

LIVED EXPERIENCES OF WOMEN PARENTING THROUGH ABUSE

A DISSERTATION

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ANDREA BROOKS, B.S.N., M.S.

DENTON, TEXAS

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TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

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To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Andrea Brooks entitled "Lived Experiences of Women Parenting through Abuse." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Nursing Science.

Judith McFarlane, Dr.P.H, Major Professor

We have read this dissertation and recommend its acceptance:

Lene Symes, PhD

Nina Fredland, PhD

Associate Dean

Accepted:

Interim-Dean of the Graduate School

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DEDICATION

To my children, Mindy, Elizabeth, and Mikayla, thank you for your patience and love.

To the women who were willing to share their personal heartfelt stories.

To my beloved chair, Dr. McFarlane, who always encouraged, supported, and guided my ambitions.

To all mothers who are domestic violence survivors and who had to parent through abuse.

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ABSTRACT

ANDREA BROOKS

LIVED EXPERIENCES OF WOMEN PARENTING THROUGH ABUSE

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This phenomenological study, utilizing Husserl's (1962) phenomenological approach, explored the lived experiences of women parenting through abuse. Semi-structured open-ended interview questions with prompts were used during face-to-face individual interviews of 20 mothers to understand how each mother parented both within and outside the home. Interviews were digitally recorded and analyzed carefully using Colaizzi's (1978) method of analysis with the finding of an overarching theme of *avoiding judgment*. Data from this study may assist in increasing the awareness and further understanding of experiences and feelings of mothers, who parent during intimate partner violence. Recommendations for further research include possible intervention development to support the parenting relationship between a mother and her child(ren) to preserve the health and wellbeing of both.

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CHAPTER I

INTRODUCTION

Focus of Inquiry

In the United States, there are approximately 5.3 million women aged 18 years of age and older who are affected by intimate partner violence (IPV) each year and many of these women are mothers (Black et al., 2011). The Bureau of Justice Statistics estimates that as many as 50% of households experiencing IPV include child(ren) (U.S. Department of Health and Human Services, 2014). The numbers are staggering, and the interventions to aid these survivors of IPV are currently inadequate. Research shows that favorable outcomes for the child(ren) living in violent homes are determined by several variables and factors. One of the main variables lies in the strength of the non-abusive mother's relationship with her child(ren) (U.S. Department of Health and Human Services, 2009). Through fostering this relationship with post-abuse social support, these mothers can possibly sustain and build a stronger relationship, resulting in healthier outcomes for themselves and their child(ren).

The question that remains is how to best assist abused mothers so that they can effectively parent their child(ren). A mother being abused may be making several calculated decisions on why to stay with the abuser, which may be viewed as a failure to protect by a service provider (U.S. Department of Health and Human Services, 2009). These calculated decisions to stay may include: fear of the abuse becoming more severe

or deadly to herself if she leaves, fear of her child or children being left alone with the abuser and his family, fear of governmental intrusion in their lives, and fear that any of these mentioned factors may potentially leave her child(ren) motherless (Kelly, 2009). Mothers affected by IPV may also make decisions to protect their child(ren) while they are with the abuser, such as “keeping the peace” with the abuser, trying to hide the abuse from the child(ren), sacrificing for her child(ren) by being abused due to the cultural belief of the importance of giving her child(ren) a father, and struggling daily to maintain the emotional, physical, and educational needs of her child(ren) while in a constant survival mode (Kelly, 2009; Lapierre, 2010, World Health Organization, 2002; 2013).

In some states, the definition of child neglect has been extended to include mothers affected by IPV for “failure to protect.” However, current evidence based research recommend the use of restraint by not immediately removing a child from his or her mother because each case is highly individualized. Instead, the newly recommended direction is to offer nonjudgmental support with empowering interventions whenever possible (U.S. Department of Health and Human Services, 2014). Evidence does reveal positive results with the developmental aspects of child(ren) affected by IPV through providing aid to their mothers with empathetic listening, referrals, and anticipatory guidance (McFarlane, Groff, O’Brien, & Watson, 2005). There is also evidence that postulates that the resiliency of the child(ren) affected by IPV is nurtured through the mother-child relationship, and that this positive relationship needs reinforcement through social support systems (Edleson, Mbilinyi, & Shetty, 2003; Gerwitz, DeGarmo, &

Medhanie, 2011; Karmaliani, Shehzad, Hirani, Asad, Hirani, & McFarlane, 2011; Lapierre, 2008; Levondosky & Graham-Bermann, 2000, 2001; Levondosky, Lynch, & Graham-Bermann, 2000; Symes, 2011; Symes, Maddoux, McFarlane, Nava, & Gilroy, 2014; U.S Department of Health and Human Services, 2014). Conversely, the less social support received, the more detrimental the effects of abuse are for these mothers and their child(ren), including prematurity (Bell, Busch-Armendariz, Sanchez, & Tekippe, 2008), poor maternal-infant attachment (Bell, Busch-Armendariz, Sanchez, & Tekippe, 2008; Carpenter & Stacks, 2009), externalizing behavior (i.e., anger, hostility, anti-social behavior, aggression (McFarlane et al., 2005; U.S. Department of Health and Human Services, 2014), post-traumatic stress disorder (PTSD) (Carpenter & Stacks, 2009), internalizing behaviors (i.e., anxiety/depression, somatic complaints, and withdrawal) (Camacho, Ehrensaft, & Cohen, 2012; McFarlane et al., 2005; Renner & Boel-Studt, 2013), and poor school performance (U.S. Department of Health and Human Services, 2014).

Mothers who are living in abusive relationships are likely to interact with health care providers and service agencies. If the providers were better informed about the special needs of a mother parenting through abuse, they could potentially offer more support and guidance to enhance the safety and wellbeing of mother and child(ren) (Holmes, 2013; Karmaliani et al., 2011; Kelly, 2009; Symes, 2011). Literature about how and when abused mothers interact with the public and about opportunities for assessment, counseling, and referrals to these women and their child(ren) need more

support (U.S. Department of Health & Human Services, 2014), in addition, there is little research documenting women's lived experiences of parenting through abuse.

Statement of Purpose

The purpose of the study is to explore the lived experiences of women parenting through abuse. The goal is to gain an understanding of how abused women navigate the delicate balance of survival for both themselves and their child(ren) when living in with violence, how they simultaneously parent their child(ren), and how they interact in public settings, such as in the child(ren)'s school or when with family and friends. The knowledge gained from this study will add to the literature related to the support of a more positive mother-child relationship when the mother is parenting during IPV. Knowledge regarding how abused mothers parent while being abused can offer evidence for supportive interventions to promote the health of both mother and child(ren).

Rationale for the Study

Currently, barriers exist to available community resources for women and child(ren) who are victims of IPV (McFarlane, Nava, Gilroy, Paulson, & Maddoux, 2012). Many health care providers have negative assumptions of women who are survivors of IPV and who are also mothers, and may also have a limited understanding of what abused women experience while being abused. This lack of understanding can be a form of secondary victimization, as the child(ren) may have observed abuse or heard language diminishing the mother's ability to parent, taking the power of motherhood away from her (Kelly, 2009; Lapierre, 2010). Mothers may lose confidence in their mothering, and their

IPV experience is often further compounded by post-traumatic stress disorder symptoms (PTSD) compromising parenting and child functioning (Symes, McFarlane, Fredland, Maddoux, and Zhou, 2015).

Few qualitative studies explore the experiences of abused mothers and how they parent during the abuse. Qualitative information gleaned from this study will lend evidence to inform interventions that support the abused mother who are also parenting. It may also inform health care providers about complications of parenting secondary to IPV and support needed resources and referrals at significant intervals during the abused mother's interface with the public. This may facilitate the mother in leaving the abuser and getting herself and her child(ren) to a safe place and thereby promoting the health and wellbeing of mother and child(ren). It is a nurse's role to aid the mother in ending her victimization experiences and to provide empowering interventions for the mother's parenting role. The goal of the researcher is to explore the lived experiences of women parenting through abuse in order to provide evidence for further studies that enhance the best parenting outcomes while avoiding further victimization of both the mother and the child(ren).

Nursing Practice

A phenomenological study of women who are survivors of IPV and who mother through the abuse may provide nursing science with a further understanding of the strengths and weaknesses involved in such mother-child relationship, creating

opportunities for a more specified plan of interventions, focused on more effective post-abuse parenting and preserving the mothering role affording the best child outcomes.

Nurses must encourage a therapeutic relationship between the mother and child through empowerment and education guarding against the mother's notion of blame and self-doubt (Kelly, 2009; Lapierre, 2008). Researchers have found that positive outcomes in child development have occurred most often when empathetic support is provided to the mothers (McFarlane et al., 2005).

Nursing Theory Development

Levendosky and Graham-Bremann (2000) propose that trauma theory and traumatic bonding should be integrated into the ecological theory of parenting related to abuse. This theory has two hypotheses that require further testing in the research. One hypothesis is that the more trauma a battered woman experiences, the less the woman will be able to effectively parent, both during and after the abuse. The second null hypothesis is that the abuse will cause no effect on the woman's ability to effectively parent and attach. Possible nursing theory development may exist in a third probable hypothesis relating to how the nurse's holistic supportive approach in understanding the woman's experiences of parenting through abuse may empower the abused mother to an increased level of functional post-abuse parenting and attachment.

Nursing Education

Nursing education involves teaching the stages of the nursing process with all aspects of patient care in all settings, and includes the hospital, outpatient care, and the

community. This qualitative study will provide a valuable assessment of the experiences of women who parent during abuse and of what their experiences of interacting with the public are, including their interactions with health care providers. It may lend evidence toward methods to effectively identify or create nursing goals and interventions for these women, and will aid in the education of future nurses regarding the holistic needs of these women and their child(ren). It will provide evidence for nursing education on the strengths and weaknesses of the non-abusive mother-child relationship, and it will hopefully prevent the future marginalization of these women in nursing and across other multi-professional disciplines.

Participants

Fear is a strong emotion, and is demonstrated across the literature in the thoughts of abused women as they interface with the public. One of the strongest fears is the fear of being blamed for not being a “good” mother and losing her child(ren) through Child Protective Services (CPS) or through the efforts of her abuser (Kelly, 2009; Lapierre, 2008, 2010; U.S. Department of Health and Human Services, 2014). Professional nurses can be instrumental in alleviating this fear, aiding women toward obtaining the necessary referrals and resources to transition to a safe environment; thus, providing holistic care to preserve the physical, psychological, and social variables necessary to achieve healthy outcomes. The participants are vulnerable women and child(ren) who desperately need adequate resources for successful separation from the abuser (Letourneau et al., 2011).

Society/Policy

This study does have societal and political influences, as violence against women is a world-wide and costly health issue. According to the World Health Organization (2002), attention has turned toward changing health care providers' responses to women who are survivors of IPV. Many of these women will interact with these providers multiple times during the abuse. Thus, health care providers are in a prime position to identify violence against women and to refer the women to community resources for help and support. Most women are likely to be in an abusive relationship for approximately six years. The decision to leave the abuser most often comes when the woman comes to understand the damaging effects that the violence exposure has on her child(ren) (World Health Organization, 2002). Extensive costs are associated with intimate partner violence, and exceed \$5.8 billion each year in the United States alone (National Center for Injury Prevention and Control, 2003). This qualitative study will elicit the women's various interactions in the public realm providing further information how a health care provider may successfully intervene.

Researcher's Relationship to the Study

This research study will take a descriptive phenomenological approach, and in order to do so, the process of "bracketing" is recommended. Bracketing involves identifying and temporarily sustaining all preconceived notions of the phenomenon being studied (Polit & Beck, 2012). One method to assist in the researcher's bracketing is through reflexive journaling throughout the study. The researcher's relationship to this

field of study is through the repetitive contacts with women who are lifetime survivors of domestic violence and with her pediatric patient's mothers in the primary care setting. One preconceived notion that was dispelled was found both in the literature review and in the pilot study: that the women do not strive to protect their child(ren). Instead, it was found that the women who are survivors of domestic violence almost always put their child(ren)'s needs and protection before their own. The researcher used reflexive journaling throughout the dissertation process in order to preserve the women's essence of experiences in the report of the findings.

Study Assumptions

The following assumptions will be applied to this study:

1. Women who are survivors of domestic violence voice many aspects of positive parenting with their child(ren) even within the IPV environment;
2. Women who are survivors of domestic violence came in contact several times with family, friends, schools, and health care providers and were never questioned regarding possible abuse; and
3. Women who are survivors of domestic violence express many areas of need for parenting interventions to successfully attach with and parent their child(ren) post abuse.

Philosophical Underpinnings

The question phenomenological researchers ask is: "What is the *essence* of this phenomenon as experienced by these people, and what does it *mean*?" (Polit & Beck,

2012, p. 494). This approach is most appropriate for a particular phenomenon that is not well defined or understood. Husserl (1962), the founder of descriptive phenomenology, was interested in the careful portrayal of human experiences. Descriptive phenomenology seeks to describe the participants' experiences of "hearing, seeing, believing, feeling, remembering, deciding, evaluating, and acting" (Polit & Beck, 2012, p. 494). Husserl cautions the researcher to suspend all conscious preconceived notions of the phenomenon so that he or she does not take away from the participants' true essence of their experiences. According to Husserl, one way to suspend such judgments is by careful bracketing throughout the research experience (Moran, 2005). Husserl's descriptive phenomenological approach will be utilized as the philosophical underpinnings of this study, as it is the best fit for this qualitative study. It is the researcher's primary aim to explore a phenomenon that is not well defined or understood, and requires careful descriptions to discover the experiences. It is also necessary to suspend previous judgments to allow the women's voices to be heard and understood for a more effective body of knowledge in this area.

The researcher desires to explore the *essence* of the experience of living and parenting through abuse. Women who are survivors of IPV and who are mothers living in a shelter in the greater Galveston area will be interviewed individually. Some of the particular parenting experiences to be explored include but are not limited to providing basic necessities for the child(ren) as well as interactions with the outside world. The research questions in the interview schedule (Appendix B) reflect these areas. The

essence of how these female survivors of IPV think, see, hear, feel, and are consciously moving in the environment of violence and motherhood will be explored. A phenomenological approach was chosen, as this is a phenomenon that needs further understanding and is currently not adequately defined. These women are currently marginalized, and their ability to parent is questioned. As Husserl (1962) suggests, the researcher will strive throughout to remain open to the experiences of the women. In addition, the researcher will suspend judgment and any preconceived notions so that the descriptions of the information obtained from these women are not limited.

Summary

It is the researcher's aim to find the meaning in the women's experiences of parenting through abuse. Husserl's descriptive approach was utilized because the women's descriptions of their parenting experiences would add value to the body of research in nursing science, and would also inform other disciplines involved in the care of women and child survivors of IPV.

There is an identified problem of parenting during and after an abusive relationship, however there is also limited data on what the mother has personally experienced in relation to parenting while in an IPV relationship. The researcher has found that the parenting programs currently in place for women who are victims of IPV need more support applicable to their unique circumstances. It is the hope the findings of the meaning of the lived experiences of these women, will afford a more solid foundation

to build upon support and parenting interventions to strengthen the mother-child relationship.

CHAPTER II
REVIEW OF LITERATURE

Introduction

Many women worldwide are abused, and their child(ren) are exposed to violence as well, resulting in what has become a global epidemic (World Health Organization, 2002). The Millennium Development Goals Report 2013 adopted through the United Nations' Development Program recognizes the continued need for global efforts to empower women, reduce child mortality, and improve child health (United Nations, 2013). One of the methods utilized to achieve these goals is to protect and empower abused mothers, with the pass-through effect of promoting better child health by reducing the effects of violence on abused mothers and reducing childhood exposure to violence.

Researchers report quantitative data about the types of abuse these women experience (Black et al., 2011), the health and functioning impact of abuse on the mothers (Bell et al., 2008; Evans, Shipton, & Keenan, 2006), the effect of PTSD symptoms on the relationship between parenting and child functioning (Symes et al., 2016), and the consequences that exposure to abuse has on the child(ren) (Binder, McFarlane, Nava, Gilroy, & Maddoux, 2013; Camacho et al., 2012; Carpenter & Stacks, 2009; Gerwitz et al., 2011; Holmes, 2013; McFarlane et al., 2005; Renner & Boel-Studt, 2013); however, there is a scant data on the abused mothers' personal experiences of parenting through abuse. To optimize the mother-child relationship and to promote the

health and wellbeing of abused mothers and the child(ren) who witness the abuse, the researcher aims to document the lived experiences of women abused by an intimate partner as they parent their child(ren).

Literature Search Techniques

An extensive search through the CINAHL, PubMed, ERIC, SOCIndex, EBSCO, PsyINFO, and Women's Studies International databases with the key terms "parent-child" and "intimate partner violence," "parent-child" and "domestic violence," and "mothering" and "intimate partner violence" revealed zero results for five-year, ten-year, and fifteen-year time spans. With PubMed MESH, the key terms of "parent-child" and "intimate partner violence" revealed 145 results with a five-year time span, 41 additional results with a ten-year time span, and zero additional results with a fifteen-year time span. Of the numerous results noted from these key terms, no articles were found applicable to this literature review.

In order to be deemed applicable, the articles must have involved the perspectives of the mother parenting through abuse. Articles specifically focusing on the types of violence seen by the mother, the mother and child, or the child specifically and articles focusing on the effects of violence on the child(ren) were excluded. In addition, health care providers' perspectives of the abused mothers' perceptions and women being abused who were not mothers were excluded. A search within PubMed MESH implementing the key terms of "mothering" and "intimate partner violence" revealed 184 articles, with two articles in a five-year time span meeting the criteria, 54 additional articles in a ten-year

time span with one additional article meeting the criteria, and no additional articles in a fifteen-year time span met the criteria. Due to the scarcity of findings within the library databases with the key terms “mothering” and “intimate partner violence” without a specific timeframe, a Google Scholar search yielded 19,900 results. Of these results, three additional articles were obtained. A secondary search by citations of the applicable articles and of the authors whom have done recent work in the arena of mothering and intimate partner violence revealed one additional article, for a total of seven applicable articles that will be included in this literature review.

Six of the applicable articles included qualitative data on the lived woman’s experiences from the abused woman’s perspective (Kelly, 2009; Lapierre, 2010; Peled & Gil, 2011; Pel, Rooij, & Distelbrink, 2015; Rhodes, Cerulli, Dichter, Kothari, & Barg, 2010; Varcoe & Irwin, 2004). Another included article is a literature review of the experiences of women parenting through abuse (Lapierre, 2008). Within the above seven articles, overarching themes of parenting strategies are noted. The last article to be described specifically encompasses coded data of parenting experiences of abused mothers (Levendosky et al., 2000).

Staying with the Abuser as a Parenting Strategy to Protect the Children

Within five of the research articles, the theme of staying with the abuser as a parenting strategy to prevent trauma to the child(ren) was noted (Kelly, 2009; Lapierre, 2010; Peled & Gil, 2011; Rhodes et al., 2010; Varcoe & Irwin, 2004). Kelly (2009) conducted a qualitative interpretative descriptive study to describe the decision-making

processes of battered Latina women in IPV situations. Interview guide questions were asked to assess women's healthcare experiences, expectations, relationships with their healthcare providers, and the role of culture related to abuse and healthcare experiences. Seventeen women were interviewed individually, and two focus groups with eight additional women were utilized to critique the data analysis based on their personal experiences. The central role of mothering in battered Latina mothers was revealed in the decision to stay with the abuser. The findings displayed the role of mothering to be the most important aspect of these women's lives. They made the decision to stay with the abuser so that their child(ren) would have a father (an important cultural aspect of child(ren)'s lives for Latina mothers), fear of leaving their child(ren) motherless at the hands of the abuser after separation, fear that CPS would be worse than dealing with the abuser if the abuse was discovered or reported, fear of not being able to provide financially for their child(ren), and fear of causing their child(ren) more emotional distress by separating them from the abuser.

Culture also may have played a role in staying with the abuser to prevent trauma to the child(ren) in Peled and Gil's (2011) naturalistic qualitative study of 15 abused women from central Israel. The study used semi-structured, in-depth interviews to examine the overall perceptions of abused women in mothering. The researchers asked the following questions: (a) "How do abused women perceive their mothering?", and (b) "Is their being abused evident in their mothering perceptions and, if so, how" (p. 461)? Within this study, the mothers voiced what they felt as the importance of a two-parent

household for their child(ren). They perceived that their ability to mother could co-exist separately from the violence that they experienced in the home. These abused women would verbally tone down the father's abusive nature to give the child(ren) the most positive possible view of their father.

In a study by Rhodes et al. (2010), mothers expressed the importance of keeping their family together with two parents and preventing the disruption of their child(ren)'s environment as one of the main reasons for staying with the abuser. In this study, seven focus groups with abused adult women (n=39) in the United States were interviewed to assess experiences with help-seeking behaviors. The methodology included grounded method theory, along with constant comparative method for rigor and validity. These women voiced that the reason for staying with the abuser was complicated and did involve not wanting to deprive their child(ren) of a father, as well as concerns for causing trauma to the child(ren)'s lives. The abused women stated that the reasons for situational trauma might be associated with chaotic environments, financial stressors, unknown safety, and fear of CPS taking away their child(ren). Some of the women spoke of hiding the child(ren) or sending the child(ren) to stay with relatives when the police arrived during an abusive episode due to their fear of CPS.

Fear of CPS was also an area of concern for trauma avoidance and staying with the abuser in another study by Varcoe and Irwin (2004). The researcher's aim for this study was to describe how abused women navigate their way through formal systems in the context of abuse and to depict how this may be difficult for these women. Questions

asked focused on how abused women sought help when being abused by their partner. Within the in-depth qualitative interviews, women spoke of the frustrations with CPS. One woman told of how her abuser had beaten her and stolen her money, and how CPS came to take her child(ren) away due to the false perception of her as a drug abuser. Another woman also spoke of needing to provide her child(ren) with two parents and keeping her son from having an identity problem by being raised by only one parent. The conclusions of the study were that the reasons for staying with the abuser are complicated, and are often further complicated by formal systems such as CPS.

Lapierre (2010) also noted in his qualitative study of 26 abused women using individual and five group interviews that domestic violence resulted in complex reasons for staying with the abuser, which involved mothering their child(ren). The researcher's aim was to make women's experiences visible and to give a feminist standpoint of mothering. While there were no outlined interview questions noted, the researcher's interviews were conducted to depict the women's experiences of mothering in the context of domestic violence. These abused mothers who voiced wanting to avoid the trauma to their child(ren) that leaving the abuser would cause, as well as scarce resources to care for their child(ren) and having to expose them to an unknown environment.

Placating the Abuser as a Parenting Strategy to Provide Safety for the Children

Qualitative literature revealed that abused women placated the abuser as a parenting strategy to provide safety for their child(ren). In a qualitative study of 100 women from an ethnically diverse population in the Netherlands, researchers' study aims

were to report on Dutch mothers parenting during and after IPV (Pels et al., 2015). They found mothers protected their child(ren) from the violence by “avoiding quarrels in general or in front of the children, or sending the children away when quarrels began” (p. 1059). In Kelly’s (2009) study, women reported making several attempts to protect their child(ren) by placing young child(ren) in another room and by placating the abuser to avoid increased violence that would upset their child(ren). This was also noted in Lapierre’s (2010) study, as one woman stated that she would keep her child(ren) safe by “cleaning and cooking what their partners wanted at the time they requested it, as well as being quiet and avoid confronting them” (p. 350). In Peled and Gil’s (2011) study, the abused women would also placate their abusers as “the women held their tongue, put off arguments, gave in to their partners, kept information from them, and recruited others to help reduce the violence”(p. 467).

Attention to Children’s Needs and Safety as a Parenting Strategy

In Lapierre’s (2010) study, abused mothers voiced pride in putting their child(ren)’s needs first, getting them to school (despite the mother’s own sustained injuries), and trying to shield their child(ren) from the abuse by keeping them out of the room where the abuse was occurring. All participants voiced caring for their child(ren) through responding to their basic needs of food, clothing, and shelter, as well as developing strategies to spend time with the child(ren), listening to them, reassuring them, and doing activities with them. One woman voiced hiding special items for the

kids to eat in the attic (away from their partner), as her partner would often leave scarce resources for her child(ren) to eat as part of the abuse.

With Peled and Gil's (2011) study, the abused mothers voiced the importance of placing the child(ren) first. One woman stated that "the children are above all else" (p. 464). These abused mothers labeled themselves as the primary caregivers for their child(ren). They felt that their purpose was to provide for the physical, educational, and emotional needs of their child(ren). In order to protect their child(ren) while with the abuser and to be a good mother, one woman spoke of hiding her own emotions and feelings because "when a mother feels bad, the child looks and feels that way, too" (p. 466).

Implementing effective parenting strategies and being a good parent was also noted in Lapierre's (2008) England-based literature review to describe mothering in the context of domestic violence. He noted how the concept of being a good parent and parenting successfully was central to these abused mothers, and discussed how they obtained a positive identity based on their ability to be an effective parent. This positive identity was often attacked by the abuser. The conclusions from his literature review caution health care providers from labeling the abused mother as a "bad" parent, as this continues the victimization of the mother.

Leaving the Abuser as a Parenting Strategy to Protect the Children

The parenting strategy of leaving the abuser to protect the child(ren) is noted in the qualitative literature. In Pels, Rooij, and Distelbrink's study (2015), mothers stated

how they shielded the child(ren) from the violence through “fleeing or leaving the partner”(p. 1059). Some battered women ultimately made the decision to leave due to their child(ren) when they realized that the effects of the abuse and the environment were more harmful than beneficial for their child(ren) (Kelly, 2009). One woman reported that her greatest source of suffering throughout the repeated beatings and attacks from her abuser was the stress, sleeping difficulties, and anger her child(ren) suffered due to the violent environment. Another woman in Peled and Gil’s (2011) study noticed when her very active son “suddenly became very quiet” (p. 470). The women described that the child(ren) experienced states of dread, mental stress, academic problems, headaches, and vomiting. The women made the final decision to leave their abuser as a parenting strategy to protect the child(ren) when they realized that the risk to the safety of their child(ren) had increased (Lapierre, 2010).

Parenting Experiences When Abused

A mixed methods study by Levendosky, Lynch, and Graham-Bermann (2000) of 95 battered women recruited from southeastern urban and rural Michigan depicted the women’s lived experiences of parenting through abuse through both quantitative and qualitative measures. The researchers’ aim was to examine the women’s abuse where parenting occurs and to examine the women’s perceptions of parenting. This study measured the types of abuse by the Conflict Tactics Scale and the Violence Against Women Scales, and the women’s lived experiences were obtained through a 2-3 hour interview in a university office. The researchers asked three main questions: (a) “How do

you think that the violence you experienced from your partner has affected your parenting of your child?"; (b) "Are there times when it is more difficult for you as a parent? If so, what makes it more difficult?"; and (c) What kind of parent would you be if you did not have a violent partner?"(p. 252).The information was coded to reflect the results. Women voiced ranges of parenting experiences while living with an abusive parent to cause: no influence (23), a negative effect (24), a positive effect (19), worrying about the child(ren) repeating the violence (15), various effects on the child(ren) (15), a nonspecific parenting effect (12), and general concerns (16). With regards to the question of what times made it more difficult to parent, the responses included were: no difficult times (11), financial or work related problems (17), physical health problems (10), emotional challenges (21), problems with partners (13), difficulties of disciplining (4), increased difficulty with child(ren)'s worries, feelings, and behaviors (30), and other various difficulties (15). Lastly, responses to the third question detailed what kind of parent the mother might have been if not with a violent partner. The women responded by saying they would have had: no changes in their parenting (23), positive changes in their parenting (21), a positive self-change (17), improvements in the family (10), and without wishes and regrets (32). The researchers concluded that the women in this study reported parental worries that would be no different from other parents whom were not in violent relationships. More women reported difficulties with feeling distressed or meeting their child(ren)'s needs than difficulties with the violent partner in parenting their child(ren). However, the women did declare ways in which they would be better

parents if they would not have been in a violent relationship. Recommendations from the researchers include careful analysis and support geared toward parenting interventions tailored to how violence has affected the women's parenting ability is necessary, and a strong recommendation not to remove the child(ren) from their mothers.

From Pels, Rooij, and Distelbrink's (2015) study, mother reports of parenting were more mixed. Approximately one in ten mothers stated they had been "good" mothers during the IPV. However, they did also mention it required "considerable energy, and that they had not always been able to hide their emotions" (p. 1059). Other mothers did report considerable negligence, approximately one out of seven mothers interviewed stated they "had sometimes been unable to find the strength to look after their child(ren), to clothe and feed them, or to take them to school" (p. 1059). Recommendations from these researchers included the need for increased awareness about IPV within families and communities, with special attention to providing parenting support for a healthy family climate.

Conclusion

This literature review of women's experiences while parenting through abuse revealed several overarching themes which involved positive parenting strategies to parent their child(ren) effectively under the most difficult and traumatic of circumstances. The parenting strategies these abused mothers implemented included: staying with the abuser to prevent trauma to the child(ren), placating the abuser to provide safety for the child(ren), giving attention to child(ren)'s needs and safety, and ultimately leaving the

abuser to protect the child(ren). One article specifically addressed the women's experiences through abuse by interviewing the abused mothers and coding their responses. Some of the same themes noted above were seen through these responses by the researchers, as well as conclusions drawn of how the distress the abused mothers noted in their child(ren) was more stressful to the mother than the actual abuse the women suffered. Recommendations from all of the articles caution not to remove the child(ren) from the mother, but to give both mother and child(ren) tailored interventions and a compassionate empathetic understanding of what these abused mothers' parenting experiences involve.

Gaps seen in the literature are in the specific ways of how abused women acted and spoke to their child(ren) as parents, as well as how they delivered their parenting differently during the various developmental stages of their child(ren). There are also gaps in knowing how the abused women parented their child(ren) and interfaced with the public, including communication with the child's teachers, doctor visits, while in public places such as department stores, and when with family members and friends. Another gap that exists is a lack of knowledge about what abused mothers would like to inform other women in similar circumstances to assist them with parenting. This study aims to specifically address these gaps and to give a stronger foundation of evidence to strengthen and promote the physical, emotional, and social health of both mothers and child(ren) by offering a deeper understanding regarding how abused women parent through abuse.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

Introduction

Husserl's (1962) descriptive phenomenological approach was utilized as the philosophical underpinnings of this study, as the researcher's primary aim was to explore a phenomenon that is not well defined or understood, required careful descriptions to discover the experiences, and the suspension of all previous judgments to allow these women's voices to be heard and understood for a more effective body of knowledge in this area.

The researcher desired to explore the *essence* of the experience of living and parenting through abuse. Some of the particular parenting experiences to be explored included but were not limited to providing basic necessities for the child(ren) and their interactions with the outside world. The essence of how these female survivors of IPV think, see, hear, feel, and are consciously moving in the environment of violence and motherhood was explored. A phenomenological approach was chosen, as this is a phenomenon that needed further understanding and was currently not adequately defined.

Bracketing is the setting aside of preconceived ideas and values so that the researcher is finding the participants' experiences with as little bias as possible (Ahern, 1999). To achieve that in this study the principle investigator (PI) began to keep a record of her personal ideas, values, and experiences related to the topics of parenting and of

abuse early in the process of designing this study. Central to the process of bracketing is reflexivity (Ahern, 1999). In addition to journaling and other self-reflection the PI discussed her personal ideas, values, and experiences with her dissertation chair to support the goal of ensuring that the findings are not “colored” by her preconceived ideas (Ahern, 1999). The process continued from the design phase through data collection and data analysis, with reflexive journaling and regular meetings with the dissertation chair. It extended into post analysis when the discussion of the PI’s preconceived ideas was considered by the dissertation committee to limit the possibility of bias in the results.

Setting

Participants were recruited from a non-profit shelter for victims of intimate partner violence in a small coastal city within Southeast Texas. The population of this city is approximately 48,000 people, and the shelter itself houses both abused women and abused mothers with child(ren). It is estimated that the shelter will house over 170 women and 100 children yearly, and it will deliver non-residential services to over 650 clients and provide over 780 hours of therapeutic services free of charge. The shelter receives its funding from grants, donations, events, and from three resale stores in the area. Its mission is to promote the safety, well-being, and best interests of victims of family violence, sexual assault, and child abuse, and to advocate for the prevention of such crimes.

Participants

Purposive sampling was utilized to obtain participants which fit the sample criteria. The Principal Investigator (PI) achieved this through providing informational flyers to an advocate at the shelter to protect the confidentiality of the residents. The advocate gave the flyers to shelter residents who fit the study's criteria. This included women aged 18 years or older who were: survivors of domestic violence and have parented at least one biological child 17 years or younger within the past year, and who are current residents of the shelter. The participants were given the option to voluntarily contact the PI regarding possible participation in the study via email or phone, and the contact information for the PI was provided on the flyer. Once contacted by the participant, the PI briefly discussed the purpose of the study and set up a meeting at the shelter in a closed private room to discuss the consent form and proceed with the interview if applicable. As noted on the flyer, each participant received a \$25 Visa gift card at the end of each completed interview for reimbursement of the time commitment given to the study. The estimated total sample size was 20 participants. Participants were recruited for the study until data saturation was reached. This occurred as the PI continually analyzed each interview completed throughout the study, until new information no longer emerged or was voiced from the participants (Polit & Beck, 2012).

Protection of Human Subjects

Prior to beginning the study, IRB approval was obtained from Texas Woman's University and from the shelter. The participation was voluntary, and participants were

allowed to leave the study at any time. Guidelines for the protection of human rights were followed throughout the study.

Each participant was informed of any risks including: fatigue, loss of time, personal distress, and potential loss of confidentiality. The PI obtained participant consent prior to beginning the interview. Risks were minimized as follows: to avoid the risk of fatigue, participants were offered refreshments and a break or breaks during the interview. To compensate time lost, the PI provided a \$25 Visa gift card to each participant and gave the participant the opportunity to end the interview and resume later if necessary. To avoid personal distress regarding answering any interview questions, the PI explained prior to and during the interview that the participant could stop answering questions at any time. Also, the PI gave each participant a list of available counseling resources in the area to the participant, in addition to the shelter's counselor at the conclusion of the interview. Confidentiality was maintained by coding participant data and all data were kept secure in a locked file cabinet in the PIs locked office. The PI explained to each participant that possible loss of confidentiality might occur if the participant wished to have the results of the study emailed or mailed to the participant during the consent process.

Data Collection

The PI began by meeting with participants in a private closed room at the shelter and consent was obtained for the research study from the participant, if she chose to participate. Face-to-face interviews were chosen for the method of data collection, as it is

one of the preferred methods of communication with abused women (Gilroy, McFarlane, Nava, & Maddoux, 2013). If the potential participant signed an informed consent, then the PI arranged a time that was mutually convenient to meet for approximately one hour to proceed with the interview. At the time of the interview, the PI took field notes and a digital recording with two different digital recording devices if the participant consented. As the research study took a descriptive phenomenological approach, bracketing was achieved through reflexive journaling in order to temporarily sustain any preconceived notions of the phenomenon being studied (Polit & Beck, 2012) throughout the research study. Husserl's (1962) descriptive phenomenological approach provided the philosophical foundation for the study. Data collection was implemented through the semi-structured open interview questions asked of each participant. The questions were designed to elicit data that through analysis would lead to findings that describe the *essence* of the experience of living and parenting through abuse. The specific questions along with the probes can be found in the Instruments section (Appendix A). Prior to each interview, demographic data was collected with a pre-interview questionnaire. After each interview, the PI transcribed the audiotapes.

Instruments

The PI obtained each participant's current age, birthplace, ethnicity/cultural background, education, occupation, gender and ages of child(ren), and length of time parenting a child(ren) while being in an abusive relationship as demographic data. This demographic pre-interview questionnaire is included in Appendix A. Each interview

followed a semi-structured interview format based on questions identified with a review of the literature specifically aimed toward exploring following the research question: “What are women’s lived experiences of parenting through abuse?” The interview questions elicited data about how abused mothers acted and spoke to their child(ren) as they parented through various developmental stages of their child(ren), how these abused mothers parented while interfacing with their child(ren) in public settings, such as at school parent meetings, and what they would like other women in similar circumstances know to assist with parenting. Questions and probes were developed for this study from an analysis of data from a pilot study. These questions are as follows:

IQ1: Before coming to the shelter, how did you parent your child(ren)?

Probe: Please give me an example of how you acted and spoke to your child(ren) as a parent.

- For example: (ask in relation to the developmental age of child(ren))
 - How did you put your child(ren) to bed at night when the child(ren) did not want to go?
 - How did you get your child(ren) dressed and to school when he/she did not want to go?
 - What kind of activities did you do with your child(ren)?
 - How did you handle your child(ren) when he/she wanted to do something that was not safe?
 - How did you discipline your child(ren)?

IQ2: How did you parent your child in public places when you were being abused?

Probe: Ask specifically in relation to developmental age of child(ren):

- How did you discuss concerns about your child(ren) with the teachers?
- How did you discuss concerns about your child(ren) with the doctor or nurse during visits?
- How did you discipline your child(ren) in public (store, restaurant, neighbor or relative's home)?

IQ3: When you were with family, friends, and neighbors, how did you parent your child(ren) when you were being abused?

Probe: For example: (ask in relation to developmental age of child(ren))

- Please give me examples of how you disciplined your child(ren) when he or she wanted to do something other kids were doing and you did not think he or she could do.
- How did you resolve conflicts with child(ren) when in this environment?

IQ4: Is there anything else you would like to add or teach me regarding your lived experiences of parenting your child or children during the abuse that might assist me in helping women who are also parenting when in an abusive relationship?

Data Analysis

Data were analyzed using careful transcription and coding of themes using Colaizzi's method of analysis (Polit & Beck, 2012) until data saturation was reached. Colaizzi's (1978) method of data analysis included: "(1) read written protocol, (2) extract significant statements, (3) formulate meanings for each specific statement," and these three steps were repeated for each interview. The next steps were: "(4) organize formulated meanings into clusters of themes, (5) integrate results into an exhaustive description of the phenomenon, and (6) formulate an exhaustive description of the phenomenon under study in as unequivocal of a statement of identification as possible" (Polit & Beck, 2012, p. 566-567). The final step of Colaizzi's method, verification of the data by the participants was omitted due to safety concerns of both the participants and the PI. Rigor was established with accuracy of the careful documentation of findings and interview data from the participants. An audit trail was kept during the interviewing process to provide further verification of data and the PI's ongoing analysis of the data received. Trustworthiness was established with a thorough explanation of how the data was gathered, as well as the analytical process and careful review of the data. Providing an in-depth description of the participants will allow readers to determine the transferability of the findings to others.

CHAPTER IV

ANALYSIS OF DATA

There is evidence that witnessing intimate partner violence to their mothers affects child behavior (Symes et al., 2014) and post-traumatic stress disorder symptoms affect the parenting relationship thus affecting child functioning (Symes et al., 2016). However, there is little evidence on the lived experiences of women who are parenting during abuse. In order to learn how women reporting intimate partner abuse, who also have child(ren), parent the child(ren) during times of abuse, a descriptive phenomenological study was completed.

To understand mothers' experiences with parenting while in an abusive relationship, mothers were asked about their experiences parenting in the home and in public places, including at a store and when with family, friends, or neighbors. Mothers were also asked how they disciplined their child(ren) in those situations. Lastly, the mothers were asked to offer advice to other mothers living and parenting in similar situations. Knowledge developed from this study expands our understanding about the feelings of mothers who parent during the abuse. It also provides service providers, who assist, enable, and promote the relationship between mother and child post-abuse, with a better understanding of the parenting experiences of mothers while they are experiencing abuse. In addition, results from this study have implications for

evidence-based interventions to strengthen the mother-child bond and maximize their health as mothers and child(ren) transition to post-abuse.

This chapter depicts the lived experiences of parenting through abuse. The data was provided by mothers living in a safe shelter because of a history of abuse. The semi-structured interview guide described in the previous chapter was used to elicit the data. The questions addressed how women parented before coming to the shelter. Mothering in various settings was addressed, as were specifics of the mothers' interactions with their child(ren).

Description of the Sample

The sample was obtained through purposive sampling. Participants were mothers aged 18 years of age or older, who were victims of domestic violence, who had custody of at least one biological child 17 years or younger within the past year, and were not pregnant. The mothers were current residents of a shelter in a small city in Southeast Texas. The shelter was for victims of intimate partner violence. Participants were recruited by an advocate of the shelter through the distribution and posting of informational flyers. Twenty mothers participated in the study. Their ages ranged from 25 through 52 years. Nine women identified themselves as Black, six women as Caucasian, four women as Hispanic, and one woman as mixed. Educational levels varied from 6th grade to a bachelor's degree. Mothers in this study reported parenting while in an abusive relationship over time spans ranging from 6 months to 15 years. The 20

mothers reported parenting 63 child(ren). Participants had from one (n=2) to nine children (n=1).

Methods

Interviews were digitally recorded and interviews were carefully transcribed and analyzed to ensure accuracy and comprehension of the phenomenon. Bracketing of the investigator's preconceived notions was accomplished through reflexive journaling throughout the design, interviewing, and analysis process (Ahern, 1999). In a comparative analysis of the transcripts, common words and statements were highlighted, transcripts were re-read for accuracy and analysis, and commonalities that were found were grouped into emerging themes. In an iterative process, additional mothers were interviewed and the data in the resulting transcripts were analyzed and re-analyzed until only similar responses were noted and no additional data were found. The researcher then interviewed three additional mothers to ensure data saturation was reached and to validate the researcher's interpretations of the participant's experiences. Table 1 provides an example of the process of the data analysis process that was used to arrive at themes. The formulated meanings of statements that support the themes are shown. The formulated meanings make clear the link between the themes and the overarching theme Avoid Judgment: Because People Judge You Know.

Table 1

Overarching Theme of 20 Mothers Who are Parenting Through Abuse

Avoid Judgment: Because people judge you know		
Theme No.	Significant Statements	Formulated Meanings
1. Avoid Discipline: Just didn't do it	Because too many people judge ya know, ... but I really did not like to do that in public places because so many people would judge and look and all that and it makes it very tough...	Mothers felt judged by everyone and didn't feel comfortable mothering in public, and this made mothering even more difficult.
2. Isolation: We didn't go nowhere	<p>I try to avoid family it was never cause I was always lying or that wasn't happening but I constantly had bruises you know?</p> <p>As a mother it's a lot of pressure on me, so I just hid everything... Yeah I didn't express that (the abuse). I kind of kept everything all in, you know, until it just got to a breaking point.</p>	<p>Mothers isolated themselves from family, as it was easier then lying about the abuse.</p> <p>Mothers were isolated and felt alone, without anyone to trust with what was happening in the home and with the child(ren) until something drastic occurred.</p>

Findings

In the current literature, there are mothers' statements of fear of child protective services (CPS) taking their child(ren) away due to the violence witnessed in the home (insert reference), and there are statements of not having confidence to mother due to the abuser's attack of this important source of pride abused mothers often have (Lapierre, 2010). However, there are limited reports of mothers who have avoided disciplining in public in order to avoid judgment from others outside of the home, and who were isolated from others due to this avoidance of judgment. There is evidence in the current literature of isolation from the nature of the abuse.

Avoiding Judgment: Because People Judge You Know

Feelings of mothers who lived through the experience of parenting while being abused were categorized into themes as depicted in Table 1. One overarching theme emerged from the mother's discussions regarding their mothering: *Avoiding judgment: Because people judge you know*. This overarching theme developed as many women voiced how they wanted to avoid judgment from others on how they mothered their child(ren), as a result the mothers employed several techniques in public to avoid discipline where anyone could see and/or would avoid discipline altogether. Secondly, several mothers voiced how they were further isolated from friends and family in order to avoid judgment of others in how they mothered the child(ren). This second theme appeared as the mothers interviewed described how they would use various techniques to

avoid their family and/or friends or making these relationships in order to avoid judgment of their mothering. These themes will be discussed with supporting documentation.

Avoid Discipline: Just Didn't Do It

Within the current study, many of the mothers interviewed avoided mothering in public, mainly at the store, but also when with family and friends. Mothers felt judged by everyone and didn't feel comfortable mothering in public, and this made mothering even more difficult. Several mothers voiced these difficulties existed when at a store. As the store was one place the child(ren) would often misbehave, and this was the one place the abuser would allow them to go. For instance, one 26-year-old mother with three boys who wouldn't discipline her children in public due to judgment stated:

I would never discipline my children in public. Because too many people judge ya know, and you get stared at and everything. So, I would either wait until we got home to handle it or if they were really bad I would take them into the bathroom, but I really did not like to do that in public places because so many people would judge and look and all that and it makes it very tough, with me being so young. I get that a lot with people staring at me, judging and giving me the evil eye. Umm, so I usually would just wait until we got home. Most of the time, I would not even take them with me to the grocery store or anything, that was the only thing I ever got out to do, or that he would let me do.

Several mothers described avoidance of disciplinary action at the store. They described varying avoidance techniques, including simply leaving. A 25-year-old mother of three daughters and one son said, "...I would just drop everything and we would leave." A 26-year-old mother used another technique. She would have a discussion with her two sons prior to arriving at the store, in order to avoid conflict and disciplinary action in public (where others could see). She also stated how she couldn't understand why her children would act out once they arrived at the store:

I usually have a talk before we even go in the store. Forewarning him that we will leave out of here and don't get nothing. He did have an issue with acting out when we got in public. He would just wait until we got in the store or something. I didn't understand that. So I usually try to tell him before we go in there. If that didn't work, we would leave out the store and nobody could see anything. We were all gone nobody could see nothing we were all going home...

A 25-year-old mother of a toddler daughter would avoid discipline with using a harness in public, as she states how she wouldn't discipline her child in public, in order to avoid the judgment of others:

I would be...where I'm from and my background, we don't discipline our children in public. You would be surprised if you tell people your opinions about certain things. So I just let her do whatever, as long as I have one of those children harnesses around her, it was like a little monkey or whatever, and you

have her. That's how people keep up with their kids in public. That's the only thing that I could do.

There were other mothers who voiced how they would not discipline their child(ren) in public, as the 25-year-old mother, when asked for clarification of how she disciplined when in front of family or friends further stated, "...Oh, well I rarely discipline her." Yet another 32-year-old mother of four children discussed this avoidance of discipline with her children, as she felt her children already had a difficult time with the abuse they were witnessing in the home, "...I really didn't (discipline), they seen enough going on. That's why my kids got out of control. They did not know discipline."

A 41-year-old mother of a daughter and two sons also described the avoidance of discipline. She gave her rationale for not disciplining as, "No, I didn't feel like embarrassing my child." A 29-year old mother of six children also described complete avoidance of discipline in public, including at the store or with family or friends, "I wouldn't discipline them in front of anybody or in public...." One 38-year-old mother of one 8-year-old son and a 7-year-old daughter summarized the struggles she encountered with discipline when she was in the abusive relationship that she continued to struggle with:

In all honesty, I still go through that every day. I used to be at the point where cause, I was a single mother, cause I didn't know where or how to handle it, and I would ask different people. I would realize that everybody's situation is different and a lot of the times, when I did discipline them, I didn't know how to discipline

them and I didn't know, hey are you being too harsh or how you are supposed to do it, so initially and it still is, I used to be unsure if I may be too this or too that. I didn't know, so that was kind of hard on me, and it still is and to this day.

Isolation

Not only would mothers avoid discipline in order to avoid judgment, they also voiced avoiding public places and isolating their child(ren) and/or themselves in order to avoid judgment from others in public and with family and friends. Some mothers voiced avoiding these relationships altogether. This is demonstrated with one 52-year-old mother who temporarily forgot she was in public, when she mothered her 9-year-old son in public. She depicts regret at doing so, along with her resolve to stop taking him to the store after the incident, "I just stopped taking him to the store...I would yell, and oh my God. In the store, GET BACK OVER HERE. YOU BETTER QUIT PLAYING! People are just looking and I'm not thinking about it."

Women voiced isolation from family, friends, and social support systems during the time before they came to the shelter. For some the isolation was a self-protective response from families who were perceived as destructive. This was noted by one 26-year-old mother of three sons. When asked about mothering her children when with family she said, "My family is toxic, and I had to get away."

Mothers also isolated themselves from family because it was easier than lying about the abuse. This avoidance of family was seen in a 26-year-old mother of two sons

ages five years and six years, as she couldn't tell her family that she was staying in an abusive relationship and wanted to avoid judgment of her family in her decision:

On my off days, didn't really like family functions cause without the family really understanding what's going on behind closed doors. Everyone was being very judgmental but didn't know what was going on....I try to avoid family it was never cause I was always lying or that wasn't happening but I constantly had bruises you know? You constantly see something wrong with me and I'm lying? Am I doing this myself?

For others the isolation from family was a result of geographic distance, and/or not making any close friends where she lived because of the abuse. A 28-year-old mother with two sons and two daughters stated how isolated she was, "I don't have any family here. We didn't go nowhere. We don't have family here, and we....so we didn't get to go....So, they didn't really get to go..."

Some mothers either chose to keep child(ren) at home or as part of the abuse were not able to let their child(ren) leave the home. A 35-year-old mother of five children would have the children stay isolated in the home, when asked how she mothered when around family or friends. She was asked for further clarification, if the children were allowed to go with their friends or to a friend's house, and she stated: "I usually don't let them go nowhere. They always with me all of the time." A 29-year-old mother of three daughters (ages 12 years, 10 years, and 7 years) and 2 sons (ages 3 years and 2 years) voiced this isolation of home and not being allowed to take the children outside to do

activities, “They could not walk or go out; they were not allowed to go out; so I did not do many activities with my children.” This isolation of the child(ren) not only applied to limited activities, but also to not being allowed and able to go to school. One 26-year-old mother of three boys ages 7 years, 4 years, and 20 months stated how the isolation applied to their schooling, “The two youngest ones I had two months before I came here. They didn’t go to school. They were sheltered in my house they didn’t go nowhere.”

Some of the mothers interviewed chose to isolate themselves and/or their child(ren) from public places, family, and friends to avoid judgment, and other mothers were forced into isolation by the abuser. Unfortunately, several of the mothers interviewed also were isolated from telling others, because they did not feel comfortable in sharing concerns of the abuse to themselves or the abuse their child(ren) were witnessing, with the child(ren)’s health care provider. Mothers were isolated and felt alone, without anyone to trust with what was happening in the home and with the child(ren) until something drastic occurred, “As a mother it’s a lot of pressure on me, so I just hid everything... Yeah I didn’t express that (the abuse). I kind of kept everything all in, you know, until it just got to a breaking point.” A well-established component of the cycle of power and control is victim isolation. Isolation further removes victims from essential social support necessary to support victim integrity and mental health coping with the violence in the family (Karmaliani et al., 2015; Kelly, 2009; Letourneau et al., 2011; McFarlane et al., 2005; Shiu-Thornton, Senturia, & Sullivan, 2005; Varcoe & Irwin, 2004).

Additional Findings

The mothers did not feel comfortable stating why the child(ren) may have had behavior problems during doctor visits but they did feel comfortable in telling their child(ren)'s healthcare providers about physical and behavior issues found. The mothers realized the abuse was affecting their child(ren), as several moms listed this was the final reason to leave the abuser. Mothers gave advice to other mothers who are parenting while being abused in an intimate partner violence to “consider the children” and find the strength to leave.

Behavior Problems

The behavior problems reported by several moms interviewed included difficulty their child(ren) had at school. For instance, one mother of four children discussed how difficult it was for her oldest 8-year-old son to do well in school, as she detailed his problems with school:

Not paying attention, I notice he is disrespectful to the teachers, just mainly not being able to stay focused, he gets off track very easily, wants to talk to other children and get them off track, which causes a problem, they always say he's so smart but... there's always a but...

Evidence exists in the current literature of how daughters who have witnessed interpersonal violence between mother and father react emotionally or intrinsically (Binder et al., 2013; McFarlane et al., 2005; Holmes, 2013). One mother of two sons and

one daughter added support to this evidence in a profound example, describing when her 6-year-old daughter tried to commit suicide:

My daughter has ADHD and she would get violent and they put her on medication counseling, we tried everything...I had to take her to the emergency room one day because she told me she was going to kill herself at the age of six. Then we got hooked up with MHMR then we started counseling.

There is evidence in the current literature of how sons who witness interpersonal violence tend to model the abusive behavior and act out extrinsically (Binder et al., 2013; McFarlane et al., 2005; Holmes, 2013). One mother interviewed voiced how her toddler son, at the age of 2 years old, exhibited this modeling behavior to his sisters, who were 5 years and 1 year old at the time of occurrence, "Like he punches, he gave her a black eye with a toy. With the other sister, he would walk up and trip her or push her." When asked how she disciplined him in this situation, she responded. "I spanked him and then I put him in time out. And afterwards, I came back and told him that what you saw your dad do, that was not ok, so please don't hit, mommy had a little talk with him. But he hasn't done it again."

There was yet another instance noted by a daughter who witnessed interpersonal violence with a mother of three daughters and two sons. The mother recounted how her 12-year-old daughter, the oldest child, would act out her inner emotions destructively through damaging physical property or her own hair. She also added how this behavior occurred when she went back to her abuser after leaving him, "By bad behavior, I mean

when my oldest daughter would get angry, she would break things or rip things. She would cut her hair in class.” When asked how she mothered her daughter through these difficult situations, she responded how she learned first-hand how yelling and taking away privileges did not work. However, when she responded through love and affection, this is when her daughter began to eliminate the destructive behavior.

First I would discipline her by yelling at her. I would not let her go outside anymore cause that’s her favorite thing to do, and it did not get better. Being affectionate is what worked to get her behavior back on track. I told her I loved her every day and gave her a hug before school and gave her a kiss. I would treat her, if she was good in school, she would get rewarded for it. The first week I started being affectionate with my daughter was all it took for her to be back on track from the beginning.

The mothers reported that their child(ren) displayed emotional and role-modeling behaviors, fear, and post-traumatic stress disorder (PTSD) symptoms. For instance, one mother of two children, a 7-year-old daughter and a 3-year-old son, described both fear and PTSD symptoms in her children:

With my daughter, she’s very fearful of certain things. Raising of hands, or loudness, or anything of that nature. My son, he can’t sleep without me. He can’t go to sleep without my arms around him or his sister’s arms around him. Or if somebody gets loud, he just starts bawling. If someone raises their hand, even just for a high five, he kinda steps back before he realizes what it is. ...the emotions

that he went through. The fact that he would just start crying out of nowhere and I couldn't tell why. And my daughter, she ...it's just hard for her to connect with new people altogether. And she wasn't like that before. Even little kids. She wasn't like that before...

Yet another mother spoke of how loud voices or arguing would trigger the physiological symptoms of an asthma attack:

If there was any loud voices or arguing he would have an asthma attack. I did concern that to the doctor. I always wanted to make sure he wasn't. But they were. My children were taking in what was going on around them. The tension and the stress was as hard on them as it was on me.

Behavior problems of children who witness intimate partner violence are documented in the current literature (Binder et al., 2013; Ghaffar, Manby, & Race, 2012; Jaffee, Johnston, Crooks, & Bala, 2008; Lepisto, Luukkaala, & Paavilainen, 2011; McFarlane, Symes, Binder, Maddoux, & Paulson, 2014; Prather & Golden, 2009; Symes et al., 2014; Symes et al., 2016), and the women interviewed depicted specific examples of the internalizing and externalizing behaviors in both male and female children.

Advice to Mothers

Mothers who parented during intimate partner violence also gave advice to other mothers in similar circumstances during the interview, and almost every mother included advice to think of the children first and to "get out." One mother of three boys advised:

Just consider the kids and how it will emotionally affect them. I stuck through it for so long time thinking it was the right thing for them, to be this happy family, to have the mom and dad together, but then I realized that in the long run, it is going to hurt them. So, umm, just think about the kids and do what is best for them.

Yet another mother of two sons also realized the emotional effects of the abusive environment on her sons, and advised other mothers to not worry about what others may think or how they may judge. She stressed the importance of considering one's children and one's own self-worth.

...biggest worry was what was everybody else gonna think if I filed charges? Or if I did this? Forget everybody else. Everybody else is not helping you right now. Nobody's worried about if I'm okay or if my sons are ok or what if I get split up from my other son? No one is worried about that at all except me. Forget what everybody else is going to say. Get your blessings, you cleanliness and get your smile back. That's all I can tell you.

Summary

The aim of this qualitative study was to detail the lived experiences of women parenting through abuse at home, with family and friends, in public places, and to note any advice they would have to share with other women in similar situations. From the 20 interviews obtained regarding mothers who mothered through intimate partner violence, the overwhelming theme of avoiding judgment emerged, along with themes of avoiding

discipline and undergoing isolation. Additional information included the mothers recounting the behavioral problems their daughters and sons experienced as a result of the intimate partner violence witnessed, and the overwhelming advice to other mothers to consider the children first and to “get out.”

CHAPTER V

SUMMARY OF THE STUDY

This qualitative study explored the lived experiences of mothers who parented during abuse, who had child(ren) under the age of 18 years, and had been parents with custody of their child(ren) within the past year. The purpose of the study was to explore the mother's parenting experiences and gain an understanding of these experiences in a different view from the current literature and to provide new knowledge to enable care providers to better facilitate post abuse mother-child functioning. Through this chapter, a summary of the current study will be noted, along with a discussion of the meanings uncovered, and their relation to previous research. Conclusions of this study have implications for nurses, social workers, health care providers, shelter personnel, community advocates, and other professionals involved in the care of women and child(ren), who experience IPV.

Summary

The researcher sought to explore and carefully portray the lived experiences of women parenting through abuse and how these women parented their child(ren) and were observed and judged when in public. A descriptive phenomenological approach (Husserl, 1962) guided the study. Data was collected in semi-structured in-depth interviews with 20 mothers who were survivors of IPV. Following Colazzi's (1978) method of analysis, which included careful transcription and coding of themes, data

saturation was reached with a relatively small sample size. One overarching theme and two additional themes were identified.

The overpowering theme of avoiding judgment emerged as the participants in the study overwhelmingly described avoiding judgment. Two supporting themes of isolation and avoiding discipline in order to avoid judgment emerged from the mothers' descriptions. Mothers avoided judgment through avoidance of discipline in public through various methods. Mothers also isolated themselves in order to avoid judgment from family and friends, and didn't feel comfortable in reaching out for help with healthcare providers or others.

Discussion of the Findings

The avoidance of judgment from others through isolation from others and avoidance of discipline is a finding not explored in depth within the current literature. Not only do these mothers experience the stress and pressure of being abused, but also of having to uphold the role of mothering. They described feeling as though they were always "under a microscope" and being judged by others outside the environment of IPV.

Mothering Attacked

The current literature illustrates one of the abuser's verbal modes of abuse by belittling mothering, and diminishing the one aspect of pride women who are parenting during abuse may have. Thus, the abuser attacks this by attempting to abuse the woman in front of her child(ren) potentially belittling her ability to parent effectively. Thus, taking the "power of motherhood" away from her (Kelly, 2009; Lapierre, 2010). As a result, a

mother who parents during IPV may have diminished confidence to parent in public, demonstrated by the mother's perception that others are "judging" her ability to parent adequately. This may be due to fear of being blamed for not being a "good" mother and losing her child(ren) through Child Protective Services (CPS) (Kelly, 2009; Lapierre, 2008, 2010; U.S. Department of Health and Human Services, 2014).

Isolation

In the current literature, a well-referenced component of the cycle of power and control is victim isolation. Isolation further removes victims from essential social support necessary to support victim integrity and adaptive coping with violence in the family (Karmaliani et al., 2015; Kelly, 2009; Letourneau et al., 2011; McFarlane et al., 2005; Shiu-Thornton, Senturia, & Sullivan, 2005; Varcoe & Irwin, 2004). Isolation was noted in the women in this current study; however, more self-imposed by the mothers who isolated themselves from family and friends, and therefore from reaching out for social support in order to avoid judgment.

Behavior Problems

Behavior problems are also well documented in the current literature, and one of the parenting strategies mothers who parent during IPV use is leaving the abuser to protect the child(ren) when the child(ren)'s behavior changes are seen. This was also noted in the current study when the mothers realized, "The tension and the stress was as hard on them as it was on me." In Kelly's (2009) study, the battered women ultimately made the decision to leave based on the harmful effects of the abuse and the environment

on their child(ren). One woman reported that her greatest source of suffering throughout the repeated beatings and attacks from her abuser was the stress, sleeping difficulties, and anger her children suffered due to the violent environment. Another woman in Peled and Gil's (2004) study noticed when her very active son "suddenly became very quiet" (p.470). The women stated that the child(ren) experienced dread, mental stress, academic problems, and physical symptoms such as headaches and vomiting. The women made the final decision to leave their abuser as a parenting strategy to protect the child(ren) when they realized that the risk to the safety of their child(ren) had increased (Lapierre, 2010). These behavior problems were noted in the current study of both internal and external symptoms, especially with one 6-year-old girl who attempted suicide.

Conclusions

1. Mothers who parent during IPV may feel judged by anyone they interact with outside of their home.
2. Mothers may avoid judgment of others through isolation of herself and her child(ren) from family, friends, the public, from schooling, and from reaching out for assistance.
3. Mothers may avoid judgment of others by avoiding disciplining child(ren) in public through: taking child(ren) to the bathroom, using a harness, avoiding discipline entirely, leaving the area, or deferring discipline to the abusive partner.

Implications

The following implications evolved from the findings of this study for nurses, social workers, health care providers, or any person involved in the care of women and children who experience IPV:

1. Nurses, social workers, health care providers, shelter and other service providers, as well as key contacts, require awareness and education of the emotional needs of women who have parented and are parenting during IPV to achieve the best outcomes for both mother and child.
2. Specific nursing interventions that are tailored to improve the mother-child relationship affected by IPV are necessary to improve mental health functioning of both mother and child.
3. Anyone who assists these mothers must be careful not to add to mother's self-blame for not protecting their child(ren) from the exposure to the violence, and should instead foster a positive relationship between the mother and child(ren) through empowerment and education.

Recommendations for Future Studies

Even though findings of the current qualitative study add more understanding of mother's lived experiences of parenting during abuse, gaps remain. The current study

explored a few of the specific aspects of parenting through IPV. Recommendations for future studies include:

1. Replication of the current study on a larger scale in different communities and countries to see if similar findings exist in other populations.
2. The development and testing of parenting tailored interventions that would foster the mother-child relationship post abuse.
3. Studies to indicate if parenting interventions that do foster the mother-child relationship post abuse reduce the intergenerational transmission of violence.
4. Studies to show if non-judgmental social support offered to mothers through community and health care provider outlets will assist mothers in not only leaving the abuser sooner, but also prevent returning to the abuser after leaving.

Summary

The mothers participating in this study describe the difficulties in parenting during abuse. They felt judged and were constantly employing methods to avoid the judgment. These methods further isolated them from social supports, and also may have compounded their child(ren)'s behavioral problems when discipline was avoided. This avoidance of judgment through avoiding discipline and isolation is new knowledge not reflected in the current literature of women who are parenting during abusive IPV. Recommendations for nursing practice include nonjudgmental empathetic care and tailored interventions needed that foster maternal confidence to parent and consequently improve the health and wellbeing of their child(ren).

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APPENDIX A
Demographic Questions

1. What is your age?
2. Where were you born?
3. What do you consider is your ethnicity?
4. What is your education level?
5. What is your current occupation?
6. What are the ages and gender of your children?
7. How long were you parenting while in an abusive relationship?

APPENDIX B
Interview Questions

Interview Questions

Thank you for agreeing to talk to me about parenting your children before you came to the shelter and you were living in an abusive relationship.

IQ1: During the TWO months before you came to the shelter when you were living in an abusive relationship, how did you parent your child(ren)?

Probe: Please give me ONE example of how you acted and spoke to your child(ren) as a parent. What helped? What did not help?

For example: (ask in relation to the developmental age of child(ren))

- How did you put your child to bed at night when the child did not want to go?
- How did you get your child dressed and to school when he/she did not want to go?
- What kind of activities did you do with your child?
- How did you handle your child when he/she wanted to do something that was not safe?
- How did you discipline your child?

IQ2: During the TWO months before you came to the shelter when you were living in an abusive relationship, how did you parent your child(ren) in public places, such as the grocery or department store.

Probe: Please give me ONE example. What helped? What did not help?

For example: (ask in relation to developmental age of child(ren))

- How did you discipline your child in public (store, restaurant, neighbor or relative's home)?

- How did you discuss concerns about your child with the teachers?
- How did you discuss concerns about your child with the doctor or nurse during visits?

IQ3: During the TWO months before you came to the shelter when you were living in an abusive relationship, how did you parent your child(ren) when you were with family.

Probe: Please give me ONE example. What helped? What did not help?

For example: (ask in relation to developmental age of child(ren))

- Please give me examples of how you disciplined your child when he or she wanted to do something other kids were doing and you did not think he or she could do.
- How did you resolve conflicts with child(ren) when in this environment?

IQ4: Is there anything else you would like to add or teach me regarding your lived experiences of parenting your child or children during the abuse that might assist me in helping women who are also parenting when in an abusive relationship?