declined after a 12-month period but remained more elevated than normal. 2. No correlation between mother's scores and race and age of child, but mothers who were subject to poverty reported higher levels of distress in the initial period. Mothers of daughters also reported more psychological symptoms, compared to mothers of sons. 3. Two variables were associated with maternal symptomatology in the initial period which included the severity of the abuse and use of force. 4. By the final interview 72% received one mental health intervention. 5. Maternal symptomatology connected to child's states
54. Santa-Sosa, E. J., Steer, R. A., Deblinger, E., and Runyon, M. K. (2013) Depression and Parenting by Nonoffending Mothers of Children Who Experienced Sexual Abuse. <i>Journal of Child Sexual</i>	Quantitative project involving questionnaires and structured interviews with 204 biological mother-child pairs. Explored relationship between depressing and parenting	USA	Snowball (Cyr et al., 2016)	1. Mothers of sexually abused children struggle clinical depression. 22% were classified with having presumptive depression, compared to other studies (26%). 2. Mothers self-identified with the depression interfering in their parental strategies and monitoring of their child's behaviour, as well as presenting with low energy and withdrawal.

<i>Abuse</i> , 22(8), 915–930. Doi: https://doi.org/10.1080/10538712.2013.841309 Objective 1	behaviours of mothers whose children were sexually abused. Use of measures, scales and statistical analysis.			3. Maternal depression is not associated with involvement, positive parenting or corporal punishment. 4. Mothers who have presumptive clinical depression display inconsistent parenting compared to those without.
55. DeYoung, M. (1994) Women as Mothers and Wives in Paternally Incestuous Families: Coping with Role Conflict. <i>Child abuse & neglect</i> 18.1: 73–83. Doi: https://doi.org/10.1016/0145-2134(94)90097-3 Objective 2	Largely qualitative project involving life history interviews with 20 women. Explored the role conflict of women as mothers of sexually abused children and wives. Analysis of patterns and themes, as well as statistical analysis	USA	Snowball (Alaggia, 2001)	1. Role conflict is subjective and being good at both mothers and wives was difficult. 2. Coping with role conflict – four levels (social role redefinition, interpersonal role redefinition, intrapersonal role redefinition and reactive role behaviour) 3. Coping strategies and intrafamilial sexual abuse – no significant relationship between coping strategy and duration of the abuse, but interpersonal role redefinition is associated with less intrusive abusive acts and reactive role behaviour is associated with more intrusive acts.
56. Nakhle Tamraz, D. (1996) Non-offending mothers of sexually abused children: Comparison of opinions and research. <i>Journal of Child Sexual Abuse</i> , 5(4): 75-99. Doi: 10.1300/J070v05n04_05 Objective 1,2,3	Review of the literature. Explored a comparison of opinion and research-based literature about mothers whose children were sexually abused.	USA	Snowball (Alaggia, 2001)	1. Opinion-based literature is substantial – seven topics connected involve physical problems, psychological issues, marital role, maternal role, history of sexual abuse, subject to physical abuse and reaction to intrafamilial sexual abuse. 2. Research-based literature is sparse – 32 investigations separated into the seven topics above. 3. Information is ambiguous and frequently biased with opinion-base literature with harsh and pervasive stereotypes about mothers
57. Schonberg, I. J. (1992) The Distortion of the Role of Mother in Child Sexual Abuse. <i>Journal of child sexual abuse</i> . [Online] 1 (3), 47–61. Doi:	Review of the literature Explored the patterns of women protecting children in situations involving sexual abuse.	USA	Snowball (Davies, Seymour and Read, 2000)	1. Children look to their mothers for support and are responsible for the family. 2. Mothers feel like it is not appropriate to reveal their rage. 3. Professionals blame mothers and family pathology issues exist to make the abuser invisible.

https://doi.org/10.1300/J070v01n03_04 Objective 1,2,4				4. Mothers seen as secondary victims and seen as "emotionally needy" in the 1950s. 5. Mothers divided into – protective, did nothing and rejected daughters to protect their partners. 6. Empowerment of mothers – through confronting and validating feelings.
58. Pretorius, G., Chauke, A., & Morgan, B. (2011) The lived experiences of mothers whose children were sexually abused by their intimate male partners. <i>Indo-Pacific Journal of Phenomenology</i> , 11(1), 1–14. Doi: https://doi.org/10.2989/IPJP.2011.11.1.3.1102 Objective 1,2	Qualitative project involving unstructured interviews with 3 mothers. Explored the lived experiences of mothers whose children were sexually abused by their intimate partners. Existential phenomenology and thematic analysis.	South Africa	Snowball (Lipinsky and Goldner, 2022)	Themes identified: 1. Shock – experienced after finding out about the abuse. 2. Trust – a betrayal of trust occurred and difficulties in trusting other people. 3. Disbelief – encountered a process of disbelief and ambivalent reactions to the abuse. 4. Awareness of sexual abuse – mothers were unaware of the abuse but occurred in an instant or over a period of time. 5. Anger – experienced anger towards the abuser. 6. Guilt – feelings of responsibility for the abuse. 7. Depression – common amongst mothers struggling with sadness. 8. Blame – feeling like a failure and self-blame.
59. Manion, I. G., McIntyre, J., Firestone, P., Ligezinska, M., Ensom, R., and Wells, G. (1996) Secondary traumatization in parents following the disclosure of extrafamilial child sexual abuse: Initial effects. <i>Child Abuse & Neglect</i> , 20(11), 1095–1109. Doi: https://doi.org/10.1016/0145-2134(96)00098-1 Objective 1,2	Quantitative project involving structured interview and questionnaires with 93 parents (63 mothers, 30 fathers). Explored the functioning of parents of sexually abused children. Use of scales, measures and statistical analysis.	Canada	Snowball Fong, et al., (2020)	1. Mothers of sexually abused children experienced increased emotional distress, poorer family functioning and lower parenting satisfaction compared to mothers whose children were not abused. 2. Fathers also experienced increased emotional distress compared to fathers whose children were not sexually abused, but their level remained lower than mothers. 3. Parents experience secondary traumatisations.

60. Runyon, M. K., Spandorfer, E. D., and Schroeder, C. M. (2014). Cognitions and distress in caregivers after their child's sexual abuse disclosure. <i>Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders</i> , 23(2), 146–159. Doi: https://doi.org/10.1080/10538712.2014.869291 Objective 1,2	Quantitative project involving questionnaires with 68 maternal caregivers (94% biological mothers) Explores the impact on the maternal caregiver of their child's sexual abuse. Use of scales, measures and statistical analysis.	USA	Snowball Fong, et al., (2020)	1. Background variables (age, race, marital status, education level and employment) did not have significant relationships with the final study variables e.g. trauma, depression, etc 2. General attributions and abuse-specific cognitions contributed to significant amount of variance in maternal caregivers' depressive symptoms. 3. General attribution but not abuse-specific attributions significantly contributed to the variance in traumatic stress scores.
61. Carvalho, Q. C. M., Galvao, M. T. G., and Cardoso, M. V. L. M. (2009) Child sexual abuse: The perception of mothers concerning their daughters' sexual abuse. <i>Revista Latino-Americana de Enfermagem</i> , 17(4), 501–506. Doi: https://doi.org/10.1590/S0104-11692009000400011 Objective 1	Qualitative study involving interviews with 10 mothers. Explores mothers' perception of their daughters who were sexually abused. Collective subject discourse method analysis.	Brazil	Snowball (Serin, 2018)	Three themes identified: 1. Guilt is rooted in the motherhood myth and anchorage emerged from the perfect mother myth – traditional qualities involving femininity, being self-sacrificial and caring of her children. 2. Unhealable pain – a permanency of pain and difficulty in overcoming this feeling. 3. Despair and feelings of powerlessness – being devastated by the abuse.
62. Masilo, G., and Davhana-Maselesele, M. (2016). Experiences of mothers of sexually abused children in North-West province, post disclosure. <i>Curationis</i> , 39(1), 1–9. Doi:	Qualitative study involving interviews with 17 mothers of sexually abused children. Explored the experiences of mothers whose children have been sexually abused.	South Africa	Snowball (Serin, 2018)	Mothers experienced secondary trauma: 1. Reaction to disclosure – ranged from guilt, self-blame, depression, isolation and coping strategies such as religion. 2. Effects on child through the lens of the mother – physical and psychological trauma, alongside revenge on the abuser.

https://doi.org/10.4102/curationis.v39i1.1659 Objective 1,2,3	Tesch's method of open coding analysis.			3. Support – support groups, community support and various experiences about the support from police and services.
63. McCallum, S. (2001). Nonoffending mothers: An exploratory study of mothers whose partners sexually assaulted their children. <i>Violence Against Women</i> , 7(3), 315–334. Doi: https://doi.org/10.1177/10778010122182460 Objective 1,2,3	Qualitative project involving a grounded theory approach using interviews with 3 mothers. Part of a larger study investigating nonvoluntary child protection intervention. Explored the experiences of mothers following their child's sexual abuse by their partner. Coding and comparative analysis.	Australia	Snowball (Serin, 2018)	1. Finding out – feelings of devastation and the "knowing" process (fully understanding what it means). 2. Mother blaming – feeling blamed, confused and feeling victimised. 3. Confusion – feelings of overwhelm and anger were underpinned by the complexity of their emotional responses. 4. Shame and aloneness – feelings of shame, loneliness, misplaced, as well as scared and responsible. 5. Helplessness and power dynamics – interventions with authorities created feelings of fear and resentment of workers involved.

Source: Author's own

Appendix 2.2: Synthesised articles divided by male-female inclusion

Articles focussed on mothers (and maternal caregivers)		Articles focussed on mothers with inclusion of male caregivers	
Author, Year	Country	Author, Year	Country
1. McGookin, 2025	Scotland	1. Cyr <i>et al</i> , 2016	Canada
2. Serin, 2023	Cyprus	2. Bolen <i>et al</i> , 2015	USA
3. Joyce, 2007	USA	3. Davies <i>et al</i> , 2000	New Zealand
4. Plummer <i>et al</i> , 2007	USA	4. Massat <i>et al</i> , 1999	USA
5. Alaggia, 2002	Canada	5. Emirza, <i>et al</i> , 2024	Turkey
6. Alaggia, 2001	Canada	6. Warrington <i>et al</i> , 2023	England
7. Breckenridge <i>et al</i> , 1997	Australia	7. Davies <i>et al</i> , 2022	USA
8. Bolen <i>et al</i> , 2004	USA	8. McElvaney, 2020	Republic of Ireland
9. Whitehouse <i>et al</i> , 2025	Australia	9. Fong <i>et al</i> , 2017	USA
10. Sufredini <i>et al</i> , 2022	Brazil	10. Van Toledo <i>et al</i> , 2016	New Zealand
11. Butterby <i>et al</i> , 2021	England	11. Vermeulen <i>et al</i> , 2015	South Africa
12. Lipinsky <i>et al</i> , 2021	Israel	12. Wolfteich <i>et al</i> , 2013	USA
13. Lipinsky <i>et al</i> , 2022	Israel	13. McCourt <i>et al</i> , 1998	England
14. Serin, 2018	Turkey	14. Scott, 1996	Australia
15. Bux <i>et al</i> , 2016	South Africa	15. Humphreys, 1995	Australia
16. Cyr <i>et al</i> , 2013	Canada	16. St-Amand <i>et al</i> , 2022	Canada
17. Hee <i>et al</i> , 2011	South Korea	17. Mauny <i>et al</i> , 2023	France
18. Hébert <i>et al</i> , 2007	Canada	18. Kilroy <i>et al</i> , 2014	Republic of Ireland

19. Bolen <i>et al</i> , 2007	USA	19. Elliott <i>et al</i> , 2001	USA
20. Plummer, 2006	USA	20. Dyb <i>et al</i> , 2003	Norway
21. Hiebert-Murphy, 2000	Canada	21. Davies, 1995	Wales
22. Fong <i>et al</i> , 1998	Canada	22. Manion <i>et al</i> , 1996	Canada
23. Hiebert-Murphy, 1998	Canada		
24. Carter, 1993	Canada		
25. Hill, 2001	England		
26. Hooper <i>et al</i> , 1998	England		
27. Heriot, 1996	USA		
28. Stitt, 2007	Ireland		
29. McLaren, 2012	Australia		
30. Kardam <i>et al</i> , 2013	Turkey		
31. Serin, 2020	Turkey		
32. Newberger <i>et al</i> , 1993	USA		
33. Santa-Sosa <i>et al</i> , 2013	USA		
34. DeYoung, 1994	USA		
35. Nakhle Tamraz, 1996	USA		
36. Schonberg, 1992	USA		
37. Pretorius <i>et al</i> , 2011	South Africa		
38. Runyon <i>et al</i> , 2014	USA		
39. Carvalho <i>et al</i> , 2009	Brazil		
40. Masilo <i>et al</i> , 2016	South Africa		
41. McCallum, 2001	Australia		

Source: Author's own

Appendix 3.1: Narrative Interview Schedule

1. How did you hear about the research project? Why did you decide to take part?
2. Do you have any worries about the interview? What can I do to address these issues along the way for you?
3. Can you tell me your story of being a mother?
4. What is life like for you being a mother to a child who has experienced sexual abuse in and around the family?
5. Looking back, what do you think was the most important thing you told me?
Has there been anything during the interview that has impacted you the most that you didn't expect?
6. What was it like doing this? What are you doing for the rest of the day?

Appendix 3.2: Ethics Amendment Approval

Decision - Ethics ETH2122-1572: Mrs Aisha Howells
 Ethics Monitor <no-reply@ethicsreview.uea.ac.uk>
 Fri 25/03/2022 13:34
 To:

- Aisha Howells (SWK - Postgraduate Researcher) <A.Howells@uea.ac.uk>

University of East Anglia

Study title: EXPLORING NARRATIVES OF MOTHERS WHOSE CHILDREN HAVE EXPERIENCED SEXUAL ABUSE IN AND AROUND THE FAMILY (PhD)

Application ID: ETH2122-1572 (Amendment prior to EM)

Dear Aisha,

Your application was considered on 25th March 2022 by the SWK S-REC (School of Social Work Research Ethics Subcommittee).

The rationale for extending your recruitment strategy is justifiable and the protocol for how you will make use of social media platforms has been carefully thought through. You have also shown that you have relevant knowledge/insight/skills for managing this extended recruitment process in an appropriate way.

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

This approval will expire on 31st December 2022.

I wish you all the best, and very much hope that this will enable you to recruit the participants you need.

On behalf of the SWK S-REC (School of Social Work Research Ethics Subcommittee)

Yours sincerely,

Georgia Philip

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the SWK S-REC (School of Social Work Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the SWK S-REC (School of Social Work Research

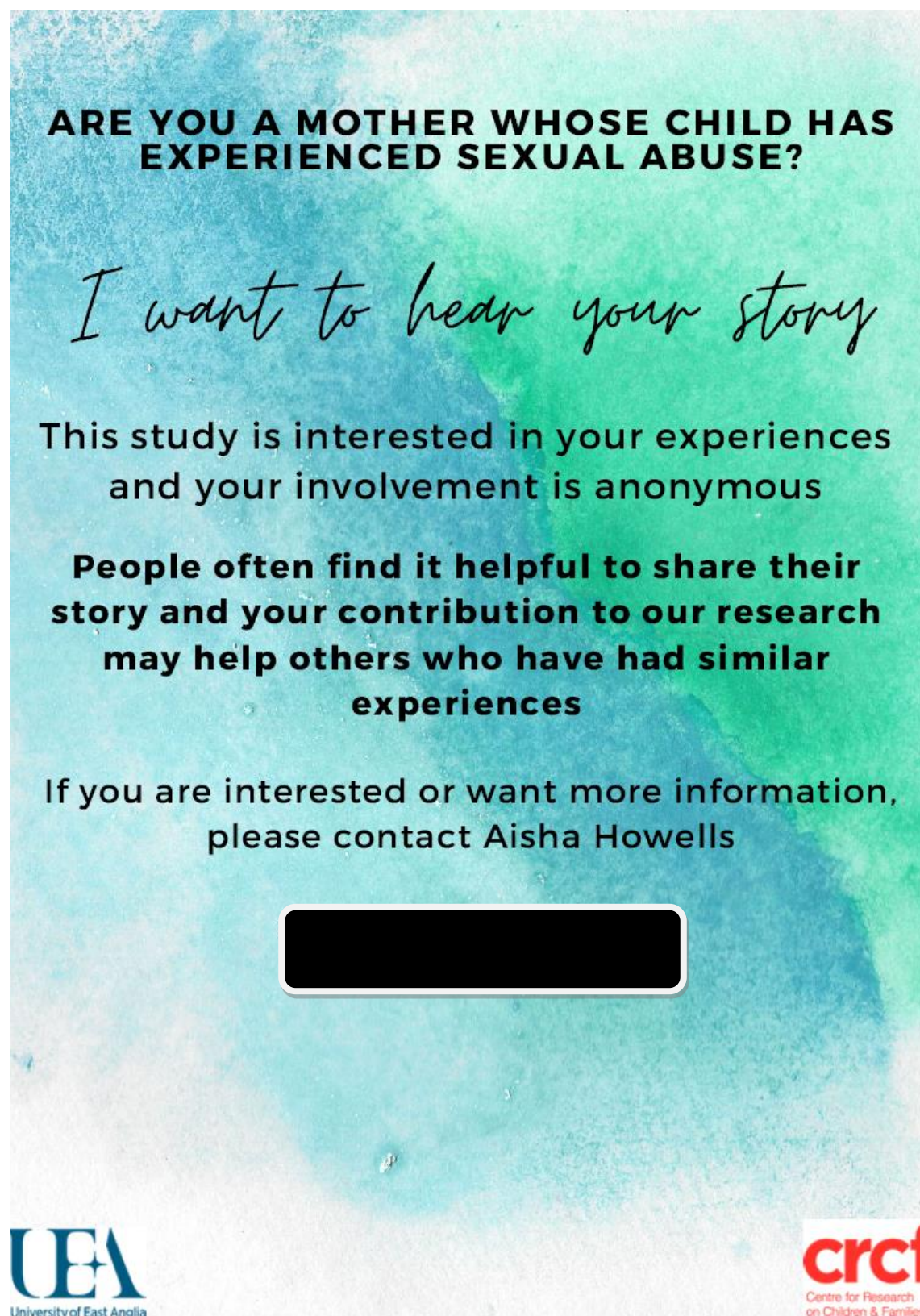
Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the SWK S-REC (School of Social Work Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the SWK S-REC (School of Social Work Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer (dataprotection@uea.ac.uk).

Ethics ETH2122-1572: Mrs Aisha Howells

Appendix 3.3: Narrative Interview Flyer

A flyer with a watercolor background in shades of blue and green. The text is centered and reads: "ARE YOU A MOTHER WHOSE CHILD HAS EXPERIENCED SEXUAL ABUSE?" in bold black capital letters. Below this is the phrase "I want to hear your story" in a black cursive script. Then, "This study is interested in your experiences and your involvement is anonymous" in black sans-serif font. Next is "People often find it helpful to share their story and your contribution to our research may help others who have had similar experiences" in bold black sans-serif font. Then, "If you are interested or want more information, please contact Aisha Howells" in black sans-serif font. Below this is a black rectangular button with rounded corners and a white border. At the bottom left is the UEA logo (University of East Anglia) and at the bottom right is the crcf logo (Centre for Research on Children & Families).

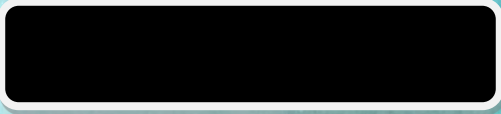
ARE YOU A MOTHER WHOSE CHILD HAS EXPERIENCED SEXUAL ABUSE?

I want to hear your story

This study is interested in your experiences
and your involvement is anonymous

**People often find it helpful to share their
story and your contribution to our research
may help others who have had similar
experiences**

If you are interested or want more information,
please contact Aisha Howells



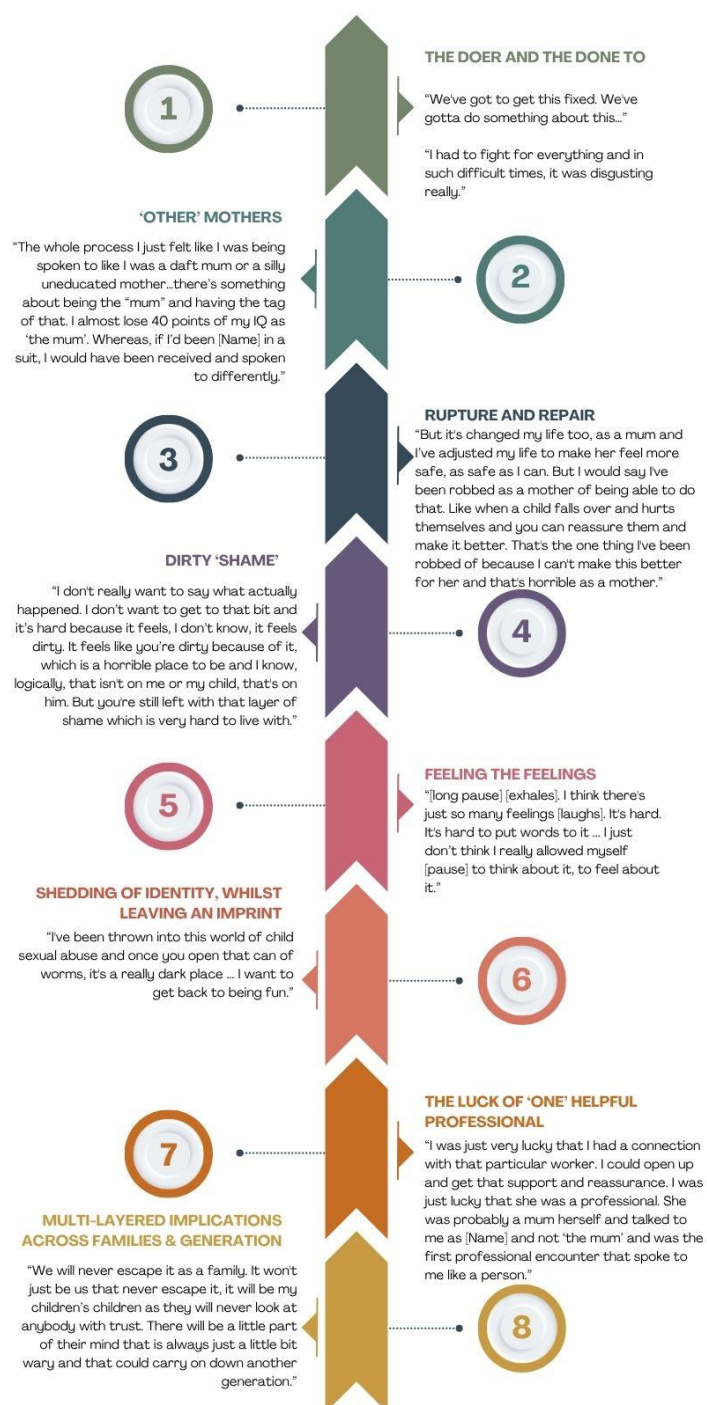
UEA
University of East Anglia

crcf
Centre for Research
on Children & Families

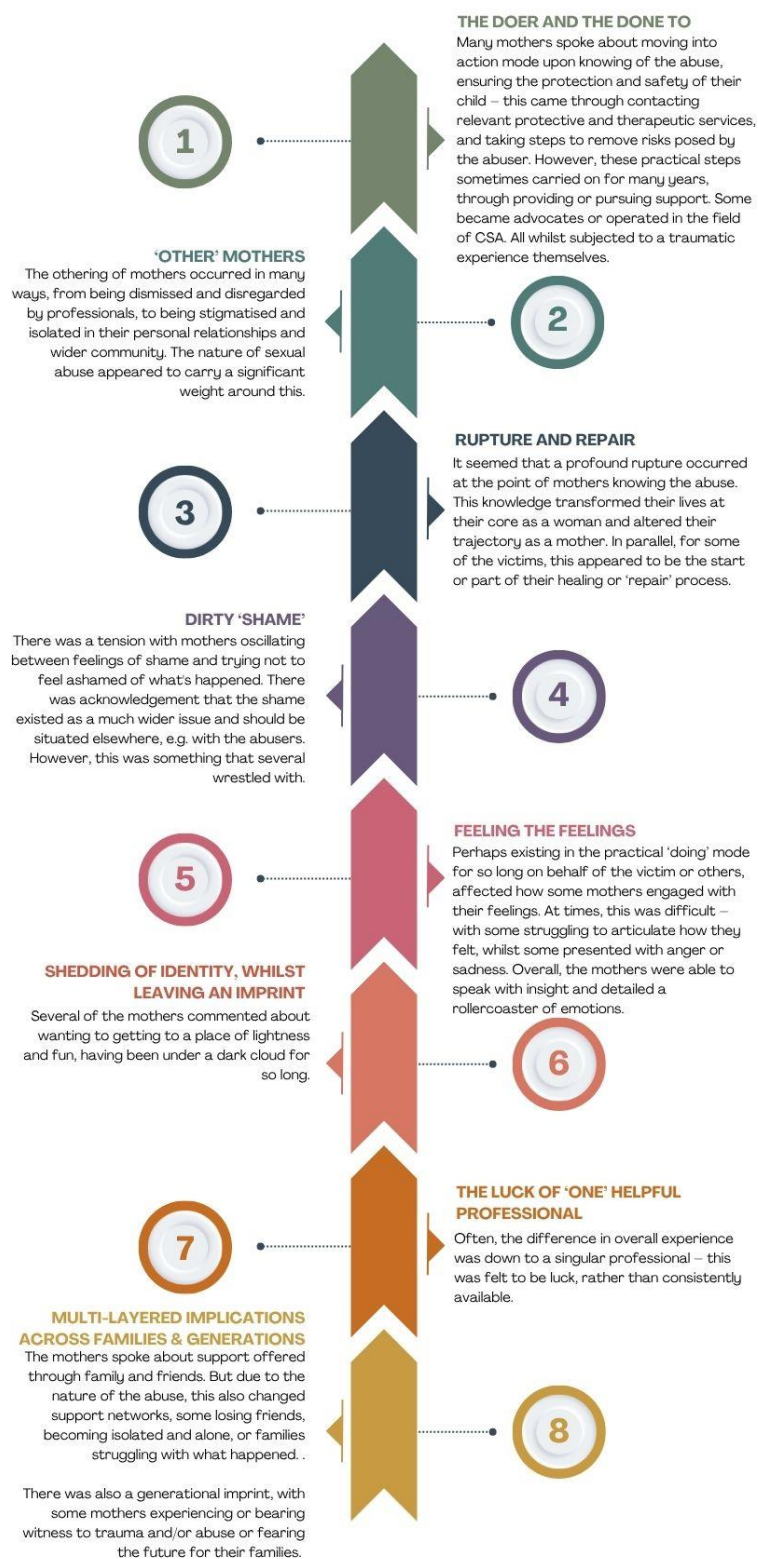
Appendix 3.4: Focus Group Practice Brief

Practice Brief

Exploring narratives of mothers whose children have experienced sexual abuse



Exploring narratives of mothers whose children have experienced sexual abuse



Appendix 3.5: Focus Group Email to Local Authority

Dear

Re: Exploring narratives of mothers whose children have been sexually abused

As part of my PhD, I am looking to facilitate a focus group of approx. 1 hour to provide practitioners with a practice brief to discuss and consider for their professional perspectives. The practice brief will share some of the information from the interviews with mothers at a date/time convenient to you.

Some important points:

1. The focus group will be recorded so I can write up the discussion
2. All members will be anonymous in all the writing up and not identified at all through the process
3. There is no preparatory work, but I can send the practice brief the day before if this helps
4. The following is the inclusion criteria

Inclusion Criteria	1. One year post qualified 2. Registered with Social Work England (Regulatory Body)

	3. Have experience of working with child sexual abuse matters in a professional capacity. 4. Currently practising as a Social Worker in any field e.g., practice, social work education, practice education

I have attached the ethical approval and the participant information sheet.

Let me know if you need anything else and thank you ever so much.

Warmest regards

Aisha Howells

Appendix 3.6: Focus Group Participant Information Sheet



Focus Group Participant Information Sheet

Experiences of mothers whose children have been victims of sexual abuse

My name is Aisha Howells and I am a PhD Student in the Department of Social Work at the University of Essex. I would like to invite you to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

What is the purpose of the study?

The study aims to find out what it is like to be a mother of a child who has been sexually abused, and how social workers can support mothers who have experienced this. The project will run until September 2026 and the design of the study is focused on mother's experiences and practitioner's involvement. The study is being undertaken as part of my PhD.

Why have I been invited to participate?

You have been invited to participate because of your professional experience in the field of child sexual abuse.

Do I have to take part?

It is up to you to decide whether or not you wish to take part in this research study. If you do decide to take part you will be asked to provide written consent. You are free to withdraw at any time without giving a reason. Withdrawal will have no impact on your current or future employment. You are free to stop the focus group at any time and the audio recordings of your involvement will be erased without any consequences to you. If you do change your mind and would like to withdraw from the study please contact me within one week of the interview. From this date, all contributions will be anonymised and withdrawal of data only possible up to this point.

What will happen to me if I take part?

Your participation will involve talking once with a group of Social Workers about what mothers have shared about their experience in interviews, which will take about an hour. With your permission, the focus group will be recorded and will take place at

[time] and [date]. The focus group will be held online/in-person in a private meeting room at [local authority office]. The focus group will be video and audio recorded via Microsoft Teams and written up by the researcher or a university approved transcriber who has signed a confidentiality agreement.

What are the possible disadvantages and risks of taking part?

Taking part in this study means thinking and talking about potentially distressing and sensitive experiences relating to your role as a practitioner when working in the field of child sexual abuse which you may find upsetting.

Whilst the focus group is private, if you tell me about a child or adult being at risk of significant harm, in immediate danger or harming someone else, I will be duty bound to follow safeguarding procedures involving contacting the local authority social care team and/or Police. You will be advised if this is the case and you will be fully consulted about this, unless it is unsafe to do so.

What are the possible benefits of taking part?

- Individuals can find it can be helpful to have the chance to talk about their professional experiences.
- Your contribution may help other practitioners who have had similar experiences.
- Your involvement presents real experiences of Social Workers and can be used to improve practice and support for mothers in future.

What information will be collected?

I will ask for some basic information (team and number of years' experience). I will not ask about personal experiences and the focus will be towards your professional view and expanding on some of the key issues within the interviews.

Will my information be kept confidential?

You will not be anonymous to the members within the focus group. However, you will always remain anonymous when the research is written up, published or spoken about. This means that you will be given a false name, number or "Anon" will be used, and all identifying information about you or anyone else you discuss will be removed within one week of the focus group taking place.

The focus group recordings will be immediately transferred from the Microsoft Teams platform to Microsoft 365 Office and set to delete within 24 hours. This information will be kept on a password protected; authenticator encrypted laptop only accessible to the researcher. All raw data will be kept for 10 years until 1 January 2036, whereby the electronic recordings will be destroyed. All information you provide will be stored in line with GDPR 2019 guidelines and the Data Protection Act 2018.

The researcher or a university approved transcriber who has signed a confidentiality agreement will have access to the recordings. The researcher and supervisor will have access to the anonymised transcripts.

Whilst the focus group is private to you and other focus group members, if you tell me about a child or adult being at risk of significant harm or harming someone else, I will be duty bound to follow safeguarding procedures. You will be advised if this is the case and you will be fully consulted about this.

What is the legal basis for using the data and who is the Data Controller?

The legal basis for processing your data is voluntary and informed consent. This will take place via a written informed consent form obtained prior to the start of the focus group and repeated verbally at the start of the focus group.

The Data Controller is University of Essex and the contact is University Information Assurance Manager (dpo@essex.ac.uk).

What should I do if I want to take part?

Please email Aisha Howells, a.howells@essex.ac.uk before 28.2.24.

What will happen to the results of the research study?

Your anonymised responses will be included in my PhD, which will be publicly available following completion. At the end of the project a research summary will be made available to you upon request. Your responses may also be included in a range of future publications. For example, research articles, posters, book, executive summary, reports, seminars, conferences and through social media.

Who is funding the research?

There is no funding for this research.

Who has reviewed the study?

Approval has been granted by the University of Essex Ethics Committee. Approval for the interviews was provided by UEA on 22.2.21.

Concerns and Complaints

If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact the principal investigator of the project, Aisha Howells, using the contact details below. If are still concerned, you think your complaint has not been addressed to your satisfaction or you feel that you cannot approach the principal investigator, please contact the departmental Director of Research in the department responsible for this project, [name and e-mail address]. If you are still not satisfied, please contact the University of Essex Research Integrity

Manager, Mantalena Sotiriadou (email: ms21994@essex.ac.uk). Please include the ERAMS reference which can be found at the foot of this page.

Name of the Researcher/Research Team Members

PhD Researcher: Aisha Howells – a.howells@essex.ac.uk

Supervisors: Dr Kathryn Chard – Kathryn.chard@essex.ac.uk

Dr Danny Taggart – dtaggart@essex.ac.uk

Appendix 3.7: A worked example of the focus group thematic framework

Codes	Code Label	Initial Theme	Reviewed Theme	Example Data Extracts
- Personal experiences of CSA - Accumulation of shame - Shared silence between mothers and practitioners - Change in perspective when CSA occurs - Feelings of responsibility - Isolation - Work in the field, but it is not easily addressed - Demonstrate openness - CSA ruins families - CSA occurs in friendships - Unique insight	Stacking of Professional with Personal Experiences	Professionals personal and multilayered experiences of CSA	Interrelatedness of experience between mothers and practitioners	<i>I was also thinking about situations that have happened in my life and knowing that for some people who are in the profession where childhood sexual abuse happens, you would think from the outside looking in, that because that person has worked within that profession and understands it and is absolutely in support of mothers, that they would recognise that there's no shame attached to them. But they feel it themselves [...] If that happens to your child, and you weren't able to protect or stop that from happening to your child, there's this idea that you're somehow partly responsible for it. Then, because you're in the profession that you're in, you should know how to respond to that. Then there's a level of shame about not knowing how to respond to it. So, it's almost like a stacking of shame.</i> (Orange1)
- Silence - Focus on being practical and 'doing' - Feelings of shame - Left sitting with feelings - Hierarchy of abuse - Cutting off feelings to cope with CSA work	Practitioners mirroring mothers	Parallel experiences between Mothers and Practitioners	Interrelatedness of experience between mothers and practitioners	<i>I think these workers who because of resources they're being, say too practical or because of the culture of social work [...] at the moment.</i> (Blue1) <i>I mean from a therapeutic perspective, the reenactment of the trauma feels familiar, and 'comfortable' and it's something that you know. So, we see people, maybe even ourselves, who have similar relationships over and over again until we're able to recognise and feel the feelings and think we want something different.</i> (Yellow2)

• Difficult to talk about CSA • Desire to 'fix' • Demonstration of self-awareness • Experiences of trauma				
• Binary understandings of good and bad mother • Perfect Mother • Shameful positions thrust upon mothers • Cultural stereotypes of mothers • Mothers have not done anything wrong • Shaped by historical legacy • Influence of feminism • The mother is the protector of her children • Eurocentric view • Culturally distinctive experience of shame, guilt and isolation • Mothers as repairers of the rupture (victim) are ruptured • Mothers are not seen as in need • Imposed expectations on mothers • Frozen mothers • Traumatized	Perceptions of Mothers	Narratives of Motherhood identity	'Mothers in Need': The being and becoming of mothers in light of child sexual abuse	<i>It made me think about the very ambivalent position that mothers have had for a long time and that stereotypical split, which goes back to second wave feminism, between the Madonna-whore split, for how women are perceived. So, you're either the perfect mother, the Madonna and so you do your job brilliantly or not [...] It's kind of a stereotype that people pull on to, in their way of making sense of what's happened. (Yellow1)</i>

Nurturer, carer and maternal figure qualities				
- Influence of social construction - Influence of feminism - Cultural stereotypes of mothers - The role of family and friends - Eurocentric view - Imposed expectations on mothers	Common factors which shape maternal identity	Narratives of Motherhood identity	‘Mothers in Need’: The being and becoming of mothers in light of child sexual abuse	<i>What society expects and what you and your family might expect. You might make your own rules, but they could be safe enough rules, but not sure we give families credit to create their own safety [...] we almost expect parents to jump into protection immediately. (Orange2)</i>
- Emotions can overwhelm other functions - Internalised feelings of shame - No outlet to express internalised emotions - Feeling incensed - Practitioners can default to binary thinking - Lack of compassion in the moment - Difficult to talk about CSA - Cut off feelings to cope - Experience discomfort - Desire to ‘fix’	Internalised mechanisms of practitioners	Command and Control Vs Compassion	Forces which shape understanding: Silencing effect of defence mechanisms	<i>I think it just really hit me and maybe on a personal level if I found out that my child had been sexually abused, the guilt, the shame and just total disintegration of who I think I am and who my child is and in our relationship. I think we just don't engage with that, do we? [becomes emotional] I think we have to close it down so that we can work it and we just don't engage actually in what that feels like. (Yellow2)</i> <i>There are still elements of what we talk about that we still like to skirt around, and because it's how uncomfortable it makes us feel as humans. (Orange1)</i>
Helping professions are best placed to support	Local Authority Social Work Practice	Command and Control Vs Compassion	Forces which shape understanding: Silencing effect	<i>I think because we have timescales, which drive me insane, we want things to happen with a set time frame to evidence and move families on. There is no way our time scales align. As this</i>

• Difficult to talk about CSA • Research presents disconnections with mothers in social work practice • Complexities of language • Assumptions made about the impact of child-child sexual abuse • Struggle to understand children as both abusers and victims in some fields • Difficulties in multi-agency work • CSA is complex work • Superficial advice given to families • Restrictive safety plans implemented within a family • Tick-box safety • Lack of adaptability in support and intervention across different stages e.g. emergency, long-term. • The mother is the protector of her children • Mothers are not seen as in need			of defence mechanisms	<i>stuff is a lifetime of working through, isn't it? It's not necessarily a 12–18-month child protection plan. (Orange2)</i> <i>It's made me think about that sort of, legal approach and gathering evidence and how as social workers, that becomes at the forefront of the work. At the same time, I was thinking about individualism, that social work is like this [two hands placed in front] at the moment, under this neoliberalism that we're all affected by. (Blue1)</i>

• Resource and capacity driven support • Practitioners prioritise legal interventions • Influenced by individualism and neoliberalism • Social work is mostly female-oriented • The influence and presence of challenging and supportive supervision • Sensitive work is 'normal' social work practice • Fear of making the situation worst • Desire to 'fix' • Practitioner assumptions and judgements • The significance of process and procedures • Acknowledgement of strengths and weaknesses in practice • Imposed expectations on mothers • Low rates of CSA recorded child protection plans				

• Response of mother to child disclosure influences how people and professionals respond to her • The response by the mother to the child disclosure is profound. • The role of empathy • Culturally distinctive experience of support • The fight to feel heard • Barriers to support for mothers	Navigating the dynamics of CSA	Narratives of Motherhood identity	‘Mothers in Need’: The being and becoming of mothers in light of child sexual abuse	<i>One of the differences when I worked in a prior role with black African women where they had found out that their child had been sexually abused within the family. When I worked with this group of mothers, it was very differently observed within the group, and the mothers were very supportive of each other and when I was reading this [practice brief], it was starkly different [...] they did not experience the same level of shame, and the women were very united and protective, and it was a much more sisterly type, ‘we’ve got your back. We will protect your child’. And all the onus wasn’t on the mother. It was a collective effort. (Orange1)</i>
• Denial of CSA • Guilty through association • Failure to protect • Isolation • CSA destroys mothers’ lives • Judgement by those surrounding mother • Internalised emotions • Generational imprint	Negative impacts of CSA	Narratives of Motherhood identity	‘Mothers in Need’: The being and becoming of mothers in light of child sexual abuse	<i>So, in this particular case then the mother who was in denial [about the sexual abuse] then became just as guilty because she was colluding, and questions involved ‘why couldn’t you protect your children? Why can’t you see it?’ So, there wasn’t just isolation, but all the people that could have supported her were then very anti – her. So, that’s another feature, isn’t it? About how some family support, context specific, about whether people are going to help you or turn against you. (Red1)</i>
• The role of empathy • The skill of compassion • Focus on being practical and ‘doing’ • Remaining objective • The skill of adaptability • The skill of validation	Values & Skills of practitioners	Command and Control Vs Compassion	Forces which shape understanding: Silencing effect of defence mechanisms	<i>I remember going out to see this mum to complete a Section 7 [court] report to talk about her experience. She said she had been seen by multiple police officers and all sorts of people, but it was me, as a social worker coming in who said, ‘tell me your story’ and the mum said ‘you never asked me a single question. You just sat on my sofa and asked for my version of events’. The mum said that was the first time she ever acknowledged the relationship that she’d been in and how abusive it was. She said she knew that she’d had a million opportunities to tell somebody</i>

• CSA is complex work • Lack of compassion in the moment • Trauma-informed skills • Social work skills and therapeutic work more present in charitable sector • The influence and presence of challenging and supportive supervision • The need to role-model courage • Difficult to talk about CSA • Signposting to services • Fear of making the situation worst • Desire to 'fix' • The skill of professional curiosity • Capturing the mother's voice • The significance of process and procedures • Understanding that to support children, we must support mothers • Low rates of CSA recorded child protection plans • Critical thinking faculties				<i>because neighbours had called the police and whatever, but she said it was the first person who never asked. (Green2)</i> <i>Priority is given to pre-statutory frameworks, boundaries, red tapes and processes. When my mum worked in social care at the same time and shared her reflections as my career went on, she said 'you do far more on paper and less with people'. (Orange1)</i>

• Superficial advice given to families. • Restrictive safety plans implemented within a family • Tick-box safety • Lack of adaptability in support and intervention across the different stages e.g. emergency, long-term. • Lack of meaningful and workable solutions • The mother is the protector of her children • 'Case closure' relies on the protection offered by the mother • Social work is mostly female-oriented • Resource and capacity driven support • Lack of compassion in the moment • The significance of process and procedures	Bleak practical solutions	Command and Control Vs Compassion	Forces which shape understanding: Silencing effect of defence mechanisms	<i>I was wondering about some kind of superficial advice that's given to families. So, you've got the very busy child protection teams, they're going in when there's a crisis. They're giving advice with few resources [...] the advice given was this mother was told to keep the children separate due to sexual abuse. So, she'd kept the child who abused the other child in one part of the house and the child victim in another part of the house. The family would never spend time together and often the child who abused the other child would just be left and that was the situation after several years [...] because the child protection team had done their job, kept the children safe and ticked that box. Of course, in an emergency you would do that, but then several years later, you're still doing that, So, it's relevant to the support you would give and continue to give not just in the emergency but then what happens after. (Red1)</i>
• 'Case closure' relies on the protection offered by the mother • Huge burden of responsibility	Onus on and responsibilities of mothers	Narratives of Motherhood identity	'Mothers in Need': The being and becoming of mothers in light of child sexual abuse	<i>I've heard that said a lot of times, 'is the mother protecting the children?' Yes. Then we can close the case [...] But what happens then? It could be that she's thrown out her abusive partner. Great. Mother's protecting the children. We don't need to do anymore. (Red1)</i>

• Invisible 'father' or other parent or caregiver • Resource and capacity driven support • Understanding that to support children, we must support mothers. • Imposed expectations on mothers				
• A collaborative multi-agency, multi-disciplinary approach • The influence and presence of challenging and supportive supervision • Holistic approach of service • Planned workpieces • Community of CSA practice • In-depth CSA practice and specialist support training required • Practical toolkit • Meaningful work with mothers' to develop their support network • Becoming comfortable with asking the right and difficult questions	Future remedies	Command and Control Vs Compassion	Forces which shape understanding: Silencing effect of defence mechanisms	<i>I know this is the drum that I bang. I will have reflective supervision with a therapist who's coming in to help the team to think about their cases, and that's not in a frontline team. Why on earth is that not available in frontline teams? That should be the bread and butter for social workers to have access to that kind of therapeutic support and space. (Yellow2)</i>

• Structural – Leader - Practitioner level remedies • Increase self-awareness • Understanding that to support children, we must support mothers. • Prioritising therapeutic skills				
• Frustration • Concerned for women and mothers • Empathic and compassionate • To feel listened and understood is important • Encouraged • Emotional • Sad • Championing one another is important	Feelings of Focus Group Members	Personal, parallel and multilayered experiences between mothers and practitioners	Interrelatedness of experience between mothers and practitioners	<i>I feel, I suppose, what's the word? Disappointed. I don't know if it is, but why haven't things changed? Why is this still the case? I suppose that's what I feel like, maybe there's a frustration, a frustration and a sadness. (Blue1)</i>

Source: Author's own

Appendix 3.8: Abridged deconstructive-reconstructive process example

Analysis Questions (in relation to narrative interview participants):

1. Who are the potential players involved in the situation or potentially affected by it? Where do I sit in relation to them and how do see myself in relation to them?

The potential players involved are primarily mothers. Other players may include their children and families, their friends, professionals, abusers and me, the researcher. I see myself with insider status as I am a mother, a woman and have shared professional familiarity in operating within a field of sexual abuse-related issues. However, I am also an outsider as I am not a mother whose child has been sexually abused. There is an emotional closeness, where I see myself in interview participants experiences, their words and feelings, as well as in their fragilities and strength. Whilst also aware of the power I hold in authentically honouring their narratives.

2. What knowledge and assumptions do I imply and use in my account? Where do these assumptions originate?

My knowledge stems from my practice and personal experience, research, history, education, discourses and the media. My assumptions about mothers are deeply embedded in social, cultural, institutional, personal and professional processes. For example, narrow representations of idealised, stay at home mothers, stereotypes of good and bad mothers or even how often social work is directed towards mothers. Within social work, entrenched beliefs exist about mother-centric responsibility and protection, irrespective of context which are used to reinforce maternal-blame. In the

PhD, I strive to acknowledge their weaponised nature and influence of this knowledge.

3. What perspectives are represented and whose are missing? What does this say about power?

Mothers' perspectives are represented and the researcher's interpretation of these narratives is offered. The children and co-parents views are missing, as well as different groups of mothers e.g. disabled mothers, mothers of the global majorities. Power operates through amplifying previously silent and overlooked voices (mothers) attempting to redress the power imbalance.

- (i) *Reconstructive Questions (in relation to narrative interview participants):*

1. How does my experience of this situation compare with past or other experiences?

The power dynamics were clearly different as a practitioner involved in safeguarding enquiries (seen as 'helping' the state), compared to researching the topic (seen to be meaningfully helping mothers). Consequently, interactions from the outset between mother and researcher presented differently compared to in practice, perhaps with a more trusting relationship. Previously I may not have fully considered the level of mother-blame, maternal responsibilities and negative messages mothers endured following the abuse of their child and as such, my approach might have started from a point of "how to make this situation safer" rather than a starting point of compassion and attunement to a mother's devastation. Also, mothers as participants

freely shared their story with me, whereas in previous experiences, at times, I have encountered defensiveness or mothers not ready to talk about their experiences.

2. What needs to be changed about my assumptions and interpretations, as a result of these reflections?

It is important to have greater understanding of mothers' experiences, moving away from seeing mothers through an individualised, risk-focussed lens. Instead, there needs to be increased recognition of mechanisms which shape the maternal experience. For example, the underlying assumptions, ideologies, pervasive doctrines and pathologies (mother blame, failure to protect) which exist that impact behaviour and choices. There also needs to be consideration of how my professional background interacts with reinforcing these dominant narratives and work to renegotiate practice that is more compassionate and aware of the implications of these structural issues.

3. How can I frame what I have learnt from this situation to be usable in other contexts?

Rather than viewing mothers' actions, thoughts and feelings in isolation, critical awareness of how understanding is shaped by broader social and structural factors may help. Additionally, consideration of how power shapes mother's narratives can guide practitioners thinking. The learning highlights the significance of reflexivity, an ethics of care and practice that is critical and anti-oppressive. This application will be of use to social work, education, health, police and other fields of work.

Appendix 4.1: Ethical Approval via UEA



School of Social Work
 Faculty of Social Sciences
 University of East Anglia
 Elizabeth Fry Building
 Research Park
 Norwich
 Norfolk NR4 7TJ

22.02.2021

Dear Aisha,

The Research Ethics Committee considered your application for ethical approval for the project on the experiences of mothers whose children have been sexually abused. The reviewers are now in agreement that all ethical issues have been satisfactorily considered and addressed. I am happy to confirm that ethical approval is now granted and you are able to begin your study subject to any other necessary approvals being given.

It is a requirement of your approval that you should report any adverse events that may have occurred, these being defined as "any unanticipated problem involving risk to subjects which ultimately results in harm to the subject or others".

If you plan to make any significant changes to the design of your study, you should also contact me.

With best wishes – I hope your research goes well.

Yours sincerely

A handwritten signature in blue ink, which appears to read 'G Philip'.

Dr Georgia Philip
 Chair of SWK Ethics Committee

Appendix 4.2: Ethical Approval Amendment (extension)



University of East Anglia
Norwich Research Park
Norwich, NR4 7TJ

Email: ethicsmonitor@uea.ac.uk
Web: www.uea.ac.uk

Study title: EXPLORING NARRATIVES OF MOTHERS WHOSE CHILDREN HAVE EXPERIENCED SEXUAL ABUSE IN AND AROUND THE FAMILY (PhD)

Application ID: ETH2223-1014 (Amendment prior to EM)

Dear Aisha,

Your application was considered on 15th December 2022 by the SWK S-REC (School of Social Work Research Ethics Subcommittee).

Thanks for submitting this request to extend the end date of your project in order to allow more time to reach your recruitment target.

The decision is: **approved**.

You are therefore able to continue your project subject to any other necessary approvals being given.

This approval will expire on **31st July 2024**.

I would like to wish you every success with recruitment and completion of this sensitive and important project.

On behalf of the SWK S-REC (School of Social Work Research Ethics Subcommittee)

Yours sincerely,

Georgia Philip

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the SWK S-REC (School of Social Work Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the SWK S-REC (School of Social Work Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the SWK S-REC (School of Social Work Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the SWK S-REC (School of Social Work Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer (dataprotection@uea.ac.uk).

Appendix 4.3: Focus Group Ethical Approval via University of Essex

University of Essex ERAMS

06/03/2024

Miss Aisha Howells

Health and Social Care, Health and Social Care

University of Essex

Dear Aisha,

Ethics Committee Decision

Application: ETH2324-0466

I am pleased to inform you that the research proposal entitled "Exploring narratives of mothers whose children have experienced sexual abuse in and around the family (PhD)" has been reviewed on behalf of the Ethics Sub Committee 1, and, based on the information provided, it has been awarded a favourable opinion.

The application was awarded a favourable opinion subject to the following conditions:

Extensions and Amendments:

If you propose to introduce an amendment to the research after approval or extend the duration of the study, an amendment should be submitted in ERAMS for further approval in advance of the expiry date listed in the ethics application form. Please note that it is not possible to make any amendments, including extending the duration of the study, once the expiry date has passed.

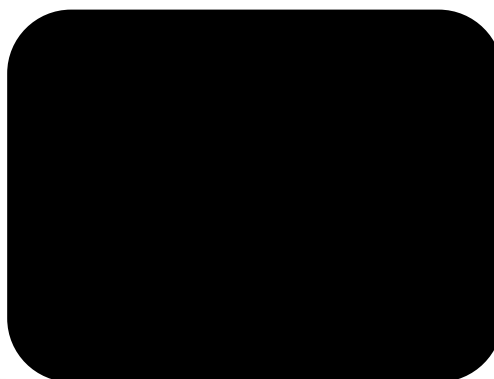
Covid-19:

Please note that the current Government guidelines in relation to Covid-19 must be adhered to and are subject to change and it is your responsibility to keep yourself informed and bear in mind the possibility of change when planning your research. You will be kept informed if there are any changes in the University guidelines.

Yours sincerely,

Alexandra Kaley

Appendix 4.4: Research Governance Approval



Date: 18 June 2024

Research Proposal:

Exploring narratives of mothers whose children have experienced sexual abuse in and around the family (PhD)

Focus groups with professionals (social workers) element only

Submitted by: Aisha Howells

Sponsor: Dr Danny Taggart and Dr Kathryn Chard

We are pleased to accept the approval granted by University of Essex Ethic Committee (Ethnics Sub Committee 1) in respect of the above research project – reference ETH2324-0466, dated 6th March 2024. We thus confirm that the research proposal also complies with [REDACTED]'s research governance guidelines.

The research sponsor is responsible for reviewing the quality of the research as it progresses.

Should there be any adverse occurrences during the research, please notify us and explain what actions have been taken.

If you need to discuss any aspects of this research please contact [REDACTED] on [REDACTED]

Yours sincerely,



**Research & Citizen Insight
Chair, Research Governance**

Appendix 4.5: Narrative Interviews Participant Information Sheet



Participant Information Sheet

Experiences of mothers whose children have been victims of sexual abuse in and around the family

Researcher: Aisha Howells – a.howells@uea.ac.uk

Supervisors: Dr Jane Dodsworth – jane.dodsworth@uea.ac.uk

Professor Jonathan Dickens – J.Dickens@uea.ac.uk

This Participant Information Sheet will help you decide if you would like to take part. It sets out why I am doing the study, what your participation involves, what the benefits and risks to you might be, and what happens after the study ends. I will go through this information with you and answer any questions you may have. If you agree to take part in this study, you will be asked to sign the Informed Consent Form. You will be given a copy of both the Participant Information Sheet and the Informed Consent Form to keep. Please make sure you have read and understood all pages.

1. What is the purpose of the study?

I want to hear your story. The study aims to find out what it is like to be a mother of a child who has been sexually abused in and around the family.

2. What will my participation in the study involve?

Your participation will involve talking to me about your experiences which may take a few hours depending on how much you have to say. With your permission, the interview will be recorded and will take place at a time and date convenient to you. The interview will be held online using MS Teams or in-person in a private meeting room. I will ask for some basic information (age and ethnicity). However, you will always remain anonymous when the research is written up, published or spoken about. This means that you will be given a false name or "Anon" will be used, and all identifying information about you, your child or anyone else you discuss will be removed. Our interview will be written up by the researcher or a university approved transcriber who has signed a confidentiality agreement.

3. What are the possible benefits and risks of this study?

Benefits:

- People find it can be helpful to have the chance to talk about their experiences.
- Your contribution may help others who have had similar experiences.
- Your involvement presents real experiences of mothers and can be used to improve practice and support for mothers in future.
- Taking part in this study will not affect any services that you receive.

Risks:

- Taking part in this study means thinking and talking about potentially distressing and sensitive experiences relating to your role as a mother to a child victim which you may find upsetting.
- Whilst the interview is private, if you tell me about a child or adult being at risk of significant harm, in immediate danger or harming someone else, I will be duty bound to follow safeguarding procedures involving contacting the local authority social care team and/or Police. You will be advised if this is the case and you will be fully consulted about this, unless it is unsafe to do so.

4. What if I feel uncomfortable with an aspect of the study?

You have the right to not do anything being asked of you. You can discuss any aspect of the study with me at any time during your participation. During the interview you are free to have breaks or stop the interview at any time.

5. What if I don't want to answer a question being asked of me?

You do not have to answer any questions that you are unhappy with or feel you cannot answer. There are no right or wrong answers, I am interested to hear about your experiences.

6. What are my rights?

- You have the right not to be physically, psychologically and emotionally harmed.
- You have the right to make your own choices regarding consent and disclosure.
- You have the right to privacy as an anonymous participant. This means that your responses cannot be identified as belonging to you.
- You have the right to respect and dignity throughout the research study.
- You have the right to refuse to participate.

7. What happens if I change my mind?

You can change your mind during the study. You are free to stop the interview at any time and the audio recordings will be erased without any consequences to you. Following one week of the interview being completed it will not be possible to remove your responses as analysis of the data will have started. So, if you do change your mind and would like to withdraw from the study please contact me within a week of the interview.

8. What happens after the study?

Self-care is important. There is a debrief form with a list of support agencies if you need to talk to someone about any of the issues raised in this study. SiT/Fresh Start – New Beginnings may also be able to provide support if you need to talk to anyone. They will not know the details of what you have shared with me.

Your anonymised responses will be included in my PhD, which will be publicly available following completion. At the end of the project a research summary will be made available to you. Your responses may also be included in a range of future publications. For example, research articles, posters, book, executive summary, seminars, conferences and through social media.

9. Who do I contact for more information if I have concerns?

If you have any questions after the interview, please contact myself or my supervisors Dr Jane Dodsworth or Professor Jonathan Dickens. Contact details are at the top of this Participant Information Sheet.

11. How will my data be stored and for how long?

Your data will be stored electronically on Microsoft 365 on a password protected, personal laptop that only I can access, and all information will be destroyed 10 years after completing the PhD on 1 January 2036. All the information you provide during the interview will be stored in line with GDPR 2019 guidelines and the Data Protection Act 2018.

Appendix 4.6: Narrative Interviews Informed Consent



Exploring narratives of mothers whose children have experienced sexual abuse in and around the family

This research has been approved by the School of Social Work Research Ethics Committee, University of East Anglia

Researcher: Aisha Howells

Please click the boxes below.

I confirm that I have read and understand the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time during the interview and up to a week afterwards without giving any reason and without there being any negative consequences.

☐

I understand that my responses will be anonymised and any personal or identifying information removed. I understand that only the researcher or a university approved transcriber who has signed a confidentiality agreement will hear the interview.

☐

I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.

☐

I understand that the data I provide will be used for the purpose of the research study and other materials outlined in the participant information sheet. I also understand how long my data will be stored for.

☐

I understand that any disclosures which are safeguarding concerns, where there is a serious risk of immediate harm, will be passed to the local authority and/or police but will be discussed with me first, unless it is unsafe to do so.

☐

I agree to take part in the above research project.

☐

Name of Participant

Date

Signature

Researcher

Date

Signature

Appendix 4.7: Focus Group Informed Consent



Title of the Project: **Exploring narratives of mothers whose children have experienced sexual abuse**

Research Team: Aisha Howells, PhD Student & Supervisors: Dr Danny Taggart and Dr Kathryn Chard

Please initial box

1. I confirm that I have read and understand the Information Sheet dated 3.7.24 for the above study. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw from the project at any time without giving any reason and without penalty. I understand that any data collected up to the point of my withdrawal cannot be withdrawn because it cannot be identified.
3. I understand that any disclosures which are safeguarding concerns will be passed to the local authority and will be discussed with me first.
4. I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained.
5. I understand that my fully anonymised data will be used for the PhD, research publications, reports and social media.
6. I understand that the data collected about me will be used to support other research in the future and may be shared anonymously with other researchers.
7. I give permission for the anonymised transcripts that I provide to be deposited in _____ so that they will be available for future research and learning activities by other individuals.
8. I agree to take part in the above study.

Participant Name

Date

Participant Signature

Researcher Name

Date

Researcher Signature

Appendix 4.8: Example Narrative Interview Debrief Form

DEBRIEF FORM

SIGNPOST & SUPPORT

Suffolk-based services

SURVIVORS IN TRANSITION https://survivorsintransition.co.uk/ 07765 052282/01473 232499 SIT is a support centre for men and women (18yrs+) who have experienced any form of sexual abuse in their childhood	FRESH START NEW BEGINNINGS https://www.fsnb.org.uk 01473 353355 FSNB provides support for families and a therapeutic service for children and young people up to 18 years who have experienced sexual abuse
THE FERNS - SEXUAL ASSAULT REFERRAL CENTRE (SARC) https://www.theferns-suffolk.org.uk/ 0300 1235058 Provides free support to all those who have been affected by sexual abuse	CUSTOMER FIRST SUFFOLK COUNTY COUNCIL - SOCIAL CARE https://infolink.suffolk.gov.uk/kb5/suffolk/infolink/advice.page?id=NYFizI7Nu3U 0808 800 4005 (Children) 0800 917 1109 (Adult) First point of contact for social services in Suffolk
THE POLICE https://www.suffolk.police.uk/ 999/101 Emergency and non-emergency support where there is a risk of harm	SAMARITANS https://www.samaritans.org/ 116 123 General support

THANKYOU FOR TAKING PART

a.howell@uea.ac.uk
j.dickens@uea.ac.uk

If you are unhappy about the way the research was carried out, you can contact: Head of School of Social Work at UEA, Professor Jonathan Dickens.

If you decide to change your mind and withdraw from the study, please contact me before (Date). There will be no consequence to you.



Appendix 4.9: Example Focus Group Debrief Form

DEBRIEF FORM

SIGNPOST & SUPPORT

Essex-based services

CARA - CENTRE FOR ACTION ON RAPE AND ABUSE
<https://caraessex.org.uk/newsexualviolenceindomesticabu.php>
 0300 003 7777
 Provides free support to all those who have been affected by sexual abuse

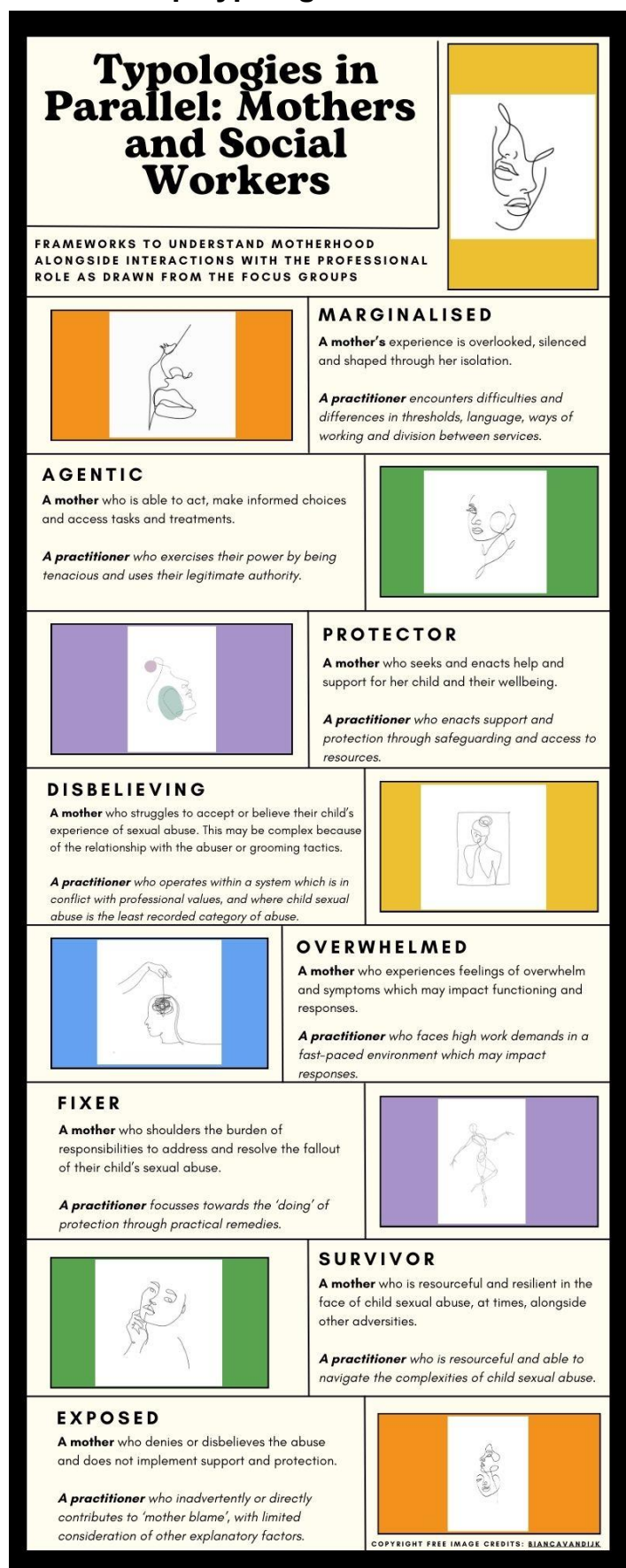
SYNERGY ESSEX
<https://synergyessex.org.uk/news>
 Latest news, views and information about sexual abuse in Essex

THE POLICE
<https://www.suffolk.police.uk/999/101>
 Emergency and non-emergency support where there is a risk of harm

SAMARITANS
<https://www.samaritans.org/116123>
 General support

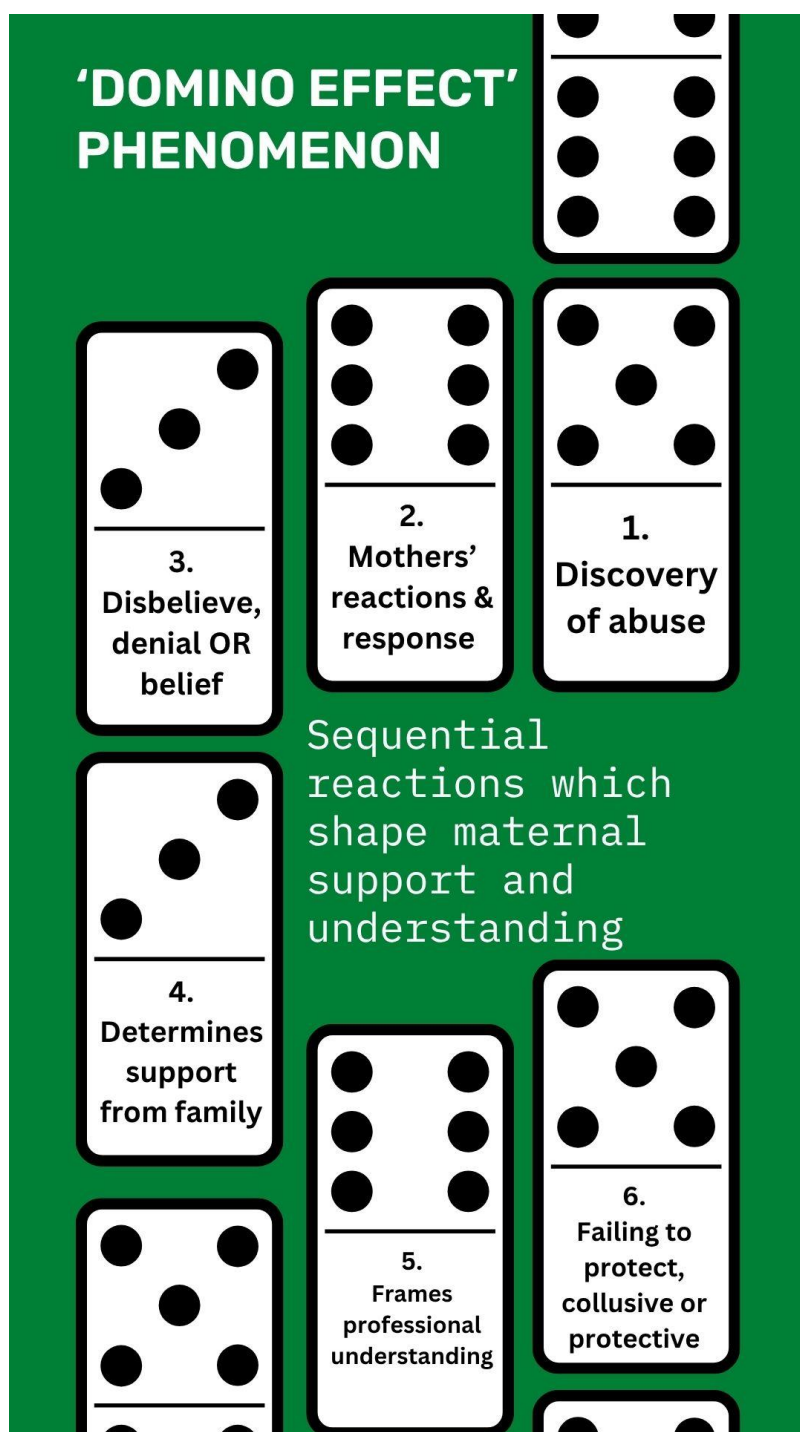
THANKYOU FOR TAKING PART
s.howell@essex.ac.uk
dtaggart@essex.ac.uk
kathryn.chard@essex.ac.uk
 If you are unhappy about the way the research was carried out, you can contact: PhD Supervisors Dr Danny Taggart and Dr Kathryn Chard.
 If you decide to change your mind and withdraw from the study, please contact me before X. There will be no consequence to you.

Appendix 6.1: Focus Group Typologies in Parallel - Mothers and Social Workers



Source: Author's own

Appendix 7.1: The 'domino effect' phenomenon



Source: Author's own

Appendix 7.2: The ‘Mother in Need’ Manifesto Explanation

‘MOTHER IN NEED’ MANIFESTO

M	RECOGNISE WOMEN HAVE NEEDS IN THEIR OWN RIGHT AND OFTEN HAVE MULTIPLE ROLES
O	RATHER THAN USE MOTHERS' BEHAVIOURS TO BLAME, INSTEAD WORK WITH THEM TO UNDERSTAND AND SUPPORT. CHECK IN WITH YOURSELF TO SEE IF YOU ARE INADVERTENTLY CONTRIBUTING TO MOTHER BLAME
T	RESIST ACCEPTING MOTHERS' RESPONSES AT FACE VALUE AND USE TRAUMA TO UNDERSTAND THESE BEHAVIOURS
H	RECOGNISE MOTHERS WHO OFTEN BEAR THE WEIGHT OF RESPONSIBILITY FOR THEIR CHILD IRRESPECTIVE OF THE SITUATION
E	MOTHERS' NEEDS AND WELLBEING INTERACT WITH HER CHILD AND BOTH REQUIRE RESOURCES AND SUPPORT
R	DEMONSTRATE KIND, CURIOUS AND EMPATHIC ACTIONS AND CONVERSATIONS. SOMETIMES JUST LISTENING AND ACKNOWLEDGING WHAT THEY ARE GOING THROUGH CAN BE THE MOST HELP

Source: Author's own