

PERCEPTIONS OF MOTHERING BY WOMEN WHO EXPERIENCE INTIMATE  
PARTNER VIOLENCE

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## **DEDICATION**

This is dedicated to my loving family!

To Frankey; my dearest friend and soul-mate. Thank you for not giving up on me after all of these years.

To Justin, Alydia, and Jenaë; my children, who have loved me, cheered me on, helped me with editing, and most importantly provided me with the will and determination to continue on this journey. Thank you for being my inspiration!

To the mothers; out of approximately one hundred women who received flyers, were informed or had access to the flyers regarding this study ten empowered mothers volunteered to share their lived experiences. The mother's found the courage to call a perfect stranger and share their emotional and personal stories. I am privileged to have had the opportunity to meet these ten amazing mothers and to listen and read their personal stories. As a researcher, as a woman, as a mother, I am honored to have had the opportunity to come to know their lived experiences.

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## LIST OF ABBREVIATIONS

Center for Disease and Control.....	CDC
Health Care Professionals .....	HCP
Family Violence Prevention Fund .....	FVPF
Institute of Medicine .....	IOM
Intimate Partner Violence .....	IPV
World Health Organization.....	WHO

## **ABSTRACT**

### **PERCEPTIONS OF MOTHERING BY WOMEN WHO EXPERIENCE INTIMATE PARTNER VIOLENCE**

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Dissertation Director: Dr. Kathleen F. Gaffney

Intimate partner violence (IPV) by male intimates is an endemic public health problem disproportionately affecting the health and well-being of women and children in the U.S. and globally. More importantly, many women who are experiencing or have experienced violence are mothers. This dissertation was an interpretative phenomenological study investigating the lived experiences of mothering within the context of an intimate partner violent relationship, mothers' interpersonal relationships with their children, and mothers' interactions with nurses and other health care professionals.

Semi-structured interviews of 10 mothers who were living in the community and were no longer living in a violent intimate partner relationship were conducted. Participants were obtained from a community domestic violence agency in a suburban area in the South-Eastern United States. Interpretative phenomenology served as the

philosophical framework for interpreting the data. All interviews were analyzed using van Manen's (1997) approach to human science research analysis.

The interpretation of the interview data revealed that gendered violence was a critical factor shaping the lives of the women in both positive and negative ways, however, this violence did not account for the totality of the influencing factors. Mothering perceptions and practices were also influenced by various social, personal and cultural factors. Overall, these women perceive themselves to be like all other mothers in that they experienced fulfillment and social affirmation from their role as mothers regardless of the situational context in which they lived.

The most important theme that emerged from these interviews was that mothering in the context of intimate partner violence involved chaos, control, and support. In the presence of intimate partner violence, the perceptions of mothering were described as different and more challenging. The mothers living within the social context of intimate partner violence had an added level of stress as a result of the violence. These ten mothers viewed the violence as the primary source of the stress. Mothering amidst the chaos, uncertainty, and control created added hardships and conflicting demands for the women. The mothers in this study described less than supportive responses by many of the health care professionals. It was found that the health care responses contributed to the mothers' pressures and confounded their view and trust of the medical health care system. Professionals who supported the mothers and their children were trained and educated in intimate partner violence; they were domestic violence counselors and professionals working in the community domestic violence agencies. Mothers and their

children also found support in abused women and children support groups established by the community domestic violence agencies.

Interview data showed that regardless of variances in mothering and the type and level of violence experienced, these ten mothers appeared to have overcome or have risen above their past experiences of abuse and the insult on the mothering role that attends such abuse. Motherhood and being a mother was perceived as a source of strength and empowerment in making difficult decisions, fulfilling mothering responsibilities, and rebuilding mother-child relationships. Mothering appeared to buffer the women's abuse experiences, enhanced mothers' sense of worth and possibly helped mothers rise above the chaos and survive the violence. Mothers living in the context of intimate partner violence achieved a positive sense of self and mother-child relationships from the processes of mothering and from the social status they gained from being a mother. Recommendations from this research for nursing education, nursing practice, and policy as well as future research inquiries are described.

## **CHAPTER ONE**

### **Introduction**

Intimate partner violence (IPV) by male intimates or violence against women (VAW) is an endemic public health problem disproportionately affecting the health and well-being of mothers and children in the U.S. and globally (Black, et al., 2011; Centers for Disease Control and Prevention (CDC), 2012; Family Violence Prevention Fund (FVPF), 2004; Garcia-Moreno & Watts, 2011; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; World Health Organization (WHO), 2005). Female IPV by male intimates is a major contributing factor to higher mortality and morbidity rates, and it has been found to negatively impact multiple aspects of women's lives (Black, et al., 2011; Campbell, 2002; Campbell et al., 2002, 2003; Catalano, Smith, Snyder, & Rand, 2009; CDC, 2006, 2008, 2011, 2012; Coker, Smith, Bethea, King, & McKeown, 2000; Fawole, 2008; Garcia-Moreno & Watts, 2011; Institute of Medicine (IOM), 2002 ; Kimerling, et al., 2009; Martin et al., 2008; Plichta & Falik, 2001; Radford & Hester, 2006; Riger, Raja, & Camacho, 2002; Rivara et al., 2007; Tjaden & Thoennes, 2000; WHO, 2005; Woods, Hall, Campbell, & Angott, 2008).

Furthermore, IPV continues to be a prevalent problem disproportionately affecting women despite the fact that it has captured the attention of the public, researchers, health care professionals, and policy makers worldwide. One in three women and one in four men reported some form of lifetime IPV victimization with females



experiencing multiple forms of IPV and more severe forms of physical violence compared to males (Black, et al., 2011; CDC, 2012). In a recent report by the Bureau of Justice Statistics (BJS) National Crime Victimization Survey (NCVS) IPV rates experienced a 64% decline from 1994 to 2010 of note; female rates remain steady and higher than males, 85% to 15% respectively. Of importance to this study, the survey found that overall females ages 18 to 34 years experienced the highest IPV rates (Catalano, 2012) thus reflecting a vulnerability for women in the child bearing years.

Unfortunately, the true prevalence of violence against women by male intimates is grossly underestimated. The statistics concerning IPV are difficult to determine and do not accurately reflect the depth of the problem or the realm of abusive behaviors occurring within the context of intimate partner relationships (Catalano et al., 2009; Goodman & Epstein, 2008). According to the U.S. Department of Justice (2004), an estimated 20-50% of assaults in the U.S. are reported to the police (Catalano, 2004). As such, IPV remains one of the most chronically underreported crimes in the U.S. (Catalano, 2004, 2007; Krug et. al, 2002; National Coalition Against Domestic Violence (NCADV), 2007; Tjaden & Thoennes, 2000; Watts & Zimmerman, 2002).

### **Violence Against Women as Mothers**

Many women who have experienced or are experiencing IPV are mothers. According to the U.S. Department of Justice, (2009) two thirds of the male intimate partner violence against women who are mothers occurs in the home where children reside and 38 % of the children residing in violent households were under the age of twelve years (Catalano et al., 2009). One prevalence study found that more than one-third

of the study sample were mothers who were caring for and living in violent homes with children (Thompson et al. 2006). Furthermore, a multi-state study of domestic violence shelters confirms the magnitude of the high prevalence rates of IPV for women as mothers. The study findings report that 99.6 % of the shelter residents were women, of those 78 % reported they had children younger than 18 years of age, and 68 % brought children with them to the shelter (Lyon, Lane, & Menard, 2009).

Maternal IPV victimizes the nation's most vulnerable population, our children. In the U.S., it is estimated that 3 to 15.5 million children are exposed to IPV each year (Carlson, 2000; Futures Without Violence, 2012; McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Research has found higher prevalence rates of partner violence for couples with children than those without (McDonald et al., 2006) and children were disproportionately present in intimate partner violent homes than households without violence (Fantuzzo, Fuscoe, Mohr, & Perry, 2007). Child exposure to maternal IPV has been found to negatively impact the psychological, behavioral, developmental, and physical health outcomes of children (Carlson, 2000; Edleson, 1999a; Edleson, Mbilinyi, & Shetty, 2003 ; Fantuzzo, & Mohr, 1999; Jaffe & Crooks, 2005; Kitzmann, Gaylord, Holt, & Kenny, 2003; Osofsky, 1999, 2003; Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003) Additionally, maternal IPV remains a risk factor for higher rates of child abuse and maltreatment (Appel & Holden, 1998; Edleson, 1999b; Graham-Bermann & Edleson, 2001; Osofsky, 2003).

Clearly, the high prevalence rates and the negative impact of violence against women as mothers have serious implications for mothers and children. Violence against

women as mothers poses serious threats to the overall aspects of mothering and motherhood, family life, family relationships, maternal well-being and maternal - child health outcomes (FVPF, 2004; Radford & Hester, 2006; WHO, 2005).

### **Mothers' Experience with Intimate Partner Violence**

Women's experiences of mothering and IPV are complex, diverse, and vary over time (Buchbinder, 2004; Carpiano, 2002; Irwin, Thorne, Varcoe, 2002; Javaherian, Krabacher, Andriacco, & German, 2007; Kelly, 2009; Lapierre, 2009, 2010; Peled & Gil, 2011; Radford & Hester, 2006). The mothering experiences are influenced by many dynamic and interrelated factors such as each woman's individual context, their interpersonal and social relationships, the cultural contexts in which they live, their own values and beliefs as well as societal ideologies and expectations of mothering (Arendell, 2000; Chodorow, 1978; Glenn, Chang, & Forcey, 1994; Koniak-Griffin, Logsdon, Hines-Martin, & Turner 2006; Irwin, et al., 2002; Phoenix, Woollett, & Lloyd 1991; Radford & Hester, 2006). Additionally, mother's experiences of IPV are similarly influenced by various interrelated contextual factors as well as the type, frequency, duration, and severity of the violence in their lives. Thus, the phenomena of mothering and IPV are intertwined and are influenced by many dynamic and interrelated factors (Irwin et al., 2002; Kelly, 2009; Lapierre, 2008, 2009, 2010; Radford & Hester, 2006). Those factors have not been adequately investigated in the literature especially from the mother's perspective. As a result, the voices of mothers experienced in IPV have not been heard and their perceptions of mothering have not been well understood by nurses or health professionals.

Therefore, this phenomenological study examined the phenomenon of mothering from a community sample of ten mothers who have experienced heterosexual intimate partner violent relationships. This study gave affected mothers a voice by providing them with an opportunity to share their perceptions and experiences of mothering within the context of an intimate partner violent relationship. It is through their stories that nurses and health care professionals will gain a better understanding of the essence of the phenomenon and their meanings of the lived experience in order to inform practice and develop effective interventions for abused mothers and their children.

#### **Published Research on the Impact of Violence on Women as Mothers**

Seven qualitative studies were identified that examined aspects of the phenomenon of mothering within the context of IPV from the mother's perspective (Buchbinder, 2004; Carpiano, 2002; Irwin, et al., 2002; Javaherian et al., 2007; Kelly, 2009; Lapierre, 2009, 2010; Peled & Gil, 2011). The qualitative studies have shown that mothers experiencing IPV find mothering and being a mother to be an essential constituent in their lives. A major theme in some of the studies was that mothering and being a mother was a significant source of hope, strength, and purpose (Buchbinder, 2004; Irwin, et al., 2002; Kelly, 2009, Lapierre, 2010; Peled & Gil, 2011). It was also found that some abused mothers find mothering and being a mother to be an added level of stress (Buchbinder, 2004; Carpiano, 2002; Javaherian, et al., 2007; Lapierre, 2009). The studies draw explicit attention to the strategies abused mothers employ to protect and care for their children in the face of such adversity. The studies also highlight the

complexities that these mothers face, especially when their mothering is examined within the social construction of motherhood.

Research has found that IPV against mothers has created situations that complicate a women's mothering (Beeble, Bybee, & Sullivan, 2007; Haight, Shim, Linn, & Swinford, 2007; Jaffe & Crooks, 2005; Lapierre, 2008, 2009, 2010; Radford & Hester, 2006). Motherhood has been found to increase the risk for longer duration of IPV (Vatnar & Bjorkly, 2010). In other studies that used a variety of approaches, qualitative and quantitative in design the findings have provided evidence that men's violence influences women's mothering in complex and challenging ways. However, there are some conflicting findings.

In most of the studies, researchers examined the influences of IPV and the effects of a specific aspect of the participant's experience such as parenting, parenting stress, the mother-child relationship, and maternal and child psychological functioning. The findings suggest that abused mothers who experience depression, anxiety, an increase in maternal stress and post-traumatic stress disorders (PTSD) as a result of the violence had difficulty attending to their children needs, providing maternal warmth, nurturing, and being a supportive parent (Haight et. al., 2007; Holden, et al., 1998; Levendosky & Graham-Bermann, 2000a, 2000b; Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006; McCloskey, Figueredo, & Koss, 1995). Additionally, studies have found that intimate partner violence negatively influenced the mother-child relationship (Haight, et al., 2007; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003).

In contrast, other studies have found that abused mothers did not necessarily perceive the violence as negatively impacting their parenting, the quality of interactions with their children, their ability to provide warmth and nurturing to their children, or their maternal stress (Casanueva, Martin, Runyan, Barth, & Bradley, 2008; Edleson, et al., 2003; Holden & Ritchie, 1991; Holden et al., 1998; Letourneau, Fedick, & Willms 2007; Levendosky & Graham-Bermann 2000b; Levendosky, et al., 2003; Levendosky, et al., 2006; Sullivan & Bybee, 1999; Sullivan, Nguyen, Allen, Bybee, & Juras, 2000).

The phenomenon of mothering within the context of IPV has not been adequately investigated or understood by nurses or health care professionals and much of what is known about the phenomenon of mothering within the context of IPV has resulted in conflicting findings. The impact of the violence on a woman's mothering remains a complex, challenging, and shifting area of research that requires further examination in order to inform evidence based nursing practice. This study was conducted to enhance nurses' and health care professionals' knowledge and understanding of these complex phenomena.

### **Statement of the Problem**

The prevalence of violence against women in the U.S. causes tremendous harm and suffering to women and their families. Violence against women permeates in our society. It violates human rights, ethical principles, undermines women's health, and affects all aspects of women's lives including their mothering (Krug, et al., 2002; Lapierre, 2008; Radford & Hester, 2006; WHO, 2005). It is against this backdrop that

nurses and health care professionals should be concerned about the intersection of mothering, IPV, and health.

Adding to the complexity of the problem is the fact that motherhood is a socially constructed phenomenon. The theoretical constructs and ideologies of motherhood and mothering are embedded in history, social constructs, cultures, and dominant ideologies in Western society. Variations in mothering occur based upon the social and historical period, culture, socio-economic class, age, racial and ethnic differences. As a result, women vary in how they view themselves as mothers, their mothering experiences, and how they mother. There is no universal way to mother and not all mothers have the same resources, opportunities, or are exposed to the same contextual situations in which to mother. Regardless of these interrelated factors, women as mothers and their mothering practices do share a common characteristic; that of being a mother (Arendell, 2000; Chodorow, 1978; Glenn, et al., 1994; O'Reilly, 2004, 2008; Phoenix, et al., 1991; Rich, 1976; Ruddick, 1995 ).

Thus, women's experiences of mothering within the context of intimate partner violence are complex, diverse, and vary over time. Mothering experiences are influenced by many dynamic and interrelated factors and should be examined within the cultural contexts of women's lives (Irwin et al., 2002; Radford & Hester, 2006; Wilson, McBride-Henry & Huntington, 2005).

However, in a review of the literature, it has been found that there is little overlap between the literature on IPV, the experiential aspects of mothering and/or the complex and interrelated factors of IPV, mothering, and health. Therefore, little is known or

understood about the interconnections of those factors especially from the mother's perspective. As a result, it is difficult to develop effective nursing interventions to improve those women's health as well as the health of their children. Additionally, the lack of existing research has posed limitations on health professionals' knowledge and understanding of abused women's perceptions and recommendations in which to provide helpful and supportive responses and caring practices to abused mothers. The abused mothers' recommendations in this study are surely needed if health care professionals want to improve responses to abused women as mothers and their affected children.

Over the last two decades the health care response to violence against women has made considerable progress. Improvements in supportive services for women who are mothers is an ongoing process (Radford & Hester, 2006). The complexity and interrelatedness of IPV and mothering presents numerous challenges for researchers and health professionals when trying to fully understand the relationships between IPV, mothering perceptions and practices, mother-child relationships, and mothers interactions with nurses and health care professionals.

The U.S. healthcare community treats and interacts with mothers in intimate partner violent relationships and their children on a daily basis in many settings and across all disciplines. Nurses are often the first to encounter mothers who are in violent relationships. Nurses are in pivotal positions to help these mothers and their children, by offering supportive services, that help prevent further abuse (Draucker, 2002; Goodman & Epstein 2008; IOM, 2002). Yet, we have little empirical research from those who experience the phenomenon to inform practice, and/or advance our knowledge and



understanding of violence against mothers. Consequently, health care professionals have struggled with the development of supportive services, effective prevention and intervention strategies, and multidisciplinary collaborative initiatives that are focused on the mothers' individual needs and concerns (FVPPF, 2004; Goodman & Epstein, 2008; IOM, 2002; Radford & Hester, 2006).

In order for nurses and health care professionals to effectively care and provide services to mothers and their children, further emphasis was placed on exploration and investigation of women as mothers within the context of intimate partner violence in this study. The impact of the violence against women as mothers has far-reaching consequences that necessitate further inquiry, recognition, and attention from nurses and other health care professionals. A qualitative interpretative phenomenological approach was selected to understand the concept of mothering from those who are currently living the experience and those who have lived the experience.

### **Purpose**

The aim of this phenomenological study was to examine the phenomenon of mothering considering the social, cultural, institutional, and interpersonal contexts of human lives and recognizing that the human-environment interactions are dynamic and active processes. The study specifically explored, analyzed, and described mothers' perceptions of this phenomenon as a lived experience within the context of an intimate partner violent relationship. The second aim of the study examined mother's perceptions of their interpersonal relationships with their children and their interactions with nurses and other health care professionals.

**Research Questions**

The following research questions guided the qualitative exploration:

What is the lived experience of mothering and being a mother within the context of intimate partner violence?

What are mothers' perceptions and experiences of their mother-child relationships within the context of intimate partner violence?

What are mothers' perceptions and experiences of their interactions with nurses and health care professionals?

**Significance to Nursing**

This study is important to nursing and other health care professionals as we know that intimate partner violence exists. It is a critical public health issue deserving of improved health care responses and enhanced understanding that reflect the needs and insight of those living the experience (CDC 2008; FVPF 2004; WHO 2005). The health and well-being of families and vulnerable individuals in families such as abused mothers and their children has been an ongoing important area of concern for the profession of nursing. The American Nurses Association (ANA) (2000) position statement on violence against women supports education of nurses and health care professionals in all aspects of care related to violence against women including assessment, prevention, intervention, and research development.

Nurses are ideally positioned and have a role in providing the support and a safe environment for mothers under such stressful conditions. Nurses play key roles in providing primary, secondary, and tertiary preventative care and health promotion practices across the lifespan. Nurses interact with abused mothers and children on a daily

basis and our interactions may provide an opportunity in which to dialogue about mothers concerns, experiences, joys, and distresses (Draucker, 2002; IOM, 2002). Effective interactions, taking the time to listen and giving mothers a voice to share concerns could make a difference between mothers coping or not coping under very complex and difficult circumstances (Goodman & Epstein 2008; Irwin, et al., 2002; Radford & Hester, 2006).

More importantly, nurses and other health care professionals know that being a mother in today's world is joyous but also challenging at best. Women as mothers are considered central in the lives of children in our society and motherhood is central in the lives of many women (Arendell, 2000; Jackson & Mannix, 2004; Kelly, 2009; Lapierre, 2008, 2009, 2010; Irwin, et al., 2002; Peled & Gil, 2011; Radford & Hester, 2006; Rich, 1976). Yet, we have little empirical evidence that describes abused mothers' perceptions and experiences of mothering while living within the context of intimate partner violence. Therefore, it is imperative that nurses gain knowledge of and understand the everyday life realities of mothers' experiences with IPV and the variable social contexts that make up their worlds (Nelms, 2000). The knowledge and information gained from this study can assist nurses in developing evidence based nursing practices.

Of particular significance to the practice of holistic nursing is that the study seeks to provide mothers with a voice in which to tell their stories and share their experiences. Mothers will have a part in educating nurses and other health care professionals about their everyday lived experiences. In so doing, we will learn from them and have a more complete view of their lives so we can continue to build new strategies and effective

caring responses to abused mothers and children. The study sought to highlight a holistic view of mothers so we may see all of who they are and their unique life (Davies, 2008; Davis, 2004; Devoe & Smith, 2002). Understanding mothers' perceptions about mothering and their mother-child relationships is the first step to helping mothers and their children. As such, this study is important to nursing as it uncovers and makes explicit the meanings of the lived experiences for these mothers who have lived within the context of IPV. These mothers' stories and descriptions of their experiences are a significant contribution to nursing practice, knowledge and holistic understanding.

This study presents a richer and deeper understanding of the needs of mothers during this experience and explores their feelings of the mothering role, their interpersonal relationships with their children, nurses, and other health care professionals, which are useful for health care professionals and others, who are concerned about this issue.

Lastly, the study is relevant to all nurses across various settings however it is especially relevant to those nurses working with mothers and children. The study is applicable to advanced practice nurses (APN) and public health nurses (PHN) working with vulnerable populations especially for those nurses caring for mothers and children in rural areas where they may have limited services and resources to help abused mothers and children (Eastman, Bunch, Williams, & Carawan, 2007). The findings from the study will also assist nurses working in acute care settings as they encounter abused women across all practice settings especially in the emergency, obstetrics and pediatric service areas.

**Definition of Terms**

Mothering is defined in this study as a multifaceted, continuous process of caring, nurturing, and rearing biological or non-biological child/children that may begin during pregnancy and continues throughout the lifespan and is performed by women (Arendell, 1999, 2000; Chase & Rogers, 2001; Chodorow, 1978; Glenn, et al., 1994; Koniak-Griffin, et al., 2006; Mercer, 2004, 2006; Mercer & Walker, 2006; O'Reilly, 2004; Phoenix, et al., 1991; Radford & Hester, 2006; Rich, 1976; Ruddick, 1980). This study defines mothering as a process. In doing so, it provides a framework in which to explore, analyze, and describe mothers' perceptions. The mothers' perceptions of the phenomenon of mothering are revealed through their narrative stories. This framework further reveals a context for examining similarities and differences between mothering, the perceptions of mothering, the varied mothering practices, experiences, understandings, and the perpetually evolving relationships and management of caring or nurturing a child or children within an intimate partner violent relationship.

The definition of IPV set forth by Futures Without Violence, formerly Family Violence Prevention Fund (FVPF) has been found to be most accurate and includes all forms of violence therefore it will be used in this study. Intimate partner violence is defined as:

A pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating

relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other (FVPPF, 2004 p. 2).

Intimate partner violence is a complex phenomenon that has varying characteristics. IPV is usually not a single incidence of a violent act, rather, it is a pattern of progressive violent behaviors that are inflicted upon an intimate partner as a means to control another human being (FVPPF, 2004; Krieger, 2008; McCosker, Barnard, & Gerber, 2003; Ver Steegh & Dalton, 2008). IPV can include a wide-range of coercive behaviors and different forms of violence with varying frequency and severity (CDC, 2006; FVPPF, 2004; McCosker, et al., 2003; Ver Steegh & Dalton, 2008). The impact of IPV varies from person to person and it is indeed a complex dilemma for all persons involved (Krieger, 2008; NCADV, 2007; Watts & Zimmerman, 2002).

For the purposes of this study, that which is framed within the gender context of women as mothers, the above gender-neutral definition of IPV was modified. It should be noted that IPV is considered gender neutral as it does occur in both heterosexual relationships and in same-sex relationships (Breiding, Black, & Ryan, 2008; FVPPF, 2004). In this study IPV refers to violence against women by male intimates in heterosexual relationships.

### **Implications for Nursing**

The knowledge gained from the mothers' stories in this study will assist nurses and other health care professionals in multiple ways. The present study seeks to contribute to and extend the scientific body of nursing knowledge on mothering beliefs, values, and experiences by exploring the experiential elements of a community sample of

abused mothers. Thus, the study increases nurses and health care professionals' knowledge, awareness, and sensitivity to understanding the complex intersect of mothering, IPV, and health. It is important to have knowledge and a better understanding of abused mothers' personal belief systems, their family relationships, and cultural norms that influence their everyday lived experiences and their interactions with their expansive personal and social worlds in order to plan and provide holistic nursing care.

Secondly, the clinical implications lie within expanding nurses' knowledge, understanding, and recognition of the totality of women mothering experiences, the complexities, and the interrelated contextual factors that influence mothering in violent relationships. The knowledge and information gained from the study can assist nurses in developing evidenced based nursing practices, thereby enhancing the quality of care provided to abused mothers and their children. Lastly, the knowledge gained from this study will inform future maternal-child nursing practices and may enhance community collaborations with programs that provide services to abused women and their children.

### **Implications for Mothers**

This qualitative study provided an opportunity for the mothers in this study to share their stories, perceptions of mothering and mothering experiences within the context of intimate partner violence. In doing so, the mothers in this study were given a voice in which to express themselves, a voice that needed to be heard so that others may gain a better understanding of their mothering experiences and what is meaningful to the mothers within those lived experiences (Davis, 2004). The information derived from this study is not generalizable to all mothers who experience intimate partner violence.

However, the information may be transferable or applicable to other mothers in similar situations as it is hoped that other mothers may find the participants' stories inspiring.

### **Methodological Approach**

The philosophical framework and research method that was used in this study is hermeneutic (interpretative) phenomenology as described by Max van Manen (1997). van Manen's (1997) methodical structure of human science research was used as a model for data collection and analysis. This human science research study focused on describing and understanding the meaning of the lived experiences of humans. Specifically, this study used descriptive lived experiences and stories of women as mothers to explain the meaning of the phenomenon of mothering within the context of intimate partner violence. The target population was mothers who are currently living in the community and experiencing or have experienced intimate partner violence by a male intimate in heterosexual relationships and who have interacted with health care professionals during this relationship. The study gathered mothers' descriptive lived experiences through face-to-face and telephone semi-structured interviews.

Research that examines mothering within the context of IPV and through the mothers' eyes and voices may progress to understanding the strengths, joys, complexities, and challenges mothers face in their individual experiences as victims and survivors. Phenomenological research methods are appropriate for studying mothering within the context of IPV because phenomenology methodology provides a forum in which mothers are given an opportunity to tell their stories through their own voices. Their voices will be



the foundation by which themes are developed and their lived experiences portrayed (Davis, 2004).

Thus, this study uncovered and made explicit the meanings of the lived experiences for these mothers in IPV in ways that will significantly contribute to knowledge development that can inform nursing practice. Additionally, this study offers a richer and deeper understanding of the needs of the mothers during their experiences and about their perceptions of their mothering role, along with their interpersonal relationships with their children, nurses and health care professionals, which are useful for health care professionals and others who are concerned about this issue.

### **Summary**

This chapter served as an introduction to the phenomenological investigation of women's perceptions of mothering within the context of intimate partner violence. The introduction and background for the study acknowledge the critical need to address this pressing public health problem and the impact on women as mothers in their mothering role. In addition, there is a significant need to expand the knowledge of nurses and health care professionals as there is a paucity of research examining the phenomenon of mothering for mothers experienced in an intimate partner violence relationship.

Examining this issue in the research domain is a complex process. Increasing our understanding of the women's own perspective is essential if we want to implement comprehensive and effective health care responses for mothers and their children. Qualitative inquiries can make a significant contribution to the development of a better

understanding of women's mothering experiences and their individual needs and concerns.

This study explored the phenomenon of mothering by seeking the totality of the mothers' subjective experiences as well as mothers' perceptions of their relationships with their children within their everyday life worlds. Additionally, this study sought mothers' perceptions of their interactions with nurses and health care professionals. The study illustrated maternal subjectivity and the interrelated factors between mothering, intimate partner violence, and health which heighten the awareness and knowledge of nurses and health care professionals interested in improving health care responses to abused mothers and their children.

## CHAPTER TWO

### Introduction

The purpose of the literature review was to present and critically evaluate prior research and literature related to the phenomenon of mothering within the context of male intimate partner violent relationships. The phenomenological method of inquiry requires that the researcher perform a preliminary review of the literature before fully developing the study in order to discover experiential descriptions of the phenomenon from varying perspectives, to substantiate the need for investigation, and to further examine the phenomenon for the appropriateness of the methodological selection (Munhall, 2007; Speziale & Carpenter, 2007; van Manen, 1997).

The review was conducted by performing computer and manual searches for literature published from 1970 to 2012 to investigate the phenomenon of mothering within the context of male intimate partner violence. The following keywords were used: mothering, motherhood, abused mothers, intimate partner violence, violence against women, and domestic violence.

The broad nature, complexities, and interrelatedness of the phenomenon of mothering and intimate partner violence required the use of literature related to nursing, medical, social work, and psychology. The electronic bibliographic databases used included the *Cumulative Index to Nursing and Allied Health Literature* (CINAHL), *Index Medicus* (MEDLINE), *Psychological Abstracts* (PsycINFO), *Dissertation Abstracts*

*International*, *Social Work Abstracts Plus*, and *Women's Studies International*. A manual search for the collected research articles citations, references, and books augmented the sample review selection. I reviewed and evaluated more than 200 citations. Relevant studies examining the phenomenon of mothering, motherhood and abused mothers' experiences within the context of male intimate partner violence (IPV) were critically analyzed for the preliminary review.

### **Mothering Within the Context of Intimate Partner Violence**

**Overview.** To date, there are few studies examining solely the phenomenon of mothering and mothering experiences within the context of IPV from the mother's perspective. The majority of the published literature examines specific attributes or aspects of the mothering phenomenon such as the impact of the violence on the specific aspect, the impact or effect on maternal parenting, the mother-child relationship, and the effect of the violence on the children. Accordingly, the results of the review evolve around two main categories: (a) qualitative research examining the phenomenon of mothering as described by mothers currently living within the context of the violence or mothers who have had such experiences and (b) research examining specific aspects of the mothering phenomenon within the context of male intimate partner violence.

In the former category, seven qualitative studies have shown that mothers experiencing intimate partner violence consider mothering and being a mother a central component in their lives. Although research reported that motherhood was a significant source of strength, hope and purpose (Buchbinder, 2004; Irwin et al., 2002; Javaherian et al., 2007; Kelly, 2009; Lapierre, 2009, 2010; Peled & Gil, 2011), some studies drew

attention to the complexities that abused mothers face, reporting that the state of being a mother added a level of stress (Buchbinder, 2004; Carpiano, 2002; Javaherian et al., 2007). Mothers in abusive relationships were found to have an increased sense of responsibility (Lapierre, 2009) and a slower recovery process (Carpiano, 2002).

Four of the seven qualitative studies specifically examined the phenomenon of mothering (mothering practices and experiences) within the context of IPV (Irwin et al., 2002; Kelly, 2009; Lapierre, 2009, 2010; Peled & Gil, 2011). The nursing study by Irwin et al., (2002) is most similar to this study in research design, methodology, findings, and relevance to nursing practice. The other three studies also share similarities in that they examined mothering perceptions, practices, and experiences from Latino mothers (Kelly, 2009), mothers in England (Lapierre, 2009, 2010), and a mixed sample of Israeli mothers (Peled & Gil, 2011).

The three remaining studies examined the experiences of abused women and found that motherhood was a central factor for the women who were mothers; thus, the findings from those studies (Buchbinder, 2004; Carpiano, 2002; Javaherian et al., 2007) are significant to this research. All seven of the qualitative studies, as well as this study, emphasized the importance of obtaining reflective experiential accounts from abused women who were mothers in order to do the following: (a) explore mothers' subjective experiences and perceptions of mothering within the context of IPV, (b) provide descriptive thematic foundations of mothers' subjective experiences and perceptions, and (c) describe the variation and complexities that exist in women's experiences.

In the latter category, the research consensus was that male intimate partner violence influences women's mothering in complex and challenging ways, although there are conflicting findings across qualitative and quantitative studies. A synthesis of the literature review is presented.

**From the voices of mothers.** Peled and Gil (2011) conducted a naturalistic qualitative study to examine abused women's perceptions of their mothering. Data was collected prior to beginning this study. Peled & Gil used semi-structured interviews from part of a larger project that focused on development, implementation and evaluation of parenting group intervention models for abused women in Israel. The mothers ( $N=10$ ) were all living in the community with the children. Four of them were living with the abusive spouse, four were separated, and two were divorced. All ten mothers had experienced male intimate partner violence within the previous 12 months, sought interventions or assistance from the domestic violence intervention and prevention centers, and were recruited from three of 73 community centers in Israel.

Peled and Gil (2011) used a feminist theoretical framework for data collection and analysis procedures. In this framework, mothering perceptions and experiences were considered to be affected by social concepts and constructions of mothering, motherhood, and other cultural traditions that were present in the mothers' life stories. In particular, the authors identified the myth of motherhood and the influential negative impact of the myth of motherhood on the lives of abused women as providing the "moral and critical-theoretical framework" (p. 462).

Data analysis methods involved content analysis procedures compared to this interpretative study data analysis method. Peled and Gil (2011), found that mothering perceptions centered on those aspects common to the “social perceptions of good intensive mothering” (p. 464) in that mothering or being a mother was perceived and described as the top priority. The mothers strongly emphasized that their actions and maternal roles must revolve around the children’s needs first and foremost. Second, the mothers perceived and described themselves as the primary person responsible for raising and caring for their children, reporting fathers and others to be less capable of caring for, or being responsible for, the children. Finally, the mothers voiced fulfilling and positive mothering experiences as well as enjoyment in their role as mothers.

Peled and Gil’s (2011) findings relating to mothering perceptions are similar to those of this study in that they, too, perceived mothering and being a mother as a high priority, and mothers voiced fulfillment in their role as mothers. Overall, a consistent finding in this study and in Peled and Gil’s study is that the mothers perceived themselves as good mothers generally because of their ability to attend to the children’s needs and to provide for and protect the children. However, there are notable differences between the two studies.

Peled and Gil found that the 10 Israeli mothers lived to be a mother as if they were not an abused mother. The descriptions of mothering perceptions and practices were explained as a “split narrative” (p. 471) in that, for these mothers, there are two worlds. One is the mothering world, or children’s world, which includes how the mothers care for and mother the children. The children’s world includes mothers’ strategies to keep the

children out of the other world that is rich in various kinds of violent experiences, identified as the violent “external world” (p. 465). Peled and Gil suggested that the mothers in this study went to great lengths to keep the two worlds separate, constantly struggling to function as good mothers and shield their children from the violence. The mothers desired to function normally as a mother, which meant that these mothers were functioning in two parallel lives. Peled and Gil identified the mothers’ separation of the two worlds as the splitting mechanisms.

As in this study, the mothers continually tried to protect the children from exposure to the violence and found it stressful and challenging. The mothers expressed feelings of sadness and guilt because the children were exposed to the violence. They also said their reason for leaving the relationship was the children’s indirect and direct exposure and the mothers’ inability to keep the children safe. However, mothering perceptions were found to be positive, overall, within both contexts because the mothers believed they were good mothers in that they loved and cared for their children. Mothers described themselves as similar to all other mothers regardless of the situational context in which they lived.

On the other hand, Peled and Gil (2011), made the distinction that mothers perceived themselves as good mothers if they prevented the two worlds from colliding. Therefore, the mothers’ self-perceptions seemed to rely on whether they were able to keep the children from being exposed to the violence. Regrettably, these mothers are in a no-win situation. The 10 Israeli mothers’ self-perceptions are being negatively affected by the two-world perspective because the children living within the context of intimate



partner abuse are in some way exposed to the violence (Carlson, 2000; McDonald et al., 2006; Osofsky, 1999, 2003). This study also validates this finding. The mothers realized that the children were being exposed, and they stated acknowledgments of it, such as, “He indirectly hurt our daughter; simply because he hurt me, he hurt her” (Mary).

Another difference between this study and that of Peled and Gil (2011) is that they used a naturalistic approach, whereas this study used an interpretative approach. Furthermore, there were differences in sampling in addition to the cultural differences. Four out of the 10 Israeli women were still living within the context of the violence, whereas in this study, all 10 women were living out of the context of the violence. Therefore, there are likely differences in the overall thematic representations of the abused women and their experiences because of the sampling and analysis techniques used.

According to Peled and Gil (2011), mothers’ utilization of the splitting mechanisms served as both a protective and a negative coping strategy. Self-identification with the idealized social norms relating to a good mother may have also been a protective coping mechanism for the mothers. On the other hand, Peled and Gil (2011) suggested that utilization of the splitting mechanism may have served as a negative coping strategy in that the mothers found it hard to perceive one world as affecting the other. Therefore, the split worlds did not coexist in the mothers’ life worlds. As a result, the mothers understated and minimized the impact of the violence on their mothering and on their children. This particular finding was not observed in this study;

the mothers voiced several ways in which the violence influenced their mothering and the lives of their children.

Additionally, Peled and Gil (2011) suggested that these mothers used the splitting of the worlds to cope with the pressures placed on them by the idealized social norms relating to mothering often known as the myths of motherhood and by the negative attitudes and often critical judgments expressed toward abused women in society. Peled and Gil (2011) stated that the rationale for the split narratives is actually the following:

An indication of our failure as a society to allow mothers to acknowledge and examine their less than perfect experiences of mothering, feel normal and reinforced in doing so, and receive the support they need in their efforts to grant children and themselves a good-enough mothering experience. (p. 474)

In critique of these findings, I discovered that both studies share similar findings regarding the varied ways in which the social, gender, and cultural beliefs of abused mothers influence their perceptions and practices of motherhood and mothering. However, my research findings did not support the theory of the splitting mechanism, and I did not explore coping strategies. Even so, the summary of the findings supported the belief that the social construction of motherhood was highly influential in impacting the 10 Israeli mothers, as well as the 10 mothers perceived mothering beliefs and mothering experiences in this study. The mothers' self-descriptions are congruent with societal perceptions of "good mothering," which are embedded in the predominant ideology of the social construction of motherhood in Western society. These findings were consistent with those of another qualitative study by Lapierre (2009, 2010), that the institution of

motherhood “imposes standards of ‘good’ mothering against which women’s mothering is assessed” (Lapierre, 2009, p. 13).

According to Lapierre (2009, 2010), the institution of motherhood is based on the central assumption that children are primarily the women’s responsibility. Lapierre found that this assumption was reflected throughout the mothers’ descriptive accounts and asserted that the context or environment created by men’s violence is in conflict with the expectations placed upon abused mothers. Consequently, the findings demonstrated that IPV intensifies a mother’s sense of responsibility regarding her children and contributes to a loss of control over her mothering.

I concur with Lapierre’s (2009, 2010), and Peled and Gil’s (2011) findings; the results of this study also support the conclusion that an abused woman’s mothering is inseparable from the extensive social environment in which she lives. These findings underscore the significant need to understand the complex interrelatedness of mothering and the social-contextual factors that influence abused women’s mothering identified within the implication and recommendation sections of this study and those studies outlined in this chapter.

Peled and Gil (2011) provided implications for health care practice that are focused on an improved understanding of the predominant social ideologies that impact mothering. All mothers should receive professional health care, social services, and judicial services that are based on an approach in which empowerment and nonjudgmental attitudes prevail. They encouraged professionals to seek opportunities to become more aware of the oppressive nature and often victimizing presumptions

underlying the myth of motherhood, especially when working with abused women. Finally, Peled and Gil encouraged professionals to design supportive mother-centered interventions for abused mothers that are focused on their strengths as mothers and their mothering experiences “rather than on their mothering (mal)functioning” (p. 474). The findings from this study support the implications cited by Peled and Gil (2011), especially the evidenced-based practice implications that emphasize recognition of mothers’ strengths rather than weaknesses in order to improve health care professionals’ responses to abused mothers and their children. Similar recommendations were found in a study by Lapierre (2009, 2010).

Lapierre (2009, 2010) described the findings of a participatory qualitative study conducted in England. The study was intended for social workers; however, the findings are of relevance to other helping professions such as nursing. Lapierre (2009, 2010) examined women’s experiences of mothering within the context of IPV and asserted that in order to understand the intersect of the phenomenon of mothering and IPV research, investigations need to start from the women’s experiences, and those experiences should be examined within the broader understanding of motherhood as a social institution.

Data for the study were collected through group and individual interviews with mothers experienced with past IPV and post-separation IPV. Twenty-six mothers participated in a total of five group interviews, and individual interviews were conducted with 20 mothers who participated in the group interviews. The mothers helped develop the research questions and informed the decisions related to the methodological design.

Selection criteria included self-defined or self-reported experience with IPV and having at least one child under age 18 at the time they were experiencing the violence. The mothers ranged in age from 21 to 67 years of age and had between 1 and 5 children, ranging in age from 1 to 44 years. The participants were no longer living in the abusive relationship at the time of the interviews and were recruited from community support groups and one refuge for Asian women. Data analysis focused on “making the women’s experiences visible and developing a feminist standpoint on mothering in the context of domestic violence” (Lapierre, 2009, p. 6).

The findings described in Lapierre’s (2009) article reflect the challenges and difficulties experienced by the mothers and the processes by which men’s violence complicates a woman’s mothering. Consistent with the theme of control in this study, Lapierre also found that the men used mothering as a focal point through which to exert power and control in their intimate relationships. Lapierre’s (2009) article identified and described two main themes: (a) mothers had an increased sense of responsibility regarding their children, and (b) mothers experienced a loss of control over their mothering as a result of the men’s violence. He asserted that the challenges and difficulties described by the abused mothers in the study evolved from the interaction between the context or environment created by men’s violence and the broader institution of motherhood. Lapierre (2009, 2010) found that the mothers described various ways the men’s violence complicated their mothering as the men exhibited a range of abusive, controlling behaviors.

Lapierre's (2009, 2010) findings are particularly similar to the findings and themes identified in this study. For example, Lapierre found that several mothers spoke about their perceptions regarding the men's motive to have children, saying that although the men did not really desire to have children, they knew that having a child would bind the women as mothers to the relationship. Although not explicitly stated by all 10 mothers in this study, one mother in particular described the concept of being bound to the abuser because she was the mother of his children. "Being a mom in a relationship with an abusive partner was like being a prisoner in a jail with no walls, but you couldn't escape. Mostly because you have children with that person" (Faith).

Additionally, in this study, as also identified in Lapierre's study, several mothers experienced the first forms of physical violence during pregnancy, and for other mothers the physical violence escalated during the pregnancy. Both studies' findings suggest that the men perceived the women as more vulnerable during pregnancy because the mothers were often compelled to protect their unborn child.

Other corroborating findings were found in this study. The mothers in Lapierre's (2009) study also perceived the abusive partners' acts as a means for the men to control and undermine their mothering. In both studies, the mothers reported feeling a significant loss of control over their mothering as a result of the men's violence. Mothers described instances in which the men threatened to leave and take the children or threatened to harm the children, and unfortunately, some men did direct violence toward the children. These threats and behaviors reinforced the mothers' inability to protect the children. The mothers described other strategies used by the men to undermine mothering, such as

physically and psychologically abusing the mother in front of the children and challenging the mother's discipline techniques.

Lapierre (2009, 2010) asserted that it is imperative to understand the strategies used by abusive men to undermine a woman's mothering. Often these strategies are successful because abusive men seem to understand the functions of the institution of motherhood and use that against the woman.

As found in this study, the men often challenged the women's ability to be "good" mothers, criticizing them and accusing them of being bad mothers. The abusive partners threatened the mothers, disrespected the maternal roles, and threatened to report mothers to social services for lack of care toward the children and for the mothers' inability to protect the children from the violence the abusive partner inflicted. The men's violence created an overwhelming sense of fear for the mothers, especially in regard to the threats that their children could and would be taken away from them (Lapierre 2009, 2010). In this study and in Lapierre's (2009, 2010) study, mothers believed that the men's intentional actions targeting their mothering made it more difficult to mother, and the violence often prevented the mothers from caring for their children to the extent that they would have liked to do.

In Lapierre's (2009, 2010) study, mothers reported that the violence affected their physical and mental health, which made their mothering and caring for their children more difficult. Lapierre found that some of the mothers suffered from mobility impairments as a result of the violence. In contrast, the mothers in this study did not explicitly describe the totality of the impact of the violence on their health. However,

several mothers described their abuse experiences, which confirmed that the violence affected their physical and emotional health states.

Consistent with the findings in this study, Lapierre's (2009, 2010) study and a qualitative study by Beeble et al. (2007), abused women described the concept of the double level of intentionality. It was found that the male partners' abusive attacks may be directed either toward a mother or toward a child; however, both affect the other. Beeble et al. (2007) conducted interviews with 156 women who had experienced recent intimate partner violence to examine the ways the abusers used their children (5 to 12 years of age) to either manipulate or harm the women (mother). Beeble et al. (2007) found that 88% of the mothers reported that the abusive partner used the children against them to further abuse and control the women as mothers. Men most often used the children to stay in the women's lives and to harass, intimidate, and continue the emotional abuse toward the mother. These behaviors such as using the children as a weapon to exert power and control over women is one tactic used by violent male intimate partners to undermine a woman's mothering. Such findings corroborate the findings in this study as well as those identified in Lapierre's (2009) research.

This study and Lapierre's (2009, 2010) study expanded the paucity of research examining mothers' perceptions of their mother-child relationships within the context of IPV. Both studies found similar themes in that the mothers perceived and described healthy, communicative, affectionate, and close mother-child relationships. Additionally, in both studies some of the mothers voiced their concerns that the violence did influence their children's attitudes and behaviors, especially when the children displayed behaviors



similar to those of the abusive father. In Lapierre's study, the mothers' concerns were perceived to contribute to a loss of control over their mothering, negatively influencing their mothering experiences and the mother-child relationships. However, in this study, the mothers' concerns did not negatively influence the perceived and experienced mother-child relationship.

In contrast, Peled and Gil (2011) found that the splitting of the worlds compromised the mother-child communication because the mothers found it difficult to talk to their children about the violence, and it may have also compromised the mothers' ability to provide for the children's emotional needs. For example, in an effort to create a buffer between the two worlds for their children, the mothers inadvertently maintained silence instead of openly discussing the violence with their children. Nonetheless, the mothers perceived and described healthy communication patterns with the children, reporting mutual empathizing and caring attributes within the existing mother-child relationships. This finding, then, reflects a contradiction from the mothers' stories in relation to the perceived mother-child relationships. The sampling selection of mothers outside the context of the violence used in this study and in Lapierre's (2009, 2010) study appears to be the difference as compared to Peled and Gil's (2011) mixed sample selection.

In further critique of the literature review, I find that the theme of control is a common thread throughout Lapierre's (2009, 2010), and Peled and Gil's (2011) studies. Although Peled and Gil (2011) discussed mothers' strategies to resist the violence, it was less of a focus than in this study and in Lapierre's (2010) article. Similar findings

included descriptive experiences of abused mothers striving to be good mothers and developing strategies to achieve good mothering while living both within and outside of the context of the violence. Even in the face of significant adversity, the mothers' descriptions demonstrated a high level of "good" mothering in that the mothers believed it was most important to put their children first, to care for and protect the children, and to strive to be a positive role model. The mothers overwhelmingly expressed a need and a desire to be a good mother and to be thought of as such. Mothers described behaviors that constitute good mothering and articulated highly valued laden assumptions that raising and caring for children are a woman's responsibility. Mothers provided reassurance, responded to the children's emotional and physiological needs, helped the children to try and understand the situations, and supported the children's recovery from the violence.

Additionally, the mothers recognized and verbalized the impact of the abuse on their children. In reality, even the best strategizing was not necessarily foolproof; however, the findings revealed that for some mothers, the strategies appeared successful. The mothers discussed their concerns regarding the short- and long-term consequences of their children's exposure to the violence and their own desire and need to be strategic to minimize the harms to the children that are associated with such exposure.

One of the strengths noted in Lapierre's (2009, 2010) study synthesis is the extensive discussion of practical implications and recommendations. Even though Lapierre's implications are intended for social workers or case workers involved in the child-welfare services—specifically those who work with abused mothers and children—they are of relevance to other helping professions such as nursing. Lapierre articulates

that in order to understand and support abused mothers, social workers and other health care professionals should consider women first as mothers. Health care professionals should provide a place where women are able to talk openly and without judgment about their experiences, expressing their individual needs. Furthermore, health care professionals should try to understand the complexities and challenges that abused mothers often face, keeping in mind that men's violence creates an environment that complicates women's mothering. Interventions and support should be focused on (a) lessening the increased sense of responsibility, (b) providing resources for mothers to gain more control over their mothering, and (c) supporting abused mothers through empowerment.

Similar to the recommendations in this study and that of Peled and Gil (2011), Lapierre recommends that professionals recognize the multiple strategies that abused mothers employ to protect their children and to focus more on their strengths and strategies and less on the challenges, difficulties, and weaknesses of not being a good enough mother. The helping professionals' intended interventions will be more supportive and effective if they do the following: (a) employ a woman-centered approach to care, (b) realize the varied needs of abused mothers and their children, and (c) support mothers and children in the mutually identified areas of improvement. Moreover, the findings from this study and others show that abused mothers truly strive to be good mothers, especially under stressful and difficult circumstances. The study findings are of significance to the proposed study in that I sought to describe not only the challenges and

difficulties of mothering within the context of IPV but also the joys, hope, and strength of abused mothers.

The review of the literature resulted in finding two other health care studies congruent with this study. The works of Irwin et al., (2002) and Kelly (2009) are relevant for nurses, specifically, and health care professionals in general. Irwin et al. employed a feminist perspective to explore five Canadian women's perceptions of their mothering realities and their understanding of how living in a violent relationship shaped their mothering experiences. All five women had left the violent relationship ranging from 1 year ago to leaving 15 years ago. The five women were from diverse socioeconomic, ethnic, and educational backgrounds and ranged from 28 to 54 years of age. The study was undertaken to bring to light the multitude of complex factors that influence the lives of abused mothers and to emphasize maternal subjectivity so that nurses and health care professionals can have a better understanding of the motherhood experiences of abused mothers.

Data analysis was conducted using narrative inquiry, the principles of interpretative description, and the adoption of a feminist approach to analysis. In using a feminist approach, all aspects of a woman's personal and social contexts were considered to interact and influence the research process. This included aspects such as, ethnicity, socioeconomic status, education, age, and gender. In the analysis, the researchers were cognizant that all interpretations were made in relation to the women's realities and the complexity of these women's lives and not based on a universal ideal of motherhood.

Irwin et al. (2002) described three emerging themes within the phenomenon of motherhood in the context of a violent relationship. Motherhood as a source of strength seemed to be the most significant finding, followed by (a) abuse shapes the experience of motherhood, and (b) challenges and contradictions of mothering. Compatible with the findings from this study, Irwin et al., (2002) found that being a mother was identified as a source of strength in times of crises and possibly helped mothers survive the violence. Motherhood was viewed as their “salvation” (p. 52) because the mothers believed that their children helped them cope and make it through the challenges of living in a violent relationship.

Similar findings were found in this study. The 10 mothers shared mothering experiences, spoke highly of their children, described perceptions relating to their strengths as mothers, and developed strong mother-child relationships. Motherhood appeared to buffer the women’s abuse experiences, enhanced their sense of worth, and served as a source of empowerment. The mothers believed they were good mothers. They established their own sense of family, exhibiting resilience and personal strength to rebuild their lives. They were active agents in implementing strategies to mother effectively by asking for assistance in managing the abuse when leaving was not an option. The mothers established unique ways to manage the violence and protect the children.

The results evolving from the second theme, “abuse shapes the experience of motherhood,” indicated that the women’s stories of mothering were overwhelmingly linked with stories of violence; one woman said, “I can’t think of motherhood without

thinking of the violence in my life” (Irwin et al., 2002, p. 50). These findings are consistent with those of this study in that the mothers also perceived that the violence shaped their experiences of motherhood. However, the mothers did not voice a strong connection between the violence and motherhood as did those mothers in the study of Irwin et al. (2002). In this study, the mothers perceived that the violence by the male intimates did undermine and influence their mothering in various challenging and often opposing ways, but it did not define who they were as women or as mothers.

As found in this study, and consistent with Lapierre (2009, 2010) and Peled and Gil (2011), Irwin et al. (2002) found that the challenges and contradictions of mothering involved the mothers’ intuitive understanding of the influence of their own perceptions and ideologies of a family and family structure on mothering. They also found a concept noted in this study: the reality that motherhood binds women to the abuser—children were the link to the abuser even after the women left the abusive relationship. One woman said, “He still has access to the kids, he’s still able to manipulate me through the kids, and he’s always going to be in my life” (Irwin et al., 2002, p. 52). This was evident in this study as well; the mothers were managing custody and visitation issues.

Similar to the recommendations in this study, Irwin et al. (2002) emphasized the need for the caring profession to gain awareness and an enhanced understanding of the multitude of complex factors influencing abused mothers’ perceptions of their lived experiences. Nurses and others need to understand that women’s needs change in response to individual challenges and experiences, such as when women move through

the process of leaving an abusive relationship. Therefore, nurses need to have an awareness of the woman's stages of change in this process to provide effective support.

Irwin et al. (2002) acknowledged that the area of research related to motherhood within the context of intimate partner violence remains limited. The majority of the published literature has examined motherhood through a "violence" lens, employing methods and designs that tend to pathologize women's lives. As such, research methods used a deficit model of mothering (Irwin et al., 2002; Lapierre, 2008, 2009, 2010). The authors emphasized the need for future investigations that remain sensitive to women's individual needs and that focus on developing models emphasizing women's strengths instead of employing a deficit model of mothering. These findings add to the limited body of research related to mothers in violent relationships and reveal that violence contributes to the complexity of motherhood; it does not view violence as part of their motherhood (Lapierre, 2008). Motherhood plays an integral role in the lives of abused women. Mothering and being a mother serves as a source of strength and empowerment to make difficult decisions, fulfill their responsibilities to their children, and rebuild their sense of self in times of crisis. In a study of Latina mothers, Kelly (2009) concurred.

Kelly's (2009) study is based in part on the findings of a larger phenomenological study (Kelly, 2006) in that the mothering role was found to be the most significant influence on battered Latino women's lives, their health care decisions, disclosure of the abuse, and the role of culture in relation to the abuse and health care experiences. In the 2006 study, 17 battered Latino women who had past intimate partner violence experience and were now living in the United States (2 to 25 years) made up the purposive sample.

The women were recruited from a community domestic violence agency, ranged in age from 19 to 53 years, and were no longer living in the abusive relationship (3 months to 4 years out of the relationship). Eight women were undocumented immigrants, and all of the women had at least one child and some as many as four children.

In Kelly's (2009) qualitative study, the original interviews of battered immigrant Latino women ( $N = 17$ ) and subsequent interviews with 12 of the women from Kelly's (2006) study were analyzed further to explore the influential role of mothering on their decision-making processes and the broader context in which decisions are made. Kelly (2006, 2009) employed a qualitative interpretative description method using van Manen's (1990) approach for data collection and data analysis. Additionally, Kelly (2009) implemented a feminist intersectionality theory to help guide the data analysis.

The findings in this study correlate well with Kelly's (2009) descriptions of the mothers experiencing and managing the intimate partner violence and their health care through the "lens of the mothering role" (p. 291). In both studies, it was found that the mothers' most significant source of anguish was not the abuse, threats, and intimidation endured but rather the effects of the violence on their children. The mothers struggled with leaving the relationship, their desire to have an intact family, their own and their children's contending emotions, and the fact that the mothers and their children had love and fear for the abuser. The mothers strove to prioritize, protect, and provide for their children under difficult and varying circumstances. Mothers worried about their children and felt responsible for their children's happiness and safety.



Kelly (2009) found that being a mother and the mothering role was the “primary influence” (p. 291) on how the mothers made decisions in managing the abuse, staying or leaving the relationship, and disclosing the violence to their health care providers. These findings are consistent with this study in that being a mother and the mothering role influenced their decision-making processes. Abused mothers’ daily decision-making processes revolved solely around their concerns for the children’s safety, survival, and psychological and emotional well-being. Abused mothers based their various actions and strategies on their personal beliefs of what was best for the children or what would result in the least harm to the children.

The mothers’ decisions to stay in the relationship were centered on the idea of “for the sake of the children” in both studies; however, there was a significant difference found in Kelly’s (2009) study compared to this study. A significant factor that increased the likelihood of the Latino mothers staying in the relationship was their immigration status; eight of the 17 women were undocumented immigrants. Not unlike the mothers in this study, the Latino mothers also endured constant fear, intimidation, and frequent threats that their children would be taken away by child protective service or, worse, harmed or killed by the abuser. However, the mothers in this study did not have immigration concerns.

Immigration status negatively affected the mothers’ financial stability and their ability to provide food, shelter, and clothing for their children and themselves. The Latino mothers, particularly the undocumented immigrants, revealed that the risks of staying in

the relationship outweighed the risks of losing their children or the perceived risks of harm to their children.

Being an undocumented immigrant also impacted their violence disclosure. The mothers hid the abuse from family and from health care providers, the police, child protection services, and immigration services for fear that they would lose custody of their children or (worse) would be deported, thereby leaving their children motherless (Kelly, 2009). Immigration, violence, safety, and other identified dynamics significantly influenced the mothers' perceptions and decision-making processes in relation to staying and disclosing the abuse (Kelly, 2006, 2009). Therefore, given the circumstances, the mothers believed that staying in the violent relationship was the best option for the sake of the children.

Similar to the findings in this study, all of the Latino mothers in the study eventually left the abusive relationships. Mothers realized that staying in the abusive relationship was more harmful to the children and affected the children's safety and emotional well-being. The mothers determined that staying for the sake of their children was no longer the greatest strategy. This realization was described and experienced as a process in both studies (Kelly 2006, 2009).

Kelly (2009) examined the process of disclosure, whereas this study did not specifically examine this construct; as such, both differences and similarities between the study findings were found. In this study, the men's violence was identified as unpredictable. In contrast, the Latino mothers acknowledged that the fear or threats of the outside forces were perceived to be more dangerous and unpredictable. Kelly (2009)

asserted that abused mothers are often in a “Catch-22” (p. 295) position because they have an incentive not to disclose to health care providers—the fear that they may lose their children. The battered Latino mothers in this study perceived health care providers as a direct link between child protective and immigration services. Therefore, Latino mothers’ decision-making processes were influenced by their fear of the unknown consequences of IPV disclosure to health care providers, the fear of losing their children, and (for some mothers) the fear of being deported (Kelly, 2006, 2009).

Kelly (2009) discussed that the battered Latino mothers in the study experienced multiple “double binds” (p. 294). Within these binds, the mothers experienced various contradictions that were manifested in their IPV-related decisions. Kelly explained that the mothers were bound to the abuser and their children, to their role as a mother and wife, to their ideologies of mothering and family, to their cultural heritage, and to the United States. The concept of double binding is important for health care providers to understand when working with abused mothers. Kelly found that some health care providers fail to understand the double binds and the barriers abused women face when deciding to stay in an abusive relationship. Health care providers often interpret mothers’ actions and decisions as based on weakness. This misinterpretation fuels the negativity toward the mothers who stay in the relationship; consequently, the abused mothers are seen as bad mothers who fail to protect their children (Kelly, 2006, 2009).

Kelly (2009) discussed the clinical implications focusing on health care providers’ interactions with battered Latino mothers, and the recommendations are similar to those identified in this study (and are relevant to other mothers). Health care professionals need

to be culturally sensitive and improve in establishing trusting and respectful relationships with abused mothers and children in order to have effective screening and IPV interventions. Health care professionals need to enhance their understanding of (a) the influence of mothering in the mothers' decision-making processes, (b) the nature or context in which the decisions are made, and (c) the influence of culture on abused mothers' relationships with providers, and (d) the influence of their marginalized locations in seeking health care when working with ethnically diverse populations. Additionally, Kelly (2009) specifically stated that health care professionals need to make changes in their approach as they begin their encounters with battered Latino mothers by changing the standard IPV screening questions because the questions are not tailored to ethnic or immigrant groups.

The mothers in this study and those in Kelly's study suggested that health care professionals should take more time to listen to their concerns and to genuinely ask how the mother and her children are doing. This approach will be more time consuming; however, it will strengthen the patient-provider relationship and will help in establishing trust and creating opportunities for identification of and interventions for IPV and additional health concerns. This is especially relevant to abused mothers because the children appear to be the only constant in their ever-changing violent lives, and the mothers prioritize their children's well-being over their own. For the battered Latino mothers and the mothers in this study, the mothering role was the lens through which the women viewed the IPV, and mothering was found to be the most significant influence upon which all decisions were made.

Kelly's recommendations are similar to those of Irwin et al. (2002) in that health care providers need to establish trusting relationships and understand the influence of mothering on abused women's decision-making processes within the context of an abusive relationship. Furthermore, health care providers need to expand future investigations to focus on viewing abused women's mothering experiences through a mothering lens rather than a violence lens (Kelly, 2009).

In a qualitative study by Buchbinder (2004), being a mother was found to be a fundamental part of Israeli mothers' lives and their management of IPV. The purpose of the study was to explore and describe abused Israeli women's subjective perceptions of their motherhood within the context of IPV. The study was undertaken to increase social workers' understanding of abused women's subjective perceptions of motherhood to enhance the provision and implementation of effective interventions and supportive services to abused women and to add to the limited body of research.

Data for this article were collected as part of a larger study (Buchbinder, 2001) by means of qualitative in-depth interviews with 20 Israeli battered women. All 20 women were interviewed three times, resulting in a total of 60 interviews. All of the women sought help from the Domestic Abuse Intervention Unit in a large city in Northern Israel and were recruited using purposive sampling. The 20 women were Jewish and ranged in age from 25 to 56 years and had 2–5 children between the ages of 1 and 25 years. The women were at different points in the process of experiencing a violent relationship; seven women were still living in a violent relationship, six were separated from their violent partners, and seven were divorced. Buchbinder (2004) sought to analyze further

the existing connections between present motherhood experiences and their past family of origin experiences that were found in Buchbinder's (2001) study. Data analysis was conducted using an existential framework and phenomenological methods.

Buchbinder (2004) found that there was an existing connection between present motherhood experiences and their past family of origin experiences. For these mothers, their past family experiences and their experience of being an abused mother shaped their perceptions and functions of their current motherhood in both positive and negative ways. Often their existence of motherhood seemed to hide in the shadow of the past, thereby shaping their motherhood and their way of being. The negative past experiences such as being abused as a child presented challenges for many of the mothers in this study. These findings were consistent with those of this study as two out of the 10 mothers had experienced abuse as a child.

However, for the Israeli mothers and the mothers in this study, the past experiences often served as a motivation to change and to be different from their own mothers. The mothers' perceptions of motherhood concentrated on the need to repair the past negative experiences of their family of origin and of being in an abusive relationship. The children were perceived as a central focus for abused mothers. The mothers tried to compensate for and repair the past negative experiences of their family of origin by being a better mother for their children as they changed their present mothering experiences.

Correction seemed to be the major theme that emerged from the findings and is described by one mothers as follows: "There is some sort of correction. We (parents) have talked about it, saying that we try to correct the violence that used to be here"

(Buchbinder, 2004, p. 318). The mothers' corrections were perceived as positive when mothers were able to use past experiences and negative feelings as an impetus to change their current mothering by being different from their own mothers and breaking the chain of violence. However, several mothers in this study reported that the men's violence continued to trigger the influence of the past in the mothers' current mothering experiences.

Buchbinder (2004) provided implications for social work practice; however, the implications and recommendations are also relevant to nursing and other health professions. The implications included understanding and acknowledging that each woman's past is unique and that past experiences may have a significant influence on the motherhood of abused women. Additionally, Buchbinder emphasized that social workers should conduct a thorough assessment of the risks and protective factors when working with abused women and their children prior to making judgments about the woman's ability or inability to mother or to provide a nurturing and supportive environment for her children.

Buchbinder's (2004) findings highlighted the complex processes that 20 Israeli mothers faced when dealing with hope but also the stress and struggles of living in a violent relationship. For these mothers, their past experiences with their family of origin influenced their mothering, although most of the mothers were able to make positive changes, correct the past, and change themselves to be better mothers for their own children. These findings are consistent with those of this study and previous studies (Irwin et al., 2002; Kelly, 2009; Lapierre, 2009, 2010; Peled & Gil, 2011) in that being a

mother significantly influenced all aspects of women's decision-making processes and the men's violence influenced their perceptions of motherhood.

Additionally, in this study and others (Buchbinder, 2004; Irwin et al., 2002; Javaherian et al., 2007; Kelly, 2006, 2009; Vatnar & Bjorkly, 2010), the findings suggested that the children were often the driving force in guiding mothers' decisions to leave the violent relationship and rebuild their lives, on the other hand, children were often the reason mothers stayed in or returned to the abusive relationship (Kelly, 2009; Lapierre, 2009; Vatnar & Bjorkly, 2010).

In contrast to the previous qualitative findings, Carpiano (2002) found mothering to be a source of stress that slowed the recovery process for mothers who had left the abusive relationship and were now living in a shelter. He underlined the interactional perspective between IPV as the primary stressor and motherhood as secondary stressor, finding potential risk factors in relation to increased stressors and poorer health outcomes for abused mothers. The study findings are similar to those of Vatnar and Bjorkly (2010).

Carpiano's (2002) study was undertaken to conduct further analysis and expand upon the results found in Carpiano's (1998) qualitative master thesis on health aspects and domestic violence. In this earlier study, the data was gathered through semi-structured interviews with eight women who were living in two Texas domestic violence shelters. Four women from each shelter were selected for the study. The eight women ranged in age from 27 to 50 years and had a mean number of 3 children. The women were receiving psychological counseling at the time of the interviews, and all of the women reported experiencing psychological and physical abuse by a male intimate



partner. The results showed that all of the women were mothers, and when asked to discuss their own perceptions of health, the mothers spoke of the effects of motherhood in relation to their recovery process and their health perceptions. Thus, the mothers framed their responses within the context of being a mother (Carpiano, 1998, 2002).

These results prompted Carpiano (2002) to conduct further analysis of the previously gathered interview data to examine the influential effects of motherhood roles and duties on the recovery process and on the women's real and perceived physical and psychological health states. Carpiano (2002) analyzed the data and the relationships through the utilization of a stress paradigm, which resulted in identifying existing stressors influencing health states, motherhood roles, and the recovery processes of abused women's post-victimization experiences.

Results of the data analysis in Carpiano's (2002) study indicated that the women faced various challenges and stressors influencing their health and recovery process. The overall findings suggested that the dynamics of living in a violent family environment and the impact of the abuse were strongly intertwined with the women's health and recovery processes.

The abuse experience was found to be the primary stressor that had direct and indirect influence on the secondary stressors. Aspects of the abuse experience included the duration, frequency, types of abuse, and whether the abuse was directed toward the mother only or mother and child. These factors directly influenced the secondary stressors, which were identified as the perceived or actual physical and mental health status of the women and their children as well as the role demands of motherhood.

Carpiano's (2002) findings suggested that the indirect stressors, those that were related to the social factors such as gender and economic status and the woman's "learned helplessness" (p. 445), influenced the primary and secondary stressors, including the women's coping and recovery process.

In Carpiano's (2002) study, the mothers described influential stressors that affected their health and recovery processes, such as dealing with the aftermath of leaving an abusive relationship, the challenges of living in a shelter, the effects of the abuse on their children, and their own feelings of guilt for not having left sooner. The mothers worried about their children's safety and well-being, and they struggled with finances, employment, childcare, transportation, and lack of social support from friends and family. The findings are consistent with those of this study and other research findings in that mothers face similar challenges and stressors when trying to rebuild their lives and recover from the abuse (Buchbinder, 2004; Carpiano, 2002; Haight et al., 2007; Irwin et al., 2002; Kelly, 2009; Lapierre, 2009).

The findings suggested that for some of the women in this study, being a mother and motherhood itself was often an adverse influence on the women's recovery process and personal health perceptions. Carpiano (2002) explained that some mothers were able to move through the tasks of the recovery process and the responsibilities of motherhood, while other mothers might have been less organized in fulfilling these tasks and responsibilities. Nevertheless, the author found that the overall perception of the mothers in this study was that they and their children were on the road to recovery. Due to the role

demands of motherhood, however, abused mothers could recover at a slower pace, taking “three steps forward and two steps back” (p. 446).

Furthermore, Carpiano (2002) found other significant stressors inhibiting the recovery process for the women in the study, such as poor mental and physical health states. The women exhibited various mental health illnesses that were characteristics of the symptoms of post-traumatic stress disorder and various physical ailments and illnesses. The findings supported the concept of several layers of added stress affecting the mothers’ well-being and confirm that the primary stressor (the abuse) and all of the secondary stressors were intertwined, thereby influencing the women’s overall motherhood and recovery experiences.

Carpiano (2002) discussed the study recommendations for advancing future research efforts related to abused women’s victimization experiences, identifying five areas of concern. The author proposed that future studies need to examine the extent to which the phenomenon of motherhood as an additional stressor affects the recovery process and whether the findings are generalizable to a larger population. He also recommended future research efforts that focus on examining the effects of social support on the recovery process and the impact of stigmatization on adult and child victims of abuse. Other recommendations included research that examines the extent or impact of certain factors such as PTSD, physical injury, motherhood, and past victimization experiences on a woman’s actual or perceived health status and whether the factors of intergenerational transmission of trauma from the mother to child are present—and if so, to what degree.

The results of Carpiano's (2002) study have indicated that motherhood, the role demands, and the challenges faced by these women as mothers in a shelter happened to be one of the significant influential factors. The women reported that their recovery process might take longer than that of women who do not have children, and they reported both real and perceived lower physical and mental health states. The implementation of the stress paradigm in Carpiano's study, rather than a feminist framework, seems to be the differentiating factor when comparing other study findings (Buchbinder, 2004; Irwin et al., 2002; Kelly, 2009; Lapierre, 2009, 2010; Peled & Gil, 2011), however, there are similarities. Similar findings in this study and others included highlighting the complex processes and obstacles that abused mothers face in the aftermath of leaving an abusive relationship and in trying to cope with the influences of the violence on their mothering and their recovery processes (Buchbinder, 2004; Carpiano, 2002; Irwin et al., 2002; Kelly, 2009; Lapierre, 2009, 2010; Peled & Gil, 2011).

Finally, the review of the literature resulted in finding a qualitative study by Javaherian, et al. (2007) that is of interest to the proposed study and relates to the phenomenon of mothering within the context of IPV. Javaherian et al. conducted a phenomenological study exploring women's experiences of survivorship of intimate partner violence and found contradictory stories related to the phenomenon of mothering.

Javaherian et al. (2007), conducted a focus group with five women living in a shelter, and later conducted interviews with five additional women who had left the shelter, to explore their lived experiences of intimate partner violence and the needs of

the women as they were rebuilding their lives free of violence. The purpose of the study was to expand occupational therapists' understanding and knowledge of women's experiences with IPV and the impact of the violence on the women's lives. The study did not examine mothering directly; however, three out of the five women in the shelter and all five women no longer living in the shelter had children. Consequently, the results were significant in that motherhood was a factor in the lives of the abused women. Additionally, the study findings included women's experiences as mothers, which are of significance to this study.

During the focus groups and interviews, Javaherian et al. (2007) focused on the aspect of the women rebuilding their lives and the women's strength and survival. The women were asked questions to describe their experiences related to the obstacles faced and the strategies they used to overcome and cope with the obstacles concerning work, their social relationships, the management of their home, and parenting. The women were asked to describe their future goals and the advice they would offer to a friend who was in an abusive relationship. Five themes emerged that reflected the women's struggles with leaving a violent relationship and entering a shelter, and the process of rebuilding their lives.

The stories of the mothers in the study provided insight into their mothering experiences. The study found that for some, being a mother was a significant source of strength, hope and purpose; the children seemed to be the driving force in guiding their decisions to leave the violent relationship and rebuild their lives. However, in contrast, being a mother was also found to be a source of stress for these mothers. For example,

having the demands of caring for their children and motherhood, such as trying to find childcare with few resources and little support, proved challenging when trying to find effective coping strategies and rebuilding one's life after abuse. The mothers in this study also discussed their concerns for their children and had difficulty overcoming the effects that the violence had on their children and themselves, resulting in feelings of guilt and self-doubt. Nevertheless, the mothers in this study faced numerous challenges and within themselves found their inner strength and determination to leave the violent relationship and rebuild their lives.

#### **Aspects and Attributes of the Phenomenon of Mothering from Others' Voices**

Several other studies were identified using a variety of approaches, both qualitative and quantitative in design. In most of these studies, researchers were interested in examining certain aspects of the participants' experience of mothering within the context of IPV, and the purpose of the study was to explore that specific aspect. Several studies found mixed results for the effects of intimate partner violence on parenting, the mother-child relationship, and maternal psychological functioning (Casanueva et al., 2008; Edleson et al., 2003; Haight et. al., 2007; Holden et al., 1998; Holden & Ritchie, 1991; Huth-Bocks, Levendosky, Theran, & Bogat, 2004; Letourneau et al., 2007; Levendosky & Graham-Bermann, 2000a, 2000b; Levendosky et al., 2003, 2006; McCloskey et al., 1995; Sullivan & Bybee, 1999; Sullivan et al., 2000).

Researchers have found that abused mothers who experience depression, anxiety, increases in maternal stress, and post-traumatic stress disorders (PTSD) as a result of the violence may find it difficult to attend to their children needs, provide supportive and

positive parenting (Haight et al., 2007; Jaffe & Crooks, 2005; Letourneau et al. 2007), provide maternal warmth and nurturing (Holden's 1998; Letourneau et al., 2007; Levendosky & Graham-Bermann, 2000a, 2000b; Levendosky et al., 2006; McCloskey et al., 1995), and have impaired mother-child relationships (Haight et al., 2007; Levendosky et al., 2003, 2006).

In contrast, the findings in this study validate what other research has shown—that abused mothers did not perceive the violence to negatively affect their parenting (Holden & Ritchie, 1991; Holden et al., 1998; Levendosky & Graham-Bermann 2000b; Sullivan & Bybee, 1999), increase maternal/parenting stress (Levendosky et al., 2003), or impair the quality of interactions with their children (Casanueva et al., 2008; Edleson et al., 2003). Researchers have challenged the view that IPV negatively affects maternal parenting and mother-child relationships, revealing that abused women's parenting and quality of maternal parenting was just as effective as nonabused women's parenting (Casanueva et al., 2008) and suggesting that abused mothers may compensate for their hostile environments (Casanueva et al., 2008; Letourneau et al., 2007; Levendosky et al., 2003).

Finally, a quantitative study by Vatnar & Bjorkly, (2010) examined the measurable associations between motherhood, pregnancy, and IPV in a sample of Norwegian women. Vatnar and Bjorkly found that motherhood increases the risk for longer duration of IPV, reporting that being a mother or having children was found to be more of a risk factor rather than a protective factor for IPV experience; IPV seemed to last longer for the women who were mothers. This association was found after controlling

for the duration of the partnership, suggesting that having children may be a risk factor for post-separation IPV. The findings are consistent with those of this study; being a mother in a violent relationship is a measurable risk factor for potential adverse influences on maternal health and well-being.

### **Summary**

The review of literature resulted in an examination of seven published qualitative studies specifically focused on women experiences of mothering within the context of intimate partner violence, from the mothers' perspectives (Buchbinder, 2004; Carpiano, 2002; Irwin et al., 2002; Javaherian et al., 2007; Kelly, 2009; Lapierre, 2009, 2010; Peled & Gil, 2011). Findings from the studies and this study highlighted the mothers' strengths and survivorship in the face of such adversity. The studies also highlighted the complexities and challenges that the abused mothers face and suggested that the challenges and difficulties described by the abused mothers evolve from the interaction between the context created by men's violence and the broader institution of motherhood (Buchbinder, 2004; Irwin et al., 2002; Kelly, 2009; Lapierre, 2009, 2010; Peled & Gil, 2011).

The composite of the qualitative studies and this study validate the finding that the motherhood of abused women is a complex issue in all research domains; however, it is imperative to understand the lived experiences and abused women's ascribed meaning of those experiences. These studies have contributed to the existing research related to violence against women as mothers. However, the review of literature on mothering



within the context of IPV reveals that research investigating abused mothers' perceptions remains limited.

Therefore, recommendations from the qualitative researchers (Buchbinder, 2004; Carpiano, 2002; Irwin et al., 2002; Javaherian et al., 2007; Kelly, 2009; Lapierre, 2009, 2010; Peled & Gil, 2011) and others (Lapierre, 2008; Radford & Hester, 2006; Zink, Elder, & Jacobson, 2003) supported and recommended the development of future qualitative research investigations involving abused mothers to enhance knowledge and understanding of the mothering experiences as expressed by those who experience this phenomenon. According to Buchbinder (2004), this is best achieved by incorporating abused mothers "internal model of motherhood" (p. 322) when conducting assessments and future investigations to understand the women's "insider perspectives" (p. 308) of motherhood. This will facilitate a greater understanding of the complexities, shortcomings, achievements, and strengths of abused mothers and will enhance research findings that will move beyond blaming mothers (Davis, 2004; Lapierre, 2008). The intent of this phenomenological inquiry sought to attend to some of the previous research recommendations by examining the interactions of mothering, IPV, and health within the broader understanding of motherhood as a social institution (Buchbinder, 2004; Irwin et al., 2002; Lapierre, 2009, 2010; Peled & Gil, 2011).

Finally, the review of literature resulted in finding other studies that focused primarily on examining specific aspects of abused women's parenting, maternal and child functioning, and the negative impact of children's exposure to IPV. The studies have provided evidence that men's violence against women influences women's mothering

and maternal/child functioning in a multitude of complex and challenging ways; however, there are conflicting findings. As a result, there is a lack of consensus among researchers regarding the influences of IPV on mothers' ability to provide effective parenting and nurturing for their children as well as the impact of the violence on maternal and child psychological functioning.

In further critique of this published research, I discovered that the majority of the research examining certain aspects of the phenomenon of mothering is found primarily in the research literature focused on child exposure to IPV and child abuse (Edleson, 1999a; Edleson et al., 2007; Graham-Bermann, Devoe, Mattis, Lynch, & Thomas, 2006; Haight et al., 2007; Holden et al., 1998; Holt, Buckley, & Whelan, 2008; Jackson & Mannix, 2004; Jaffe & Crooks, 2005; Levendosky et al., 2006; Osofsky, 2003). Therefore, much of what we know about mothers in violent relationships has been written from this perspective. This research focus has underscored the significant role that mothers play in providing for the welfare of their children and has linked abused women's mothering practices to child health and welfare outcomes. The research has positioned women as mothers to the periphery, and in doing so, has evaluated and examined mothers in relation to their children rather than as women or mothers. This scholarship has led to an emphasis on women's insufficiencies and failures as a mother, creating a perception that mothers fail to protect their children (Davies & Krane 2006; Lapierre, 2008).

Moreover, the majority of the published research identified in the child exposure and child abuse literature examines mothering through a violence lens, which tends to focus on the violence and mothers as victims rather than providing a holistic perspective

of the complex and interrelated factors between the mothering and the violence. Research examining mothering through the violence lens leads to misunderstandings and negative perceptions of abused mothers. It has been found that abused mothers are seen as bad mothers who put their needs before their children's needs (Haight et al., 2007; Lapierre, 2008; Radford & Hester, 2006). This research facilitates the acceptance of societal and personal ideologies of mother blaming and often endorses a deficit model of mothering. In doing so, research tends to pathologize abused mothers and their mothering (Davies & Krane 2006; Jackson & Mannix, 2004; Lapierre, 2008; Radford & Hester, 2006; Wilson, et al., 2005).

As a result, some of the knowledge gained from the research in the area of child welfare, child abuse, and child exposure to violence has had a negative impact on our attitudes, knowledge, and understanding of women as mothers in violent relationships. I argue that this research has skewed the focus away from the mothers' subjective experiences, the ways mothers do protect their children, and the varied factors that shape the contextual violent situation and intimate relationship—such as the male's violent and coercive behaviors.

It was against this backdrop that I was inspired to begin this phenomenological journey in hopes of advancing the science by illuminating the meaning of the phenomenon of mothering, giving voice to mothers who have experienced an intimate partner violent relationship. It is through the mothering lens and voices that I strive to present the lived experiences of mothering, mother-child relationships, and interactions

with health care professionals so that others may learn, be inspired, and gain understanding through authentic experiences.

## **CHAPTER THREE**

### **Introduction**

The aim of this chapter is to explain the phenomenological perspective and methodology that was employed to create human understanding and meaning in women's mothering within the context of male intimate partner violence. This chapter will provide further explanation and description of the design, the theoretical basis for the method, the sample, the setting, the data collection, the data analysis procedures, the ethical considerations, the trustworthiness, and the summary.

The purpose of this phenomenological study was to explore and make visible lived experiences of mothering and being a mother within the context of an intimate partner violent relationship as described and experienced by mothers and narrated in their own voices. Secondly, the purpose of this study was to explore and make visible the experiences of mothers' interpersonal relationships with their children and their interactions with nurses and other health care professionals.

Interpretative phenomenology will provide the framework for examining the meanings that emerged in this study. Particular responsiveness will be focused on the everydayness of the mothers' lived experiences. van Manen's (1997) methodical structure of human science research was used as a model for data collection and analysis. This human science research study focuses on describing and understanding the meaning of the lived experiences of humans. Specifically, this study focused on understanding the

experiential realities of mothers' everyday lives and it was grounded in the mothers' own voices in order to bring others closer to their everyday lived experiences.

### **Research Methodology**

Phenomenology is the systematic, human scientific study of phenomena. van Manen (1997) states, "phenomenology is the study of the lifeworld-the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize, or reflect on it" (p. 9). Thus, the purpose of phenomenology is to discover and describe the essential meaning of the human experience as it is lived so that a greater understanding of the phenomena can be achieved. Phenomenologists search for meaning and essences of everyday life experiences from those who experience the phenomena within their own lifeworld. The lived experience gives meaning to each person's perception of the phenomenon and is influenced by his or her human existence of being in the world. Phenomenology brings us closer to the reflective lived experience of humans and their life worlds through methods of questioning, reflecting, and intuiting (Polit & Beck, 2008; Speziale & Carpenter, 2007; van Manen, 1997).

Hermeneutic (interpretative) phenomenology seeks to interpret and/or search for meanings and a deeper understanding of human experience that goes beyond the description of the experience (Cohen, Kahn, & Steeves, 2000). According to van Manen (1997) "hermeneutics is the theory and practice of interpretation" (p. 179), a method for studying what it means to be a human in the world. It involves descriptive phenomenological methods that are concerned with how things appear and/or are described.

Hermeneutics is a purposeful process whereby the researcher seeks to find meanings embedded in the descriptive text or language of the participants lived experience. Therefore, the focus of hermeneutic inquiry is on what the participant narratives signify or represent about what the participant experiences every day in her lifeworld. In hermeneutic phenomenology, the emphasis is on understanding individuals' way of being in the world in relation to the broader social, cultural, and political contexts that make up their world (Cohen et al., 2000; Lopez & Willis, 2004; Polit & Beck, 2008; Speziale & Carpenter, 2007; van Manen, 1997; Wojnar & Swanson, 2007).

In this study, interpretative phenomenology was chosen for four reasons. First, it seeks to understand the nature of the phenomenon by interpreting the perceptions and lived experiences of people experiencing it, rather than as being theorized or conceptualized. Second, it uses a systematic approach to uncover and describe the internal meaning structures of the lived experiences. Third, interpretative phenomenology focuses on developing a specific defined and organized method of questioning and then interpretation, thus revealing the significance of the lived experience through the process of interpretation.

Lastly, interpretative phenomenology was chosen because it provides a means in which to employ a thoughtful practical involvement with the phenomenon of interest being researched. It is a valuable method for the study of the phenomena relevant to nursing practice, education, and research. Interpretative phenomenology emphasizes a focus on direct interactions with people and their provision of care from a holistic approach, encompassing the whole person being of the mind, body, and spirit. It is

through the holistic approach that the value, dignity, and uniqueness of each human life is acknowledged and supported while taking into consideration their culture and belief systems. It is an effective method for nurse researchers to use in order to describe, uncover, interpret, and understand various human experiences. This research approach perceives everyday experiences as a tool for gaining knowledge and understanding of human lives and the world around us by exploring the nature of these experiences (Cohen, et al., 2000; van Manen, 1997).

Thus, this study uncovered and made explicit the meanings of the lived experiences for ten mothers experienced in IPV in ways that will significantly contribute to knowledge development that can inform nursing practice. Additionally, this study gives a richer and deeper understanding of the needs of these ten mothers during this experience and about their feelings on the mothering role, their interpersonal relationships with their children, and interactions with nurses and other health care professionals. This study is useful for health care professionals who are concerned about the phenomenon of mothering, and the intersect with IPV and health.

### **The Method for Data Collection and Data Analysis**

In this study, van Manen's (1997) methodical structure of human science research was used as a model for data collection and analysis. van Manen's (1997) research perspective combines the traditions of hermeneutic and phenomenology as well as semiotic or language oriented approach. van Manen (1997) acknowledges that the methodical structure is a research methodology that is thought of as an applied approach when doing hermeneutic phenomenological human science research rather than a set of



procedures or a strict method that one must follow. van Manen's (1997) approach assists researchers in gaining insight into the essences of the phenomenon and explicating the meaning and the uniqueness of the lived experiences of humans. It is through the hermeneutic framework that one discovers and is able to fully grasp what it means to be in the world and does so by understanding individuals' way of being in the world (van Manen, 1997). This method was chosen because it is most applicable to the study.

According to van Manen (1997), interpretative phenomenological research may be seen as a dynamic interplay among six research activities:

turning to a phenomenon which seriously interests us and commits us to the world;

investigating experience as we live it rather than as we conceptualize it;

reflecting on the essential themes which characterize the phenomenon;

describing the phenomenon through the art of writing and rewriting;

maintaining a strong and oriented relation to the phenomenon;

balancing the research context by considering parts and whole (pp. 30-31).

A discussion of the methodological themes and activities as outlined by van Manen (1997) will be provided in the following section as well as an exploration of the themes in relation to this study.

### **Turning to a Phenomenon Which Seriously Interests Us and Commits Us to the World**

In this theme and/or related research activity van Manen (1997) focuses on three activities that enhance the researcher's interest to the phenomenon and the researcher's faithfulness to the philosophical underpinnings of phenomenology. The three activities

are: 1) orienting oneself to the phenomenon, 2) formulating the phenomenological questions, and 3) stating explicit assumptions and pre-understandings. This methodological theme is applicable to the period prior to data collection in which emphasis was placed on identifying the phenomenon of interest (mothering within the context of male IPV), developing the research questions and holding true to the assumptions during the data collection process.

The researcher processes are described as such:

**Orienting oneself to the phenomenon.** In this activity the researcher begins the process by identifying a phenomenon of interest to the researcher and determining this is a true phenomenon; an experience lived through by humans. van Manen (1997) stated that the phenomenon is established “by the questioning of the essential nature of a lived experience: a certain way of being in the world” (p. 39). As a starting point of this research the researcher familiarized herself as a nurse with the phenomenon of interest that being the phenomenon of mothering within the context of male intimate partner violence. The researcher acknowledged that the phenomenon of mothering is a human experience that has something essential to be discovered and interpreted and it takes place within the broader social construction of motherhood in Western society.

The researcher began to think about mothers living in a relationship with violence and wondered how mothers feel about this lived experience and what their experiences were like. The researcher began by asking: How do mothers living in the context of an IPV relationship perceive themselves as a mother? What is it like to mother in this context? Can mothers describe their experiences, their thoughts and feelings? Is

mothering influenced by the violence? Is their mothering influenced by other factors? How do mothers feel about their relationships and interactions with their children while living in this context? What are the mother-child relationships experiences like? Is the mother-child relationship influenced by the violence? What are mothers' thoughts and feelings about their interactions with nurses and other health care professionals during and after this experience? Do the mothers perceive nurses and health care professionals as being supportive or not supportive?

**Formulating the phenomenological questions.** van Manen (1997) acknowledges that phenomenological research is to question what something is really like. What is the nature or meaning of the lived experience? In this study the main research question that will be asked is: What is the lived experience of mothering and being a mother within the context of intimate partner violence? The research question addresses mothers' experiences, thoughts, and feelings of mothering and being a mother in a situational context. The researcher was also interested in addressing mothers perception of their interpersonal relationships with their children and their interactions with health care professionals, therefore, two other questions were developed. Those questions are: 1) What are mothers' perceptions and experiences of their mother-child relationships within the context of intimate partner violence, and 2) What are mothers' perceptions and experiences of their interactions with nurses and health care professionals?

**Stating explicit assumptions and pre-understandings.** According to van Manen (1997) in phenomenological inquiry a researcher may know too much about the phenomenon under investigation, therefore, suppositions, assumptions and existing body

of knowledge may predispose us to interpret the nature of the phenomenon before the essence and significance of the phenomenon is realized. Therefore, van Manen (1997) states that it is better to make explicit our understandings, beliefs, biases, suppositions, assumptions, preconceived ideas and known knowledge about the phenomenon under investigation up front and through the research process. In this way the researcher will be less likely to impose his or her subjective reality upon the perceptions and interpretations of the meanings of the lived experiences for the participants in the study.

**Assumptions for the Study.** To implement this activity this researcher acknowledges that the assumptions for the study are:

1. Mothering and intimate partner violence are influenced by many dynamic and changing interrelated factors, therefore, mothers experience violence in the context of diverse lives.
2. Mothers derive tremendous pleasures and joy from their children. They also experience ambivalence, sorrow and sometimes distress over the course of their mothering.
3. Mothers may experience power, powerlessness, equality, inequality, poverty, criticism, violence, mental and physical fatigue, or illness.
4. Mothers may or may not provide nurturing and caring behaviors to their biological and non-biological child or children.
5. The broader social, historical, and cultural processes that have taken place in the present day and in the past impact mothering and mothers.

6. Mothers innermost personal environment including their relationships with others in their immediate environment, within their home, the neighborhood, or community influences mothering and mothers.
7. Intimate partner violence affects individuals and families.
8. Violence against women is prevalent and is underreported and no one deserves to be abused.
9. A woman may be a victim of intimate partner violence but still be a good mother.
10. There is a lack of research and understanding related to violence against women as mothers and mothering experiences especially from the mothers' perspective.
11. Nurses and health care professionals may or may not provide supportive care to women experiencing intimate partner violence.

### **Investigating Experience as We Live It Rather Than as We Conceptualize It**

During this part of the research process the researcher is engaging in existential investigations through the collection of data. As such, the researcher is maintaining a commitment to the philosophical traditions of phenomenological research by establishing a renewed contact with lived experiences, turning back to the 'things themselves' (Husserl, 1970/1900, p. 252). van Manen (1997) claims that in order to do this a phenomenological researcher must turn and search everywhere in the lifeworld for the lived experience, an experience that can be materialized, described, reflected upon so that one might uncover the nature of the phenomenon.

This research activity is most applicable to the data collection process as the researcher is guided to go to the everyday world where people are living through a variety of phenomena to gather and collect the experiential accounts and descriptions of the lived experience. van Manen (1997) states, “the point of phenomenological research is to “borrow” other people’s experiences and their reflections on their experiences in order to better be able to come to an understanding of the deeper meaning or significance of an aspect of human experience, in the context of the whole of human experience” (p. 62). In this study, the researcher is interested in gathering the lived experiential aspects of mothering from those mothers who have lived within the context of intimate partner violence.

Semi-structured audio-taped interviews were used to obtain experiential accounts and descriptions of the lived experience from the participants through face-to-face interviews and/or telephone interviews. During the interviews communication was exchanged between the participants and the researcher in mutual directions. My goal of interviewing was to listen to the mothers’ narrative stories and verbal recollections of the lived experiences rather than attempt to control the conversation.

### **Reflecting on the Essential Themes Which Characterize the Phenomenon**

The purpose of this activity is to try to grasp the essence of the phenomenon, which “involves a process of reflectively appropriating, of clarifying, and of making explicit the structure of meaning of the lived experience” (van Manen, 1997, p. 77). In phenomenological reflection the meaning of the phenomenon is considered to be multidimensional and multilayered and it is communicated textually through organized

narrative or prose. In accordance with van Manen's (1997) activities, the researcher would think of the textual description of the phenomenon as approachable in terms of meaning units, structures of meanings, or themes and then the researcher would become engaged in reflective activity.

For the human science researcher the themes are understood to be the structural or thematic aspects of that experience. The researcher reflectively analyzes a phenomenon to identify and determine the emerging themes of the phenomenon and reflectively ask what is it that makes-up the nature or experiential qualities of this lived experience. According to van Manen (1997) phenomenological themes "are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus lived through as meaningful wholes" (p. 90). In this study, the researcher sought to discover and disclose themes that characterize the lived experiential aspects of mothering from those mothers who have lived within the context of a male intimate partner violence relationship. Secondly, the researcher sought to discover and disclose themes that characterize the experiential aspects of mothers' interactions and relationships with their child/children as well as mothers' interactions with nurses and other health care professionals. It is through mothers' voices and narrative stories in which the themes were discovered and described. A framework emerged which helps us make sense of the phenomenon of mothering for these ten women as mothers. However, the framework of thematic phrases can only serve as a glimpse of, or a hint of an aspect of the phenomenon (van Manen 1997).

van Manen (1997) suggests three approaches to isolating and uncovering thematic aspects of the phenomenon in the texts themselves. These approaches are; “the wholistic or sententious approach; the selective or highlighting approach, and the detailed line-by-line approach” (p. 94). All three approaches were used in the analysis phase of this study.

In implementing the holistic approach the researcher read and re-read the transcripts multiple times as whole, recorded notes, developed codes and searched for themes that expressed the thought of identifying the main significance of the phenomenon of mothering in the context of intimate partner violence in the text. The researcher re-read the transcripts again completing the process multiple times in order to identify the salient significance of the mothers’ interpersonal relationships with their children and the interactions with nurses and health care professionals.

In the selective approach, the researcher selected some sentences or parts of a sentence that seem to be thematic or representative of the experience of mothering and highlighted those sentences. Additionally, the researcher listened carefully to the audiotapes and read the transcripts multiple times to allow the researcher to dwell within data. Lastly, in the line-by-line approach the researcher read each sentence or sentence clusters carefully questioning what each of these sentences reveal about the phenomenon being described.

The intended outcome of these activities assisted the researcher to uncover and compose linguistic transformations or narratives that explain the themes while staying focused on the qualities or essences that were reflective of the experience. Once the themes are uncovered and the narrative paragraphs developed the researcher



differentiates between essential themes and themes that are more incidental. According to van Manen (1997) the researcher will need to discover aspects of qualities that make the phenomenon what it is and without which the phenomenon could not be what it is, thus one is searching for the essences.

In order to reveal the lived meaning of a particular human phenomenon and to describe the essential meaning structure of the phenomenon the researcher used the method of free imaginative variation to verify whether the themes belong to the phenomenon. It is through the imaginative variation processes that the researcher begins to wonder and search for meaning by asking questions of the phenomenon in order to identify and remove inessential features of the phenomenon. The researcher varied the data to observe the effect on the phenomenon of interest, exploring all possible meanings and relationships of the varied data to that of the participants' descriptions in order to ascertain the essence of the phenomenon. Intuiting or imaginative variation continues until the common understanding or the essence of the phenomenon of interest has been created thereby allowing the researcher to develop narrative explanations of the lived meaning of the phenomenon (Polit & Beck, 2008; Priest, 2002; Speziale & Carpenter, 2007; van Manen, 1997). Those elaborations are described in Chapter Four of this dissertation.

### **Describing the Phenomenon Through the Art of Writing and Rewriting**

van Manen (1997) acknowledges that writing is fundamental to phenomenological human science research, it occurs throughout the research process, and the phenomenological text is the object of the research process. According to van Manen

(1997) “the object of human science research is essentially a linguistic project: to make some aspect of our lived world, of our lived experience, reflectively understandable and intelligible” (p. 125-126). Language therefore is a critical to the research process and it is through the writing and rewriting process that the essence of the phenomenon is made visible.

In this research activity, this researcher became an attentive listener by listening to what is said in and through the words. I became a listener who was attuned to the subtle undertones of language and a listener who was able to listen to the way things of the lifeworld speak to us so a phenomenological reflective text could be written. van Manen (1997) states “phenomenological text succeeds when it lets us see that which shines through, that which tends to hide itself” (p. 130).

This researcher aimed to meet the objective of phenomenological writing and rewriting processes (questioning, re-thinking, reflecting) with the intention to create a reflective text that reveals the significance of the experience and all of its richness. Specifically, this researcher endeavored to make visible the experiences of mothers living within the context of IPV and the meaning of these experiences as told from the mothers own voices.

### **Maintaining a Strong and Oriented Relation to the Phenomenon**

In this research activity, the researcher must remain committed to the fundamental question under investigation namely, what are abused women perceptions of their mothering? In maintaining a commitment to the phenomenon we can then discover and gain a deeper understanding of the meaning of the phenomenon from those experienced

in this particular lifeworld. A scientific disinterestedness and relying on taxonomic concepts or abstracting theories will not allow the researcher to achieve this goal (van Manen, 1997). As such, this researcher maintained an orientation to the phenomenon in ways that conveyed passion for the mothers and by being a human with human appreciation. There is an overall significance to search for what it means to be human, and I believe that being fully human is to be alive in the world. I have just a glimpse of the mothers' worlds and realities. I must maintain that the narrative stories and lived experiences are true and are perceived as such by those who have experienced them. The researcher maintaining a strong orientation to the phenomenon will not settle for superficialities and falsities (van Manen, 1997).

Additionally, this activity included being involved in the consideration of text, van Manen (1997) refers to this as dialogic textuality, "methodological requirements that render a human science text a certain power and convincing validity" (p.151). Dialogic textuality encompasses four conditions for research and writing, the text needs to be "oriented, strong, rich, and deep" (p. 151). Dialogic text must be oriented and as a researcher we do not always separate theory from life, therefore, we must remain oriented to human experience. A strong dialogic text aims to elucidate an accurate interpretation of the phenomenon. Dialogic text needs to be rich in life experiences in the form of stories that reclaim what is unique, particular and irreplaceable. In textual terms, epistemological considerations translate into an interest in the story, narrative, or phenomenological description. Dialogic text needs to be deep with rich descriptions, for depth is what gives the lived experience its meaning. The researcher must maintain a

certain openness to the meaning of the phenomenon so that a fuller understanding is revealed (van Manen, 1997).

### **Balancing the Research Context by Considering Parts and Whole**

Writing is considered an original activity in human science research. The intent of phenomenological research is to construct a reflective text that aims at a certain phenomenon. The researcher must continually assess and measure the overall whole of the text against the significance of the parts and likewise the parts of the text are understood in relation to the whole text. The interpretative process is circular, therefore the researcher moves back and forth between the whole and its parts to identify the participants meaning. It is a process by which it is never closed or final.

The former discussion served to orient the researcher and others to van Manen's (1997) methodical structure of human science research model. van Manen's first methodological theme (turning to a phenomenon which seriously interests us and commits us to the world) served as a process in which I identified the phenomenon of interest, formulated the phenomenological research questions, and made explicit the assumptions and pre-understandings of the study. The second methodological theme (investigating experience as we live it rather than as we conceptualize it) encompassed the processes related to data collection. These processes included engaging in existential investigations in order to collect experiential accounts and descriptions of the lived experience through semi-structured audio-taped interviews from the ten mothers in this study. The remainder of van Manen's methodological themes, 1) reflecting on the essential themes which characterize the phenomenon, 2) describing the phenomenon

through the art of writing and rewriting, 3) maintaining a strong and oriented relation to the phenomenon, and 4) balancing the research context by considering parts and whole involved the processes I used in the analysis of the data and those activities by which the researcher presents understanding and interpretation of the data to other readers. In this study, van Manen's (1997) six methodological themes were applied as a practical approach to conducting a hermeneutic phenomenological research study seeking to uncover and interpret mothers lived experiences of the phenomenon of mothering within the context of intimate partner violence.

### **Participant Selection**

This study used descriptive lived experiences and stories of women as mothers to explain the meaning of the phenomenon of mothering within the context of intimate partner violence. The target population for the study was mothers who were currently living in the community and experienced in male intimate partner violent relationships. A community sample of women as mothers was sought for two reasons. First the majority of the research on women in intimate partner relationships is compiled from samples or participants in a shelter or refuge for abused women rather than women living in the community. Secondly, women who are mothers currently living in the shelters may have additional or different stressors placed upon them and their mothering experiences may be influenced by these stressors (Krane & Davies, 2007). Therefore, a community sample of women as mothers was sought.

The study used a purposeful, criterion sampling strategy. The rationale for using this sampling strategy is that the essential criterion in phenomenological research is that

the participant has experienced the phenomenon, thus has knowledge of the phenomenon, and is willing to share that knowledge by articulating what it is like to have lived the experience (Polit & Beck, 2008; Speziale & Carpenter, 2007). This strategy was an appropriate method for participant selection in this interpretative phenomenological study because the aim was to discover, describe, interpret, and understand the meaning of the phenomenon of mothering from the perspective of those who have experienced it (van Manen, 1997).

The recruitment site from which the sample was drawn was a community domestic violence prevention and intervention agency in a suburban area in the South-Eastern United States. The community agency offered services for women and families who have experienced or are experiencing intimate partner violence. The agency offered a 24-hour crisis line, two domestic violence shelters for women and children, a transitional housing program, advocacy, crisis intervention, counseling services, support groups, programs for women and children and a batterer's intervention program.

The primary recruitment strategy included use of a recruitment flyer (Appendix D) which was posted in the offices of the community domestic violence prevention and intervention center. Additionally, the Program Coordinators of the women's support groups handed out the flyers to the women attending support groups over the course of the data collection time period. The Program Coordinators used a written script to articulate the rationale for providing the women with the recruitment flyers (Appendix E).

The interested participants self-identified themselves as meeting the inclusion criteria and voluntarily contacted the researcher to schedule an interview. The inclusion criteria included: a) being a mother over the age of 18 years, b) experiencing or have experienced maternal intimate partner violence by a male intimate in a heterosexual relationship, c) living in the community and not in a shelter, d) had or having interacted with nurses and other health care professionals, e) willingness and ability to verbally describe the phenomenon, f) of any cultural background, and g) English speaking.

Once the participant voluntarily agreed to participate in the study, either a face-to-face or telephone interview was scheduled with the participant. The face-to-face interview was scheduled at a private, safe, convenient place and time for the participant. Participants were selected and data collection was performed until data saturation occurred. In phenomenological studies, the quality of the data is reflective upon the ability of the participants to provide rich descriptions of the phenomenon rather than the number of participants selected for the study (Morse, 2000; Speziale & Carpenter, 2007). Data saturation was achieved with the ten participants.

## **Procedures**

**Data Collection.** The method of data collection was semi-structured interviews. The interview is a vehicle by which to develop a conversational relationship with the participant relating to the phenomenon under study and to explore more deeply the meaning of lived experiences as it is reflected upon in their own words. A semi-structured interview format was chosen for the following reasons. Semi-structured interviews allow participants freedom to respond to questions and probes, and narrate

their experiences without being restrained to specific answers. As such, semi-structured interviews produce data that is rich in reflective experiential accounts and descriptions of lived experience. Comparisons in the data across interviews are obtainable since some of the questions are standard and reflective of the phenomenological questions that guided the study.

Participants voluntarily participated in either a face-to-face interview or a telephone interview. Each semi-structured interview was audio-tape recorded and later transcribed verbatim by a professional transcriptionist and by the researcher.

**Phenomenological Questions.** The phenomenological questions that guided the study are: 1) What is the lived experience of mothering and being a mother within the context of intimate partner violence?, 2) What are mothers' perceptions and experiences of their mother-child relationships within the context of intimate partner violence?, and 3) What are mothers' perceptions and experiences of their interactions with nurses and health care professionals?

**Interview Questions.** An interview guide with interview questions was developed for the purposes of the study (Appendix C). van Manen (1997) reminds us that the researcher interviews others about their experiences of a certain phenomenon and it is critical that the researcher and the participant stay close to the experience as lived. Therefore, I formulated the interview questions to yield rich narrative data and to generate in-depth focus discussions surrounding the major research questions selected for the study (Polit & Beck, 2008; Rudestam & Newton, 2007). The interview guide consisted of open-ended questions which allowed the researcher and the participant's



freedom to take the conversation in unplanned directions to explore more deeply the related experiences of the phenomenon (Polit & Beck, 2008; van Manen, 1997).

Participants were asked to share and describe their experiences in their own words. The interviewer began by informally asking broad questions related to the phenomenon of mothering followed by more focused questions. I used clarifying questions and probes to elicit narrative data reflective of the phenomenon (Cohen et al., 2000; Polit & Beck, 2008; Rudestam & Newton, 2007).

As such, the formulated interview questions yielded rich narrative data about the lived experiences and the interview process served as a means to generate in-depth discussions surrounding the phenomenon of mothering as subjectively described and experienced by the mothers. The following questions and dialogue guided the researcher in obtaining verbal descriptive responses from the participants:

1. Could you start by telling me about the relationship you were in or are in?
2. What has your experience of mothering been like?
  - a. When you were in the relationship and/or now, after leaving the relationship?
3. Do you think your children were affected?
4. Tell me about any experiences with nurses or other health care professionals.
  - a. What do you think they did well?
  - b. What could they have done better?

**Interview Process.** Participants self-identified themselves as meeting the research criteria after viewing the recruitment flyer posted at the community domestic violence center or after learning about the study through the program coordinators verbal announcements and distribution of recruitment flyers in the support groups for abused women. Interested participants obtained the special cellular telephone number specifically used for study purposes that was provided on the recruitment flyers, voluntarily called the researcher to inquire about the study, and/or scheduled a face-to-face interview or a telephone interview.

Six mothers participated in face to face interviews, two out of the six participated in a second interview and four mothers participated in a telephone interview. The two mothers participated in a second interview because the mothers had more reflections of the experience to share with the researcher that was not covered in the initial 90 minute interview. Each face-to-face interview was conducted in a neutral location that the participants designated as being safe. Consequently, all but one face-to-face interview was conducted at the community domestic violence agency of which the mothers were familiar and felt the safest. The first interview per the participants request was conducted at a coffee shop.

All interviews were audio-tape recorded by the researcher with the permission of the participant. The interviews lasted from 45 minutes to 2 hours each. In addition, the researcher collected demographic information using a demographic data collection form (Appendix B). The demographics were used for descriptive purposes in order to provide characteristics of the participants. The researcher obtained descriptive statistics such as

ethnicity, age, marital status, level of education, employment, annual income, number and age of children, length of violent relationships, perceptions of health and the health care services accessed by the participant and the participants' children in the last 6 months.

During the initial phase of each interview the researcher expressed the desire to learn as much as possible about the participant's mothering experience, their children and lastly any interactions with nurses or other health care providers. Participants were informed that there were no right or wrong answers to the questions and participants could respond as they wished. During the face to face interview the researcher maintained eye contact with the participants, used active listening, conveyed a genuine concern, and maintained a safe, quiet surrounding. I also had tissues, bottled water and a granola bar for each participant. During the telephone interviews, I sat in a quiet room away from distractions and noises so I could be an active listener and I conveyed in my voice a genuine concern and interest for each participant. These interviewing techniques assisted the participants in sharing their perceptions and stories with me.

In reflection of the interview process, I realized that one must remember how hard it must have been for each of the participants to share such personal stories of their lifeworlds and of such a sensitive topic. The data collection process required more patience than I had anticipated as it took me almost two years to obtain ten amazing, rich, descriptive interviews. Every participant story was worth the wait! I truly appreciate the mothers who volunteered to meet with me or speak with me over the telephone. I am in awe of the courage and strength the mothers emitted and their eagerness to share their

stories about their children, and what it was like to be a mother in an abusive relationship. Most of the participants' personal stories of abuse were most difficult to relive, however, and almost miraculously, as soon as the conversation moved toward the direction of mothering and talking about their children the milieu changed to one of joy, smiles and laughter.

I felt as if the face-to-face interviews were the most enlightening for me as a researcher because meeting face-to-face seemed more personal and interactive as compared to the telephone interviews. During the face-to-face interview I was able to observe body language, facial expressions, and emotions. I observed smiles and gleaming eyes when the mothers spoke of their children, there were tears and laughter, and unsolicited hugs from each of the six participants when the interview was over. Nonetheless, the telephone interviews were most convenient for the mothers and all but one telephone interview went smoothly without dropped calls or poor cellular reception.

**Data Analysis.** In this interpretative study, the researcher applied van Manen's (1997) methodical approach to analyze the transcribed interviews. Specifically the researcher implemented the four research activities that mainly comprise van Manen's approach to data analysis that were previously described. These research activities include "reflecting on the essential themes which characterize the phenomenon, describing the phenomenon through the art of writing and rewriting, maintaining a strong and oriented relation to the phenomenon, and balancing the research context by considering parts and whole" (van Manen, 1997, pp. 30-31). These activities interact together throughout the data analysis process and should not to be considered separate

steps or a linear process although a stepwise approach is often conveyed when discussing the analytical processes of a study.

van Manen (1997) suggests three approaches to isolating and uncovering thematic aspects of the phenomenon in the texts themselves. These approaches are; “the wholistic or sententious approach, the selective or highlighting approach, and the detailed line-by-line approach” (p. 94). In this study, the researcher used all three approaches during the analysis. The researcher implemented the holistic approach by reading and re-reading the transcripts as a whole, recording notes, developing codes and searching for themes that express the essence or significance of the phenomenon of mothering. In the selective approach, the researcher selects some sentences or parts of a sentence that seem to be thematic or representative of the experience of mothering and highlight those sentences. Additionally, the researcher listened carefully to the audiotapes and read the transcripts multiple times to allow the researcher to dwell in the data.

Lastly, in the line-by-line approach the researcher reads each sentence or sentence clusters carefully questioning what each of these sentences reveal about the phenomenon being described. I uncovered and composed linguistic transformations or narratives which explained the themes that were reflective of the mothers’ experiences. I then differentiated between essential themes and themes that are more incidental. In order to reveal the lived meaning of a particular human phenomenon, I spent time wondering and searching for meaning within the textual data. I varied the data to observe the effect on the phenomenon of interest, exploring all possible meanings and relationships of the varied data to that of the participants’ descriptions. In the writing and rewriting of the

text I became more aware, more knowledgeable and more understanding of the lived experiences of the mothers. This reflective process continued until I believed I had a tentative understanding of mothers' meaning of the phenomenon of mothering within the context of intimate partner violence in a textual linguistic form.

### **Ethical Considerations**

Intimate partner violence is a sensitive research topic that has ethical implications for the women involved in the study. This section will provide an overview of the procedures that were undertaken to ensure the participant's human rights, well-being, safety and confidentiality were protected. This researcher adhered to all standards for the ethical treatment of research subjects including informed consent, voluntary participation, confidentiality, and treatment of all participants with the utmost respect and human dignity. Approval from the Human Subjects Review Board (HSRB) at George Mason University was received.

Safety issues are of greatest concern when working with women in intimate partner violent relationships and should be maintained through all stages of the research process. It is the responsibility of the researcher to protect the participants from harm, ensure their confidentiality, and implement strategies to minimize these risks (Btoush & Campbell, 2009; Davies, Lyon, & Monti-Catania, 1998; Lutz, 1999; Parker & Ulrich, 1990; Sullivan & Cain, 2004).

A potential safety concern for abused women agreeing to participate in the study is that of the procedures related to informed consent. According to ethical standards, research participants are required to receive a copy of the informed consent which

contains detailed descriptive information about a given study. This may pose a safety risk for some women especially if the woman is still experiencing intimate partner violence as the abuser may find the consent form (Btoush & Campbell, 2009; Parker & Ulrich, 1990). In order to maintain respect for persons and maintain confidentiality I asked all participants if it is safe for her to receive a copy of the informed consent. If the participant verbalized that receiving a copy of the informed consent with detailed study information may jeopardize her safety or if safety may be of concern to the participant then I did not provide a copy to the participant. The six participants that participated in a face-to-face interview did not verbalize a safety concern; therefore, each of the participants received a copy of the informed consent. The four participants that completed a telephone interview verbally consented to voluntarily participate in the study after I read the contents of the informed consent to each participant. A copy of the informed consent was mailed to a given address per each of the participants' request.

Additional safety strategies that were employed to protect the participant's safety included:

1. The researcher purchased a private prepaid cellular telephone as a means for the interested participants to contact the researcher or conduct a telephone interview.
2. I inquired about the participants' safety, whether it was safe to discuss the study, and any confidentiality concerns that the participant might have upon each initial answering of the telephone call once the participant self-

identified herself as being interested in voluntarily participating in the study.

3. The participant was asked either to schedule a face-to-face interview in a neutral location that she designated as being safe and comfortable or asked to participate in a telephone interview.
4. Once the face-to-face contact was made, the researcher ascertained that the woman was not in immediate danger by inquiring about her safety and concerns about conducting the interview.
5. I ascertained that the location of the face-to-face interview was well lit, secure, and that the woman was alone before initiating the interview.
6. I offered the participant written information concerning the domestic violence service programs and community resources in the area at the time of the face-to-face interview. This offer was verbally extended to the four women during the telephone interviews.

The ethical principle of justice includes a participant's right to privacy.

Participants have the right to expect that any data they provide be kept in the utmost confidence and that their safety concerns related to confidentiality and identity is protected (Btoush & Campbell, 2009; Lutz, 1999; Parker & Ulrich, 1990; Polit & Beck, 2008; Sullivan & Cain, 2004). The following strategies were employed to maintain the utmost consideration for the participants' confidentiality, right to privacy and protection of identity.



1. Each participant chose a pseudonym for herself, her children, and the partner prior to beginning the audiotaped interview. No real names are used in the audiotaped interviews, the written or computerized transcriptions, the data analysis procedures, or in the development of the study results and findings.
2. The interview data and printed transcriptions were kept in a separate locked cabinet away from the participant's informed consent and identifying information.
3. The participants were notified that their selected pseudonyms, narrative experiences and stories will be used in reporting the findings, results, and in future published articles. The researcher will maintain the utmost consideration for the participants' right to privacy and safety when interpreting and reporting the study findings and in all written communications.
4. The participants were notified verbally or in writing on the informed consent, that confidentiality might be broken if the participant revealed that a child is being abused or neglected or if the participant threatened to harm themselves or others. The participants were notified that the researcher has a legal and moral responsibility to report such information to the appropriate authorities as outlined by the mandatory abuse and reporting laws in the State.

5. The professional transcriptionist and the expert qualitative research reviewers signed a pledge of confidentiality form indicating that the transcriptionist or the researcher reviewer has a responsibility to honor the confidentiality agreement (Appendix F). The participants chosen pseudonym was used in the audiotaped interviews.

### **Individual Ethical Considerations**

The participants were monetarily compensated for their participation. Participants received a monetary compensation of twenty-five dollars for participating in this study. The monetary compensation was given to the participant at the completion of each interview in the form of cash. The rationale for providing the participants with a monetary compensation is twofold. First, in taking into consideration the recent economic changes participants were asked to travel to the interview site and may have travel (gas for the car/taxi cab) and or childcare expenses. Second, the interviews are time intensive and participants should be compensated for their time and willingness to share.

**Trustworthiness.** Qualitative research and specifically interpretative phenomenology inquiry is a validated and acceptable research methodology used among nursing and other human science disciplines. In qualitative research, the integrity and legitimacy or accurateness of the qualitative research process is closely integrated to success in demonstrating rigor and trustworthiness of the data. The goal of rigor in an interpretative qualitative study is to accurately reflect or represent the participants experiences by reporting data documented in the narrative text and reducing as much as

possible the bias of the researcher (Koch, 1995; Polit & Beck, 2008; Speziale & Carpenter, 2007).

In this study, the researcher established rigor and trustworthiness by remaining faithful to the phenomenological human science research approaches of van Manen (1997) and the philosophical underpinnings of hermeneutic (interpretative) phenomenology (Cohen, et al., 2000; Speziale & Carpenter, 2007). The researcher implemented the processes of establishing rigor and trustworthiness by following the operational techniques and criteria for qualitative research as outlined by Lincoln and Guba (1985). Lincoln and Guba's (1985) criteria include credibility, transferability, dependability and confirmability (Polit & Beck, 2008; Speziale & Carpenter, 2007).

Credibility is viewed by Lincoln and Guba (1985) as the principal goal of qualitative research as it refers to truthfulness of the data. According to Lincoln and Guba (1985), the most important technique for establishing credibility is by performing member checks. However because this study sought interviews with mothers in violent relationships returning to meet with the mothers for member checks may pose more of a safety risk rather than a benefit to the credibility of the study. Instead, the researcher employed other techniques to establish credibility of the study.

In this interpretative study, the researcher established credibility of findings and interpretations by achieving a prolonged engagement with the subject matter, bracketing one's own presumptions and framework prior to each interview and through the research process, asking open ended questions, attentively listening to the language of the participant, probing for clarity of, reflecting on the participants responses during the

interview, and balancing the participants words with the researchers interpretations. The researcher conducted peer briefings, which involved sessions with expert qualitative researchers to review and explore interpretations of the data (Cohen et al., 2000; Lincoln & Guba, 1985; van Manen, 1997; Yeh & Inman, 2007)

Transferability refers to the generalizability of the data, that is, the extent to which the findings can be transferred to other settings or groups (Lincoln & Guba 1985). The information derived from this study is not generalizable to all women or mothers who experience intimate partner violence or to all nurses and health care professionals concerned with this issue. However, the information may be transferable or applicable to other women or mothers in similar situations as they may find the participants stories inspiring. Nurses and other health care professionals may find the participants' stories insightful and useful in regards to practice, education, and research.

Dependability of qualitative data refers to the stability of the data over time and it refers to the concerns regarding the replicability of the study (Lincoln & Guba 1985). In this interpretative study, the mothers' perceptions of the phenomenon of mothering and their perceptions of the interactions with their children and other health care professionals are different and unique. The variance of the descriptions is a desirable component and was integrated into the analysis.

Confirmability refers to the objectivity or neutrality of the data and interpretations. Confirmability of the findings can be completed by employing the technique of an audit trail. In this study, this researcher requested assistance from expert qualitative researchers to examine both the process and the product of the research. The

purpose of this external audit was to evaluate the accuracy and whether the findings, descriptions, interpretations, and conclusions are supported and consistent with the data collected (Lincoln and Guba, 1985). Confirmability and reporting accurate interpretation of the data was strengthened by using the participants' direct quotes when relevant in writing the analysis findings.

### **Summary**

This chapter presented the overall research design of the study. The philosophical framework and research method of interpretative phenomenology as described by van Manen (1997) was discussed. van Manen's methodological themes and research activities for the conduction of human science research were presented and specifically described in relevance to this study. The chapter presented the study's methods, including participant selection, data collection, analysis procedures, ethical considerations and discussions of the procedures and processes to assure rigor and trustworthiness. The results and analysis of the data will be presented in Chapter Four.

## **CHAPTER FOUR**

### **Introduction**

The purpose of this study was to explore, describe, analyze, and interpret women's perceptions and experiences of mothering, mother-child relationships, and interactions with health care professionals within the context of an intimate partner violent relationship and in consideration of the broader social, cultural, and political contexts that influence mothers' perceptions and experiences. Interpretative phenomenology, as well as van Manen's (1997) Human Science Research Method, provided the procedural steps for the data analysis of this study. Data analysis took place through reading the transcripts and listening to the audio tapes multiple times, by reflecting and coding for themes, and by using inductive reasoning and analysis.

This chapter presents the results of data analysis to address the research questions; the overarching theme of mothering in the context of intimate partner violence; and the related subthemes, which are the essential "knots in the webs of our experiences" (van Manen, 1997. p. 90). A goal of this analysis was to write inclusively of all participants' meanings. Similarities and unique or different perspectives of the participants' experiential descriptive expressions of the meaning are presented. The narrative text will convey participants' individual and collective responses (statements, phrases, individual quotes) that are essential and revealing about the phenomenon of mothering in order to bring others closer to the experiential realities of these mothers' everyday lives. I will

describe and interpret the mothering experience in an effort to increase understanding of the connecting relationships among mothering, intimate partner violence, the mother-child relationships, and mothers' interactions with nurses and other health care professionals. This chapter will begin with an introduction to the participants.

### **Introduction to Participants**

This study reflects borrowed human experiences that are sensitive, personal, and emotional in nature. The narratives of the 10 women as mothers provide this researcher with a unique insider's perspective of lived experiences of mothering located within two situated contexts: one in an intimate partner violent relationship and the other in the lived experiences outside of the violent relationship. The mothers' participation in this study is commendable. The mothers have shared their personal experiences so that health care professionals can gain an in-depth understanding of their experiences. Moreover, their impetus to participate in the study was fueled by their advocacy to help other mothers and children in similar situations. In order to bring us closer to the mothers and acknowledge their contribution to this human science research, I will present a personal introduction using pseudonyms. Additional demographic characteristics are presented in table format.

Angel is a mother of two children under 10 years of age. She has a college education and is passionate about her work in the helping professions. She enjoys spending time with her children and being active in their school activities. She was in an abusive relationship for 7 years.

Cori is a mother of four teenage children. She is active in her children's activities and keeps up with her children's social life. She has a college education and enjoys working with children. She was in an abusive relationship for more than 20 years.

Faith is a mother of two teenagers. She spends much of her time volunteering at the children's school, which she enjoys. She has a college education. She was in an abusive relationship for 5 years.

Maggie is a mother of two young children under 10 years of age, and she is also the mother of two grown children. She loves being a mother and a grandmother. She has a college education and enjoys working part-time so she can spend more time with her younger children and family. She was in an abusive relationship for 11 years.

Mariane is a mother of four children, two under 20 years of age and two over 20 years of age. She enjoys her family and loves keeping up with the children's social life, and she is a primary caretaker for her own mother. She has a college education and enjoys working full-time. She was in an abusive relationship for more than 20 years.

Mary is a mother of one daughter under 10 years of age. She has a graduate degree, enjoys working with children, and has a wonderful sense of humor. She was in an abusive relationship for 1 year.

Mya is a mother of two daughters: one is a teenager and the other is in her early twenties. She has a college education. She loves the arts, animals, and spending time with her girls. She was in an abusive relationship for more than 26 years.

Precious is a mother of three children: one is a teenager, and the other two are over 20 years of age and have children of their own. She has a college education and



enjoys animals, her family, and her life as a grandmother. She was in an abusive relationship for 8 years.

Tina is a mother of four children who are all in their early twenties. She has a high school education, is employed full-time, and enjoys spending time with her children and family. She was in an abusive relationship for 24 years.

Zhara-Blue is a mother of three children who are between 5 and 17 years of age. She has some college education, spends time playing with her children, and enjoys working within a community setting and being an advocate. She was in an abusive relationship for 16 years.

### **Participants' Characteristics**

The age of the participants ranged from 29 to 50 years of age, with an average age of 41.3 years. Eight were legally separated, and two were divorced. In regard to the participants' ethnicity, six women identified themselves as White ( $n = 6$ ) and four as African American ( $n = 4$ ). The number of children ranged from 1 to 4, with ages ranging from 4 to 34 years of age. The average age of the children was 16.69 years, and their gender was evenly dispersed: 15 females ( $n = 15$ ) and 14 males ( $n = 14$ ). Eight of the 10 women had college degrees: two had an associate's degree ( $n = 2$ ), five had a bachelor's degree ( $n = 5$ ), and one had a master's degree ( $n = 1$ ), with three women having more than one bachelor's degree. In addition, one woman was in college (1.5 years), and one woman had a high school degree.

**Table 1 Participants' Characteristics**

<b>Mothers Pseudonym</b>	<b>Mothers Age</b>	<b>Race/Ethnicity</b>	<b>Years of Education</b>	<b>Children Ages</b>	<b>Gender</b>
Angel	42	White	16	7 5	F M
Cori	43	African American	16	19 16 14 12	M F F F
Faith	35	White	16	16 12	F M
Maggie	47	White	14	24 22 10 6	M M F M
Mariane	41	White	16	23 21 19 12	F F M F
Mary	29	African American	19	9	F
Mya	45	White	16	23 18	F F
Precious	50	White	14	34 28 13	F M M
Tina	45	African American	12	27 23 21 19	M M M M
Zhara Blue	36	African American	13.5	17 10 4	F M F
Average 41.3 years				Average 16.69 years	F = 15 M = 14

The length of abusive relationships varied; however, more than half of the women were in long-term abusive relationships with a male spouse; six of the 10 mothers were married for 10 years or more.

**Table 2 Length of Relationship in Years**

Length of Abusive Relationship in Years	
20 or more years	4
11 to 15 years	2
6 to 10 years	2
1 to 5 years	2

Employment status at the time of the interview was the following: five worked full-time, four worked part-time, and one was on disability. The family yearly income ranged from less than \$15,000 ( $n = 3$ ) to \$150, 000 ( $n = 1$ ).

**Table 3 Yearly Family Income**

Family Yearly Income	
\$15,000 or Less	3
\$ 16,000 to 25,000	3
\$ 37,000 to 46, 000	1
\$ 47,000 to 57,000	2
\$ 150,000	1

### **Intimate Partner Violence and Maternal-Child Health**

Research findings indicate that women experiencing male intimate partner violence are more likely to have perceived poorer health states (Bonomi, Anderson,

Rivara, & Thompson, 2006; Campbell et al., 2002) including experiences of higher rates of sleep disturbances (Lowe, Humphreys, & Williams, 2007; Rasmussen, 2007), and poorer sleep patterns (Campbell et al., 2002; Woods, et al., 2008). Sleep disturbances affect overall physical and psychological health (CDC, 2011; Palma, Urrestarazu, & Iriarte, 2013), health-related quality of life (Fortier-Brochu, Beaulieu-Bonneau, Ivers, & Morin, 2010), and overall functioning (Ohayon, 2002). Therefore, two health-related demographic questions were developed to assess the participants' perceptions of their own and their children's general overall health and sleep at the time of the interviews.

The analysis of the demographic data revealed fair to good maternal health status for eight of the 10 mothers. Sleep patterns for some mothers are concerning; seven of the 10 mothers reported less than six hours of sleep each night, resulting in less than fair sleep quality and quantity of hours. Three of the 10 mothers reported good sleep, with 6 to 7 hours per night; there were no reports of excellent sleep quality or quantity in this group of mothers.

**Table 4 Mothers' General Health and Sleep**

General Overall Health	Excellent	Good	Fair	Poor
	1	4	4	1
General Sleep Quality and Quantity per Hours a Night	Excellent (8 hrs.)	Good (6 - 7 hrs.)	Fair (5 - 6 hrs.)	Poor (< 5 hrs.)
	n/a	3	5	2

The mothers reported their children's general health as generally good to excellent and their general sleep patterns as from good (6 to 7 hours per night) to excellent (8 or more hours per night).

**Table 5 Children's General Health and Sleep**

General Overall Health		Excellent	Good	Fair	Poor
Gender	Males	8	2	1	n/a
	Females	5	8	1	n/a
General Sleep Quality and Quantity in Hours per Night		Excellent (8 hrs.)	Good (6–7 hrs.)	Fair (5–6 hrs.)	Poor (< 5 hrs.)
Gender	Males	4	7	n/a	n/a
	Females	5	8	n/a	1

The data analysis demonstrated that the mothers and children were active in seeking health care services. Table 6 identifies the frequency and type of health care professional services accessed during and out of the violent relationship, with mothers asked the following questions: (a) In the past 6 months, where have you received health care? and (b) In the past 6 months, where has your child(ren) received health care?

**Table 6 Type and Frequency of Health Care Services**

Type and Frequency of Health Care Services Accessed During Violent Relationship	Type and Frequency of Health Care Services Accessed Out of Violent Relationship in the Past 6 Months at Time of Interview	
	Mother	Children
Child Psychologist (1) Ear, Nose & Throat Specialist (1) Emergency Department (5) Dentist (2) Gynecological Clinic (2) Health Department (2) Hospital (4) Labor and Delivery and Obstetrics (8) Mental Health (Hospital and Counselor) (3) Military Base Services (3) Primary Care Clinic (8) Public Health Nurse (2) Social Worker (1)	Community Health Clinic or Health Department (1) Domestic Violence Center or Counselor (10) Emergency Department (5) Family Practice Office (7) Mental Health Counselor (3) Private or Specialty Health Provider (i.e. OB/GYN, Dentist) (5) Urgent Care Center (2)	Community Health Clinic (1) Domestic Violence Center or Counselor (11) Emergency Department (5) Mental Health (i.e. Counselor, Hospital, Psychologist) (4) Pediatrician Office (8) Private or Specialty Health Provider (i.e. Optometrist, Dentist, other) (8) School Health Office (2) Urgent Care Center (1)

### Participant Responses

van Manen (1997) posits that people seek meaning in their world through everyday experiences. These everyday experiences give meaning to the mothers, and these meanings are the tools, values, and beliefs that they then use when mothering. Interpretative phenomenology attempts to uncover these shared meanings through individuals' interpretation of their world in relation to the broader social, cultural, and political context of human life and through the dynamic and interactive processes of human interactions. In this study, the interpretative process and the mothering process as defined in this study served as applicable frameworks in which to explore and analyze the data.

Mothering takes place within specific historical contexts shaped by intersecting structures of social, culture, and gender and within specific contexts that may include abusive power and control by an intimate partner. This was the case for the women in the study. Ten mothers who were living in the community and were no longer living in a violent intimate partner relationship volunteered to share their stories of what their experiences of mothering and being a mother were like as they lived within the context of intimate partner violence. All of the mothers were able to describe such experiences and were eager to share their experiences with the researcher. The mothers openly shared their stories in reflection of time, place, and context, providing rich, detailed examples of positive and negative mothering perceptions, experiences, feelings, thoughts, and realities. Three research questions guided this study.

1. What is the lived experience of mothering and being a mother within the context of intimate partner violence?
2. What are mothers' perceptions and experiences of their mother-child relationships within the context of intimate partner violence?
3. What are mothers' perceptions and experiences of their interactions with nurses and other health care professionals?

The interpretative process focused on what the participant narratives signified and what the participant experienced every day in her life-world. The textual analysis revealed the interpretive understanding and discoveries that were revealed through the women's descriptive responses (the data). Attention to their everyday mothering experiences contributed to expanding understanding and further discussions of how these

women experience mothering and how their mothering is influenced by the interactions between the specific context created by the violence and the broader socially constructed institution of motherhood.

Heterogeneity of the participants was expected and found. Differences were found in lived experiences and past childhood experiences and in the process of becoming a mother, age of mothers and children, socioeconomic status, and level and type of abuse experiences. However, there was homogeneity in that the mothers were all women attempting to care for their children to the best of their ability during the violence and in the aftermath of leaving the violent relationship. The mothers shared multiple commonalities in their perceptions, experiences, practices, and interactions.

### **Motherhood and the Influential Processes**

The qualitative exploration and analysis of the data revealed that gendered violence was a critical factor shaping the lives of the women in both positive and negative ways; however, this violence did not account for the totality of the influencing factors. The data reveal that mothering perceptions and the behavioral dimensions of mothering were also influenced by various social, personal, and cultural factors, such as beliefs relating to motherhood, mothering, family dynamics, marriage, and relationships. These factors will be discussed throughout the chapter.

### **Overall Perceptions of Motherhood**

The overall perceptions of mothering and being a mother for the 10 women in this study were positive. Mothering was described and experienced as a process. Becoming pregnant and subsequently giving birth to the child commenced their entry into the social



construction of motherhood and maternal roles. The mothering process continually changed as the women passed through multiple stages of developmental and experiential life events.

These interviews showed that regardless of the variations in mothering and the type and level of violence experienced, these 10 mothers seem to have overcome or risen above their past experiences of abuse and the insult of the mothering role that attends such abuse.

**Being a mom (like all other moms).** Perceptions of mothering for the women in this study revealed that these women perceive themselves to be like all other mothers in that they experienced fulfillment and social affirmation from their role as mothers regardless of the situational context in which they lived. Being a mother was a positive source of identity that the women tried to preserve above all else. Cori, a mother of four children, describes her perceptions of being a mother:

As far as being a mother [pauses], it has been the best part of my entire life. My four children are great, they have done some things, but they are great and I put so much of me into it that I've become a better person because of it.

The mothers expressed a central tenet of a commitment to love, care for, and nurture their children, exclaiming a sense of pride and accomplishment: "My proudest moment in my life has always been my kids; my kids are my everything" (Mariane). It became evident through the analysis and immersion in the data that the value of being a mother was at the top of the hierarchy for these women. Their children seemed to be the blessed gifts, gifts bestowed upon them in their own right as women; thus, the ability to

become a mother and bring a child into being appeared to be one of life's greatest joys. "So I feel like I am a very loving and caring mom. You know being a mom, I think, is one of the blessed gifts a woman can ever have" (Mya)!

The interviews suggest that these mothers prioritized and valued their role as a mother. Their maternal roles included being primarily responsible for their children and their children's well-being. As Mya explains, "I did everything with the girls to raise them, teach them to do right." Mothering was also perceived as a reflection of time and context that held value, as described by Tina:

I just have this sense that whatever time I have with them could be valued. I found myself taking them out more like going to parks; I was like the outdoor type Mom, we always had to go on an adventure, we went to the museums a lot, and teaching, like going on a field trip. I always had to be home if they were sick, just had to be with them.

The mothers articulated their experiences of being a mom and mothering, and they did so with passion and a reverence for the essentiality of being a loving mother—a mother who may not have done everything right but tried to be loving and giving to her children. "I know I've given it my all. I have [pause, tears], I can honestly say, I as a mother, as a wife." (Mariane)

Mothers exhibited a strong sense of mothering as evidenced by their examples of caring for the children, supporting their growth and development, and being involved in the children's lives. Angel, a mother of two children, apologized to the researcher for ending the interview earlier than expected stating, "My daughter, she has a school

assembly today. I'm dressed, ready to go, just need to finish writing this card for her teacher. I want to make sure I am at school in time for her and my son." The mothers frequently affirmed that they wanted to do what was right for the children, and there was much acknowledgement that the children came first. Angel goes on to explain why she chose a profession that allows her to fulfill her role as a mother:

When I came home from my mission, I was like well that's not really practical to have a career that you can be a stay at home mom and so that's what kind of redirected me. I guess you could say to go into physical therapy and massage therapy because I thought both of those kind of go hand in hand together because they are complementing, like, professions, kind of. And something else I can do as a private practice out of my home, but yet still be a stay at home mom kind of thing. I put my priority on my family and my kids first. The way my parents raised me to be kind of as an adult.

Angel's statement of prioritizing "my kids first" was echoed by several mothers in the study. The mothers presented themselves as similar to all other mothers in that they demonstrated love, care, nurturing, support, pride, and responsibility in raising their children. The women in this study spoke positively about their mothering practices and about themselves as mothers.

### **Beliefs of Motherhood, Marriage, and Family**

A mother's identity and sense of herself as a woman are strongly influenced by the culture and society in which all mothers live. How women and others view and understand motherhood is very much connected to the historical period and the current

and past beliefs that have developed. The dominant beliefs on motherhood and mothering in Western society have typically been linked to women's biological function and to women's social and gender roles. These dominant beliefs were upheld by the mothers in this study; the data reflect descriptions and beliefs of traditional values relating to motherhood, mothering, maternal roles, marriage, and the family. The influence of the social construction of motherhood is reflected in the following excerpt from Cori.

What a woman finds in her daily routine and what I think is societal about most women, no matter what ethnic background that they have, there is a mind-set of almost everybody on the planet that the man is in charge of the home and the woman should serve him to bring up the family. You can look at any culture in the world and we virtually are at the bottom end of the stick. However, we are the ones who are keeping those men alive and keeping the children alive and no one actually cares for those mothers.

The mothers articulated fulfillment and social affirmation in their role as mothers. The mothers' articulations often echoed the dominant motherhood beliefs currently in place in our society as evidenced by the excerpt previously cited by Angel, "I put my priority on my family and my kids first. The way my parents raised me," and Faith's reference: "My kids come first even before my own health at this point." In this study, being a mother was a positive source of identity that the women tried to preserve above all else. Precious articulated how her mothering behaviors were preserved "above all else" in which "all else" is being referred to as life.

You know every chance that I had, I always had to try and make everything better. I had to be the one to try to make everything better for everybody, for him and for the kids. But for the kids I always, we went to the park, we went out to the ocean, we did beach stuff, we had a dog. I made sure there were pets you know, I walked to food co-ops, I bought the right kind of foods for the kids. I did all the things that make you feel good and are good too. I mean that has to be the flip side of it because if it is not then life is really awful.

In these interviews, the mothers articulated beliefs reflective of their current social context, especially the social expectations of women as mothers. Cori explains her beliefs:

Being a mother, it's who you are and every woman and we can't get around it but it's a universal. We want to be mothers, we are taught to be mothers, we're trained to play with dolls to be mothers. But the thing is that the mother is the part of society, it is the role of the caregiver or caretaker and if you can't go beyond your own selfish needs before taking responsibility of mothering, you're not mothering.

Precious concurs that society has affected her perceptions as a woman and mother:

"Society tells us how we are supposed to behave, in a way, you know, being that caring provider that mothers are supposed to be."

The mothers also described their own childhood experiences and familiar beliefs as well as those based on faith or religion that influenced their life decisions in various ways. Two out of the 10 women described past childhood abuse experiences and poor

mothering role models as influential factors affecting their life decisions. “I did not have a mother, hands down and I’m hands and fist above her in mothering and it didn’t take long and it was fun and I enjoyed myself”(Cori). Cori’s past experiences served as a motivation to be a better mother to her children. While she describes her abuse experiences as at least initially negatively affecting her mothering, she realized through the mothering process that she perceived herself as capable of being a mom who enjoyed and loved her children. Cori explains,

It (mothering), it is, it is something to be defined and get respected, in that position. But if you want to talk about, more on an emotional level, you need to talk about caring and nurturing. It has to be selfless! I was afraid that I couldn’t do that because I had a poor role model of a mother. She was awful, she was just awful. But, um, my childhood was wrought with emotional, sexual, and physical abuse—just wrought with it. So my concern as wanting to become a mother, that was my life time goal and I wanted to prove I was capable of this. So, I had my children, I found joy in watching them, how they walk, how they talk, and I fall in love with them all over again. And that’s my biggest joy! Then the craziest things they say and do, how funny they are, and what they do, and although we are having issues, they are basically good people.

Zhara Blue described a different perspective of how the past negative childhood experiences and religious ideologies influenced her life decisions and perceptions.

I grew up being abused so it’s always been a part of my life being controlled and not having freedom to exercise my own will or make decisions for myself. So I

married someone who is exactly the same because that's what I was used to and I didn't even [pause and sigh] had no awareness of life outside of that.

Even though I grew up in a very, traditional, strict Christian background, I married a very strict Muslim. I think that was my way of just sort of rebelling a little in an odd sort of way. But the same standards, you know, the same expectation that the male dominates the household and the female is to obey, you know, no matter what.

Cori describes how her childhood influenced her perceptions and practices of mothering. Zhara Blue's childhood influenced her self-concept, her perceptions of being a wife and a mother, and the expectations in her marriage. The interviews reveal similarly engrained cultural and family ideologies emphasizing marriage and child-bearing. Indeed, all 10 interviewees were in formal marriages for some time; six of the 10 mothers stayed in these relationships for more than 10 years.

Beliefs based on faith and religious upbringings also played a part in the women staying married. "I grew up in a Christian home and where you try to work everything out" (Mya). "We were raised Christian, conservatively" (Mary) and "As a Christian, at the time I didn't believe in divorce, and I believed in staying faithful" (Zhara Blue).

The women in this study held beliefs reflective of keeping the marriage intact despite the violence. Several of the mothers reflected on their perceptions of the men prior to being married as being a "good catch," one reason being that the men were raised in two-parent households and had career goals. Cori explains,

When I got married the whole ideology was that I would be in a better situation than I had before. That's all I wanted . . . to have children, to have them be raised better than I was. My husband looked like a good catch because his parents were still married, they had good jobs, and they dressed nicely and so I thought oooh so he's been raised right.

Many of the mothers believed in the importance of a two-parent family, even though that belief was not explicitly stated.

The previous section serves to orient the reader to the overall perceptions of mothering for the women in the study. The data reveals that mothering perceptions and the behavioral dimensions of mothering were influenced by various social, gender, and cultural principles. There were some individual differences in the ways the mothers described and demonstrated constructions of motherhood; however, the accounts of the lived experiences of mothering reflect an overall view of the traditional model of motherhood.

The analysis has revealed that gender violence is a critical factor influencing the women as mothers in this study, but it does not account for the totality of the influencing factors on the mothering phenomenon. The interconnections found in the data of the mothers' individual beliefs and the broader social and cultural context in which the mothers lived has enhanced the hermeneutic process. Furthermore, it has enhanced my understanding of the phenomenon of mothering as perceived and practiced by the 10 mothers in this study. One overarching theme emerged in these interviews about



mothering in the context of intimate partner violence—the theme of Chaos, Control, and Support.

In the next section, the textual analysis will focus on how gender violence intersects and influences the mothers, their perceptions and practices of mothering, maternal-child relationships, and the interactions with health care professionals. It also presents the overarching theme and the essential thematic structures (sub-themes) that are the foundation of this theme.

### **Mothering in the Context of Intimate Partner Violence: Chaos, Control, and Support**

*“I definitely lived in an absolutely, chaotic, psychotic episode almost constantly for 7 years!” (Precious)*

#### **The Context of the Chaos**

I use a quote by Precious to highlight a glimpse of the context in which the women mothered; the women in this study experienced demands that are beyond those inherent in motherhood, mothering, or the maternal role. All of the women in this study lived with a male partner who used abusive and violent behaviors. The men’s behaviors were used to establish and maintain control of the mother. The women’s abuse experiences varied in type, severity, and frequency, which accounted for heterogeneity in abuse experiences; however, there was a significant homogeneity of the patterns of intimidation and control in the relationships. The findings reveal that all of the women experienced physical and emotional abuse, intimidation, isolation, blaming, coercion,

threats, and men's use of the children to exert power and control within the relationship. Some of the women described elements of economic abuse and male privilege.

The descriptions of the physical violence included multiple forms of brutality such as being choked or kicked down the stairs, harsh beatings, objects being thrown at the woman, and sexual violence. However, the emotional violence appeared to be the most significant and was the primary type experienced consistently throughout the relationship, whereas the physical violence was experienced more sporadically over the years. Additionally, certain types of verbal intimidation were severe and fairly consistent throughout the relationship, such as threats to kill the woman or child, kidnap or take the children, or report the mother to child protective services.

**Being hurt by someone you love.** The context of the chaos began with being hurt by someone the women loved. The women's perceptions and expectations of marrying and having a family were no different from that of many other women in Western society. However, for the women in this study, being loved and feeling safe with their partner for better or worse included being abused. All 10 women experienced abuse after being married/later in the relationship. "He was a different person when I married him and, right away . . . it's like the moment . . . literally the day of our marriage, somebody flipped a switch and he became someone completely different" (Zhara Blue). "Flipping the switch" was a common metaphor found in the interviews. The behaviors most often referenced that were exhibited by the male partners suggest that the women were blindsided by the abusive behaviors. Mary states, "It was ridiculous. The police were called; it was not expected. I was not expecting this when I got married."

In retrospect, other women's stories described the partners' abusive behaviors; however, the women did not recognize the partners' behaviors as abusive. "I thought it was neat that somebody cared where I was every minute of the day. I was young and naïve, and he was my first real boyfriend" (Mariane). Other forms of abuse were more subtle and experienced by Maggie, as she reports:

The abuse didn't start, the physical abuse didn't happen until later, but the emotional abuse started early, but I didn't recognize it as abuse. It was teasing. He was nice to me for the first six months of marriage and then when I got pregnant with our daughter, um, he was teasing and he was um, the name calling started. Maggie's statement is poignant because others can relate to being "teased" by another human. Yet, with an abusive partner, teasing often escalates, and in Maggie's story, teasing led to verbal abuse, which led to severe physical violence during her pregnancy.

Maggie and five other mothers experienced their first physical abuse incident during pregnancy. This is a significant result of the present study in that six out of 10 women reported physical violence during the pregnancy. It is known that violence during pregnancy endangers the health and life of the mother and the unborn child. Women are more likely to have a miscarriage when violence occurs during pregnancy (Shadigian & Bauer, 2005). This was found to affect one of the mothers in this study. Faith shares her emotional story:

It was probably one of my most terrified moments along with one of my most painful moments in my life (long pause and tears). There was a situation that

occurred when I was five months pregnant in which my partner pushed me down the stairs and I miscarried.

These interviews demonstrate that pregnancy was not a protective factor for intimate partner violence but rather a significant point in a woman's life at which she was most vulnerable. On the other hand, being a mother and mothering after the child was born was not a protective factor for other mothers in the study because there was an escalation of the violence. "There was little bits of abuse on the traveling to California that started to come out, but really the abuse started like a lot of women have said, the abuse started after you have children" (Precious). The mothers' narratives identify and provide supportive evidence that the violence permeated all aspects of their lives as a woman and as a mother. Therefore, I concluded from the analysis of the mothers' narratives that violence was an unexpected, harmful, and additional stressor experienced by all of the women in this study.

**Violence as an added stressor.** The research and literature have identified gender violence as a multifaceted and complex problem that has significant negative consequences. As evident in this study, gender violence, the complex nature of the various abusive patterns, and behaviors exerted by someone the women loved and with whom they shared life's events presented a significant added level of stress. While violence was the primary stressor, it was not the only stressor identified or experienced by the women in this study. The data indicates that two out of the 10 mothers had partners who were experiencing substance and alcohol abuse. Other women spoke about their partners being unemployed or unable to keep a job to support the family. Partner

joblessness was mentioned by several women; therefore, the women had to get more than one job to help with the family finances. In turn, the women were away from their children more often than they desired, which contributed to the level of stress they experienced. The data also included two mothers having the stress of children with special care needs. Although Faith and Angel did not explicably state they were experiencing more stress as a result of their children needing special care, it seemed apparent that the extra attention to the medical and educational needs of the children involved strategic mothering practices with the children was an added stress beyond that experienced by the other mothers in the study.

**Uncertainty.** These interviews demonstrate that the primary stressor of men's violence created a chaotic living environment. The men's violence created overwhelming feelings of uncertainty for the mothers and children in this study. Therefore uncertainty, which is a component of chaos, added to the mothers' stress and influenced their mothering perceptions, practices, and interactions with the children and health care professionals. Uncertainty was described and experienced in complex and varying ways.

Uncertainty is a state of unpredictability. The mothers' narratives validate that intimate partner violence is a complex pattern of human behavior that was not experienced 24 hours a day seven days a week. In fact, the actions of the partner were unpredictable. The mothers could not predict how their partners were going to behave. "It was always like the cycle. He would be nice; he'd apologize, and make excuses. I would think I had messed up somehow" (Maggie). It was found that the mothers experienced confusion from the chaos and uncertainty. Over the course of the relationship, men

showed love and affection toward the woman and child(ren) and instilled loving family values that the women so desperately desired.

He was very attentive in the beginning and very kind and said, you know, I was the one he waited for his whole life, he'd never been married before, he really wanted children, the whole thing and then it turned out to be not true (Maggie).

This was a common finding in the mothers' narratives in that the men's behavior seemed to flip like a switch, both when exerting power and control over the women and when displaying acts of love in the relationship. As such, the mothers experienced increased uncertainty and were unsure of how the partner was going to behave. In the true sense, the women and children were living in two dichotomous worlds.

The reality and existence of the two worlds was substantiated by the men's behaviors; the women reported that the men were one person in public and a different person at home. As described by Faith,

He is one of those people that is a chameleon though; he is so different than what he appears in public than what he is behind closed doors. Behind closed doors, he is an abuser, a rapist, a sodomist, and any number of things. In public he has ran for senate and his great personality and someone to contend with in public who uses his personality and charm. People just seem to be drawn to him and they don't know this other side that exists. He could literally charm his way out of anything. And that is what is scary to me.

Faith's narrative exposes her fear and the atrocities she experienced within her home.

Other women in this study had similar experiences. Mariane described her partner as a

“calculated hitter” whereby her partner would hit her in the back of the head or on her back, arms, or legs, “where people couldn’t see it.” These experiences are well documented in the intimate partner violence literature; the violent partner tactics used to abuse women are often hidden from those in the outside community.

**Living in fear.** Another aspect of the chaos involves living in fear. The women’s narratives describe not ever having the peace and comfort of knowing what was going to happen. The chaos created uncertainty, and with uncertainty came fear. For the women in this study, the experience of fear added a level of distress affecting their emotional and physical well-being. “So, I lived in a constant state of fear for my life and for my child’s life” (Zhara Blue).

**Uncertainty and mothering self-perceptions.** Uncertainty was exposed in the mother narratives when examining perceptions of self as a mother. One of the most negative effects on the perceptions of self as a mother as a result of the men’s emotional and verbal violence was undoubtedly being criticized as a mother and feeling unworthy and disrespected as a woman and mother. Although the women’s own experiences of mothering in the context of intimate partner violence differed, what permeated through the narratives was a sense of self-doubt and uncertainty relating to whether the women believed themselves to be good mother.

The violence and being hurt by someone they loved added a different and often difficult dimension to the women’s role as mothers and to their own self-evaluations. Several mothers spoke about the lack of respect for their mothering, and the interview data demonstrate men’s violent behaviors as contributing to this outcome. Angel, a

mother of two children, shares how the violence affected her self-perceptions as a mother and the self-doubt she experienced as a mother:

Oh, it totally affected me [louder voice]. Once he got in my head, the abuse even in my head I'm saying, like, verbal or emotional and psychological and mental, it made me second guess everything about myself, about how I parent, about the kind of mother I was even trying to be to my children or even the kind of mother that I wanted to become. Like, to become a better mom to my children. It's like once he got in my head and messed with it, the damage was done. You know. The damage was irreparably done.

Other mothers experienced similar feelings of self-doubt as a mother. Maggie explains how she felt as a mother at that time, reflecting on how she experienced a different level of thinking about being a mother and doubting herself as a mother.

I'm always constantly judging myself and it comes from the abuse. He'd tell me I'm a lousy mother. Being told you're dumb and stupid, bitch, the whole thing. It comes...that whole thing starts up as soon as he says something negative all that stuff comes back in your brain and you never know when it might stop. I mean, somebody can say one thing and then all that starts coming back. So you have a whole different level of inside thinking that nobody else gets. You can start crying when someone tells you "No, you shouldn't have done that. That was stupid."

That one word makes me cry every time and nobody gets it.

Maggie's narrative reveals a sense of aloneness; she does not feel others can understand her reactions to the word stupid or why she feels the way she does because "nobody else



gets it.” Maggie’s narrative is reflective of the internal turmoil that the mothers often felt and of a whole different level of thinking the mothers endured. Tina concurs that she, too, felt a lack of confidence in herself as a mother: “I don’t think I’m a good Mom sometimes” [tears].

**Chaos; uncertainty; and mothering practices, roles, and responsibilities.** The chaotic environment and living with an unpredictable abusive partner affected mothering practices, roles, and responsibilities. The mothers did not have or did not perceive themselves to have a network of family or friends in which to confide. It was as if this life was their destiny. This is evident in a statement by Precious: “You made your bed, you lie in it—you stay in the relationship.” The reasons for feeling this way may be understood as part of the multifaceted interaction between individual, contextual, and sociocultural factors, especially where societal beliefs primarily contain male dominance and power as determining factors.

Nonetheless, the majority of the mothers were in long-term relationships with the partner. This led to the finding that the mothers believed it was their role and responsibility to keep the family intact. Many of the mothers tried to maintain or nurture the child(ren)’s connection with the father. The mothers did not want to deprive their children of a mother and father because their beliefs of family were important to them. This emerged in the interviews as an ongoing process of the mothers maintaining the family dynamics in unstable circumstances. Marianne explains how she tried to keep the family together and balanced:

You know, I tried to keep him busy, I tried to keep him active. It got to where if I kept him active in the kids' lives with their sports, 'cuz that what he would, excelled in. So, it was like, I was almost mothering him and mothering the children just to keep a, to keep everybody balanced. So, it was like, okay, so if we do soccer for these 3 months, and then we do basketball, that'll keep him occupied.

Oh, yeah. I know I did the best I could. I mean I should've left a lot earlier than I did. I mean, the best case scenario would have been to get out the first time. Um, I didn't. Took him back time and time, way too many times. Um, that would have been the best protection of course. But, I thought what I was doing was right for them (children). I was giving them the father. I didn't want them to grow up like he did. Um, I grew up with my father and mother, so I wanted them to have that chance.

The mothers needed to hold the relationships together and thus attempted to change themselves, the way they behaved, and the children's behaviors to "stay two steps ahead" (Mariane) of the abusive partner. Staying two steps ahead was a strategy used by the mothers to maintain some sense of normalcy for themselves, the children, and the entire family. Precious describes how she felt amid the chaos:

You try to make everything, you know I can remember thinking I can handle this, I can handle this, I can handle this, you know and trying to make things back to normal because you want your kids to have that peace and tranquility and everything to not be stomach knots you know.

The mothers wished for and strived to provide the children with some normalcy. It was described as a balancing act. The analysis of the interviews showed that all 10 mothers, despite their efforts to control or manage the abuse, found that the men's violence continued to offset the balance within their personal lives and the family unit. This balancing act was complicated by the added stressor of the unpredictability of the partners' actions and having to keep the family's situation secret. As such, many of the mothers lived in silence and continued to mother in the midst of chaos.

### **The Context of Control**

Within the context of the chaos, the partners exhibited various controlling behaviors that affected the women's mothering. The narratives demonstrate that the women's mothering was a significant target used by the men to exercise power and control in the relationship, who attacked it in various ways. It appeared that the partners knew that being a mother represented a positive identity and source of fulfillment for the mothers in the study. Mothering, therefore, became an area of vulnerability as the partners recognized that the women tried to preserve their roles and practices of mothering above all else.

The mothers in this study experienced various abuse experiences that directly affected their mothering. There was control over Zhara Blue's decision to become pregnant and her free will to become a mother. "He was very violent and right away he wanted me to have a child; my life was on the line. Every day he made it very clear to me that he would kill me, he would kill the baby that was growing inside of me."

There was further evidence of men exerting power and control during the women's pregnancies as stated earlier; pregnancy was a time of escalating violence. Six of the 10 mothers initially experienced physical violence during a pregnancy. The men used violence as a means of control over these mothers, specifically targeting the mothers at a time when women often need support and want to share their joy of being pregnant with their partners.

The men exerted power and control as a means to undermine the women's mothering and mother-child relationships. Other tactics used by the partner included verbal and psychological abuse, control over the finances, and control over the household. Cori explains, "He has all the control in the house. He always did. I really didn't. All I could do was duck and cover, take care of the kids. So, I had to deal with the male privilege."

Men's violence toward the women created situations in which the mothers perceived a loss of control or autonomy over their mothering. Tina acknowledges her loss of control over her ability to fulfill what she believes is part of her mothering role—that is, helping her children with their homework:

I think the one thing that has been affected has been their secondary education. I have two sons going to college but the other two have no desire to go to college. I don't know if that is a normal thing but I think living in the relationship what was neglected the most was their schooling. They had to find their way on their own a lot, he (husband) didn't like that I wanted to help them with their homework. He controlled that too. They had to do things on their own, their own homework and

they didn't get much help. He was very controlling, and it was his rules and you just get tired of fighting because you just don't win.

The men's violence and controlling behaviors subsequently added a different and significant level of stress for these mothers, thereby affecting their mothering perceptions and practices. Many of the mothers were viewed by their partners as the sole person responsible for caring and providing for the children. As such, mothers were often overloaded with the responsibility of child rearing and family responsibilities. The mothers described a lack of respect for their roles as a mother and wife.

There never was respect for my work. I was expected to go to work eight hours each day, pick up after the children, wake up the children, feed the children, homework, entertain the children, baths, get them to bed, and all the while he watched television. (Cori)

The lack of respect from the male partners was identified in other aspects of the mothering roles and responsibilities. Some of the mothers described a loss of control over their ability to fulfill part of the mothering role in relation to the amount of time they were able to spend with their children. Precious explains,

I was away from her a lot that first year which probably is not as normal as you know the years when I spent as much time as I could . . . . He was not good at holding down jobs so basically I got talked into landing any kind of job I could. Similar experiences were described by other mothers, as Mariane verbalizes, "It was just many, many layers to the abuse. With Niki, having a newborn, I was working two jobs, had her, he wasn't working." These findings suggest the mothers perceived that time with

their children should be valued because it enhanced the mother-child bond and attachment with the children. This was described as an important construct of mothering for the mothers in the study. Being a mother, mothering, caring for, and loving the children were perceived as one of the mothers' greatest joys. However, time with the children was not valued or respected by the partners; thus, the mothers perceived the partners' actions as an attempt to control their positive mothering experiences.

**Taking back the control.** Amid the chaos and control, the mothers were active in their responses to their situations, but those responses were complex. The responses involved gaining some control over their mothering, family life, the partner behaviors, and the environment. Specifically, the mothers actively tried to maintain a sense of normalcy and balance while providing an enhanced level of protection for the children and themselves.

Most of the mothers were successful in certain aspects of taking back the control, and eventually all mothers left the abusive relationship; however, the mothers faced several challenges and obstacles during this process. Mothering was inevitably more difficult and stressful when living within the context of an abusive relationship. Furthermore, taking back the control over their mothering meant experiencing an escalation of various forms of abuse. Nevertheless, the mothers in this study found ways to cope and not give in; the narratives demonstrate multiple examples of their resistance.

The mothers tried to manage their mothering by demonstrating an unconditional love toward their child(ren). The mothering perceptions and practices discussed in the previous sections have provided some evidence of how the women mothered within the

context of the violence. Being like all other mothers was what the mothers perceived themselves to be in that they loved, care for, nurtured, and supported their children. The mothers provided maternal warmth and affection and focused attention on the children's basic needs. However, there is a significant difference when mothering in a violent relationship.

The analysis reveals that even amid the context of the control and violence, mothers can provide maternal warmth and love to their children but that it is "harder" (Maggie) and more "stressful" (Mariane). As such, the difference for mothers living in the context of intimate partner violence was that the violence is the added stressor. The added stress of the violence increased the mothers' stress and responsibility to meet the children's basic needs. For example, some of the mothers discussed the importance of keeping routines to lessen the chaos, uncertainty, and fear, such as having weekly family meetings and eating dinner together each night with or without the abusive partner.

We sit down for dinner every night and I ask them every day "What was your favorite part of the day?" Now, we did this at the house with daddy, but daddy was never home for dinner so I tried to keep the same routines from when we were in the abusive house to where we are healthy and it's been such a difference. That's one of the reasons why I kept their routines as much as I could. We go to church on Sundays. We have family time on Saturdays. (Maggie)

Another mother discussed how keeping the children on a schedule and enrolling them in daycare helped with structure and enhanced the children's safety.

I had them on a set schedule, everything had to be scheduled . . . . They are in daycare centers because they are always on a schedule. It helped with structure.

Working mom this whole time, I felt for the most part my kids were safe. (Tina)

There was an overall consensus that the mothers understood that the violence influenced mothering responses and the lives of their children in various ways. Precious exclaims, “Of course! I don’t think that my kids realize even to this day how much it influenced them, but I know. A lot of it is the trust issues, she has a lot of problems with trust.” The mothers were aware that being a mother in an abusive relationship necessitated heightened mothering practices in order to provide stability and nurturing to their children. Maggie discusses how she has had to provide an “extra level of compassion” to help her son cope with “a breach of trust.”

So I guess there’s been a breach of trust and I can’t exactly sure . . . . I haven’t changed how I parent, but he doesn’t trust me. So I always have to go through the whole thing . . . . “Mommy loves you, Mommy loves you, bunches and bunches,” you know, and reassure him that I love him no matter what you do, I love you no matter what you say, I love you no matter if you hit me or get mad at me, I love you anyway. I’m always constantly telling him that. (Maggie)

The interviews suggest that the mothers often overcompensated in the area of mothering when trying to maintain a balance and a sense of normalcy amid the chaos and uncertainty. The mothers mentioned what they had to do to maintain some normalcy and provide balance. However, there is never a true balance in their life because they were not safe in their homes.



**Keeping the children safe.** “It is an added level of protection” (Maggie). “I always had to keep the kids in a safe environment” (Mariane). This was a common and significant theme that permeated the mothers’ narratives. The mothers did not feel safe; they often feared for their life and constantly worried about the safety of their children, so they had to provide an enhanced level of protection in order to keep the children safe. The mothers had to alter their mothering strategies and provision of care because of the chaos and uncertainty of the partners’ violence. Marianne reports one strategy she used to make sure the kids were safe:

I always made sure they were in a good daycare. Sometimes, I had it so he couldn’t get them, pick them up, because if he went on a whim or something or wanted to pick them up or drive back from Georgia, I didn’t want that to happen. And, even though he was their dad, I mean legally I probably couldn’t have stopped him. But, you know, on the piece of paper, I never wrote his name. Because I just never knew, and it was sad, but I never knew. I never knew what, in the back of my mind I never knew what he was capable of or what he would do.

The mothers were constantly aware that they needed to provide enhanced protection for the children from their father, as Maggie explains:

Well, I was always extra para . . . I don’t want to say paranoid, but I was always overprotective. I think it’s more overprotective than paranoid. There’s no way you can be over . . . too protective when their father is, you know, the one who’s hurting.

Trying to provide protection and normalcy in these circumstances requires constant vigilance, but for these mothers, that was part of everyday reality. Thus, the mothers described themselves as “walking on eggshells” as they tried to balance their lives.

I was constantly on eggshells trying to figure out what we could do as a family that wasn't going to cause a problem. There was constantly that balance...Okay, can I have the kids in bed before he gets home, or can we go on vacation and him not be totally obnoxious and embarrass us, and go out to dinner? (Maggie)

The mothers also tried to protect the children from being exposed to the violence. For example, they would distract the children, have them go to their rooms, or direct them to “lock themselves in the bathroom” (Maggie) when the threat of the violence was imminent or during arguments. The mothers reported, “I thought I was protecting them from the situation” (Mariane), but “you don't realize how much your kids see and hear even though you're keeping things from them” (Tina). It was especially harder to shelter the children from the abuse once “they got older” (Tina) as “they knew” (Mariane) what was happening and “they [the children] would intervene a lot, call the police, or try to physically restrain him” (Tina). Consequently, all of the mothers reported that despite their best efforts, their children directly witnessed emotional, psychological, and verbal abuse from the person they knew and loved as their father. This acknowledgment was an emotional and heartbreaking discussion for the mothers in the study. Maggie says what other mothers reported: “Those babies are watching this, so that made it difficult, I didn't

want to die because they needed me and I didn't want to leave him with them, with me dead."

The data suggest that the mothers tolerated the violence when it was directed at them; however, when the children became directly involved, their thinking changed.

"That's it! It only takes once, and now that he's crossed this line, he's going to abuse her again and he'll have to kill me first before I allow that to happen again" (Angel). Still, sometimes children were abused when the mothers' safety and protective provisions failed. Three out of 10 mothers reported that the child was physically abused by the partner; one of the three had a child who was sexually abused by the partner.

**Intimate partner violence and leaving the violent relationship.** Mothers had different reasons for leaving, but the most commonly cited reason had to do with their recognition that the protection and safety mechanism were either dwindling, not working, or gone. Precious describes a "defining moment" when she was no longer able to protect her children:

I saw that car seat fly from the back into the back of the front seat, wondering when I tipped it back if my baby was going to be alive, I knew then, it was over. No matter whatever I was going to do in the next few months it was going to be to get out! And I did, I suddenly called up people that I hadn't talked to in years, begged, borrowed and stole, I figured my way out of there. It was such a long time ago but it is such a . . . it still feels like yesterday, I can still remember almost every single moment, it will never you know [pause] But it was lifesaving; it was definitely lifesaving to get out!

**Renewal after leaving the violent relationship.** These interviews reveal a clear division between mothering within and outside the context of an abusive relationship. The mothers' narratives validate a renewed life without violence, a new journey that is deserved, and "it's paying off tremendous benefits, just being safe" (Maggie). The mothers perceive that their relationships with their children continue to improve and change especially out of the context of abuse. The mothers' stories reveal role modeling of renewed healthy relationships and strong attachment bonds to their children even as some of the children enter into adulthood.

The mothers discussed having to provide a different level of compassion rather than an added level of protection. The mothers are trying to be advocates for healthier relationships and let the children know "they're loved. They don't have to fear me. They don't have to fake it" (Maggie). The mothers' report that their communication improved with their children because they openly discussed what it was like to live within the context of a violent relationship. Communication and education seemed to be important in this stage of renewal for the mothers and children. "Just to plant seeds. They'll grow, I know they will" (Zhara Blue).

The mothers mentioned that the children were happier and that both children and mothers feel able to express themselves without being criticized or abused. "I'm the one person that they can be themselves with all the time. I'm trying to maintain that safety net for them so they don't have to act out at school and get in trouble . . . That's how it's definitely changed"(Maggie).

The mother-child relationships are in a state of renewal and rebuilding, as Maggie states: “I’m trying to rebuild a relationship with both of them to where it is healthier.”

All mothers actively sought professional services for the children and for themselves in order to cope with the abuse exposure. The mothers acknowledge the importance of the children getting outside support “so that they would come out through this process along with their mother, hopefully, on the other side of divorce feeling more loved, more well-assured of themselves, and more confident” (Angel). Many of the children are currently in counseling or attending a support group for children of abused mothers, and the results have been positive. “She [daughter] is feeling that group is helping, she enjoys going, she is happier” (Mary).

The mothers and children continue to build upon their relationships and support each other in various ways. Many of the mothers demonstrate a heightened role in educating their children on safety. “She knows the truth and she knows that if she is not safe she needs to call the police, whether it’s Daddy or another man” (Mary). The mothers are passionate about educating their children about intimate partner violence and are hopeful that their children will not enter into a violent relationship.

I know I did the right thing for me; I know I did the right thing for my daughters because like I said, the most important thing right now is I don’t want them to see that it is okay to stay with an abusive person whether it is emotional, or psychological, or physical, that is absolutely not something you just put up with, you just can’t do it!

I don't want them to grow up in a relationship with a man where they gave in like I did. So I hope and pray that my daughters do not ever get into a relationship with a man like that. I hope that I can teach them that. I know I care what I am no matter how hard it is. So that's the bottom line, I want to be happy and I want to be there for my girls and I don't want them to end up in the same situation that I am. I want them to be on the alert you know for signs of a controlling person you know so that doesn't happen to them. Because they are beautiful young ladies and I never want them to lose who they are! (Mya)

### **The Context of Support**

The context of support involves examining mothers' interactions with health care professionals as experienced during their abusive relationships. Many mothers perceived and experienced health care professionals as unhelpful and unsupportive. Seven out of the 10 interviews reported negative health care experiences. "Nobody really connected with that compassion; it's just really hard. I had to go to special counseling to get that" (Maggie). However, two of these seven interviews reported both positive and negative experiences. For example, Tina reports, "I don't recall having any medical or doctors that were not helpful." Then again, Tina's narrative did show that she experienced less than supportive health care interactions when she mentioned, "Only one asked why there were so many bruises on my back, and they thought it was really odd that my back would have bruises; other than that, I don't recall every asking about it," nor did they make further inquiries or referrals.

Two out of the 10 interviews reported only helpful and supportive interactions with health care professionals and did not mention unhelpful or unsupportive interactions, and one mother did not mention her personal health care experiences at all. Mary reported only supportive responses when she was seeking emergency room services for abuse-related injuries.

Well, when I went to the hospital when he put his hands on me, I think they did a great job. They asked me what happened and what was going on, I think they took care of me once they got the information and got everything done. The people in the hospital made feel comfortable. I had to call CPS and he was found guilty of abuse and also neglect of my daughter since she was in the house. (Mary)

Mya also felt supported by her physician, mentioning, “She was also a woman, you know; you have to feel safe with them, and you have to feel that they care about you and they are going to help you get well.” Mya reported that she had a long-standing relationship with this particular physician, and she was able to disclose her abuse experiences because of the trusting relationship they shared.

My doctor knew and she was very caring and that was a crazy thing because I really at that point didn’t know where to turn or who to talk to or what exactly was happening to me. I just knew that I was unhappy and at the beginning she was somebody I was able to pour my heart too and she was a very caring doctor and she wanted to do whatever she could to help me. (Mya)

Additionally, three out of the 10 mothers’ interviews showed helpful support from health care professionals when they sought care for their children.

I think that as a Mom and knowing when your kids are sick is how you want to be there for them and help them whatever way they can to get well, you want to call them and bathe them when they are sick and hold onto them and be there for them and care for them you know being a mother being motherly and caring.

I know the doctors that I have been around or nurses that like the nurse in the pediatric wing with my daughter there were actually two on and off, we were there for a week in the hospital and they were amazing. I felt so blessed to have them as my nurses, they were wonderful. One day they came in and wrote on her pillow when my daughter was able to take a shower and they redid her bed they would write notes on her pillow with a washable marker say good morning sunshine and happy faces and stuff they were wonderful just little things like that. I just remember how surprised my daughter was when she saw this bright pink washable marker on her pillow case (laughter) a tiny thing like that made a teenager in a lot of pain smile that's really important! (Mya)

All of the mothers reported that their experiences with support services from the community domestic violence center, including individual counseling and abused women support groups, were highly effective and supportive in meeting their health and family needs. The mothers actively provided descriptions of what health care professionals could have done to better support their health needs and the health needs of their children.

**Mothers' interactions with health care professionals.** The Medical Power and Control Wheel authored by the Domestic Violence Project represented the types of interactions my interviewees had with the medical health care system and professionals.



Overall, health care professionals let these women down. There was a lack of understanding, compassion, knowledge, resources, and referrals, and a lack of interest in the mothers' and children's safety, health, and well-being.

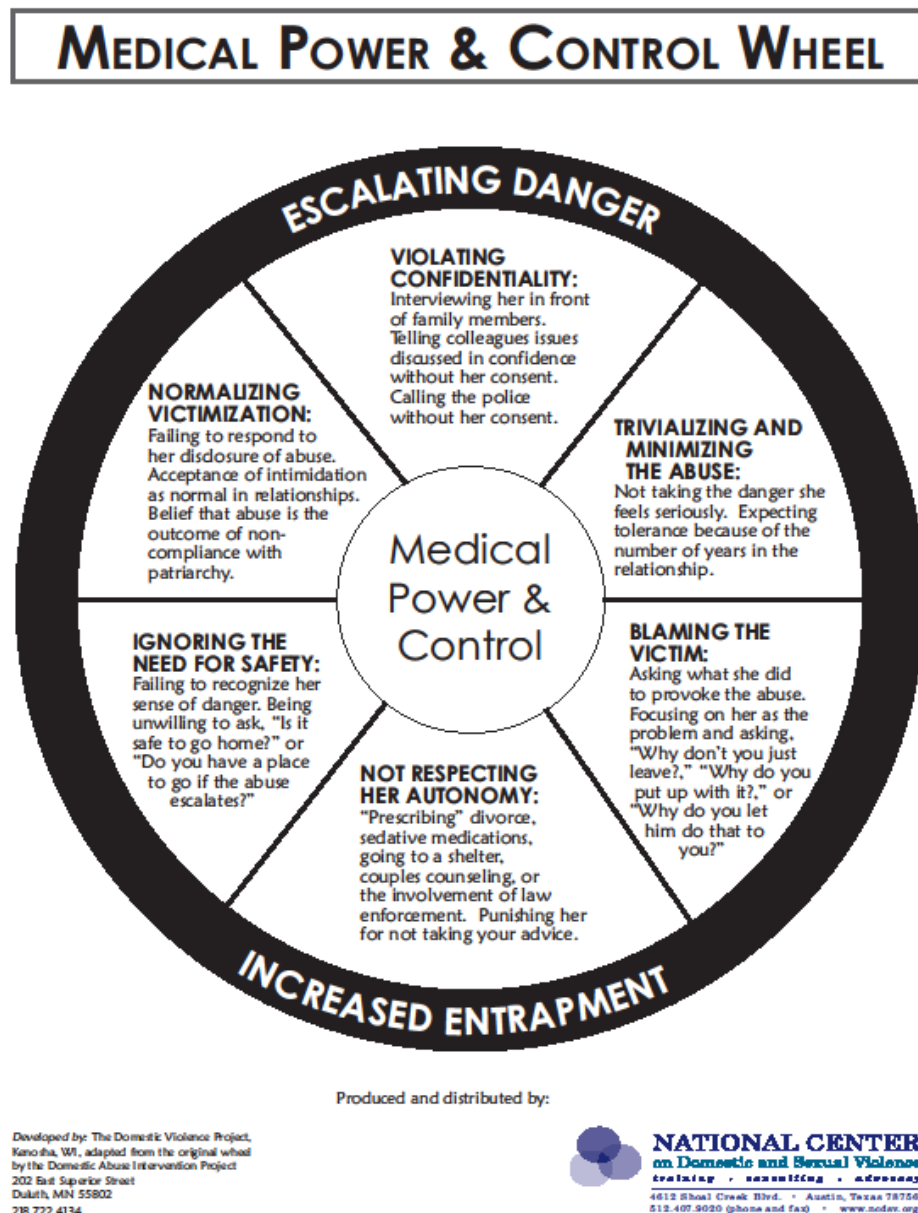


Figure 1. Medical Power and Control Wheel

**I want to be valued, not blamed.** The interviews showed that mothers were traumatized, scared, and stressed and that they feared for their lives and the lives of their children. The mothers perceived the health care system and the process of seeking care and support to be controlling and impersonal. The mothers initially expected compassion and understanding, but that is not what they experienced in most of their interactions with health care professionals. “Don’t judge me; just because I am abused or was abused as a child does not mean I can’t be a great mom” (Cori). “Safety is the priority over other issues and I felt like this was ignored by health professionals” (Zhara Blue).

**I’m not crazy or depressed—just stressed.** Three of the mothers were prescribed antidepressants; “That was her [counselor’s] fix” (Faith) when the mothers were seeking care for physical illnesses. The mothers reported that they experienced less than compassionate interactions with health care professionals who “acted as if they didn’t have time to listen” (Maggie). A common response was that the health care professionals only treated the physical problem that was being experienced, or focused on performing a procedure or obtaining a history. It was reported that health care professionals seemed to ignore the mothers’ needs at that time, even if she was visible crying or bruised.

Three of the mothers reported being misdiagnosed because the health care professionals did not believe the woman’s health concerns. The mothers reported that sometimes the abusive partner provided incorrect health history and health information about them. Three mothers were misdiagnosed, and as a result, two of the mothers now

experience long-term disability from the effects of the misdiagnosis. Zhara Blue shares her experiences:

I'm back at the doctor's and he's there with me interfering, you know, they're asking me what my symptoms are and he's answering for me and telling them that I'm depressed, when in fact I have a physical illness, not a mental illness. I'm physically ill, okay. And, so the doctors, instead of running tests to find out what's wrong with me, they just describe an antidepressant and send me home. Well, a year goes by without me getting the help that I needed and finally, finally, someone . . . because I just kept going back and I wouldn't let up, they finally sent me to a rheumatologist, and yes, I was very physically ill.

But, I had gotten so sick that I was bedridden. I had to take months off from my job. I became completely financially disabled because I wasn't getting the proper health care that I needed because he had them convinced that I was depressed, rather than the fact that I had a physical illness. I turned out that I had a rare strain of, um, the strep . . . similar to Lyme disease, I can't remember what it's . . . kind of like Epstein Barr, okay. And had they tested for it early on and caught it, then I could have been treated and things would have worked out much better, but because it was left unchecked for so long, I still have problems to this day. And it was only because he interfered.

**I could have done with a little more support.** Mothers' narratives reveal that telling a health professional or others about the abuse is hard because the women are scared, embarrassed, and "there's a whole lot of shame" (Maggie). When some of the

women did disclose, it seemed that health professionals did not care, show compassion, or ask the woman how she was doing. Health care professionals' attitudes toward the women were less than compassionate and they seemed shocked, hurried, as if they did not have time for the women. There were no guarantees about health care provider responses. For example, if the women did disclose the partner violence, health professionals may or may not be kinder—and it was a risk the women were not always willing to take. “I don’t want to repeat my story to everyone, don’t want to say it all over again, I feel like I’m being re-victimized—re-traumatized” (Maggie). Even when women did disclose, they did not receive appropriate referrals—or worse, they did not receive any referral. Therefore, women need caring help to disclose. The analysis found that nine out of 10 mothers wish that someone in health care would have asked about the abuse or would have approached them in discussion. “If only they asked” (Faith).

**Do you not see my bruises?** The mothers' narratives provide detailed experiences of interactions with health care professionals. Some of the mothers report that health care professionals ignored visible bruises—neither commenting on them nor asking the partner to leave the room. “I know I went to doctors when I was pregnant with bruises on my body, on my stomach; obviously I didn’t run into something” (Precious). Mothers then became silent when they had to return to those same providers. “It was like being violated all over again” (Maggie), and “it must be my fault. As the saying goes, you made your bed; now you must lie in it” (Precious).

**Do you not see me? (I am a woman and a mother).** The women experienced health care responses lacking in compassion, understanding, initiative, knowledge about

domestic violence or the cycle of violence, and, most importantly, how to care for and respond to a woman who has been abused. This was found primarily in health care services that provided medical care; however, it was also found in care provided by counseling and social work services. The women experienced professionals who had negative attitudes, didn't want to get involved, or acted shocked and as "if we had herpes or something" (Maggie). There were three interactions in which health care professionals said, "There was nothing I could do for you" (Zhara Blue).

The violent male partners also interfered with the women's health care. The men controlled who the women could see in terms of professionals, and they did not allow the women to be alone in a room with the health care professional. The men answered the questions for the women and made up stories about the women and their health issues or problems. The men decided for the woman when and what services they would seek.

Even when I had doctor appointments he was there because he didn't want me to report anything that might, you know, he didn't want any information to get out. And he interfered with my health care. He, um, you know, he would go in and tell the doctor that I was depressed because he threatened to leave me. He would just make up stories, you know, to make the doctor think that I was mentally ill, or that I needed medication that I didn't need. (Zhara Blue)

The men controlled reproduction by not allowing birth control or by demanding or forcing sexual intercourse. The men kept mothers from taking medications or told them they were crazy if they took antidepressants. One partner sabotaged his own daughters' medical recommendations by going against medical advice for their special-

needs child. In addition, the partners were calculated hitters and acted as chameleons when interacting with health care professionals. The interview data demonstrate that some of the health care professionals believed what the men were saying and did not speak to the women alone. These abusive partners were found to be well-liked by outsiders, yet feared by their own family. They were manipulative and in control when in public, even convincing health care professionals that they were more authoritative than the mother.

**Advocate for self—fighting the health care system/process.** The mothers' narratives showed that they had to advocate for themselves and their children to obtain quality health care services within the medical and hospital-based systems. Several perceptions and experiences gathered from the mother narratives are identified:

1. Mothers needed to advocate for themselves to obtain the health care services they deserve and are entitled to as humans: "It is like you have to fight the system" (Maggie).
2. Mothers wanted "compassion and understanding" (Mya) especially in times of crises and after being traumatized because "it still feels like yesterday; I can still remember almost every single moment, it will never, you know . . ." [pause, tears] (Precious).
3. "I still think it is my fault" (Faith) when health care professionals act with less compassion.

4. Mothers without insurance had more limited health care choices and “definitely didn’t get the response I needed from the health department, so, no health insurance” (Mariane).
5. Mothers were traumatized by the men’s violence and described being “re-victimized” when seeking health care services for violence-related injuries. Maggie states, “Do not leave a traumatized person or women alone, especially with a male” provider. Maggie explains her reasoning for this statement: “There was a nurse in there with him for about two minutes and that was it, and I was in there with this doctor alone. Terrified of men, terrified to talk.”
6. Mothers want effective support and suggest: “If you [health care professionals] could just take 5 to 10 minutes to listen” (Maggie), they would feel more valued.
7. Mothers want informational support on the health impact of intimate partner violence, how to get out of a violent relationship, and when leaving the relationship is not an option.
  - a. I think it’s the long-term effects that the doctors and the health care field need to, to really promote now. I think everybody knows about the black eyes and bruises. I think they need to stress more of the long-term consequences, like stress, and the hidden, maybe, the hidden symptoms of stress. I didn’t need to be at the healthy, how to feed your kids healthy or how to play with your kid, I need

to be at the, you know, how to get out of a domestic violence relationship. I needed to hear about medically what it was doing to the kids or the effects it was having on my health or the stress. I think that's the important piece; the long term effects. I never realized that I was going have hearing loss, the last time he hit me was probably 10 years ago. (Mariane)

**A mother's support: From one mother to another.** A significant revelation from the mothers in the study was found at the onset of the data collection. All of the 10 mothers offered support for other mothers who are in abusive relationships, and the mothers provided this important data without prompting from me as the researcher. In fact, many mothers participated in the study because they believed that their voices and the voices of their children matter and need to be heard. Several mothers in the study mentioned wanting to "give back" and voiced that they want to tell other mothers that they are not alone.

Because I want to give back to other women who don't feel quite as empowered because it made a big difference for me to come in and have help. Where I could talk safely and not be judged. That was huge! (Maggie)

Many of the mothers report gaining enhanced support and empowerment from meeting other mothers and women in similar situations through abused women groups or from counselors specializing in domestic violence services.

I think the impact that the abused women's group gave me was that I got to see that there were many more women suffering out there, worse than my situation.



But, if we can stick together we can help that individual person out. So, this study, if it is used properly can help somebody else out. (Cori)

The mothers provide specific advice for other mothers, especially focusing on getting help from community domestic violence centers or domestic violence counselors and getting educated. “If you know more, you do better; and if you know more you get better” (Angel). The community domestic violence centers offer education and support groups in which to gain help and knowledge. It is also important for abused women to know the laws in the state and what the woman’s rights are regarding living in an intimate partner violent relationship. The mothers advocate for the education of children in the home, school, and community. “I think that education needs to be done more in the schools, the head starts, and the single-parent groups. To let them know that there’s help because I think the information needs to be there” (Mariane).

The mothers emphasized that the safety and well-being of the children are most important. “You have to protect yourself and protect your children; that’s what comes first” (Angel). The mothers report that they have learned from their experiences, and the best protection is to get out the first time because living within the chaotic, controlling, and abusive home puts the mothers’ and children’s physical, emotional, and spiritual lives in jeopardy. There were references within the narratives for all mothers to make sure the children “understand that love doesn’t hit; love doesn’t hurt” (Tina), and to make sure that the children know that “they are loved” (Tina)!

These mothers’ narratives reveal encouragement and hope for themselves and other mothers. “It’s not easy breaking the cycle” (Zhara Blue), and it is important to set

boundaries and maintain them. Women should recognize their strengths and understand their weaknesses to be empowered in all aspects of life. “You can overcome anything, and it’s with that human spirit and we all have it, and that’s what every person needs to know. But that’s particularly what a woman needs to know in an abusive situation” (Zhara Blue).

The mothers mentioned that healing from the violence takes time. “I’m not totally healed yet” (Mariane), and “it’s only been a year, so like I said, sometimes I get triggers that I don’t expect. Like at work I could start crying all of a sudden” (Maggie). The mothers advise other mothers to not be afraid to ask questions and seek out help “even if you go through it one time you need to get help” (Mary). These findings highlight the mothers’ concerns and signify the importance of mothering and concern for the well-being of children who are or have experienced living within the context of intimate partner violence.

Everyone can learn from everything really, if we open ourselves up to that, and that’s what I want my life to be about, not so much about the pain and the struggle, but more about what I’ve learned from it and how I can share with other people and what will they gain from it. Because along the way, that’s how I survived. (Zhara Blue)

### **Summary**

This chapter presented the findings related to mothering, mother-child relationships, and experiences with health care professionals within the context of an intimate partner violent relationship. The chapter included the participants’ demographics

and a discussion of their responses to the interview questions. The interviews were analyzed for overarching themes and were placed within the context of the study's framework. The most important theme that emerged from these interviews was that mothering in the context of intimate partner violence involved chaos, control, and support.

In summary, in the presence of intimate partner violence, the perceptions of mothering were described as different and more challenging. The violence presented added stressors for mothers and their children. However, the mothering practices, mothers' love and attachment for their children, their concern for their children's safety and well-being, and the energy they expended to ensure that the children knew they were loved did not waver.

It was found that the mothers living within the social context of partner violence had an added level of stress as a result of the violence. The violence complicated the women's mothering; threatened the women's self-concept as a mother; and negatively affected the health, safety, and well-being of the mothers and their children. Similarly, the analysis revealed that the mothers experienced double expectations in that they had an added level of pressure to conform to the social constructions of motherhood that they experienced in today's world.

It was found that their perceptions of and experiences with health care services contributed to the mothers' pressures. It was also found that their perceptions of and experiences with health care services confounded their view and trust of the medical

health care system. The analysis revealed that community, psychological, and counseling services more effectively met their health care needs.

The analysis reveals that motherhood and the practice of mothering were sources of strength, hope, and affirmation. Motherhood helped the mothers in the study to overcome the violence and survive so they could care for and love their children. The mothers acknowledged that the violence affected their mothering and their children; however, the mothers went to great lengths to protect and manage to the best of their ability in the face of such adversity and uncertain circumstances. All of the mothers described positive relationships with their children and a renewed hope for the future. The findings show that the violence did not define who they are as women or as mothers. Despite the violence, being a good mother—that is, loving and caring for their children—was the priority of their existence.

All of these mothers eventually left the abusive relationships, overcame the turmoil, and became stronger because of their experiences. These mothers struggled to maintain their mothering roles and are now more empowered to live in abuse-free lives with their children and families. Their mothering perceptions and practices were transformed as the mothers lived the journey from chaos to more self-assured control. They continue to be in the process of rebuilding their own and their children's lives.

Chapter Five presents a discussion and summary of the study findings. It includes implications, limitations, recommendations, and conclusions.

## CHAPTER FIVE

### **Introduction**

The purpose of this chapter is to summarize and discuss the findings of this phenomenological study and my recommendations based on this research. This chapter will address relevant findings and the overarching pattern and supporting themes in relation to the study questions and to earlier research. It focuses on the implications for evidence-based nursing practice, education, and policy. Study limitations and recommendations for future research are presented.

### **Discussion of Findings**

*The Overarching Pattern: Mothering in the Context of Intimate Partner Violence:*

*Chaos, Control and Support*

The findings of this study enrich the understanding of women's perceptions of mothering and being a mother within the context of an intimate partner violent relationship. The study also provides understanding of mothering perceptions and practices out of a violent relationship. Motherhood was central to the identity and self-perceptions of all 10 women interviewed regardless of the context of their lives. These findings correspond with some of the findings from previous inquiries related to mothering in the context of intimate partner violence (Buchbinder, 2004; Irwin et al., 2002; Peled & Gil 2011; Semaan, Jasinski, & Bubriski-McKenzie, 2013).

Consistent with the findings of the current study, Irwin et al., (2002) and Semaan et al., (2013) found that for those in violent partner relationships, motherhood and the practices of mothering served as a source of strength that gave women a sense of purpose, fulfillment, and social affirmation as mothers. Mothers experienced with intimate partner violence perceived their mothering experiences and being a mother as the most important aspect of being fully human in the world—a world in which mothering is measured, perceived, and practiced within several strong and unrelenting social, gender, and cultural beliefs. Mothers living in the context of intimate partner violence achieved a positive sense of self and mother-child relationships from the processes of mothering and from the social status they gained from being a mother.

Despite the violence, motherhood was perceived as a source of strength and empowerment in making difficult decisions, fulfilling mothering responsibilities, and rebuilding mother-child relationships. Mothering seemed to buffer the women's abuse experiences, enhance mothers' sense of worth, and possibly help mothers rise above the chaos and survive the violence. Interestingly, similar findings were found in other ethnic groups of abused mothers, such as Latino mothers (Kelly, 2009) and Israeli mothers (Buchbinder, 2004; Peled & Gil, 2011). These cultural studies have strengthened the knowledge and understanding of the centrality of mothering for women in violent relationships across other cultures.

The finding in this study and in Lapierre's (2010) study is that motherhood was also central to the male intimate partners. Motherhood served as a direct target through which to purposely inflict violence, power, and control. Radford and Hester (2006)

highlighted this predicament, noting the various tactics men use against women who are mothers. As such, mothering in the context of intimate partner violence involves both fulfillment and exploitation. The women in this study acknowledged that gendered violence was a critical factor affecting their mothering and the lives of their children. However, it was the men who initiated the violence; in turn, mothering was complicated by the violence.

The mothers were active in taking back some of the control over their mothering and the family unit; however, that was not easily accomplished. The mothers experienced demands beyond what would be considered inherent in the protection and provision of the basic needs and care of children, being required to provide an added level of protection for their children. They needed to keep the children safe from their father and went to great lengths to limit the child(ren)'s exposure to the violence. The practices of mothering for these 10 women involved living in a constantly shifting and unstable environment. Similar to Lapierre's (2010) study findings, this study finds that mothers experienced over-responsibility, heightened demands on functioning, and an overall added level of stress as a result of the violence. Clearly, more research is needed to examine how men use violence, power, and control as tactics to undermine women's mothering and the mother-child relationship (Lapierre, 2010; Radford & Hester, 2006).

The findings from the current study are critical in gaining understanding of how mothers identify sources of stress that may affect mothering. These 10 mothers viewed the violence as the primary source of the stress, contrasting with Carpiano's (2002) conclusions that abused mothers identified the violence as the primary stressor and

motherhood as a secondary source of stress that slowed the recovery processes. However, in contrast to the current study, Carpiano interviewed mothers living in the shelter. It is possible that the shelter environment was more difficult and stressful than what was experienced by the women I interviewed. Mothers living in a shelter experience different mothering experiences and role demands. They may find mothering to be more challenging as they and their children attempt to cope with a new environment and changes within their family unit (Krane & Davies, 2002).

Regardless of the setting in which mothering is examined, mothering in the context of violence essentially complicates the already complicated experience of motherhood. As found in this study, mothering amid the chaos, uncertainty, and control created added hardships and conflicting demands for women. Nonetheless, their overall mothering perceptions were positive, and mothering was found to be a significant source of strength and satisfaction. The mothers exhibited strong mothering practices that involved maternal warmth, affection, nurturing, and caring actions, and they described healthy mother-child relationships. The discrepancy between the findings from these interviews and those identified in the literature is most likely related to the timing of the interviews. The current study explored mothers living in the community at various stages of rebuilding and renewing their lives outside the context of violence. As such, the mothers were experiencing different stressors and more control over their autonomy, mothering, and family. Thus, this research correlated better with studies using similar samples of mothers (Irwin et al., 2002, Kelly, 2009; Lapierre, 2010; Semaan et al., 2013)



than with studies using samples of shelter mothers (Carpiano, 2002) or mixed samples (Buchbinder, 2004; Peled & Gil, 2011).

However, the findings from the current study share commonalities with those in the literature with respect to acknowledging the strength and resiliency of abused women and mothers. Even in the face of intimate partner violence, the mothers in this study were not powerless. In actuality, the mothers were agents or managers who strategized to protect their children and resist some of the various ways they were being abused and controlled. These findings are consistent with those found in several qualitative studies (Haight et al., 2007; Irwin et al., 2002; Kelly, 2009; Lapierre, 2010). The mothers drew upon their inner strength and identity as a woman and a mother to find the capacity and courage to leave the violent relationship. They showed defiance and resilience in the face of attempts to control what was most important to them: being a mother and protecting their children.

Kelly (2009) found that mothers both stay in the relationship and leave the relationship for the sake of the children. This was consistent with the findings of the current study and those of Irwin et al., (2002). However, the decisions women make to stay or leave are complex and varied. Each woman has several individual influential beliefs and circumstances that affect leaving or staying in an abusive relationship. It is important to understand these various factors and to recognize that women's needs change as they journey through the leaving process (Irwin et al., 2002; Kelly, 2009; Khaw & Hardesty, 2007; Lapierre, 2010; Semaan et al., 2013).

In the current study, the broader social, gender, and cultural beliefs influenced the mothers' individual ideologies relating to motherhood, mothering practices, and family relationships. Most of the mothers were in long-term relationships and believed in keeping the family intact, stating that they believed it was in the best interest of the children to do so even though they continued to endure violence. Thus, the mothers stayed for the sake of the children and ultimately left the relationship for the sake of the children.

A study by Rhodes, Cerulli, Dichter, Kothari, and Barg (2010) emphasized that abused mothers face the dilemma of making decisions based on what is best for the children, facing challenges and conflicting concerns that must be considered before leaving the relationship. The mothers in the current study identified financial stresses, safety concerns, concerns about uprooting the children (including changing the children schools), and the stress of finding housing as some of the challenges they faced when contemplating leaving the relationship. These findings are similar to those of other research (Kelly, 2009; Lapierre, 2010) in which the researchers underscored the need to understand that "becoming free from the violence is more complicated than just picking up and leaving" (Rhodes et al., 2010, p. 488).

In this study, being a good mother, wanting the children to have a sense of normalcy, and striving to provide a loving intact family weighed heavily on the mothers' emotions, mothering practices, roles, and responsibilities. The defining moments to leave the relationship was described as a process for most of the mothers (Khaw & Hardesty, 2007). Over time, the mothers began to realize that the chaos, uncertainty, and violence

were not going to end. Despite their best efforts to provide unconditional love and protection for the children, the mothers' worst fear was coming to fruition. It was a turning point at which staying was no longer the best option for the children. Not unlike Kelly's (2009) study, the mothers in this study could no longer protect the children from being directly or indirectly exposed to the violence.

The mothers were most distraught over this realization and expressed sadness and guilt. This turning point also influenced their mothering self-perceptions in various ways. For the mothers in the current study, being a good mother was not enough when they realized the children were being affected by the father's violence. In congruence with previous literature, this study found a common thread throughout the mothers' narratives: children were usually the most influential motivator for mothers to seek help (Kelly, 2009; Meyer, 2010; Randell, Bledsoe, Shroff & Pierce, 2012; Rhodes et al., 2010).

Despite the violence, being a good mother and providing love and care for their children remained the priority of their existence. The mothers report a renewed sense of self as a woman and a mother who is empowered and stronger because of the lived experiences. As such, there was an ongoing interactive process of healing and renewal in the mother-child relationships as the presence of intimate partner violence was no longer a predominant threat in their lives.

Help-seeking strategies have been identified in the literature concerning women in intimate partner violent relationships (Meyer, 2010; Rhodes, Dichter, Kothari, Marcus, & Cerulli, 2011) and were found in this study. The mother narratives show that the mothers were active in seeking help for court orders of protection, arrest proceedings, housing,

and other instrumental community support services. A primary aim of the current study was to examine the mothers' interactions with health care professionals. Originally, I developed interview questions that focused on the interactions during the time the mother was living in the context of the violence. Demographic data were obtained to explore the type of health care services accessed within six months of the time of the interview. However, further analysis of the mother narratives resulted in finding several instances of health care interactions within the context of the violence and out of the context of the violence. As such, the discussion has focused on the mothers' overall perceptions and experiences with health care professionals.

In this study, mothers used their own agency and power to seek health care services for themselves and their children. The types of health care services accessed are presented in Table 6 in Chapter Four. Consistent with the literature, the mothers in this study described less than supportive responses by many of the health care professionals (Edin, Dahlgren, Lalos, & Högberg, 2010; Kelly, 2009; Peckover, 2003). In many ways, the mothers were subjected to a lack of professional, caring, compassionate responses by health care professionals. Such behaviors included judgmental statements, no response or referral, misdiagnosis, and violations of their privacy. Thus, health care professionals contributed to the burdens and stresses of being a mother in a violent relationship. Moreover, the lack of supportive responses by health care professionals negatively affected the mothers' and their children's well-being and safety. As the mothers voiced in this study, they could have benefitted from more help and effective support from health care professionals.

The results of the current study support that women and children interact with health care professionals frequently across time. In this study, most interactions occurred in the outpatient setting. Mothers sought care mostly for noninjury-related health concerns involving primary care services such as immunizations, child and adult health and wellness visits, or minor illnesses. However, none of the mothers reported being asked about partner violence either through direct questioning or through the use of screening tools at any of these visits, and only one mother disclosed her intimate partner violence. Nine out of 10 mothers wished someone in the health care profession would have asked about the abuse or approached the mothers in a discussion. According to Walton-Moss and Campbell (2002), “Unfortunately, most health care providers do not know of their patients’ domestic violence victimization because they fail to make routine inquiry about this potentially lethal maternal health problem” (p. 2). In the findings of the current study, abused women in general support health care professionals asking about intimate partner violence; however, it should be done with some compassion, in privacy, and in a safe environment (Chang et al., 2005a, 2005b; Dienemann, Glass, & Hyman, 2005; Plichta, 2007). Research has shown that health care professionals have difficulty asking about intimate partner violence (Morse, Lafleur, Fogarty, Mittal, & Cerulli, 2012; Rhodes et.al, 2007) or addressing the women’s needs when disclosed (Kelly, 2009; Kirst et al., 2012).

Women may need help in disclosing violence exposure to health professionals because they are often fearful of how their partners will respond. Disclosure of the violence often jeopardizes the mothers and children’s safety (Dienemann et al., 2005;

Kelly 2009; Meyer, 2010). Furthermore, women may not disclose the abuse if they perceive that the health care professional's actions are less than supportive or if their obvious physical bruises are not recognized. In the current study, four of the 10 mothers described seeking care for physical abuse injuries. Three of the four mothers reported that the health care professionals did not ask about intimate partner violence even when the women had visible bruises. According to national statistics, approximately one-third of women in male intimate partner relationships seek health care for physical abuse injuries (Tjaden & Thoennes, 2000). However, seeking services does not equate to receiving supportive services (Lutz, 2005).

Mothers continued to seek help for themselves and their children both during and after the abuse. However, most interactions with health care providers occurred while the mothers were leaving the relationship and living outside the relationship. The health services that were found to be supportive were community health services. All 10 mothers in this study perceived the experiences, interactions, and support services from the community domestic violence centers to be highly effective and supportive. The stark contrast in the mothers' perceived support between the community health services and the medical services seems to be related to the type of care received as well as the knowledge and understanding of the complexities of intimate partner violence. Professionals who supported the mothers and their children were trained and educated in intimate partner violence; they were domestic violence counselors and professionals working in the community domestic violence agencies. Mothers and their children also found support in abused women and children support groups established by the

community domestic violence agencies. Community services and support groups were by far the most supportive combination of health services for the mothers and children in this study. Mothers were significantly empowered and supported by other mothers and women in the support groups. Their empowerment and journey through the healing processes compelled them to provide advice and words of encouragement to women in similar situations.

### **Implications and Recommendations**

**Implications for nursing education.** This study adds to the growing body of knowledge that nurses and health care professionals are inadequately prepared to address issues relating to abused mothers and children through interaction, recognition, assessment, and intervention. Health care professionals have reported feeling inadequate or frustrated because of their lack of training and education relating to the dynamics of intimate partner violence and the varied needs of those experienced in intimate partner violence (FVPP, 2004; IOM, 2002). As a consequence, there is a lack of routine screening, identification, care provision, and referral services for the victims of violence (Draucker, 2002; FVPP, 2005). A central problem is not only the prevalence of violence but also the lack of recognition of violence. Lack of recognition is linked to a lack of effective and supportive interventions (Garcia-Moreno, 2002; Lutz, 2005).

Lack of awareness and education about one of the leading causes of acute and chronic health problems for women can no longer be ignored by nurses and health professionals. The lack of knowledge is a form of negligence for any health professional when obligated to provide a reasonable standard of health care because it is understood

that health professionals must maintain their knowledge base and be able to provide appropriate care by virtue of their profession and professional licensure.

There are solutions to the problems. Nurses and health care professionals can learn about intimate partner violence and how to provide supportive care and services. Training efforts must focus on screening, recognition and responding to women and children experiencing intimate partner violence. Nurses and health care professionals need a better understanding of the complexities and dynamics of intimate partner violence, the tactics men use to gain power and control, and the barriers many women face. Moreover, nurses and health professionals need a better understanding of the strengths that the women have, especially women who are mothers. Nurses must learn how to build upon those strengths and respond in a caring, empathetic manner. There are several ways in which nurses and health care professionals can enhance and heighten their awareness.

Nurses can attend training and use the resources readily available on the Internet and in the organizations. Many local, state, and national domestic violence coalitions as well as professional health organizations offer educational material, guidelines, and position papers to facilitate learning and provide help so that improved responses can be implemented. Leading organizations such as the World Health Organization (WHO), the Centers for Disease Control and Prevention, Futures Without Violence, the Institute of Medicine, and other organizations have provided a wealth of information and published guidelines relating to intimate partner violence and the health care response. In 2013,



WHO published Responding to Intimate Partner Violence and Sexual Violence Against Women guidelines, which provide evidence-based recommendations for clinicians.

One of the most useful educational resources for nurses and health care professionals is The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings Guidelines (2004). The guidelines are developed by Futures Without Violence, formerly Family Violence Prevention Fund's National Health Resource Center on Domestic Violence. The document is easily accessible on the Internet (<http://www.futureswithoutviolence.org/userfiles/file/HealthCare/consensus.pdf>) and can be downloaded free of charge.

The guidelines support the need for universal screening, identification of abuse, health and safety assessment, intervention, documentation, and safety planning. They provide health care professionals with numerous resources, including examples of suggested questions for screening and inquiry, validated abuse assessment tools, documentation forms, discharge instructions, and referral information that can be implemented into practice. The available resources can help nurses, health professionals, and health care organizations to make a concerted effort to improve the quality of care given to women and children experiencing intimate partner violence. Figure 2 serves as a valuable resource and highlights the top 10 websites for nurses and health care professionals concerned with violence against women.

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1. Centers for Disease Control and Prevention,  
National Center for Injury Prevention and  
Control

<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/>

2. Domestic Abuse Intervention Programs

<http://www.theduluthmodel.org/>

3. Domestic Violence Risk Measurement Tool

<http://www.dangerassessment.org/>

4. Futures Without Violence

<http://www.futureswithoutviolence.org/>

5. National Center on Domestic and Sexual  
Violence

<http://www.ncdsv.org/>

6. National Coalition Against Domestic Violence

<http://www.ncadv.org/>

7. National Domestic Violence Hotline 1-800-  
799-SAFE (7233) or (TTY) 1-800-787-3224

<http://www.thehotline.org/>

8. National Network to End Domestic Violence

<http://www.nnedv.org/>

U.S. State & Territorial Coalitions

<http://www.nnedv.org/resources/coalitions.html>

Women's Law

<http://www.womenslaw.org/>

9. National Resource Center on Domestic  
Violence

<http://www.nrcdv.org/>

10. National Online Resource Center on Violence  
Against Women

<http://www.vawnet.org/>

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Advancements in academia are also needed. Individual learning and self-learning educational methods are beneficial for nurses and health care professionals to enhance their responses to abused women and children.

All academic institutions with health professions such as nursing, medicine, and social work must implement curriculum changes to impart formal education on all forms of domestic violence. Additionally, further expansion should be employed within the various health systems in which students learn and practice their art of the profession, such as, acute care and community nursing student clinical placement sites. The academic and health systems in which the students are learning and working must provide a supportive environment. These educational enhancements to an

**Figure 2 Top 10 Websites**

individual's learning style, coupled with supportive systems, will allow students to become clinicians that model caring and excellence in nursing practice.

**Implications for nursing practice.** The mothers in this study were empowered to help nurses and health care professionals in future interactions with abused mothers and their children. The mothers provided practical advice that nurses and health care professionals can use when working with women and with mothers and their children. The suggestions from the mothers can serve as a template from which nurses can work toward changing their practice.

Improvements in practice should focus on making sustainable changes based on evidence such as the findings from the current study and the guidelines mentioned previously. When nurses are interacting with women and children, it is important to remember that for most women, being a mother is central to their identity and sense of self. It is important to recognize and voice the ways abused women as mothers are empowered by motherhood and other sources of strength and value in their lives.

It seems relevant that primary care visits are an essential part of provider practices and include health promotion and prevention services. Screening, assessing, and implementing care for acute and chronic health problems is an essential component of primary care visits. Screening and performing accurate assessments is just the beginning of the processes that a nurse will need to conduct when implementing practice changes. Practice opportunities will also need to include knowing how to respond and provide appropriate referrals as well as safety planning for abused women. Evaluations should be developed to assess the effectiveness of the practice changes.

Nurses will need to employ women-centered care, responding in a caring and compassionate manner to women who disclose intimate partner violence. The women-centered care practice will also need to have sufficient clinic time allotted for each woman, with the understanding that individual differences are to be acknowledged and respected. Nurses should be able to help with access to other health services, provide appropriate referrals, and provide follow-up examinations or contact. They should be able to discuss safety planning for the women and children.

Nurses need to exhibit a genuinely caring attitude, be sensitive to each woman's individual needs and concerns, and inquire about her relationship with her intimate partner and children. Nurses who effectively listen and demonstrate nonjudgmental attitudes when interacting with mothers enhance the opportunities to discuss and inquire about the mothers' relationships, thereby exhibiting concern for the mothers' health, safety, and well-being. These nursing actions demonstrate a commitment to human caring and the ethic of care. As a result of receiving these improved caring responses, mothers may place added trust in nurses and be able to talk more openly about their relationships. Thus, mothers may recognize that the health care setting can be a safe place where they can obtain help and share their experiences.

I have developed a brief letter (Figure 3) that may be used as an educational tool to enhance nurses' and health care professionals' interactions with mothers and/or patients who have experienced or are experiencing intimate partner violence. The following letter to nurses and physicians regarding a hypothetical intimate partner violence victim draws on the substance of the interviews I conducted.

Dear Nurses and Physicians,

When you have a patient in an abusive relationship, remember that...

- They are and/or have been traumatized.
- Safety is the priority over other issues.
- They will likely be on guard and have limited trust in you and other professionals especially if you are the same gender as the abuser.
- They are unlikely to tell you what is going on at home but they do want help and support.
- They fear for their life, their children's lives, and are uncertain of your actions to help them.
- They are afraid of retaliation from the abuser.
- They are afraid of losing custody of their children.
- They want to be seen as good, loving mothers, parents and as a whole person.
- They may lack self-esteem, appear tired, depressed or stressed.
- They may have acute, chronic and somatic health concerns.
- They are sensitive to how you may perceive them and they do not want to be blamed or judged.
- They have been socially isolated and have had personal boundaries shattered.
- They want, deserve and need more compassion and understanding from health care professionals.
- They want you to know that abuse in families crosses all race, social, cultural, and economic boundaries.

**Figure 3 Letter to Nurses and Physicians**

**Implications for policy.** There is a significant call to action for nurses and health care professionals to improve their response to domestic violence. One of the most important ways to do so is by advocating for women and children either through grassroots initiatives or through local, state, and national processes. Other important advocacy initiatives for nurses include the following:

1. Take action and make a commitment to provide supportive environments for women and children.
2. Raise awareness by posting information about community agencies and services for women and children in the clinic setting.
3. Volunteer in the community and in the domestic violence community agencies.
4. Strengthen collaborative relationships with the health care organizations and the community domestic violence organizations in order to improve the health care responses to domestic violence within our community.
5. Ask your member of Congress to support the Violence Against Women Act.
6. Support legislative actions that fund services related to domestic violence.

### **Limitations of the Study**

A limitation of this study relates to the sample size. The sample size was small in comparison to the estimated state and national statistics relating to the prevalence of mothers experiencing intimate partner violence. However, sample sizes are not the

strongest determinant in reaching merit in qualitative studies; rather, it is the richness and data saturation.

The findings of this study cannot be generalized to all women as mothers in intimate violent partner relationships or to all nurses and health care professionals; however, the findings may be transferable. The findings and the conclusions of the study may be applicable to other women or mothers in similar situations, and to nurses involved in the care of abused women and their children. Transferability is a process performed by readers of research. Readers of this study can identify the various aspects of the research situation and compare them with the aspects of a familiar situation. In doing so, the reader may find similarities between this study and another and may be able to transfer the results of the study to a different context. Thus, transferability invites readers to construct or develop connections between the components of this study and their own experience (Lincoln & Guba, 1985; Polit & Beck, 2008).

### **Recommendations for Future Research**

Research examining violence against women in the United States will contribute to the scientific knowledge of women's experiences of violence and the multitude of associated factors related to women's health, well-being, and other significant societal and political issues. Exploration of mothering perceptions and practices; intimate partner violence; and the broader social, gender, and cultural factors derived from the data in this study underscore the importance of considering women's lives holistically rather than as distinctive parts, as is the case when studying human relationships and interactions. This

is especially evident with the findings from the study relating to the mothers' interactions with health care professionals.

Further investigation is needed of the influence of confounding factors on the experience of mothers in intimate partner domestic abuse. These include the influence of varied mothering strengths on resiliency and coping and the effect of levels of stress on a mother's well-being. An area of research that has begun to emerge and that requires greater attention is how men's violence undermines mothering. Examination should include the various ways abusive men use the women's children to control their partners and the children's perceptions of the men who perpetrate the violence in their lives.

### **Summary**

Using van Manen's (1997) interpretive hermeneutical approach, this research study attempted to uncover the lived experiences of mothering within the context of intimate partner violence. The goal was to gain a deeper understanding of the interrelatedness of intimate partner violence, the women's mothering perceptions and practices, mother-child relationships, and mothers' interactions with nurses and health care professionals, as well as, identify some gaps for improvement in nursing practice and supportive health care services.

What emerged from interviewing ten mothers were one overarching theme and several sub-themes that provide insight into their individual experiences in the context of an intimate partner violent relationship and also out of a violent relationship. This study provided the participants with an opportunity to share and discuss their personal mothering perceptions, experiences and relationships with their children. Motherhood



was central to the identity and self-perceptions of all 10 women interviewed regardless of the context of their lives. Motherhood and being a mother was perceived as a source of strength and empowerment in making difficult decisions, fulfilling mothering responsibilities, and rebuilding mother-child relationships.

A deeper understanding emerged for the need to improve nurses and health care professional's awareness and knowledge related to the interconnections of mothering and intimate partner violence, as well as, a need to enhance nursing practice and health care responses for women and children experienced in intimate partner violence. The hope of this study is it becomes an opportunity for nurses and health care professionals to gain a deeper understanding of, and be inspired by, the mothers' narratives in order to actively engage in, and become passionate in future educational enhancements, practice and health policy initiatives that support ending violence against women.

This chapter presented a discussion of the findings from this study and the implications for nursing education, practice, and policy. It also presented recommendations for future research.

## **APPENDICES**

## APPENDIX A

### Terms and Definitions

Terms	Definitions	References
<b>Mother</b>	Is defined as a women who conceives, gives birth to, or raises and nurtures a child/children	The American Heritage Stedman's Medical Dictionary. Retrieved July 02, 2008. Available at <a href="http://dictionary.reference.com/browse/mother">http://dictionary.reference.com/browse/mother</a>
<b>Motherhood (noun)</b>	Is defined as the practice, state or role of being a mother. The concepts related to the term-motherhood are embedded in history, social constructs, cultures, and various ideologies in Western society. Therefore, the meaning of motherhood is diverse, yet perceived individually by women and influenced by a multitude of historical, social, cultural constructs and varied life experiences.	Arendell, 1999, 2000; Chase & Rogers, 2001; Chodorow, 1978; Glenn, et al.,1994; Koniak-Griffin, et al.,2006; Mercer, 2004, 2006; Mercer & Walker, 2006; O'Reilly, 2004; Phoenix, et al., 1991; Radford & Hester, 2006; Rich, 1976; Ruddick, 1980.
<b>Mothering</b>	Mothering is defined in this study as a multifaceted, continuous process of caring, nurturing, and rearing biological or non-biological child/children that may begin during pregnancy and continues throughout the lifespan and is performed by women.	Arendell, 1999, 2000; Chase & Rogers, 2001; Chodorow, 1978; Glenn, et al.,1994; Koniak-Griffin, et al.,2006; Mercer, 2004, 2006; Mercer & Walker, 2006; O'Reilly, 2004; Phoenix, et al., 1991; Radford & Hester, 2006; Rich, 1976; Ruddick, 1980.
<b>The Practice of Mothering</b>	The practice of mothering is referred to and is considered to be activities, experiences, understandings, relationships and management of caring or nurturing a child or children that is performed by women as a mother.	Arendell, 2000; Chodorow, 1978; Glenn, et al., 1994; Phoenix, et al., 1991.

Terms	Definitions	Reference
<b>Intimate partner violence (IPV)</b>	Is defined as: "a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other" (p. 2).	<b>The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings Guidelines (2004).</b> The guidelines are developed by Futures Without Violence, formerly Family Violence Prevention Fund's National Health Resource Center on Domestic Violence. Retrieved March 30, 2005 from: <a href="http://www.futureswithoutviolence.org/userfiles/file/HealthCare/consensus.pdf">http://www.futureswithoutviolence.org/userfiles/file/HealthCare/consensus.pdf</a> <a href="http://www.futureswithoutviolence.org">http://www.futureswithoutviolence.org</a>
<b>Violence against women (VAW)</b>	The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (Para. 2).	World Health Organization. Facts about violence against women. Retrieved January 24, 2010. Available at <a href="http://www.who.int/mediacentre/factsheets/fs239/en/index.html">http://www.who.int/mediacentre/factsheets/fs239/en/index.html</a>
<b>Domestic Violence Sexual Assault Dating Violence Stalking</b>	<b>The Office on Violence Against Women (OVW) provides clear definitions of the terms related to, domestic violence, sexual assault, dating violence and stalking.</b>	Office on Violence Against Women, U.S. Department of Justice. <i>Updated: March 2013</i> <a href="http://www.ovw.usdoj.gov/areas-focus.html">http://www.ovw.usdoj.gov/areas-focus.html</a>

## **APPENDIX B**

### **Demographic Data Collection Form**

### Demographic Data Collection Form

Please answer these questions as detailed as you feel are needed. Choose a name by which to be identified during all phases of this study. When reported in written materials, you will be identified by that name. Choose names for child(ren) and intimate partner.

Pseudonym Name Chosen for Self \_\_\_\_\_  
Age \_\_\_\_\_

	Child 1	Child 2	Child 3	Child 4
Pseudonym Name Chosen				
Age				
Gender (M/F)				

	Child 5	Child 6	Child 7	Child 8
Pseudonym Name Chosen				
Age				
Gender (M/F)				

Pseudonym Name Chosen for Intimate Partner (optional) \_\_\_\_\_

#### Information about you

1. What is your ethnicity?

- ☐ American Indian or Alaska Native  
☐ Asian or Pacific Islander  
☐ Black or African American  
☐ Hispanic or Latino  
☐ White  
☐ Other (please specify) \_\_\_\_\_

2. Marital Status

- ☐ Single    ☐ Cohabiting    ☐ Legally Separated    ☐ Separated  
☐ Married    ☐ Divorced    ☐ Widowed

3. Highest Level of Education

- ☐ High School    ☐ Number of years \_\_\_\_\_    ☐ Degree \_\_\_\_\_  
☐ College    ☐ Number of years \_\_\_\_\_    ☐ Degree \_\_\_\_\_  
☐ Vocational School    ☐ Number of years \_\_\_\_\_    ☐ Degree \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_

4. Do you have a job? ☐ Yes ☐ No ☐ Please describe. \_\_\_\_\_

5. Length of Abusive Relationship

\_\_\_\_ Less than 1 year      \_\_\_\_ 1-3 years      \_\_\_\_ 4-5 years  
\_\_\_\_ 6-10 years      \_\_\_\_ 11-15 years      \_\_\_\_ 16-20 years  
\_\_\_\_ More than 20 years

6. Family Annual Income (optional)

\_\_\_\_ under \$15,000 year      \_\_\_\_ \$16,000 to \$25, 000 year  
\_\_\_\_ \$26,000 to \$36,000 year      \_\_\_\_ \$37,000 to \$46,000 year  
\_\_\_\_ \$47,000 to \$57,000 year      \_\_\_\_ \$58,000 to \$68,000 year  
\_\_\_\_ \$69,000 or greater year

Mother's Health Related Questions

In the past 6 months, where have you received health care (check all that apply)

- ☐ Emergency department      ☐ Community health clinic or Health department  
☐ Private or specialty health provider (i.e. OB/GYN, dentist)  
☐ Doctors office (i.e. Family practice office)      ☐ Urgent Care Center  
☐ Nurse's office (i.e. Family practice office)

My health is generally      ☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

My sleep is generally ☐ Excellent (8 hours a night)      ☐ Good (6-7 hours)  
☐ Fair ( 5-6 hours)      ☐ Poor (< 5 hours)

Child/Children's Health Related Questions

In the past 6 months, where have your children (child) received health care (check all that apply)

- ☐ Emergency department      ☐ Community health clinic or Health department  
☐ Private or specialty health provider (i.e. eye doctor, dentist)  
☐ Doctors office such as a Pediatrician's office      OR      ☐ Urgent Care Center  
☐ Nurse's office such as in a Pediatrician's office OR      ☐ School health office  
My child or children's health is generally      ☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor  
My child or children's sleep is generally      ☐ Excellent (8 hours a night)  
☐ Good (6-7 hours)      ☐ Fair ( 5-6 hours)      ☐ Poor (< 5 hours)

## APPENDIX C

### Interview Guide

Researcher Prompt/Opening dialogue: I appreciate you sharing your stories and experiences with me. Try to describe your stories/experiences in your own words. There is no right or wrong way to respond.

In this interview, I am mainly interested in two main things, what it is like to be a mother in an abusive relationship and how nurses can be more helpful.

The main questions that I will be asking will be:

1. Could you start by telling me about the relationship you were in or are in?
2. What has your experience of mothering been like? (when you were in the relationship and/or now, after leaving the relationship)
3. Do you think your children were affected?
4. Tell me about any experiences with nurses or other health care professionals.
  - i. What do you think they did well?
  - ii. What could they have done better?

Tell me more about.....

Go on.....

Tell me about your experience of....

What aspects of the experience stand out for you?

How has the experience affected you?

How has that influenced your mothering...

How has that influenced your relationship with your children...

How has the experience affected your child/children?

In what ways could nurses and other health professionals have supported you better?

Is there anything that you would like to add, question, or emphasize?



## APPENDIX D

### Recruitment Flyer



**Are you a mother who has experienced an abusive partner?**

**• Would you like to tell your story about being a mother and what that experience was like so that nurses and other health professionals would be better able to help.**

My name is Mary Lou LaComb-Davis. I am a nurse and a doctoral student in the School of Nursing at George Mason University in Fairfax, VA.

I would like to invite you to participate in my research study to share and talk about what it is like to be a mother while experiencing abuse.

I am especially interested in talking to:

- Women over the age of 18 years who are in an abusive relationship  
OR have experienced an abusive relationship
  - Are not living in a shelter
- Have interacted with nurses or other health care professionals during this experience

Specifically, the main questions that I want to talk to you about are:

- Could you start by telling me about the relationship you were in or are in?
- What has your experience of mothering been like?
- Do you think your children were affected?
- Tell me about any experiences with nurses or other health care professionals.
- What do you think they did well? What could they have done better?

- What I will be asking is for you to take part in a **Confidential** audiotaped interview either **Face to Face** at a time and place that is private, safe, and convenient for you **OR** over the **Phone**
- It will take approximately 45 minutes.
- Our conversations and phone numbers will be kept confidential
- You will receive \$25 in cash as a gesture of appreciation for your time and willingness to share your stories and experiences.
- If you would like to learn more about this study, please call me on my private cell phone
- 703-xxx-xxxx

Mary Lou LaComb-Davis, 4400 University Drive, George Mason University, Fairfax, VA, 22030

## **APPENDIX E**

### **Verbal Script for Program Coordinators of the Women's Support Group**

#### **A Study of Perceptions of Mothering by Women Who Experience Intimate Partner Violence**

Mary Lou LaComb-Davis is a nurse and doctoral student in the School of Nursing at George Mason University in Fairfax, VA. She is inviting mothers to participate in a research study that will focus on what it is like to mother in an abusive relationship.

She has asked that I talk about the study and post a flyer with the study information. As the program coordinator, my role in helping Miss Davis includes announcing the research study to those of you in the group and handing out or posting a research flyer.

Miss Davis is especially interested in talking to mothers over the age of 18 years who experience or have experienced an abusive relationship, are not living in a shelter, and have interacted with nurses and other health care professionals during this experience.

Your stories will help nurses and other health professionals understand the strengths, joys, challenges, and complexities that you face as a mother so that they may be better able to help you and other mothers who have experienced an abusive relationship.

To learn more about this research or if you have any questions or concerns please call Miss Davis on her private cell phone to learn more about the study. All calls will be strictly confidential.

Mary Lou LaComb-Davis  
4400 University Drive  
George Mason University  
Fairfax, VA, 22030  
Study Cell Phone 703-xxx-xxxx

## **APPENDIX F**

### **Transcriber and Reviewer Pledge of Confidentiality**

As a transcribing typist or reviewer of this research project, I understand that I will be hearing audiotapes of confidential interviews. Research participants who participated in this project in good faith have revealed the information on these tapes and their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement. I hereby agree not to share any information on these tapes with anyone except the primary researcher of this project. Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

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Transcriber Typist/Reviewer

---

Date

## **APPENDIX G**

### **Letter of Intent**

July 2, 2010

Dear Mrs. XXX,

I am a doctoral candidate in the nursing program at George Mason University in Fairfax, Virginia and I am conducting a qualitative phenomenological research study. This letter is to request your assistance in participating with my doctoral dissertation.

The purpose of this study is to explore, analyze, and describe women's perceptions of their mothering, their mothering experiences, and their mother-child relationship experiences within the context of intimate partner violence (IPV). A further goal is to explore mothers' perceptions of their interactions with nurses and other health care professionals.

The findings of this study will add to the body of nursing and healthcare knowledge in theory, practice, and research. It is hoped that the findings will enhance nurses and healthcare professionals' knowledge and realistic understanding of abused mothers' perceptions of their mothering, mothering experiences, relationships with their child or children and their perceptions regarding how nurses and other health care professionals could support or help them as mothers.

Furthermore, it is hoped that the findings will inform, educate and empower nurses and other health professionals to develop, plan, and implement effective interventions and practices for abused mothers and their children.

I am requesting your permission to interview mothers who are currently living in the community and experiencing or have experienced intimate partner violence by a male intimate in heterosexual relationships. Furthermore, I would greatly appreciate the Program Coordinators of the women's support group assistance in handing out the recruitment flyers and in the announcement of the study to the women attending the support groups. In doing this, the Program Coordinators would utilize a written script to articulate the rationale for the study and for why they are providing the women with the recruitment flyers.

Additionally, I have two other requests that I would like to discuss. First, my recruitment efforts would be greatly enhanced if I may post recruitment flyers in a safe location in the offices of the XXX community service center. Secondly, as we have previously discussed, I would greatly appreciate utilizing a conference room in the XXX community center to conduct the interviews, I believe this will enhance the mother's safety and privacy.

As you know many women who have experienced or are experiencing IPV are mothers. More importantly, research has found that IPV against mothers has created situations that complicate a women's mothering. This is a significant concern, as we know that countless mothers experiencing partner violence seek health care services for a variety of reasons and in a multitude of settings across all disciplines. Health professionals such as nurses are often the first to encounter the mothers in violent relationships and are in pivotal positions to help these mothers and their children, offer supportive services, and to help prevent further abuse and/ or life-threatening situations from happening.

This study will provide a way for mothers to tell their stories and help clinicians understand the strengths, joys, challenges and complexities that these women face as mothers, how their mothering has been influenced by intimate partner violence, and their specific needs. The impact of the violence on a women's mothering remains a complex, challenging, and shifting area of research that necessitates further examination and exploration for application to nursing practice. Increasing our understanding of the women's own perspective is essential if we want to implement comprehensive and effective health care responses for mothers and their children.

Interested participants will self-identify themselves as meeting the inclusion criteria and will voluntarily contact the student researcher to schedule an interview. Participants who become part of the study will partake in a semi-structured audiotaped interview lasting approximately 1 to 2 hours. If necessary, there might be a need for a second interview. All interviews will occur at a time and place that is private, quiet, comfortable, safe, and convenient for the participants. Participants will be asked to share and talk about what it is like to be a mother while experiencing IPV, their thoughts and feelings of mothering and their relationship with their child or children as well as their thoughts and feelings of their interactions with nurses and other health care professionals. No real names will be used throughout the entire process of the study only pseudonyms.

All information is confidential and will not be used except to report research findings or in other professional endeavors (i.e. presentations, articles, etc.) conducted by the researcher. Participants will be asked to sign an informed consent form. Participants will receive a monetary compensation of twenty-five dollars for participating in this study. The monetary compensation will be given to the participant at the completion of each interview in the form of cash.

Thank you in advance for your consideration of this research study. If you have any questions or concerns regarding this study, please contact me at 703-xxx-xxxx or Professor xxx Dissertation Chair, School of Nursing at George Mason University at 703-xxx-xxxx.

With gratitude,  
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