



“You Don’t Need Nobody Else Knocking you Down”: Survivor-Mothers’ Experiences of Surveillance in Domestic Violence Shelters

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Abstract

For survivors of intimate partner violence (IPV), the act of seeking help from a domestic violence (DV) shelter can incur enormous costs. One cost is what we refer to as “parenting surveillance,” that is, DV advocates can monitor, evaluate, and sometimes control survivors’ parenting—activities given weight through their mandated reporter role. Although surveillance has long been a feature of state intervention into family life, particularly for low-income women of color, it is largely unexplored in the DV shelter system. This is a striking gap: Though most DV programs are committed to supporting survivors’ autonomy and empowerment, the surveillance of parenting may echo abusive dynamics from which survivors are attempting to escape. This qualitative-descriptive study aimed to explore survivor-mothers’ experiences of parenting surveillance among 12 residents of four shelters. Qualitative content analysis yielded five clusters: Survivor-mothers (1) experience and witness parenting surveillance in their programs even as they also find support, (2) describe negative psychological responses to surveillance, (3) report effects on parenting from surveillance, (4) cope with and resist surveillance, and (5) offer recommendations that minimize or diminish surveillance. Although surveillance is a structural phenomenon, baked into the policies and practices of DV shelters, participants’ experiences of it vary based on their personal identities and histories and their relationships with advocates. Despite these variations, however, the costs of surveillance for mothers is significant. For advocates, addressing this phenomenon requires pragmatic and relational shifts grounded in empathy for survivor-mothers’ subjective experience of parenting in challenging conditions.

Keywords Domestic violence · Intimate partner violence · Shelters · Surveillance · Parenting · Mothers · Mandated reporting · Advocacy

Intimate partner violence (IPV), including physical, sexual, economic, and psychological abuse by one partner against the other, is an enormous social problem in this country that

disproportionally affects women, many of whom are mothers (Breiding et al. 2014). In the face of the abuse itself and its multiple consequences, including social isolation (e.g., Goodman et al. 2009); physical and mental health challenges (e.g., Dillon et al. 2013); and housing insecurity and economic instability (e.g., Baker et al. 2010), many survivor-mothers seek help from domestic violence (DV) programs, often identifying the safety of their children as their primary motivation (e.g., Rhodes et al. 2010).

This process is not without significant costs, however, a central one of which is the loss of control over parenting through staff observation and intervention (e.g., DeVoe and Smith 2003). In legal and sociological literature on social service systems, this phenomenon is often referred to as “surveillance,” a term we adopt here (e.g., Bridges 2017; Eubanks 2017; Roberts 2002). Drawing on the work of Michel Foucault (1976, 1979), who described the “disciplinary

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power” of those in the “psy” professions (i.e., concerned with matters of the human psyche), a small body of health care literature has documented that even when providers are positioned as supporters and take this role seriously, such “supportive” work can operate within a framework of “surveillance” (e.g., Peckover 2002). In this context, surveillance is a process in which a person or group is subject to systems of monitoring, evaluation, intervention, and control by providers who hold some degree of power over them (e.g., Peckover 2002). The surveillance of parenting gains weight by virtue of providers’ mandated reporter role; that is, the negative evaluation of one’s parenting can have enormous consequences, including state intervention into family life, and, in the most serious interventions, separation of the mother and her children. Though mandated reporting can be a critical mechanism for identifying children at risk, and providing families with the support they need, it can also obstruct help-seeking for survivors of IPV in particular since mothers have been held responsible for “failing to protect” their children from the very person who abused them (Edleson et al. 2006).

Scholars have documented parenting surveillance as an enduring feature of social service settings, and one that has disproportionately sanctioned the poor and mothers of color (e.g., Bridges 2017; Eubanks 2017; Roberts 2002). Though this phenomenon has received some attention in homeless shelters (e.g., Friedman 2012), it has received relatively little attention in the context of DV shelters, perhaps because one might expect it to be less salient in programs that are dedicated to the restoration of survivors’ choice and control in a supportive, non-judgmental environment.

Yet, as the next section will describe, survivor-mothers’ parenting is scrutinized and regulated in these settings as well. For example, when they walk through the doors of a DV shelter, survivors must agree to rules about how to parent (Glenn and Goodman 2015; Wood et al. 2017), interact with their children in front of staff under extremely difficult circumstances, and encounter advice or criticism that run counters to their own cultural values, personal wishes, or practical resources (Bergstrom-Lynch 2017; Fonfield-Ayinla 2009; Gengler 2011). Yet, no study to our knowledge has explored these dynamics from the subjective perspective of survivor-mothers residing in multiple DV shelters, where the most marginalized survivors seek support when they have nowhere else to go. This is a critical gap because “parenting surveillance” may be especially consequential for survivors of IPV, who have likely faced surveillance in their personal lives through their partners’ criticism and control—and who, in some cases, might feel very much in need of support for their children or their parenting.

This study aimed to fill this gap. We conducted a qualitative descriptive study of survivors’ subjective perceptions and responses to potential parenting surveillance in four different DV shelters, all of which had reputations for centering the idea

of empowerment in their work. We wanted to explore whether and how surveillance shaped survivors’ relationships with advocates, their identities as mothers, and their overall well-being. Such knowledge could critically inform the ways that advocates work with survivors who are mothers. The next sections set the stage for this inquiry by reviewing extant literature on parenting surveillance in DV shelters and discussing the sensitizing concepts that shaped this study.

Parenting Surveillance in DV Shelters

Survivors with children find ways to resist, respond to, and seek safety from IPV through a wide range of short and long-term strategies, including seeking help from domestic violence (DV) programs (Davies and Lyon 2014). DV programs are known for being supportive, empowering, survivor-centered settings in which the consequences of IPV and trauma are deeply understood by staff, survivors’ stories are heard and responded to, and their range of needs are understood and addressed (Goodman et al. 2016). For some survivors, DV programs provide an opportunity to restore the trust and power damaged not only by IPV, but also by other helping systems—a responsibility many advocates take seriously.

Over the past decade, however, research has demonstrated how the process of seeking help from DV programs may introduce new risks, losses, and dangers, or “trade-offs,” to survivors and their children (e.g., Thomas et al. 2015), some of which may be most salient for the most marginalized survivors (e.g., Crenshaw 1991). One recent study demonstrated that 62% of a sample of female-identified survivors seeking help from DV programs in New England indicated that they had to “give up too much to be safe;” and 48.5% said that this was true “all or most of the time” (Thomas et al. 2015, p. 5). Costs ranged from loss of social support to financial stability, and 16% spontaneously described loss of control over parenting as a chief trade-off of seeking help.

Research exploring the experience and effects of shelter rules sheds light on the forms such loss of control might take. In one study of survivors’ perceptions of DV shelter rules in the Midwest ($n = 73$), participants described how rules were applied inconsistently, disrupted daily life, and negatively impacted their psychological well-being (Gregory et al. 2017). Though the study did not focus on parents, 36% of participants identified rules related to “child discipline and monitoring” (e.g. bedtimes, child supervision) as a problem. The authors referenced a “surveillance climate” in which staff monitored adherence to rules, and survivors found ways to “resist” them (p. 18).

Similarly, in a recent qualitative study in two different states, a racially diverse group of 25 female-identified survivors living in DV shelters described how rules disrupted parenting practices and inhibited interactions between children

and parents (Wood et al. 2017). Finally, in a Canadian shelter setting, Krane and Davies (2002) conducted a multi-year analysis of mothering in shelters through participant observation and interviews with survivor-mothers and staff. The authors noted that rules in the shelter were not actually designed with parenting or parents in mind, creating tremendous stress for mothers throughout their stay.

Only one study, an ethnographic investigation conducted in a single DV shelter in the southeastern United States ($n = 11$), has explored parental surveillance as the focus of inquiry rather than as a theme that emerged through a broader exploration of shelter life (Gengler 2011). The participants in this study made parallels between the “policing” of their mothering and the coercion they had experienced during abuse. Though some mothers appreciated support from staff, others felt burdened and sometimes humiliated by “stringent guidelines” related to their mothering and the enforcement of a particular model of “good mothering” that the author linked to White, Euro-centric, middle class norms.

Although these descriptions of surveillance are critical, they are not sufficient. Most studies did not focus specifically on the experience of survivors as mothers, though some of their results highlighted relevant aspects of mothers’ experiences. Although Gengler’s (2011) study did so, her exploration was limited to a single shelter and focused more specifically on the enforcement of “good parenting” rather than the broader subjective experience of being surveilled as parents. No studies have yet captured in a comprehensive way how survivor-mothers might understand, respond to, cope with, or survive the specific experience of surveillance by people who are also supporters, nor do they shed light on how survivors’ identities or roles as mothers might be affected by this experience. Such research is critical to informing policies and practices that could better support survivor-mothers and their families.

Sensitizing Frameworks: Intersectional Feminism and Relational Cultural Theory

This study took an intersectional feminist approach in that it sought to foreground women’s subjective experience, with particular attention to how intersecting forms of oppression affect women’s lives and shape their subjective experiences (e.g., Crenshaw 1991). We also drew upon Relational-Cultural Theory (e.g., Jordan 2013; Miller 2008; Miller and Stiver 1995, 1997), and specifically the paired concepts of “controlling images” (e.g., Collins 1986) and “relational images” (e.g., Miller and Stiver 1997) to frame the questions we asked. Focusing on negative stereotypes about Black women, sociologist Patricia Hill Collins (1986) defined “controlling images” as the “externally-defined stereotypes” (p. S17) that are represented and constantly reproduced in popular

discourse. These “images” function to maintain and justify systems of oppression or control (e.g. surveillance), in addition to having collective and individual effects on well-being, self-image, and self-esteem. Building on Collins’ work, relational cultural theorists Miller and Stiver (1995) developed the psychological concept of “relational images,” which suggest that our ideas about how others will respond to us are based on experiences of connection and disconnection in past relationships and our broader social context. Relational images “become the framework by which we determine who we are, what we can do, and how worthwhile we are” (p. 214). These theoretical concepts offered a useful lens for exploring how survivor-mothers internalize, understand, respond to, and resist surveillance—a possible form of oppression or disconnection—in their experience of help-seeking.

Methodology

We chose a qualitative descriptive methodology for this study because, consistent with an intersectional feminist approach, it draws upon naturalistic traditions to provide insights into poorly understood phenomena, largely in participants’ own words (Kim et al. 2017). At the same time, some degree of interpretation is not only permissible but inevitable and even desirable in this approach given the goal of enhancing understanding of a complex phenomenon (Elo and Kyngäs 2008; Sandelowski 2010).

Sample and Recruitment

Inclusion criteria for this study were: (1) identifying as a mother and a survivor of IPV, (2) being at least 18 years old, (3) speaking English or Spanish, and (4) seeking help for IPV from a DV shelter in the northeastern United States. Mother-identified survivors included those who did not necessarily live with their children while residing in shelter as long as they had children who were 18 years or younger at the time of the study. Consistent with maximal variation in sampling, we aimed to obtain as broad a representation as possible of mother-identified survivors seeking help from DV shelters in regard to participants’ identities (e.g. race/ethnicity, age).

Once the research was approved by the IRB (#18.009.01), we began recruiting participants by contacting DV programs through the Domestic Violence Program Evaluation and Research Collaborative (DVPERC), an ongoing CBPR collaboration between DV researchers and DV programs in New England, co-founded by the second author (see Thomas et al. 2018, for an overview). Ultimately, several program leaders expressed interest. The four residential programs (shelter or transitional living) with which we formed partnerships housed approximately 10–15 survivors and their families at any given time. One was located in a suburban area and three were

located in urban areas. All served a diversity of survivors in terms of race, ethnicity, age, and immigration status and had strong reputations as programs committed to empowerment. The programs were mixed in regard to staff ethnic, racial, and linguistic diversity: three programs had staff that were ethnically and racially diverse and reflective of survivor diversity, one program had a predominately White staff.

The first author attended at least one staff meeting at each program to introduce the study, request staff feedback, and disseminate study materials to share with potential participants and/or post on bulletin boards. The first author also attended one or more “house” meetings (i.e. regular weekly meetings with survivors) at each of the four shelters to describe the study, invite participation, and answer questions. All materials were provided in English and Spanish.

Participants

The participants in this study include 12 adult women who identified as mothers and survivors of IPV. Eleven interviews were conducted in English and one in Spanish. Participants were a racially and ethnically diverse group of women (7 Latina or Hispanic; 2 White; 1 African; 1 Black; 1 Asian), whose ages ranged from 20 to 57 (mean = 30.25 years; S.D. = 10.96). They were primarily born in the United States and four were raised outside of the U.S. (Latin America, Asia, and Africa). All identified as survivors of IPV and as mothers whose children ranged in age from 1 to 26 years old, though three were not living with all of them at the time of the interview. Those who were not living with any of their children were invited to share based on their current and past experiences, as well as observations of other mothers. Participants were not asked to share specific information about their socioeconomic status; however, most spontaneously described themselves as underemployed or unemployed and a few mentioned that they were also enrolled in school (e.g. GED or professional training programs). All participants described their abusers as men.

Procedures

Interviews lasted between one and two hours and were conducted using a semi-structured interview guide in a private, confidential room on-site at the shelter. The interview guide was meant to provide a consistent focus across interviews, but not to restrict the conversation. Questions focused on the following areas: (1) the survivor’s help-seeking experience as a mother, (2) her subjective experience of surveillance in the program (i.e. “being watched or exposed”), (3) her coping efforts and systems of support, and (4) her recommendations for changing the program to better support mothers. Consistent with relational-cultural principles, we followed up with questions about participants’ experiences of

connection and disconnection with advocates. Further protections included: thorough review of the informed consent procedures (including that their answers would not affect their participation in the program or be shared with staff, and that they could withdraw at any time), participant-led development of pseudonyms for themselves and their children, invitations for breaks, and an opportunity to debrief. All participants received a \$20 Target gift card in appreciation for their time.

Data Analysis

To analyze interview data, we employed qualitative content analysis, a dynamic approach that is oriented towards summarizing and describing the data (Elo and Kyngäs 2008). Specifically, we used a conventional three-level approach: Open or in-vivo coding involved generating brief descriptive codes that retained participant language as much as possible. Second level coding entailed organizing these open codes into broader categories based on similar concepts. Finally, categories were synthesized into overarching clusters that captured core themes. Throughout, we employed constant comparison, comparing newly collected data with previous data to generate new codes, revisit previous ones, and integrate them into a framework (Kim et al. 2017). Interviewing and analysis occurred simultaneously, with each process shaping the other, until “theoretical saturation” was reached; that is, until new data did not add substantively new categories to the findings (Morrow 2007).

Trustworthiness and Credibility

In order to promote confidence in the findings of this study, we took a number of steps: With regard to coding, although the first author was the “first coder” for every interview, two research assistants offered line-by-line feedback on her codes. Disagreements were explored and resolved through discussion in weekly in-person meetings. The second author oversaw this entire process and consulted on a weekly basis regarding coding disagreements, the development of themes, and overall findings. Further, the first author maintained detailed memos following each interview. Though these memos were not formally coded, they were brought into our discussions to clarify interview content, generate reflection about themes, and maintain a clear record of how codes evolved (e.g., Charmaz 2006).

Drawing on contemporary approaches (e.g., Birt et al. 2016), we conducted member-checking throughout the research process by asking interviewees about specific themes and ideas as they emerged (e.g. “Some people said this, what do you think?”). This method ensured ongoing attentiveness to the credibility of emerging ideas by explicitly inviting multiple authentic opportunities for participant disagreement.

Finally, both authors remained attentive to our own biases throughout the process in order to stay as close as possible to participant meanings. For example, we continuously reflected on how differences and “distance” in our own life experience could be constricting our view: Neither of us have had family members sanctioned by the child welfare system, nor have we sought help from a DV shelter. Furthermore, as White women with great economic and educational privileges, we did not know—in a subjective sense—the poverty, racism, trauma, and resilience that made up many of these mothers’ lives. Gordon’s (1997) “complex personhood” framework suggests that researchers who have distance from their participants’ experience tend to invite them to tell stories of suffering (e.g. only asking survivor-mothers questions about pain) or of survival (e.g. avoiding negative portrayals of mothering), thereby flattening their experience (e.g., Tuck 2009). The idea of complex personhood pushed us to ask, listen, and analyze with the aim of bringing to life the fullness and contradictions in participants’ stories (see Fauci 2019 for a full description of study methods).

Results

Five clusters emerged from the coding process, each of which will be described below. Consistent with other qualitative descriptive research, we report whether “few” (less than 4), “many” (4 to 7), or “most” (8 or more) survivors described each phenomenon. This shows the relative emphasis on themes without coming to strong conclusions about their absolute frequency. Within each cluster, we indicate categories in bold and codes in italics. See Table 1 for a complete list of clusters, categories, and codes.

Cluster 1: Survivor-Mothers Experience and Witness Parenting Surveillance

Across programs, all but one survivor-mother expressed that they received meaningful and even transformative practical and emotional support in their DV shelters, particularly from their individual advocates. However, in this context, eleven out of twelve survivors also reported that they experienced or witnessed some form of staff surveillance of parenting in their current or past DV shelter experience. It is important to note that variations in perceptions of surveillance existed across programs, within programs, and even within survivors’ accounts at different points in the interview. Many participants explicitly recognized that surveillance behaviors varied by staff member and, importantly, could co-exist alongside support at different times throughout their help-seeking experience.

Most survivors described the multiple ways in which **staff set rules related to their parenting**. Many described how

rules restricted their autonomy as parents by limiting their choices (e.g. enforcing a bedtime), taking away their ability to make parenting decisions (e.g. requiring staff permission to take care of one another’s children), and conflicting with their own parental approach (e.g. suggesting disciplinary approaches they found ineffective). Participants’ descriptions of rules were often the first thing they shared in response to an open-ended question about being a mother in the shelter. A few participants explicitly named the ways that *parenting rules disrupted cultural values or practices* (e.g. collective responsibility, emphasis on respecting elders). On the other hand, many survivors, all of whom had noted the restrictive nature of rules, also described how *rules created structure for them and their families*.

Many participants described the ways they felt **staff monitored their parenting**. Many perceived *staff as constantly watching and evaluating parenting behaviors*. Across different programs, a few used evocative language to capture their experience. Marie said: “It’s kinda like if your life was under a microscope and they’re kinda just like watching every single thing you do.” Jasmine put it this way: “[The staff is] always on the lookout. Constant lookout.” For others, like Lauren, their current program felt “refreshing;” however, this was in comparison to past DV shelters where she was “on camera 24/7...[where] they watch it like a hawk.”

Many survivors also felt *they had no privacy*, and more so, that their privacy was “not respected.” One mother described this as feeling like “totally an open book.” By contrast, a few participants described *staff 24-hr presence as supportive*. For example, Sunny described it in this way: “People [are here for] 24 hours...right away you have people here, [so] it’s good.”

Most participants felt that **staff judged them as mothers**, citing various types of interactions in which they perceived judgment. Many women described the direct and indirect ways that *staff questioned and doubted them as mothers* (e.g. by asking mothers to explain their decisions or giving “looks”). Mimi explained her experience of feeling judged and misunderstood as a mother:

It’s hard for us mothers to come to be in a place like this and have to deal with...people questioning our parenting skills. It’s hard sometimes because people don’t know what you’ve been through...and how I react in times is because of my past and I try not to bring it into certain situations but that’s just...how much I struggled, how much I tried to get out, and how much I feared for my child and everything.

Many participants also described judgment in situations where it felt like *staff made the assumption that mothers were doing something wrong when they yelled*. Marie said: “I can’t raise my voice too much because then they’re like running over here to be like, ‘Oh my God, what is she doing?’” Many

Table 1 Codes, categories and clusters

Category	Code
Cluster I. Survivor-Mothers experience and witness parenting surveillance Staff set rules related to parenting	Rules restrict survivors' autonomy as parents; Rules disrupt survivors' cultural values or practices; *Rules create structure for them Staff watch and evaluate parenting; Staff do not respect survivor privacy; *24-h staff presence is supportive Staff question and doubt survivors as mothers; Staff make assumption that survivors have done something wrong when they yell; Staff make assumption that survivors have done something wrong when child cries; Staff background influences judgment; *Survivors do not feel judged by staff Staff directly criticize or contradict survivors' parenting; Staff interfere in survivors' parenting in front of their children; *Survivors report staff do not intervene in their parenting Staff mandated reporter role is unfamiliar, or not clearly explained; Staff determine what qualifies as dangerous or neglectful parenting; Staff misuse and abuse their mandated reporter role; *Survivors are not personally worried about mandated reporting; *Survivors believe mandated reporting is important for protecting children Survivors have almost no way to share power with staff; Staff can use their power in ways that can cause harm to mothers and children; Staff power can feel like abuser power
Staff monitor survivors' parenting	
Staff judge survivors as mothers	
Staff intervene in survivors' parenting	
Staff can report survivors to child protective services (DCF)	
Staff have pervasive power	
Cluster II. Survivor-Mothers have negative psychological responses to parenting surveillance Negative emotions Diminished sense of self	Fear; Stress; Discomfort; Anger Feelings of worthlessness; Doubts about their ability to parent
Cluster III. Parenting surveillance has varying effects on parenting and help-seeking Neutral/positive effects on parenting Negative effects on parenting	No effects on parenting; Positive effects on parenting Staff take away survivors' authority as parents; Children notice and take advantage of survivors' loss of authority; Children will not learn how to behave; Survivors won't develop parenting tools More difficult to access needed resources for parenting; More difficult to build relationships with staff
Negative effects on help-seeking for mothers	
Cluster IV. Survivor-Mothers cope with and resist surveillance Internal coping responses Relational protective strategies	Affirming oneself as a parent; Choosing not to be brought down; Trying to calm down Adapting to real/imagined expectations; Concealing information about self; Avoiding interactions with staff Continuing to parent in their own way; Putting on an act; Standing up for oneself; Supporting other mothers' self-advocacy; Connecting with staff around negative experiences of surveillance
Acts of resistance	
Cluster V. Survivor-Mothers offer recommendations for domestic violence shelters Learn about survivors as mothers	Intake questions should include attention to parenting; Understand survivors' parenting in the context of survivors' history; Imagine being in survivors' shoes Let survivors parent in their own way; Actively support mothers in their parenting decisions; Do not correct the parent in front of the child Explain mandated reporting clearly and fully; Never use mandated reporting as a threat See survivors' strengths as parents; Offer groups that focus on the effects of domestic violence; Provide access to counseling and mental health support; Support survivors in sharing their stories to support other survivor-mothers Offer economic resources to support parenting; Focus on survivors' long-term goals Support children in the transition to shelter; Provide childcare and daycare options; Offer parenting groups that focus on mothers' experiences; Create more opportunities for survivors to learn from one another as parents; Proactively and non-judgmentally offer support to struggling mothers
Respect survivors' roles as mothers	
Explain and understand the gravity of the mandated reporter role	
Offer emotional support for mothers	
Provide economic support for mothers	
Support survivors' parenting	

Codes marked with a star (*) indicate that this idea was in contrast to the main idea within the category. For example, in contrast to the view that rules restrict and disrupt parenting, a few survivors found such rules created structure for them. These codes represent different ideas, but not necessarily different people—i.e. one person may have endorsed multiple viewpoints

mothers experienced a similar phenomenon—when *staff made an assumption that they had done something wrong when they heard children cry*. Across programs, many survivors also observed that *staff background influenced their judgment*. They pointed to perceived or known differences in social class, country of origin, personal history, or parental status. On the other hand, many participants explicitly stated that *they did not feel judged by staff in their program*.

Many participants described how **staff intervened in survivors' parenting**. Many mothers shared experiences where *staff directly criticized or contradicted parenting*. They reported both experiencing and witnessing this phenomenon, with one woman noting “I get taken aback because I'm like, ‘She's the mom and you know like, she's an adult, like, why are you trying to tell her what to do?’” Related to the experience of direct criticism, many participants also cited incidents where *staff had directly interfered in their own or others' parenting in front of their children*. At the same time, many survivors also said that *staff did not intervene in their parenting*, making the distinction that they had observed but not personally experienced this.

Many survivors described what it felt like that **staff could report survivors to child protective services**, known as the Department of Children and Families (DCF) in the state where the study took place. They described feelings associated with “being in a program where there's mandated reporters all the time,” including the discomfort or fear in knowing that it was ultimately staff who decided what parenting was fit or unfit. In two programs, many survivors disclosed that the *staff mandated reporter role was unfamiliar or not clearly explained*. A few described not having experience or knowledge of the system, or immigrating from a country where an equivalent system did not exist. A few survivors gave examples of ways in which *they felt staff in their programs misused their mandated reporter role*. Specifically, these few survivors described how staff used reporting inappropriately, including as a threat. Although they shared negative perceptions of mandated reporting, most also explicitly said that they were *not personally worried about mandated reporting* due to confidence in their own parenting. Relatedly, many participants said *mandated reporting by staff was necessary and important for protecting the well-being and safety of children*.

Many survivors said that **staff had pervasive power** in their current or previous DV shelters. First, many survivors felt that they had *almost no way to share power with staff*. They did not feel they could offer feedback to change the program, voice their concerns about their experience as mothers, or share themes they had conveyed in the interview. Marie said that this was part of her motivation for signing up for the study: “One thing I definitely wanted to share was... what is it like to have someone kind of monitoring your parenting... Nobody really asks that question, like what is it like to have somebody watch you all the time?” Many participants

also said that *staff could use their position of power in ways that could harm them and their children* (e.g. sending them away from the program). Finally, a few believed that—at its worst—*staff power could feel like abuser power*. Cathy explained her understanding of this:

People who have past history of being in an abusive relationship...they feel always belittled and always feel judged and always feel monitored by an abuser, so when you come here it's like you're with a fucking abuser all over again! Sort of! It's—they might as well be your freaking abuser because they're doing the exact same shit that your fucking abuser used to do. And I'm sorry, but I feel passionate about this.

Cluster 2: Survivor-Mothers Have Negative Psychological Responses to Surveillance

Survivor-mothers reported a range of negative psychological responses to surveillance. Most reported having a range of **negative emotions**. Being *fearful*, for example, was an almost universal experience: Survivors were fearful of program-specific consequences for violating rules, negative effects on their parenting (discussed later), and the possibility of losing custody of their children. Marie explained this fear: “I feel like when you're in a program like this, you gotta kinda walk on eggshells.” Many mothers also identified that parenting surveillance increased *stress*, and a few highlighted the *discomfort* that came with surveillance. Finally, a few mothers shared the *anger* that they felt in response to the surveillance of their parenting.

Many mothers also revealed how surveillance **diminished their sense of self**. A few, for example, described the way it made them feel *worthless as a parent*. Jasmine described this feeling as akin to the worthlessness she felt in her abusive relationship:

[It makes me feel] like I'm a bad mom...I'm coming out of a “I failed my kids” phase because to me, I failed all my kids by being here and losing my apartment and letting this abuser in my life who beat the shit out of me for five and a half years...So when I'm trying to dig myself from that hole, and I'm trying to reconstruct everything...and you're telling me how to do my job as a mom...I go right back down there.

A few mothers also shared that parenting surveillance had the effect of making them *doubt their ability to parent*. Victoria discussed how she begins to “second-guess” herself as a mother when someone comes to check on her and her child: “That moment where someone comes and just looks at your child and then looks at you, like, ‘What's going on, what are

you doing?’...So that’s what’s overwhelming. That’s when I start second-guessing myself.”

Cluster 3: Parenting Surveillance Has Varying Effects on Parenting and Help-Seeking

Parenting surveillance had varying effects on participants’ parenting and help-seeking. A few shared that surveillance had **neutral or positive effects on parenting**. In response to direct questions, a few mothers conveyed that *surveillance had no effect on their parenting*. One mother, Marie, spoke some about the *positive effects of surveillance on parenting* even as she made clear that she had also experienced negative effects. She acknowledged both together:

I feel like if I wasn't under this microscope...I'd kinda be like acting out...But instead I've learned to stop, think about what it is that I wanna do... I mean even though it makes me feel uncomfortable and it makes me feel on edge and like walking on eggshells all the time, it definitely helps.

Many mothers described **negative effects on their role as a parent**, including their relationship with their child, and their child’s wellbeing. Across shelters, many survivors explained that surveillance *took away their authority as parents*. In other words, these actions made them feel like they were not in charge, not in control, or as Cathy said, “not the mom.” Many described how *children noticed and took advantage of their parents’ loss of authority* in shelter. These mothers felt that their children “knew” that staff were in charge and would support them over their parents and found ways to take advantage of this dynamic (e.g. yelling or crying to get staff attention). Directly linked to the feeling of losing control or authority was the worry that *children would not learn how to behave*. For example, Victoria said: “I can’t really parent the way that I want to parent.... And if I’m not really sure of what I’m doing, my child is going to be all over the place...How is he sure that he could listen to me or he can follow my instructions?” Finally, a few survivors worried that surveillance by staff meant that they would *not develop the parenting tools that they needed*.

In addition to effects on the mother-child relationship, many participants explained that surveillance had **negative effects on their help-seeking experience as mothers**. A few explained that surveillance dynamics (e.g. monitoring, judgment, or worries about reporting) could *make it difficult to ask for and access needed resources for parenting* like food or financial assistance. A few also shared that surveillance-related worries could *make it difficult to build relationships with staff*, including around one’s parenting needs. Ana noted that:

You just need somebody to...share...your sadness, or your confusing things, or even when you mad with your kid and you just hit your kid, you just need someone...I don’t want to do something that hurt my child and when you can’t talk about that with another person...you can’t because they don’t respect like privacy.

Cluster 4: Survivor-Mothers Cope with and Resist Parenting Surveillance

Survivor-mothers employed a range of strategies to handle surveillance, including internal, relational, and resistance strategies. Regarding **internal coping responses**, many described *affirming themselves as parents* as a way to cope with negative feelings (e.g. “I know who I am”). A few mothers explained how they *chose not to be brought down* by surveillance by focusing on their current and future goals, or their relationships with their children. Additionally, a few participants explained how they *tried to calm themselves down* in the face of stressful interactions related to staff intervention (e.g. breathing).

All survivors reported using some kind of **relational coping responses** as a way to protect themselves or others from the potential negative effects of surveillance. Many survivors described *adapting to expectations* (e.g. following the rules). In addition to, or as part of adapting, many survivors described intentionally *concealing information about themselves* when interacting with staff (e.g. “watching what you say and watching how you say it”). Taking this a step further, a few mothers also reported intentionally *avoiding interactions with staff*. Rosa was clear about this decision: “I don’t like to speak with anybody here.”

Many survivor-mothers also engaged in various **acts of resistance** in response to surveillance. Many described *continuing to parent in their own way* (e.g. discretely breaking rules, maintaining their parenting style). A few said they intentionally *put on an act*. Mimi admitted: “I feel like you gotta kiss ass sometimes.” Further, many participants described times they had *stood up for themselves* in response to an interaction related to surveillance (e.g. talking to staff). Relatedly, a few mothers told stories about times in which they had *supported other mothers’ self-advocacy* in response to surveillance-related issues. Finally, one survivor shared the unique experience of being able to *connect with staff around her negative experience of surveillance*, and how much this mattered to her feeling of being understood as a mother.

Cluster 5: Survivor-Mothers Offer Recommendations for Domestic Violence Shelters

All participants in the current study offered at least one recommendation for shelters to improve the conditions created

by parenting surveillance, and the overall experience of survivor-mothers. Some recommendations were offered because they were not happening in the program; but, many were named because they were already implemented and strongly valued by survivors.

A few mothers expressed a wish for staff in their programs **to get to know them better as mothers**. One participant, Marie, offered a concrete idea: *Intake questions should include a focus on parenting* (e.g. history, goals, and identity). Cathy, who felt individual staff members did get to know her as a mother, explained that it was important for all staff to *understand survivors' parenting in the context of their history*. Many asked that staff *imagine being in their shoes*, especially in regard to empathizing with how difficult it is to parent in a shelter.

Closely connected to the wish for more empathy were the recommendations that staff make efforts to **respect survivors' roles as mothers**. Many survivors put forth a clear request: *Let survivors parent in their own way*. After all, it was the parent who would be in charge after their time in the shelter. A few survivors took this one step further, stating that it was important that staff *actively support mothers in their parenting decisions* (e.g. “reassure the child that the mom is the mom”). Many others were very specific in the recommendation that staff *not correct the parent in front of the child*. As Cathy said: “Keep the mom, you know, high...She’s already been knocked down before...that’s why she’s here. We—you don’t need nobody else knocking you down, you need people to bring you up and to help you stay there.”

A few survivors also emphasized that it was critical for staff **to explain and use their mandated reporter role appropriately**. A few participants stressed that staff should *explain this role fully and clearly* to survivors. Explaining the role, however, is only the first step. One woman was clear that staff *should never use mandated reporting as a threat* to mothers.

At the same time, every single participant in the study spoke about the need for **emotional support**. One participant, Josephine, described this as experiences that give the mother a “sense of belonging.” Many participants highlighted how important it was that staff *see survivors' strengths as parents*. Many also spoke about the importance of having *access to groups or programs that focus on the effects of DV*. Additionally, many survivors underscored the importance of having *access to counseling or mental health support*. Most survivors also underscored that *supporting survivor-mothers to share their stories with other survivor-mothers* was a critical way to support their emotional well-being.

In addition to emotional support, many emphasized the importance of providing mothers with **economic support** as a critical component to supporting parenting. A few mothers stressed the necessity of *offering economic resources to support parenting* (e.g. food, transportation). One participant

specifically highlighted the unique challenges facing immigrant and undocumented women based on her personal experience. In one program, a few survivors articulated the importance of *focusing on survivors' long-term goals* (e.g. education or employment) as part of what it takes to offer mothers economic support.

Moving closer to the parent-child relationship, most survivors described ways that staff could more effectively **support survivors in their parenting**. A few spoke about the value in having staff *support children in the transition to shelter* (e.g. early intervention services). Many participants highlighted how important it was for DV shelters to *provide childcare options*. A few survivors wanted *parenting groups that focused on the mother's experience* and suggested that programs *create more opportunities for survivor-mothers to learn from one another as parents*. Amber put it this way:

If they had a group where...single moms come together and they talk about just like what I'm talking about now, things that they go through. I think that would help, 'cause you wouldn't feel so alone...And you'd probably learn from another mother that was dealing with your same situation...and she can maybe tell you how to deal with that.

Finally, a few mothers discussed the importance of *proactively and non-judgmentally offering support to struggling mothers*. For example, they discussed that it was helpful when staff approached mothers rather than waiting for them to approach staff, as long as they did so with authentic openness rather than suspicion.

Discussion

DV programs share the common mission of restoring power to survivors. It is therefore critical to understand the ways that parenting surveillance may disrupt this goal and shape survivor-mothers' experience in shelters. To our knowledge, only one other study (Gengler 2011), an ethnography of a single shelter with a predominantly white staff, has explored mothering under the “gaze” of providers. Gengler (2011) described how White, middle-class notions of “good mothering” were imposed upon marginalized mothers who often felt judged and shamed because of them. Extending these findings, the current study used a qualitative descriptive methodology to explore survivors-mothers' experiences across multiple DV shelters, the staff of which were racially and culturally diverse, deeply dedicated, and committed to improving their work.

This section summarizes study findings and then reviews them in light of existing research, using relational-cultural concepts to illuminate the psychological and relational costs of surveillance. Following a review of the study's limitations,

the section concludes with practice, research, and training implications.

Summary of Findings

Five clusters emerged from the data (see Table 1). The first cluster illuminates that although survivors felt strongly supported by staff to achieve their goals, they also experienced and/or witnessed unwanted parenting surveillance that did not feel supportive. Although formal policies and practices seemed to meaningfully differ across programs, with some more stringent and punitive than others, most survivors described parental monitoring and control, in which staff set parenting rules and observed, judged, and intervened in their parenting. These behaviors felt especially detrimental in light of staff members' power over survivors—as gatekeepers of much-needed services, and as mandated reporters who could report them to the state. Clusters two and three described how this surveillance affected survivor-mothers—by triggering negative psychological responses, constraining their capacity to parent, and disrupting efforts to seek help. Cluster four described survivors' varied strategies for coping with, adapting to, and resisting surveillance. Finally, Cluster five reviewed participant recommendations for addressing the conditions created by surveillance and improving the experience of survivor-mothers.

Surveillance: A Structural Phenomenon Experienced through Identities and Relationships

Participants conveyed that although surveillance was a pervasive and structural challenge, how survivors perceived it was based on who they were and what they had been through, and the nature of their advocacy relationship. Regarding the latter, at one extreme, some mothers described the system of parental observation and control as akin to being constantly under investigation. This dynamic left them feeling hyper-visible as potentially problematic mothers, but relatively invisible, or unseen, in terms of their past experiences, capacities, and strengths—a dynamic that Collins (1998) has described in her scholarship on Black women's experiences of surveillance. On the other hand, surveillance was least oppressive for participants whose advocates truly “saw” them by listening to their life stories, showing interest in their family or cultural background, valuing their strengths and goals as mothers, communicating that they understood what survivors had “been through,” and in some cases, sharing their own overlapping backgrounds (e.g. culture) or experiences (e.g. abuse). Critically, feeling seen was important both in moments of strength (e.g. *she sees I'm a good parent*), and moments of tremendous challenge (e.g. *she sees that I'm scared of harming my son*). Being seen not only made survivors feel valued, it also made them feel greater power and agency

within the advocacy relationship. These strong relationships, in turn, could open up possibilities for enhanced emotional and instrumental support. In other words, when survivors felt seen, they felt connected and supported.

A relational-cultural perspective illuminates how these kinds of relationships reduced the salience of surveillance. Relational-cultural theorists suggest that differences in power within a relationship can be a source of “disconnection” (Miller and Stiver 1997), including within “helping” relationships—and especially when power imbalances resonate with past experiences (Jordan 2013). To counteract disconnection in the context of helping relationships, they argue for the importance of building empathy with the client's subjective experience, understanding the client in their context, and actively working to share power to the extent possible (e.g., Jordan 2013). Participants reflected this idea beautifully: When staff's power over them as parents was at the foreground, survivors' sense of powerlessness and disconnection – feelings they were all too familiar with—were heightened. However, when advocates showed interest in truly getting to know them, the salience of “surveillance” was greatly diminished, even experienced as absent. This did not mean that power differences dissolved, but they became less salient—indeed, it could be said that staff power was then seen as a strategy to support the survivor in meeting her needs.

The Costs of Parenting Surveillance

Prior research has demonstrated that staff rules and monitoring in DV programs contributes to fears related to mandated reporting (e.g., Bergstrom-Lynch 2017), a loss of control over parenting (e.g., Wood et al. 2017), and the potential for triggering reminders of abuse (e.g., Glenn and Goodman 2015). Participants in this study echoed and extended these findings by describing the costs of surveillance to themselves, their parenting, and their relationships with advocates—which often disrupted their own and the programs' central goals.

Regarding costs to self, participants described surveillance activities—particularly direct intervention into parenting in front of one's children—as causing them to doubt their own worth and capability as mothers. Consistent with relational-cultural theory (e.g., Miller and Stiver 1995), surveillance activities such as intervening in parenting were more likely to trigger feelings of self-doubt for women who had been explicitly demeaned as mothers in prior relationships. Conversely, mothers who could hold on to their sense of who they were in the face of surveillance may have been able to buffer themselves against these pernicious effects.

In addition to the psychological costs to self, some participants experienced costs to their parenting relationships, particularly in terms of their loss of control as mothers. Some worried that what they said to their children ceased to matter in the wake of staff intervention, and thus their children would

learn that they did not have to listen or behave properly. In a context of oppression (e.g. poverty, racism), the prospect of “losing control” over their children was particularly terrifying as it could affect their perceived and actual power to take care of their children in the context of an uncertain future.

Finally, many survivors articulated that parenting surveillance obstructed their ability to build the very relationships with staff that they needed. Most poignantly, many feared that if they were honest about their parenting experiences or needs, this information could be “used against” them. Some felt unable to name their most basic needs, such as food or clothing for fear of revealing inadequate parenting. Several described a tension between wishing to connect with staff and fear of connecting—a tension articulated in other research on survivor-mothers’ experiences of surveillance (e.g., Peckover 2002). In other words, staff’s power to judge, intervene, and report sometimes made it difficult to build relationships, in turn creating obstacles to accessing the instrumental and emotional support that most survivors wanted.

Here again, relational-cultural concepts are useful: Specifically, relational-cultural theorists explain that in the face of repeated experiences of interpersonal and systemic abuse, people devise “strategies of disconnection” to protect themselves from the perceived possibility of additional harm, hurt, and humiliation (e.g., Miller and Stiver 1997). Although these strategies can be highly protective, they can also make it more difficult to be fully in relationship with others where a connection is indeed possible (e.g., Jordan 2013). In this study, survivor-mothers were “disconnecting” from relationships in response to real risks of judgment, intervention, and sanctioning. Indeed, in regard to reporting, some had been explicitly warned by family, friends, and fellow shelter residents not to be honest because DCF will “take away your kids.” This may be one way in which broader experiences of surveillance shaped survivors’ encounter with programs—they came prepared to protect themselves. It is also possible that part of what left survivors feeling disconnected from staff were fears of harm that came from very real past experiences, but may not necessarily have been played out in the ways they imagined.

In sum, parenting surveillance created multiple intersecting costs for mothers, disrupting the very things they needed to restore or strengthen during their time in shelter: a strong sense of themselves as mothers, their relationships to their children, and the resources and relationships they wanted to move forward with their lives.

Responses to Parenting Surveillance

Participants used a variety of internal and external coping strategies to respond to and resist surveillance. In the face of messages about what might be “wrong” with their parenting, many reminded themselves of who they were (e.g. “I know who I am”) and stayed focused on who they wanted to be (e.g.

“I’m not worried who’s judging me”). These self-affirming strategies are consistent with Collins’ (1986) ideas for how to combat controlling images. Speaking specifically about the experiences of Black women, she argues that “self-definition and self-valuation” are transformative and necessary acts of self-preservation in the context of deficit-based messages. Indeed, for some mothers, these efforts at self-preservation seemed to buffer against serious costs to their self-image; others, however, seemed to move back and forth between feelings of worthlessness and feelings of being strong, capable, multi-faceted mothers.

Beyond these internally-focused coping strategies, survivors also used specific external behaviors as protective strategies. For example, some survivors described “adapting” to expectations in order to survive (e.g. “I do whatever they want me to do”), establishing distance, concealing information or, in a few instances, avoiding certain relationships altogether. Though from the outside, these behaviors might have been perceived as puzzling or even problematic, participants saw these adaptations as useful, sometimes necessary ways to get by even when they stood in the way of getting help. In these instances, they had determined that something else (e.g. privacy, self-esteem) was more important.

Finally, some participants described strategies of “resistance” enacted in order to hold onto their identities and power as parents. In contrast to internal or external coping responses, these were not intended to preserve or protect, but to actively push back. Resistance strategies included breaking rules, choosing to share their views about parenting even when they did not fit with program rules, and “standing up for themselves,” (e.g. disagreeing with staff). As noted earlier, descriptions of marginalized peoples’ “resistance” can unintentionally suggest that there are two stories: suffering or survival (Gordon 1997; Tuck 2009). By contrast, participants’ narratives suggest a much more complicated picture—one in which coping and resistance strategies could vary, shift, succeed, or get in the way at times.

Limitations

Study findings should be considered in light of a number of limitations. Most broadly, these qualitative results may not be applicable to all survivor-mothers, or all DV shelters. Specific sample limitations include the absence of LGBTQ+ survivor-mothers, rural women, survivor-mothers who speak languages besides English and Spanish, and mothers with disabilities. Research focusing on any single group of mothers would likely reveal different insights from the ones found in this study. Further, survivors in DV shelters without a deep commitment to improving their practices and willingness to collaborate with researchers may have substantially different experiences.

In terms of the interviews themselves, perhaps the most salient limitation to survivors’ capacity to speak freely was

the interviewer's identified role as a mandated reporter. Though several women said mandated reporting "didn't bother them," their ability to answer honestly was likely constrained. Further, participants' sense of freedom to speak could have been limited by the current socio-political climate, including the heightened surveillance of immigrant communities of color. In this context, it is important to acknowledge the courage it took to participate at all.

Implications for Practice

Despite the costs of surveillance, participants' rich and varied recommendations offer real possibilities for change. These proposals, summarized here in the context of broader scholarship, do not dismantle structural surveillance or inherent power differences; but they do shed light on the kinds of advocacy relationships that foreground the sharing of power with survivors.

Specifically, participants named a central experience that translates to a core recommendation: When survivors felt staff had a view of who they were, their power and autonomy were centered, rather than lost. In other words, when staff connected with survivors' subjectivity—when they showed interest in and empathy for what survivors were going through, particularly as parents—they minimized a defining feature of surveillance, the flattening of survivors' strengths and contexts.

This sort of "seeing" translates into a number of specific practices, described in more detail in the results section. They begin with the intake process, which can include questions about who survivors are as parents, how they would like to be supported in their parenting, and what they hope for their children. Although each survivor should be able to choose if and how they tell this part of their story, beginning with survivors' "mothering narratives" (Krane and Davies 2000) could set a tone of empathy during a time of tremendous stress, and deepen an understanding of the significant constraints survivor-mothers face when seeking help. Consistent with a survivor-defined approach, such conversations would also enable staff to familiarize themselves with survivors' parenting strengths, better support parenting needs, and strengthen relationships around parenting.

Moving to the rest of their time in shelters, participants made a number of recommendations, including that staff refrain from parental intervention in most situations and make efforts to affirm who they are and who they want to be as parents. As part of this effort, participants suggested peer-led parenting groups as a way to access non-judgmental help and build social support for parenting. Extant research supports this type of intervention. In a recent interview, researcher Suniya Luthar, who studies resilience-based interventions for parenting, explained: "We believe supporting parents means giving advice about what to do for your child. But most mothers don't need parenting 101, they desire authentic

connections — ongoing gentleness and support — from others going through similar challenges" (Fraga 2017).

Together, these recommendations beg the obvious question: What should advocates—who are and will continue to be mandated reporters—do when they perceive severely challenged parenting? Though this was not the explicit focus of the study, a few survivors fully recognized that intervention is sometimes necessary and they emphasized the importance of being spoken to directly and privately about parenting challenges. One mother, Maria, offered a powerful story about a most vulnerable moment: when she and her advocate were worried about harm to her child due to her severe depression. In their conversation, the advocate approached the survivor by empathizing with the fear that she imagined the survivor was struggling with. This, in turn, enabled the survivor to be vulnerable about her mental health and yes, her fears of harming her son. Though it is possible that the staff's concern came from an observation of the mother's depression or related behaviors, she empathically connected with the mother's subjective world (e.g. "I feel that you may be scared"), not her own (e.g. I am scared). Importantly, the survivor shared that this moment was built on a strong relationship: the advocate knew her, respected her, and believed in her capabilities. Because the survivor felt known and valued, she was able to share something that she was unable to share with other providers out of terror that she would be misunderstood or punished. Of course, none of these actions mean that surveillance disappears; indeed, structured interventions may follow, as they did in this example (e.g. psychological evaluation). However, a connection with the survivor's subjectivity restores the possibility of their accessing support together in a way that minimizes shame and the risk of triggering disconnection, and instead opens the door for mothers to get the support they may well know they need.

Implications for Training and Supervision

In order to engage with any of these complex and powerful recommendations, DV advocates will need to excavate their own biases and beliefs around mothering—both as an ongoing part of supervision as well as through more formal training opportunities. It may be especially important to engage with the implicit messages that support the surveillance of marginalized mothers, even if advocates do not subscribe to them, or even if they identify as such mothers themselves. For example: In my life and in this program, how are diverse women and mothers talked about and imagined? How does oppression affect my life and the lives of the women I work with? Where did I learn ideas of good mothering? Certainly, some DV programs, including those in this study, are deeply engaged in these types of questions as part of their commitment to culturally-responsive practice. However, these findings

suggest that addressing surveillance in DV shelters requires an ongoing commitment to seeing survivors more fully.

Implications for Future Research

This study points to multiple areas of future research. First, it is critical that researchers continue to work in partnership with DV programs to develop a deeper understanding of survivor-mothers' help-seeking experiences over time. Second, we need to understand more about what accounts for differences in participants' experiences of surveillance across diverse programs so as to identify specific approaches (rather than types of relationships) that reduce the harms of surveillance while continuing to support parents and children in crisis. Finally, future research on mothers' perspectives needs to include the voices of a diverse group of survivors, including incarcerated mothers, substance abusers, and those who have lost custody of their children. Efforts to counter surveillance by telling the true stories of capable mothers should not happen at the expense of flattening the complex experiences of the most marginalized mothers.

Summary and Conclusions

Every day, mothers who have survived intimate partner violence make the courageous decision to seek help in a world in which they will be susceptible to judgment, condemnation, and state-sanctioning of their parenting. In this context, domestic violence (DV) programs—and particularly shelters—offer a refuge for women who have nowhere else to go. Yet, over the past several years, a chorus of voices have raised serious concerns about the limitations and harms that survivors, and particularly marginalized mothers, face in these settings. One concern that this study aimed to address is the surveillance of survivor-mothers in DV shelters.

Although surveillance is a structural phenomenon, baked into the policies and practices of social service settings—including DV shelters—participants' perceptions and experiences of it varied based on their personal identities and histories, and their relationships with advocates.

Despite these variations, however, the costs of surveillance for mothers were profound—disrupting some of their central goals, and those of DV programs themselves. In the face of surveillance, mothers coped, adapted, and resisted, and offered a general blueprint for reducing the damage that surveillance causes. Many DV programs are eager to better support survivor-mothers and have already made efforts to minimize the impact of surveillance (Goodman et al. 2018). The implications from this research are offered with the hope that they can bolster these efforts and enrich an understanding of survivor-centered, trauma-informed, and culturally-responsive approaches for working with survivor-mothers.

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