

Attentive Surveillance: A Preliminary Study of Prioritizing Mothering Standards in the Face of Intimate Partner Violence

Kelly M. Bentley¹

Published online: 4 October 2016
© Springer Science+Business Media New York 2016

Abstract A retrospective qualitative constant comparative analysis of the stories of English speaking women ($N=22$) who mothered children age 6 or under, while experiencing abuse at the hands of a male partner, was conducted. The emergent theory of Attentive Surveillance (AS), a vital, proactive, complex process of monitoring and prioritizing, was identified. Two non-linear and interrelated stages emerged. One, Understanding Circumstances (UC) is a gradual increase of awareness that the family environment and a woman's ability to achieve her mothering standards are affected by her partner's behavior. The second stage, Prioritizing Standards (PS), is a deliberate or a subconscious balancing act of assessing needs, adapting, and ranking mothering standards while still mothering as close to the original standards as possible. Recommendations for professionals, based on AS, in supporting mothers existing capacities to foster mother-child relationships and healthy child outcomes in the context of intimate partner violence are provided.

Keywords Intimate partner violence · Violent relationships · Domestic violence · Mothering · Qualitative research · Turning points · Monitoring

Kelly M. Bentley (formerly K. White).

This research was completed while Kelly M. Bentley was a graduate student at the University of New Brunswick, Fredericton, New Brunswick, Canada. I thank Judith Wuest for her guidance in the early years of my studies, Edward Biden and Linda Eyre for seeing me to the completion of my work and Loretta Secco in supporting the publication of my research.

✉ Kelly M. Bentley
kelly.bentley@maine.edu

¹ Department of Community Health Education, University of Maine at Farmington, 186 High Street, Education Center Office 115, Farmington, ME 04938, USA

Theoretical perspectives that inform mothering research are often guided by deficit oriented assumptions about mother-child relationships and portray women mothering through intimate partner violence (IPV) in a negative light. Further, existing perspectives largely ignore the contextual complexity of the family, their social environment, and abused women's capacities in caring for their children. To date, we have little knowledge of mothering that is grounded in mothers' actions and accounts of mothering in the context of IPV. This study, through a constant comparative method, valued women as experts in their own lives and revealed the emergent theory of attentive surveillance, a lens through which mothering in the context of IPV and a woman's management of the environment can be examined and better understood.

Literature

Intimate partner violence (IPV) is physical, sexual, stalking and psychological aggression (including coercive acts) by a current or former intimate partner (Breiding et al. 2015). Rates of IPV directed at women range from 15 to 70 % in countries around the world (World Health Organization 2009) and IPV is three times more likely among mothers than non-mothers (Carpenter and Stacks 2009). Almost 40 % of women assaulted by spouses said their children either directly or indirectly witnessed the violence against them (Statistics Canada 2006) and children under 5 years of age were disproportionately overrepresented (Fantuzzo and Lindquist 1989).

Consistent with society's image of mothers, women are held responsible for nurturing, protecting and caring for their children. However, the emotional environment and stressors introduced by a violent batterer into the home create an atmosphere significantly different from other households. Recent research has shed light on the challenges of mothering within

the context of an abusive environment (Peled and Gil 2011); however, findings related to the effects of IPV on mothers and their mothering vary widely. Research has found that women who experience IPV suffer from greater amounts of depression, anxiety, post-traumatic stress disorder and substance abuse while their self-esteem and physical health are generally poorer than women who do not experience IPV (Plitchta 2004; Straus and Gelles 1990). Regardless of the effects of IPV on the health and well-being of women, research related to mothers and IPV has found a range of responses. The negative effects of IPV on mothers includes diminished mothering such as decreased sensitivity, unrealistic behavioral expectations, decreased responsiveness, impatience, and an increased likelihood of using corporal punishment than mothers not in violent relationships (Kalil et al. 2003; Wolfe et al. 1985). Alternatively, researchers have also found more positive parenting (Holden et al. 1998; McCloskey et al. 1995) and that women mothering in the context of IPV have expressed a desire for help in dealing with their children (Erickson and Henderson 1998). Researchers have also found that women experiencing IPV work to prevent the violence from affecting their mothering (Levendosky and Graham-Bermann 2001; Levendosky et al. 2011; Peled and Gil 2011). Women mothering while experiencing abuse have also been found to mobilize their resources to respond to violence on behalf of their children (Levendosky et al. 2000) and that abuse shapes a woman's experience of motherhood and that success in motherhood may serve as a source of strength in enhancing her self-esteem (Irwin et al. 2002). Qualitative work related to mothers and IPV has also found that for women experiencing IPV prioritize their child's safety (Wuest and Merritt-Gray 2001). Further, the physical, emotional, and psychological impacts of violence, both pre-and post-separation, have been described as significant and may affect a woman's mothering - specifically her nurturing, protecting and caring for her children (Peled and Gil 2011; Hardesty and Ganong 2006; Plitchta 2004).

It has also been suggested that outcomes of exposure to IPV for children are variable (Graham-Bermann et al. 2007). For some children, research identified delays in neurological development (Carpenter and Stacks 2009), internalizing and externalizing problems or behaviours (Bedi and Goddard 2007), adjustment and developmental problems (Chan and Yeung 2009) and decreased academic and social outcomes (Fowler and Chanmugam 2007). Comparatively, a sizeable proportion of children exposed to IPV have also been shown to not experience adverse significant effects. A meta analysis of 118 studies found that 37 % of children exposed to IPV did not experience deleterious developmental problems (Kitzmann et al. 2003). It still is not known why children's responses to IPV differ; however, research has indicated that the parental relationship, usually with the mother, is one of the strongest predictors of a child's successful long term development or may serve as a protective factor in the development of

a child (McCain et al. 2007). In this vein, mothers' positive parenting has been suggested as a factor effecting child development (Skopp et al. 2007) with a specific focus on mother-child interaction as a target for intervention for families characterized by IPV (McDonald et al. 2006). However, the unpredictable and fear ridden context created by an abusive partner/father may affect mothering and a woman's ability to play a stable and consistent role in her children's life and development (Murray et al. 2015; Shonkoff and Meisels 2000). Thus, a greater understanding of how women mother while being abused is imperative in order to support women's existing capacities, foster mother-child relationships and healthy child outcomes in the context of the challenges of intimate partner violence (IPV).

Materials and Method

A constant comparative method was used to analyze the stories of women who mothered through IPV. Data analysis in this study was guided by a four step process. Initial interviews were guided by semi structured probes designed to gather information about women's perceptions of mothering and how it was impacted by IPV. Probes included: (i) tell me what it was like to have young children while you were being abused, (ii) how did it affect your mothering, and (iii) tell me a little bit about what mothering meant to you when your children were young. Mothers who could be reached and choose to participate, participated in a second interview to validate that findings were reflective of their experiences.

Setting and Participants

A convenience sample of participants ($N = 22$) was recruited from local community centers, libraries, family resource centers and health care providers. Advertisements were placed in local newspapers, cable television and radio. Participating mothers ($N = 15$) were recruited from a small rural Canadian province. An additional seven ($N = 7$) second interviews were conducted with participants to validate that findings matched their experiences.

Women in this study ranged in age from 20 to 64 years. The average age of mothers opting to participate in the study was 42.6 years and the average of the women while they were mothering and experiencing IPV was 32.4. Women remained in their relationships an average of 9 years. Participants lived in a variety of settings during the time they were abused: rural ($N = 9$) and urban ($N = 6$) and had differing levels of education, ranging from partial high school to completion of a doctoral degree. Twelve of the women were married while they were abused, with the remainder living common-law with their abusive partner. Some participants were employed outside of the home while they were mothering and being abused,

others were homemakers (7) or students (3). The women were from diverse social economic backgrounds, including social welfare recipients, working poor, middle class and wealthy families. All women were Anglo Canadian.

Human Protection

This study was undertaken as part of a doctoral program and received ethics approval from the university research ethics board. Procedures undertaken as a part of the study included screening to ensure participant eligibility, written consent, respect for privacy and the ethical storage of all data. All interviews were conducted at a mutually agreed upon location and time and participants received an honorarium (\$20.00) in recognition of their time. Interviews were audiotaped and transcribed verbatim. In order to maintain confidentiality all personal identifiers and information were removed.

Data Collection and Recruitment

Convenience and purposeful recruitment strategies occurred over the course of 9 months, and included flyers and advertisements through radio and television. Recruitment response numbers were likely affected by the timeframe and limited recruitment strategies available to this doctoral student. While participants could contact the researcher either via telephone or by e-mail, participant eligibility was determined via the telephone. Feelings of shame and/or guilt, when self-identifying as having mothered while experiencing IPV, may have ultimately affected the number of women who choose to participate in interviews (Letourneau et al. 2013). Women who did contact the researcher were provided with study background, a description of involvement and, if interested, were screened for eligibility. Women were eligible if they were: 18 years or older, English speaking, had been out of an abusive relationship for a minimum of 3 months and, had experienced IPV at the hands of a male partner while mothering children 6 years or younger. Eligible mothers were interviewed in a setting of their choice; all chose their home.

Data Analysis

Transcripts were analyzed using a qualitative constant comparison approach. Data were collected and a four step qualitative constant comparative analysis began with the first interview. Tapes were listened to, transcripts were then read and re read. First, using Nvivo software (QRS International, NVIVO10 for Windows, http://www.qsrinternational.com/products_nvivoserver) data were inductively labelled, line-by-line, using conceptual codes, or words from the data, to label incidents or conceptual indicators in the data (Glaser 1978, 1992). After 10 interviews, codes were grouped together. In step 2, codes were collapsed into categories, and incoming data

were compared against existing data and codes. Using index cards, categories were merged into larger concepts which explained the key process. In the third step, categories were related to each other and integrated and refined. Fourth, to further clarify if the proposed framework worked, data was theoretically sampled to check if the relationships hypothesized between concepts applied throughout the data (Wuest 2007). Follow-up interviews were conducted with available and interested participants, in order to confirm the emerging theory. Finally, transcripts were re-read the lens of the emerging theory (Wuest 2007). From this approach, the theory of Attentive Surveillance and the stages of Understanding Circumstances and Prioritizing Standards emerged.

Results

Attentive Surveillance (AS), the process undertaken by women mothering through IPV is a vital, repetitive, proactive, complex process of monitoring and prioritizing undertaken when an abusive partner's behavior prevents a woman from mothering according to her standards. While all women reprioritize their mothering standards, the process of AS undertaken by women mothering through IPV is a response to the abusive partner's actions and the impact on a woman's specific challenges in: (i) connecting, (ii) providing basic necessities (e.g., nutrition, shelter, clothing), (iii) supporting social and cognitive developmental needs, and (iv) ensuring physical and emotional safety of the child(ren). Specifically, women experiencing IPV described their mothering as something which was taken away. "... like it was stolen" (Int - 001) and "...its not about not getting it right, it's about not being able to do it...not being able to do it the way you want...and then keep everyone safe" (Int - 0017).

Women described AS (Fig. 1) together with its two major non-linear and interrelated stages: Understanding Circumstances (UC) and Prioritizing Standards (PS). Mothers explained UC as a gradual increase in awareness that the family environment and her ability to achieve her mothering standards are affected by her partner's behavior. Prioritizing standards (PS) was described as a deliberate or subconscious balancing act of assessing needs, adapting, and ranking mothering standards while still mothering as close to the original standards as possible. A mother's attempts to redefine or prioritize her mothering standards are not always successful as her partner's violence is continuously changing; however, maintaining the physical and emotional safety of her child(ren) is one standard which a mother will not tolerate being violated and thus drives a mother's prioritization of her standards.

Place Fig. 1. Attentive Surveillance: The Process of Mothering through IPV.

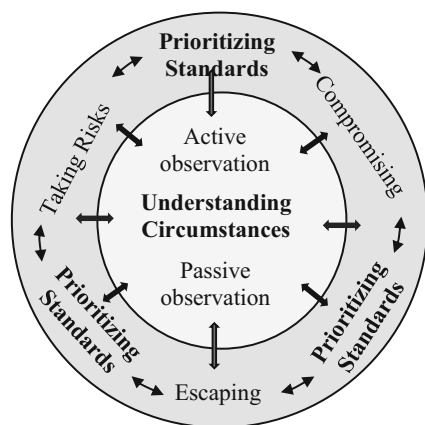


Fig. 1 Attentive Surveillance: The Process of Prioritizing Mothering Standards through IPV

Stage one - Understanding Circumstances (UC)

The first stage of AS, Understanding Circumstances (UC), women identified as a recognition that the inability to achieve mothering standards is related to the negative effects of their partner's behaviour. UC is described as a period of observing and evaluating which provided insight into the effects of the abusive partner's behavior, the contextual factors that influence the behaviour and the resulting effects on the mother's ability to achieve her mothering standards.

Women described how UC was informed by passive observing which occurred on a day-to-day, hour-to-hour basis and included attention to emotional responses such as something being "off or dark" (Int - 002) or "...black energy coming off of him ... " (Int-022). Women identified these as intuitive clues that predicted an abusive partner's imbalance and reactivity, signaling a need to pay attention in order to ensure a mother's standards. Passive, intuitive observation occurred in combination with the active evaluation of the abusive partners' behavior. Mothers explained the assessment of the abusive partner's actions through activities such as maintaining written records. Mothers described "...writing things down ... to make sure I was not crazy. Then ...to try to understand...in the end ... to be a record..." (Int - 018).

Through passive and active observations, and ongoing evaluation, mothers portrayed recognizing how their relationships differed from the relationships other women have with their partners. Women noted that these relationship differences affected their ability to achieve their mothering standards "... I couldn't focus on the children ... there was a lot of self-preservation going on" (Int - 006) and "I never had any support ... from their father... I was responsible for everything ... none of my friends did that..." (Int - 004). Women identified

differences in their relationships that directly impaired their ability to care for their children "... you were just being on watch all the time ...being protective of yourself and of the baby..." (Int - 004). Mothers also described identifying a need to watch what is said as a factor in recognizing that her relationship with her partner is different from the relationship other women have with their partner "...everything I was doing, saying was wrong ... I would try to figure out another way, try to watch and figure out what would be okay..." (Int - 007). Women identified that even an extra, somewhat routine, demand such as a family trip, having a friend over, transporting a child to an activity or cleaning the house, when combined with the demands of day-to-day family management, resulted in challenges in achieving mothering standards. Mothers described this recognition as further solidifying that their relationship does not meet the expectation of two parents working together as a team and clarifies the recognition that her relationship differs from that of other mothers. "... I just couldn't do it all... keep the kids in line, him happy, worrying the house was not clean enough ...that something might happen in front of people. That's not what being a mom is supposed to be..."(Int - 016).

Mothers also illuminated how the effects of violence on children influenced UC and affected how they choose to prioritize mothering standards. This mother described how her abusive partner withheld information about a child: "My son got deathly sick ... they had to rush him to emerge [city]... I rushed home and he must have been watching ... he shows up with puffers. My son almost died that night...that's how I found out he had asthma." (Int - 003). Women described unsafe environments in which the abusive partner placed the children and how this recognition furthered UC "... I remember finding the children and he and two or three other male buds passed out drunk ... the kids didn't understand, but still it was wrong..."(Int - 005). Women also illuminated how the effects of the abuse on their health was also key in identifying the effects of the abuse on the household and the child(ren). "I remember my kids bringing me dinner in bed...taking care of me and I couldn't let that happen. I was the mom" (Int - 001). Mothers described how the negative effects on their children perpetuated feelings of not being able to achieve the standards of mothering she identified for herself. They also described taking more purposeful actions to understand better the circumstances by which children were negatively affected in a context of stress and turmoil created by the abusive partner and described recognizing the effects of partner behaviour by identifying changes in the mother's emotional and physical responses to the abusive partner and the interference in her ability to interact with their children. "Managing him took over everything. I never felt right, like I was an underachiever or a bad

mom” (Int - 008). Ultimately, women mothering while experiencing IPV connect feelings of not being able to achieve mothering standards to the partner’s behaviour and pay purposeful attention to what affects his actions, how his actions impact the child(ren), and how her actions do or do not affect him.

Stage two - Prioritizing Standards (PS)

Driven by the recognition of the effects of the abusive partner’s behaviour, in the second overarching theme, Prioritizing Standards (PS), women describe identifying the level of IPV and determining the level of dependency and the needs of her child(ren). This occurs on both a day-to-day level, focusing on mental and emotional well-being, and a long range level which entails safety. A woman’s mothering standards are then ranked in terms of their relative importance with safety of the child(ren) as a standard a woman will not tolerate being violated.

Women described PS in relation to the dependence of a child; for example, a dependent infant’s basic needs, such as food and shelter were prioritized over other standards such as a child’s socialization and mental stimulation. “I just worried about feeding that baby. She could sleep just ‘bout anywhere, but food, that formula stuff, as long as I had water and that we were okay...” (Int - 007). Conversely, woman with older less dependent children placed a greater value on cognitive and physical activities. “...we all lived in a subdivision ... you drop in and have a coffee...my kids were playing with their kids so I felt that my kids were benefiting from the companionship...” (Int - 008). Mothers also described considering the immediacy of the demand of the child’s physical and emotional needs and the example the children are seeing from the abusive partner in an effort to balance the risks and benefits to herself and her children and re-prioritize her mothering standards. “... I deserve more ...they deserve ... a chance...and I needed to show them. I didn’t want them to end up like me so I left when it was safe...” (Int - 014).

Ultimately, mother’s portrayed PS as driven by actions that are protective, functional and/or related to survival. Protective, functional or survival related choices can be employed either consciously or unconsciously, independently or together and prioritization of any standard varies with the circumstance(s). Women mothering while experiencing IPV explained their standards as adaptive and driven by what they assess as best for their children, or what will mitigate harm when there are no other alternatives. The sub-themes of compromising, escaping, and taking risks were expressed as crucial in facilitating the preservation of key components of mothering standards and assisting in PS. These sub themes were described by mothers as a weighing of standards, a determination of the

most valuable elements of specific standards and an evaluation of the potential outcomes.

Compromising Concessions or tolerating differences in standards that would not have been accepted previously in order to maintain the mothers and their child(ren)’s emotional, mental and physical well-being. Compromising was described as enabling women to achieve an adapted form of mothering. As this mother explains: “...you pick and choose your battles. You compromise and give up things that aren’t as important...” (Int - 019). Women also described the value placed on family time and/or meals and the compromises made, with increases in the frequency and severity of IPV, in order to decrease the amount of abuse observed by the children:

...it was really important that we had family mealtimes together but I eventually gave up. It wasn’t worth all the yelling and screaming. I started feeding the kids early ... when he got home I would give him his meal ... It was not perfect but the kids saw less. (Int – 014)

Woman also depicted compromising standards because of the partner’s control over social interactions and/or finances. “Sometime it just had to be good enough. [child 2] never got to play on the hockey team but I made damn sure he learned to skate.” (Int - 018)

Escaping Escaping as a sub theme of PS was described as both an unconscious avoidance strategy and, at other times, a conscious purposeful effort that enables mothers to get away from or elude the abusive partner and/or his actions.

I was so depressed that I would even sleep in the car sometimes. I could lay down in bed and not take the kids, but I would take them to the playground and have a nap in the car and then they would play. (Int - 010)

Women also described escaping, as a temporary or permanent attempt to either take or send the children away and send a message to the abusive partner.

... I wouldn’t fight back ... I didn’t want the kids to be exposed to that and my family just wouldn’t approve. I managed ‘til he threw [male child] cross the room, so with that I made a decision that I would take the kids and leave him... (Int - 003)

Taking Risks In the third sub theme of PS, taking risks, women described intentionally engaging in something that has the

potential to be dangerous, yet may provide opportunity for achieving mothering standards. Taking risks was portrayed as planned, developing over time, and based on a mother's knowledge of her partner's behaviours, the effects of IPV on the children, and a weighing of the costs, in particular her safety and the safety of the children, against the potential risks a woman is assuming.

Where we lived ... were my mom and dad, so when I saw my husband's van coming home I would know whether he was drunk or not by the way he drove in. ... we hid a flashlight ... the boys would go down, get the flashlight, go through the woods and go to my mom's place. (Int - 011)

Women also described taking risks as choosing to remain in an abusive relationship. For example, the fear that acknowledging the abuse and/or seeking help may result in a loss of custody of children or escalate the violence further and risk mother and child(ren)'s safety.

I was always afraid, I wanted to leave ... he said he would tell them that I was a drunk and had a temper. I was afraid he would get the kids... I stayed so I could keep the kids. (Int - 012)

Overall, mothers described how PS contributes to a feeling of success; however, new changes in family context could again affect the ability to achieve her mothering standards and result in a return to her attempts to UC.

Discussion

This retrospective qualitative study, using constant comparison, examined women's stories of mothering while experiencing IPV. Findings are consistent with previous qualitative investigations on mothering and IPV. The process, AS, represents a mother's response to the impact of the abusive partner and surrounding context and her inability to mother in the way she would otherwise choose.

Limitations

The findings should be interpreted with caution because of a number of limitations. Study limitations include the retrospective nature of the interviews and the varying ages and amounts of time since participants had mothered. It is recognized that the majority of participants mothered their child(ren) at least 10 years ago and, their recall of memories may have changed over time. All women in this study were English speaking Caucasians; the limitation of lack of diversity in the research and the homogeneity of the sample is acknowledged. A larger,

less homogenous sample of women may add to the richness of current findings. Furthermore, because of time, financial limitations and requirements of a single researcher during doctoral studies, this study was limited to 22 interviews analyzed by 1 researcher. In contrast to quantitative studies, the results of this study cannot be generalized to the whole population. As well, small numbers of participant may have limited the saturation of the data; therefore, additional research is required in order to validate the theory, its overarching themes and sub themes.

Summary of Major Findings

Some child welfare policies and practitioners blame abused women for failing to leave an abusive environment and, thereby, failing to protect the child(ren) (Friend et al. 2008). Findings from this study, by revealing that women mothering while being abused value their role with their children (Kelly 2009; Peled and Gil 2011; Semaan et al. 2013) and how women experiencing IPV strive to be good mothers (Lapierre 2010) are consistent with previous research in this area. Furthermore, these findings contribute to a growing body of research which challenges studies that view abused women with children in a negative light. The current study furthers these findings by providing a greater understanding of how mothers who are abused are vigilant and use AS as a tool to inform their ongoing decision making related to themselves, their children and their mothering. Monitoring as a form of surveillance by women who are abused has been described previously in the literature (Langford 1996; Wuest et al. 2004). However, findings from the current study extend this understanding beyond a woman's monitoring of an abusive partner's behaviour to reflect monitoring as a component of UC which can be either passive or active and includes not only the understanding, of how the mother's relationship with her partner differs from the relationships of others but also how it affects a mother's ability to achieve her mothering standards. This insight enables the mother to focus on better understanding her and the child(ren)'s type and intensity of response to the abusive partner and the surrounding environment, how their various actions affect the partner's behaviors and informs a balancing act of assessing needs, adapting, and ultimately ranking mothering standards for prioritization.

This study also supports previous research findings that a central concern of a women and their mothering standards is the children's well-being (Kelly 2009; Semaan et al. 2013) and extends this understanding by emphasizing the importance of PS as an on-going and ever changing process aimed at ensuring the well-being of the child(ren). The finding of PS identifies how a mother engages in assessing needs and adapting through compromising, escaping and taking risks and ranking her mothering standards while attempting to mother as close to the original standards as possible. This

knowledge is particularly important because UC and PS inform a mother's understanding of the ever-changing issues related to the children's well-being and contributes to the recognition that safety is a standard which mother's will not tolerate being violated.

Previous work related to women mothering while being abused has acknowledged various turning points or events that initiate women leaving the abusive partner (Chang et al. 2010; Enander and Holmberg 2008; Scheffer Lindgren and Renck 2008; Semaan et al. 2013) including wanting to end the fatigue of managing an abusive relationship, changes in personal supports and resources, and changes in the woman's relationship with the violent partner (Enander and Holmberg 2008). Findings from the current study add to the work related to turning points for abused mothers by emphasizing the role of UC in increasing a woman's insight to her abusive partner and her environment; and, ultimately as an ongoing process through which women identify safety as a standard which they will not tolerate being violated.

Recommendations

The current study help explain how women employ AS in order to mother while experiencing IPV. It further emphasis the importance of UC in order to inform how a mother ranks and PS in order to meet her mothering standards differently. Health care professionals, because of their contact with women mothering through IPV, are well placed to provide support to these women (Chang et al. 2010; Secco et al. 2016). Similarly, social service providers, because of their varying interactions with women and their children, are strategically located to support this population.

This author upholds the findings of other researchers who highlight the importance of supportive interventions for abused mothers. Specifically, based on this study's findings, this type of intervention could include identifying women's strengths as a mother, discussion and challenging of normative societal expectations and assumptions related to mothering, supporting mothers in UC through non-judgmental sharing approaches to passive and active monitoring and ways to evaluate the impact of an abusive partner on a woman's mothering standards. It is further suggested that providers evaluate a mother's understanding of her surrounding environment as a component of any assessment they conduct. By gaining awareness of a women's perceptions of the impact of the surrounding environment, relationship differences and the effects of abuse on herself and her child(ren) providers will be better seated to support mothers in discerning the broad impact of the abuse on the mother and her child(ren). In particular, UC may be promoted through non-judgemental discussions related to the woman's mothering standards, environmental factors which interfere in achieving those standards, and identification of differences in which she, in the environment created by

the abusive partner, is able to mother and prioritize her standards versus how other women mother and prioritize their standards. By supporting women in UC, providers will then be located in a position to support women in PS; and ultimately identifying turning points such as ensuring the safety of the child(ren).

This study affirms the understanding that women who are abused, place their child(ren) in the forefront while managing the violence and attempting to preserve their own mental, emotional and physical safety and that of their children This finding emphasizes the importance of supporting women AS in order to facilitate UC and PS; thereby, potentially contributing to improved mother-child relationships; and, improved developmental outcomes for children. Notably, because of the limited number of participants, further research in this area is required in order to validate the theory, its overarching themes and sub themes.

References

- Bedi, G., & Goddard, C. (2007). Intimate partner violence: what are the impacts on children? *Australian Psychologist*, 42(1), 66–77.
- Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. (2015). Intimate partner violence surveillance: uniform definitions and recommended data elements, version 2.0. *Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*.
- Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to intimate partner violence in early childhood: a review of the literature. *Children and Youth Services Review*, 31(8), 831–839. doi:10.1016/j.childyouth.2009.03.005.
- Chan, Y. C., & Yeung, J. W. K. (2009). Children living with violence within the family and its sequel: a meta-analysis from 1995 to 2006. *Aggression and Violent Behavior*, 14(5), 313–322.
- Chang, J. C., Dado, D., Hawker, L., Cluss, P. A., Buranosky, R., Slagel, L., et al. (2010). Understanding turning points in intimate partner violence: factors and circumstances leading women victims toward change. *Journal of Women's Health*, 19(2), 251–259. doi:10.1089/jwh.2009.1568.
- Enander, V., & Holmberg, C. (2008). Why does she leave? The leaving process(es) of battered women. *Health Care for Women International*, 29(3), 200–226.
- Erickson, J., & Henderson, A. (1998). Diverging realities: abused women and their children. In J. Campbell (Ed.), *Empowering survivors of abuse: Health care for battered women and their children* (pp. 138–155). Thousand Oaks: Sage.
- Fantuzzo, J. W., & Lindquist, C. U. (1989). The effects of observing conjugal violence on children: a review and analysis of research methodology. *Journal of Family Violence*, 4(1), 77–94.
- Fowler, D. N., & Chanmugam, A. (2007). A critical review of quantitative analyses of children exposed to domestic violence: lessons for practice and research. *Brief Treatment and Crisis Intervention*, 7(4), 322.
- Friend, C., Shlonsky, A., & Lambert, L. (2008). From evolving discourses to new practice approaches in domestic violence and child protective services. *Children and Youth Services Review*, 30(6), 689–698.

- Glaser, B. (1978). *Advances in the methodology of grounded theory: Theoretical sensitivity*. Mill Valley: The Sociology Press.
- Glaser, B. (1992). *Basics of grounded theory analysis*. Mill Valley: Sociology Press.
- Graham-Bermann, S. A., Lynch, S., Banyard, V., DeVoe, E. R., & Halabu, H. (2007). Community-based intervention for children exposed to intimate partner violence: an efficacy trial. *Journal of Consulting and Clinical Psychology, 75*(2), 199.
- Hardesty, J. L., & Ganong, L. H. (2006). How women make custody decisions and manage coparenting with abusive former husbands. *Journal of Social and Personal Relationships, 23*(4), 543–563. doi:10.1177/0265407506065983.
- Holden, G. W., Stein, J. D., Ritchie, K. L., Harris, S. D., & Jouriles, E. N. (1998). Parenting behaviours and beliefs of battered women. In G. W. Holden, R. Geffner, & E. N. Jouriles (Eds.), *Children exposed to marital violence: Theory, research and applied issues* (pp. 289–334). Washington: DC Psychological Association.
- Irwin, L. G., Thorne, S., & Varcoe, C. (2002). Strength in adversity: Motherhood for women who have been battered. *Canadian Journal of Nursing Research, 34*(4), 47–57.
- Kalil, A., Tolman, R., Rosen, D., & Gruber, G. (2003). Domestic violence and children's behavior in low-income families. *Journal of Emotional Abuse, 3*(1–2), 75–101.
- Kelly, U. A. (2009). 'I'm a mother first': The influence of mothering in the decision-making processes of battered immigrant Latino women. *Research in Nursing and Health, 32*(2), 286–297. doi:10.1002/nur.20327.
- Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: a meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(2), 339–352. doi:10.1037/0022-006X.71.2.339.
- Langford, D. (1996). Predicting unpredictability: a model of women's processes of predicting battering men's violence. *Scholarly Inquiry for Nursing Practice, 10*(4), 371–385.
- Lapierre, S. (2010). Striving to be 'good' mothers: abused women's experiences of mothering. *Child Abuse Review, 19*(5), 342–357. doi:10.1002/car.1113.
- Letourneau, N., Morris, C. Y., Stewart, M., Hughes, J., Critchley, K. A., & Secco, L. (2013). Social support needs identified by mothers affected by intimate partner violence. *Journal of Interpersonal Violence, 28*(14), 2873–2893. doi:10.1177/0886260513488685.
- Levendosky, A. A., Lynch, S. M., & Graham-Bermann, S. A. (2000). Mothers' perceptions of the impact of woman abuse on their parenting. *Violence Against Women, 6*(3), 247–271.
- Levendosky, A. A., Bogat, G. A., & Huth-Bocks, A. C. (2011). The influence of domestic violence on the development of the attachment relationship between mother and young child. *Psychoanalytic Psychology, 28*(4), 512.
- Levendosky, A. A., & Graham-Bermann, S. A. (2001). Parenting in battered women: The effects of domestic violence on women and their children. *Journal of Family Violence, 16*(2), 171–192.
- McCain, N. M., Mustard, J. F., & Shanker, S. (2007). *Early years study 2: Putting science into action*. Toronto: Council for Early Childhood Development.
- McCloskey, L. A., Figueredo, A. J., & Koss, M. K. (1995). The effects of systemic family violence on children's mental health. *Child Development, 66*(5), 1239–1261.
- McDonald, R., Jouriles, E. N., & Skopp, N. A. (2006). Reducing conduct problems among children brought to women's shelters: intervention effects 24 months following termination of services. *Journal of Family Psychology, 20*(1), 127–136. doi:10.1037/0893-3200.20.1.127.
- Murray, C. E., Crowe, A., & Flasch, P. (2015). Turning Points Critical Incidents Prompting Survivors to Begin the Process of Terminating Abusive Relationships. *The Family Journal, 23*(3), 228–238. doi:10.1177/106648071557370.
- Peled, E., & Gil, I. B. (2011). The mothering perceptions of women abused by their partner. *Violence Against Women, 17*(4), 457–479. doi:10.1177/1077801211404676.
- Plichta, S. (2004). Intimate partner violence and physical health consequences: Policy and practice implications. *Journal of Interpersonal Violence, 19*(11), 1296–1323. doi:10.1177/0886260504269685.
- Scheffer Lindgren, M., & Renck, B. (2008). 'It is still so deep-seated, the fear': Psychological stress reactions as consequences of intimate partner violence. *Journal of Psychiatric and Mental Health Nursing, 15*(3), 219–228. doi:10.1111/j.1365-2850.2007.01215.x.
- Secco, L., Letourneau, N., & Collins, E. (2016). 'My eyes were open': awakened maternal identity and leaving violent relationships for the infant/children. *Journal of Family Violence, 1*-7. doi:10.1007/s10896-016-9799-x.
- Semaan, I., Jasinski, J. L., & Bubriski-McKenzie, A. (2013). Subjection, subjectivity, and agency: the power, meaning, and practice of mothering among women experiencing intimate partner abuse. *Violence Against Women, 19*(1), 69–88. doi:10.1177/1077801212475335.
- Shonkoff, J. P., & Meisels, S. J. (Eds.) (2000). *Handbook of early childhood intervention* (2nd ed.). Cambridge: Cambridge University Press.
- Skopp, N. A., McDonald, R., Jouriles, E. N., & Rosenfield, D. (2007). Partner aggression and children's externalizing problems: maternal and partner warmth as protective factors. *Journal of Family Psychology, 21*(3), 459–467. doi:10.1037/0893-3200.21.3.459.
- Statistics Canada. (2006). *Measuring violence against women: Statistical trends 2006* No. 85–570-XIE. Ottawa: Statistics Canada.
- Straus, M. A., & Gelles, R. J. (1990). *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families*. New Brunswick: Transaction Publishers.
- Wolfe, D. A., Jaffe, P., Wilson, S., & Zak, L. (1985). Children of battered women: the relation of child behavior to family violence and maternal stress. *Journal of Consulting and Clinical Psychology, 53*(1), 657–665.
- World Health Organization. (2009). *Violence prevention the evidence: Promoting gender equality to prevent violence against women*. Retrieved Feb 20, 2016, from http://whqlibdoc.who.int/publications/2009/9789241597883_eng.pdf?ua=1
- Wuest, J. (2007). Grounded theory: The method. In P. Munhall (Ed.), *Nursing research: a qualitative perspective* (pp. 239–271). Sudbury: Jones and Bartlett Publishers.
- Wuest, J., & Merritt-Gray, M. (2001). Beyond survival: reclaiming self after leaving and abusive male partner. *Canadian Journal of Nursing Research, 32*(4), 79–94.
- Wuest, J., Merritt-Gray, M., & Ford-Gilboe, M. (2004). Regenerating family: strengthening the emotional health of mothers and children in the context of intimate partner violence. *Advances in Nursing Science, 27*(4), 257–274.