Walden Dissertations and Doctoral Studies

2022

The Mother-Daughter Attachment-Bond in Adulthood After Childhood Sexual Abuse

Dionne Carla Dauphin
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Dionne Carla Dauphin

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Robin Friedman, Committee Chairperson, Psychology Faculty
Dr. Jane Lyons, Committee Member, Psychology Faculty
Dr. Medha Talpade, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

The Mother-Daughter Attachment-Bond in Adulthood After Childhood Sexual Abuse

by

Dionne Carla Dauphin

MA, Webster University, 2010

BS, University of Texas at San Antonio, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

August 2022

Abstract

Childhood sexual abuse (CSA) may have a significant impact on the attachment bond between adult women and their mothers when CSA is disclosed during childhood. When CSA is known by the mother during the period of abuse, and she failed to intervene on behalf of her daughter, there can be long-lasting effects on the mother-daughter attachment bond in the future. There is a gap in the research literature regarding the attachment bond between the mother-daughter dyad in adulthood influenced by CSA known by the mother during the period of abuse. The purpose of this phenomenological study was to understand the effects on the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. The conceptual framework that guided this study included attachment theory and the traumagenic dynamics model. Semistructured interviews and open-ended questions were used to gather the data from eight study participants. The seven themes that emerged from the data were established relationship, avoidance of discussing emotional wounds, verbal and physical interactions, effective communication, hurt and anger, desired bonds and closeness, and forgiveness. The implications of this study for positive social change include providing psychologists and other members of the mental health community with additional empirical evidence on the formation of mother-daughter attachment bonds after CSA, which may lead to improved protocols for women who have experienced this phenomenon.

The Mother-Daughter Attachment-Bond in Adulthood After Childhood Sexual Abuse

by

Dionne Carla Dauphin

MA, Webster University, 2010

BS, University of Texas at San Antonio, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

August 2022

Dedication

I dedicate this study to my Lord and Savior Jesus Christ, who has given me the wisdom and knowledge to complete this amazing assignment. To my loving family, who supported and encouraged me throughout this entire journey, Ridge, Jasmine, and Jade. Thank you for endearing love, sacrifice, and support. To my bonus children, sisters, aunts, uncles, and dear friends, your kindness was a source of great strength. I love you all with an everlasting love.

Acknowledgments

I want to thank my dissertation committee chair, Dr. Robin Friedman, for her understanding, encouragement, and insight. Dr. Friedman, your patience as I have maneuvered throughout this process is greatly appreciated. To Dr. Jane Lyons, I am forever grateful for your support, guidance, and wisdom. I want to acknowledge the adult women who boldly participated in this study and allowed their voices to be heard. To everyone who kindly distributed my invitations flyers and spread the word about this study, thank you.

Table of Contents

Chapter 1: Introduction to the Study

Introduction

The mother-child attachment bond can be challenging when there is a history of CSA (Alexander, 2014). The mother-daughter attachment bond may be affected in adulthood due to circumstances surrounding CSA. Specifically, are there factors that impede or influence the formation of a secure attachment bond between the mother-daughter dyad in adulthood when the daughter disclosed the sexual abuse to her mother at the time the abuse was occurring. The Centers for Disease Control and Prevention (2020) reported that one out of every four girls experiences sexual abuse in childhood. The Administration for Children and Families (2020) reported that in over 3.5 million child maltreatment cases, 7% included sexual abuse. When a child discloses sexual abuse to their mother, the purpose is to end the violence (Rakovec-Felser & Vidovic, 2016). However, long-term adverse outcomes can result when a mother does nothing to bring about the cessation of CSA after being made aware of the abuse (Borneman, 2012).

A mother who operates as the primary attachment figure bears the responsibility of protecting her child by establishing a safe environment that supports an emotional bond between herself and her child that lasts a lifetime (Fitton, 2012). Ozcan et al. (2016) stated that attachment styles are established in the beginning stages of life and play a significant role in an individual's ability to develop relationships with others as adults. Secure attachment bonds correlate with healthful well-being, whereas insecure attachment bonds are associated with psychopathology in adulthood (Sitko et al., 2014). Circumstances and outcomes surrounding CSA can have a major impact on the formation

of attachment bonds in addition to the development of insecure attachment behaviors (Karakurt & Silver, 2014).

The longest relationship a woman can have is with her mother (Pickering et al., 2015). There is limited existing empirical data relative to the mother-daughter attachment bond in adulthood when there is a history of CSA. In this study, I focused on the lived experiences of adult women and their mother-daughter attachment bond in adulthood who experienced CSA that was reported to their mothers. Potential for positive social change can arise out of adult women with a history of CSA becoming empowered to share their stories. Creating the opportunity for adult women to speak about the impact of child sexual abuse can make it possible for these women to obtain meaning and a clear understanding of their own experience.

Most people may not have a clear understanding of the empirical evidence of attachment bonds, how attachment bonds affect the development of close relationships, or even how attachment bonds are formed. For victims of CSA, there may be a lack of understanding about the importance of having a secure attachment bond and the ramifications of developing insecure attachment bonds. Positive social change can result from bringing a greater awareness for adult women survivors of CSA that was ignored by their mothers and allow these women to explore the significance of attachment bonds through continued education and counseling on this topic. CSA can also leave serious and detrimental long-term effects along with personal life narratives that are destructive to a women's well-being; however, the abuse can also provide a path for personal growth and change (Krayer et al., 2015). Positive social change can stem from adult women of CSA

gaining insight into their experiences and relationships with their mothers. The data obtained through this study can also lead to positive social change by providing psychologists and other members of the mental health community with additional empirical evidence on the formation of mother-daughter attachment-bonds after CSA, which may lead to improved protocols for women.

In this chapter, I provide background information that details the current empirical literature of adult women with a history of CSA, the mother-daughter relationship, and attachment bonds. I provide a problem statement, the purpose of this study, and the specific research question I sought to answer. The conceptual framework for this study is attachment theory and the traumagenics dynamics model. Key terms are defined in addition to a discussion of the assumptions, scope and delimitations, and the research limitations of my study. This chapter concludes with the significance of this study, a summary of the chapter, and a preview of Chapter 2.

Background

The mother-daughter bond is a multifaceted relationship that extends from birth into adulthood and that influences the daughter's development from dependence to independence (Everet et al., 2016). The relationship a daughter develops with her mother is created throughout a lifetime and is one of a daughter's most important relationships (Pickering et al., 2015). During infancy, attachment bonds established between the mother-daughter dyad seldom end, regardless of the nature of their relationship (Ringering et al., 2014). However, the percentage of adult women in the United States who have reported CSA is between 8% to 33% (Barth et al., 2013). Around 35.8% of

CSA cases for females occurs between the ages of 12 and 17 (American Psychological

Association, 2014).

The effects of CSA can have long-term adverse outcomes for adult women that

can impact their ability to function in areas, including affective, behavioral, and cognitive

skills (Follette & Vechiu, 2017). Problems with attachment behaviors are also associated

with CSA (Alexander, 2014). Attachment theory can be a useful tool to understand the

family dynamics after CSA has occurred within a family (Karakurt & Silver, 2014). The

opportunity for families to gain additional insight using attachment theory to address

basic needs of safety and recovery are essential. Schwartz (2015) examined attachment

theory and how the philosophy guides the understanding of the inner human world

related to defensive features of psychoanalysis and asserted that having an attachment

bond can offer a sense of safety and relief of feelings related to trauma and abuse.

Attachment bonds between mothers who are the primary caretakers and their

daughters develop during the child's infancy (Ringering et al., 2014). A secure attachment

bond between the primary caretaker and the child is vital to establish a healthy

environment (Eagle, 2017). However, when primary caretakers fail to provide a safe,

loving, and protective atmosphere, avoidant attachment patterns can be developed in

children (Karakurt & Silver, 2014). Hunter (2015) conducted a narrative inquiry of adult

women who experienced CSA disclosed to their mothers. These women reported feelings

that included betrayal, anger, and abandonment (Hunter, 2015). Some of the women also

reported having no loving bond with their mothers in adulthood (Hunter, 2015). Pickering

et al. (2015) stated that current attachment styles between the mother-daughter

relationship could be associated with mistrust, lack of parental warmth, and diminished self-knowledge.

Insecure attachments can form in children who believe that their mothers were not accessible or dependable (Smith et al., 2012). Murphy et al. (2016) studied the relationship between insecure attachments (attachment anxiety and attachment avoidance) and symptoms of posttraumatic stress (PTSD) among women survivors of CSA who sought treatment in a cross-lagged panel study. Murphy et al. found that PTSD related symptoms were significantly associated with insecure attachment styles. Furthermore, Brenner and Ben-Amitay (2015) reported that high attachment anxiety correlated with adult sexual revictimization in women with a history of CSA.

Canton-Cortes et al. (2012) analyzed the psychological adjustment of survivors of CSA using the traumagenics dynamics model. Canton-Cortes et al. discussed the emotional development of feelings related to sexual violence. The results of the study provided insight as to how survivors of CSA face difficulty regulating their emotions, self-identifying, and viewing their external environment based on self-efficacy (Canton-Cortes et al., 2012). Similarly, Senn et al. (2012) used the constructs of the traumagenic dynamics model to examine how CSA correlated with sexual risk behavior in adulthood. Walsh et al. (2012) also used the traumagenic dynamics model and reported that the long-term adverse outcomes of CSA include mental health challenges, affective behaviors, and poor social skills.

Several studies have addressed the attachment bonds, CSA, and the disclosure of CSA (Brenner & Ben-Amitay, 2015; Canton-Cortes et al., 2014; Godbout et al., 2014;

Hunter, 2015; Murphy et al., 2015; Smith et al., 2012; Zagrodney & Cummings, 2017).

Adult women survivors have reported high attachment anxiety and sexual revictimization

after the disclosure of CSA (Brenner & Ben-Amitay, 2015). Still, this study was not

exclusive to disclosure to their primary caretakers. For adult women, anxious attachment

behaviors have been associated with the relationship to the perpetrator, and anxious

attachment behaviors have been linked to the type of sexual abuse experienced (Canton-

Cortes et al., 2014).

      Empirical research has not explored this topic using phenomenological research.

Using phenomenological research allows a researcher to recruit a small number of

participants who have experienced a particular phenomenon and provides a full

description of that lived phenomenon (Cypress, 2018). Meaning units, textual

descriptions, and describing the essence of the phenomenon are obtainable with

phenomenological research (Creswell & Poth, 2017). In contrast, narrative inquiry often

requires chronology and the retelling of stories, along with developing themes (Creswell

& Poth, 2017). The conceptual framework of attachment theory and the traumagenic

dynamic model helped to guide the focus in this study on the lived experiences on adult

women survivors of CSA revealed to their mothers when the violation occurred and the

mother-daughter attachment bond. The purpose of this phenomenological study was to

fill the gap in the literature regarding the understanding of the mother-daughter

attachment bond in adulthood of women who experienced CSA that was reported to their

mothers.

Alexander (2012) stated that the underlying forces of physical, emotional, and mental development are directly correlated with the quality of bonding with their parents in the early years of life. Patterns of how other relationships are developed during adulthood are associated with attachment patterns formed during childhood (Ozcan et al., 2016). Sitko et al. (2014) reported that secure attachment bonds are linked to improved health practices, whereas insecure attachment bonds are associated with psychopathology in later adulthood. Environmental determinants that stem from the primary caretaker's ability to effectively communicate and respond to the sensitive needs of the infant are linked to secure attachment bonds (Fearon & Roisman, 2017).

In this study, I sought to understand the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. It is essential for professionals such as social workers, licensed professional counselors, and community health care providers who interact with adult women survivors of CSA daily to grasp the complexity of how these survivors have both cognitively and psychologically process their past abuse. Many of these women survivors may find it challenging to cope with their past sexual abuse and current attachment relations with their mothers. This study provided new insight and an increased understanding of the lived experiences of adult women survivors of CSA in their current mother-daughter attachment bond.

Problem Statement

CSA may have a significant impact on the attachment bond between a mother and her child (Alexander, 2014). Borneman (2012) stated that negative and harmful consequences can result when a mother permits CSA, which can affect the mother-

daughter attachment bond. Interactions in early childhood between a child and their primary attachment figure can form mental experiences that shape a child's cognitive abilities, behavior, and emotional well-being (Bowlby, 1982). Insecure attachment bonds in the mother-child relationship can form if there is a lack of protection or support by a mother and the belief by a child that their mother was not dependable or available (Smith et al., 2012). The current attachment styles in the mother-daughter bond during adulthood may stem from feelings related to a lack of trust and parental warmth (Pickering et al., 2015). Attachment disturbances are common for adult women who are survivors of CSA (Alexander, 2014).

Attachment theory has been used in the therapeutic environment for victims of CSA and has been proven to assist providers in understanding the family dynamics of the effects of CSA throughout an individual's lifespan (Karakurt & Silver, 2014). Attachment bonds between mother and daughter are grounded in behaviors by mothers who have demonstrated attentiveness and accessibility in addition to a willingness to protect her child from harm (Fitton, 2012). Insecure attachment bonds are associated with individuals who have no assurances that their primary attachment figures will respond to their immediate needs (Segal & Jafee, 2015). Therefore, adult women who are survivors of CSA may encounter various challenges in forming secure attachment bonds with their primary attachment figures in adulthood. These challenges may be due to factors relating to feelings of a lack of security, protection, and support not provided during their childhood.

Long-lasting effects of CSA and the development of healthy mother-daughter attachment bonds can play a significant role in the biological and psychological development of adult women. Secure attachment bonds between the parent-child relationship help to guide emotional stability throughout a human lifetime and promote a healthy sense of how some personal views oneself and others (Crespo, 2012). There is a gap in the research literature regarding the attachment bond between the mother-daughter dyad in adulthood influenced by CSA known by the mother during the period of abuse. The focus of this study was to understand the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. No study found in my review of the literature has addressed the lived experiences of adult women survivors of CSA and their current mother-daughter attachment bonds using attachment theory and the traumagenic dynamics model as a conceptual framework.

Purpose of the Study

The purpose of this phenomenological study was to understand the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers**.**

Research Question

The research question that guided this phenomenological study was as follows: How do women survivors of CSA who reported the abuse to their mothers depict and describe the experience of the mother-daughter attachment bond in adulthood?

Conceptual Framework

The conceptual frameworks that guided this study were attachment theory and the traumagenic dynamics model. Bowlby's (1982) attachment theory accentuates the development of familial bonds during a child's early life that can have a significant impact on their future behavior. The purpose of this study was to examine the attachment bonds between mother-daughter dyad in adulthood for women with a history of CSA reported to the mother. Bowlby's attachment theory provided groundbreaking insight into the dynamics of parent-child attachment rooted in physiological needs and primary instinctual responses that promote social interaction (Bowlby, 1958). Secure, avoidant, resistant-ambivalent, and disorganized are the four categories characterized in attachment theory that influences an internal working model of the self and others (Bowlby, 1982).

A secure attachment bond with a primary attachment figure is a crucial element for children to grow in a healthy environment (Eagle, 2017). Insecure attachments bonds consisting of avoidant, resistant-ambivalent, and disorganized patterns are associated with mental health challenges for both children and adults (Bowlby, 2007). Attachment patterns developed in childhood remain moderately stable throughout early adulthood and can influence how individuals' function in relationships as adults (Fitton, 2012). In understanding the lived experiences of adult women with a history of CSA, attachment theory provides insight into the family dynamics after sexual abuse has occurred during childhood and an understanding of the life-long impact (Karakurt & Silver, 2014).

The traumagenic dynamics model is a hypothesized understanding of the traumatic effects of CSA that occurred before age 18 (Finkelhor & Browne, 1985). The

model has four areas of adjustment to CSA, including betrayal, stigmatization, powerlessness, and traumatic sexualization (Walsh et al., 2012). The psychological consequences of how sexual abuse victims internalize and distort their view of themselves, worldview, and emotional regulation are assessed (Canton-Cortes et al., 2012). In this study of the lived experiences of adult women with a history of CSA, an understanding of the mother-daughter relationship in areas relating to feelings of betrayal, powerlessness, stigmatization, and traumatic sexualization was researched using the traumagenic dynamics model. A thorough explanation of attachment theory and the traumagenic dynamics model is provided in Chapter 2.

Nature of the Study

The purpose of this phenomenological study was to understand the effects on the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. Phenomenological research is depicted as current knowledge that exists in the human consciousness expressed through the perception and senses of a lived experience (Moustakas, 1994). Phenomenological research guides in the discovery of lived experiences by the study of participants (Creswell, 2014). Narratives obtained in phenomenological research seek to uncover the essence of the meaning of a lived experience (Gee et al., 2013). Phenomenological studies are guided by research questions meant to provide direction, explore meaning, and reveal themes that provoke inquiry into a lived experience (Moustakas, 1994). To understand the lived experiences of adult women who are survivors of CSA that was known to their mothers during the period of

abuse, and the effects on their mother-daughter attachment bond in adulthood, a phenomenological study was the most appropriate methodology.

In this study, I used semistructured interviews to gather information from eight adult women survivors of CSA to understand the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. First-person accounts were gained through these interviews. Study participants described their lived experiences of CSA and their mother-daughter attachment bond in adulthood. Meanings and themes were identified through the steps of data analysis (Moustakas, 1994). Participants were solicited with recruitment flyers from local mental health agencies and counseling centers within the Texas areas, multiple social media sites, Facebook groups, and word of mouth. With permission, recruitment flyers for this study were posted at these various locations and social media sites. In Chapter 3, I provide a detailed explanation of the research methods and how the data were analyzed.

Definitions

CSA: The attempt to sexually contact or actual sexual contact by an adult or a person who holds a position of power over a child to obtain sexual gratification by the abuser (Mebarak et al., 2010).

Mother-daughter attachment bonds: For the purpose of this study, mother-daughter attachment bonds are the relationship between the primary attachment figure and the daughter centered on the consistency, thoughtfulness, approachability, and protection provided by the primary attachment figure (Fitton, 2012).

Primary attachment figure: The primary attachment figure is usually the birth mother and includes an emotional bond formed with their child that lasts throughout a life span (Fitton, 2012). For the purpose of this study, the primary attachment figure for the participants was their biological or adoptive mothers.

Assumptions

In this study, I assumed that adult women with a history of CSA were willing to share their stories relating that abuse and how it has impacted their relationship with their mothers in adulthood. Adult women in this study might have experienced lingering feelings and emotions towards their mothers to whom they disclosed the abuse during the period of abuse. Many of these adult women may have had difficulty discussing their opinions related to prior abuse. These assumptions were necessary to this study to gain an increased understanding of effects on the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. Through the use of semistructured interviews, I interviewed eight participants who were able to provide meaningful insight in describing this phenomenon. Another assumption was that the participants would give meaningful responses to answer my research question and had a desire to share their stories honestly and truthfully.

Scope and Delimitations

The scope of this study was limited to eight participants who were adult women over the age of 18 with a history of CSA. The study was limited to adult women who disclosed to their biological or adoptive mother that they were sexually abused during the period of abuse, and the primary attachment figure failed to bring about the cessation of

the abuse. Participants not included in this study were adult women who had experienced CSA but did not disclose the abuse to their mothers during the period of abuse. Mature women who experienced CSA revealed at the time of the abuse to their mothers and included measures taken by their mothers to report and end the abuse are also not included in this study. The adults engaged in semistructured interviews to obtain descriptions of the lived experiences of CSA and their mother-daughter attachment bond in adulthood. The data I collected from this study were from a purposive sampling group of participants who provided personal stories based on the reflection of their subjective experiences and individual consciousness.

The purpose of this phenomenological study was not to determine transferability. Phenomenological studies are unlike other methods of research, such as ethnographies or case studies that may be used to generalize findings (van Manen, 2017). The results of this phenomenological study cannot be generalized to other representative samples. Findings from this study may not apply to all adult women survivors of CSA and their attachment bonds with their mothers. However, this study was meant to contribute to the literature related to gaining an increased understanding from the perspective of adult women survivors of CSA and the attachment bond between their mother-daughter relationship.

Limitations

This was a qualitative study based on phenomenological research methods and therefore limited to a small sample size of participants who were adult women with a history of CSA. Study participants provided data based on self-reports of their subjective

experiences, thus limiting the probability that some self-reports may not have been accurate or concise responses to interview questions. Some of the reports given by study participants may also have included false memories. In Chapter 3, additional limitations in this phenomenological study are discussed.

The biases I brought to this phenomenon stem from my work as a licensed professional counselor providing mental health services to adult women with a history of CSA. Many of these adult women shared their past accounts of sexual abuse and their feelings of abandonment and anger aimed towards their primary caretakers for whom these adult women felt did not provide adequate protection and support during their childhood. My biases also stemmed from a history of CSA experienced by several women in my own family. It was imperative to refrain from imposing my personal and professional biases or views onto the study participants. I remained objective in my approach during the process of conducting the semistructured interviews. I practiced reflexivity following each meeting. Reflexivity was achieved through systematically seeking to discover factors that may have affected how I constructed knowledge in addition to ways my personal experiences might have influenced my ability to function as a competent researcher (see Goldstein, 2017). I incorporated the process of bracketing, as illustrated by focusing on the research topic and setting aside any information that was not relevant to the research question (see Moustakas, 1994). Bracketing was done to ensure that I withheld any elements of personal judgment to seek to understand the meanings and essence of the lived experiences of the study participants.

Significance

The information I gathered from this phenomenological study can help fill the gap in the literature by exploring the dynamics of forming mother-daughter attachment bonds in adult women with a history of CSA by a relative, family friend, or other people who were known by the biological or adoptive mother during the period of abuse. This research may provide insight into how attachment-bonds may be affected during adulthood and what underlying behaviors, beliefs, and attitudes are present in adult women who disclosed CSA.

The data obtained through this study can lead to positive social change by providing psychologists and other members of the mental health community with additional empirical evidence on the formation of mother-daughter attachment-bonds after CSA, which may lead to improved behavioral health protocols for women. Local law enforcement, city government, and human service agencies may benefit from the findings of this study. It is essential to understand how women who experienced CSA can develop unhealthy attachment bonds in adulthood and potentially lead adverse outcomes such as incarceration, substance abuse, mental health issues, poor parenting skills, and maladaptive coping skills. The data obtained in this study can also lead to improved medical services for these women.

Summary

When a child discloses sexual abuse to their mother or primary caretaker, the child expects that measures will be put into place to end the abuse (Rakovec-Felser & Vidovic, 2016). However, when the mother fails to implement measures to protect her

child from sexual abuse, there can be long-term effects on their attachment bond (Alexandria, 2014). The purpose of this phenomenological study was to understand the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. Attachment theory is one of the conceptual frameworks of this study and has been a useful tool in understanding the family dynamics after CSA has occurred (see Karakurt & Silver, 2014). The traumagenics dynamics model was a conceptual framework in this study that helped to understand the long-term effects of CSA (see Finkelor & Browne, 1985).

The gap in existing literature regarding the lived experiences of adult women with a history of CSA and their mother-daughter attachment bond in adulthood was addressed in this study. The nature of this study was guided by phenomenological research, which sought to describe the lived experiences of the study participants. The research question that guided this phenomenological study was how women survivors of CSA who reported the abuse to their mothers depicted and described the experience of the mother-daughter attachment bond in adulthood. Moustakas (1994) stated that the research question is used to uncover themes, provide direction, and explore meaning. The phenomenological discovery was explored through semistructured interviews to obtain first-person accounts of the study participants' experiences of CSA and their mother-daughter attachment bond in adulthood. Chapter 2 begins with the literature review, including the introduction, literature research strategy, the conceptual frameworks of attachment theory, and the traumagenics dynamics model. An analysis of the key concepts related to the study phenomenon will follow.

Chapter 2: Literature Review

Introduction

According to the Centers for Disease Control and Prevention (2020), one out of every four girls will experience sexual abuse in childhood. In the United States, one in five girls will experience CSA in their lifetime, in addition to 20% of adult women reporting a history of sexual abuse as a child (National Center for Victims of Crime, 2014). The underlying forces of physical, emotional, and mental development are directly correlated with the quality of bonding with their parents in the early years of life (Alexander, 2012). Attachment patterns formed during childhood lay the foundation for how attachment patterns are developed in adulthood (Ozcan et al., 2016). However, psychosocial traumatic events during childhood can negatively affect future attachment behaviors (Beijersbergen et al., 2012).

Secure attachment bonds have been linked to improved health practices, whereas insecure attachment bonds have been associated with psychopathology in later adulthood (Sitko et al., 2014). Secure attachment bonds have also been related to environmental determinants that stem from the primary caretaker's ability to effectively communicate and respond to the sensitive needs of the infant (Fearon & Roisman, 2017). When the mother does not address CSA, the attachment bond between mother and child can cause adverse outcomes (Borneman, 2012). Alexander (2009) stated that the failure on behalf of a mother to ensure the safety and protection of her child could adversely impact their attachment bonds. Thus, the purpose of this phenomenological research study was to

understand the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers.

Several researchers have explored attachment bonds and CSA (Brenner & Ben-Amitay, 2015; Canton-Cortes et al., 2014; Godbout et al., 2014; Murphy et al., 2016; Smith et al., 2012). However, none of these studies addressed the mother-daughter attachment bond in adulthood after the disclosure of sexual abuse during childhood, so there is limited existing empirical data relative to this phenomenon. In the first chapter, I presented a summary of the literature search strategy. I explained the conceptual framework that included attachment theory and the traumagenic dynamics model. The literature review with an overview of research listed is as follows: mother-daughter relationship after CSA, CSA and attachment bonds, CSA, disclosure of CSA, and blaming the mother and CSA. A discussion and summary of findings based on the literature review and a need to explore the gap in the literature will follow.

Literature Research Strategy

To begin the search for relevant literature for this study, I used books and several research systems to obtain empirical data related to attachment theory, traumagenic dynamics, CSA, and the disclosure of CSA. I used Walden University's online library, which included the following databases: Google Scholar, EBSCOhost, PsycINFO, PsycARTICLES, PsycCRITIQUEST, PsycEXTRA, SAGE Journals, SocINDEX with Full Text, Thoreau, Science Direct, Taylor and Francis, and Wiley Online. The following keywords were used interchangeably in the literature search: *attachment theory, attachment bonds, attachment patterns, attachment styles, insecure attachment, secure*

attachment, traumagenic dynamic model, CSA, adult women, adult daughters, mother-daughter attachment bond, mother-daughter bonds, mother-daughter relationships, disclosure of sexual abuse, and *mother blame*. The review included literature published from 1958 to 2020. Research dated before 2012 was used to establish a solid foundation and background information on attachment theory, CSA, and the disclosure of CSA for adult women. I used 69 sources for this review of the literature.

Conceptual Framework

Attachment Theory

Bowlby's (1958) attachment theory provided groundbreaking insight into the dynamics of parent-child attachment rooted in physiological needs and primary instinctual responses that promote social interaction. Attachment theory grew out of the concepts of object-relationships, evolution theory, cognitive psychology, ethology, and control theory (Bowlby, 1969). It accentuated the development of familial bonds between the primary attachment figure and the child during their early life that can have a significant impact on future behavior (Bowlby, 1969). The primary attachment figure is usually the birth mother and includes an emotional bond formed with their child that lasts throughout a life span (Fitton, 2012). A devoted mother or mother figure is essential for the creation of a secure and lasting relationship with a child (Bowlby, 1958).

A key element of forming attachment bonds centers on the kind of attachment behaviors that a child demonstrates between them and their attachment figure. Attachment behavior is defined as any behavior resulting in the maintenance of proximity seeking by an individual towards an attachment figure who is deemed better equipped to

manage their external surroundings (Bowlby, 1969). Individual experiences of being frightened, fatigued, or sick activates attachment behaviors to gain comfort from the attachment figure (Segal & Jafee, 2015). Building a secure relationship with the attachment figure is developed over time and throughout early childhood, as the attachment figure proves to be a reliable and constant source of protection and comfort (Bowlby, 1952). Attachment behaviors are motivated by internal factors unrelated to nutritional nourishment or sexual intimacy (Bowlby, 1969) and are necessary to ensure the physical and psychological development (Bowlby, 1952).

The central hypothesis of attachment theory is that attachment behavior is systematically organized through a control system within the central nervous system like an individual's physiological control systems that regulate blood pressure and body temperature (Bowlby, 1969). Attachment theory accentuates the significance and biological purpose of personal emotional bonds that are developed and controlled through the central nervous system (Bowlby, 1982). The biological component of attachment theory is related to the need of closeness to others, personal survival, and the ability to adapt in one's environment along with the relationship between an individual and their attachment figure that is sustained by intricate communication skills and specific thresholds of distance and availability (Bowlby, 1988). During childhood, the attachment control system correlated with the internal working model of the self and attachment figure is constructed in ones' mind, which are critical determinants of personality development that extend throughout the life span (Bowlby, 1969).

Attachment bonds are the life-long relationships between a mother/caregiver and her child that varies across cultural dyads and are viewed as stable and inimitable (Ainsworth et al., 1978). According to Bowlby (1958), an attachment system remains functional throughout one's lifetime. Attachment behaviors learned during an individual's life influence how they engage in future relationships during adulthood (Fitton, 2012). Attachment patterns are moderately stable from childhood through early adulthood, according to a meta-analysis conducted by Pinquart et al. (2013).

The quality of the relationship and attachment bond between the primary attachment figure and a child is based on the thoughtfulness, approachability, and harmony demonstrated by the maternal caregiver (Fitton, 2012). It serves to protect the child from harm (Fitton, 2012). Attachment theory proposes that child development is affected by parental treatment during childhood, especially the mother-figure for which the child seeks accessibility and proximity (Bowlby, 1988). One of the vital components of attachment theory centers on the development of the secure base, also called the attachment figure, that lays the groundwork for the child to have an awareness that they can explore the world around them and have a safe nurturing home to return (Ainsworth et al., 1978). A child must develop a solid foundation in both their mental and emotional growth, which is solidified by a primary maternal caregiver who is committed to establishing a structured environment during early childhood (Winnicott, 1971).

Another critical element of attachment theory is internal working models that operate in both the conscious and unconscious mind of a child and is internalized through their relationship with the attachment figure (Bowlby, 1988). According to Main et al.

(1985), internal working models operate as a structured process of information-seeking behaviors associated with attachment bonds that are centered around an individual's moods and thoughts. Individuals can use internal working models to aid them in understanding behavior and future decision-making (Eagle, 2017). Secure, avoidant, resistant-ambivalent, and disorganized are the four categories characterized in attachment theory that influences an internal working model of the self and others (Bowlby, 1969).

A secure attachment is viewed by many researchers to be essential for a child to grow and develop in a healthy environment (Eagle, 2017). Attachment theory considers several environmental components in the formation of a secure attachment that includes affective, cognitive, behavioral, kinesthetic/tactile, psychic, and physical security (Winnicott, 1971). According to neuroscientists, the development of a secure attachment bond between mother and child plays a significant rule in the early brain development of the child (Bowlby, 2007). Secure attachment impacts both social and emotional relationships before age 2 (Bowlby, 2007). A secure attachment established during early childhood by a parent who is loving, supportive, receptive, accessible, and open to the needs of their child that promotes feelings of protection and well-being and enables the child to explore their surroundings (Bowlby, 1988).

Insecure attachment bonds consist of avoidant, resistant-ambivalent, and disorganized behaviors. The formation of insecure attachment bonds can also create future mental representations of how a particular form and establish relationships in adulthood (Bowlby, 1952). The long-term impact of insecure attachment bonds may affect the development of mental health issues in upwards of 40% of both children and

adults (Bowlby, 2007). Avoidant attachment is demonstrated by an individual when they have no confidence or expectation that their attachment figure will respond to their needs (Segal & Jafee, 2015).

People with avoidant attachment behaviors live life without the anticipation of love or support and are emotionally cut-off from others with a greater sense of self-sufficiency, stemming from the continuous rejection from an individual's mother after her child has sought comfort or protection from her (Bell, 2012). Resistant-ambivalent attachment involves behaviors that consist of role reversal, unpredictable responsiveness, difficulty maintaining proximity needs, and increased frustration between the attachment figure and the child (Crittenden & Ainsworth, 1989). Disorganized attachment behaviors are comprised of increased anxiety, poor coping skills, inconsistent conduct, and distressing practices that are displayed by the child (Segal & Jafee, 2015).

Attachment theory provided a theoretical understanding of the lived experiences of adult women with histories of CSA. Karakurt and Silver (2014) studied the use of attachment theory in the therapeutic environment for CSA survivors. Karakurt and Silver found that attachment theory can provide help to mental health providers in understanding the family dynamics where CSA has occurred and the impact throughout the lifespan. Schwartz also (2015) discussed the uniqueness of Bowlby's attachment theory and how the approach guides the understanding of the inner human world related to defensive features of psychoanalysis and having an attachment bond can offer a sense of safety and relief of feelings related to trauma and abuse.

Traumagenic Dynamics

Finkelhor and Browne (1985) developed the conceptualization framework for understanding the traumatic impact and effects of child sexual abuse and hypothesized trauma-causing factors. The traumagenic dynamics model evaluates four areas of adjustment to CSA, including betrayal, stigmatization, powerlessness, and traumatic sexualization (Walsh et al., 2012). The four dynamics are viewed as the essential components of the psychological damage caused by sexual abuse (Finkelhor & Browne, 1985).

Betrayal signifies a loss of trust and increased vulnerability to towards others (Senn et al., 2017). Victims of sexual abuse during childhood may experience distress over the fact that those in authority did not protect them or their welfare (Canton-Cortes et al., 2012). Feelings of betrayal may lead to an inability to trust others, increased symptoms of depression, and expressions of anger and hostility (Walsh et al., 2012). Problems related to marital discord, maladaptive behaviors, and relational issues can also manifest from thoughts of betrayal (Finkelhor & Browne, 1985).

Stigmatization encompasses the formation of a negative self-image, feelings of guilt and shame, and self-blame (Senn et al., 2012). The sexually abused child may engage in self-harming behaviors, such as cutting, substance abuse, and risky sexual behaviors due to low self-image (Finkelhor & Browne, 1985). Stigmatization can also stem from the disclosure of the sexual abuse to other trusted individuals that resulted in the child feeling blamed for the violence or skepticism of their abuse (Senn et al., 2012).

Other effects of stigmatization include the possibility of criminal behavior, suicidal tendencies, and personal isolation (Finkelhor & Browne, 1985).

Powerlessness arises after a person who experiences sexual abuse on a repeated basis develops a mindset that their wishes or desires will be ignored (Senn et al., 2017). The person then can suffer feelings of powerlessness and is unable to protect themselves or stop their abuser (Senn et al., 2017). The individual may undergo forced or manipulative behaviors by their abuser that can produce feelings of fear, hopelessness, and a victim mentality (Finkelhor & Browne, 1985). Powerlessness can also lead to an intensified need to control others, anxiety, and maladaptive coping skills (Canton-Cortes et al., 2012). A sexual abuse victim may express feelings of powerlessness in ways that include nightmares, violent behaviors towards others, truancy issues, and future problems with employment (Finkelhor & Browne, 1985).

Traumatic sexualization is the dysfunctional development of sexuality, including both feelings and attitudes that result from a history of recurrent CSA (Finkelhor & Browne, 1985) and may include the repulsion of sexual desires or increased promiscuity (Canton-Cortes et al., 2012). The process of traumatic sexualization occurs through the manipulation of attention and affection by the offender towards the child perpetuated through exchanging gifts or other tangible items (Walsh et al., 2012). Misrepresentation is expressed when the child's sexual anatomy is used to create fetish behaviors, sexual immorality, undesirable memories, and damaging emotions (Finkelhor & Browne, 1985). The psychological impact of traumatic sexualization includes the prominence of sexual

problems, uncertainty in areas of sexual identity, sexual norms, and the ability to engage in caring behaviors (Finkelhor & Browne, 1985).

The traumagenic dynamics model was a useful assessment tool for understanding CSA. Traumagenic dynamics examine the long-term effects of CSA and can be applied to any form of sexual abuse that has occurred before the age of 18 (Finkelhor & Browne, 1985). Research into the variability of the adjustment from CSA survivors differs based on the level, type, and magnitude of the sexual trauma. The constructs of the traumagenic dynamics model based on research indicate a relationship between the psychological outcomes and women who have experienced CSA (Senn et al., 2012). Walsh et al. (2012) examined the consequential adverse results of the exposure of sexual violence utilizing the traumagenic dynamics model. They reported that victims of CSA might suffer an array of mental health issues, including depression, substance abuse, posttraumatic stress, and difficulty establishing and maintaining close relationships.

The traumagenic dynamics model also examines the psychological consequences of how sexual abuse victims internalize and distort their view of themselves, worldview, and emotional regulation (Canton-Cortes et al., 2012). Traumagenic dynamics provides an understanding of the long-term effects of CSA, includes research, and gives insight into the psychological perceptions of the victims. In this study, I sought to understand the experience of adult women who are survivors of CSA and the mother-daughter attachment bond when the mothers were aware of the abuse. The traumagenic dynamics model provided insight into how adulthood women internalized their feelings and subsequent behaviors towards their mothers during adulthood. Adult women of CSA

were able to tell their stories based on perceptions of betrayal, stigmatization, powerlessness, and traumatic sexualization.

Literature Review

Mother-Daughter Relationship After CSA

The lengthiest and most important relationship a woman can develop throughout her life is with her mother (Pickering et al., 2015). Long-lasting good mental health for women is preserved through the maintenance of a healthy mother-daughter relationship (Birditt & Fingermann, 2013). Attachment bonds are developed during infancy, and regardless of whether they have established a meaningful bond, most adult daughters seldom end the relationship with their mothers (Ringering et al., 2014). Adult women survivors of CSA might face difficulty in establishing a secure attachment bond after the disclosure of sexual trauma to their primary attachment figure during the period of abuse. Given the fact that disclosure was met with discord, unbelief, and a lack of parental intervention to stop the abuse. Avoidant attachment patterns for women who experienced CSA can be developed in children who are raised in family environments where love and protection by primary caretakers are not provided (Karakurt & Silver, 2014).

Occurrences of CSA imply a failure by others to adequately safeguard, protect, and support a child that leads to the disruption of working models and attachment behaviors (Alexander, 2009). According to Smith et al. (2012), a lack of support and protection by mothers can lead to insecure attachment bonds between the mother and daughter if the child holds the belief that their mother was not available or reliable. The

current relationship between adult women and their mothers is associated with an assessment and framing of childhood experiences (Bojczyk et al., 2011).

According to Alexander (1992), insecure attachments can be developed in the mother and daughter relationship when there is sexual abuse within the family. There is a uniqueness in the mother-daughter relation in cases that involve incest (Rakovec-Felser & Vidovic, 2016). Role reversal is common in a mother-daughter relationship when there is father-daughter incest, which leads to the dissolving of boundaries between both mother and daughter called parentification (Rakovec-Felser & Vidovic, 2016). In parentification, the daughter takes on the role of the mother that requires the daughter to take over the emotional, physical, and caretaking needs of the entire family (Rakovec-Felser & Vidovic, 2016). The role reversal between mother and daughter can also lead to adultification, whereas the daughter undertakes improper duties and expectations that are exclusive to the mother (Rakovec-Felser & Vidovic, 2016).

Hunter (2015) used a narrative inquiry methodology to examine the perceptions of adult victims of CSA and the role of their mothers after the disclosure and nondisclosure of sexual abuse during childhood. Participants included 13 women and nine men from New South Wales, Australia. Seven of the adult women reported that they informed their mothers of sexual abuse during childhood (Hunter, 2015). Six women said that their mothers did not believe them and did nothing to stop the sexual abuse (Hunter, 2015). These six women also reported experiencing feelings of anger from their mothers after disclosure without any anger being directed towards the victimizers by their mothers (Hunter, 2015). The women expressed over the lack of protection by their mothers, along

with feelings of betrayal, blame, and abandonment. Also, the women expressed a belief that their mothers were in denial about the sexual abuse of their children (Hunter, 2015). Some of the six women also stated that they felt no loving bond in their mother-daughter relationship (Hunter, 2015).

One of the participants named Tess stated that her mother and the mothers' boyfriend both partook in her CSA (Hunter, 2015). As an adult, Tess said she has no relationship with her mother in addition to expressing feelings of anger, hate, and betrayal directed towards her mother (Hunter, 2015). Karen, another participant, stated that her mother also condoned sexual abuse by her father even after she made her mother aware of the abuse (Hunter, 2015). Karen noted that as an adult, she has no relationship with her mother and expressed feelings of betrayal and abandonment (Hunter, 2015). Two other participants, Tina and Hope, conveyed that they also felt abandoned by their mothers after disclosing their CSA in addition to being blamed by their mothers for being sexually abused (Hunter, 2015). Both Tina and Hope stated that as adult women, they have no relationship with their mothers (Hunter, 2015). The findings are consistent with elements of the traumagenics dynamics model.

Chien (2008) conducted a qualitative study consisting of 11 Taiwanese women with histories of CSA to explore the mother-daughter relationship during adulthood. Descriptions of their mother-daughter bond included both positive and negative images ranging from cultural factors to avoidance strategies (Chien, 2008). Three categories identified: the impact of CSA on their mother-daughter bond, the mother-daughter bond, and the effort at making a connection (Chien, 2008). Only five out of the 11 participants

reported that they had disclosed the abuse to their mother during their childhood, with only one of these women reporting having felt anger towards her mothers' reaction after disclosure (Chien, 2008). The remaining 4 participants acknowledged an understanding that their mothers were unaware of how to react to their disclosure of sexual abuse and attributed their behaviors to lack of education and an inability to handle the outcomes of the disclosure (Chien, 2008). The participants reported that in the future, they could view their mother-daughter bond as positive during adulthood (Chien, 2008). The mother-daughter relationship was influenced by cultural factors when evaluating the long-lasting effects of CSA (Chien, 2008).

Due to the complexity of the mother-daughter dyad, it is not uncommon for conflict to arise in their relationship. Pickering et al. (2015) used a grounded theory methodology study of 13 adult daughters to examine the perspective of chronic conflict in their mother-daughter relationship. Findings indicated that conflict in the mother-daughter dyad during adulthood is met with a continued effort by the adult daughter to resolve negative experiences of childhood injustices and the need for validation from their mothers (Pickering et al., 2015). Elements including the lack of trust, parental warmth, and decreased knowledge of self are elements of their mother-daughter relationship that may be associated with their current attachment styles (Pickering et al., 2015). Elements including the lack of trust, parental warmth, and decreased knowledge of self are elements of their mother-daughter relationship that may be associated with their current attachment styles (Pickering et al., 2015).

CSA and Attachment Bonds

The impact of CSA can have a significant effect on a child's ability to develop both emotionally and psychologically (Rakovec-Felser & Vidovic, 2016). Many factors of the CSA, such as the length of abuse, magnitude of abuse, the depth of support by care providers, or the relationship with the perpetrator, can have a substantial impact on the formation attachment behaviors (Karakurt & Silver, 2014). These factors may contribute to the formation of insecure attachment bonds and other psychological problems (Karakurt & Silver, 2014). Insecure attachment behaviors are common in adult women who report a history of CSA (Follette & Vechiu, 2017).

Adult women who are CSA victims also face increased difficulty in attachment disturbances and chronic problems adjusting socially (Alexander, 2014). Insecure attachments in adulthood also hinder the formation of healthy relationships due to issues related to increased anger, impulsivity, lack of empathy, and feelings of helplessness (Alexander, 2014). Nelson et al. (2019) stated that insecure attachment styles are more probable among CSA survivors versus the general population due to the sheer nature of the abuse.

Brenner and Ben-Amitay (2015) conducted a quantitative study of 60 adult women from Israeli who are survivors of CSA to examine the relationship between attachment anxiety, trauma, response to the disclosure of CSA, and sexual revictimization in adulthood. High attachment anxiety correlated to adult sexual revictimization, which was reported by 70% of the participants (Brenner & Ben-Amitay, 2015). Sexual revictimization was associated with higher negative responses to the disclosure of CSA

(Brenner & Ben-Amitay, 2015). The study emphasizes the importance of understanding the numerous relational elements associated with revictimization exposure between CSA survivors (Brenner & Ben-Amitay, 2015).

Insecure attachment behaviors often lead to adverse outcomes for adult women who experienced CSA. The result of these patterns of attachment behaviors increases the likelihood that adult women CSA survivors may suffer from chronic depression (Canton-Cortes et al., 2014) in addition to other maladaptive behaviors (Alexander, 2012). A quantitative study by Smith et al. (2012) examined the outcomes of depression, the therapeutic alliance, and insecure attachment orientations (anxiety and avoidance) in 70 adult women who reported a history of CSA. Findings indicated that symptoms of depression worsened with higher attachment avoidance and a weaker working therapeutic alliance (Smith et al., 2012). This study highlighted the significance of understanding attachment style and treatment of depression for CSA victims who are adult women (Smith et al., 2012).

Canton-Cortes et al. (2014) examined the relationship between attachment behaviors (secure, avoidant, and anxious) and depression symptomatology in multiple regression analysis of 168 adult females with a history of CSA. The study assessed the collaborative effects of the abuse suffered by the victims, including the type and period of abuse along with the relationship of the perpetrator (Canton-Cortes et al., 2014). Symptoms of high depression correlated with anxious attachment and low depression were associated with a secure attachment (Canton-Cortes et al., 2014). There was no significant relationship found between depression scores and avoidant attachment

(Canton-Cortes et al., 2014). The type of abuse has substantial interaction with avoidant attachment, the relationship with the perpetrator resulted in a significant relationship with anxious attachment, and a period of abuse indicated a significant interaction with anxious attachment (Canton-Cortes et al., 2014). However, a secure attachment with a primary caretaker can aid in reducing the effects of trauma-related symptoms after CSA has occurred (Canton-Cortes et al., 2014).

CSA and attachment styles are linked to symptoms related to PTSD. A sample of 405 female survivors of CSA seeking mental health treatment participated in a cross-lagged panel (6-month, 12-month) analysis conducted by Murphy et al. (2016). The study examined the temporal relations between insecure attachments (anxiety and avoidance) and the orientations of PTSD (Murphy et al., 2016). Findings indicated that the long-term impact of PTSD related symptoms was significantly associated with both insecure attachment styles with avoidance attachment styles being more prevalent in PTSD related symptoms in survivors of CSA (Murphy et al., 2016).

In a quantitative study, Godbout et al. (2014), in a sample of 348 adult victims of CSA, reported high levels of anxious attachment in study participants who stated that their parents were not supportive after the disclosure of sexual abuse. Insecure attachment behaviors were also shown through a path analysis to mediate the relationships associated with future psychological outcomes and the CSA victims' perception of parental support (Godbout et al., 2014). In circumstances when the attachment figure is perceived as a threat, a disorganized attachment bond is likely to be formed by the CSA victim (Schwartz, 2015).

How survivors of CSA identify themselves is also vital in the development of attachment behaviors. The internal working model can also be disrupted due to sexual trauma during childhood (Barnum et al., 2017) and lead to the formation of negative views of one's self and harm the relationship development that is associated with insecure attachment styles (Alexander, 2014). Adult women may have combatted feelings of rejection and neglect by an attachment figure, which can lead to a decrease in their self-worth during childhood (Alexander, 1992). These feelings can manifest as low-esteem and increased emotional fear in adulthood (Alexander, 2014) and lead to difficulty forming a positive model of themselves and others (Bowlby, 1969).

To limit the complexity of trauma, many CSA survivors may also incorporate the use of avoidant attachment patterns and strategies to reduce psychological damage caused by their sexual abuse (Frias et al., 2014). A quantitative study of 213 undergraduates conducted by Barnum et al. (2017) examined the impact of CSA concerning attachment security, sexual self-esteem, and subjective well-being. High attachment security and sexual self-esteem predicted a higher level of personal well-being with a decreased level of sexual self-esteem was reported by study participants who reported a history of childhood sexual trauma (Barnum et al., 2017).

CSA

CSA is viewed as a critical area of interest that does not discriminate based on one's ethnicity, race, age, or socioeconomic background (U.S. Department of Health and Human Services, 2015). In over 3.5 million child maltreatment cases reported in the United States, seven percent of those cases included sexual abuse (The Administration

for Children and Families, 2020). In the United States, between 8% and 33% of women have reported some form of CSA (Barth et al., 2013). Truman et al. (2014) said that 346,830 sexual assaults involved individuals who were 12 or older in 2012. According to the American Psychological Association (2014), sexual abuse occurs before age 18 in one of four girls, with 35.8% of sexual abuse occurring between ages 12 and 17.

The traumatic event of experiencing CSA has both short-term and long-term effects on the victims. For CSA victims, coming to terms with being sexually abused affects both internal and external attributions: self-blame, the perpetrator blamed (Theimer & Hansen, 2017). The sequelae of CSA are associated with numerous affective, behavioral, cognitive problems including social impairment, poor coping skills, negligence, educational setbacks, substance abuse issues, and an array of mental health challenges (Follette & Vechiu, 2017). Neurobiological changes, episodes of self-harm, and relational problems are linked to a history of CSA (Swingle et al., 2016). CSA among children and adults can also influence biological, academic, and social issues later in life for these individuals (Choudhary et al., 2019).

The effects of CSA and the long-term consequences for adult women can have a lasting influence on their ability to manage affect regulation and lead to chronic feelings of fear, sadness, frustration, and nervousness (Follette & Vechiu, 2017). Posttraumatic stress symptoms including poor sleep patterns, hypervigilance, avoidant and intrusive symptoms, nightmares, flashbacks, and disturbing sensory experiences of trauma-relations events were reported by adult survivors of CSA (Follette & Vechiu, 2017).

Canton-Cortes et al. (2012) analyzed the psychological adjustment of survivors of CSA and the long-term effects of CSA in the mixed-methods study according to the four dimensions of the traumagenic dynamics model. The sample consisted of 182 survivors of CSA and a comparison group of 182 non-victims of CSA (Canton-Cortes et al., 2012). Survivors of CSA reported significantly higher scores on trait anxiety, depression, state anxiety, and lower self-esteem when compared to non-victims of CSA (Canton-Cortes et al., 2012). Consistent with the traumagenic dynamics model, CSA reported feelings of self-blame, powerlessness, traumatic sexualization, in addition to slightly lower senses related to betrayal compared to non-victims of CSA (Canton-Cortes et al., 2012). The study highlighted the importance of emotional development of feelings related to sexual abuse and provided insight as to how survivors of CSA face difficulty in regulating their emotions, self-identification, and perceiving their external environment based on self-efficacy (Canton-Cortes et al., 2012).

How a woman was sexually abused as a child may have a significant impact on the severity of adverse outcomes she experiences in adulthood. A perpetrator-victim relationship such as a father-figure or family relative, genital contact or penetration, duration, frequency, age at the onset of the sexual abuse, and use of force is correlated with more deleterious effects (Follette & Vechiu, 2017). A culture of secrecy and shame-based on cultural beliefs along with environmental norms, can also make it difficult to measure the enormity and the full magnitude of CSA (Canton-Cortes et al., 2012). Especially when these established norms prohibit children from disclosing their abuse,

limit children from seeking professional help, or conceal the abuse (Canton-Cortes et al., 2012).

The long-term effects of CSA can extend into adulthood and impact the parenting behavior of adult women. Ehrensaft et al. (2015) conducted a multi-method, multi-informant longitudinal designed that examined the correlation between CSA and subsequent adulthood parenting practices over 30 years. They reported that a history of CSA was a predictor of lower availability by the parental authority, a decrease in time spent with the child, and little satisfaction with the child (Ehrensaft et al., 2015). Pazdera et al. (2013) addressed CSA and adverse parenting outcomes in path analysis of 265 mothers. Findings indicated that victims of CSA suffered from a decreased sense of competency related to personal parenting skills in addition to increased symptoms of depression (Pazdera et al., 2013).

Disclosure of CSA

The disclosure of CSA is a complicated process for many victims of sexual abuse regardless of age, gender, or ethnicity. For a child, disclosure of CSA is intended to bring about the cessation of the abuse (Rakovec-Felser & Vidovic, 2016). However, during childhood, many CSA victims remain silent regarding their abuse (Canadian Centre for Child Protection Inc., 2012). Approximately 30% and up to 80% of CSA victims never disclose their abuse until adulthood (Rakovec-Felser & Vidovic, 2016). The process of disclosure by CSA victims can have a severe impact on both short-term and long-term outcomes of recovery. Environmental factors such as family dynamics and cultural norms also play a significant role in the disclosure process (Simmel et al., 2012). The primary

source of support for CSA victims comes from the mother, who operates out of a

nurturing role after their child has been victimized (Allnock, 2014) and who is usually the

primary caretaker (Clevenger, 2015). The response given by mothers to their abused child

bears a more considerable significance of whether the outcomes will be positive or

negative (Canadian Centre for Child Protection Inc., 2012).

A quantitative study by Bick et al. (2014) researched the maternal support after

disclosure of childhood sexual based on convergence and divergence of the mothers'

response. The study consisted of 120 mothers, along with their children, who ranged in

age from 7–17 (Bick et al., 2014). Findings indicated that 62% of the participants

reported positive convergent behaviors in which the mothers believed their children's

disclosure of sexual abuse and 37% of participants said divergent reactions in which the

mothers remained skeptical about the disclosure of sexual abuse by their children (Bick et

al., 2014). Higher levels of traumatic symptoms were related to negative convergence by

the mothers' (Bick et al., 2014).

A recent multivariate analysis of covariance by Swingle et al. (2016) addressed

the influence of disclosure or non-disclosure (non-disclosure, disclosure-abuse ended,

and disclosure-abuse continued) and the process of completing the abuse in a sample of

301 adult female survivors of CSA. The number of perpetrators, age of onset of abuse,

and sexual penetration were adjusted relating to abuse features (Swingle et al., 2016).

Results indicated that participants who reported that the abuse continued after disclosure

scored significantly higher for distress related trauma compared to the participants who

said that they did not disclose their abuse (Swingle et al., 2016). The results indicated that

disclosing CSA can have adverse effects on a CSA victim unless the appropriate actions are undertaken by those receiving the information. Measures that will end the abuse in addition to providing the required psychological and medical treatment to the abused victim should be implemented (Swingle et al., 2016). Inaction by the parent can give the perception to CSA victims that they have no value and are undeserving of assistance (Godbout et al., 2014). This perception by CSA victims may related their disclosure to the mothers.

Maternal support after the disclosure of CSA can be related to multiple components. Knott (2014) conducted a critical analysis examining the contextual factors (belief, support, and protection) that affect the fluid nature of maternal response after she has been made aware that her child had been sexually abused. The contextual factors were categorized into both positive and negative domains (Knott, 2014). The critical elements of negative responses included the relationship between the mother and perpetrator, domestic violence, financial dependency, substance abuse, prior history of sexual abuse suffered by the mother, the onset age of her abused child, and culture patterns (Knott, 2014). One or more of these factors can impel an ambivalent response by the child's mother after disclosure of sexual abuse (Knott, 2014).

Blaming the Mother and CSA

Many people in society, regardless of race, ethnicity, or socioeconomic status, view the primary role, and the goal of motherhood is to nurture and protect her offspring. Motherhood is often held to a higher standard of accountability and dependability and regarded by many as the most prestigious role anyone can undertake. Measures that will

end the abuse in addition to providing the required psychological and medical treatment to the abused victim should be implemented (Swingle et al., 2016). Inaction by the parent can give the perception to CSA victims that they have no value and are undeserving of assistance (Godbout et al., 2014). Several institutional factors such as safety and protective measures can be implemented to reduce and prevent CSA by mothers who play a vital role in monitoring and decreasing the risk of her children to sexual predators (Alzoubi et al., 2017). Scrutiny and criticism can be directed towards the mother when her child is sexually abused (Zagrodney & Cummings, 2017). The mother may be perceived as incapable of fulfilling her first and foremost fundamental duty, which is to protect her child from harm; therefore, she is culpable (Zagrodney & Cummings, 2017). Blaming the mother for the sexual abuse of her child is also consistent with an international media analysis (Niner et al., 2013).

Zagrodney and Cummings (2017) conducted a qualitative study of 108 participants. They addressed the contextual factors related to the allotment of mothers being at fault for CSA when the perpetrator is her partner (Zagrodney & Cummings, 2017). Study participants answered 312 open-ended questions regarding the extent of blame attributed to the mother (Zagrodney & Cummings, 2017). Findings indicated that elements of decreased blame are linked to the mothers' lack of knowledge that the abuse was occurring (Zagrodney & Cummings, 2017). Given that the mother did not commit any violence towards her child, and that is reasonable to accept that the mothers would have a certain level of trust for their partners (Zagrodney & Cummings, 2017). Increased levels of blame attributed to the mothers of sexually abused children were associated with

covert knowledge of the abuse, whereas her mothers' intuition should have aroused in addition to the mothers' naïve decision to trust her partner (Zagrodney & Cummings, 2017). Additional findings also indicated that the reporting of the sexual abuse, acting to provide help and assistance for her child, and efforts to avoid blame reduced the attribution of fault directed towards the mother (Zagrodney & Cummings, 2017).

Thematic analysis and correlational study by Toews et al. (2016) linked specific personal characteristics that increased or decreased the attribution of blame towards the mother for the sexual abuse of her child. Some of the particular features included: a mother not protecting her female child, a mother not having a personal relationship with the individuals who are providing care to her children and making other people around her know that she intends to keep her child safe (Toews et al., 2016). Other characteristics include being naïve about the aspects of family members, leaving her child in dangerous places, going out or partying, and leaving her child with male caretakers, and allowing individuals with a history of sexual violence to have access to her children (Toews et al., 2016). Many of the short-term and long-term outcomes of CSA are related to blaming the mothers for the childhood sexual of their children. Per Toews et al. (2016), mothers of CSA victims are held responsible for the various negative outcomes their children have endured in both childhood and adulthood. Considering mothers play a significant role in the overall recovery and survival of their child after sexual abuse has occurred (Bux et al., 2016).

Mothers of CSA victims also face additional personal obstacles and are viewed as a secondary victim of the abuse (Clevenger, 2015). Many non-offending mothers of CSA

victims face difficulty coping with the sexual abuse of their children and their perceived

lack of protection provided to prevent sexual abuse (Toews et al., 2016). Increased levels

of depression and PTSD have also been reported by caretakers of children who have

experienced sexual abuse (Jobe-Shields et al., 2016). Factors that contribute to these

symptoms have been linked to a loss or interruption of support by family members and

close friends (van Toledo, & Seymour, 2013). Fong et al. (2017) conducted a qualitative

study of 22 nonoffending mothers of CSA victims and reported a significant increase of

symptoms related to anger, mental distress, depression, and feelings of guilt. These

findings are consistent in a similar study by Bux et al. (2016).

Summary

Attachment theory provided a conceptual understanding of the insight of the

parent-child attachment bond that is embedded through the physiological needs and

primary instinctual reactions that support social interaction (Bowlby, 1958). The

traumagenic dynamics model provided a perceptiveness of four areas of adjustment that

adult women with histories of CSA might experience, including betrayal, stigmatization,

powerlessness, and traumatic sexualization which are vital components to understanding

the long-term outcomes of sexual abuse during childhood (Finkelhor & Browne, 1985).

Adult women with a history of CSA faced difficulty establishing secure attachment bonds

based on quantitative studies indicating high attachment anxiety (Brenner & Ben-Amitay,

2015), high attachment avoidance (Smith et al., 2012), anxious and avoidant attachment

(Canton-Cortes et al., 2014; Murphy et al., 2015), and insecure attachment bonds

(Godbout et al., 2014). Qualitative studies (Chien, 2008; Hunter, 2015; Pickering et al.,

2015; and Zagrodney & Cummings, 2017) and quantitative studies (Bick et al., 2014; Swingle et al., 2016, and Toews et al., 2016) addressed the impact of the adult daughters' relationship with her mother in adulthood after the disclosure of CSA during childhood. The adult women in these studies expressed difficulty developing a loving bond with their mothers, along with unresolved efforts to overcome the negative outcomes of their CSA (Hunter, 2015). They also expressed feelings consisting of the following: anger, lack of trust, betrayal, being unprotected as a child, and blame (Hunter, 2015). Although the studies in the literature review explored the attachment bonds, CSA, and the disclosure of CSA to the mothers at the time of the abuse, there is a lack of evidence that examines this topic based on phenomenological research using attachment theory and traumagenic dynamic model as a conceptual framework. The purpose of this phenomenological study was to fill the gap in the literature regarding the impact of the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers.

In Chapter 3, I will present a detailed description of the research methods for this study. I will provide information on the rationale for the study, participant recruitment, research question, methodology, data collection, data analysis, issues of trustworthiness, and ethical procedures.

Chapter 3: Research Method

Introduction

The purpose of this phenomenological study was to understand the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. There was a gap in the research literature regarding the attachment bond between a mother-daughter dyad in adulthood impacted by CSA that was known by the mother during the period of abuse. No study found in my review of the literature addressed the lived experiences of adult women survivors of CSA and their current mother-daughter attachment bonds, both using attachment theory and the traumagenic dynamics model as a conceptual framework.

I begin this chapter with a restatement of the research question, the research design, and the rationale for conducting a phenomenological study—the role of the researcher and the methodology will follow. The methodology includes participant selection logic, instrumentation, data collection, procedures for recruitment, and the data analysis plan. Issues of trustworthiness, including credibility, transferability, dependability, and confirmability, will follow. Ethical procedures and the summary conclude this chapter.

Research Design and Rationale

In this study, the phenomenological method of research was used to gain an increased understanding of the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. The phenomenological method was the most appropriate research design for this study. van Manen (2017) stated that

phenomenological research is used to explore meaning, consciousness, and truth that is

grounded in the complexity of human science and the traditions of humanities.

Phenomenological research provided me with the opportunity to discover the essence of

the experience adult women survivors of CSA and their current mother-daughter

attachment bond through a philosophical and structured exploration that is rooted in the

work of Edmund Husserl (see Moustakas, 1994). The essence corresponds with all the

potential ways that study participants experience the phenomenon that is guided by the

research question (Aagaard, 2017). The research question that guided this

phenomenological study was as follows: How do women survivors of CSA who reported

the abuse to their mothers depict and describe the experience of mother-daughter

attachment bond in adulthood?

Moustakas (1994) stated that the goal of phenomenological studies is to uncover

the meanings of lived experiences for specific individuals and describe what is perceived

in the consciousness and through individual senses based on personal understanding.

Meaning is defined through perception, remembrance, judgment, feeling, and thinking

(Moustakas, 1994). These particular lived experiences descriptions are achieved through

first-persons narratives and are the focal point to understanding the reflective process of

phenomenological research called the essence (van Manen, 2017). The essence of

experience also includes what and how study participants report their knowledge of the

phenomenon (Moustakas, 1994). Whatever makes a thing defines the essence of an

experience (van Manen, 2017). The study participants were asked to discuss their

perceptions of how disclosed CSA has impacted the current attachment bond with their

mothers in adulthood. Study participants provided meaning and the essences of their own experiences through semistructured interviews. As a licensed professional counselor, I did not operate in the therapeutic role with any study participants before or after the study was completed.

Intentionality, noema, and noesis are three key elements of phenomenological research that are essential in the discovery of meaning and the essence of an experience (Moustakas, 1994). According to Husserl (1970), the main feature of transcendental phenomenology is intentionally, which operates as the central trait of an individual's psychic phenomena as their mind focuses on a particular object. It is through intentionality that the consciousness of an individual is guided towards a subjective experience of things concerning them that are existent or nonexistent (Moustakas, 1994). Intentionality in phenomenology obliges study participants to be present with themselves and their world to identify the elements to the meaning of the phenomenon related to how CSA has impacted the current attachment bond with their mothers in adulthood (Moustakas, 1994).

Each intentionality a person experiences encompasses both a noema and a noesis (Moustakas, 1994). The noesis is the phenomenon of interest that is experienced by the study participant and provides a researcher with the opportunity to uncover and reveal meaning in phenomenology (Moustakas, 1994). Noema is defined as that and what which is perceived of an experience (Moustakas, 1994). The noesis in phenomenology represents perceptions, feelings, thoughts, memory, and judgment related to the phenomenon being studied (Moustakas, 1994). Through consciousness, the noema

focuses on objects and gives meaning to the noesis, and the relationship between both external and internal perception is unified in the discovery of meaning (Moustakas, 1994). Meaning is the manifestation of conscious experience (Lien et al., 2014).

Qualitative research also offers other methods of research design that are available to researchers, including the case study, ethnography, grounded theory, and narrative studies (Moustakas, 1994). Case studies and grounded theory are used to investigate events, activities, and processes (Moustakas, 1994). The goal of grounded research is to create a theory using hypotheses and concepts that are developed from the data obtained in a research topic (Moustakas, 1994). The purpose of this study was to understand the lived experiences of participants, and I did not incorporate the use of hypotheses or generate theory.

Ethnography research is recommended for studies that are meant to discover and describe culture-sharing behaviors that include a specific individual or a group of individuals (Moustakas, 1994). My research was not exclusive to one culture, and I did not seek to understand any culture-sharing behaviors. This study aimed to include adult women from various cultures and ethnicities. These factors exclude ethnography from an appropriate research method for this study. A narrative inquiry focuses on a single individual based on a story told in chronological order (Moustakas, 1994). The focus of this study centered on the current mother-daughter attachment bond in adulthood and not the chronological retelling of past CSA experiences. The goal of this study was to solicit between eight to 10 study participants and was not exclusive to a single individual. I choose phenomenology as the most appropriate research rationale for this study because

the purpose of phenomenology is to explore an understanding of a group of individuals with a shared lived experience and to undercover its meaning and essence. Using phenomenology also provided the opportunity to illuminate and reveal certain aspects of a human experience that focuses on temperament, feelings, and the perception that other qualitative methods may not (see Wilson, 2015).

Moustakas (1994) stated that a researcher in phenomenology has no predetermined positions. All elements of the lived experiences have equal value in creating new meanings, feelings, and understanding, called horizons (Moustakas, 1994). Horizons provide unlimited access to conscious experience and offer the opportunity to the continuous exploration of a lived experience (Moustakas, 1994). Phenomenological reduction uses written language to describe what is seen both externally and internally by revealing with deliberate intention the correlation between a phenomenon and the self (Moustakas, 1994). Reduction requires a continuous and repetitive process of looking, describing, and reviewing the textual facts of the lived experiences until the descriptions are horizontal and thematic (Moustakas, 1994). Thematic articulations are used to obtain access to the meaning of a phenomenon and are conscious verbalizations of a natural attitude demonstrated in an individual's language and culture (Bevan, 2014). I needed to conduct an exhaustive search for meaning to gather the complete understanding and essence of the phenomenon (see Moustakas, 1994). The phenomenological reduction also required that I became self-aware, reflected on my conscious experiences, and had a comprehension of my self-knowledge (see Moustakas, 1994).

The goal of this phenomenological research was not to generalize findings such as in the case of ethnographies or narrative studies (see van Manen, 2017). This study was also not intended to predict or determine causation in relationships, and I did not incorporate the use of scores or measurements to collect data (see Moustakas, 1994). Husserl (2014) stated that phenomenology seeks to describe the essence of an experience sans the need to interpret, theorize, or provide an explanation (Husserl, 2014). Phenomenology also promotes the encouragement, empowerment, and understanding of others through their lived experiences (Wilson, 2015). The purpose of this phenomenological study was to understand the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers.

Role of the Researcher

Lien et al. (2014) stated that the role of a researcher is to provide a pathway in which a reader can experience the living world of the study participant. A researcher is responsible for communicating via written text the description of study participants' lived experiences (Bevan, 2014). According to Moustakas (1994), the role of a researcher is to facilitate an engagement between the researcher and study participants. This engagement guides the exploration of the phenomenological research question to discover the lived experiences and meanings of the phenomenon (Moustakas, 1994). As a researcher, I conducted a scientific investigation to give an accurate account of first-person reports and descriptions of a lived experience that provided an increased understanding. I explored the essence and meaning for adult women survivors of CSA and their current mother-daughter attachment bond.

I used semistructured interviews and interview questions to obtain first-person accounts from study participants to gain insight into meanings and themes revealed through step-by-step data analysis (see Moustakas, 1994). A phenomenology research question was used to frame a distinguishable experience, seek intersubjective perception, and focus on the lived moment of the experience (see Adams & van Manen, 2017). The research question is not used to explain or interpret an experience (Adams & van Manen, 2017). The interviewing of study participants is one of the most common methods of seeking to understand the subjective meaning of a lived experience (Bevan, 2014). Other ways of obtaining material include written descriptions, personal observations, and prior literature (van Manen, 2017). It was imperative that I practiced active listening skills (see Bevan, 2014), in addition to creating an atmosphere during the interviewing process that study participants are comfortable and willing to sure their experience authentically and thoroughly (see Moustakas, 1994). I had no professional relationships, supervisory roles, or perceived power over any of the study participants.

An essential element of phenomenology research is incorporating epoche after the first-person accounts and observations have been obtained (Adams & van Manen, 2017). Aagaard (2017) stated that epoche is the way individuals perceive their natural world along with personal attitudes. In conducting phenomenological research, I incorporated epoche, which required that I separate any biases, past judgments, and prejudices to observe things as they appear and take no position on the conscious experience of study participants (see Moustakas, 1994). The process of epoche involves bracketing personal experience and thoughts (Moustakas, 1994). Wilson (2015) stated that bracketing allows

researchers to see past the naturalistic view of their world that will lead them to a more objective way of discovery as they remove interpretive filters focus only on information that is relevant to their study. Bracketing allows access to the layers of consciousness, promotes self-discovery, reveals unknown emotions, sustains self-awareness, and enhances a rich data collection process (Tufford & Newman, 2010). I practiced bracketing through daily journaling and reflecting on personal thoughts that related to my study.

Lien et al. (2014) discussed the purpose and importance of researcher reflection in phenomenological studies. Lien et al. also emphasized that reflection is necessary to successfully communicate a study participants' lived experience and meaning without bias. I used reflection to obtain the crucial elements of a lived experience that was achieved through the incorporation of a sound and systematic approach to analyzing and synthesizing the data (see Moustakas, 1994). Reflecting also provides the opportunity to explore a deeper understanding of intentionality that encompasses the noesis and noema of a lived experience (Moustakas, 1994). To obtain a thick description and the essences of a lived experience, I was rational and objective in the translation of the words provided by the study participants along with understanding their viewpoints (see Lien et al., 2014). It was my responsibility as a phenomenological researcher to remain focus and present to conduct a complete and thorough investigation.

I have worked as a licensed professional counselor for the past 10 years and have encountered numerous adult women with a history of CSA. Many of these women shared that they made their mothers aware of sexual violence during their childhood, and no

intervention was taken by their mothers to stop the abuse. Some of these adult women were seeking mental health treatment to help manage a host of psychological problems related to their inability to cope with their past abuse in addition to having difficulty in achieving and sustaining a relationship with their mothers in adulthood. Unanswered questions may linger with reasonings and rationales of why their mothers did not intervene. Moreover, several women in my family have a history of CSA that was both reported and unreported to their mothers.

I also provided therapeutic counseling services to adult women with children who have experienced sexual abuse. After numerous encounters with so many of these adult women who were from various ethnicities, cultures, and socioeconomic backgrounds, I decided to use this topic in my dissertation research. I followed the guidelines from Wilson (2015) by putting aside any elements of my preexisting knowledge and judgments of this phenomenon to increase my perception of the lived experiences of the study participants. As a licensed professional counselor, I did not establish or operate in the therapeutic role with any study participants before or after the study. All study participants were provided with a list of mental health providers with minimal or no cost for treatment.

Methodology

Participant Selection Logic

This study consisted of eight adult women over the age of 18 who disclosed their sexual abuse during the period of abuse to their mothers who failed to bring about the cessation of sexual abuse. The participant criteria for previous or current mental health

treatment were not relevant to this study. Wilson (2015) stated that participants in the phenomenological investigation must be willing, attentive, and committed to discussing their lived experiences. Moustakas (1994) indicated that research participants must have experience with the phenomenon under inquiry. The data I collected for this study were from a purposive sampling group of participants who provided personal stories based on the reflection of their subjective experiences and individual consciousness. Purposive sampling is viewed as an expert sample that produces a logical representation of the population being studied and is comprised of participants who have expert knowledge in the phenomenon of interest (Lavrakas, 2008). Purposive sampling is a standard method for qualitative researchers to identify and select study participants (Palinkas et al., 2015).

In purposive sampling, the researcher assumes the responsibility of identifying, applying, and establishing the criteria required for participation based on the specific guidelines and the data needed for the study (Qualitative Research, Research Approaches, Sampling, 2016). Purposive sampling is nonprobabilistic and provides a qualitative researcher with the opportunity to obtain rich data (Constantinou et al., 2017). Purposive sampling strategies are also used to expand the scope and representation of information related to a specific phenomenon that also challenges the preconceived bias of the researcher (Fossey et al., 2002). A purposive sample was needed to understand the lived experiences of women survivors of CSA that were reported to their mothers and the effects on the mother-daughter attachment bond in adulthood.

The criteria for the selecting study participants were based on the understanding that all participants experienced CSA disclosed to their mothers during the period of

abuse: the mother failed to bring about the cessation of the sexual abuse. Study participants are adult women over the age of 18. The participant's mother was living at the time of the study. Study participants were able to understand the research question that guides this phenomenological study and speak fluent English. Participants were able to verbally articulate their lived experiences through semistructured interviews related to CSA and their current mother-daughter attachment bond. Participants agreed to have the data revealed during the interviewing process published in my dissertation and other possible publications (Moustakas, 1994).

This study was limited to eight participants who are adult women over the age of 18. Study participants were solicited from local mental health agencies, and counseling centers within the Texas areas, multiple social media sites, Facebook groups, and word of mouth. Study participants were recruited using invitation flyers (see Appendix A). The invitation flyers included the description and purpose of the study, the participant criteria, and confidentiality. My contact information was listed on the flyers. Study participants contacted me through a cell phone or email.

To obtain a thick and rich description of the information obtained from the study participants, the researcher must ensure that the sample size is appropriate (Morse, 2015). A sample size that is too small may not provide the saturation of the obtained data, increase the difficulty in analyzing the data, and limits the scope of the collected data (Morse, 2015). Wilson (2015) stated that the typical range for phenomenological research study participants is between six and 20 individuals. Baker and Edwards (2012) highlighted the importance of focusing on the quality of sample size with study

participants who can provide rich data related to the phenomenon under investigation. Although the sample size in qualitative research is quite small, it is essential to have enough participants who have in-depth knowledge of the phenomenon so that replication of the study is possible (Morse, 2015). According to Moustakas (1994), a small number of study participants are engaged by a researcher through an expansive and lengthy interviewing process to develop themes, patterns, and the meaning of a phenomenon.

The sample size is also vital to attaining saturation (Morse, 2015). Saturation of data occurs when there is no new information or themes to be obtained or discovered based on the sample size, and the data is repeated (Constantinou et al., 2017). Saturation also signifies that the researcher has demonstrated rigor, also known as reliability and validity in their study (Constantinou et al., 2017). Saturation is discovered within the characteristics of the established categories based on an analysis of the data studied (Morse, 2015). Saturation in phenomenological studies promotes strong, cohesive, and consistent data that demonstrate rigor (Morse, 2015). The theoretical aspects of phenomenological research are constructed through the rich data, procedures of inquiry, a detailed scope, and replication (Morse, 2015). Failure to demonstrate the saturation of data effects a phenomenological researcher's ability to illustrate the content validity (Constantinou et al., 2017). As a phenomenological researcher, saturation signifies that the profundity of the research question has been attained and provides the researcher with the opportunity to create meaning and understanding (Constantinou et al., 2017).

Instrumentation

This phenomenological study did not use a formal instrument for data collection. Semistructured interviews using open-ended questions (Appendix B) was conducted with each study participant to obtain descriptions of the lived experiences of CSA and their mother-daughter attachment bond in adulthood. According to Bevan (2014), the primary method for conducting phenomenological research is interviews of study participants. Study participants were scheduled for semistructured interviews lasting approximately one hour. All interviews were recorded on an audiotape and transcribed verbatim.

Data Collection Procedure

Data collection in a phenomenological study begins with the interview of study participants who acknowledged having experienced the phenomenon being explored (Wilson, 2015). I used the semistructured interviewing process to engage study participants in understanding the effects on the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. It is through the research questions, conceptual framework, and intentional focus that the researcher can define the characteristics and categories of information that leads to an understanding of the phenomenon under investigation (Morse, 2015).

Bevan (2014) stated that three elements of the phenomenological interview structure are essential to abstract meaning and the essence of a phenomenon that includes the following: contextualization, apprehending the phenomenon, and clarifying the phenomenon. Contextualization requires the researcher to elicit the lifeworld of the study participant in its natural attitude or personal biography (Husserl, 1970). In apprehending

the phenomenon, the researcher starts the process of exploring the experience of the

phenomenon or the modes of appearing with study participants (Bevan, 2014). Clarifying

the phenomenon utilizes imaginative variation in the data analysis to discover invariant

parts of the phenomenon (Bevan, 2014).

When potential study participants contact me, I used screening questions on

Appendix C to determine eligibility listed as follows: Are you an adult female over the

age of 18? Did you experience CSA prior to age 18? Was the sexual abuse disclosed to

your mother during the period of abuse? Did your mother not take the appropriate

measures to end the abuse? Is your mother currently living? Do you speak fluent English?

To meet eligibility, participants were required to answer yes to all five questions. I then

scheduled the interview with those participants who meet the criteria and agreed to

participate. Interviews were scheduled according to participant/researcher availability on

a day and time agreed upon by both parties via phone and/or email. If necessary, all

follow-up interviews were scheduled and completed according to the same procedures as

the initial interview. The semistructured interviews were conducted with each study

participant in an atmosphere that is comfortable and private for approximately an hour.

All study participants were provided with an informed consent form and information

related to confidentiality before the interview was conducted. Signed informed consent

forms were obtained from each participant. At each interview, study participants were

assigned a number such as P1 to replace their legal name to maintain confidentiality.

Only the researcher has access to the recordings and assigned numbering system. Study

participants were encouraged to share their lived experiences that relate to the research

question that guided this phenomenology study: How do women survivors of CSA who reported the abuse to their mothers depict and describe the experience of mother-daughter attachment bond in adulthood?

As a researcher, I engaged study participants in a verbal dialogue based on interview questions (Appendix B) that led to detailed descriptions of first-person narratives on my research topic. These first-person narratives are meant to uncover the meanings and the essence of the lived experiences of these adult women. I allowed study participants the opportunity to ask follow-ups questions and discuss any concerns they might have concerning the interview questions and any additional concerns regarding the study. Due to the sensitive nature of this study and the interviews, I provided study participants with a list of counseling resources available, preferable at no cost within their area of residence. If a participant became upset or otherwise asks to end the interview, I stopped the conversation immediately. I would have destroyed the data for any participant who withdraws from the study.

At the end of each interview, I transcribed audiotapes verbatim. Study participants were provided with a one to three-page copy of the written summary of their conversation. For member checking, follow-up interviews were scheduled. Should my initial recruitment process not yield the adequate number of study participants required for this study, I would have implemented the snowballing sampling process. In snowball sampling, study participants who have already been recruited for the study are asked by the researcher to assist in obtaining additional study participants through the referral of other potential individuals who also meet the inclusion criteria for the study (Boise State

University, 2018). I engaged in the epoche process before, during, and after each interview to set aside any personal or professional biases (Moustakas, 1994).

Data Analysis

The transcribed information was analyzed to relate the findings to the research question that guides this phenomenological study: How do women survivors of CSA who reported the abuse to their mothers depict and describe the experience of mother-daughter attachment bond in adulthood? Moustakas (1994) stated that data organization begins after the interviews have been transcribed, and the researcher utilizes phenomenological analysis to study the data. Moustakas (1994) explained the 8-step data analysis process as a modification of van Kaam's method that includes

- horizonalization

- reduction and elimination

- clustering and thematizing the invariant constituents

- final identification of the invariant constituents and themes by application: validation

- individual textural descriptions

- individual structural descriptions

- textural-structural descriptions

- and development of composite description of the meanings and essences of the experiences representing the group as a whole.

The horizonalization requires the researcher to list and group all expressions made by study participants that are relevant to the phenomenon and research questions

(Moustakas, 1994). In contrast, irrelevant statements and expressions are discarded (Moustakas, 1994). This is followed by reduction and elimination completed to identify invariant constituents (Moustakas, 1994). Two prerequisites to determine whether these horizons qualify as invariant constituents of the lived experience listed as follows: First, the expression contains a moment of the knowledge that is necessary and sufficient to understand it (Moustakas, 1994). Second, the expression can be abstracted and labeled (Moustakas, 1994). The horizons that meet the criteria are called the invariant constituents of the experience (Moustakas, 1994).

Clustering and the thematizing the invariant constituents are achieved when the researcher clusters the invariant constituents that are related to a theme (Moustakas, 1994). In the final identification of the invariant constituents and themes by application: validation, the researcher compares the verbatim written transcripts of study participants to the invariant constituents and themes for accuracy developed through the use of Moustakas' steps of data analysis (Moustakas, 1994). During this process, the researcher discards any themes that are not explicit or compatible with the expressed experience of the study participants (Moustakas, 1994). The construction of individual textual and structural descriptions consists of pertinent invariant constituents and themes from each study participants that include direct quotations of their lived experience from their transcribed interview (Moustakas, 1994). I developed a composite description of the meanings and essences of the experiences representing the group as a whole.

Issues of Trustworthiness

Bevan (2014) stated that a phenomenological researcher must maintain

consistency in their methodological procedures and exhibit improved trustworthiness.

Study findings that demonstrate quality, authenticity, and truthfulness symbolize

trustworthiness (Cypress, 2017). Individuals who read the results of qualitative research

must have a certain level of belief and assurance that the findings are accurate (Schmidt

& Brown, 2015). Trustworthiness must be established before, during, and after a

qualitative study is conducted (Cypress, 2017). Credibility, transferability, dependability,

and confirmability are the various measures that demonstrate the trustworthiness of a

phenomenological study (Connelly, 2016).

Credibility

Constantinou et al. (2017) stated that credibility equates to internal validity and

reflects the reality of the findings reported by a researcher. Credibility provides the

internal validity of a study and is demonstrated through an accurate description of the

phenomenon researched (Constantinou et al., 2017). Credibility showed when the study

participants are described and identified in a precise manner (Elo et al., 2014). Some of

the elements of credibility include triangulation, member checks, and saturation.

Triangulation utilizes various forms of data sources to construct comprehensive

rationalizations for themes obtained through the research findings (Creswell, 2013).

I accomplished triangulation by having all the interview data transcribed verbatim

in addition to comparing both written and verbal recordings for complete accuracy. I

listened to the taped interviews on a repeated basis to obtain a precise analysis of the data

in addition to a continuous review of the written and transcribed information. Member checks is a strategy in qualitative studies that establishes the credibility of study findings. According to Creswell (2013), member checking is used to verify the accuracy of specific themes and descriptions obtained from study participants during the interviewing process.

A researcher may allow study participants the opportunity to review aspects of the final report to provide feedback and comments (Creswell, 2013). Varpio et al. (2017) stated that researchers' practice member checking by giving study participants a copy of the written summary of their interview to allow them the opportunity to confirm the correctness of their statements. I ensured and demonstrated the saturation of the data. Elo et al. (2014) asserted that when data saturation is achieved, it is effortless to categorize and abstract the information.

Transferability

Transferability, also known as external validity, allows for the generalizability of the research findings to different persons, groups, and situations (Elo et al., 2014). Researchers in phenomenological studies, the emphasis not geared towards transferability but instead concentrating on the story of the study participants that are exclusive to other individuals (Connelly, 2016). Transferability in phenomenological research is determined by a thorough thick description of the phenomenon along with a clear context of the occurrence of the phenomenon so that other researchers can confidently use the results in other areas of study and context (Constantinou et al., 2017). To obtain a thick description, every aspect of this phenomenological is documented, including all elements of data analysis, audiotaped interviews, verbatim transcription of taped interviews, and clear

explanations of themes as they appear (Cypress, 2017). A purposive sample also improves transferability (Cypress, 2017). A phenomenological researcher must provide definite descriptions and characteristics of the study participants, context, culture, and the selection process (Elo et al., 2014).

Dependability

A phenomenological study cannot be replicated. The study is unique to the participants. The data collected in the study remains stable over a period of time in different situations and conditions (Elo et al., 2014). Connelly (2016) stated that dependability incorporates procedures such as the audit trails to ensure the maintenance of the data that includes process logs, researcher notes, audiotapes, study participant information, data analysis procedures, and all aspects of the study. I developed an audit trail that included the securing of all study literature, data and computer files, audiotapes, study participant information, and data analysis rationale in a locked fireproof safe. I am the only person with access to this information.

Confirmability

Confirmability or objectivity requires an accurate description of how the research findings present a clear and precise portrayal of the study participants' lived experiences that are free from researcher bias (Constantinou et al., 2017). Reflexivity is a strategy used by researchers to demonstrate confirmability in their research findings. Researchers need to practice reflexivity in their autobiography during the entire process of collecting and analyzing data (Lien et al., 2014). I kept a reflexive journal daily before, during, and after I interview study participants. I used bracketing to identify and separate any biases,

pre-judgments, and personal thoughts that might interfere with the confirmability of the study data.

I followed all the ethical guidelines and standards established by Walden University 's Institutional Review Board (IRB) and do no harm to any study participants according to the Protection of Human Participants outlined in the HHS (2009). This research, governed by the IRB and all the required approvals, will be obtained before any collection of data. Before initiating this study, I obtained permission from Walden University Institutional Review Board (IRB) #11-13-20-0483499. I solicited study participants from local mental health agencies and counseling centers within the Texas areas, multiple social media sites, Facebook groups, and word of mouth using invitation flyers posted at each facility (see Appendix A). The flyers contained the description and purpose of the study, the participant criteria, confidentiality assurances, and my contact information, including cell phone and email address.

Study participants were advised in writing that they have the right to withdraw from the study at any time and that their participation is solely on a volunteer basis. I did not have any known relationship with study participants either personally or professionally. All data collected, including audiotapes, confidential participant information, written transcripts, and researcher notes, will be kept in a secured and locked safe. I will be the only person with access to this information. Information on my computer will be password protected. The data related to this study will be destroyed by shredding along with the deletion of all electronic data after five years as required by Walden University.

Summary

This chapter began with an introduction to the study that focused on the following central research question: How do women survivors of CSA who reported the abuse to their mothers depict and describe the experience of mother-daughter attachment bond in adulthood? I used attachment theory and the traumagenic dynamics model as a conceptual framework to explore the gap in the literature concerning this phenomenon. Interest in this phenomenon stems from my work as a Licensed Professional Counselor, along with having the opportunity to work with many adult women who experienced CSA. Several of the adult women who I encountered also acknowledged having difficulty establishing and maintaining an attachment bond with their mothers in adulthood. The purpose of this phenomenological study was to understand the mother-daughter attachment bond in adulthood, of women who experienced CSA that was reported to their mothers. Following the introduction, I provided a thorough description of the chosen research and design rationale, my role as the researcher, methodology, instrumentation, the data analysis, issues of trustworthiness, and then ethical procedures.

This study used the phenomenological research method to uncover the meaning and essence of the lived experiences of these adult women using intentionality, noema, and noesis (Moustakas, 1994). The phenomenological method is described as the most appropriate research method to achieve the goals outlined in this study (van Manen, 2017). I used purposive sampling to solicit a group of adult women who meet the criteria for this study and have experience in the phenomenon of interest (Qualitative Research, Research Approaches, Sampling, 2016). My role as a researcher was to lay the

foundation for study participants to share their lived experiences authentically and honestly (Lien et al., 2014).

I used semistructured interviews to explore this topic with a purposive sample of eight adult women over the age of 18 who were solicited from local mental health agencies, counseling centers within the Texas areas, multiple social media sites, Facebook groups, and word of mouth. Recruitment of study participants were done using invitation flyers posted at each facility. Flyers contained a description and purpose of the study, the participant criteria, informed consent, and confidentiality, including my contact information. All semistructured interviews were audiotaped. I transcribed audiotapes verbatim to obtain a thick description of the participant's lived experiences.

I analyzed the data using Moustakas's (1994) 8-step data analysis process as a modification of van Kaam's method that includes: horizonalization, reduction and elimination, clustering and thematizing the invariant constituents, the final identification of the invariant constituents and themes by application: validation, individual textural descriptions, individual structural descriptions, and textural-structural descriptions. I practiced reflexivity and bracketing throughout the research study (Lien et al., 2014). To address trustworthiness, I demonstrated credibility, transferability, dependability, and confirmability using various strategies such as triangulation, member checks, thick descriptions, audit trails, and reflexivity (Connelly, 2016). Ethical procedures, the protection of study participants, and finally, the safeguarding of research data obtained.

Chapter 4 will provide the results of the study. I will give information on the study participants and all data pertinent to the study. The settings of semistructured

interviews, data collection, data analysis, and how the trustworthiness of the research was

established will be presented.

Chapter 4: Results

Introduction

The purpose of this phenomenological study was to understand the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. The research question that guided this phenomenological study was as follows: How do women survivors of CSA who reported the abuse to their mothers depict and describe the experience of the mother-daughter attachment bond in adulthood? Based on my interviews with eight women, the findings are meant to contribute to the literature related to gaining an increased understanding from the perspective of adult women survivors of CSA and the attachment bond between their mother-daughter relationship.

In this chapter, I describe the data collection settings, the demographic characteristics of each participant, and the data collection process conducted through semistructured interview with eight adult women. Each participant's interview provided a description of their lived experiences and an understanding of the phenomenon. Procedures for data analysis is discussed, including evidence of trustworthiness. In conclusion, I provide the results of my study and a summary of the Chapter 4.

Setting

The interviews were conducted via videoconferencing (Zoom or FaceTime) at a date and time selected by each study participant. There were no other factors that impacted the data collection or results.

Demographics

The sample size consisted of eight women who met the criteria for this study. All participants experienced CSA disclosed to their mothers during the period of abuse: The mother failed to bring about the cessation of the sexual abuse. Study participants were adult women over the age of 18. All of the participants' mothers were living at the time of their individual semistructured interviews. Study participants understood the research question that guided this phenomenological study and spoke fluent English. Participants were able to verbally articulate their lived experiences through semistructured interviews related to CSA and their current mother-daughter attachment bond.

I used screening questions on Appendix C to determine eligibility listed as follows: Are you an adult female over the age of 18? Did you experience CSA prior to age 18? Was the sexual abuse disclosed to your mother during the period of abuse? Did your mother not take the appropriate measures to end the abuse? Is your mother currently living? Do you speak fluent English? To meet eligibility, participants were required to answer yes to all five questions. The age range for the study participants were from 22 to 70 years old. Codes P1, P2, P3, P4, P5, P6, P7, and P8 were used to replace the participant's name to ensure and maintain confidentiality.

Data Collection

Data collection in this phenomenological study began once I received approval from Walden University's IRB #11-13-20-0483499. The data collected for this study were from a purposive sampling group of participants who acknowledged having experienced the phenomenon. Participants provided personal stories based on the

reflection of their subjective experiences and individual consciousness. I used semistructured interviews to engage study participants in understanding the effects on the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. All ethical procedures were followed as outlined in Chapter 3. Study participants were provided a consent form via email. Participants were required to respond to the email with "I consent" to acknowledge their intent to participate in the study. The length of each interview was approximately 1 hour and was audiotaped with a recorder. A semistructured process was used to guide study participants in answering interview questions to gain understanding the effects on the mother-daughter attachment bond. Each audio recording was transcribed verbatim to ensure the credibility and confirmability of all the data obtained.

Data Analysis

In analyzing the data, I began by transcribing each participant interview verbatim. Each audio recording was reviewed for accuracy. I followed the Moustakas's (1994) 8-step data analysis process as a modification of van Kaam's method that includes the following:

- horizonalization

- reduction and elimination

- clustering and thematizing the invariant constituents

- final identification of the invariant constituents and themes by application: validation

- individual textural descriptions

- individual structural descriptions

- textural-structural descriptions

- and developing a composite description of the meanings and essences of the experiences representing the group as a whole.

The data were coded using multiple color highlighting to identify notable words or phrases by each study participant to achieve horizonalization and gain an understanding the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. All statements and expressions not relevant to the phenomenon were excluded. I developed invariant constituents and themes by comparing the verbatim written transcripts of each study participant and discarded any themes that were not explicit or compatible with the expressed experience of the study participants. I constructed individual textual and structural descriptions of pertinent invariant constituents and themes from each study participant that included direct quotations of their lived experience from each transcribed interview. From the meaning of units, themes emerged and were used to construct both textual and structural descriptions that led to the composite description of the essences of the phenomenon. I identified seven themes: (a) established relationship, (b) avoidance of discussing emotional wounds, (c) verbal and physical interactions, (d) effective communication, (e) hurt and anger, (f) desired bonds and closeness, and (g) forgiveness. All discrepant cases that were noted and contrary to identified themes were analyzed and compared to other cases.

Issues of Trustworthiness

In this study, I used credibility, transferability, dependability, and confirmability to address issues of trustworthiness. Bevan (2014) stated that a phenomenological researcher must maintain consistency in their methodological procedures and exhibit improved trustworthiness. Study findings that demonstrate quality, authenticity, and truthfulness symbolize trustworthiness (Cypress, 2017). Individuals who read the results of qualitative research must have a certain level of belief and assurance that the findings are accurate (Schmidt & Brown, 2015). Trustworthiness must be established before, during, and after a qualitative study is conducted (Cypress, 2017). Credibility, transferability, dependability, and confirmability are the various measures that demonstrate the trustworthiness of a phenomenological study (Connelly, 2016).

Credibility

Constantinou et al. (2017) stated that credibility equates to internal validity and reflects the reality of the findings reported by a researcher. Credibility provides the internal validity of a study and is demonstrated through an accurate description of the phenomenon researched (Constantinou et al., 2017). Some of the elements of credibility include triangulation, member checks, and saturation. Triangulation utilizes various forms of data sources to construct comprehensive rationalizations for themes obtained through the research findings (Creswell, 2013).

I accomplished triangulation by having all the interview data transcribed verbatim in addition to comparing both written and verbal recordings for complete accuracy. I listened to the taped interviews on a repeated basis to obtain a precise analysis of the data

in addition to a continuous review of the written and transcribed information. Member checks is a strategy in qualitative studies that establishes the credibility of study findings. According to Creswell (2013), member checking is used to verify the accuracy of specific themes and descriptions obtained from study participants during the interviewing process.

A researcher may allow study participants the opportunity to review aspects of the final report to provide feedback and comments (Creswell, 2013). I practiced member checking by giving study participants a copy of the written summary of their interview to allow them the opportunity to confirm the correctness of their statements. I ensured and demonstrated the saturation by constantly reviewing the data to determine that no new perspectives were emerging related to the research question. Elo et al. (2014) asserted that when data saturation is achieved, it is effortless to categorize and abstract the information.

Transferability

Transferability, also known as external validity, allows for the generalizability of the research findings to different persons, groups, and situations (Elo et al., 2014). In this phenomenological study, the emphasis was not geared towards transferability but instead concentrated on the lived experiences of the study participants that were exclusive to the phenomenon. Transferability in phenomenological research is determined by a thorough thick description of the phenomenon along with a clear context of the occurrence of the phenomenon so that other researchers can confidently use the results in other areas of study and context (Constantinou et al., 2017). To obtain a thick description, every aspect of this phenomenological was documented, including all elements of data analysis,

audiotaped interviews, verbatim transcription of taped interviews, and clear explanations of themes as they appear. A phenomenological researcher must provide definite descriptions and characteristics of the study participants, context, culture, and the selection process (Elo et al., 2014). A phenomenological study cannot be replicated. The study is unique to the participants. The data collected in the study remain stable over a period of time in different situations and conditions (Elo et al., 2014). I addressed transferability by providing a thick description of the research settings, procedures that were followed, the characteristics of study participants, and my role as a researcher.

Dependability

Connelly (2016) stated that dependability incorporates procedures such as the audit trails to ensure the maintenance of the data, including process logs, researcher notes, audiotapes, study participant information, data analysis procedures, and all aspects of the study. I developed an audit trail that included the securing of all study literature, data and computer files, audiotapes, study participant information, and data analysis rationale in a locked fireproof safe. I am the only person with access to this information.

Confirmability

Confirmability or objectivity requires an accurate description of how the research findings present a clear and precise portrayal of the study participants' lived experiences that are free from researcher bias (Constantinou et al., 2017). Reflexivity is a strategy used by researchers to demonstrate confirmability in their research findings. Researchers need to practice reflexivity in their autobiography during the entire process of collecting and analyzing data (Lien et al., 2014). I kept a reflexive journal daily before, during, and

after I interviewed study participants. I used bracketing to identify and separate any biases, prejudgments, and personal thoughts that might interfere with the confirmability of the study data.

Ethical Procedures

I followed all the ethical guidelines and standards established by Walden University's Institutional Review Board (IRB). The collection of data commenced after approval was granted. I solicited study participants from local mental health agencies and counseling centers within the Texas areas, using multiple social media sites, Facebook groups, and word of mouth using invitation flyers posted at each facility (see Appendix A). The flyers contained the description and purpose of the study, the participant criteria, confidentiality assurances, and my contact information, including cell phone and email address for member checking.

Study participants were advised in writing that they had the right to withdraw from the study at any time and that their participation was solely on a volunteer basis. I had no known relationship with study participants either personally or professionally. Informed consent form was provided for signature to each study participant after their participation was confirmed. All data collected, including audiotapes, confidential participant information, written transcripts, and researcher notes, will be kept in a secured and locked safe. I am the only person with access to this information. Information on my computer is password protected. The data related to this study will be destroyed by shredding or deleted electronically after 5 years as required by Walden University.

Themes Identified

In this study, I explored the lived experiences of women survivors of CSA who reported the abuse to their mothers. I focused on how the study participants depicted and described their current mother-daughter attachment bond in adulthood. Through semistructured interviews, study participants answered guided questions regarding the phenomenon. I identified seven themes: (a) established relationship, (b) avoidance of discussing emotional wounds, (c) verbal and physical interactions, (d) effective communication, (e) hurt and anger, (f) desired bonds and closeness, and (g) forgiveness.

Theme 1: Established Relationship

Seven participants reported not being estranged from their mothers. The participants reported having an established relationship whereas they both currently engaged verbal and physical interactions on a regular basis.

P1: We do for one another and not it's not so much physical affection. We show through our actions. We speak to each other all the time. We laugh. We have lunch. We have fun together. We go on trips together. We do a lot of things together.

P2: I have a healthy relationship with my mom. We all get along. We have a very close bond. There is not one day that we go without seeing each other. My mom has always been a great support when it comes to her kids. She has always been that person.

P3: I think that relationship is cool she may think different. And some days it's okay but some days I need to be really prayed up when I get out there. But

describe it as cordial but not loving. I would just assume not be around her. I am there. Her caregiver. I don't like her a lot. I think she thinks our relationship is a lot closer than it is.

P4: We get along. I would say it is more cordial because she is not the affectionate type at all. I show up. Help with what I need to help out with and leave. There isn't any visiting done other than that during that time I am there. She is not a touchy-feely person, so she never hugs anyone. She never says I love you to anyone.

P5: "My mom hugs a lot. My mom is a touchy-feely person. I am not touchy feely, but my mom is. I receive her touch if she wants to kiss me."

P7: Via text and via phone call. Well now because I am the only one who takes care of her. The only physical we do is when I am helping her out of the car and to therapy. That is how we touch.

P8: "My relationship with my mom now is very good. "I would say it's a good relationship. I would say it is positive now. Good no issues, we talk daily."

Theme 2: Avoidance of Discussing Emotional Wounds

During the interview process, six participants reported that there was an avoidance of discussing emotional wounds in their verbal interaction as it relates to the CSA in conversations between them and their mothers. Participants described that they did not engage in conversations with their mothers because they wanted to avoid causing emotional harm to their mothers. There was also a desire to protect themselves from re-victimization or experiencing negative emotions.

P1: I think we just avoid talking about other things. Just not sure how she will react to them. I don't want to hurt her by what I feel. I don't want her to feel like I feel a certain kind of way. Because I don't want her to feel bad because of the way I feel about our relationship. It makes it awkward because we can't talk about what we need to talk about. We dance around it.

P2: I think the fear of hurting her. Because I know she was a good mom. This is what I believe is that she would think that she did not do enough. I think she would feel like she didn't do enough. I think what keeps me from having that conversation is having to re-hatch all the feelings again.

P3: I don't feel like I can be open and honest with her. I am predicting the outcome of that conversation and again I think it would be turned around again that is it my fault. I am just not willing to do that anymore. I think it would be waste of time. I would not be heard and once again. I think it is self-protection.

P6: "No, nope not at all. I don't know how I could deal with it. I don't know. So, no we haven't."

P7: "No, we can't. My mom will never acknowledge any of that. She doesn't even acknowledge the emotional abuse or mental abuse she gave me."

P8: "There was not enough communication on her part to help me heal. There was no discussion about abuse. There was a lack of acknowledgement of what happen."

Theme 3: Verbal and Physical Interactions

Six study participants acknowledged verbal and physical interactions in their relationship on a regular basis. Verbal interactions included phone calls, text messages or

in-person meetings. Physical contact was described as family outings, planned activities, and personal interactions with each other. Participants conveyed that there was frequent communication and physical contract with their mothers.

> P1: When we talk, we get along. We laugh. We talk about a lot of stuff. We speak to each other all the time. We talk about a lot of stuff. We do for one another and not it's not so much physical affection.

P2: "I can go to her each day as an adult and talk to her and get the most awesome advice. Communication verbally has been pretty good. With my mom we are huggers."

> P3: I call her once a day. That's a ritual. I feel obligated, its not because I want to. I do my best to bring something interesting to the conversation to kind of brighten her day or because her world is very small. I just don't just have no desire to hug her or be hugged by her. I just don't have a lot of need to be touched by my mother.

P4: "I call a couple times a week see how they are doing let her know what's going on at work and with the kids. We say what we need to say and nothing more."

> P5: Our verbal interaction was usually me listening to her talk. I never really talked about my life to her. So, my interactions verbally with my mom is usually my mom talking to me about other people.

P7: "As far as our conversations, we have gotten better only because I am her caretaker. We don't hug, we don't give hugs, we don't do any of that."

Theme 4: Effective Communication

Six participants stated that there are barriers in their relationship which centers around effective communication. Effective communication stemmed from an inability on behalf of the participant to discuss deep interpersonal thoughts and personal challenges with their mothers. Participants reported difficulty in having open and honest communication with mothers without the expectation of having negative outcomes.

P1: Barriers with my mom is communication. We don't talk a lot about her feelings and stuff. That's a barrier because we are not going to talk about stuff with feelings involved in it. That's it and our communication barriers. That's our biggest issue is communication. Everything else is fine. Be more honest about our feelings with each other.

P2: "I think my barriers now currently are because I tend to hold back letting her know like when I am having issues in my relationships. The barrier is communication about certain things."

P3: I really don't know but I would like to be able to have a normal conversation. Whatever that means. To be able to talk on different topics and not just her staying in her small world. I would like for her to hear what I am saying more I would like to have an honest conversation with her without feeling like have to be very guarded.

P5: I would like to communicate my feelings without feeling judged. I feel that I can't communicate that with her. I never really talked about my life to her. The truth of the matter is I never share my life with my mom.

P6: "Like I would be able to come to her and just tell her everything. Being able to like talk if there is a problem being able to talk about it."

P7: "Communication, communication. Just saying I love you without me having to initiate it from you."

Theme 5: Hurt and Anger

Feelings of hurt and anger were identified by all eight study participants who expressed that not enough was done by their mothers to acknowledge the history of abuse. There is a failure by their mothers to address emotional, psychological, and physical needs. Study participants reported experiencing a sense of disappointment, lack of support and sympathy, protection and affection, and feelings of rage.

P1: I needed to have that feeling of an apology for even creating the situation. For not saying something. For not doing anything. I think I am owed an apology and I think that's what it is. It's like I didn't get that sympathy or empathy from her. Or that feeling of protection, I guess. Even after the fact. You know like a hug or let's cry it out or nothing. So, I held on to all this by myself. It still hurts me. It's not feeling protected and loved. It is embarrassing.

P2: I don't like that she could have said something or maybe back then counseling wasn't as big now. Maybe, I wish she could have done more. I want to say I wish my mom could have done more. And if she would have done more may that would have prevented me from the night life and wanting to be like wanting to numb the pain.

P3: I am sure there is smothering anger rage dislike something down there. I think there are lot of people that just really feel distant from one parent or the other, or whatever reason and I think that I am one of them.

P4: Her lack of emotion and sensitivity everything is met with sarcasm or scrutiny. I think her weakness and lack of affection has made me complacent with her. Compassion, caring, understanding, loving nature all the things a mother is supposed to possess. What you think of a mom or grandma, she lacks. I stopped hugging her cause she would never hug back as I was growing up. Not once in my entire forty years did, she ever say I love you, so I stopped saying it to her as a kid. She never tried to get me out of the house in anyway. Her excuse for not leaving according to her was she loved him and couldn't raise me on her own.

P5: She was living with me and annoying me so bad that I just wanted her to go stay with somebody else. I didn't want my mom to live with me because I was so angry. I was like I can't do you anymore. After a while my attitude towards her became evident to her. That I was angry with her.

P6: She told me it was my fault. I don't have respect for her. I would just expect an apology or hearing her just say that she was sorry, but people can say that they are sorry all they want and not see the damage that they have done.

P7: There were times with my mom would say to she wished I was never born. I never have gotten positive affirmations from my mom at all. My mom will never acknowledge any of that. She doesn't even acknowledge the emotional abuse or mental abuse she gave me.

P8: I do have resentment towards my mother. Why didn't you do more? Why didn't you take more actions? My anger comes from the lack of action that she took. There was a lack of acknowledgement of what happened. The lack of responsibilities on her part as a person.

Theme 6: Desired Bonds and Closeness

Seven participants expressed a desire to build a deeper bond and closeness in their mother-daughter relationship that they have yet to experience. Participants reported a desire for increased personal touch, emotional bonding, affirmations of affection, and a willingness on the part of their mothers to build a closer interpersonal bond.

P1: I wish I had a better relationship with her. To be able to tell each other more. Like the I love you and the crying together. The hugs. That kind of stuff. Be more honest about our feelings with each other. I think it's a part of that inner child in me. That person that still wants their momma.

P3: I would like for her to hear what I am saying more. I would like to have an honest conversation with her without feeling like I have to be very guarded with what I say or its going to go to hell in hand basket.

P4: A loving relationship where we could embrace and say I love you. Be able to hang out. I would like to be able to just hang out and talk about anything. Maybe watch a movie or show together like before.

P5: "I think the ideal relationship I would want with my mom is to be able to communicate my feelings to her and just have her to listen to me and not judge and not give me advice."

P6: For one for her to love me. I would like us to have a mother-daughter relationship how it should be. Just great communication and there should definitely be love. Because I mean you had a kid; you should love your child. I would want there to be honestly. Just positive supportive understanding. It's supposed to be a bond. Like I would be able to come to her and just tell her everything. I would be able to know that I could rely on her.

P7: My ideal relationship I would like to have with my mom would be that I can sit in a room and hold decent conversation. Talk about how my life is. Talk about how her life is and I can ask her about how her life is going and how is her day. Physical touch, the hurts, just saying I love you without me having to initiate it from you. Just her saying I love you and I appreciate all you do for me. I have never heard that. Because she is my mother and I love her, but we don't have that type of love that a mother and daughter should have.

P8: "I would like to have an ideal relationship where I do not have resentment towards my mother."

Theme 7: Forgiveness

Five participants expressed forgiveness was towards their mothers. The ability to find forgiveness included a reduction in feelings of anger, indifference, a personal desire to grow, and healing through spiritual growth.

P1: "I am not mad at her no more. I used to be mad at her."

P3: "I have forgiven my mother acts of omission or commission or whatever, but it doesn't mean I want her to be my best friend."

P5: But one day I decided that no matter what I felt about no matter how it provoked me I was not going to let it affect me. I repented and I was going to take care of her. That shift happened when I decided to love and forgive her. I have truly forgiven my mom. I have allowed God to heal me.

P6: I feel like I don't have as much anger towards her as I used to. I was always angry at her. But there is not as much as I used to have because I am learning forgiveness. I am learning to just ask God to just take care of her and not always feeling like I have to get justice for the wrong things she has done to me.

P8: "I had to forgive her and grow."

Discrepant Cases

Discrepant data were provided by Participant 6 who stated that she was currently estranged from her mother and did not have an established relationship. Participant 6 stated that she experienced verbal and physical aggression from her mother. Participant 6 also reported that her mother blamed her for the abuse by stating that she was at fault.

P6: We really don't have one. So, I personally don't think it's healthy. She tries to keep forcing a negative one. She told me that she never loved me. It made me not want to pursue a relationship with her. I don't speak to her, now. Probably about a month ago. It was abusive with hitting, slapping, punching, and pushing. She told me it was my fault. She said it was my fault that I have curves.

Summary

In Chapter 4, I presented the results from the eight study participants who participated semistructured interviews to answer the research questions. The purpose of

this phenomenological study was to understand the mother-daughter attachment bond in adulthood, of women who experienced CSA that was reported to their mothers. The research question that guided this phenomenological study: How do women survivors of CSA who reported the abuse to their mothers depict and describe the experience of the mother-daughter attachment bond in adulthood? Following Moustakas (1994) eight-step data analysis process as a modification of van Kaam's method I identified seven themes. The seven themes identified were: (a) established relationship, (b) avoidance of discussing emotional wounds, (c) verbal and physical interactions, (d) effective communication, (e) hurt and anger, (f) desired bonds and closeness, and (g) forgiveness. The essence of the lived experience was emphasized through each theme.

Study participants reported having an established relationship with their mothers and expressed both positive and negative emotions. There were genuine feelings of love articulated verbally and through physical touch. A theme among the participants was the avoidance of discussing emotional wounds in conversation with their mothers. It was stated that they often avoided any discussion related to their CSA with their mothers due to concerns that their feelings and experiences might be dismissed or not validated. Participants also said that they wanted to protect their mother from experiencing negative emotions in doing so avoided discussing their feelings about abuse with them during verbal interactions. Engaging in effective communication related to interpersonal challenges along with sincere emotional dialog were experiences voiced by study participants.

Feelings of hurt and anger were also identified in the interviewing process. The participants voiced that they sensed a lack of sympathy, sensitivity, and resentment in their mother-daughter relationship. A desire to form a closer childlike bond with their mothers based on personal touch and emotional bonding was communicated. Study participants also voiced a need to experience a more loving aspect in their relational bonds with their mothers. Lastly, participants expressed having forgiveness for their mothers. With forgiveness playing a major role in their individual healing process. I will discuss the interpretation of the results by comparing the findings to the research literature in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this phenomenological study was to understand the mother-daughter attachment bond in adulthood of women who experienced CSA that was reported to their mothers. There was gap in the research literature regarding the attachment bond between the mother-daughter dyad in adulthood influenced by CSA known by the mother during the period of abuse. I used the phenomenological approach to understand the lived experiences of adult women who are survivors of CSA that was known to their mothers during the period of abuse, and the effects on their mother-daughter attachment bond in adulthood.

I conducted interviews with study participants, which lasted approximately 1 hour, to collect data. I used purposeful sampling in the recruitment of eight study participants who met the criteria for the study. I followed the Moustakas (1994) 8-step data analysis process as a modification of van Kaam's method to analyze the collected data. Findings from this phenomenological study described the lived experiences of women survivors of CSA who reported the abuse to their mothers and their depiction of the mother-daughter attachment bond in adulthood. The seven themes identified were (a) established relationship, (b) avoidance of discussing emotional wounds, (c) verbal and physical interactions, (d) effective communication, (e) hurt and anger, (f) desired bonds and closeness, and (g) forgiveness.

Interpretation of the Findings

Seven themes emerged from participant interviews regarding the effects on the mother-daughter attachment bond in adulthood. The results of this study were consistent with the major findings I discussed in the literature review in Chapter 2. Most of the study participants reported having an established relationship with their mothers that included both verbal and physical interactions. However, in one discrepant case, a participant reported not having an established relationship with her mother. These findings are consistent with studies conducted by Bojczyk et al., (2011), Hunter, (2015), Pickering et al., (2015) and Ringering et al., (2014). Avoiding discussions of their emotional wounds with their mothers were linked to revictimization, decreasing negative emotions, and reducing emotional harm towards their mothers. Similar to several studies, the participants in my study reported a desire to decrease feelings of blame and fault towards their mothers for their history of sexual abuse (see Brenner & Ben-Amitay, 2015; Chien, 2008; Karakurt & Silver, 2014; Zagrodney & Cummings, 2017). Participants expressed disappointment that their mothers did not assist them with healing emotional wounds or providing psychological and medical treatment. Godbout et al. (2014) stated that inaction by the parents of CSA victims to help in obtaining behavioral health and medical treatment can give the impression that the victims lack value and do not deserve assistance.

Participants discussed that effective communication was a barrier in their mother-daughter relationship that included an inability to engage in open and honest dialog with their mothers. Identified by participants of this study were feelings related to hurt and

anger in addition to a lack of assistance by their mothers to provide psychological and emotional support. Follette and Vechiu. (2017) described how adult women with a history of CSA expressed difficulty managing affect regulation, including feelings of sadness and frustration. Most participants in the current study voiced a desire to establish a deeper bond with their mother-daughter relationship and a willingness to build a more positive relationship with their mothers. Pickering et al. (2015) described a continued effort by adult daughters of CSA to seek love and validation from their mothers to resolve negative experiences of childhood abuses. Five out the eight participants in my study reported that they were able to find forgiveness of their mothers that enabled them to achieve a greater level of healing and spiritual growth, which was consistent with Chien (2008). Seven of the themes in this study were consistent with the literature reviewed for this study regarding the lived experiences of adult women who are survivors of CSA that was known to their mothers during the period of abuse, and the effects on their mother-daughter attachment bond in adulthood.

Theme 1: Established Relationship

Seven of the eight participants reported an established relationship with their mothers. A relationship bond included both verbal and physical interactions on a regular basis. The participants stated that they often engaged in interaction with their mothers, which included a cordial relationship of physical touch, planned outing and trips, and verbal interaction. However, some participants highlighted that those interactions were not all positive. Ringering et al. (2014) concluded that most adult daughters seldom end the relationship with their mothers irrespective of whether it is a meaningful bond

because attachment bonds are formed during infancy. One participant reported that she did not have an established relationship with her mother. These findings were consistent with Hunter (2015), who examined the perceptions of adult victims who disclosed CSA to their mothers and reported having no established relationship with her mothers.

Theme 2: Avoidance of Discussing Emotional Wounds

There was a pattern of behavior that involved the avoidance discussions of their emotional wounds. Six participants reported that they abstained from verbal discussions with their mothers about their history of CSA. Karakurt and Silver (2014) stated that avoidant attachment patterns for adult women who experienced CSA can be developed in children who are raised in family environments where protection by primary caretakers was not provided (Karakurt & Silver, 2014). There was a desire on behalf of the participants to avoid revictimization and negative emotions. According to Brenner and Ben-Amitay (2015), sexual revictimization was associated with higher negative responses to the disclosure of CSA by adult women in a quantitative study.

Two of the participants stated that they did not want to cause emotional harm to their mothers, so they refrained from discussions on the topic. This is consistent with findings that the efforts to avoid blame reduce the attribution of fault directed towards the mother when CSA is reported (Zagrodney & Cummings, 2017). Karakurt and Silver (2014) noted that the development of avoidant attachment patterns for women who experienced CSA can stem from family environments where protection by primary caretakers is not provided. This is consistent with the findings of the mother-daughter

bond that included both positive and negative images ranging from cultural factors to avoidance strategies (Chien, 2008).

Participants also reported that their mothers did not engage them in discussions about their CSA although there was a desire on their part to have open and honest dialog with them. Some participants expressed a belief that conversations with their mothers would have been a catalyst to help them heal their emotional wounds. Findings from Swingle et al. (2016) stated that measures should be taken to end the abuse in addition to providing the required psychological and medical treatment to the abused victim should be implemented. In addition, inaction by the parent can give the perception to CSA victims that they have no value and are undeserving of assistance (Godbout et al., 2014).

Theme 3: Verbal and Physical Interactions

Verbal and physical interactions, which occurred on a regular basis, were reported by six of the eight participants. Participants reported that they often engaged in daily conversations and that included healthy and constructive dialog. Physical contact was also common in interactions with their mothers that involved hugging and planned activities. However, some participants acknowledged that although they engaged in both verbal and physical contact with their mothers, the interactions were not consistently viewed as positive. Findings reported by Bojczyk et al. (2011) revealed that the current relationship between adult women and their mothers is associated with an assessment and framing of childhood experiences. Elements including the lack of trust, lack of parental warmth, and decreased knowledge of self may be associated with their current attachment styles (Pickering et al., 2015).

Theme 4: Effective Communication

Relationship barriers reported by six of the participants centered on effective communication. An inability to engaged in deep and personal conversations with their mothers was common. Participants noted that negative outcomes were anticipated when efforts to effectively communicate genuine thoughts and feelings about their interpersonal challenges were attempted. An important element of attachment theory is internal working models that function throughout the conscious and unconscious mind of a child and are internalized through their relationship with the attachment figure (Bowlby, 1988). Barnum et al. (2017) reported that disruptions in the internal working model can be linked to sexual trauma in childhood.

Some participants expected that their beliefs would be met with skepticism by their mothers. Participants indicated patterns of withholding certain information while communicating with their mothers in an effort to avoid feelings of judgement. Fitton (2012) stated that the quality of the relationship and attachment bond between the primary attachment figure and a child is based on the thoughtfulness, approachability, and harmony demonstrated by the maternal caregiver. The internal working models is used to aid individuals in understanding behavior and future decision-making (Eagle, 2017). Bux et al. (2016) stated that mothers play a significant role in the overall recovery and survival of their child after sexual abuse has occurred.

Theme 5: Hurt and Anger

Feelings of hurt and anger were identified by all eight study participants who expressed that not enough was done by their mothers to acknowledge the history of the

participants CSA. Findings were consisted with Follette and Vechiu (2017), who reported

that effects of CSA and long-term consequences for adult women include an inability to

manage affect regulation that can lead to chronic feelings of fear, sadness, frustration, and

nervousness. This is consistent with the findings of Hunter (2015), who used narrative

inquiry methodology to examine the perceptions of adult victims of CSA and the role of

their mothers after the disclosure and nondisclosure of sexual abuse during childhood. In

Hunter's study, the women expressed that they experienced the lack of protection by their

mothers, along with feelings of betrayal, blame, and abandonment.

Participants reported that there was a failure by their mothers to address

participants emotional, psychological, and physical needs. Swingle et al. (2016) reported

in a multivariate analysis of covariance study that examined the influence of disclosure or

nondisclosure that measures that will end the abuse along with providing the required

psychological and medical treatment to the abused victim should be implemented.

Participants also described suffering a sense of disappointment, lack of support and

sympathy, protection and affection, and feelings of rage. According to Godbout et al.

(2014), perceptions may be formed by abuse victims that they have no value and are

undeserving of assistance when there is inaction by a parent whose child has faced sexual

abuse.

One of the participants voiced a need for an apology from her mother. Some

participants expressed a belief that their mothers displayed no feelings of remorse for the

abuse they suffered. There was also lack of empathy and sensitivity demonstrated by their

mothers in the mother-daughter relationship. These findings are consistent with elements

of the traumagenics dynamics model that provides insight into how adulthood women may internalize their feelings and subsequent behaviors towards their mothers during adulthood. Pickering et al. (2015) also stated that the elements including the lack of trust, parental warmth, and decreased knowledge of self are elements of their mother-daughter relationship that may be associated with their current attachment styles. Follette and Vechiu (2017) stated that insecure attachment behaviors are common in adult women who report a history of CSA.

Theme 6: Desired Bonds and Closeness

Seven participants expressed a desire to build a deeper bond and closeness in their mother-daughter relationship that they had yet to experience. Participants reported a desire for increased personal touch, emotional bonding, affirmations of affection, and a willingness on the part of their mothers to build a closer interpersonal bond. Findings were consistent Pickering et al. (2015), who reported that conflicts in the mother-daughter dyad during adulthood are met with a continued effort by the adult daughter to resolve negative experiences of childhood injustices along with need for validation from their mothers.

This is also consistent with findings by Chien (2008), where participants reported that in the future, they could view their mother-daughter bond as positive during adulthood after a history of CSA was reported. Allnock (2014) reported that the main source of support for childhood sexual victims comes from their mother who also operates out of nurturing role for their child. Pickering et al. (2015) stated that the longest and most vital relationship a woman can develop throughout her life is with her mother.

Theme 7: Forgiveness

Forgiveness towards their mothers was expressed by five of the participants. Participants' ability to convey forgiveness stemmed from a reduction in feelings of anger and personal indifference. There was also an expressed desire to grow individually and healing through spiritual growth. Findings are consistent with Chien (2008) whereas adult women who experienced CSA acknowledged an understanding that their mothers were unaware of how to react to their disclosure of sexual abuse. They also attributed their mothers' behaviors to lack of education and an inability to handle the outcomes of the disclosure (Chien, 2008).

Discrepant Case

In the discrepant data, P6 stated that she was currently estranged from her mother and did not have an established relationship with her. Findings were consistent with Hunter (2015), where two of the adult women participants reported having no current relationship with their mothers. Participants also expressed feelings that included anger, hate, betrayal, and abandonment (Hunter, 2015). P6 also reported that there had been physical altercations in the mother-daughter relationship. Schwartz (2015) stated that when the attachment figure is perceived as a threat, a disorganized attachment bond is likely to be formed by the CSA victim.

<div align="center">

Conceptual Framework and Findings Interpretation

</div>

The conceptual frameworks that guided this study were attachment theory and the traumagenic dynamics model. Bowlby's (1982) attachment theory accentuates the development of familial bonds during a child's early life that can have a significant

impact on their future behavior. Bowlby's attachment theory provided groundbreaking insight into the dynamics of parent-child attachment rooted in physiological needs and primary instinctual responses that promote social interaction (Bowlby, 1958). Secure, avoidant, resistant-ambivalent, and disorganized are the four categories characterized in attachment theory that influence an internal working model of the self and others (Bowlby, 1982). Vital aspects of attachment theory and traumagenic dynamics model and were evident in the descriptions provided by participants as part of their lived experiences of CSA that was known to their mothers during the period of abuse, and the effects on their mother-daughter attachment bond in adulthood. Attachment theory can be a useful tool to understand the family dynamics after the occurrence of CSA within a family (Karakurt & Silver, 2014).

Eagle (2017) stated that a secure attachment bond with a primary attachment figure is a crucial element for children to grow in a healthy environment. Follette and Vechiu (2017) stated that the effects of CSA can have long-term adverse outcomes for adult women and impact their ability to function in areas including affective, behavioral, and cognitive skills. Seven out of eight participants reported having an established relationship with their mothers, with one participant reporting not having an established relationship. Both verbal and physical interactions with their mothers were experienced on a regular basis. Elements of physical touch that included organized and planned activities were common. Some of the participants stated that they engaged in daily healthy and constructive dialog with their mothers.

Insecure attachments bonds consisting of avoidant, resistant-ambivalent, and disorganized patterns are associated with mental health challenges for both children and adults (Bowlby, 2007). Karakurt and Silver (2014) stated that avoidant attachment patterns for adult women who experienced CSA can be developed in children who are raised in family environments where protection by primary caretakers were provided. Some participants acknowledged that not all their interactions with their mothers were viewed positively. Many participants reported an inability to engaged in deep and personal conversations with their mothers. Six participants stated that a barrier in their relationship centered on ineffective communication. Negative outcomes were anticipated by the participants when efforts to effectively communicate genuine thoughts and feelings about their interpersonal challenges were attempted with their mothers. Two of the participants refrained from discussions about their history of CSA because they did not want to cause emotional harm to their mothers. This was consistent with biological component attachment theory and internal working model related to the need of closeness in the relationship between an individual and their attachment figure maintained by complicated communication skills based on distance and availability (Bowlby, 1988).

Segal and Jafee (2015) stated avoidant attachment is demonstrated by an individual when they have no confidence or expectation that their attachment figure will respond to their needs. Participants acknowledged having some avoidant characteristics as it related to discussing their history of sexual abuse with their mothers. The elements of attachment theory and the internal working model was demonstrated with participants

expressing skepticism in effective communication and their mother's ability to adequately address their physical and emotional needs.

An important element of attachment theory is internal working models that functions throughout the conscious and unconscious mind of a child and is internalized through their relationship with the attachment figure. Seven participants expressed a desire to build a deeper bond and closeness in their mother-daughter relationship that they have yet to experience. Many of the participants expressed a desire for increased personal touch and emotional bonding with their mothers. There was a need by some of the participants to receive affirmations of affection, along with a willingness on the part of their mothers to build a closer interpersonal bond. Notably, five participants conveyed forgiveness for their mothers which stemmed from their ability a reduce in feelings of anger and personal indifference.

Traumagenic dynamics model is a hypothesized understanding of the traumatic effects of CSA that occurred before age 18 (Finkelhor & Browne, 1985). The model has four areas of adjustment to CSA, including betrayal, stigmatization, powerlessness, and traumatic sexualization (Walsh et al., 2012). Feelings of hurt and anger were identified by all eight study participants who expressed that not enough was done by their mothers to acknowledge the history of the participants CSA. Some participants expected that their beliefs would be meet with skepticism by their mothers. Some participants expressed a belief that their mothers displayed no feelings of remorse for the abuse they suffered. There was also lack of empathy and sensitivity demonstrated by their mothers in the mother-daughter relationship. Participants also reported that their mothers did not engage

them in discussions about their CSA although there was a desire on their part to have open and honest dialog with them.

Limitations of the Study

This study was a qualitative study based on phenomenological research methods and limited to a small sample size of eight participants who are adult women with a history of CSA. The eight participants provided data based on self-reports of their subjective experiences, thus limited by the probability that some self-reports may not be accurate or concise responses to interview questions. Some of the reports given by study participants may include false memories.

Given my professional experiences as a licensed professional counselor along with personal experiences, researcher bias was acknowledged as a potential limitation of this study. To control for this bias, I refrained from imposing my personal and professional biases or views onto the study participants. I remained objective in my approach during the process of conducting the semistructured interviews. I practiced reflexivity following each meeting. Reflexivity was achieved by systematically seeking to discover factors that may affect how I construct knowledge in addition to ways my personal experiences might influence my ability to function as a competent researcher. Each audio recording was transcribed verbatim to ensure the credibility and confirmability of all the data obtained. I incorporated the process of bracketing illustrated by focusing on the research topic and setting aside any information that is not relevant to the research question. Bracketing was done to ensure that I withhold any elements of

personal judgment to seek to understand the meanings and essence of the lived experiences of the study participants.

Recommendations

In this study, I attempted to address the lived experiences of adult women who are survivors of CSA that was known to their mothers during the period of abuse, and the effects on their mother-daughter attachment bond in adulthood. The eight participants in this study were reported that they experienced CSA disclosed to their mothers during the period of abuse: the mother failed to bring about the cessation of the sexual abuse. Study participants were adult women over the age of 18. The participant's mother was living at the time of the study. Further research that addresses the lived experiences of adult women with a history of disclosed CSA and their relationship with fathers may provide an accurate description and increased understanding of the overall parental attachment bonds. Further research may provide insight to the intrafamily dynamics and how CSA effects a family as a whole unit. Possible areas of the prevention of CSA within the family unit can be discovered. Areas of early interventions including psychological treatment and measures of protection can be implemented.

Participants in this study described how the avoidance of emotional wounds and effective communication impacted their attachment bonds with their mothers. Further research on these dynamics could lead to increased behavioral health interventions that can improve the overall mother-daughter attachment bond in adulthood. Overall, research in this area could also influence how adult women survivors of CSA process the feelings

of emotions related hurt and anger in addition to facilitating the process healing and forgiveness in the mother-daughter attachment bond.

Implications

Implications for Positive Social Change

The implications of this study for positive social change include providing psychologists and other members of the mental health community with additional empirical evidence on the formation of mother-daughter attachment-bonds after CSA, which may lead to improved protocols for women. Local law enforcement, city government, and human service agencies may benefit from the findings of this study. It is essential to understand how women who experienced CSA can develop unhealthy attachment bonds in adulthood and potentially lead adverse outcomes such as incarceration, substance abuse, mental health issues, poor parenting skills, and maladaptive coping skills. This study may help women improve the relationships with mothers in adulthood by learning more effective communication skills to enhance their mother/daughter bond. Participants can also recognize avoidant, resistant-ambivalent, and disorganized attachment styles that impact their adult relationship and build a secure attachment bond.

Further, findings can also lead to improved behavioral health services for these women. Positive social change can result from bringing a greater awareness for adult women survivors of CSA that was ignored by their mothers and allow these women to explore the significance of attachment bonds through continued education and counseling on this topic. This research may provide insight into how attachment-bonds may be

affected during adulthood and what underlying behaviors, beliefs, and attitudes are present in adult women who disclosed CSA.

Methodological Implications

The According to the Centers for Disease Control and Prevention (2020), one out of every four girls will experience sexual abuse in childhood. The Administration for Children and Families (2020) reported that in over 3.5 million child maltreatment cases, seven percent included sexual abuse. The longest relationship a woman can have been with her mother (Pickering et al., 2015). The mother-daughter bond is a multifaceted relationship that extends from birth into adulthood that influences the daughter's development from dependence to independence (Everet et al., 2016). The relationship a daughter develops with her mother is created throughout a lifetime and considered to be one of a daughter's most important relationships (Pickering et al., 2015).

The participants of this study provided in-depth information, from their perspectives, regarding their lived experiences of CSA that was known to their mothers during the period of abuse, and the effects on their mother-daughter attachment bond in adulthood that helped to fill the identified gap in the literature. Therefore, this study is an in-depth description of the lived experiences of CSA that was known to their mothers during the period of abuse, and the effects on their mother-daughter attachment bond in adulthood was achieved from participants of this study using Moustakas (1994) eight-step data analysis process as a modification of van Kaam's method.

Theoretical Implications

The mother-child attachment bond can be challenging when there is a history of CSA (Alexander, 2014). The effects of CSA can have long-term adverse outcomes for adult women that can impact their ability to function in areas including affective, behavioral, and cognitive skills (Follette & Vechiu, 2017). When CSA is known by the mother during the period of abuse, and she fails to intervene on behalf of her daughter, there can be long-lasting effects on the mother-daughter attachment bond in the future. When a child discloses sexual abuse to their mother, the purpose is to end the violence (Rakovec-Felser & Vidovic, 2016). Ozcan et al. (2016) stated that attachment styles are established in the beginning stages of life and play a significant role in an individual's ability to develop relationships with others as adults.

Secure attachment bonds correlate with healthful well-being, whereas insecure attachment bonds are associated with psychopathology in adulthood (Sitko et al., 2014). Traumagenic dynamics model was useful in identifying the traumatic effects of CSA that occurred before age 18 (Finkelhor & Browne, 1985) along with its four areas of adjustment to CSA, including betrayal, stigmatization, powerlessness, and traumatic sexualization (Walsh et al., 2012). The mother-daughter attachment bond may be affected in adulthood due to circumstances surrounding CSA.

There are many factors that influence the formation of a secure attachment bond between the mother-daughter in adulthood specifically when the daughter disclosed the sexual abuse to her mother during the period of abuse. The participants of this study provided significant insight of the effects on their mother-daughter attachment bond as it

relates to CSA that was known to their mothers during the period of abuse. Subsequently, the theoretical implication of this study is that it contributes to gaining an increased understanding of the attachment bonds in adulthood mother/daughter relationships that are affected by CSA. Understanding is gained of how the attachment styles influence cognitive behaviors in the mother/daughter bond in adulthood. This study also contributes to an increased understanding in helping to identify the traumatic effects in the areas of betrayal, stigmatization, powerlessness, and traumatic sexualization its impact on the mother/daughter relationship in adulthood.

Recommendations for Practice

Participants of this study described how CSA that was known to their mothers during the period of abuse effected their mother-daughter attachment bond in adulthood. Participants can gain insight into the barriers that affect their mother/daughter attachment bond. Participants may also obtain the ability to identify which attachment styles affect their adult relationships. Learning about these attachment styles may lead to participants building a more secure attachment bond in their mother/daughter relationship. The insights provided by the participants of this study could empower other adult women survivors of CSA to share their stories. This can create the opportunity for adult women to speak about the impact of child sexual abuse can make it possible for these women to obtain meaning and a clear understanding of their own experiences. Local law enforcement, city government, and human service agencies may benefit from the findings of this study and lead to improved protocols for adult women survivors of CSA. Also, the findings of this study can educate other individuals who experienced CSA on

development unhealthy attachment bonds that can potentially lead adverse outcomes such as incarceration, substance abuse, mental health issues, poor parenting skills, and maladaptive coping skills.

Conclusion

The purpose of this phenomenological study was to understand the mother-daughter attachment bond in adulthood, of women who experienced CSA that was reported to their mothers. Participants were given the opportunity to explore their descriptions of their current mother-daughter attachment bond. Participants provided valuable insight and contributed further knowledge in the field of research. This knowledge is essential to understand how women who experienced CSA can develop unhealthy attachment bonds in adulthood and potentially lead adverse outcomes such as incarceration, substance abuse, mental health issues, poor parenting skills, and maladaptive coping skills.

References

Aagaard, J. (2017). Introducing post phenomenological research: A brief and selective

    sketch of phenomenological research methods. *International Journal of*

    Qualitative Studies in Education, 30(6), 519-533

    https://doi.org/10.1080/09518398.2016.1263884

Adams, C., & van Manen, M. A. (2017). Teaching phenomenological research and

    writing. *Qualitative Health Research, 27*(6), 780-791.

    https://doi.org/10.1177/1049732317698960

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of*

    attachment: A psychological study of the strange situation. Lawrence Erlbuam.

Alexander, P. C. (1992). Application of attachment theory to the study of sexual abuse.

    Journal of Consulting and Clinical Psychology, 60(2), 185-195.

    https://doi.org/10.1037/0022-006x.60.2.185

Alexander, P. C. (2009). Childhood trauma, attachment, and abuse by multiple partners.

    Psychological Trauma: Theory, Research, Practice, and Policy, 1(1), 78-88.

    https://doi.org/10.1037/a0015254

Alexander, P. C. (2012). Retraumatization and revictimization: An attachment

    perspective. In M. P. Duckworth & V. M. Follette (Eds.), *Retraumatization:*

    Assessment, treatment, and prevention (pp. 191–220). Routledge.

Alexander, P. C. (2014). *Intergenerational cycles of trauma and violence: An attachment*

    and family systems perspective. Norton.

Allnock, D. (2014). *Children and young people disclosing sexual abuse: An introduction*

to the research. Child Protection Research Department NSPCC Fresh Start. April 2010.

https://www.academia.edu/24368767/Children_and_young_people_disclosing_sexual_abuse_An_introduction_to_the_research

Alzoubi, F. A., Ali, R. A., Flah, I. H., & Alnatour, A. (2017). Mothers' knowledge & perception about child sexual abuse in Jordan. *Child Abuse & Neglect*, *75*, 149-158. https://doi.org/10.1016/j.chiabu.2017.06.006

American Psychological Association. (2014). *Child sexual abuse: What parents should know*. https://www.apa.org/pi/families/resources/understanding-child-abuse

Baker, S. E., & Edwards, R. (2012). *How many qualitative interviews is enough?* https://eprints.ncrm.ac.uk/2273/4/how_many_interviews.pdf

Barnum, E. L., & Perrone-McGovern, K. M. (2017). Attachment, self-esteem and subjective well-being among survivors of childhood sexual trauma. *Journal of Mental Health Counseling, 39*(1), 39–55. https://doi.org/10.17744/mehc.39.1.04

Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health, 58*, 469–483. https://doi.org/10.1007/s00038-012-0426-1

Beijersbergen, M. D., Juffer, F., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2012). Remaining or becoming secure: parental sensitive support predicts attachment continuity from infancy to adolescence in a longitudinal adoption study. *Developmental Psychology, 48*(5), 1277–1282.

https://doi.org/10.1037/a0027442

Bell, D. C. (2012). Next steps in attachment theory. *Journal of Family Theory Review, 4*, 275-281. https://doi.org/10.1111/j.1756-2589.2012.00135.x

Bevan, M. T. (2014). A method of phenomenological interviewing. *Qualitative Health Research, 24*(1), 136–144. https://doi.org/10.1177/1049732313519710

Bick, J., Zajac, K., Ralston, M. E., & Smith, D. (2014). Convergence and divergence in reports of maternal support following CSA: Prevalence and associations with youth psychological adjustment. *Child Abuse & Neglect, 38*(3), 479-487. https://doi.org/10.1016/j.chiabu.2013.11.010

Birditt, K. S., & Fingermann, K. L. (2013). Parent-child and intergenerational relationships in adulthood. In M. A. Fine & F. D. Fincham (Eds.), *Handbook of family theories: A content-based approach* (p. 71). Routledge.

Boise State University. (2018). *Guidelines for investigators using snowball sampling recruitment methods.* https://research.boisestate.edu/compliance/institutional-review-board-irb-home/guidelines-for-researchers/guidelines-for-investigators-using-snowball-sampling-recruitment-methods/

Bojczyk, K. E, Lehan, T., J. McWey, L. M., Melson, G. F., & Kaufman, D. R. (2011). Mothers' and their adult daughters' perceptions of their relationship. *Journal of Family Issues, 32*(4), 452–481. https://doi.org/10.1177/0192513X10384073

Borneman, J. (2012). Incest, the child, and the despotic father. *Current Anthropology, 53*(2),181-203. https://doi.org/10.1086/6646

29

Bowlby, J. (1952). *Maternal care and mental health*. Geneva, Switzerland: World Health

Organization.

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of*

Psycho Analysis, 39, 350 373.

http://www.psychology.sunysb.edu/attachment/online/nature%20of%20the%20ch

ilds%20tie%20bowlby.pdf

Bowlby, J. (1969). *Attachment and Loss. Vol. 1: Attachment*. Basic Books.

Bowlby, J. (1982). *Attachment and loss, Vol. 1: Attachment (2nd ed)*. Basic Books.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human*

development. Basic Books.

Bowlby, R. (2007). Babies and toddlers in non-parental daycare can avoid stress and

anxiety if they develop a lasting secondary attachment bond with one carer who is

consistently accessible to them. *Attachment & Human Development, 9*(4), 307-

319. https://doi.org/10.1080/14616730701711516

Brenner, I., & Ben-Amitay, G. (2015). Sexual revictimization: The impact of attachment

anxiety, accumulated trauma, and response to CSA disclosure. *Violence and*

Victims, 30(1), 49–65. https://doi.org/10.1891/0886-6708.VV-D-13-00098

Bux, W., Cartwright, D. J., & Collings, S. J. (2016). The experience of non-offending

caregivers following disclosure of child sexual abuse: understanding the

aftermath. *South African Journal of Psychology, 46*(1), 88–100.

https://doi.org/10.1177/0081246315595038

Canadian Centre for Child Protection Inc. (2012). *Child sexual abuse–It is your business*.

https://www.cybertip.ca/pdfs/C3P_ChildSexualAbuse_ItIsYourBusiness_en.pdf

Canton-Cortes, D., Cortes, M. R., & Canton, J. (2012). The role of traumagenic dynamics

on the psychological adjustment of survivors of child psychological adjustment of

survivors of child sexual abuse. *European Journal of Development Psychology,*

9(6), 665-680. https://doi.org/10.1080/17405629.2012.660789

Canton-Cortes, D., Cortes, M. R., & Canton, J. (2014). Child sexual abuse, attachment

style, and depression. The role of the characteristics of abuse. *Journal of*

Interpersonal Violence, 30, 420-436. https://doi.org/10.1177/0886260514535101

Chien, M. (2008). The current relationships of Taiwanese women with a history of CSA

to their non-offending mothers. *Journal of Social Service Research, 34*(4), 29-39.

https://doi.org/10.1080/01488370802162384

Choudhary, V., Satapathy, S., & Sagar, R. (2019). Qualitative study on the impact of

child sexual abuse: Perspectives of children, caregivers, and professionals in

Indian context. *Journal of Child Sexual Abuse, 28*(4), 489-510.

https://doi.org/10.1080/10538712.2018. 1563262

Clevenger, S. (2015). Mothers of sexual assault victims: How women "do mother" after

their child has been sexually assaulted? *Feminist Criminology, 11*(3), 227-252.

https://doi.org/10.1177/1557085115586024

Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medsurge Nursing,*

25(6), 435-436.

https://search.proquest.com/openview/44ffecf38cc6b67451f32f6f96a40c78/1?pq-

origsite=gscholar&cbl=30764

Constantinou, C. S., Georgiou, M., & Perdikogianni, M. (2017). A comparative method

of theme saturation (CoMetS) in qualitative interviews. *Qualitative Research,*

17(5), 571-588. https://doi.org/10.1177%2F1468794116686650

Crespo, C. (2012). Families as contexts for attachment: Reflections on theory, research,

and the role of family rituals. *Journal of Family Theory & Review, 4*, 290-298.

https://doi.org/10.1111/j.1756-2589.2012.00136.x

Creswell, J. W. (2013). *Qualitative inquiry and research design. Choosing among five*

approaches (3rd ed.). Sage Publications, Inc.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods*

approaches (4th ed.). Sage Publications, Inc.

Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design. Choosing*

among five approaches (4th ed.). Sage Publications, Inc.

Crittenden, P. M., & Ainsworth, M. D. S. (1989). Child maltreatment and attachment

theory. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and*

research on the causes and consequences of child abuse and neglect (pp. 423-

463). Cambridge University Press.

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research:

Perspectives, strategies, reconceptualization, and recommendations. *Dimensions*

of Critical Care Nursing, 36(4), 253–263.

https://doi.org/10:1097/DCC.0000000000000253

Cypress, B. (2018). Qualitative research methods: a phenomenological focus.*Dimensions*

of Critical Care Nursing, 37(6), 302–309.

https://doi.org/10.1097/DCC.0000000000000322

Eagle, M. N. (2017). Attachment theory and research and clinical work. *Psychoanalytical Inquiry, 37*(5), 284–297. https://doi.org/10.1080/07351690.2017.1322420

Ehrensaft, M. K., Cohen, P., Knous-Westfall, H. M., & Chen, H. (2015). How does child abuse history influence parenting of the next generation? *Psychology of Violence, 5*(1),16-25. https://doi.org/10.1037/a0036080

Elo, S., Kaariainen, M., Kanste, O., Polkki, T., Utrianinen, K., & Kyngas, H. (2014). Qualitative content analysis: a focus on trustworthiness. *SAGE Open, 4*(1), 1-10. https://doi.org/10.1177/2158244014522633

Everet, J. E., Marks, L. D., & Jean F. Clarke-Mitchell, J. F. (2016). A qualitative study of the black mother daughter relationship: lessons learned about self-esteem, coping, and resilience. *Journal of Black Studies, 47*(4), 334-350. https://doi.org/10.1177/0021934716629339

Fearon, R. M. P., & Roisman, G. I. (2017). Attachment theory: Progress and future directions. *Current Opinion in Psychology, 15*, 131-136. https://doi.org/10.1016/j.copsyc.2017.03.002

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55*(4), 530-541. https://doi.org/10.1111/j.1939-0025.1985.tb02703.x

Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children, 4*(2), 31-53. https://doi.org/10.2307/1602522

Fitton, V. A. (2012). Attachment Theory: History, research, and practice. *Psychoanalytic Social Work, 19,* 121-143. https://doi.org/10.1080/15228878.2012.666491

Follette, V. M., & Vechiu, C. (2017). Adult survivors of CSA: Review of theoretical and empirical literature. *APA Handbook of Trauma Psychology: Foundations in Knowledge, 1*, 117-132. https://doi.org/10.1037/0000019-007

Fong, J., Bennett, C. E., Mondestin, V., Scribano, P. V., Mollen, C., & Wood, J. N. (2017). The impact of child sexual abuse discovery on caregivers and families: A qualitative study. *Journal of Interpersonal Violence*, 1-27. https://doi.org/10.1177/0886260517714437

Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry, 36*(6), 717–732. https://doi.org/10.1046/j.1440-1614.2002.01100.x

Fraley R. C., Booth-LaForce, C., Roisman, G. I., Owen, M. T., & Holland, A. S. (2013). Interpersonal and genetic origins of adult attachment style: A longitudinal study from infancy to early adulthood. *Journal of Personality and Social Psychology, 104*(5), 817-838. https://doi.org/10.1037/a0031435

Frias, M. T., Brassard, A., & Shaver, P. R. (2014). CSA and attachment insecurities as predictors of women's own and perceived partner extradyadic involvement. *Child Abuse and Neglect, 38*, 1450-1458 https://doi.org/10.1016/j.chiabu.2014.02.009

Gee, J, Loewenthal, D., & Cayne. J. (2013). Phenomenological research: The case of empirical phenomenological analysis and the possibility of reverie. *Counseling Psychology Review, 28*(3), 52-62.

https://eds.s.ebscohost.com/eds/pdfviewer/pdfviewer?vid=4&sid=f6458e31-8f81-

4eef-b0f1-eb90e12beb03%40redis

Godbout, N., Briere, J., Sabourin, S., & Lussier, Y. (2014). Child sexual abuse and

subsequent relational and personal functioning: The role of parental support.

Child Abuse & Neglect, 38, 317-325. https://doi.org/10.1016/j.chiabu.2013.10.001

Goldstein, S. E. (2017). Reflexivity in narrative research: Accessing meaning through the

participant-researcher relationship. *Qualitative Psychology, 4*(2), 149-164.

https://doi.org/10.1037/qup0000035

Hunter, S. V. (2015). Perceptions of the role of mothers in the disclosure and

nondisclosure of CSA: A qualitative study. *Journal of Child Sexual Abuse, 24*(8),

887-907. https://doi.org/10.1080/10538712.2015.1092005

Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology:*

An introduction to phenomenological philosophy (D. Carr, Trans.). Northwestern

University Press.

Husserl, E. (2014). *Ideas for a pure phenomenology and phenomenological*

philosophy:First book: General introduction to pure phenomenology. Hackett

Publishing.

Jobe-Shields, L., Swiecicki, C. C., Fritz, D. R., Stinnette, J. S., & Hanson, R. F. (2016).

Posttraumatic stress and depression in non-offending caregivers of sexually

abused children: Associations with parenting practices. *Journal of Child Sexual*

Abuse, 25(1), 110-125. https://doi.org/10.1080/10538712.2015.1078867

Karakurt, G., & Silver, K. E. (2014). Therapy for CSA survivors using attachment and

family systems theory orientations. *The American Journal of Family Therapy, 42*, 79-91. https://doi.org/10.1080/01926187.2013.772872

Knott, T. (2014). Maternal response to the disclosure of child sexual abuse: Systematic review and critical analysis of the literature. *Issues in Child Abuse Accusations, 20*(1), p1-1. 1p.

https://eds.s.ebscohost.com/eds/detail/detail?vid=6&sid=93ff1991-1c3b-47e6-9b0e-

bddef7bb0f99%40redis&bdata=JkF1dGhUeXBlPXNoaWImc2l0ZT1lZHMtbGl2ZSZzY29wZT1zaXRl#AN=95611504&db=sih

Krayer, A., Seddon, D., Robinson, C. A., & Gwilyn, H. (2015). The influence of child sexual abuse on the self from adult narrative perspectives. *Journal of Child Sexual Abuse, 24*(2), 135-151. https://doi.org/10.1080/10538712.2015.1001473

Lavrakas, P. J. (2008). *Encyclopedia of survey research methods.* SAGE Publications Ltd.

Lien, B. Y., Pauleen, D. J., Kuo, Y., & Wang, T. (2014). The rationality and objectivity of reflection in phenomenological research. *Quality & Quantity, 48*(1), 189-196. https://doi.org/10.1007/s11135-012-9759-3

Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development, 50*(1/2), 66-104. https://doi.org/10.2307/3333827

Mebarak, M. R., Martínez, M. L., Sánchez, A.Lozano, J. E. (2010). Una revisión acerca de la sintomatología del abuso sexual infantil [A review about the symptoms of

child sexual abuse]. *Psicología desde el Caribe, 25*, 129-154.

https://www.redalyc.org/pdf/213/21315106007.pdf

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative

inquiry. *Qualitative Health Research, 25*(9) 1212-1222.

https://doi.org/10.1177%2F1049732315588501

Moustakas, C. E. (1994). *Phenomenological research methods*. Sage Publications, Inc.

Murphy, S., Elklit, A., Shevlin, M., & Hyland, P. (2016). Insecure attachment

orientations and posttraumatic stress in a female treatment-seeking sample of

survivors of CSA: A cross-lagged panel study. *Traumatology, 22*(1), 48-55.

https://psycnet.apa.org/doi/10.1037/trm0000060

National Center for Victims of Crime. (2014). https://victimsofcrime.org/

Nelson, K. M., Hagedorn, W. B., & Lambie, G. W. (2019). Influence of attachment style

On sexual abuse survivors' posttraumatic growth. *Journal of Counseling &
Development, 97*(3), 227-237. https://doi.org/10.1002/jcad.12263

Niner, S., Ahmad, Y., & Cuthbert, D. (2013). The "social tsunami": Media coverage of

child abuse in Malaysia's English-language newspapers in 2010. *Media Culture
& Society, 35*(4), 435-453. https://doi.org/10.1177%2F0163443713483796

Ozcan, N. K., Boyacioglu, N. E., Enginkaya, S. Bilgin, H., & Tomruk, N. B. (2016). The

relationship between attachment styles and childhood trauma: A transgenerational

perspective–a-controlled study of patients with psychiatric disorders. *Journal of
Clinical Nursing, 25*(15-16), 2357-2366. https://doi.org/10.1111/jocn.13274

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K.

(2015). Purposeful sampling for qualitative data collection and analysis in mixed

method implementation research. *Administration and Policy in Mental Health*,

42(5), 533-544. http://doi.org/10.1007/s10488-013-0528-y

Pazdera A. L.,McWey L., M.,Mullis A., & Carbonell, J. (2013). Child sexual abuse and

the superfluous association with negative parenting outcomes: The role of

symptoms as predictors. *Journal of Marital and Family Therapy 39*(1), 98-111.

https://doi.org/10.1111/j.1752-0606.2011.00272.x

Pickering, C. E. Z., Mentes, J. C., Moon, A., Pieters, H. C., & Phillips, L. R. (2015).

Adult daughters' relationship in the context of chronic conflict. *Journal of Elder

Abuse & Neglect, 27*, 356-376. https://doi.org/10.1080/08946566.2015.1093987

Pinquart, M., Feuβner, C., & Ahnert, L. (2013). Meta-analytic for stability in attachments

for infancy to early adulthood. *Attachment & Human Development, 15*(2), 189-

218. https://doi.org/10.1080/14616734.2013.746257

Qualitative Research, Research Approaches, Sampling. (2016). *What is purposive

sampling?* Retrieved from https://researcholic.wordpress.com/2016/11/15/what-

is-purposive-sampling/

Rakovec-Felser, A., & Vidovic, L. (2016). Maternal perceptions of responses to child

sexual abuse. *Zdrav Var, 55*(2), 124-130. https://doi.org/10.1515/sjph-2016-0017

Ringering, A. D., Rice, J., Sickles, N., Wilson, E., & Manoogian, M. M. (2014). "It'll

work Out:" Older mothers' and adult daughters' perspectives on future plans.

PURE Insights, 3(1). https://digitalcommons.wou.edu/pure/vol3/iss1/10

Rubin, H. J., & Rubin, I. (2005). *Qualitative interviewing: The art of hearing data* (2nd

ed.). Sage Publications.

Roberts, A. (2000). Narratives and severe mental illness: What place do stories have in an evidenced-based world? *Advances in Psychiatric Treatment, 6*(6), 432-441. https://doi.org/10.1192/apt.6.6.432

Schmidt, N. A., & Brown, J. (2015). *Evidence-based practice for nurses: appraisal and application of research* (3rd ed.). Jones and Barlett.

Schwartz, J. (2015). The unacknowledged history of John Bowlby's attachment theory. *British Journal of Psychotherapy, 31*(2), 251-266. https://doi.org/10.1111/bjp.12149

Segal, J., & Jafee, J. (2015). *How the attachment bond shapes in adult relationships*. https://newpointofviewcounseling.com/attachment-relationships/

Senn, T. E., Braksmajer, A., Hutchins, H., & Carey, M. P. (2017). Development and refinement of a targeted sexual risk reduction intervention for women with a history of CSA. *Cognitive and Behavioral Practice, 24*(4), 496-507. https://dx.doi.org/10.1016%2Fj.cbpra.2016.12.001

Senn, T. E., Carey, M. P., & Coury-Doniger, P. (2012). Mediators of the relation between CSA and women's sexual risk behavior: A comparison of two theoretical frameworks. *Archive of Sexual Behavior, 41*, 1363-1377. https://doi.org/10.1007/s10508-011-9897-z

Simmel, C., Postmus, J. L., & Lee, I. (2012). Sexual revictimization in adult women: Examining factors associated with their childhood and adulthood experiences. *Journal of Child Sexual Abuse, 21*, 593-611.

https://doi.org/10.1080/10538712.2012.690836

Sitko, K., Bentall, R. P., Shevlin, M, & Sellwood, W. (2014). Associations between

specific psychotic symptoms and specific childhood adversities are mediated by

attachment styles: an analysis of the National Comorbidity Survey. *Psychiatry*

Research, 217(3), 202-209. https://doi.org/10.1016/j.psychres.2014.03.019

Smith, P. N., Gamble, S. A., Cort, N. A., Ward, E. A., He, H., & Talbot, N. L. (2012).

Attachment and alliance in the treatment of depressed sexually abused women.

Depression and Anxiety, 29(2), 123–130. https://dx.doi.org/10.1002%2Fda.20913

Swingle, J. M, Tursich, M., Cleveland, J. M., Gold, S. N., Tolliver, S. F., Michaels, L.,

Kupperman-Caron, L. N., Garcia-Larrieu, M., & Sciarrino, N. A. (2016).

Childhood disclosure of sexual abuse: Necessary but not necessarily sufficient.

Child Abuse & Neglect, 62, 10-18. https://doi.org/10.1016/j.chiabu.2016.10.009

The Administration for Children and Families. (2020). *Child abuse, neglect data*

released. https://www.acf.hhs.gov/media/press/2020/2020/child-abuse-neglect-

data-released

The Centers for Disease Control and Prevention. (2020). *Violence prevention: preventing*

child sexual abuse.

https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html?CDC_A

A_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fchildabus

eandneglect%2Fchildsexualabuse.html

Theimer, K., & Hansen, D. J. (2017). Attributions of blame in hypothetical child sexual

abuse case: Roles of behavior problems and frequency of abuse. *Journal of*

Interpersonal Violence, 1-22. https://doi.org/10.1177%2F0886260517716943

Toews, K., Cummings, J. A., & Zagrodney, J. L. (2016). Mother to blame and the just world theory in child sexual abuse cases. *Journal on Interpersonal Violence*, 1-26. https://doi.org/10.1177%2F0886260516675922

Truman, J., Langton, L., & Planty, M. (2014). *Criminal Victimization 2012*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, October 2013. https://bjs.ojp.gov/content/pub/pdf/cv12.pdf

Tufford, L., & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80-96. https://doi.org/10.1177%2F1473325010368316

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau. (2015). *Child maltreatment 2013*. https://www.acf.hhs.gov/cb/data-research/child-maltreatment

van Manen, M. (2017). But is it phenomenology? *Qualitative Health Research, 27*(6), 775-779. https://doi.org/10.1177%2F1049732317699570

van Toledo, A., & Seymour, F. (2013). Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review, 33*(6), 772-781. https://doi.org/10.1016/j.cpr.2013.05.006

Varpio, L., Ajjawi, R., Monrouxe, L. V., O'Brien, B. C., & Rees, C. E. (2017). Shedding the cobra effect: problematizing thematic emergence, triangulation, saturation, and member checking. *Medical Education, 51*, 40-50. https://doi.org/10.1111/medu.13124

Walsh, K., Galea, S., & Koenen, K. C. (2012). Mechanisms underlying sexual violence

    exposure and psychosocial sequelae: A theoretical and empirical review. *Clinical*

    Psychology Science and Practice, 19(3), 260-275.

    https://dx.doi.org/10.1111%2Fcpsp.12004

Wilson, A. (2015). A guide to phenomenological research. *Nursing Standard, 29*(34), 38-

    43. https://doi.org/10.7748/ns.29.34.38.e8821

Winnicott, D. W. (1971). *Playing and reality*. Tavistock.

Zagrodney, J. L., & Cummings, J. A. (2017). Qualitatively understanding mother fault

    after CSA. *Journal of Interpersonal Violence*, *35*(23-24), 5589-5606.

    https://doi.org/10.1177%2F0886260517723140

Appendix A: Invitation Flyer

A RESEARCH STUDY FOR
ADULT WOMEN WHO WERE VICTIMS OF CSA AND THEIR CURRENT
MOTHER-DAUGHTER ATTACHMENT BOND

The Purpose: This phenomenological research is to understand the mother-daughter attachment bond in adulthood, of women who experienced CSA that was reported to their mothers. The insight provided by your stories may also lead to increased services and protocols for adult women survivors of childhood abuse.

This research is part of a dissertation study conducted by Dionne Dauphin, a doctoral candidate at Walden University.

You are eligible to participate in this study, if you can answer YES to ALL the following questions:

1. Are you an adult female over the age of 18?
2. Did you experience CSA prior to age 18?
3. Was the sexual abuse disclosed to your mother during the period of abuse and she failed to take the appropriate measures to end the abuse?
4. Is your mother currently living?
5. Do you speak fluent English?

All selected participants must be 18 or over AND meet the above criteria. I will not establish or operate in the therapeutic role with any study participants before or after the study is completed.

Participation in this study is voluntary and can be terminated at any time during the interview process. Interviews will be conducted privately using multiple formats of communication (face-to-face, telephone, email, online, and/or videoconferencing) and audiotaped. All data collected, including audiotapes, confidential participant information, written transcripts, and researcher notes, will be kept in a secured and locked safe. I will be the only person with access to this information. Information on my computer will be password protected. The data related to this study will be destroyed by shredding along with the deletion of all electronic data after five years as required by Walden University. Interviews will last for approximately an hour. Participants will not receive compensation for their participation. All information will be kept confidential and is solely to understand the mother-daughter attachment bond in adulthood, of women who experienced CSA that was reported to their mothers.

Should you decided to participate in this study, please contact me via the telephone number or email provided at the bottom of this flyer. Further details will be provided regarding confidentiality and participation requirements.

Dionne Dauphin
Telephone: (XXX) XXX-XXXX
Email: XXXXXX@waldenu.edu

Appendix B: Interview Protocol

Opening Statement:

Hello. My name is Dionne Dauphin. I would like to thank you for participating in my research study. Before we get started, I would like to advise you that this interview will be approximately one hour. The interview will be audiotaped. I will transcribe verbatim after completion. I will provide you with a summary of the interview and allow you to provide clarity and feedback. Do you have any questions or concerns before we get started? Please be advised that anytime during the interview you need to stop for a break, feel uncomfortable, or request for the meeting to be halted, do not hesitate to let me know. Is it okay to begin the interview?

Research Question:
How do women survivors of CSA who reported the abuse to their mothers, depict and describe the experience of mother-daughter attachment bond in adulthood?

Interview Questions:
How would you describe your current relationship with your mother?
Describe the typical verbal and physical interactions you currently have with your mother.
How would you describe the ideal relationship you would like to have with your mother?
Describe any barriers you might be experiencing in the relationship with your mother?
What was your mother's initial response after disclosing that you were sexually abused, and did the abuse stop when you told her about it?
Describe any conversations between you and your mother regarding your history of CSA since becoming an adult?
How has your history of CSA affected your relationship with your mother today?
I will allow study participants the opportunity to ask follow-ups questions and discuss any concerns they might have concerning the interview questions and any additional concerns regarding the study.

Closing Statement:
I would like to thank you for your participation in my research study. I am grateful for your cooperation. The information you have provided allows me to describe from your perspective the lived experiences of women survivors of CSA that were reported to their mothers and the effects of the mother-daughter attachment bond in adulthood. A summary of our interview will be provided to you as soon as possible. Your feedback will be welcomed. Once again, thank you.

Appendix C: Screening Questions

Are you an adult female over the age of 18?

Did you experience CSA prior to age 18?

Was the sexual abuse disclosed to your mother during the period of abuse?

Did your mother not take the appropriate measures to end the abuse?

Is your mother currently living?

Do you speak fluent English?