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A Mother's Story: Phenomenological Study of Adoptive Mothers' Experiences

by

Gillian Leigh Gish

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

DEGREE OF MASTER OF SOCIAL WORK

GRADUATE PROGRAM IN SOCIAL WORK

EDMONTON, ALBERTA

AUGUST 2014

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Abstract

This thesis reports on an Interpretive Phenomenological Analysis (IPA) of adoptive mothers' experiences of raising a child who has previously experienced maltreatment. Six mothers from Edmonton and the surrounding area participated in the study. They all had adopted a child in government care who had previously experienced maltreatment. Six unstructured interviews were conducted and analyzed, gaining insight into mothers' experiences of the adoption process, parenting a maltreated child, managing past caregivers, the nature of and relationship with systems and supports, mothers' internal worldview, how mothers view themselves, and their emotional and psychological reactions. It is hoped that this study will positively impact social work practice, policy, and future research.

Acknowledgements

I would like to thank my thesis advisor, Dr. David Nicholas, for his patience, wisdom, and knowledge. He went to great lengths to support me long distance as I completed my thesis in another province. In addition, I would like to thank my committee, Dr. Anne-Marie McLaughlin, Dr. Karen Benzies, and Grace Elliott.

I feel a sense of the gratitude for the participants of this study, who shared their experiences with me openly.

I would also like to acknowledge my sixth grade teacher, Dianne Ranch, who was a transformative person in my life and encouraged me to pursue academics despite my learning disability.

This has been an incredible journey that I could not have completed without my family and friends. My group of gals at the local knitting store and my gang at 24 Health Services at 8 Wing Trenton all provided guidance, support, and laughs. My dearest friends, Nona McDonagh, Larissa Bazar, and Darcy Arthur, continually encouraged, listened to, and stuck with me through this pursuit. My brothers, Andrew and Brian and my sister-in-law Shoni, provided technical support, a listening ear, accommodations, and required breaks. My father and mother have never wavered in their belief in my pursuit and provided whatever support I required. Last but not least, my daughter Sarah inspires me every day.

Dedication

I dedicate the merit of my work to my greatest teachers:

My Grandparents

Elmer and Catherine Gish

David and Georgina Gilchrist

My Parents

Paul and Sandy Gish

My Children

Isaac and Sarah

This pursuit would have never been possible without all the collaborative wisdom these individuals have provided me throughout my life.

Table of Contents

Abstract ii
Acknowledgements iii
Dedication iv
Table of Contents v
List of Figures viii
Epigraph ix

CHAPTER ONE: INTRODUCTION 1
1.1 Purpose of Study 2
1.2 Research Question 3
1.3 Importance of the Study 3
1.4 Reflexivity 3
1.5 Guiding Theoretical Constructs 4

CHAPTER TWO: LITERATURE REVIEW 9
2.1 Evolution of a Government Role in Adoption in Canada 9
2.2 Process of Government Adoption 10
2.3 Literature Addressing the Adoption of Children in Government Care 11
2.4 Adoption and Mothering 11
2.5 Foster Care 13
2.6 Maltreatment: Children Who Have Experienced Abuse 14
2.6.1 Impact of maltreatment on a child's functioning 14
2.6.2 Attachment. 15
2.6.3 Reactive attachment disorder. 17
2.6.4 Results of poor attachment and RAD due to maltreatment 18
2.7 Treatment Strategies for the Maltreated Child 20
2.7.1 Attachment therapies. 20
2.7.2 Cognitive behavioral therapy (CBT). 21
2.7.3 Parent-mediated support. 22
2.8 Parenting the Maltreated Child 23
2.9 Government Interventions 25
2.10 Gaps in Services 26
2.11 Summary 27

CHAPTER THREE: METHODOLOGY 28
3.1 Qualitative Approach 28
3.2 IPA 28
3.3 Criticisms and Justification of IPA 33
3.4 Method 34
3.5 Sampling and Recruitment 35
3.5.1 Informed consent 35
3.5.2 Data collection 36

3.5.3 Confidentiality and data storage 37
3.5.4 Data analysis 37
3.6 Criteria of soundness 39

CHAPTER FOUR: RESULTS I 41
4.1 Master Theme One: Experience of the Adoption Process 42
4.1.1 Desire for family 42
4.1.2 Developing personal connection 46
4.1.3 Immediate impact of adoption on mothers lives 49
4.2 Master Theme: Challenges in Parenting the Maltreated Child 52
4.2.1 Experience with attachment and bonding 52
4.2.2 Coping with the unknown 55
4.2.3 Making sense of the child's past 58
4.2.4 Managing the child's behavior 61
4.2.5 Managing diversity in the family 64
4.3 Summary 67

CHAPTER FIVE: RESULTS II 69
5.1 Master Theme: Managing Previous Caregivers 69
5.1.1 Biological parents 69
5.1.2 Foster parents 74
5.2 Master Theme: Nature of and Relationship with Systems and Supports 77
5.2.1 Nature of support from friends and family 77
5.2.2 Helpful professionals 79
5.2.3 Unhelpful professionals 82
5.2.4 Betrayed by Children and Family Services (CFSA) 84
5.3 Master Theme 5: Different Ways the Mothers See Themselves 86
5.3.1 Mother as advocate 87
5.3.2 Self as making a difference 89
5.3.3 Self as understanding 92
5.4 Master Theme 6: Emotional and Psychological Reactions of Mothers 95
5.4.1 Child's experience triggers mother's previous experiences 96
5.4.2 Mother's suffering brought on by the child's suffering 97
5.4.3 Opposing emotions: The "roller coaster" 99
5.4.4 Mother's experience of fearing for the child 101
5.4.5 Mother's experience of hope for the child 103
5.5 Summary 106

CHAPTER SIX: DISCUSSION 107
6.1 Experience of the Adoption Process 107
6.2 Aspects of Parenting the Maltreated Child 109
6.3 Managing Past Caregivers 112
6.4 Nature of and Relationship with Systems and Supports 113
6.5 Realization that Mothers Make an Important Difference 114

6.6 The Mothers' Emotional and Psychological Experiences 115
6.7 Conclusion 117
6.8 Limitations to Current Study 118
6.9 Implications for Social Work Practice, Policy and Future Research.....118
6.9.1 Practice 119
6.9.2 Policy and organizational development.....120
6.10 Recommendations for Further Study.....121
6.11 Final Insights.....121

REFERENCES 123

APPENDIX A: CONSENT FORM.....131

APPENDIX B: EMAIL/LETTER MEMO: TRANSCRIPT REVIEW.....135

APPENDIX C: EMAIL/LETTER MEMO: INITIAL REPORT REVIEW 136

APPENDIX D: RECRUITMENT TELEPHONE PROTOCOL:.....137

APPENDIX E: RECRUITMENT POSTER.....138

APPENDIX F: RECRUITMENT POSTCARDS.....139

APPENDIX G: INTERVIEW SCHEDULE.....141

List of Figures

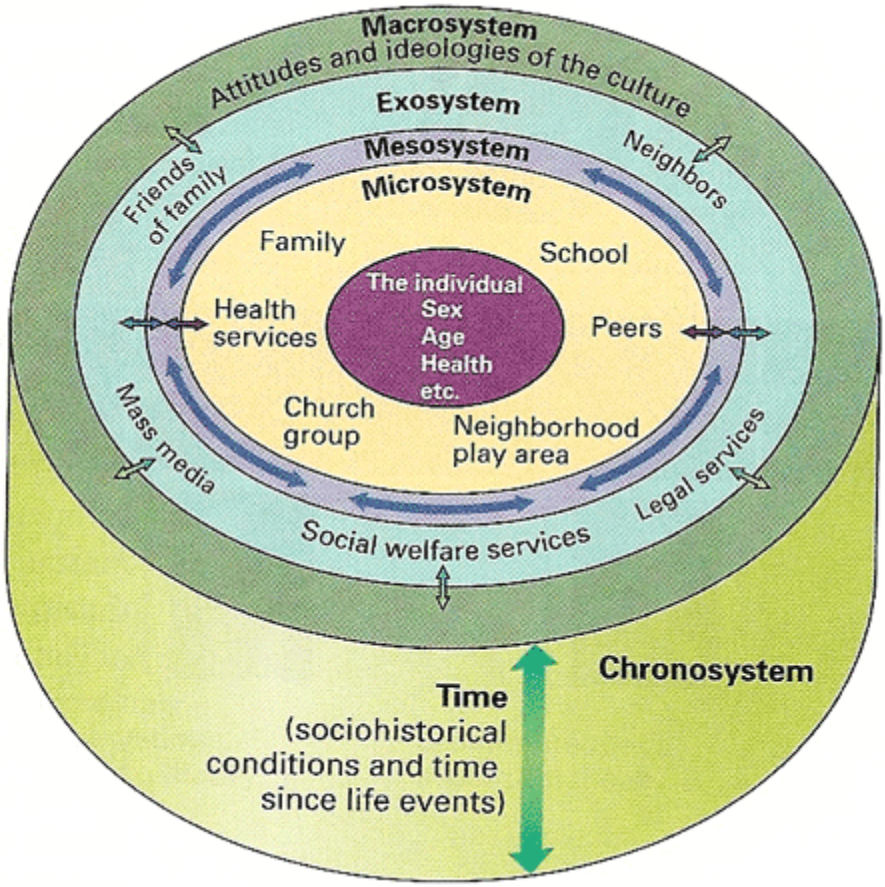

Figure 1. Bronfenbrenner's ecological theory. Reprinted from *Impact of Special Needs*. Retrieved from http://impactofspecialneeds.weebly.com/bronfenbrennerrsquos-ecological-systems-theory.html.

Epigraph

Miracle

You first came to us in an envelope
With letters, forms and such
Just two tiny little pictures
With nothing warm to touch.

You grew in our imagination
In our hearts and in our minds.
You brought us greater joy
Than we ever thought we'd find.

A phone call started labor pains
Which lasted 'til we met
Strangers brought together
A day we won't forget.

You bloomed as you were planned
In our hearts, our lives, our home.
Our child of chance, of plan, of will
You're now our very own.

Author Unknown

Retrieved from: http://pskabwebsitecl-ivil.tripod.com/id20.html

Chapter One: Introduction

Many people choose to expand their families by adopting a child. Adoption can occur through different avenues. Some families adopt a child at birth. Others choose international adoption. Still others adopt an older child from government care. Children adopted from government care often have previously experienced maltreatment. While adopting under any circumstances may create stress, raising a child who has experienced maltreatment can intensify that stress for an adoptive family (Dhami, Mandel, & Southmann, 2007; Dziegielewski & Forbes, 2003). With the known effects that child maltreatment has on children, research is just emerging in the area of supports for caregivers who parent these children. To date, little is known about the lived experience of families that adopt children who have been previously maltreated.

Maltreatment can come in many forms: emotional abuse, physical abuse, sexual abuse, neglect, or witnessing violence (Trocmé et al., 2010). When child maltreatment is reported, government family services often intervene, sometimes resulting in a child being separated from his or her biological family. Further, that child may then become a government ward. Adoption offers the possibility of stable, nurturing homes for permanent government wards (Government of Alberta, 2007). However, once these adoptions occur, little is known about these families' post-adoption experience. Adoption is a "legal and social process that gives full family membership to children not born to the adoptive parents," thus limiting outside interaction (Government of Alberta, 2007, para. 1).

There has been a large amount of research on the effects of maltreatment on child development. Child maltreatment has been found to hinder brain development, causing

abnormalities in the hippocampus, thus interfering with the child's ability to view his or her family, community, and world as a safe place (Garner et al., 2011; Keck & Minnis, 2003; Perry, 2002; Schore, 2001; Shonkoff et al., 2012). The child's inability to identify safe, nurturing environments can result in behaviors, such as bedwetting, temper tantrums, hoarding, night terrors, violent acts, fire starting, repeated stealing, and repeated lying (Dziegielewski & Forbes, 2003; Perry, 2002).

Caregivers parenting children who have experienced maltreatment often require extra support from mental health, education, and other government services to help the child heal from previous maltreatment (Perry, 2002; Van der Kolk, 2005). Research is just beginning to emerge on parents' need for support in raising these previously maltreated child. Platz and Reilly (2004) evaluated post-adoption services and found that families had unmet needs in respite care and parenting support. In another study, families indicated a need for far more preparation before the adoption took place (Coakly & Berrick, 2007). Parents stated that post-adoption support helped them understand their child better, but did not reduce their child's challenging behavior and problems at school (Dhami et al., 2007).

1.1 Purpose of Study

Due to the paucity of research illuminating the experiences of families adopting a maltreated child, there is a need to gain knowledge from these families to develop, implement, and evaluate support services. Beyond an indication in the research and my professional experience supporting families that have adopted a maltreated child, I conclude that post adoption supports are not well understood and family needs are not being met. To address this

gap, this study examined mothers' perceived experiences and needs following their adoption of a previously maltreated child.

1.2 Research Question

What are adoptive mothers' experiences of parenting a previously maltreated child?

1.3 Importance of the Study

The study is aimed at revealing the experiences and perceptions of adoptive mothers who are raising a child (ren) who has previously experienced maltreatment. A large body of literature suggests that children who are maltreated are affected emotionally, psychologically, and spiritually. Researchers have also noted that these children require intensive supports to overcome their challenges. However, there is little literature on the experiences of parents adopting children who are dealing with these issues. This inquiry will present a perspective that has seldom been examined. Revealing the voices of these mothers and their stories, it is hoped that this study will inform social work practice, policy, and research development.

1.4 Reflexivity

My interest in this topic arose from my personal and professional experience. I am the adoptive mother of two children who were previously maltreated. My desire to understand my children's challenges inspired me to pursue an education in social work. My personal and educational experience led me to the current work I do with children who are healing from maltreatment. Through this work and my personal experience, I came to learn that families that adopt face many challenges. My graduate work presented me with the opportunity to inquire about these challenges via this research.

While expanding my knowledge of families raising children who were previously maltreated, I developed an interest in mindfulness psychotherapy. This journey was of significant importance in all aspects of my life and specifically with this research project. Coming from a mindfulness perspective assisted me with the phenomenological concept of bracketing. In addition, mindfulness allowed me to remain grounded, allowing me to better observe and understand my own psychological process and, I hope, separate my experience from that of my research participants.

1.5 Guiding Theoretical Constructs

I am also influenced by the Person-in-Environment (PIE) conceptual framework rooted in social work. In both my professional practice as a social worker and in the current study, the PIE model I work from is specifically based on the ecological perspective. This framework provides an holistic approach that invites looking beyond the individual and, rather, viewing the individual in his or her relationship with the biological, social, spiritual, and physical world (Schriver, 2004). Adopting this perspective allows one to view a person within multiple systems and provides a broader understanding of that person's functioning (Bronfenbrenner, 1979). The framework allows for the integration of other theories (Heinonen & Spearman, 2006).

Attachment theory additionally plays a dominant role in this study and can be integrated with an ecological perspective to provide a broader view of how attachment (or lack of attachment) can impact a child's development and those interacting with the child. Developing a deeper view of an individual through this perspective has the potential to impact social work practice, research, and policy (Heinonen & Spearman, 2006).

PIE allows for an individual to be viewed in relation to his or her interactions with his or her environment. This lens allows one to see an individual not as problem based, but rather draws out the interconnectedness of influences that could possibly be affecting the "person" (Saleeby, 1992). Coming from this perspective opens a social worker to practice with inclusivity, and a strength-based and social justice approach at micro, meso and macro levels (Heinonen & Spearman, 2006).

An ecological model is integrated in a PIE orientation (Bronfenbrenner, 1979; Heinonen & Spearman, 2006). I specifically used Bronfenbrenner's model of an ecological perspective (Figure 1), which he created based on child development. In relation to this study, the model widens the vantage point of the mother's lived experience of adopting a child who was previously maltreated by viewing the richer context of the biological, psychological, sociological, and spiritual.

The ecological system, as described by Bronfenbrenner, allows for exploration of how an individual is affected on a variety of levels. Bronfenbrenner places the individual in the center of "nested structures" (Bronfenbrenner, 1979, p. 3) and identifies subsequent levels working away from the individual. The microsystem, closest to the individual, captures the immediate and direct impact on the individual's development. This would include family and peers. The mesosystem identifies the interconnections between the microsystems. An example of this would be how the child's family experience impacts the child's school relationships. The exosystem illuminates the links between social settings over which the individual does not have direct influence or control. For instance, a child may be affected by a stressed parent who has lost a

job. The macrosystem is critically relevant yet further afield in identifying contexts such as policy and culture that have a bearing on how individuals experience their daily lives. The chronosystem identifies environmental events and transitions including socio-historical circumstances, social systems, and prevailing discourses. Applying this framework within the current study invites a perspective that is open to "the environmental obstacles and opportunities" (Bronfenbrenner, 1979, p. 7) that may be revealed in examining the mother's lived experience relative to adopting a child who has previously experienced maltreatment. This invites a range of perspectives that could contribute to our understanding of the context and interface of this experience (Heinonen & Spearman, 2006). As an example, a feminist critique could be located at the nexus of the child, mother and system, and offers critique related to gendered impositions on mothers as caregiving women via systematic and discursive patterns that ascribe responsibility for adopted children's complex care to mothers amidst insufficient resource allocation. Questions abound such as how and why mothers are ascribed responsibility for children who have been in government care and needs largely remain unmet. The commitment of adoptive mothers is arguably met by an insufficiently resourced system of care, with the presumptive rhetoric that in large part, if mothers (or adoptive families) don't provide the extensive care needed by these children, who will? Adoption assumes responsibility for care, which potentially implies extraordinary levels of care as is often required by the maltreated child. As an overarching framework, PIE is helpful in locating mothers at the interface of experience and meaning relative to context.

The ecological perspective further offers benefits of linking "domain-specific theories" (Heinonen & Spearman, 2006, p. 184). For instance, by integrating the ecological perspective with attachment theory, one can better understand how early interactions and connections (attachments) between the child and his or her primary caregiver can have lasting effects across this multilevel system.

I will expand on attachment theory in the next chapter, as that theoretical orientation plays a central role in contextualizing the mother-child dynamic in this study. Bowlby and Ainsworth originally developed attachment theory, emphasizing the importance of early primary attachments as essential to emotional and psychological development. They argued that if these early attachments are hindered, so is the child's development. Researchers in neuroscience have increasingly demonstrated that a lack of early attachment has long-lasting effects on the child's well-being and brain development, altering the way in which he or she experiences the world (Perry, 1996; Siegel, 1999).

In viewing the child at the center of the ecological concentric model, it appears that the child's primary caregiver can influence the child's experience and view of self, as well as his or her relationships with others and systems. Furthermore, these interconnections of the maltreated child interweave with the caregiver's experiences. The conceptual framework of PIE thus is fluid and inclusive as applied in this context. My current social work practice embodies the ecological framework of PIE, specifically Bronfenbrenner's ecological model of child development, and it appears to best fit the context of the study and can be complemented with attachment theory. Openness is created to view the child and mother not in isolation but rather as a part of multilevel

systems; in the case of this study, deepening and enriching the view of the lived experience of a mother raising a child who has been previously maltreated.

Chapter Two: Literature Review

This chapter offers a review of historic and current processes of government adoption in Canada, with a particular focus on Alberta. A selected reflection on the literature regarding adoption and foster care will follow. Attachment Theory and Reactive Attachment Disorder (RAD) will be addressed, and I will then consider treatment strategies, parenting, and support systems for parents raising children affected by previous maltreatment. Lastly, I will present research identifying gaps in services for these children and families.

2.1 Evolution of a Government Role in Adoption in Canada

In 1873, New Brunswick was the first province to pass an adoption act (Foote & Thomlinson, 1987). The legislative bodies of other provinces soon introduced similar legislation over the following decade. The aim behind this legislation was that "needy, dependent children ought to be considered the same as indigent adult populations" and not become "charges on the public purse" (Foote & Thomlinson, 1987, p. 133). At that time, adoptions consisted mostly of the babies of unwed mothers. In 1921, Alberta developed legislation regarding adoption (Knitel, 2003). This legislation distinguished between adopted and foster children to erase the "stigma of illegitimacy and to give adopted children equal status as biological children" (Knitel, 2003, p. 8).

Over the years, adoption trends in Canada have shifted from government involvement in the adoption of infants to increasingly also include older children. This has largely been due to contraception, abortion, and a culture shift (e.g., more unwed mothers raising their own children). This shift has left child welfare agencies responsible for finding adoptive families for older children. These older children often have developmental disabilities, have experienced

abuse or neglect, or have consisted of large sibling groups and are considered hard to place (Foote & Thomlinson, 1987). Today, provincial governments are largely responsible for the adoption of children who have experienced maltreatment (Knitel, 2003). Four hundred and eight children were placed for special needs adoption in Alberta between April 1, 2009 and March 31, 2010 (Government of Alberta, 2010).

2.2 Process of Government Adoption

In Alberta, adopting an older child in government care is called a "special needs adoption." The reason for this designation is that often these older children have experienced maltreatment and require more consideration and support. A family's application to adopt a special needs child would tend to proceed as follows:

- Prospective parents attend training sessions.
- A Child and Family Services Alberta (CFSA) staff member completes a family assessment.
- Once the CFSA approves the family assessment, an adoption professional works to find the best match of family to child.
- Once the match is made, a placement plan is prepared.

The child and the family are gradually introduced and integrated. Once the assigned CFSA staff member is satisfied that the family is adjusting, the adoption is finalized via a court order. (Government of Alberta, 2007).

2.3 Literature Addressing the Adoption of Children in Government Care

There is a large amount of literature in the area of adoption, particularly on birth adoption and international adoption (Dziegielewski & Forbes, 2003). However, in reviewing the literature, one cannot help but observe the lack of research on adopting children from local government care. With so little known about local government adoption, one cannot generalize the birth or international adoption literature to families that adopt children who experience extended government care. Of note, there is a large number of children exposed to maltreatment who are in government care (Trocmé et al., 2010), and a sizable body of literature illustrates the detrimental effect of maltreatment on children (Garner, 2012 et al.; Perry, 1996; Shonkoff et al., 2012). Accordingly, substantial and potentially unique issues arise in this population. This literature predominantly focuses on services and supports offered to adoptive families. A review of this area will appear later in this chapter. However, this literature does not capture the firsthand account of families that have adopted children who have previously experienced maltreatment.

2.4 Adoption and Mothering

In exploring the general literature related to adoption and mothering key issues are revealed in the areas of grief, stress and attachment related to their adoption. These issues are not specific to the experience of government care adoption, however do point to broader issues mothers may face in their adoption experience.

Snyder (2010) studied adoptive mothers' feelings of ambiguous loss connected to a mother not being able to have a biological child and uncertainty that comes with adopting a

child. This study conveyed mothering issues around grief of not being able to "fix their infertilely issues" compounded with not being able to" fix issues" their adopted child experienced (Snyder, 2010, p. 66). This study also revealed the adopted child's experience of loss of their biological family. The combination of ambiguous loss for both parent and child appeared to place increase stress on the family system.

Rutherford and College (2012) conducted a study that compared biological mothers and adoptive mothers with infants between 12 and 36 months. This study revealed that the adoptive mothers' experience was far more stressful than non-adoptive mothers. However when comparing grief and loss amongst the two groups of mothers no statistically significant differences were found.

Niewnann and Weiss (2012) shared findings on attachment between adoptive mothers and their internationally adopted child. This study shed insight on attachment and found that the child's age of adoption did not appear to impact attachment however multiple placements did. A link was made indicating that lower measures of stress hormones in the child resulted in increased attachment to the mother. It was also identified that mothers experienced an increased amount of stress, and this was possibly associated with adopting a child internationally.

As previously stated, there are different avenues families can take when considering adoption: international, birth or government care adoption. Despite the difference in the ways adoption is considered, the literature suggests that there are unique issues concerning the adoptive mother in the area of loss, stress and attachment.

2.5 Foster Care

A substantial amount of literature addresses the perspectives of foster parents/caregivers. This is an important area of focus as children adopted from government care often spend considerable spend time in foster care (Beek, Biggart, Schofield, & Ward, 2012). The foster parent's perspective of raising maltreated children may offer insight into the adoptive parent's perspective. Yet while one could assume that parallels exist, this literature does not capture the lived experience of parents adopting a child who has been previously maltreated.

Numerous studies offer insight into the foster parent's perspective of raising children who have experienced maltreatment. Beek et al. (2012), for instance, argue that the special needs of foster children necessitate a paid foster parent with specific expertise. This study identifies foster care parents' unique experience of being paid and yet maintaining a sense of family. Banerjee and Luke (2012) illuminate a caregiver's perspective relative to fostering youth. They identify difficulties raising youth who struggle with social understanding and empathy. Irizarry-Fonseca (2011) investigated the foster caregiver's perception of the foster child and concludes that foster parents can be a positive support for the child if equipped with resources to support the child.

The literature on foster parenting suggests that the role of caregiver is important for children who have experienced maltreatment, yet also is challenging and complex. That said, this literature does not provide ample understanding about, or the implications of, what it is like to adopt children from government care who have experienced maltreatment. Therefore, a more in-depth examination of the experience of adopting these children is warranted.

2.6 Maltreatment: Children Who Have Experienced Abuse

Child maltreatment has been identified as a global health priority (Butchart & Mikton, 2009; Garner, 2011; Shonkoff, 2012). Many children who experience maltreatment ultimately receive support from the government care system (Dhami et al., 2007). Canada saw 85,440 substantiated maltreatment investigations in 2008 (Trocmé et al., 2010). The Alberta Government offers permanent care to approximately 6,500 children annually due to trauma and abuse (Government of Alberta, 2010). As noted earlier, trauma and abuse can be defined in the following ways: emotional abuse, physical abuse, sexual abuse, neglect, or witnessing violence (Trocmé et al., 2010).

2.6.1 Impact of maltreatment on a child's functioning

Researchers have linked maltreatment to brain development. Children who have been exposed to maltreatment are often exposed to chronic stress (Garner, 2012; Shonkoff et al., 2012). This chronic stress is defined as toxic stress, as elevated stress hormones can negatively impact brain development (Shonkoff et al., 2012). Interpersonal and social interactions are thought to affect the developing brain, particularly patterns in brain functioning, which further affect the central nervous system (Garner et al, 2012; Shonkoff et al., 2012, Siegel, 1999). Neuroscientists have discovered that child maltreatment can cause abnormalities in the hippocampus, thus interfering with the child's ability to view his or her family, community, and world as a safe place (Keck & Minnis, 2003; Perry, 1996; Shonkoff et al., 2012; Schore, 2001). These abnormalities in the brain can lead children to struggle with behavioral and emotional issues (Perry 2002; Shonkoff et al., 2012; Siegel, 1999). Attachment theory and Reactive

Attachment Disorder (RAD) in conjunction with adopting children who have suffered previous maltreatment may potentially offer insights in child maltreatment, well-being, and developmental functioning.

2.6.2 Attachment.

Bowlby and Ainsworth provided a foundation for attachment theory that has ultimately set the stage for examining how maltreatment affects children. Their initial work eventually contributed to the diagnosis of RAD in the Diagnostic and Statistical Manual (DSM III). Those who treat RAD assume that children who experience maltreatment early in life may exhibit a list of disruptive behaviors due to disruptive attachment with their primary caregiver. Others have argued that this diagnosis is vague and does not capture the true cause or nature of a child's behavior. However, the literature does illustrate that the brain development of children who experience maltreatment may be delayed or perhaps oriented differently (Siegel, 1999).

In the 1950s, John Bowlby moved away from traditional psychoanalytical theories, such as the object relations theory and began laying the foundation for attachment theory by blending Freudian and evolutionary theory (Hardy, 2007; Pearce & Pezzot-Pearce, 2007). Bowlby believed that an infant's attachment is biologically based, and this led him to identify attachment behaviors that infants utilize to keep them close to their caregiver (Pearce & Pezzot-Pearce, 2007; Wilson, 2001). Behaviors, like crying, evoke a behavioral response from the caregiver. In other words, the behaviors an infant displays activate an attachment system. When the child is stressed, for example, in pain or separated from the caregiver, he or she will display attachment behaviors, such as crying, to attract a protective response from the caregiver (Pearce & Pezzot-

Pearce, 2007; Wilson, 2001). If the caregiver consistently meets the needs of the infant, this will ensure the infant's survival and therefore the survival of the species (Pearce & Pezzot-Pearce, 2007). Activation of the attachment system is also purported to be evident in the proximity a child maintains with the caregiver in the environment a child is exploring. A distressed child with a secure attachment to the caregiver is thought to choose a closer proximity to the caregiver over exploring the environment (Pearce & Pezzot-Pearce, 2007).

In the 1960s, Mary Ainsworth became a colleague of John Bowlby and further developed the foundation of attachment theory (Pearce & Pezzot-Pearce, 2007). Ainsworth conducted field studies in Uganda and Baltimore known as the Strange Situation (Pearce & Pezzot-Pearce, 2007). The Strange Situation was an assessment tool designed to examine the security of mother-infant attachment (Pearce & Pezzot-Pearce, 2007; Wilson, 2001). Three classifications of attachment resulted from the Strange Situation: secure attachment, avoidant attachment, and ambivalent-resistant attachment (Haugaard & Hazen, 2004; Pearce & Pezzot-Pearce, 2007; Walsh, 2010; Wilson, 2001). Main and Solomon (1990) further identified a fourth pattern, termed disorganized-disorientated attachment (Pearce & Pezzot-Pearce, 2007; Walsh, 2010; Wilson, 2001). Each are briefly outlined below.

Secure attachment- An infant who feels secure will greet his or her mother positively after separation, seek proximity and interaction, and accept comfort if distressed. The caregiver is seen as responsive, accessible, and sensitive to the child's needs.

Avoidant attachment-The infant exhibits little stress when separated, and when reunited with his or her mother, the child turns his or her head and ignores the mother. In this case,

the infant may have been ignored, was devoid of physical contact, and/or had experienced intrusive interactions.

Anxious/resistant attachment- The infant displays a high level of distress when the mother leaves. When reunited, the infant displays anger or ambivalence. The infant seeks proximity, but pushes the mother away. This pattern of infant behavior could be generated by a caregiver who responds inconsistently and interacts in a passive or withdrawn manner.

Disorganized-disorientated attachment- This attachment is perceived to reflect an infant who may feel both frightened and comforted by the caregiver at the same time. This reaction is theorized to be precipitated by an infant's conflict with the need to be comforted while, at the same time, fearing his or her caregiver (Pearce & Pezzot-Pearce, 2007).

From an attachment theory perspective, it is not inconceivable that a child who has been maltreated would have attachment issues that need to be addressed (Hanson & Spratt, 2000). With the introduction of RAD in the DSM-III, this has been formalized in terms of diagnosis and treatment.

2.6.3 Reactive attachment disorder.

In 1980, the DSM-III added RAD (Boris & Zeanah, 1999). The origins of RAD are rooted in infancy, where the infant fails to develop an attachment to a primary caregiver (Kemp &Voller, 2007). Two different subtypes of RAD were introduced to the DSM-III: inhibited or emotionally withdrawn, and disinhibited or indiscriminate (Haugaard & Hazen, 2004). Both of

these subcategories of RAD present the child as having the inability to form normal relationships with others (Wilson, 2001). A child is considered for a diagnosis of RAD when he or she is exposed to maltreatment in the first five years of life and displays a series of disruptive behaviors, such as being oppositional, impulsive, and prone to lying and stealing (Wilson, 2001).

Others have highlighted potential issues with applying a RAD diagnosis to a maltreated child. One argument is that behaviors associated with RAD can overlap with many other DSM-IV diagnoses, such as attention deficit hyperactivity disorder, oppositional defiant disorder, post-traumatic stress disorder, social phobia, and conduct disorder (Hanson & Spratt, 2000). Therefore, one should not assume that all children who have suffered maltreatment and display significant behavioral difficulties suffer from RAD, as they may have another mental health condition or none at all (Hanson & Spratt, 2000). Another issue with RAD is the lack of criteria to determine the severity of symptoms. No standardized tests or assessment protocols have yet been developed (Hanson & Spratt, 2000). Regardless of the determination of a RAD diagnoses, evidence suggests that children who experience maltreatment are impeded in development and often require extra supports (Garner, et al., 2012; Perry, 2002; Shonkoff et al, 2012).

2.6.4 Results of poor attachment and RAD due to maltreatment

Despite RAD being a controversial diagnosis, a relatively large body of literature supports it. This literature offers insight into what behaviors a child may exhibit due to issues with attachment and RAD. Child maltreatment may not necessarily lead to RAD, but may result in attachment issues (Perry, 2002; Sheperis, Renfro-Michel, & Doggett, 2003; Siegel, 1999). An increasing consensus has concluded that inconsistent care on the part of a parent disrupts

attachment and interferes with the biological and/or conditioned responses of infants to rely on their caregiver (Garner et al., 2012; Siegel, 1999). Children with attachment issues often display symptoms such as withdrawal from parents, direct fear of parents, clinging to parents, and conflict/apprehension when interacting with parents.

When a child is exposed to abuse as an infant, he or she is at relatively greater risk for disorganized attachment (Madigan, Moran, Schuengel, Pederson, & Otten, 2007). Of all the attachment issues, disorganized attachment is viewed as the most disruptive.

In cases where the child's primary caregiver inflicts abuse, the child is purported to be at greater risk for developing RAD (Stafford, Zeanah, & Scheeringa, 2003). RAD manifests differently from one child to another and varies in the severity, duration, and intensity of symptoms (Cain, 2006). Children with RAD typically demonstrate maladaptive behaviors that may include destruction of property, cruelty to animals, hoarding or gorging food, an inability to make eye contact, fire setting, poor impulse control, inappropriate sexual behavior, and developmental delays (Hall & Geher, 2003). In addition, the child may appear to be in a chronic state of alertness (also known as hyper-vigilance). Children with RAD may not show affection to family members and may struggle in receiving affection from family members. On the other hand, they can be indiscriminately affectionate, even with complete strangers (Hall & Geher, 2003), and to the degree of seeming promiscuous or displaying inappropriate sexual behavior.

Overall, children with attachment issues or RAD need support in learning appropriate social and life skills (Cain, 2006; Levy & Orlans, 1998). Beyond teaching social and life skills, these children require a consistent, predictable, and nurturing environment (Forbes, 2008; Garner

et al., 2011). The hope is for such children to develop desirable human responses, such as social responsibility, empathy, and the ability to achieve their personal best (Perry, 2002). To date, the apparently most effective strategy is seen to be providing a "stable, safe, and supportive environment over an extended period of time" (Shaw & Paez, 2007, p. 71).

2.7 Treatment Strategies for the Maltreated Child

Caregivers often turn to mental health professionals for support in dealing with a child who has previously experienced maltreatment. Attachment therapies and cognitive behavioral therapy (CBT) are two approaches growing in popularity that are used to help a previously maltreated child heal, yet these interventions require extensive commitment from the caregiver.

2.7.1 Attachment therapies.

One highly controversial attachment therapy used over the years to treat children with RAD is 'holding therapy' (Haugaard & Hazen, 2004; Keck & Minnis, 2003; Minde, 2003; Wilson, 2001). The aim of this technique is to hold the child, allowing the child to release his or her inner rage, thereby increasing the child's ability to attach (Haugaard & Hazen, 2004; Keck & Minnis, 2003; Wilson, 2001). However, little research or evidence supports this practice (Haugaard & Hazen, 2004; Keck & Minnis, 2003). Many have argued that this is unethical and could re-traumatize the child (Barth, Crea, John, Thoburn, & Quinton, 2007; Haugaard & Hazen, 2004; Keck & Minnis, 2003; Wilson, 2001; Zilberstein, 2006).

Less controversial attachment therapies are emerging that encourage the mental health provider to support the caregiver in creating a high level of consistency and reflective interaction for the child (Hardy, 2007). The goal is for the caregiver to become attuned with the child and

develop an understanding of what motivates the child's behavior (Becker-Weidman, 2006; Forbes, 2008). The desired outcome is for the child to develop the ability to incorporate this external structure internally, leading to neurological change (Hardy, 2007; Siegel, 1999). This type of intervention would focus on helping the child to form a secure and reliable attachment with another (Hardy 2007; Haugaard & Hazen, 2004). The principles of this attachment-based approach are as follows:

- Learn basic trust and reciprocity for use in future relationships,
- Develop the capacity for self-regulation of affect behavior,
- Form an identity that includes a healthy sense of self-worth and autonomy, and
- Establish a set of moral values derived from empathy, compassion, and conscience

(Levy, 2000, p. 31).

2.7.2 Cognitive behavioral therapy (CBT).

CBT involves creating a therapeutic environment where the child has the opportunity to learn new cognitive strategies and appropriate methods to solve everyday problems (Sheperis et al., 2003). If goals for success are clearly outlined, attainable, and combined with measurable short-term targets, it is anticipated that treatment will likely be more successful. The potential outcome is an increased ability of the child to trust, demonstrate affection, and achieve self-control (Sheperis et al. 2003). Practitioners anecdotally have suggested that this approach helps the child connect reactions within his or her body and relate to his or her current emotional state, which, in turn, may allow the child to become responsive as opposed to reactive when emotions arise (Sheperis et al. 2003).

2.7.3 Parent-mediated support.

Gray (2002), a specialist working with children with attachment, grief, and trauma issues, has endeavored to empower parents to meet the needs of their adopted child. She noted that adoption is a unique experience for parents, with a key need to develop attachment between the child and parent. She further studied attachments that reflect the experiences of a child who has been previously maltreated. Gray argued that a parent may have to remove and buffer the child from external stress so that the child's brain can move out of a hyper-arousal state, thus helping the child to develop self-regulation. Boundaries set by the parent allow the child to develop self-regulation, self-worth, and moral values.

Forbes (2008) is a social worker who began her journey as an adoptive parent of children who were maltreated in a Romanian orphanage. Based on attachment theory, she described the effects that maltreatment has on a child's brain development. She concluded that maltreatment trains a child's brain to operate in a hyper-aroused stress response orientation. Accordingly, she posited that children who have lived in a high-stress environment learn to respond to stress using survival instincts rather than logic. Even when a child is placed in a safe environment and no longer has to focus on survival, he or she frequently remains in survival mode, and his or her response to stress may be illogical and may manifest as lying, stealing, hoarding, and extreme defiance. The goal in this situation is to help the child access the rational part of his or her brain by creating an environment for the child that promotes minimal stress, a strong level of boundaries, and consistency. Forbes (2008) believed that it is the caregiver's job to be proactive

in limiting stress and recognizing that the child's behaviors are triggered by previous exposure to chronic stress (Forbes, 2008; Shonkoff et al., 2012).

2.8 Parenting the Maltreated Child

For children who have experienced maltreatment and have been removed from their biological parents (Sheperis et al., 2003; Trocmé et al., 2010), Howe (2006) noted that the best therapeutic intervention is long-term placement with parental figures. In such cases, caregivers may be faced with extreme behavioral difficulties that they may not have previously encountered (Dziegielewski & Forbes, 2003; Perry, 2002).

Families that adopt a previously maltreated child are often given a bleak prognosis for the child's future. As noted, these children often have difficulty attaching to their parental figure, resulting in parent-child relational issues (Hughes, 1999). Caregivers are often made aware of these attachment issues by adoption workers and clinical professionals, thus increasing expectations for relationship barriers between the parent and adopted child (Barth et al., 2005). In the face of such challenges and negative expectations, research on foster care and adoption indicates that long-term placement is more successful if sufficient support is provided to the child and parents (Howe, 2006). The number and range of specific supports available to families dealing with issues related to maltreatment in Canada is growing, but still does not meet the needs of caregivers and children dealing with emotional and behavioral difficulties as a result of maltreatment (Office of the Child and Youth Advocate, 2009).

Reilly and Platz (2004) evaluated post-adoption services and found that families had unmet needs in respite care and parenting support. They need social workers to coordinate and

link them with supports in the community. Beyond identifying family needs, children were found to require a wide range of post-adoption adaptation services.

In a study evaluating post-adoption support needs (beyond only cases of maltreated children) in British Columbia, Dhami et al. (2007) found a heightened need to target services to specific groups of adoptive families. Low usage of post-adoption services was deemed to reflect parents' lack of knowledge about services. Parents stated that post-adoption supports helped them understand their child better, but did not reduce their child's challenging behavior and problems at school.

Coakly and Berrick (2007) argued that social workers involved in adoption placement need to be educated on current research. They recommended that child welfare managers create an environment that facilitates workers' knowledge of adoption research. Families also expressed the need for more preparation before adoption.

Dziegielewski and Forbes (2003) explored issues mothers faced when adopting a child who previously experienced maltreatment. This study identified issues faced by these mothers, such as "societal, health, emotional, family, financial, and child behavioral factors" (Dziegielewski & Forbes, 2003, p. 301). The findings reveal that adopting a maltreated child is different from other types of mothering. These families need adequate post-adoption services to support their overall health.

Overall, long-term supports after adoption have been identified as required for families that choose to adopt children from foster care (Houston & Kramer, 2008). Yet, despite evidence that adopting a maltreated child is stressful and challenging, many parents have described the

experience as rewarding, particularly when they have supports and access to services (McCarty, Waterman, Burge, & Edelstein, 1999). There is a dearth of literature articulating the range of adoptive parents' experiences, thus highlighting the need for further scholarship in this area.

2.9 Government Interventions

Acknowledging that children in government care require extra supports, the government of Alberta (2010) initiated a financial subsidy in 1990 for families that adopted previously maltreated children. This initiative marked the beginning of the Supports for Permanency (SFP) program in Alberta. The aim of SFP is to provide financial resources to families that adopt children from government care so that the families can attain supports to better meet the individual needs of the child (Government Alberta, 2012).

As the SFP program has unfolded over the years, small changes have been made in the reported aim of better responding to families. In November 2004, several modifications were made to the SFP program. First the SFP extended beyond only adoptive families to include private guardianship arrangements (Government of Alberta, 2010). Second, coordination of the SFP program was modified to include another financial subsidy program, 'Family Supports for Children with Disabilities' (FSCD) (Government of Alberta, 2010). In 2006, households with a gross annual income of over $60,000 for the first time became eligible for SFP financial support (as long as they provided a letter indicating the amount of their gross income and their need for the subsidy). In 2009, this letter was no longer required. Currently, SFP financial supports include:

- 100% of basic foster care maintenance rates,

- additional needs funding of up to $70 per week to assist with the child's emotional and behavioral needs,
- respite care of up to 576 hours per year,
- up to 10 counseling sessions per year,
- treatment for a child in a residential facility for up to 12 months, and
- reimbursement for the cost of transporting a First Nations child to the child's band for the purpose of maintaining cultural ties (Government of Alberta, 2012).

The coordination of residential care, psychiatric support, financial assistance, and educational support increase not only the well-being of the child but also that of the family (Levy, 2000). Despite what is provided to families, much is unknown about their experience and their need for such permanency supports, again suggesting the need for increased understanding of families' adoption experiences.

2.10 Gaps in Services

Providing consistent care for a child who exhibits extreme behavior can have a significant effect on caregivers' well-being, mental health, marital relationship and the well-being of other children in the family (Levy 2002). To ensure a child's permanency in the home, services such as residential care, psychiatric support, financial assistance, and educational support are needed (Levy, 2000).

2.11 Summary

This review of the literature, including salient theoretical constructs and an example of existing support policy (in Alberta), cumulatively illustrates the many challenges facing families that have adopted previously maltreated children. This review also illuminates the lack of literature in the area of parental and family experience. The following chapter outlines the methods used in this study.

Chapter Three: Methodology

The following chapter contains information on the methodology employed within this study including the processes of data collection and analysis. The chapter provides a brief overview of the qualitative inquiry approach and specifically addresses interpretative phenomenological analysis (IPA). Included in this chapter are both a justification and critique of IPA, as well as a description of the data collection and analysis process and research ethics issues.

3.1 Qualitative Approach

A qualitative examination was deemed to be the most appropriate method for this study, as this method elicits a deeper understanding of experience (Grinnell & Unrau, 2008), in this case mothers' adoption-related experiences. The researcher's goal in such an inquiry is to analyze, interpret, and produce "rich text" that results in a collective description and narrative of the research participants (Grinnell & Unrau, 2008). Within the realm of qualitative inquiry, I specifically chose IPA.

3.2 IPA

Developed by Jonathan Smith, IPA is rooted in phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2009). The aim of IPA is to understand the meaning individuals ascribe to their experiences based on the interactions they have with their environment (Biggerstaff &Thompson, 2008). In undertaking this approach the researcher is able to position herself as co-creator with the participants. Extracting this meaning reflects engagement in data in an interpretive manner that involves a "careful and explicit interpretive

methodology" (Biggerstaff & Thompson, 2008, p 4) to gain an understanding of an individual's inner world.

IPA involves gaining access to individuals' lived-world. The goal of the researcher is to capture the essence of participants' experiences by analyzing and interpreting "texts of dialogue," which are considered data (Black & Enos, 1981, p. 37; Parsons, 2010, p. 65). The researcher seeks commonalities across the data participants offer and then analyzes the "meaningful patterns within the volumes of data" (Grinnell & Unrau, 2008, p. 89). The development of phenomenology occurred through the work of two main contributors: Husserl's descriptive approach and Heidegger's interpretive hermeneutic approach (Smith et al., 2009). In addition to these contributors, two main concepts influenced the development of IPA: hermeneutics and idiography (Smith et al., 2009).

Husserl was a philosopher who developed the founding principles of the phenomenological approach. He believed that one should concentrate on one's own experience in its own right, rather than attempting to fit data into a pre-existing system (Smith et al., 2009). He argued that one should "go back to the things themselves" (Smith et al., 2009, p. 12). He sought to capture experiences by creating a phenomenological perspective rather than relying on conventional perspectives. He argued that in order to "achieve a phenomenological attitude" (Smith et al., 2009, p. 13) there is a need to 'bracket' one's everyday perceptions of one's experiences. He described this by suggesting that one sets aside the 'taken for granted' of the familiar world before forging into the experience of another. He used the mathematical term "bracketing" to refer to the aim of setting parameters around preconceptions. Husserl's concept

of phenomenology was largely conceptual, with less written about specific method (Smith et al., 2009).

Heidegger was a student of Husserl and, as Heidegger advanced his work, he sought more structure in understanding and applying phenomenology. Heidegger developed the concept of interpretive hermeneutic phenomenology that acknowledges that the researcher's and participant's worldview are interwoven (Hamill & Sinclair, 2010). This is an emic approach that allows for the researcher to "collectively illuminate the phenomena of interest" and view the participants as co-researchers (Hamill & Sinclair, 2010). His main focus "was the interpretation of the people's meaning-making activities" (Smith et al., 2009, p. 18) as the core to applying phenomenological inquiry to psychology.

Hermeneutics is a key concept of IPA. Hermeneutics is largely about interpretation or meaning-making (Smith et al., 2009). Originally used in the interpretation of biblical texts, hermeneutics was extended for use in historical and literary documents (Smith et al., 2009). In considering the essence of experience, hermeneutic theorists are interested in the relationship between the individual who produced the text and ways the text is interpreted (Smith et al., 2009). Key hermeneutic theorists included Schleiermacher, Heidegger, and Gadamer. Schleiermacher was the first to discuss hermeneutics systematically and was interested in grammatical and psychological interpretation (Smith et al., 2009). Heidegger, as discussed previously, argued that when one interprets a phenomenon, one brings "pre-experiences" into play; hence, he emphasized the importance of reflexivity when interpreting (Smith et al., 2009). This offered a more in-depth understanding of Husserl's concept of bracketing. Lastly, Gadamer

emphasized the importance of viewing the whole text and then the details. This concept supports the hermeneutic circle that is concerned with the "dynamic relationship" with text as "the part and the whole, at a series of levels" (Smith et al., 2009).

Idiography is another concept that has influenced IPA. The core of idiography is focused on the particular and seeks to gain insight on how individual experience is a phenomenon. Smith et al. (2009) argued that the majority of psychological research is 'nomothetic' in generalizing concepts to groups or populations. Whereas IPA incorporates an idiographical approach, ideography's focus is on the experiences of an individual in a particular context. This method invites what is thought to be a productive way of incorporating depth into the analytic process (Smith et al., 2009).

IPA as a method may appear unconventional in the arena of qualitative analysis. It does not prescribe a set of analytic steps; rather it provides guidelines for the researcher. For instance, Smith et al. (2009) identified guidelines for sample size, interview construction, and data analysis to assist the researcher in utilizing the method. I utilized the guidelines outlined by Smith et al. (2009) in this study.

IPA suggests that a large sample size is not required; in fact, a sample size of one is possible (Smith et al., 2009). Accordingly, IPA is not about reaching saturation, but rather depth of experience (Gil-Rodriguez & Hefferon, 2011; Yardley, 2000). If the sample size is too large, the researcher dilutes the depth of the participants' experience, which can undermine the aim of the approach (Yardley, 2000). If a researcher has more than one participant, the goal is to

intentionally knit the participants' quotes together to give them voice (Gil-Rodriguez & Hefferon, 2011), thus representing a rich account of participants' experience.

IPA relies on a well thought-out semi-structured or unstructured interview schedule. The researcher needs to consider the goal of developing an interview that will allow the participants to openly share and express their lived experience (Gil-Rodriguez & Hefferon, 2011). An interview schedule that has too many questions or is too detailed may inhibit capturing the lived experience of the participant. Further, the researcher risks imposing his or her own pre-conceived understanding of the phenomenon (Gil-Rodriguez & Hefferon, 2011). Smith et al. (2009) suggested that an interview schedule include general questions regarding the topic in the aim of allowing the participant to set the framework of the interview.

IPA has no set rules; however, there are guidelines that assist the researcher to obtain depth in analysis beyond only describing the participant's experience (Gil-Rodriguez & Hefferon, 2011). Smith et al. (2009) suggested the following steps:

> Step 1: Reading and re-reading: This process requires the researcher to immerse him or herself in the participant's written transcript. This could involve listening to the recorded interview while reading the transcript. The goal of this process is to allow the participant to become the researcher's main focus.
>
> Step 2: Initial noting: This process is an exploratory examination of the content and language within the transcripts. The aim here is to create a comprehensive set of notes on the data. The researcher may provide descriptive comments, note linguistic considerations in the transcript, and employ conceptual insight.

Step 3: Developing emergent themes: The researcher analyzes the volume of data created previously in the *initial noting step* and begins to identify emerging themes. This is an aspect of the hermeneutic circle; the original whole of the interview becomes a set of parts during the analysis, but then comes together in another "new whole."

Step 4: Searching for connections across emergent themes: The researcher identifies patterns and makes connections in the data. He or she may look for abstraction, polarization, contextualization, numeration, or function in the data to identify themes. At this point, the researcher may create themes and construct files from relevant transcript excerpts.

Step 5: Moving to the next case: As the researcher moves to the next case the researcher views that next case on its own terms and 'brackets' preconceived notions from the previous case.

Step 6: Looking for patterns across cases: The researcher examines all the cases together, making connections and identifying patterns. At this point, the researcher may look for themes that illuminate another case or themes that appear most potent. This will involve renaming and reconfiguring themes. Once the researcher is satisfied (based on review and re-review) that the data have been filed under the themes, called "Master Themes," the researcher will proceed to writing findings and constructing the discussion.

3.3 Criticisms and Justification of IPA

The intent of IPA is to discover a phenomenon that has not yet been fully revealed. By revealing this phenomenon, IPA can enhance current understanding. This approach to research

is a fairly new addition to health and social sciences, even in terms of qualitative research. It does not claim generalizability, but richness in understanding. IPA thus presents a perspective that enriches the literature on the topic explored.

Critiques of IPA are that it lacks conventional means of qualitative rigor in achieving a degree of "completeness" and/or wide variation (Yardley, 2000, p. 221). These are relevant considerations, and reviewers should consider these potential limitations. Yet, due to scarcity of the literature on the topic of study, I believed that the IPA approach would be ideal in shedding light on this largely unexplored phenomenon (Smith et al., 2009). In addition, the aim of the study was to examine the topic in depth (Gil-Rodriguez & Hefferon, 2011); hence, IPA seemed ideal. IPA often captures the perspective of only one or a few participants (Yardley, 2000). Its focus on depth typically invites a singular focus on a small sample set, which may limit potential perspectives from a broader spectrum of stockholders - in this case, mothers of maltreated children. Accordingly, the aim here is to explore a personal and experiential perspective, rather than a broad base of understanding (Yardley, 2000).

3.4 Method

IPA guided data collection and analysis. The study and its procedures were subject to ethical approval from the University of Calgary Conjoint Faculties Ethics Review Board. Ethical requirements included ensuring informed consent, participant confidentiality, and secure data collection and storage.

3.5 Sampling and Recruitment

The sampling frame reflects a non-probability sample with diversity in the area of child age and number of children in the family. Eligible participants were mothers who had adopted a previously maltreated child from CFSA and received help from SFP. The sample comprised six mothers, each of whom had adopted a child or children who previously experienced maltreatment. The participants were from Edmonton and the surrounding area, and all were Caucasian.

Recruitment included participants affiliated with a large mental health agency. I used snowball sampling to recruit the six mothers in the study. During the recruiting process, a therapist and clinical support workers provided a postcard that outlined the study for potential participants who met the inclusion criteria. This postcard gave possible participants information about the study and ways to contact me (i.e., via phone or leaving their contact information on the postcard with the agency receptionist to be passed onto me). In addition to the postcard, a flyer was also placed in the agency's waiting room with my contact information (see Appendix E for the postcard and Appendix F for the flyer).

3.5.1 Informed consent

Upon an initial expression of interest by a potential participant, I contacted the individual via phone to explain the purpose and procedures of the study, as outlined in the phone procedures (Appendix D). Eight mothers contacted me via phone. Of the eight, six met the study inclusion criteria. Hence, I arranged face-to-face interviews in a confidential location.

I presented the six participants who voluntarily agreed to an interview with the consent form at the time of the interview (Appendix A). At the time of the interview, I reviewed the consent form with the participant and gave the participant an opportunity to ask questions and express comments and concerns. In addition, I explained the risks of participation, and reviewed and provided participants with a list of counselling supports. I then invited the participant to review and, if amenable, sign the informed consent form before proceeding with the interview.

Participants were informed during the recruitment and informed consent process that they could withdraw from the study at any time before the initial report was completed. It was explained to the participants that if they withdrew during the interview, they would be given a choice of whether they would like their data up to that point to be used or not used in the study. They were also cautioned that after the initial report was complete, they would no longer be able to withdraw their data from the study. No participants wished to withdraw their involvement or data.

3.5.2 Data collection

The six mothers participated in a unstructured interview that was digitally recorded. I prompted the mothers, "Tell your story of what it was like to adopt a child who had previously experienced maltreatment." This open-ended interview style allowed for a wide range of responses that gave a rich and detailed account of the participants' experience. Throughout the interview, I used probes, questions for clarification, or head nods to develop the breadth and depth of the participants' responses (Appendix G). All interviews took place in Edmonton, Alberta between the dates of July 31 and August 10, 2012.

3.5.3 Confidentiality and data storage

Pseudonyms were assigned to each participant and her child for identification and confidentiality purposes. I secured the transcriptions and signed letters of consent in a locked file cabinet. They will remain in a locked file in my private office (in keeping with ethics requirements). Data will be destroyed two years after my thesis is complete. All digital recordings of the interviews were encrypted and double password protected on my computer and data key.

3.5.4 Data analysis

All interviews were digitally recorded and lasted from 45 to 60 minutes. All the interviews were transcribed verbatim. What follows is the data analysis process:

1) I placed the transcriptions in a table in a Word document with three columns. The headings read "emergent themes" on the left, "original transcript" in the middle, and "exploratory" comments on the right. While listening to the interview and reading the transcript at the same time, I made notes in the exploratory comments column of the table. I did this a minimum of twice for each interview.
2) Once I had achieved a general understanding of the transcript, I reread it, and I formulated emerging themes into meaning units. As the meaning units emerged, I categorized them into different topics related to the participants' experience. I did this by hand, by marking the beginning and end of each meaning unit in the transcript and later connecting these to an emerging theme in the emerging theme column.

3) Once I had coded the meaning units, I switched to coding software, NVivo, to complete the analysis process. I placed the codes into "child nodes." This allowed me to present the data in an organized fashion and review the analysis to create a coding scheme for each interview.
4) Through a lengthy process of review and re-review, I printed out the child nodes, cut them into strips, and grouped them into sub-themes. Once I was satisfied with these sub-themes, I placed them into "parent nodes" in the NVivo software.
5) I coded each interview in this manner. I did not move to the next interview until satisfied with the coding of the current interview. I also kept a reflective journal during the process, as per guidelines for IPA coding.

Creating of Master Themes and Sub-themes:

1) Once I had coded all the transcripts in NVivo, I merged the coded interviews (in Nvivo). At this point, connections and similarities in the codes began to emerge. I further refined these connections based on review. I eliminated redundancy through code merging. Once I had organized these nodes in a coding schema, I printed them.
2) I printed the schema and cut the codes into strips. I laid these strips out on the floor in the same manner I had done for each interview. I further refined the content into master themes. Once I was satisfied with the master themes, I inputted them into NVivo.

3) As I identified related codes as master themes, I re-checked the original code to ensure that it still matched and resonated within the meaning units. This process of analysis was an intimate and lengthy interaction between the data and me.
4) I converted the master themes with sub-themes into tables. This organization of text made it easier for me to organize the data for further explication in the thesis.

3.6 Criteria of soundness

A variety of approaches were used to ensure rigor and soundness of this study, as follows.

Verification of data: Throughout the coding process, I met with my advisor, who acted independently in checking and verifying and who provided confirmation on coding names and themes. This involved the reading of a portion of the transcripts and materials collected. I did not recruit independent coders, as this is not a process required for IPA.

Peer debriefing: Throughout the study I shared and discussed the emerging findings with colleagues in the field. The purpose of this was to assess the emerging themes and minimize researcher bias. I took measures to maintain confidentiality in information sharing.

Member Check: Once the interview was complete participants were given the opportunity to review transcripts and comment. This offered participants the opportunity to further reflect and clarify meaning and experience associated with the study focus.

Purposive Sampling: Participants were purposely selected within the requirement of the research question. They demonstrated a broad range of diversity in the age and number of children. This provided a cross section of possible experiences and perceptions.

Reflexive Journal and Meditation: I maintained a reflective journal throughout the process of study. This process assisted me in developing awareness in regards to my positionality and understanding of the research process.

Chapter Four: Results I

The following chapters outline the findings of the study. The findings emerged within master themes of mothers' experiences of the adoption process and parenting a previously maltreated child. Subsequent chapters focus on additional master themes of managing previous caregivers, nature of and relationship with systems and supports, and mothers' view of self.

Beyond the presentation of master themes, each chapter offers a table of subordinate themes within respective master themes (see for example 4.1). The table identifies which interviews elicited each of the emergent themes. A detailed explanation will follow, illuminating and exemplifying each theme. To protect the identity of participants, pseudonyms have been used. All quotes in this section were taken verbatim from transcripts of interviews. The demographic of characteristic of all participants are presented below.

Mothers	Number of children in family	Number of children adopted from government agency	Number of years child was in home	Age of children at time of adoption
1. **Olive**	2	2	Child 1: 7 yrs. Child 2: 6 yrs.	Child 1: 10 1 yr. Child 2: 6 yrs.
2. **Meryl**	2	1	10 yrs.	Child 1: 17 yrs.
3. **Linda**	2	1	3 yrs.	Child 1: 4 yrs.
4.**Deanna**	3	3	1 yr.	Child 1: 3 yrs. Child 2: 4 yrs. Child 3: 6 yrs.
5.**Shauna**	2	1	6 yrs.	Child 1: 2 yrs.
6. **Jill**	2	1	6 yrs.	Child 1: 14 yrs.

4.1 Master Theme One: Experience of the Adoption Process

Subordinate theme	Olive	Meryl	Linda	Deanna	Shauna	Jill
Desire for family	yes	yes	yes	yes	yes	no
Developing personal connection	yes	no	no	yes	yes	yes
Immediate impact of adoption on mothers' lives	yes	no	yes	yes	yes	yes

The adoption journey for mothers initially reflected their experience of deciding to adopt. They further shared a personal connection with the child(ren) they would potentially adopt. Lastly, these mothers felt that these children had a profound impact on their lives as the children joined the family. Each of these themes are discussed below.

4.1.1 Desire for family

Four mothers clearly outlined an initial desire for a family, which precipitated their subsequent adoption. Three of these mothers shared how they struggled with infertility or health issues that prevented biological children. This was the driving factor that opened them to the possibility of adopting children who had been previously maltreated. Alternately, two mothers conveyed different experiences that had influenced their decision to expand their family. One

mother, Olive, revealed several compounding issues that led her to make the decision to adopt. She expressed her decision in a way that was logical and pragmatic.

> I was older when I got married into my second marriage and decided that having children at that age was going to probably be more difficult. And also, I ended up with thyroid cancer and so my doctor advised me that, you know, you really shouldn't get pregnant and have children. And, I married a man that was eight years younger than me, and I knew that he really wanted to have... we both wanted to have kids, but I know that was a big part of his life. (Olive)

Deanna shared how she became more receptive to adoption once she was faced with infertility issues.

> Well, I guess, just for background, my husband and I only got married 4 years ago, 4 and a half years ago, and we were older. And shortly into that, [we] realised that we didn't seem to be able to have kids. So it was a case of unexplained infertility. (Deanna)

Shauna expressed the frustration of attempting to start a family through conception. As a nurse, she cared for a toddler in need of a family. This experience led her to the decision to

consider adoption as an alternative to conception. Through discussions with her husband, who was open to adoption, she began to embrace the idea.

> My husband and I had, you know, gone through fertility treatments for a number of years. I had become pregnant three times and had miscarried three times, and, you know, so… And we were still kind of exploring that, so I wasn't really sure. So, I went home and talked to Pete about it and told, you know, [him about] this little girl that I met, and he's like, well, why don't we find out more? And it was funny because, at the time, I think I was kind of suppressing how I was feeling about her because I wasn't sure he was ready, and then when he said that it was like, oh. You know, and it was like, oh, okay, well, this is great. (Shauna)

Linda too struggled with infertility, leading her to choose to start her family through adoption. It is important to note that her son was adopted as an infant and was not previously maltreated. The adoption of her son "went very well." Therefore, when deciding to expand the family a second time, she expressed hope for a similar experience.

> We had adopted a little boy when he was 10 months old, and that went very well. Um, he's always wanted a sister, and, 6 years later, we got to the point where we're going to be adopting two girls. Um, so we got the girls actually 2 years ago. Um, in June of 2010. Um, we were getting two normal little girls except that our

> daughter had a medical condition… a syndrome. Um, she was just very… they were both so cute. They were just adorable, cute, wonderful, two little girls that were going to enrich our lives and make everything "hunky dory." (Linda)

Meryl expressed a desire for family but from a very different perspective. Her foster daughter, age 17, requested to be adopted by Meryl. Meryl understood her daughter's need to have a permanent family beyond the age of 18, an option not often offered to children in the foster care system.

> We ended up adopting Cameron just before she turned 18 because she wanted to be adopted to know that, I think it was, I'm really 18; I don't know what I'm going to do, and are you going to be there still for me and that? (Meryl)

Jill also came to adoption from a different place. She was not looking to expand her family, but rather, she became involved with a child that befriended her daughter. Jill describes this desire to adopt as being "compelled." Her motivation was more altruistic.

> I didn't set out to adopt; [I] never wanted to raise somebody else's kids; [I] wasn't looking to take on a child when she came into my life – but yet [I] felt weirdly, oddly and spiritually compelled. (Jill)

The majority of the mothers decided to expand their families through adoption after the experience of an inability to conceive. The last two examples offered insight into additional reasons individuals choose adoption: foster care and kinship care. In looking at the next sub-theme, I delve into how the personal connection unfolded during the adoption process.

4.1.2 Developing personal connection

Four out of the six mothers expressed how a personal connection was made during the process of adoption before the child came to live in their home. These personal connections expressed by the following mothers provide insight into how the adoption process was enshrouded in relational connection.

Olive shared how seeing a photo of her future son at an adoption fair initiated an emotive connection. This experience seemed to ignite a relationship with her future son. His physical features drew her into his "story," and momentum was developed that further led to his adoption.

> And we started going to the adoption fair and things like that, and
> we found John. And he was just an amazing looking kid, like,
> very, very good looking child and it just... and very attractive.
> Like, you just wanted to find out his story, right? (Olive)

Deanna was introduced to her future children via her husband's colleague. At first, this connection was fragile. At that time, she was unaware of all the procedures in adoption. Yet she developed an emotional attachment to these children. This seemed to add to the excitement when she discovered after a year of anticipation that she was in fact matched to the children.

He [husband] is a teacher, and he works at a junior high school. And there was a social worker [who] was attached to that school, but who also had outside cases. And she knew that we were thinking of adopting. And some of her outside cases were actually two little boys. And she said to my husband, you know, I think you and your wife would be a really nice couple for these two little boys. And so, we filed that away in the back of our minds and thought, oh, okay, but found out very quickly that you couldn't just call up and say, hey, we want to look into it. There was, like, forms to fill out and things to do. And so, we wanted to start the process and look into it, but we were just starting to renovate our house. So things got put on hold for a whole year while we renovated, because they said, you can't really adopt until you've actually finished your house…So that was April of last year. And then we did our 24-hour parenting classes in May. We did our home study in June/July. We were approved in the beginning of September. And we were, all the while, going, where are these kids? Are they still available? And I kept checking in with Wednesday's Child, just to see it on the homepage, to see if I could see anybody who looked like them. And actually, there [were] three little kids that seemed about the same age. And so I emailed

> my husband and said, I think this is them. And they were on Wednesday's Child. And so we inquired, and, are these them? And yes, we're interested. And finally came back that, yes, we, they were the three children. And, actually, we had been matched with them as the top match, after all of that, after a year. We went, yay. (Deanna)

Shauna's personal connection came from actually caring for her subsequent adoptive daughter as a nurse.

> Kiera's my daughter – and I met her for the first time when I was working as a registered nurse at the local children's hospital. I was working as a nurse practitioner at the time. And she was under the age of two, so she was about 22 months old, I think she was – 22 or 23 months old. And she was just this sweet little thing. (Shauna)

Jill met her adoptive daughter years before adopting her. At that time, Jill had no idea she would end up being this girl's mother, but shared that she was drawn to the child.

> So, I first met her when she was about seven [years], and she was with her mother still, and she had had a younger sibling – a younger sister – who was… I don't even know. I think she's about six years younger than her. Yes, six years younger than her. Anyway, that's when I first met her and, without knowing – I had

> no clue that there was even trouble; I didn't know that, you know, [the] mother was a bit of a drug addict or deadbeat – I didn't know any of that. At the time I was oddly and weirdly attracted to her. You know, she wasn't a… I had no idea. She was just oddly and weirdly attract [ive], and she and my daughter hit it off instantly. And they became really good friends, and she came… it was a barbecue that they had, just after they had met my sister and her new husband-to-be – boyfriend, at that time. They had had just a family barbecue – that's how I met her. (Jill)

The above examples illustrate how a mother's personal connection to the child developed as a small seed: a photo, a suggestion from a colleague, or meeting the child in a different context. These seeds nurtured a vision or fantasy of motherhood. In the next sub-theme, I explore how this fantasy was impacted by the arrival of mothers' adopted children.

4.1.3 Immediate impact of adoption on mothers lives

Five out of the six mothers described how their lives were directly impacted after their children arrived. This experience appeared to be a shock and a disruption to the previously envisioned experience outlined in the last sub-theme.

Olive alluded to not having time to prepare for the imminent arrival of her adopted child. She compared her situation to a mother's giving birth. This comparison emphasized the perceived sudden impact of the arrival of her son. She suggested that unlike her adoption

experience, pregnancy offers a formative time of preparation for the arrival of a child. She commented:

> It was very challenging for a couple that both had careers and worked to, all of a sudden, drop off the map and start this, you know... I think, when you're pregnant with a child, you have that time. This happened in [a] period of about three or four months, from the time we started visitation, to the time we had a live child in our home [who] was eight years old. (Olive)

Shauna related a similar experience; she discussed how the arrival of her child caused disruption to her life, including the relationship she had with her then husband.

> And so, you know, to go from, you know, two people working full-time and just, you know, kind of our adult lifestyle, to having a two-year-old in the home, at first was, you know, a big change for our family. Be, you know, just so in tune at all times, that it really took away from our relationship. (Shauna)

Deanna also described her experience of having the children come to live with her as a shock.

> I guess I could mention a little bit about how it has been going from having no children to having three children. That in itself has been a bit of an eye-opener. In addition, I guess, to… because we

> both, we married later, we had very established lives and careers, and so it was a shock to get married and have to consider somebody else. And it was a shock again to have to have three other people in the house. (Deanna)

Linda's experience was different, as she had already adjusted to having her adopted son in the home. However, the introduction of two daughters seemed to have a great impact, as expressed in her powerful language:

> Anyway, um, three weeks into the adoption all hell breaks loose. (Linda)

Jill did not describe an experience of enormous impact on her family system but alluded to adjustments she had to make when her daughter arrived. As an example, she stated:

> She was clearly allergic to my cat. So we had to buy an air filter – a very expensive air filter – because I wasn't getting rid of the kid; I wasn't getting rid of the cat. (Jill)

Consistently among the participants, bringing a child into the parents' home yielded impact and change, yet this was a unique experience related to the family's situation. The majority of the mothers indicated an experience of an abrupt reality check when their children arrived. A realization was shared by these mothers that the life they once had was forever changed.

4.2 Master Theme: Challenges in Parenting the Maltreated Child

Subordinate theme	Olive	Meryl	Linda	Deanna	Shauna	Jill
Experience with attachment and bonding	yes	no	yes	yes	yes	yes
Coping with the unknown	yes	yes	yes	yes	yes	yes
Making sense of the child's past	yes	yes	yes	yes	yes	yes
Managing the child's behavior	yes	yes	yes	yes	yes	yes
Managing diversity in the family	yes	yes	yes	yes	yes	yes

Mothering a child who has experienced maltreatment was described as presenting many challenges. These mothers illuminated these challenges and provided insight about different aspects of that parenting experience.

4.2.1 Experience with attachment and bonding

A common experience that mothers shared in their experience of parenting previously maltreated children was concern for their child's ability to attach. These mothers all seemed to have knowledge, or to have developed knowledge over time, of the importance of attachment for

children who have experienced maltreatment. Five out of six mothers discussed their experience with attachment and bonding.

Linda described an experience of being "cut off" by her daughter through extreme and difficult behaviors. She felt that these behaviors were more than the child being defiant. She described them as forming more of a disorder, as a result of the child's past experiences with maltreatment.

> Um, she wouldn't come to me, she wouldn't hug me. She wouldn't even talk to me. She would just scream at me, yell at me. She would essentially close herself off from me. Um, which we now realize that it was all reactive attachment disorder. (Linda)

Jill also expressed her personal struggle with attaching to her daughter. As a mother, she wanted to reach out to her new daughter, so she struggled with her daughter's lack of acceptance.

> I remember the day she came into our house. I went to give her a hug, and she was clearly, like, what the hell are you doing? And it was like that for the first… it probably took Lindsey a month to willingly accept a hug from me, and hugs are really part of my household, daily – so are I love you's, which made it very tough not to say it to Lindsey. (Jill)

There was a tone of disappointment, as Shauna expressed how much effort she put into helping her daughter with attachment issues, yet she still lived in fear of her daughter's inability to keep herself safe.

> You know, despite doing so much work with her in terms of attachment and bonding, there were times where she appeared to be connected, and then there were times where, like, she would run off with anybody, you know. (Shauna)

Olive shared a different perspective. She and her daughter worked with a therapist to help her daughter to attach. Olive described this as being an emotional experience, with a sense of joy and relief.

> [The therapist] looked at us and said, she's attached. And so we thought, wow, that fast, right? That is cool... it just happened one day, and, during that session, Pauline turned to us and she said, 'thanks mother and dad', for a happy ending. So I cried. We all cried that day. (Olive)

Despite having been cautioned by professionals, Deanna explained that attachment was not an "issue at all." She shared her surprise. She made sense of this by assessing her children's past, early intervention, and access to love and stability.

> I know one of the things that we had been warned about was attachment. And will the kids bond? And I would say that

> actually has not been an issue at all, in a really global, concerning way. I think part of that was because they went from being apprehended into only one other foster family. Elizabeth went to one, and the boys went to another. But they were both there in their homes for 2 and a half years, in a very stable, loving sort of environment. (Deanna)

The effort and desire expressed by the mothers for their children to attach demonstrates that this notion of attachment is of central concern in their experience of adopting a previously maltreated child. The mothers revealed that a substantial amount of effort was expended in seeking attachment with their child. Three mothers described uncertainty and doubt about efforts to attach to their child. They described feeling attachment to their child, but the child's frequent hesitance in attaching to them as parents - which was a concern. One mother was able to see a positive outcome from her efforts. One shared an experience of ease with attachment; however, she attributed this to key factors of previous love and stability that her children had experienced.

4.2.2 Coping with the unknown

When adopting a child who has experienced maltreatment, the adoptive parents often have little information about the child's experience. When child and family services are involved, child welfare workers are often left piecing remnants of information together from witnesses, to gain a fuller understanding. The children's doctors are often only able to provide a fragmented picture of the child's past before entry into stable care. This experience contrasts starkly with the

experience of a mother who gives birth to, or attends the birth of, her child and then follows the child's development.

Olive shared a desire to create memories for her son, but struggled to find the missing pieces. She stated "nobody really knows," communicating that historical records of her son's life are essentially non-existent.

> He remembers having Ninja Turtles, and there wasn't one... he doesn't have any baby pictures; he has absolutely no baby toys. He has one stuffed teddy bear that came from the birth family, you know, like... so no memories, really. And I try to create those, as much as I can, but it's hard to fill in those blanks when nobody really knows. (Olive)

Meryl described how a picture of her children's past started to emerge through their behavior. She was left wondering about her children's past, and developed a desire to pursue it further in order to understand her children, but she was refused access to her children's past records.

> They wanted to do the lock-down kind of thing, but that was, sort of, the closed records that they wouldn't let us see, saying that, well, this is all the information we have. (Meryl)

In the face of her daughter's difficult behaviors, Linda stated that she did not have all the information about her child that potentially could be helpful. In her pursuit of such information,

she shared a sense of "invalidation" she perceived from the social workers. She described a premonition that something was amiss regarding the information that was being shared with her.

> I had been questioning whether or not there had been abuse from the day I met them. [I] had been told numerous times by the social workers that, no, no abuse had ever occurred. It was simply neglect. Um, it was a real mish-mash of arguing with the social workers as to what had happened to these girls. (Linda)

Shauna shared that she was not provided with a lot of information when she adopted her child. Upon reflection, she revealed a sense of regret and loss for not inquiring or discovering more about her daughter's past.

> They went through her history with us and, you know, kind of explained, you know, her background, her past, what information they had, right. You know, at the time, it… it wasn't a lot of information, right. And… You know, they didn't have a lot of information. We had questions, and, looking back now, I think we saw the whole scenario with… through rose-coloured glasses, right. (Shauna)

Deanna similarly shared a desire to want to know as much as possible. However, she described her experience as "parenting in the dark."

> But it would be nice to kind of know as much as possible because then you feel like, if you knew that they were missing X, or they had not had that experience, then you could try to fill in. But, you know, it is what it is. So it's a little bit of parenting in the dark sometimes. (Deanna)

Jill's experience was different from those of the other mothers as her adoption was a kinship adoption. She made the assumption that more information actually comes to mothers who choose to adopt a maltreated child as opposed to a child being placed in one's life. Jill expressed not only a sense not knowing but also a sense of being ill prepared.

> When you adopt somebody with disabilities you, kind of, get all that. Not only do you get what the perspective is through, like, the training that you have to go through, but you know the story of the person coming to you. I knew none of that. (Jill)

Despite the differing scenarios in each case, all the mothers received fragmented information or no information at all regarding their child. This experience was perceived to be a substantial loss for the mothers, as they were denied the opportunity of understanding as much as they could and piecing together their child's preverbal years.

4.2.3 Making sense of the child's past

Five of the six mothers expressed difficulties in coming to terms with their child's past maltreatment. This sub-theme may look similar to the last sub-theme of coping with the

unknown. However, this sub-theme goes beyond the desire to know the child's historical records by specifically seeking to understand the story and extent of their child's maltreatment. This sub-theme also illuminated how the child's past maltreatment impacted participants' role as mothers.

As an example, Olive described trying to come to terms with her son's past trauma and piece together what her son had shared. She sought to ascertain her son's past in an attempt to understand him more deeply.

> I still question whether he was sexually abused or not – I don't know. He's not able to express that, but there are some weird things that he's talked about that happened in his family home. (Olive)

Jill expressed surprise regarding how much her child's past experiences stayed with the child. She depicted this experience with strong descriptive terminology, such as "amazes me" and "astounds me," which seemed to emphasize the perceived impact on the child and adoptive family.

> It amazes me how much influence we have in the first 10 years of their lives – probably the first 5 years of their lives – how much influence we have as mothers, as parents, you know, and carrying it through. So, yes, it really just does. I really don't even know

what to say. It actually just astounds me, all the things that really carry over. (Jill)

Meryl similarly noted that the past continues to be present in her child's life. She identified particular "milestones" as difficult triggers for her daughter. Meryl defined her role of mother as one that works through these "milestones" with her daughter, to support and seek to lessen their impact.

> Every milestone that she made, and even now we still, you know, talk with her about stuff, is… always kind of triggers back something from the past and that. And that, we kind of work through it with her. (Meryl)

Deanna described an approach of linking her children's behavior to their past. In linking their current behavior to the children's past, she felt that she was enhancing her understanding and developing her parenting style.

> If they are behaving in a certain way, I'm always trying to think, okay, this is where they have come from. (Deanna)

Linda made sense of her children's past by acknowledging that her daughters didn't have a voice when they experienced abuse. She seemed to imagine her daughters' experiences in an attempt to create understanding and empathy.

> They didn't have a voice. They didn't know that the things that were happening to them were not good, although they could

> probably feel that they were not good. They didn't know how to voice that. (Linda)

Consistently, the mothers described a process of making sense of their child's past maltreatment. As these mothers sought to do so, they shared the following collective experience: a desire to understand their child's maltreatment, shock over the experience and its impact, acceptance, and an aim to develop a parenting style accommodating their understanding. This often entailed a sense of empathy and commitment to work through these issues with their child.

4.2.4 Managing the child's behavior

All mothers described extreme and troubling behavior in their children. As an example, Olive described her son's behavior as "horrific." However, she also communicated a sense of what she inferred to be emerging desensitization over her son's extreme sexualized behavior.

> Then we found—and this was horrific when we first found it [but] now we're sort of used to it and it doesn't bug us as much anymore—we found a Barbie doll that he had stolen from his sister. (Olive)

Meryl also was in a position of having to parent a child who exhibited highly sexualized behavior, in her case a teenage daughter. She described her parenting intervention as being extremely calm, but she simultaneously conveyed a sense of internal panic.

> That was, like, black, transparent, nothing underneath it in front of my brother, and he went, and I went, and I went, sweetie, we don't

> wear that in front of… you know, where the hell did you get that? And she had kept that from her mother and had had it stowed away through all these years. (Meryl)

Jill, whose daughter had been with her since she was 12 years old, minimized her daughter's sexualized behaviors with the term "some struggles," but did label them as "inappropriate". Parenting such "inappropriate-style behaviors" had, over time, normalized, becoming an expected aspect of Jill's life.

> Today, at 17, we, you know, have some struggles. I've caught Chelsea on chat lines with some very older men, doing some very inappropriate-style behaviors. (Jill)

Linda expressed helplessness and a personalized sense of failure when faced with her daughter's unknown anger. She described a sense of desperation as she wanted, but was unable, to help her daughter. She explained how she brings herself as a mother beyond these angry moments by moving into a place of being "okay" once her daughter's intense anger passes. Of note, Linda's sense of "okayness" seemed to reflect her daughter's contentedness, which was sporadic and out of Linda's control. This left Linda notably vulnerable as illustrated below.

> We've had… she was very angry with me all weekend. I'm not sure why. I couldn't pinpoint that and that's hard because you feel like you're such a failure. You just feel like you're… how can I help this kid? What can I do? What can I…? You know, you just

> feel that there's never going to be an end to this… in that moment. And then the moment passes, and then you're okay. (Linda)

Deanna expressed frustration over the need for an unexpected and undesirable way of mothering.

> It was not the kind of parenting I ever thought I would have to do, where I'm restraining and, in this case, sitting on my child with a pillow underneath to just keep him from hurting himself or hurting others. (Deanna)

Another parent, Shauna, expressed her struggle in parenting a child who has experienced maltreatment in that the child's issues are "very real yet are invisible." Accordingly, she had to ensure a significant number of psychological and emotional supports for issues that most children do not face at her daughter's developmental age. She described the resulting sense of isolation as she shared this perspective.

> Something that I find probably particularly challenging is she looks completely normal. So, if somebody were to look at her… You know, but yet she struggles with toileting. You know, she has impulsive behavior. She has, you know, these irrational mood swings and, you know, and just her having reactive attachment disorder, you know. So, she has all these things that she's struggling with inside that aren't visible to most people. (Shauna)

As described above, extreme behaviors were believed to reflect children's previous maltreatment. The mothers gave a firsthand perspective of what it was like to manage a child's sexualized behavior, extreme rage, and/or regressed behavior. They shared how parenting amidst these behaviors is challenging, confusing, and frightening. They also expressed a sense of disbelief, helplessness, and isolation.

4.2.5 Managing diversity in the family

Besides experiences of parenting a maltreated child, participants described varying effects on family dynamics as a whole. This experience added another aspect of parenting (i.e., managing the 'whole'). Of note, families were all unique in presenting substantial diversity. Some families had other adopted children who had experienced previous maltreatment; other families had first experienced an infant adoption. Still other families began parenting with a birth child and later adopted. Despite the diversity, mothers generally struggled to meet the range of needs presented by varying children. For example, Olive shared her struggle in attempting to balance the needs of her son and daughter who had both previously experienced maltreatment. She described being put in the position of keeping her daughter safe from her son, but, at the same time, not isolating her son from the family.

> And we had a lot of turmoil last year, with the sexual acting out. And he has, two or three times. And that's a scare, too, because you want to protect her, but you don't want to ostracize him from the family. (Olive)

Deanna described what it was like for her to meet the diverse needs among a sibling group of three. To do so, she sought to sort out the unique identity and needs of each child.

> And now, with us, it was Daniel that we thought might have the most trouble because he was 3 and a half. But he is the one who loves to come in and ask for morning cuddles on Saturday morning in bed. Like, he's the first one to do that. He is becoming more and more affectionate. Like, he'll just [come] into the room and say, Mother and Dad, I love you, which is really nice. And for a while, I thought, what did you do wrong? But more and more, it's just something that he comes to tell us. And then he goes on, and he does his thing. And Elizabeth does that a lot, too. Alexander does as well. In some ways, I think he is struggling, in some ways, the most. As near as we can figure, and, from the information we were given, he was a favoured child. I think especially with his birth, biological parents, he was… so, he was used to having a whole lot of attention. And he's a very charming boy. And we love him dearly, but we're trying very much not to let the charm get in the way of the other two getting attention. And I think he's struggling with not being the shining star a little bit. So I think, yes, he's just trying to figure out what his place is when it's a lot harder to be the centre of attention. (Deanna)

Shauna shed light on the diversity of having two adopted children. She identified the difference between adopting a previously maltreated child and adopting a child at birth.

> And, you know, in terms of, you know, parenting two adopted children – you know, one who has been maltreated and then one who hasn't – I mean, there's absolutely nothing similar about the experience, I guess I could… I could say with, you know… You know, the only thing similar is I didn't give birth to either one, you know. (Shauna)

Linda provided insight into how much her son was affected by the chaos of his sister's behaviors. As a mother, she had to enlist mental health supports for her son to cope with the addition of his sisters.

> And in all this, our son has been pretty good about everything. He didn't get the sister he wanted and started with. She wasn't blonde. Um, he didn't get what he wanted out of this, but he has also come… he shut down. He was very shut down to everything and he's also going to (a treatment agency).He's seeing a therapist there. (Linda)

Jill described managing her biological daughter and her adoptive daughter. They were only six months apart in age and came into each other's lives at the age of 11.

> I've had to have the conversation with Lindsey, and my daughter as well. We have to maintain birth order in our family, and, to maintain that, Arica must be the oldest daughter. So Arica gets the front seat of the truck. Lindsey gets the back because that's an older daughter function. (Jill)

Regardless of presenting areas of diversity in families, the mothers similarly shared that they had to manage diversity and balance the needs of the others in their family. For instance (and as noted above), one mother was faced with the challenge of protecting one child versus avoiding isolation for the other. Overall, the mothers described the profound emotional and psychological impact of adoption on the family, including other children in the family.

4.3 Summary

This chapter identified experiences of mothering a maltreated child. Within the initial broad theme (i.e., addressing early experiences of the adoption process) were subordinate themes of the mothers' desire for family, developing a personal connection, and the immediate impact of adoption on the mothers' lives. We then moved to a second master theme of ongoing or persistent parenting relative to the maltreated child. This overall theme illuminated the following subordinate themes: experiences with attachment and bonding, parenting the past, coping with the unknown, the experience of the child's behavior, and managing diversity in the family. In the next chapter, I turn to mothers' experiences related to others' input in the lives and care of their children.

Chapter Five: Results II

This chapter presents findings related to mothering relative to the experience of others in children's lives, under the master theme of managing past caregivers, and the nature of and relationship with systems and supports. I then present findings on the mothers' internal worldview, ways that mothers see themselves, and their emotional and psychological reactions.

5.1 Master Theme: Managing Previous Caregivers

Subordinate theme	Olive	Meryl	Linda	Deanna	Shauna	Jill
Biological parents	yes	yes	yes	yes	yes	yes
Foster parents	yes	yes	yes	yes	no	yes

This theme addresses challenges the mothers faced with managing children's past caregivers, biological parents and other past caregivers who played a role in the child's life before coming into their home. Each is discussed below.

5.1.1 Biological parents

Maltreated children were often restricted from contact with their biological family when adopted due to the nature of the abuse. Eliminated or limited access to their biological families was reported to reduce the influence of the biological family. The mothers shared their experience of managing this relationship with and for their children.

Olive felt that it was important for her daughter to know about her biological family. Yet she also described needing to be cautious when allowing her daughter to access information

about her biological family. There seemed to be tension and a perceived need for Olive to protect her daughter's emotional well-being.

> I know Pauline needs to find her birth family. And I know I need to deal with that, myself. I think Michael's going to have a hard time with that. But, I think it's really important for us to... So I've done post-adoption registry and sent stuff back and forth, and her grandmother is still in contact, so you know. And every once in a while, Pauline wants to talk to those people and write to those people, and, luckily, a lot of people along her path, kept pictures and books, so I do have a picture of her mother; I have her mother saying goodbye to her and all that kind of stuff. So it's good that she has that history because she needs it. But it's also, you know, you have to time it when you let her have it. (Olive)

Meryl expanded on the importance of her children having access to their biological family. Yet she also exercised caution. She explained that her role as mother is to facilitate her children in developing a healthy relationship, but described the possible risk of her children making similarly poor life choices as a result of this contact and awareness.

> We tried to make sure that the kids had contact with their birth family… because we always knew, at the end of the day, no matter what, that's their family, and they love them. And…we wanted to make sure that they learned how to deal with that in a healthy

> way…because, you know, there was always that worry that they were going to go back to that, and what would happen to them if they went back. (Meryl)

Shauna shared a sense of loss as she worried about the impact of her daughter not knowing her biological mother.

> And it breaks my heart to know that she will likely never have a relationship with her birth mother. You know, and I struggle with, as she gets older, how that'll impact her. You know, and so, I mean, we've always told her that… you know, that her birth mother loves her and that she was too sick to care for her. (Shauna)

Linda identified her child's biological grandmother as "absolutely phenomenal." However, Linda expressed a strong negative judgment about the child's biological mother, particularly upon discovering undesirable content on the biological mother's Facebook profile. Accordingly, she struggled with facilitating a relationship between her daughter and her daughter's biological mother.

> We've also met the birth family in the last little while. Grandma is wonderful, absolutely phenomenal. She's willing to help us in any way possible. Through their culture, they have different things, too, that they do. I don't know that they help so much, but we'll see. [The] mother I could do without. I think if you want to be a

> mother, if you want to be serious about being a part of [her life], then you're going to stop doing drugs. You know, really. And when I confront you about doing drugs, you're going to lie to me when I see pictures of you doing [them] all over Facebook? No, sorry. (Linda)

With social media, biological parents were more accessible in some cases, which, in turn, elicited concerns about lifestyles and further exposure to children. Deanna expressed a sense of curiosity about her children's biological mother, yet, like Linda, she shared concerns after discovering the biological mother's Facebook profile. After this discovery, Deanna was left to ponder how she would incorporate the biological mother into her children's lives. These questions created a sense of feeling overwhelmed with how to safely present the children's biological mother to them.

> Accidentally, because of paperwork that we've seen, stumbled across their mother's full name. And she is on Facebook. And she is not a smart user of Facebook. So, there [are] no privacy settings. There's [nothing]. And she actually has lots of pictures of the kids posted and lists them as her family. And so I worry, I guess, coming down the road, if and when they do want to kind of know more about their biological mother - like, Trent and I spent an evening just kind of, you know, looking around her Facebook page - she hangs out with not the nicest characters … [and] make[s]

> some poor life choices … how much do you reveal, and how much do you protect them? Because, my goodness, if they go back and see what their mother is involved with and has been involved with… and then, how do you talk about that? So, I'm sure that's something we'll be able to get some help with down the road. But I just think, you know, as the questions start to come, how much do you say? How do you say it tactfully? Yes. I mean, we will say kind things about her. But, obviously, if they do a whole lot of looking, they're going to have some questions and wonder things, too. And then, how will they react to that? (Deanna)

In these examples, the exposure to the biological mothers' lives through social media resulted in the adoptive parents' feeling threatened. In Jill's case, social media linked her daughter to her biological mother. Jill expressed concern that her daughter may relive trauma upon finding her biological mother's social media profile. Yet Jill also had a sense of the need for acceptance and understanding in that she believed that her daughter needed to seek out her biological mother.

> So she found the Facebook page. She knew that she had had another baby, but now she saw a picture of the baby, and one of the friends on the Facebook page is the man who abused her. She had come forward and told her mother what happened, and her mother called her a liar at that time and said that's not true. Stop lying. So

> here we are, (a number) years later. You know, she's getting curious about… we've always known she's going to go back and see [her] bio-mother. (Jill)

As illustrated here, the participating mothers described the challenges of managing information about their children's biological families. The majority of the mothers shared an openness to and acceptance of this process, while one mother identified her preference to not have the biological mother involved. A variety of responses were elicited, such as seeking to gain control of the process and experiencing a sense of loss for their child. The parents also expressed worry and fear about the biological mother's life being exposed on social media sites.

5.1.2 Foster parents

Many children who have been adopted after being maltreated have had alternative caregivers before their adoptive parents. Examples of these types of caregivers would be kinship or foster parents. Five out of the six mothers interviewed shared their experience of managing past kinship or foster parents.

Olive explained how her son struggled with integrating the concept of family due to his experience in foster care. She shared her perception that "kids just get set aside." Following this statement, she separated herself from his foster parents by sending an opposing message.

> But when we first got him, it was interesting; he was so used to be[ing] a foster kid, and a lot of times foster kids just get set aside, right? Okay, we're going to put them into respite and we're going

> to go away with the family. They don't... And we wanted him to be our family. He was going to be our kid, right? So we don't want him to be aside from us. And he would go up to his room when we had our family over because he didn't realize he could stay, because when he was at the foster home, he was always told to go to his room. (Olive)

In the following example, Meryl separated herself from the "inappropriate" foster care placements her children had experienced.

> They went to a couple of foster [homes] that [were] inappropriate, like the one-bedroom apartment with the lady and that, and they were all in the same room… (Meryl)

Linda created a sense of separation between herself and her children's previous foster parents. In the following repeated use of the term "busy" when describing the foster home, she alludes to the fact that she did not view this as the most appropriate placement for her daughters. She also touched on the multiple placements her daughters experienced.

> The girls were in a very busy foster home. There was something like 24 people living there. That included the two girls. So, it was just a very busy place for them. They'd been there for 2 months. Prior to that they'd been… I believe that was their fifth placement in a year. (Linda)

Deanna was more direct about her thoughts and feelings about her experience with her children's foster parents. She expressed a sense of personal offense when her children compared her to their past caregivers.

> But when your children did have other living situations, it does sting a little when they make the comparisons, or say, this is a bad house, or, I don't like you, or, I like so-and-so better. And I know that they're doing it because they know that it gets you. But [you have to know] how to handle that, if they say, I want to go back. (Deanna)

Jill had a different experience. Her daughter came to her due to a kinship care breakdown. In her case, everyone knew each other, and informal contact with her daughter's past caregivers was ongoing. Jill had to take drastic measures and intervene in seeking to protect the emotional and psychological well-being of her daughter.

> So they had to do a protective order against them and not because they would have been harmful to her, but because they were so insistent that she was such a bad kid. So we had to say, no. (Jill)

In summary, most of the mothers created a sense of separation between themselves and their children's past caregivers. One mother had a very personal experience when her children compared her to their past caregivers. Another had to intervene and prevent her daughter from having contact with her past caregivers.

5.2 Master Theme: Nature of and Relationship with Systems and Supports

Subordinate theme	Olive	Meryl	Linda	Deanna	Shauna	Jill
Nature of support from friends and family	yes	no	no	yes	no	yes
Helpful professionals	yes	yes	no	no	yes	no
Unhelpful professionals	yes	yes	no	no	yes	no
Betrayed by Children and Family Services	no	yes	yes	no	yes	yes

The children in this study encountered a variety of supports, and participating mothers carefully managed these resources. Moreover, the mothers sought supports for themselves to cope with raising their children. The following sub-themes explore the experiences of mothers as they interfaced with systems and supports.

5.2.1 Nature of support from friends and family

When children were adopted, they not only became a part of the immediate family but also joined a broader extended family system, which included family, friends, and/or a spiritual community. Three out of the six mothers conveyed how their family or friends played a supportive role in raising children who had previously been maltreated.

Olive expressed how her family and friends played a supportive role in her life as a mother. She described the importance and impact of receiving spiritual support from family and friends.

> And I mean, a big part of this too is, we had people come and pray over and with us, and we had Debbie, [who] actually prayed. And we had my best friends parents, because my parents are deceased and Michael's parents are disabled, we had their parents come, as extra grandparents and take an interest in John and pray over him and things like that. So [we received] amazing support. And we had family, too. Like, my family is very supportive. (Olive)

Deanna shared how her family "embraced" her children. For her, there was a sense of joy in watching her children form relationships within the family.

> My husband and I have 15 nieces and nephews, all within similar ages. So my brother-in-law has five kids. Both my brothers have four kids. My other sister-in-law has two kids. So they have tons of cousins. And the cousins have really embraced them. And that's been positive. So they have… and they're very excited about seeing their cousins and spending time with their cousins. So the cousins have been wonderful to them. And I think our siblings have done a great job of making it a really exciting thing, to have more cousins come in. (Deanna)

Jill discussed how her sister is not only her best friend but totally understands her.

> My sister is my best friend and confidant, and she has kids that were, you know, her step-kids – not adopted, but very much like that. She knows exactly what I'm talking about. (Jill)

The above experiences demonstrate the important role that family and friends played in supporting these mothers in raising their children. These natural supports illuminated how a larger family-friend community could render support. The mothers offered numerous examples of the different ways in which this support was experienced: providing spiritual support, creating an inviting, supportive family environment, and understanding the mother.

5.2.2 Helpful professionals

Due to their frequently complex background and needs, the children often required support from professionals. This support was required for the overall well-being of not only the child but also the family as a whole. Five out of six mothers shared how professionals in their lives helped them in the process of adoption or the daily care of their child.

Olive described an "amazing" family doctor who supports her family beyond just their physical well-being. He reportedly helps with mental health issues for not only the child but also the family. She noted that her doctor addresses the social impacts of her child's experiences and is willing to act as an advocate.

> I have an amazing family doctor. He'll write me a letter for whatever I need and he actually does psychotherapy with us as

> well, even as a family doctor, because he knows us all really well. So he's the right person sometimes, and sometimes we go in, as a family, and have a conversation with him. So, and he helps, but this past year, he wrote a letter to the school about bullying… (Olive)

Meryl expressed a sense of gratitude for a social worker who was involved with her family to help support her daughter. In her reflection she even shared a sense of empathy for her social worker's hard work and dedication to her family.

> Meanwhile, we had an amazing [social] worker, and she was with us for about 15 years. She would hold the line for us, and I don't know how, and now [I know], the kind of work that I do, how hard that must have been for her. (Meryl)

Linda similarly shared a sense of gratitude for the mental health support she receives. She was so appreciative that she conveyed wanting to pay-it-forward, and give back.

> I can't say enough for (the support organization), like, it's so needed and so necessary. I would do anything to work there, to help, to better understand what I can do. (Linda)

Deanna acknowledged the support and dedication she received from her adoption worker when her children were first being placed into her home. She discussed her adoption worker's ability to respond quickly and link the family to valuable resources.

> And we've been really blessed to have a team of people who've helped us along the way. Like, I could not have a better, we could not have a better social worker who's helped us through the process…Because she will reply to our emails at 11 o'clock at night. We try to be very diligent. If there was an incident, we would report it right away. Or if something's happened, you know, here's what's going on. And she would immediately write back. Or if we needed to connect with (service organization) or a behavioral consultant or… she's connected us with all sorts of resources. (Deanna)

Shauna gave insight into how she once received mental health supports and how impressed she was with the level of support she received. She described the level of genuine care and commitment these professionals offered her family.

> I was thinking about you; we're just calling to check in, you know, things like that. Like, it makes such a big difference. And I… I can't even imagine. Like, I recognize that they're so, so busy and that their waitlists are, you know, so crazy long, but when you're there, I mean, they are fully committed and fully invested in you, and they genuinely care, yes. (Shauna)

These mothers expressed how important caring professionals were in helping them raise a child who has been previously maltreated. Several identified being positively impacted by a helpful professional in the adoption process or the continuing care of their child. These mothers illuminated key characteristics of helpful professionals: advocacy, commitment, care, genuineness, knowledge, and dedication.

5.2.3 Unhelpful professionals

Just as mothers had positive interactions with professionals, they also described unhelpful professionals. For example, bitterness and anger were expressed. Olive shared a story of how the school called Children and Family Services to report her and her husband after they had to restrain their child who was in rage and at risk of harming himself or others in the family. She conveyed that the school had a real lack of understanding of what she, as a mother, had to deal with in raising a child who was previously maltreated.

> I love schools. They're just so great (with apparent sarcasm). They call in and tell people that these adoptive parents that have taken on these really challenging kids are beating the crap out of them, right? And so we haven't ever hurt our kids intentionally or, you know, beyond what we had to do, in order to help life be safe, in a lot of ways. I mean, John, when he would get in a rage, you had to protect yourself and him and everybody. (Olive)

When trying to get help for her foster son, who she was hoping to adopt, she described an experience of imposed judgment from a group home worker. Meryl shared how she felt belittled as a stay at home mother.

> Group home workers pulled me aside into their bedroom, locked the door, and told me that [they] needed to talk to me. [They said that] there was nothing wrong with him and that I was the one that had the problem. And through all the support that we had through social services and that, everybody would listen to, sort of, the professionals, because at the time I was a stay-home mother and hadn't gone back to school … [they were] very accusatory of me of just being mean to this child and not wanting him. (Meryl)

Shauna shared an experience she had with mental health supports. She struggled to understand why her daughter with attachment issues had been involved with so many therapists.

> She's had four different therapists in the last 3 years, and… or psychologists I should say, I'm sorry. And, you know, as… And I completely understand that, you know, things change, that people move on, but to a child with reactive attachment disorder, like, it's horrible, you know. So, again, she just gets to know somebody, she just starts to trust them, and then there's somebody else that now you're supposed to, you know, express your feelings to. And so, I don't know if that was a factor. (Shauna)

Overall, mothers described a negative impact from difficult incidents with unhelpful professionals. They shared stories of being accused, judged, belittled, and 'shuffled'.They illuminated a power dynamic between parents and professionals, showing how a professional with a lack of understanding or insight can cause negative relationships rather than fostering support.

5.2.4 Betrayed by Children and Family Services (CFSA)

Beyond encounters with unhelpful professionals, mothers described feeling betrayed by CFSA. Specifically in the adoption process, four out of the six mothers specified an experience of perceived betrayal by the system.

Meryl expressed how her mistrust in children's services comes from feeling unheard despite being asked for her input. She conveyed frustration about the large amount of change needed in the system, yet a perceived inertia.

> I didn't really trust a lot of the professionals [who] dealt with us. We did a lot of studies with social services, focus groups on what can be done better, how can we [be] at the top support, you know, you guys, and we did, like, four of those, and they were intensive, [but] nothing ever changed. They would change staff. They would change policies. They would change whatever, but they would… nothing would ever change to that front line. (Meryl)

Linda expressed a deep sense of betrayal. She discussed how she felt she was misled to believe that she was being given "normal children … ready to be adopted."

> As an adoptive parent, you don't have to take the same courses as a foster parent so you don't have to… you don't need to know all these things because you're supposed to be getting normal children, whatever that means. You're supposed to be getting kids that are ready to be adopted, whereas these girls were definitely not ready. (Linda)

Shauna also expressed how she felt misled by CFSA. In addition, she felt that she was naïve and taken advantage of, particularly in the beginning of the process of adoption.

> Yes, in terms of like the information that we were provided by children's services… I mean, they provided us with what they had. They completely minimized everything, you know. And in hindsight, again… So, you know, kind of we were naïve; we went into the process of… you know, a little bit blindly. (Shauna)

Jill shared a sense of betrayal relative to how she believed the system ignored her biological daughter's need for support.

> I think that the biological children are way left in the dust – way left in the dust. I had to advocate for my bio-child. Lindsay got all the support and then some. It would be like, leave her alone. Let

> her be a kid. Never mind more counselling. Leave her alone. You know? She doesn't want to talk about her experience. She doesn't want to. Just leave her alone. But my biological child, who was struggling – here's a single child who, at the age of 11, got a sister, you know. There was zero support for her – zero. (Jill)

These examples illustrate the sense of betrayal adoptive parents felt by the children's services system. One mother shared her experience with the "broken" system, and three of the mothers reported perceived deception or under-reporting about the complex needs of their children. One mother reported system inattentiveness to the needs of her biological daughter that were directly related to dealing with a new adoptive sibling with high needs. Overall, the mothers perceived mistrusted, being misled, and a sense of being ignored in their interactions with children's services.

5.3 Master Theme 5: Different Ways the Mothers See Themselves

Subordinate theme	Olive	Meryl	Linda	Deanna	Shauna	Jill
Mother as advocate	yes	yes	yes	yes	yes	no
Self as making a difference	yes	yes	no	yes	no	yes
Self as understanding	no	yes	yes	no	no	yes

The analysis of the interviews indicated that mothers saw themselves in different ways, relative to their adoption experience. The mothers illuminated how their experience of adoption expanded their role and their view of themselves as individuals. New roles or ways of being included viewing themselves as advocates, hoping to making a difference, and undergoing a transformation due to their adoption experience.

5.3.1 Mother as advocate

The mothers revealed the complex needs of their children and the many resources they required. In acquiring those resources, they described the experience of becoming strong advocates for their children. Olive described her experience of 'advocate' as working to ensure that others understood her child and met her child's needs. In an analysis of just a few lines of the text (as follows), she used the word "constantly" to convey a sense that this is an ongoing role. Another word choice she used is "to make," which implied a sense of force.

> Advocacy. You're constantly trying to make people get your kid
> and trying to make them do the right thing for your kid. (Olive)

Shauna also described her advocacy role as something that was constant. She stated that she felt that she was required to advocate continually, as her daughter's issues were invisible. Furthermore, she stated that advocacy went beyond just speaking up for her child. This role involved extra work such acquiring letters and organizing supports.

> I've had to advocate a lot, you know, within the school system.
> The school, for the most part, has been really good about it, but

> [I've] need[ed] to advocate a lot, need[ed] to get letters and all kinds of support. Again, it's not visible, right? And the school has told me repeatedly, if she was in a wheelchair, we could just write it up, right? So, when you can't see it, it's… it makes it so much more challenging, right? (Shauna)

Having young children, Deanna did not share a personal experience with advocacy. However, she forecasted and defined what she thought her experience with advocacy would be like.

> So I get the sense that I will probably have to be a very strong advocate in the years going forward, and raise a stink, and be a bit of a pain in the school system, to make sure that he gets the help that he needs. (Deanna)

Meryl's role as an advocate appeared less direct than that described by the other mothers. However, she shared how she felt that her children were not being heard by children's services about past abuse, so she arranged resources to help her children.

> So we went to the children's advocate and got them to come to our home, and then we found out that they had had huge, huge sexual abuse. (Meryl)

Linda, like Meryl, advocated for her children to access resources due to past abuse. The outcome in Linda's experience was a feeling of being unheard and let down in her attempt to advocate on her daughter's behalf.

> We brought them to the (agency) to have an investigation done as to the abuse that had occurred. Um, that investigation came out that nothing had happened, that they had just seen stuff on TV, which was also incredibly wrong because the girls had told me about tastes and words that were used and things that were done to them sexually. (Linda)

As illustrated here, these mothers stepped into the role of advocate to have their children's needs met. They described a range of advocacy roles based on the individual needs of their children.

5.3.2 Self as making a difference

In the journey of adoption, the mothers were able to identify themselves as making a difference in their child's life. They provided examples of how their child progressed or transformed after being in their care. One mother shared a sense of confidence in making a difference in her child's life before even becoming the child's mother. Four of the six mothers felt that they had made a substantial and positive change in their child's life.

Olive showed photos of her children from when she first adopted them. She used these photos as examples illustrating her children's growth since they first came to live with her. As

an example in reference to the photos, she noted the physical differences in her children since being in her care.

> And she's 11 [years] now. That was when she was six, so I should really get new pictures, but I haven't. I like the old ones. I like looking back because there is such a change. Like, even pictures from John, when we first adopted him until he actually was with us about a year [later], his physical looks changed. Like, he went from this solemn-faced, long-faced kid, to this happy fat kid, right? (Olive)

Meryl reflected back and became tearful when she discussed how her daughter affirms that as a mother, Meryl has made a difference in her life. She further stated, "We have a grandson" with pride, apparently symbolizing her role of making a difference in her daughter's life as well as in the lives of future grandchildren.

> I know Cameron had said to us—and from day one, and even now, and she's in our life, and we have a grandson—…that we were the only people [who] really trusted her. See, you're right. It does get emotional. (Meryl)

A teacher who worked with Deanna's son before he came into her care identified the positive impact that Deanna has had as mother to her child. Deanna expressed a sense of relief and satisfaction in knowing that her son has progressed since being in her care.

> And it's fun to watch them grow, when you hear from other people that they're doing well. Like, Daniel's teacher has said that, since moving with us, she's noticed that his conversation and his stories have a little more depth and are a little more complicated, and he's able to express things in a better way than he was before. So it's nice to hear that sort of feedback, that there seemed to be some progress going on. (Deanna)

Jill saw herself as making a difference before she even became her child's mother. She stated that she became the "somebody" in her daughter's life who needed to "step in" before "she's done" for.

> I was lying in bed one day, and I was just thinking about this, and thinking, somebody has got to step in in this child's life, or she's done. (Jill)

Mothers constantly recognized how they made or could make a difference in their child's life. Their experience seemed to result in a sense of confidence and affirmation that had developed as they waded through the difficult journey of parenting children who previously experienced maltreatment. Accordingly, they experienced an underlying sense of pride and joy in watching their child progress while in their care.

5.3.3 Self as understanding

Once adopting their child, some mothers identified an ensuing experience of developing a deeper understanding of their child. Through acquiring knowledge about the effects of their child's previous maltreatment, they began to see their child differently.

Meryl reflected on her early years of parenting her children. She viewed her children's acting out as "just behavior." In her need to learn more about her children, she felt compelled to educate herself, eventually working with families that care for children who have previously experienced maltreatment. Through this growth, she came to view her children's behavior differently; no longer behavior, but rather responses to the trauma they had experienced.

> Things would trigger them. We had no clue at the time why they were behaving the way they were. We had no training to help support, to figure out what to do with that or what it was. We would think things were behaviors where they were, now in hindsight, now that I have my own training that I've gone through and I've done trauma programs myself with clients, that it could be just something I saw, the way something came in a room, a sunbeam, a smell, a time, just a sound, you know, that would just trigger them into their trauma. (Meryl)

Linda, too, became more understanding once she learned that her daughter's extreme behaviors were due to attachment issues. Knowing what her daughter was dealing with deepened her understanding and empathy.

> But I think that we better understand reactive attachment. We better understand what's going through her head. (Linda)

Jill was provided training that positively impacted her ability to understand her daughter. As she was walked through an exercise, Jill described a sense of gratitude for the "life-changing" experience:

> One point in particular that really, really changed my mind about how I'd parented this child, and I don't remember who it was in the… it was probably about the sixth or seventh session that I was in, and I don't remember if it was the co-trainer or if it was Dee who said it, but they, kind of, did a little mental example where, you know, you had to close your eyes. You needed to picture your life and then imagine [that] somebody that you don't know, but someone in a position of authority, takes you from your life, from your job, from your kids, from your family, and picks you up and sends you to Chicago where you are now going to live with a rich family and have things beyond your wildest [dreams] – anything you want, you can have. And this family in Chicago thinks that you're going to be so happy, and you just want to go home, you

> know, and there's nothing you can do about it. And I just remember having to leave the room. I was crying, and I thought, oh. Even now, it tears me up. How must that feel, you know? And it was, kind of, in that moment that I really understood and got it. You know, already I was a sponge, but I really understood and got what happened to this child in just that one example. I wish I could remember who did that because I will be forever grateful for [his or her] saying that, but it was… so, yes. It was so life changing for me. This stupid little close-your-eyes and imagine, five-minute example in, like, session six of orientation in caregiver training, was life changing for me. (Jill)

These mothers described how they gained a deeper understanding of their child by learning how their child was affected by maltreatment. Training reportedly provided information on trauma and attachment issues, which, in turn, deepened their understanding of their child. This understanding helped facilitate a deeper empathy for the difficult behaviors and struggles their child was experiencing.

5.4 Master Theme 6: Emotional and Psychological Reactions of Mothers

Subordinate theme	Olive	Meryl	Linda	Deanna	Shauna	Jill
Child's experience triggers mother's previous experiences	yes	no	yes	no	no	yes
Mother's suffering bought on by child's suffering	no	no	yes	no	yes	yes
Opposing emotions: The "roller coaster"	yes	no	no	yes	yes	yes
Mother's experience of fearing for the child	yes	no	no	yes	yes	yes
Mother's experience of hope for the child	yes	no	yes	yes	yes	yes

In the last of the master theme sections, I examine the deeply personal experiences that the mothers shared in their interviews. This examination offers insight as to how mothers perceived themselves to be personally affected when adopting a child who had been previously

maltreated. This very personal experience reflected the emotional and psychological reactions that mothers encountered during and after adopting a child who had experienced maltreatment.

5.4.1 Child's experience triggers mother's previous experiences

The mothers revealed how their own previous experiences were sometimes brought to the surface as they faced their child's struggles. As the mother's and child's stories merged, participants described developing a deeper understanding and compassion for their child. Three of the six mothers described how their own early life experiences were triggered by their child's experiences.

Olive described her own mother with a mood disorder. Olive felt that this earlier life experience offered insight regarding the possible bipolar diagnosis of her daughter. She expressed a sense confidence in her ability to manage her daughter based on her own experience of living with her mother.

> [A] couple of the doctors think she's bipolar. I guess I've been fortunate. I had a mother [who] was bipolar, so I get that. It's hard for John because he doesn't get it, but I lived with somebody who... was like that, and so I think that's helped me a lot with her. (Olive)

Linda related how her experience of being abused as a child led her to believe that social workers were not providing the full story about what had happened to her daughters. Her own

past experience with abuse offered insight about her daughter's experience. The example below illuminates confidence she had gained as a mother.

> I grew up in a similar situation where there was abused. I understood, and I knew that something was happening to these girls. (Linda)

Jill connected to her own experience with childhood abuse, which led her to experience a deeper sense of empathy for her own child.

> I was also sexually abused when I was nine, so you know – when you've been there, you know what that feels like. (Jill)

The above mothers provided examples of how their previous experiences were triggered by their children's current experiences, yet their experiences were also thought to deepen their understanding of their child's journey. Accordingly, mothers developed a deep empathy for their children, and, in some cases, their experiences heightened the mother's confidence to care for the child.

5.4.2 Mother's suffering brought on by the child's suffering

While the mothers sought to make things better for their children, they highlighted instances of feeling unable to do so. This perceived personal inability to ease their child's suffering, in turn, heightened suffering for three of the six mothers.

Linda expressed helplessness when confronted by her daughter's perceived "brokenness." The effect of her daughter's suffering was thought to extend beyond the individual to her family as a whole.

> There was something so deep, so hurt and so broken. Um, you feel helpless because you just… you don't know what to do to help this person [who] is so angry and so broken inside. Um, this was destroying us… all of us. (Linda)

Jill also shared her struggle as she sought to accept not being able to soothe her daughter's pain brought on by past trauma.

> It's, kind of, weird. As a mother, I want to make that better for her, and I want to make it okay, and I can't. I find that extremely difficult to accept – that I can't make that better for her. (Jill)

Shauna provided a different perspective; her suffering was brought on by watching her daughter miss out on friendships due to the effects of trauma.

> She still struggles with relationships at school, a lot. I can count on one hand the number of birthday parties she's been invited to. And, yes, that completely breaks my heart, you know. You know, I think back to when I was a little girl and, I mean, being with my friends and giggling and… You know, we did that for hours and hours and hours on end and… She did… She did have… Probably

> the closest friendship she's had was in kindergarten and grade one, and then that little girl moved away at the end of grade one. She, you know, formed a relationship with another girl the next year; she moved away. (Shauna)

In summary, these three mothers explained that despite their extensive efforts and deep desire, they could not make things better for their child. They shared how difficult it was for them to witness their child struggle with suffering. Generally, they had to come to terms with not being able to "fix" their child's trauma. Yet this created suffering for them as mothers.

5.4.3 Opposing emotions: The "roller coaster"

The multiple challenges the mothers shared revealed the range of emotions associated with raising an adopted child who had previously suffered maltreatment. They depicted the tension involved in this parenting situation, feeling opposing emotions, 'positive' and 'negative,' in their interactions with their child. Five of the six mothers described the intensity of emotion involved in parenting their children.

Olive described a highly emotional scene that captures how emotional intensity builds up in her home. This, in turn, leads to a breaking point followed by calm. She used the metaphor of a "dam breaking" in the sharing of this experience.

> So, this one Sunday, it was just an amazing Sunday, because it was extremely emotional, extremely hard, but it actually was our breakthrough time, and that's usually what happens … you

> escalate and build up, and, then all of a sudden, the whole dam breaks, and it all kind of settles out and works out and it works out way different [from how] you thought it would, probably. (Olive)

Deanna shared how shocked she was that her children evoke so much anger and love in her. She reported making sense of this in the context of developing "parenting instincts."

> I guess the parenting instincts have come more quickly than I would have expected, good and bad. Like, I'm shocked that children who are not my own flesh and blood can elicit that kind of anger and love in me. (Deanna)

Jill too expressed opposing feelings of love and hate for her child, as illustrated below.

> I get so frustrated. There have been so many times that I think, why am I doing this? Seriously, I love this child, and I hate her. (Jill)

Shauna used the metaphor of a "roller coaster" to describe the emotional range she experienced in parenting her daughter. She emphasized the emotional toll that this has had on her, as she identified herself as a normally even-keeled person. To her, this emotional intensity was challenging.

> And I think the rollercoaster is something else that… I don't know if I mentioned, but… Just, there [were] many, many, many, many days where you wake up, and you're not sure what kind of a day

> you're going to have. And it's like, okay, this could be an awesome day, or it could be a really horrendous day. And… And, I mean, and everybody can obviously have, you know, bad days and good days, but I think just… It was kind of like walking on eggshells and kind of just being very cautious about situations, right, and just not knowing, and… You know, and the roller coaster part has been really difficult for me, because I'm usually a fairly, you know, even-keeled person, and the roller coaster that she leads me through is challenging. It's incredibly challenging. (Shauna)

She showed a deep honesty and reflectiveness related to the emotional extremes that parenting evoked. This personal account from mothers had a direct emotional impact on their overall sense of well-being.

5.4.4 Mother's experience of fearing for the child

The mothers commented on their internal sense of fear as they envisioned their children's lives unfolding. Olive shared how she fears that her son's anger will hurt others. She was particularly worried that she could not control what her son might possibly do with his anger.

> And so that's always been a fear for us, that he'll cross a line and start to express that anger on real people. And we still live with that fear. (Olive)

Linda identified fear of the unknown. The fear she described seemed to separate her from her children as seen in her statement "these kids aren't yours". She conveyed a sense that due to her children's past trauma, she must be on guard for potential problems.

> And I think you live with fear when you're an adoptive mother, because these kids aren't yours and you didn't raise them, so what happened and why is this coming out and lots of why questions… (Linda)

Deanna expressed an experience of fear similar to that of Linda. Deanna identified having a biological child as less fear evoking than adopting. This fear was repeatedly rooted in the inability to anticipate her adoptive child's future due to the child's past experiences with maltreatment.

> So, yes, I guess there's a lot more fear in my parenting than I wish there was, or I think there would be if they were biological kids because I just am always wondering what's coming, what's coming, and how's it going to look. (Deanna)

Shauna shared the fear she has for her child's future. She questioned whether her daughter will ever have the capability to live independently.

> I really question, like, will she ever be able to live independently and, you know, will she be able to manage her money and, you know, her impulsiveness; will she be able to make good decisions? You know,

> her ability to form relationships, right, not only with, you know, a partner at some point, but you know, even just peer relationships. And, you know, when she's old enough to start working… You know, I really struggle with that. (Shauna)

Jill worried about her daughter's future, reflecting on her daughter's inability to keep herself emotionally safe from others.

> She would just be very accepting and that, kind of, worries me actually. When she goes out into the world, like, you know, what if it's your spouse dishing that out to you? You want to stand up to that kind of stuff. So it worries me. (Jill)

Overall, mothers offered insight into the internal fear brought on as they raised a child who had previously experienced maltreatment. The child's behavior or lack of developmental progress left these mothers fearful of what would emerge in the child's future. The fears manifested in the following ways: fear of the child harming another, an unpredictable future due to their unknown past, and uncertainty about the child's future ability to care for him or herself.

5.4.5 Mother's experience of hope for the child

Despite their fears, all the mothers had a sense of hope for their children. Regardless of the complexities and difficulties they experienced raising their child, they sustained this hope. With gratitude and hope for a better future, Olive shared the progress she has witnessed in her

son. She struggled with identifying what specifically contributed to her son's progress, but was grateful for it.

> He's the most pleasant kid. He doesn't talk about the foster home anymore. Maybe it was a security thing. Maybe that finally made him feel secure, to get tackled and, you know, that kind of thing, but... And he knows, and he listens to his dad. (Olive)

Linda experienced hope through the eyes of a therapist.

> We started to see a therapist, Witney, who no longer took patients. [We] started to see her because she saw something in Kaitlyn that she just felt she could help. Um, [she] felt that they should take her, that we should get in there and we should get in there now… sooner, rather than later (Linda)

Deanna was hopeful as she identified the progress her children had made in school.

> Elizabeth and Alexander have assessed out of early intervention. So they were in it for speech delays. And, let's see, so that was November, and then they were assessed in, like, April, May to see if they would qualify for next school year, and they both assessed with an average. So they've already caught up on their speech (Deanna)

Shauna's daughter's passion for animals is what provided Shauna with hope.

> And since she's kind of developed this love for animals, to me, in my mind, that's put a huge glimmer of hope because I thought, okay, she's so in love with these animals. Like she… Our house would be filled with animals if it was her choice. But I see that, hopefully, this is something that, you know, that she can maintain, you know, over her life, and that she loves them so much that, you know, maybe this is something that she could do when she gets older, right? You know, that this might be, you know, a really good kind of career path for her, right, and… You know, and just her ability to form relationships with these animals and to care for them and nurture them. (Shauna)

Jill portrayed a hopeful future for her daughter in witnessing a budding romance between her daughter and a boyfriend.

> She has a boyfriend now who is an amazing kid – kind of, a little unusual for a kid who's just graduated last year. He's 17. He's a really, really good kid – an excellent, excellent influence for Lindsey – excellent. And you know what? I know it's a teenage romance, but I'm not kidding you when I say I could easily see this being a childhood sweetheart, get-married type of romance for them. (Jill)

All these mothers shared an extraordinary journey of what it is to adopt a child who has previously experienced maltreatment. Despite some very dark and difficult moments portrayed in their experience, they all still projected a sense of hope. Overall, the experience of hope was revealed in feeling heartened for the future in the following ways: the child progressing, the child healing, and the child meeting developmental milestones. Clearly, existing experiences were overlaid with a construction that included an improved future.

5.5 Summary

These chapters have described a range of experiences and emotions associated with mothering a previously maltreated child. These mothers worked determinedly and diligently in their mothering role, yet were frequently overwhelmed with demands, difficult experiences, and emotions. Yet, amidst formidable challenges, they retained a seed of hope for a positive future for their children. Still their sense of satisfaction was tempered by extensive and often unpredictable challenges.

Chapter Six: Discussion

This study offers insight into the parenting experiences of adoptive mothers of children who have been previously maltreated. The study extends findings from previous research by illuminating the importance of understanding a mother's experience and informing clinical practice and policy, including targeted interventions for families that adopt children who have experienced maltreatment.

Researchers have acknowledged that maltreated children often experience challenges and present with complexities in care. As illuminated in the literature review, the existing literature in the area of child maltreatment has been predominantly focused on the effects of child abuse. Limited literature exists regarding firsthand perspectives of what it is like to adopt a child who has been previously maltreated. This study thus enriches previous research in this area.

To that end, the results of this study revealed experiences of the adoption process, aspects of parenting the maltreated child, management of past caregivers, the nature of and relationship with systems and supports, the mothers' view of themselves, and the mothers' emotional and psychological experiences. In the following section, the main themes will be discussed in a more broad interpretation.

6.1 Experience of the Adoption Process

In exploring the master theme, "experience of the adoption process", insight is offered into the various reasons mothers have for adopting, ways personal connections are created when the adoption process starts, and the impact of bringing a child into the family home. The mothers in this study provided insight into their motivation to adopt, the way they came to meet the child

they adopted, and the immediate impact the child had on their lives. These experiences reveal how unprepared the mothers were for the arrival of their child. The strong desire for family and the personal connections the mothers developed for their child pre-adoption often reinforced a fantasized or idealized perception of what it would be like in adopting a child who has previously experienced maltreatment. This idealized perception was radically changed once the child arrived.

All the mothers noted the disruption they experienced or the adjustment they made to accommodate their child and incorporate the child into the family. This, of course, could be expected, as any new addition or change in one's life requires adjustments. The personal connection the mothers developed with their child pre-adoption, combined with their desire for a family, distracted them from fully appreciating the potential challenges of raising their child. The mothers emphasized how unprepared they were for the enormous impact the child would have upon arrival. The experiences expressed by these mothers are echoed in the literature on supports to adoptive families. Coakly and Berrick (2007), for instance, found that families require far more preparation before adoption than they currently receive. In addition, they argued that social workers involved in the adoption placement process would benefit from education on current research.

After exploring mothers' motivations of adopting a child who has experienced maltreatment and the ultimate impact their lives, a finding of the study was that mothers (and likely others in the family) need far more support than what is currently provided. To that end, a greater understanding of the possible care challenges is needed to reduce the stress, chaos, and

upheaval caused by a potentially naïve or under informed perception. The majority of mothers in the study shared this conclusion.

6.2 Aspects of Parenting the Maltreated Child

The master theme "aspects of parenting" was prevalent in the study. Mothers shared the many challenges they faced in raising children affected by previous maltreatment. They expressed concerns in the areas of forming attachments, parenting the unknown, understanding their child past maltreatment, and dealing with their child's difficult behavior. The literature suggests that children who experience maltreatment and increased chronic stress often struggle with attachment and emotional and behavioral issues that may be difficult to manage (Dziegielewski & Forbes, 2003; Garner et al., 2012; Hughes, 1999; Shonkoff, et al., 2012 Siegel, 1999). This study concurs in identifying many and complex attachment challenges, offering insight into how this was experienced by participating mothers.

The mothers generally faced attachment issues with their child. The concerns these mothers shared are supported in the literature, as children who are maltreated often struggle to form attachments (Dziegielewski & Forbes, 2003; Perry, 1996; Siegel, 1999). Children with disorganized attachment issues are at greater risk for dissociative disorders and behavioral and emotional difficulties (Siegel, 1999). The current study showcases several accounts of such attachment issues that mothers experienced with their child. The mothers generally shared stories of difficulty with their child attaching to them, which left them feeling uncertain and disappointed despite their valiant efforts. This would suggest that supports for attachment

formation should be a priority for parents who adopt children who have previously experienced maltreatment.

Beyond attachment issues, the mothers described challenges dealing with a multitude of unknowns in regards to their child's history. Despite receiving some information about their child's history prior to their becoming part of the family, most mothers did not have or were not privy to key elements of their child's history. The struggle for access to detailed family, medical, and developmental history for the child left the mothers feeling detached from their child. This paucity of information also created a barrier for them, rendering optimal care a serious challenge. Mothers felt denied of the experience of being the record keeper of their child's life, which mothers who adopt from birth or give birth inherently experience.

Related to this concern about restricted information, the mothers wanted greater access to knowledge about their child's past maltreatment. The desire to know about their child's maltreatment was motivated by a need to develop a deeper understanding of the issues with which their child struggled and ultimately help their child to heal. The mothers were uncertain how much past maltreatment continually impacted their child. This experience concurs with Coakly and Berrick's (2007) research in terms of the reported need to better prepare parents who adopt maltreated children. Quality pre-placement preparation and a more transparent system that supports families throughout the adoption process could mitigate some of the adoption struggles mothers faced.

Children who experience maltreatment often develop maladaptive behaviors and coping strategies that place their personal safety and the safety of others at risk (Garner et al., 2012,

Forbes, 2008; Howe, 2006; Shonkoff et al., 2012 Siegel, 2002). All mothers in the current study offered firsthand descriptions of experiences of such maladaptive behaviors. The mothers managed sexualized behavior, extreme rage, and regressed behavior. Navigating these behaviors left mothers feeling frightened, helpless, and isolated. Despite mothers' best efforts, the children did not necessarily adjust, leaving the mothers unprepared for long-term behavioral challenges. This view supports Forbes's (2008) argument that children who have experienced maltreatment often do not respond to "typical" parenting or intervention. Mediating recommendations include supports such as coordination of residential care, psychiatric support, financial assistance, and education support (Garner et al., 2012; Levy, 2000). On the other hand, Dhami et al. (2007) found that post-adoption supports helped parents understand their child better, but did not reduce their child's challenging behavior and problems at school. These findings and the literature speak to how challenging it can be raising a child who has experienced maltreatment, yet identify the importance of preparing parents through education and training in normal and abnormal child development. In addition to education, long-term supports and assistance with the cost of resources are required in aiding mothers to manage their child's behavior and feel better equipped.

Another reported aspect of the unique issues emerging while parenting maltreated children was the management of diversity in the family. All the mothers in the study shared an experience of managing diversity in their families, and each family was unique. For instance, some families had adopted multiple children who experienced previous maltreatment, other families first experienced an infant adoption, and another family began with a biological child

and then expanded through adoption. Considerations need to be made in regards to supports for families with more than one child and/or diversity in the family constellation. Other children in the home have their own unique needs. This finding supports Levy's (2002) conclusion that greater attention to the well-being of other children in the household is warranted.

This study offers insight about possible differences between adopting a maltreated child and adopting a child at birth. The findings of the current study suggest that adopting a child at birth may be less challenging than adopting a child who has experienced maltreatment. This may be attributed to elements of attachment theory, which posit that a safe, predicable, nurturing caregiver early in life has lasting effects (Garner et al, 2012; Perry 2000; Siegel 1999). This also supports Dziegielewski and Forbes's (2003) findings that adopting a maltreated child is different from other types of mothering. One could reasonably assert that a child who receives this type of care at birth is less likely to have challenging behaviors that are brought on by attachment issues (that a maltreated child may encounter).

6.3 Managing Past Caregivers

"Managing past caregivers" was another theme that emerged in the mothers' experience of adoption. The reality for many children who experience maltreatment is that they are removed from their biological parents and placed in government care (Sheperis et al., 2003). Depending on the nature of the abuse, children are often restricted from having contact with their biological family (Trocmé et al., 2010). Yet this limiting of access does not eliminate the need for adoptive mothers to address the children's biological family and/or past caregivers.

The mothers generally sought to separate themselves from past caregivers. Viewing themselves as the central anchor for their child led to a sense of permanence. Understanding a mother's potential desire to be the central anchor for her child is an important factor when considering and applying attachment-focused techniques with families. Based on these findings and attachment-focused intervention techniques, a mental health professional could work with adoptive mothers conjointly in supporting the attachment process for the child (Gray, 2002; Hughes, 2007).

Mothers adopting children who have experienced previous maltreatment are placed in the unique and complex position of having to manage the child's biological family and make sense of past government (foster) parents for the child. What is learned from this account is that adoptive mothers are required to contemplate and manage their child's previous experience of caregiving and caregivers. In dealing with the child's biological family, adoptive mothers are left grappling with how to incorporate aspects of the child's biological family into the child's life and at the same time protect the child.

6.4 Nature of and Relationship with Systems and Supports

With maltreated children's high needs, adoptive mothers desperately need supports. More and better supports for families adopting a child with high needs due to maltreatment may yield more positive outcomes and hence a more rewarding experience for caregivers and children alike (Dziegielewski & Forbes, 2003; McCarty et al., 1999).

Family and friends played a critical role in providing support in raising adopted children. This tended to manifest in indirect emotional support as opposed to hands-on support, such as

respite. Accordingly, indirect support appears to be a potential facilitator of mothers' overall well-being.

In terms of support, this study corroborates the literature advocating supportive working relationships between adoptive families and agency personnel, with individualized supports and resources for the children in the family's care (Brown, 2008; Stace & Lowe, 2007). Such positive working relationships based on knowledge of child maltreatment and beneficial resources for both the child and family may have a profound and beneficial impact on the mother's parenting experience. On the other hand, the study highlights an imbalance of power between the mother and the professional, which in some cases inhibited access to information and support to mothers and families.

In all cases, CFSA were responsible for the adoption process. Several mothers conveyed a sense of betrayal by this system, including experiences of mistrust, invalidation, and a sense of being misled and/or ignored. This concurs with findings of others who suggest that the system generally does not sufficiently meet needs or employ evidenced-based services that are optimal for adoptive families (Garner et al., 2012; Coakly & Berrick, 2007; Dhami et al., 2007; Levy, 2002; Perry, 2004). These findings invite critical review and application of emerging best practices in better supporting families' adjustment and well-being.

6.5 Realization that Mothers Make an Important Difference

The adoption experience for mothers has sometimes been portrayed as a dark, intense, and challenging undertaking. While aspects of such challenges emerged, the mothers also highlighted the rewarding aspects of adopting a child previously maltreated in identifying how

their role as mothers created positive change for their child. They also identified a personal sense of growth, particularly with training and support. These findings corroborate Howe's (2006) call for preparing and supporting parents with education regarding the behavioral challenges that may emerge among children who have been maltreated and strategies to address these behaviors and needs. The current study's findings further indicate that training can lead to a mother's growth and deeper understanding of her child. This seems to foster an adoptive parenting dynamic rooted in acceptance and understanding likely with vicarious benefits for the child (Dziegielewski & Forbes, 2003; Gray, 2002)

6.6 The Mothers' Emotional and Psychological Experiences

A master theme revealed the essence of the mothers' internal worldview. In several cases, the child's story had triggered the mother's own personal story of suffering. These experiences seemed to infuse the mothers with a sense of confidence in their ability to navigate the challenges presented by their child. In addition, this connection seemed to foster empathy and understanding, which seemed to reflect or contribute to increased attachment with their child (Forbes, 2008; Hughes, 2007).

The mothers also expressed a deep sense of suffering when it came to watching their child suffer. They experienced frustration over not being able to fix their child's problems, soothe their child's pain, or create experiences beyond their child's trauma. They also experienced the difficult emotions of anger, uncertainty, and fear. Levy (2002) expressed concern that consistent care for a child who exhibits extreme and problematic behavior can have a significant detrimental effect on a caregiver's mental health. The current study similarly

highlights the importance for a mother to engage in self-care and access external support. Dziegielewski and Forbes (2003) further suggested that addressing a mother's mental health likely benefits the child's ability to attach and emotionally regulate, which, in turn, may reduce problematic behaviors.

Addressing these concerns is paramount given the increasing concern about long-term impacts for children with attachment issues. For instance, Cain (2006) and Levy and Orlans (1998) found that children with attachment issues have difficulty understanding appropriate behaviors, thereby leaving them at risk to themselves or others. Shonkoff et al. (2012) further stated that children exposed to chronic stress in the early years results in toxic stress impacting brain development and having a longer term impact on the child's over all wellbeing. Houston and Kramer (2008) and Garner et al (2012) thus argued for long-term supports for adoptive families.

The final master theme was maternal hope. Hope suggests that despite the many difficulties that these adoptive mothers face, they continually seek positive meaning and demonstrate devotion in their commitment to their child. Maternal hope emerged as an external fount from which the mothers drew the strength and emotional capital to move forward. This finding demonstrated the perspective of maternal care that is imbued with great challenges yet offers a deep commitment, desire to help, and perception and energy infusion for betterment. The power of hope was paramount and needs to be recognized, yet not used to discount or gloss over the many challenges and needs of adoptive mothers and their families.

A deeply personal experience is revealed in regards to how the mothers' internal psychological and emotional processes are activated in relation to their child. For instance, gaining insight into how a mother's previous experience can foster a deeper understanding of her child, provides an enhanced understanding of the maternal experience. An understanding of how mothers suffer due to their child's suffering creates a picture of attachment. Knowing mothers' experience and range of intense emotions illuminates the need to better understand and support maternal mental health and need for self-care (Dziegielewski & Forbes, 2003). Finally, the presence of hope is profound in that despite all the challenges that mothers face in raising their child, they find deep meaning in the adoption experience.

6.7 Conclusion

This study provides an account of six mothers' experiences related to adopting a child who was previously maltreated. There is a great a deal of research on the effects of maltreatment on children, yet relatively little on the adopting mother and family. Childhood maltreatment has long-lasting effects, with the potential for extended parenting challenges. In this study, the lived experience of mothers who adopt a child who has been previously maltreated indeed revealed many difficulties, yet a strong sense of love, commitment, and desire to attach to their child. In addition, hope was revealed in the adoption experience. This study broadens our understanding of the maternal adoption experience. It is hoped that this work will enrich previous research, inspire new research, and provide insight to adoptive families and those working with adoptive families.

6.8 Limitations to Current Study

There are several limitations to the current study. A limitation of IPA is that the sample size is inherently small. This may limit the transferability of the study; however, the aim here was to illuminate the depth of experiences as opposed to attain generalizable findings. Data was collected from families in one geographical region. Idiosyncratic supports before or after adoption may be reflected in participant experiences; hence, further study including a wider representation of systems, regions, and family characteristics would add to our knowledge base.

The account of only mothers' experiences offers a limited perspective relative to the context of the family. Due to time limitations and the focus of the study, only maternal perspectives were elicited. In future research, it will be important to examine fathers' experiences as well as that of adopted children, siblings, and other family members.

Data were collected at a single point in time, and participants had been parenting their adopted child for different lengths of time. Accounting for differences is warranted in future quantitative studies, as is longitudinal research that follows families over time.

My role and personal experiences likely introduced bias into the study. To mitigate or manage this likelihood, I strictly adhered to the protocol and used bracketing. I further prioritized reflexivity via the use of a diary throughout the study.

6.9 Implications for Social Work Practice, Policy and Future Research

Implications for practice, policy, and program development emerged from this study. These are addressed in the following considerations.

6.9.1 Practice

Several practice-related implications emerged. These comprised the need for improved and extended adoptive supports for mothers and their families in the areas of adoption preparation, ongoing support, and trust and relationship building. Staff capacity building is needed. Each of these areas is explored below.

***Preparing the mother*.** Findings support the development of specialized training for adoptive parents on the effects of maltreatment, challenges they may face, and theories, strategies, and resources concerning specific needs of their child. Parents need to be better informed of the complexity of this form of parenting during and after the adoption process. Strategies for redressing challenges are important in offering tools for parents in moving forward.

Mental health supports for mothers. The study highlights the importance of mothers' receiving education and access to mental health and self-care supports. Social workers could assist mothers in referral to direct services, and, to that end, evidence-informed and universally funded services are recommended, with accompanying child care.

***Establishing trust*.** The mothers described a sense of mistrust in the system, specifically with government-based adoption services. There is thus a need for caseworkers to develop increased knowledge via training in the area of family-centered care and relationship development in the aim of better fostering a relationship of trust with, and support to, mothers and families that adopt.

Capacity building for professionals. It would be beneficial for key community service providers (e.g., social workers, family services workers, doctors, teachers, nurses, and mental health professionals) who tend to encounter families that have adopted children who have been previously maltreated, to have greater access to knowledge and training on the topic. Professionals should make a considerable effort to remain aware of current research and best practices. Social workers and other professionals working in the area of the adoption of maltreated children may want to consider extending themselves as educators, in developing a community of professionals to best assist these families. Such an aim would likely advance capacity in this field.

6.9.2 Policy and organizational development.

***Appraising programs, supports, and services*.** The current study reveals gaps in program delivery of services. This invites a critical review of how services are delivered and organized in order to ascertain areas of further strength and development. Working for change at an organizational and structural level invites a system that delivers programs and services that better facilitate social justice aims and an evidence-based approach.

***Accessible wraparound services*.** Long-term supports, beyond permanency supports of financial aid, need to be in place for adoptive families. As the children mature, their need for resources and supports likely change and may ebb and flow as issues unfold. This invites accessible long-term wraparound services that offer resources such as respite, counselling, training, and medical or psychiatric care. An organized and coordinated continuum of services

would go a long way in addressing the concerns that mothers have for their children and families.

Pre-emptive structural change. Child maltreatment sadly is a vast and complex area that goes far beyond the parameters of this study. Acknowledgment of the social inequities of an unjust society recognizes the detrimental impacts on innocent children and their families and locates child maltreatment within the lens of structural and social injustice. Redressing inequalities offers important vistas in addressing issues that contribute to child maltreatment in society. These findings invite further critical inquiry, study, practice, and policy development.

6.10 Recommendations for Further Study

The study highlights multiple areas and questions for further study. Beyond mothers' perspectives, we know relatively little about the experiences of previously maltreated and adopted children, their siblings, and fathers. Understanding how family units are altered invites family-based study. Further research that specifically focuses on attachment issues among those families that adopt would contribute to increased knowledge in the area of child maltreatment adoption. Lastly, longitudinal and intervention research is needed to advance this field, as it would potentially spawn effective interventions that support adoptive families.

6.11 Final Insights

I am moved and grateful for the strength and generosity of the mothers who shared their experiences of adoption. Their struggles and victories illuminate the tenacity and journey of these women, as well as highlighting individual, familial, discipline-specific (child welfare), and

broader societal areas of concern requiring needed action in practice and policy development. For the sake of a more just society and the health and well-being of families, better supporting maltreated children and their adoptive families emerges as a priority meriting greater pursuit!

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APPENDIX A: CONSENT FORM

The Mother's Story: A Study of Adoptive Mothers' Experiences of Raising Previously Maltreated Children

Study Title:
The Mother's Story: A Study of Adoptive Mothers' Experiences of Raising Previously Maltreated Children

Principal investigator:
Gillian Gish (gishgillian@yahoo.com)

Supervisor:
David Nicholas (nicholas@ucalgary.ca)

Informed consent process:
This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation would involve if you decide to go ahead. If you would like more detail about anything mentioned here or information not included here, please feel free to ask the principal investigator, whose contact information is given above and at the end of this form. Please take the time to read this form carefully and to understand any accompanying information. You will receive a copy of this form. The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

Background and purpose of the study:
My personal and professional experience has brought me to explore the topic of adoptive mothers' experiences of raising previously maltreated children. While adopting under any circumstances may create stress, raising a child who has experienced maltreatment can complicate the stress for an adoptive family. Caregivers often require extra supports from mental health, education, and government services to help the child heal from previous maltreatment. Little is known about mothers' experiences raising a child who has previously experienced maltreatment. This research, which is part of my MSW degree, will help increase our understanding of mothers' experience raising previously maltreated children.

What will I be asked to do?
If you agree to be part of this research study, you will meet with me, the researcher, for one to two hours at a location of your choice. I will ask you to discuss your experience of adopting a maltreated child. I will audio record and take notes during the interview. You are not obligated to discuss your experience and may withdraw from the interview at any time at no cost to you; I will not disclose your choice not to participate.

Once the interview is transcribed, you will have an optional opportunity to review and comment on the interview. You will also have an optional opportunity to review and comment on the initial report of the results of the research.

What type of personal information will be collected?
During the interview, you will be asked to provide a pseudonym for yourself and your child. Other demographic data that will be discussed during the interview include the gender of your child, his or her age, and your and the child's age at adoption. The location of the study (Edmonton) will be disclosed in the final document.

When the audio recordings of the interviews are transcribed, all information identifying you or your child will be removed. Pseudonyms will be substituted for names to ensure that your responses will be kept confidential and anonymous during data analysis and in the write-up of reports and the thesis.

Are there risks or benefits if I participate?
Your participation in this study could potentially cause you distress. If, at any time during the interview, you feel distress, you can end your participation. If you do experience distress and feel you need further support, I will provide you with a list of service providers that can offer support for emotional distress.

What happens to the information I provide?
Your participation in this research study is voluntary, anonymous, and confidential. Your contributions will be reviewed and analyzed along with other interviews, and this information will be summarized. This summary, which will include quotes from your interview, will be presented in a research report (thesis) that will not reveal any of your or your child's identifying information. I may also use the data for other written reports and/or presentations on adoptive mothers' experiences of raising previously maltreated children. The data will be used for no purposes other than these.

The data I am collecting in the interview (transcripts, consent forms, and audio tapes) will be stored in a locked cabinet at my residence. All digital files will be password protected and stored on a data key. Identifying information will be removed before storage. If you wish to withdraw from the study after the interview has started, you will be given a choice if you would like the data collected up to that point to be used in the study. All documents and digital files from the research will be destroyed two years I have completed my thesis. No one other than me and my research advisor will have access to the raw data. Please note that data may not be withdrawn from the study once the initial draft has been completed.

The only time I will share your information is if you disclose harm to yourself or others. Threats of harm to a child must be reported as a legal requirement. This is my professional and ethical

obligation.

Signatures:
Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project and 2) agree to participate as a research subject.

Participant's Name: (please print)
_____

Participant's Signature _____
Date: _____

Researcher's Name: (please print)
_____

Researcher's Signature: _____
Date: _____

Questions or concerns:
If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Ms. Gillian L Gish,
Faculty of Social Work
gishgillian@yahoo.com

You may also contact my research supervisor, as follows:

Dr. David Nicholas
Associate Professor, Faculty of Social Work
nicholas@ucalgary.ca; (780) 492-8094

If you have any concerns about the way you've been treated as a participant, please contact Senior Ethics Research Officer, Research Services Office, University of Calgary at (403) 220-3782; email: rburrows@ucalgary.ca

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

Copy of Transcript:
If you are interested in receiving a transcript to check accuracy and comment on the interview via email or phone, please indicate below. (Note that this is not required in order to participate in the study.)

_____ No, I do not wish to receive a copy of the interview transcript.
_____ Yes, I wish to be sent a copy of my interview transcript. I understand that I will have 14 days to comment on the transcript.

Copy of Initial Draft of Results:
You may also receive the initial draft of the write-up of the results, and you are invited to comment on this write-up. Please indicate below if interested. (Note that this is not required in order to participate in the study.)

_____ No, I do not wish to receive a copy of the interview transcript.
_____ Yes, I wish to be sent a copy of my interview transcript. I understand that I will have 14 days to comment on the transcript.

Email address if requesting a copy of transcript and/or initial draft:

If email is not possible, a mailing address can be used. Please provide your mailing address below.

APPENDIX B: EMAIL/LETTER MEMO: TRANSCRIPT REVIEW

Email Subject: Research Interview Transcript

Thank you for your participation in this study: The Mother's Story: A Study of Adoptive Mothers' Experiences of Raising Previously Maltreated Children. I have attached a transcript of your interview. The information that could identify you and your child has been removed and replaced with the pseudonyms you have chosen to protect your confidentiality.

As discussed at the interview, you are invited to reply to this email or contact me by phone regarding any comments you have about this interview. However, you are not required to respond.

I will be proceeding with data analysis in 14 days. If you have not contacted me within these 14 days, I will feel assured that you are satisfied with the transcript and have no additional comments or corrections.

Again thank you for your participation in this study. Please feel free to contact me with any questions.

Sincerely,

Gillian Gish

APPENDIX C: EMAIL/LETTER MEMO: INITIAL REPORT REVIEW

Email Subject: Research Interview Transcript

Thank you for your participation in this study: The Mother's Story: A Study of Adoptive Mothers' Experiences of Raising Previously Maltreated Children. I have attached a copy of the initial report.

As discussed at the interview you are invited to reply to this email or contact me by phone regarding any comments you have about this interview. However, you are not required to do so.

I will be proceeding with a final draft in 14 days. If you have not contacted me within the 14 days, I will feel assured that you are satisfied with the draft and have no additional comments or questions.

Again thank you for your participation in this study. Please feel free to contact me with any questions.

Sincerely,

Gillian Gish

APPENDIX D: RECRUITMENT TELEPHONE PROTOCOL:

This document provides an outline that the researcher will follow when initial phone contact is made with a possible research subject. The possible research subject will have received a postcard or flyer form agency staff outlining the overview of the study. The direction on the postcard or flyer is to contact researcher via phone to further discuss possible participation in this research study. The potential participant will be informed that he or she can choose at any time in the phone conversation to indicate that he or she is not interested in participating with no repercussions.

Introduction:

- After introducing the researcher as social work master's thesis student working under the direction of a faculty supervisor, indicate that the phone call will give a more detailed description of the study, outline requirements of the participant, and, if the person is interested in proceeding, describe next steps.
- The researcher will state that participation is voluntary and that there will be no repercussions if the participant does not want to participate or later decides to withdraw from the study.

Overview of study and what participant involvement would include:

- The focus of this study is to gather information on the experience of mothers who adopted a previously maltreated child.
- This is a small qualitative, exploratory study; each person in the study participates in an unstructured interview of about 60 to 90 minutes. (Unstructured means the interview would be like a conversation focused on the participant's experiences of mothering her adopted child.)
- These interviews will be audio taped and transcribed. During transcription, all information that could potentially identify the participant will be removed. The participant can suggest a pseudonym for the researcher to use in write-ups of the study.
- Participants will be given the opportunity to read their transcript to check for accuracy and comment. Participants will also have the opportunity to comment on the initial draft of the write up of the results.
- Participants should be assured that they would not be personally identified in any oral or written report of the study.

Voluntary participation and withdrawal options:

- Participants in the study can withdraw from study up until results are published.
- No explanation is needed if the person decides not to participate or, if begins participation and then changes her mind, to withdraw from the study.

Conclusion:

- If the possible participant expresses interest in participating in the study, set up a time and date to meet the participant at the agency.
- Thank the potential participant for considering this study.

APPENDIX E: RECRUITMENT POSTER

Mothers of an Adopted Child: Are You Interested in Being Part of a Research Study?
Mother's Story: A Study of Adoptive Mothers' Experiences of Raising Previously Maltreated Children

Why the Study Is Important:

- Adopting under any circumstances may create stress, but raising a child who has experienced maltreatment can complicate the stress for an adoptive family.
- Adopting mothers often require extra supports from mental health, education, and government services to help the child heal from previous maltreatment.
- There is limited research on mothers' experiences of raising children who have previously experienced maltreatment.
- The research will illuminate this untold story.

What you will be asked to do? If you choose to participate in this research study,

- I will set up a face-to-face interview with you at your convenience.
- This interview will be no longer than two hours.
- You will be asked to share the experiences you have had as a mother raising a previously maltreated child.
- The interview will be audio taped and transcribed. All information that would identify you personally will be removed.

You will have opportunities to review and comment on both the transcript and initial draft report of the results. You will not be required to review and comment.

The risks and benefits if I participate? The benefit to participating in this study will be to contribute to developing a greater understanding of mothers' experiences in raising a child who previously experienced maltreatment.

I understand that this is a sensitive issue that could bring up strong emotions. I will provide you with a listing of resources you may seek if this happens.

Can I change my mind? You have the choice to withdraw from this study up until the final draft.

How can I be involved? There will be no pressure to be involved in this study. If you would like to participate, please contact me: Gillian Gish.

APPENDIX F: RECRUITMENT POSTCARDS

The Mother's Story: A Study of Adoptive Mothers' Experiences of Raising Previously Maltreated Children

I am a Master of Social Work student conducting a study on the experiences of adoptive mothers who are raising a previously maltreated child. If you are an adoptive mother who has adopted a previously maltreated child, I would like to talk with you!

Purpose of Study: Adopting under any circumstances may create stress, but raising a child who has experienced maltreatment can complicate the stress for an adoptive family. Adopting mothers often require extra supports from mental health, education, and government services to help the child heal from previous maltreatment. There is limited research on mothers' experiences of raising children who have previously experienced maltreatment. The research will illuminate this untold story.

.

What I will be asked to do? If you choose to participate in this research study, I will set up a face-to-face interview with you. I expect that this interview will be no longer than two hours. In this interview, you will be asked to share your experience as a mother raising a previously maltreated child. This interview will be audio taped and transcribed. All identifying information will be removed, and I will ask you to choose a pseudonym for yourself. You will have the opportunity to review and comment on both the transcript and initial draft of findings.

The risk and benefits if I participate? A benefit of participating in this study will be to contribute to developing a greater understanding of mothers' experiences in raising a child who previously experienced maltreatment. No other personal benefits are expected.

I understand that this is a sensitive issue that could bring up strong emotions. I will provide you with a list of resources you may seek if this happens.

Can I change my mind? You have the choice to withdraw from this study at any time until the final draft.

How can I be involved? There will be no pressure to be involved in this study. If you would like to participate, please contact me:

Gillian Gish

Or

Leave the following information with receptionist at the agency center: "Please note that if you choose to provide your contact information to the agency receptionist, it is possible that your participation in this research may be recognized and your confidentiality limited."

Name:_____

Phone:_____

Best time to contact you:_____

APPENDIX G: INTERVIEW SCHEDULE

Before the interview begins, the researcher will take the participant through the informed consent process. Only after informed consent has been signed will the interview begin. The research participant will be given an opportunity to ask any questions regarding consent and the research study.

The interview in this study will be unstructured. The participant will be asked to tell her story about her experience with adopting a child. This open-ended interview style will allow for a wide range of responses that will give a "rich-lived-experience" (Parson, 2010).

- The interviewer will strive to create a relaxed interviewing environment by engaging the research participant in relaxed social conversation.

- When the formal part of the interview begins, the interviewer will say, "Tell me about your experiences of adopting a previously maltreated child."

- Probes and questions will be used when appropriate to develop breadth and depth in the participants' responses.

- The following questions will only be asked if clarity is needed

    - How old is your child?
    - How long has your child been in your care?
    - What supports do you or have you access(ed) related to your adoption?