I'm a mother too:
Exploring women's experiences in a support group for intimate partner violence

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August 2010

A thesis submitted to McGill University in partial fulfillment of
the requirements of the degree of Master of Social Work

Abstract

This thesis examines women's insights as mothers on participating in a support group for intimate partner violence. Qualitative research using semi-structured interviews were conducted with 8 women, aged 36 to 60 years, who lived in Montreal, Canada, and had one or more children. Open-ended and semi-structured interview questions were designed to elicit information regarding experiences of mothering through intimate partner violence, including participation in a support group. The constant comparisons method was used to identify the qualities and experiences that shape mothers' participation in a support group for intimate partner violence. The findings are discussed in reference to published scholarship on support group intervention for intimate partner violence as well as mothering and intimate partner violence, and how understanding the commonalities as well as unique experiences of women as mothers might prove insightful for further developing group interventions with this demographic.

Résumé

Cette thèse examine la perspective des femmes en tant que mères participantes à un groupe de soutien pour la violence conjugale. La méthode qualitative des entrevues semi-structurées a été conduite auprès d'un groupe de 8 femmes, âgées de 36 à 60 ans, habitants à Montréal au Canada, et ayant un ou plusieurs enfants. Des questions ouvertes et semi-structurées ont été conçues afin d'obtenir des informations au sujet des expériences de maternage au sein de la violence conjugale, y compris leur participation à un groupe de soutien. La méthode de comparaison constante a été employée afin d'identifier les qualités et les expériences qui influencent la participation des mères dans un groupe de soutien pour la violence conjugale. Les conclusions empiriques sont discutées en faisant référence aux bourses de publications sur les interventions en groupe de soutien pour la violence conjugale ainsi que pour les soins maternels et la violence conjugale. Nous examinerons également comment la compréhension des éléments communs ainsi que les expériences uniques des femmes en tant que mères pourraient être pertinente pour le développement futur des techniques d'interventions de groupe auprès de cette population démographique.

Acknowledgments

Although this thesis bears my name, its completion would not have been possible without the encouragement and support of many key individuals. First and foremost, I am greatly appreciative of the 8 women whose candid, earnest narratives serve as the foundation of this paper. Your openness not only granted me insight into a topic that I am passionate about but also resulted in a level of personal and professional growth beyond my expectations for graduate studies. Thank you as well to the team at the McGill Domestic Violence Clinic, especially the Director and Supervisor of the MDVC, Tom Caplan, for believing in my study and taking me on as a research intern.

To my thesis supervisor, Dr. Julia Krane: thank you for enhancing my learning and believing in my ability to succeed. From its inception, your invaluable insight as a researcher took my study to another level. When it came to the write-up, your editorial skills ensured this paper remained focused and flowed accordingly. Perhaps most importantly, thank you for your guidance, patience, and understanding throughout my journey as a graduate student.

I am also grateful to the Social Sciences and Humanities Research Council of Canada, whose belief in my potential as a researcher ignited this study. I still vividly remember how happy I was the day I received your letter confirming I was a recipient of a master's scholarship. Without such funding, I would not have had the financial capacity to attend graduate school at McGill University and make my dream of making a contribution to research on women and their families come true.

Thank you as well to the family members, friends, and other professionals who have been invaluable in the completion of this thesis, especially: the staff and professors at Ryerson University and McGill University who I have had the pleasure of learning from and/or working with as an undergraduate and graduate student – while too numerous to mention individually, thank you for helping lay the groundwork for my successful journey through graduate studies; Professor Estelle Hopmeyer – thank you for serving as external examiner for this thesis and for your positive feedback; Mélanie – thank you for your encouragement and translation skills; Sabrina – thank you for your support, translation skills, and hospitality during my time in Montreal; John, Liz, and Nomi – thank you for your support and editorial insights; Mary Ellen – thank you for your love and support throughout the process of my research; Patrick – thank you for your constructive feedback on my initial research proposal; Devan – thank you for always finding time for a phone call or visit when I needed it most; Nancy – thank you for your encouragement and insights as a recent graduate student yourself; and a very special thank you to Anice and Basilio for a lifetime of unwavering faith, love, and support.

Finally, my deepest gratitude goes out to Max – thank you for always believing in me and being incredibly supportive, whether it be through your encouraging words, attentive ear, or your genuine expression of joy in hearing about a goal I achieved – no matter how small. With this chapter in our lives closing, I cannot wait to see what new adventures life has in store for us. First off, let the honeymoon begin…Africa here we come!

Chapter 1: Current State of Knowledge

This thesis describes the experiences of women as mothers in a support group for intimate partner violence. Whereas some scholars have begun to attend to the unique experiences of specific groups of women participants in such support groups (e.g., Brownell & Heiser, 2006; Few, 2005), for the most part, group interventions seem to assume that women's shared experiences of intimate partner violence sufficiently override all other differences between women participants. This assumption of shared experiences has been seen in a number of works. For example, Tutty and Rothery (2002) suggest that support groups and community-based advocacy for abused women ought to allow "women to see that their reactions to the abuse are not unique" (p. 398) as a benefit of group intervention with this population, and Moldon (2002) focuses on a "shared sisterhood" among female participants as they connect with each other based on their stories of abuse in her qualitative study of a support group for women who have experienced intimate partner violence. Feminist scholars, as seen in the culmination of essays in Sokoloff's work (2005), have taken up this issue in that there is growing attention to how a woman's experience of intimate partner violence is different based on her unique life experiences and circumstances. This thesis is particularly interested in the experiences of women as mothers in participating in a support group for intimate partner violence. In describing the accounts of 8 mothers who participated in the support group at the McGill Domestic Violence Clinic (referred to as the MDVC) in Montreal, Canada, this thesis contributes to thinking about how to better support women who are mothers in group settings.

My thesis is divided into four chapters. In this chapter, I examine the central principles, objectives, and techniques upon which support group intervention for intimate partner violence rest, and I describe how support groups take into account differences among women. The chapter then introduces the central tenets of an intersectionality perspective that help articulate ways of understanding differences between women and ways of challenging homogenous categorizations and essentialist understandings of women's shared oppression of intimate partner violence (Bograd, 1999; Crenshaw, 1994; Krane, Oxman-Martinez, & Ducey, 2000). The first chapter concludes with a brief look at how scholars have paid attention to women as mothers in relation to intimate partner violence. Chapter 2 provides the qualitative methodology used in this study as the most appropriate method to capture the diverse experiences of women who are participating, or have participated, in a support group for intimate partner violence. Chapter 3 draws on the insights of 8 women, all of whom were mothers. In chapter 3, I show that group participants both share commonalities when it comes to intimate partner violence *and* differ, given their individual qualities, experiences, and needs. Here, I suggest that while women as mothers have some unique experiences of intimate partner violence, their accounts of isolation, secrecy, and support via the group are more common than unique. In the final chapter, I suggest that professionals consider taking into account the range of common and unique experiences of women as mothers in dealing with intimate partner violence, especially with regards to their relationship with their children.

Definitions and Dynamics of Intimate Partner Violence

No agreed upon definition for intimate partner violence perpetuated by men against women currently exists (DeKeseredy, 2000; Gordon, 2000; Saltzman, Fanslow, McMahon, & Shelley, 2002; Tjaden & Thoennes, 2000). As outlined by Tjaden and Thoennes (2000), the diversity among definitions is based on two sources of controversy. According to the authors, the first source of controversy stems from whether or not to limit the definition to acts performed with the intent or perceived intent to cause physical injury or pain, or to broaden the definition to include a myriad of other behaviours such as isolation, limited access to financial resources, stalking, and verbal abuse that a person may use to control, dominate, and intimidate another person with whom an intimate relationship is shared. The second source of controversy is rooted in whether to limit the definition to violence occurring between married or cohabitating couples or to include those in dating relationships or those who consider themselves a couple but reside in separate dwellings (Tjaden & Thoennes, 2000).

Despite definitional differences, Gordon (2000) argued that intimate partner violence can be distinguished from other forms of violent behaviour in that: a) intimate partner violence involves people who have an ongoing, intense interpersonal relationship and thus can lead to repeated acts of violence, whereas the majority of violence that takes places outside of the family involves individuals with minimal contact; and b) intimates share an emotional relationship comprised of attachment, emotional and sexual intimacy, or dependency between the couple, such that the violence occurs within a context that includes a history of

prior behaviour, as well as goals and expectations for the relationship. For the purposes of this thesis intimate partner violence[1] is thought of as:

> Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behaviour includes:
>
> - Acts of physical aggression – such as slapping, hitting, kicking and beating.
> - Psychological abuse – such as intimidation, constant belittling and humiliating.
> - Forced intercourse and other forms of sexual coercion.
> - Various controlling behaviours – such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance. (Heise & Garcia-Moreno, 2002, p. 89)

Recent Canadian national data reveal that women tend to experience severe types of violence perpetuated by men. Such severe types of violence include being beaten, choked, and threatened with weapons, or having weapons used against them by an intimate partner. Women are also likely to experience repeated acts of violence (Mihorean, 2005; Pottie Bunge, 2000). Summarizing the trends in self-reported spousal violence as collected by Statistics Canada's 2004 General Social Survey, Mihorean (2005) reported that compared to men, women are twice as likely to be injured as a result of spousal violence and to suffer negative psychological consequences such as anxiety attacks or depression, are 6 times more likely to seek medical assistance, and are 3 times more likely to fear for their lives as a result of violence. Statistics Canada's *Homicide in Canada, 2008* revealed that the fear for one's life is not an irrational fear as

[1] As will be seen, scholars use a broad range of terms to speak to the notion of intimate partner violence. For the most part, intimate partner violence will be the term used throughout this paper to refer to violence that occurs between two people in an intimate relationship. Variations of that term, such as domestic abuse, domestic violence, and wife abuse used throughout this paper are based on the terminology used in the references cited.

women were the victims of over 70 percent of spousal murders, with many of these deaths being the tragic end to a long history of intimate partner violence (Beattie, 2009). In fact, Ogrodnik (2007) found that the rate of spousal homicide against females since 1975 was 3 to 5 times higher than that against males.

Outlining the prevalence of intimate partner violence in Canada, Sharma (2001) pointed out that its incidence and the effects are not limited to any one community or cultural group, but rather transcend categories of age, ability, class, race, and sexual orientation. Krane's (1996) review of cross-cultural research revealed that violence typically arises within the first 5 years of marriage, women who are young and poor are among the most at risk, and that Aboriginal women, women of colour, lesbian women, and women with disabilities are also highly vulnerable when it comes to help-seeking.

When it comes to the physical and psychological consequences of enduring violence from an intimate partner, women often experience a constellation of short- and long-term health problems. Based on reports from 441 women (201 abused women over a 9-year period and 240 never abused women) aged 21 to 56 years, Campbell et al. (2002) found that abused women are significantly more likely than women who reported never being abused by a current or past husband or partner to experience a range of health problems, e.g., abdominal pain, back pain, headaches, digestive problems, loss of appetite, pelvic pain, sexually transmitted diseases, urinary tract infections, vaginal bleeding, and vaginal infections. The study found that abused women were 50% to 70% more likely to experience central nervous system, gynecological, and stress-related problems. Empirical studies carried out by Grisso, Wishner, Schwarz, Weene,

Holmes, and Sutton (1991), Muelleman, Lenaghan, and Pakieser (1996) and Varvaro and Lasko (1993), as well as a literature review of pertinent research on health consequences of intimate partner violence on women and their children authored by Campbell and Lewandowski (1997), support the findings that acute and chronic pain, broken bones, broken teeth, burns, cuts, damage to ears and eyes, and muscular and skeletal injuries are among the most immediate physical health consequences of intimate partner violence.

Turning the focus onto the mental health consequences of intimate partner violence, Campbell and Lewandowski's (1997) literature review also found that serious intimate partner violence often results in the experience of various negative mental health consequences such as anxiety, depression, panic attacks, suicidal tendencies, and increased consumption of alcohol and drugs. Houskamp and Foy's (1991) examination of posttraumatic stress disorder (PTSD) among 26 women who had been in a physically violent relationship found that psychological symptoms amongst this population also include fears, flashbacks, hypervigilance, increased startled responses, numbed affect, recurrent nightmares, and sleep and eating disorders. Moreover, their analyses revealed that a) 45% of the interviewed sample met "DSM-III-R diagnostic criteria for PTSD", and b) there is "a significant relationship between intensity of violence experienced and severity of PTSD symptoms" (p. 371). Ristock's (1995) report on the impact of violence on mental health and Jones, Hughes, and Unterstaller's (2001) review of 10 years of research on PTSD in victims of intimate partner violence, both show that PTSD continues to be a major health concern for women who have experienced intimate partner violence.

With such adverse effects on their mental and physical health, one might question why women remain with abusive partners. An array of explanations ranging in subject from "intrapsychic, interpersonal, and social-structural" (Peled, Eisikovits, Enosh, & Winstok, 2000, p. 10) has been put forward by theorists, researchers, and practitioners in an attempt to answer this question. One of the groundbreaking works on this subject matter was Walker's (1979) unprecedented theory of the *battered woman syndrome*. According to the author, "a battered woman is a woman who is repeatedly subjected to any forceful physical or psychological behavior by a man in order to coerce her to do something he wants her to do without any concern for her rights" (p. xv). Battered woman syndrome was the term Walker (1979) used to describe a set of distinct behavioural and psychological symptoms that result from recurring exposure to situations of intimate partner violence.

Violence in battering relationships, the author argued, generally occurs in repetitive three-phase cycles characterized by fluctuating degrees of intensity and lengths of time. During the first phase (tension-building), minor abusive episodes occur. The woman typically utilizes tactics that have been successful in calming her partner down in the past, such as becoming compliant, nurturing, or staying out of his way. During the second phase (the explosion or acute battering incident), the abuser assaults the woman, unleashing a barrage of psychological and physical attacks. A lack of control and resulting brutality and destructiveness are what differentiate this phase from the one leading up to it. The woman can be injured, threatened, severely shaken, and frightened. In the third phase (calm, loving respite), the abuser typically apologizes for his actions, asks for

forgiveness, and promises that he will never act violently again. This phase ignites the woman's hope in her partner's ability to change and for the violence to end. The loving behaviour soon begins to fade away and gives way to tension and minor abusive incidents. The cycle is completed and a new cycle of violence then begins (Walker, 1979).

Walker (1979) hypothesized that, upon experiencing the battering cycle twice, a woman may be classified as a battered woman. The battered woman syndrome develops over time, as the cycle of violence is repeated and the woman loses hope in her ability to change her situation to a point of *psychological paralysis*, which Walker (1979) delineated in her application of Seligman's (1975) theoretical concept of *learned helplessness*. Briefly, Seligman's experiments with canines exposed to random shocks showed that the dogs' failed efforts to escape negative reinforcement gave rise to their learned helplessness. When the shocks were ceased and their cages open to their escape, the dogs did not respond. The researchers had to repeatedly drag the dogs to the exit before the dogs began to respond voluntarily again. According to Seligman, the dogs failed to voluntarily try to escape their aversive situation due to their distorted perceptions of their capacity to alter their position. These distorted perceptions, the researcher argued, were the result from an inability to predict the effectiveness of their actions, a phenomenon known as learned helplessness (Seligman, 1975).

Applying Seligman's work to battered women, Walker (1979) explained that:

> Repeated batterings, like electrical shocks, diminish the woman's motivation to respond. She becomes passive. Secondly, her cognitive ability to perceive success is changed. She does not believe her response

> will result in a favorable outcome, whether or not it might. Next, having generalized her helplessness, the battered woman does not believe anything she does will alter any outcome, not just the specific situation that has occurred. (p. 43)

In other words, according to Walker (1979), a battered woman might not simply leave an abusive relationship based on her perception of how much control she has in her situation. Despite an ability or opportunity to escape (that is, she has the material, physical, and/or emotional resources to escape), she will not likely leave due to her belief that there is nothing she can do to change her situation.

Walker followed up her initial study 5 years later with in-depth interviews with a more racially and ethnically diverse group of 435 battered women in Denver, Colorado (Walker, 1984). Her examination of the battered woman and the related theories she put forth have received significant criticism by many researchers and professionals working with this population or writing about the subject. Taking issue with Walker's application of learned helplessness, Dobash and Dobash (1992) for example, argued that the theory is inconsistent with the fact that many women do not helplessly remain with violent men, but rather engage in a "dynamic [and] evolving process" the authors refer to as "staying, leaving and returning" (p. 231). Throughout this process:

> Women make active and conscious decisions based on their changing circumstances: they leave for short periods in order to escape the violence and to emphasize their disaffection in the hope that this will stop the violence. In the beginning, they are generally not attempting to end the relationship, but are negotiating to re-establish the relationship on a non-violent basis. Women return for a myriad of reasons [such as]: because … they are concerned about the welfare of their husband and children; … they have no accommodation and few prospects for meaningful employment; … and they fear the violent reprisals of men who are often at their most dangerous when women leave. (Dobash & Dobash, 1992, p. 231)

Consistent with Dobash and Dobash's (1992) argument above is Peled et al.'s (2000) argument that "many battered women leave and return to their abusers several times throughout the relationship" (p. 16), which has been supported by primary research (e.g., Griffing, Ragin, Sage, Madry, Bingham, & Primm, 2002; Herbert, Silver, & Ellard, 1991; Okun, 1986; Ulrich, 1991). Most recently, Griffing et al.'s (2002) study on women's self-identified reasons for returning to or permanently leaving abusive relationships found that the majority of participants (88.3%) who had previously left an abusive relationship "reported at least two previous attempts at terminating the relationship … and a considerable number (33.5%) reported five or more such experiences" (p. 310). Furthermore, research on maternal parenting and intimate partner violence, which is examined more in-depth in a subsequent section of this literature review, has revealed that many mothers use a variety of methods to actively protect their children from violence (Buchbinder, 2004; Lapierre, 2009; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003; Levendosky, Lynch, & Graham-Bermann, 2000; Mullender, Hague, Imam, Kelly, Malos, & Regan, 2002; Radford & Hester, 2006), thus further debunking Walker's (1979) application of learned helplessness.

Another critique was put forth by Dutton (1996) who argued that the theory of battered woman syndrome ignores the context[2] of the abused woman's life within which the violence occurs. The fear of retaliation, race, ethnicity, culture, the availability of tangible resources, and the woman's perception of available social support are a few examples of contextual factors that Dutton

[2] Defined by Dutton (1996) as the individual and social factors that are present at the time in which the violence occurs.

(1992-1993) explains can have an impact on a woman's response to intimate partner violence.

Furthering Dutton's (1996) argument on the importance of understanding the influence of context with regards to abused women's responses to violence perpetrated against them, Shepard (1991) stated that physical violence is not an isolated act or series of acts, but is rather part of a larger system of tactics used to control a woman. These tactics of purposeful control include emotional abuse (e.g., attacks on one's self-confidence and self-worth), sexual abuse, isolation from friends and family, threats, intimidation, male privilege, and economic abuse. The result for women who experience these abusive behaviours is a threat on their ability to achieve autonomy (Shepard, 1991).

Widening the lens of context, Pence (1999) explained that violence perpetrated by men against their intimate female partners is, in turn, accepted and reinforced by cultural and political institutions and economic arrangements. Encouraging a broader understanding of violence and one's social responsibility in addressing it, the author conceptualizes violence as:

> a logical outcome of relationships of dominance and inequality-relationships shaped not simply by the personal choices or desires of some men to [dominate] their wives but by how we, as a society, construct social and economic relationships between men and women and within marriage (or intimate domestic relationships) and families. (Pence, 1999, pp. 29-30)

As described next, redefining the experiences of battered women from that of "'personal problems' into a political ones" (Schechter, 1988, p. 299) has lead to the development of support groups, a type of treatment that has been hailed by the majority of practitioners as "the treatment of choice for battered women" (Tutty, Bidgood, & Rothery, 1993, p. 327).

Supporting Women Through Group Intervention

Generally speaking, the term *support group* is used to describe the joining together of individuals with a common concern who are prepared to share personal experiences and participate "in the development of a cohesive, supportive system" (Schopler & Galinsky, 1993, p. 196). As described by Schopler and Galinsky (1993), support groups lie midway on a continuum between self-help groups, on one end, and treatment groups on the other. The way in which such groups are carried out tends to be diverse, depending on the facilitator's therapeutic orientation and training, and can vary from unstructured conversation based on minimal directives, to more complex guidelines related to developing increased self-awareness, problem-solving, and coping strategies (Schopler & Galinsky, 1993).

As further described by Schopler and Galinsky (1993), although support groups are typically member-centred, some distinctions are made with regards to participant roles. More specifically, facilitation may be provided within these groups by practitioners, volunteers, and/or by peers. Serving as role models for participants, facilitators' personal experience with the group's main concern is viewed as desirable, but is generally not a requirement. Their legitimacy tends to stem instead from training and proficiency in group facilitation. Furthermore, while facilitators bear full responsibility for facilitating the groups and promoting the development of reciprocal helping relationships among group members, they often share authority and are on somewhat equal terms with those participating in the groups. Meanwhile, participants are expected to actively share their

experiences, provide information, give advice, and encourage other participants to do the same (Schopler & Galinsky, 1993).

In the field of intimate partner violence, Tutty and associates have looked carefully at a range of support groups, noting their similarities and differences (Tutty, 2006a; Tutty et al., 1993, 1996; Tutty & Rothery, 2002). Basically, such groups aim to increase social support, self-esteem, and locus of control defined as the degree to which participants think their own actions influence what happens to them, as well as decrease levels of stress and the occurrence of abusive experiences. An advantage of offering women support through a group is that participants often experience a decrease in feelings of isolation, one of the major effects of intimate partner violence and group members provide each other with encouragement, "allowing women to see that their reactions to abuse are not unique" (Tutty & Rothery, 2002, p. 398). Such women are often at different stages in recognizing their experience of intimate partner violence and their readiness to decide what to do about it. Some women may come to the group sensing something is wrong, but not fully understanding the gravity of their situation. Others may have ended their abusive relationship or are trying to make a decision as to whether or not to do so. No matter what stage group members find themselves at, the opportunity to learn from the experience of others is available and is considered a major benefit of the group process (Tutty, 2006a; Tutty & Rothery, 2002). According to Tutty and Rothery (2002):

> Most groups for abused women are time limited and are offered in weekly two-hour sessions over 10 to 16 weeks. Group leaders are either professionals or peers – women who have themselves suffered abuse – and one or two facilitators may lead the groups. (p. 398)

Notably, these characteristics are in keeping with those found in the groups examined by Rubin (1991), Holiman and Schilit (1991), Brownell and Heiser (2006) and Moldon (2002) as will be seen later in this section.

Speaking specifically to group leadership, Pressman (1984) firmly argued that group leadership should be headed solely by women, rather than a male-female team, and preferably from a feminist perspective:

> Women, and most especially battered women, need to learn that they are capable of holding positions of responsibility, are capable of making decisions and are capable of being the source of their own strength. This strength is innate, intrinsic and not the gift of any other human being. Given the social context, I feel, therefore, women can learn more effectively about their own intrinsic strengths and worth from another woman who is modelling leadership than from either a male or male-female team. (pp. 41-42)

Pressman's (1984, 1989) vision is such that group work be carried out in a way that views violence as unacceptable, does not place blame on victims, recognizes how the broader social environment perpetuates violence, and focuses on violence, rather than the couples' interactions. This vision is in keeping with Bograd's (1988) description of feminist perspectives on wife abuse. According to Bograd (1988), there are four main components common to all feminist perspectives on the topic: a) society is structured in a way that gives men superior access to essential material and symbolic resources, which results in the devaluation of women; b) wife abuse is considered a common dimension of family life; c) the experiences of women are understood and validated from their own point of view; and d) there is a dedication to scholarship for the advocacy of women.

Testing the efficacy of working with abused women from a feminist perspective, Rinfret-Raynor and Cantin (1997) conducted a longitudinal study that evaluated the effects of three different types of therapy, two of which were "based on a feminist analysis of spousal violence against women" (p. 221). One hundred and twenty-three women who had been abused by a spouse within 2 years prior to the study were divided into three groups:

> [one experimental group that received] group therapy based on [a] feminist model with practitioners trained as part of the action research done prior to the study, a second experimental group [that received] individual therapy with the same practitioners according to the same model, and a comparison [group that received] the standard therapy provided by social service agencies. (Rinfret-Raynor & Cantin, 1997, p. 220)

Data were gathered over a period of 42 months through structured interviews at four different points in time: at the start of treatment (pretest), 1 month after treatment (posttest), 6 months later, and the other a year later. The variables that were examined included: a) the characteristics of abuse and the couples' means of conflict resolution; b) general assertiveness; c) marital assertion; d) marital adjustment; e) social adjustment; and f) self-esteem (Rinfret-Raynor & Cantin, 1997).

Overall, the authors found no significant differences between the three therapeutic treatments. On average, all participants were able to diminish the violence they experienced by drawing on personal resources and those of their social network. More specifically, "they were able to rebuild their personal and social lives, as [was] seen in their improved socioeconomic conditions, self-esteem, assertiveness, social adjustment, and general state of mental health" (Rinfret-Raynor & Cantin, 1997, p. 232). Thus, in keeping with Pressman's

work, Rinfret-Raynor and Cantin (1997) found that therapeutic models that are "based on a feminist analysis of the problem of spousal violence against women" (p. 221) were effective in helping women who had been abused diminish the violence they experienced by drawing on personal resources and those of their social network.

In 1984, Pressman published guidelines for counselling abused women that remain influential today, as seen through the presentation of such guidelines in recent published works (e.g., Tutty, 2006a; Tutty, Ogden, & Wyllie, 2006; Tutty & Rothery, 2002). First, the safety of the woman is paramount, and, if she does not already have one, the group should help her develop a safety plan in the event of future episodes of intimate partner violence. Minimization or denial of intimate partner violence may need to be acknowledged and challenged in a supportive way or through education about why such violence occurs. The women may need to examine the factors that led them to remain involved in an abusive relationship in an effort to decrease self-blame. Helping group members identify personal acts of resistance against the abuse or ways in which they have protected themselves and their children, can help decrease self-blame and may have a positive effect on their self-esteem and sense of self-worth. Furthermore, women may need the opportunity to express anger about having been victimized and to mourn the end of their relationship and the loss of all they had invested in it. Finally, isolation is reduced if participants develop strong bonds with each other that may evolve into supportive social networks that continue beyond the formal environment of the support group (Pressman, 1984).

Outcome research on the benefits of support groups for women who have experienced intimate partner violence is available, albeit scant (Tutty & Rothery, 2002). In 1991, Rubin examined the effectiveness of a support group and an outreach counselling program for abused women who did not reside in a shelter. Based on telephone interviews with 6 White women between the ages of 24 to 38 years, Rubin's findings were inconclusive vis-à-vis the overall effectiveness of the counselling and support group intervention. He stated that "it is conceivable that some clients exhibit a deterioration in the outcome indicators before they start exhibiting a sustained improvement" (Rubin, 1991, p. 352). Rubin (1991) presented and analyzed the results of his study on a client-by-client basis, offering a detailed description of pre- and post-intervention results which described the number of group sessions each client attended and accounted for the impact that changes in certain parts of each client's social location had on her responses to outcome measures. He concluded by recommending that service providers develop more "structured intervention[s]" – ones that do not lump a mixed group of "battered women who are at different stages of dealing with the battering and who therefore have diverse needs and concerns" (p. 355) and that service providers should "consider formulating objectives on an individualized basis, in collaboration with each client, rather than using the same outcome indicators with all the clients" (p. 354).

Holiman and Schilit (1991) also examined a support group for women living with intimate partner violence. With the overall goal of helping participants focus on themselves, the group consisted of 10 weekly, 2-hour sessions based on changing cognitions and increasing the expression of feelings

and social support. The first session was a general orientation, while the following five sessions consisted of a 1-hour psycho-educational module and a 1-hour small group activity designed to enhance group processes and encourage the sharing of experiences. The remaining four sessions consisted of 2-hour groups focused on emotions and taking action in one's community (Holiman & Schilit, 1991).

The sample consisted of 12 women ranging in ages between 21 to 50 years. All 12 women reported experiencing at least two episodes of physical assault at the hands of a partner, with 5 reporting being repeatedly assaulted for 5 years or longer. Nine out of the 12 women were Caucasian and 3 were Hispanic. Demographic information regarding educational background and monthly income were also provided in the brief description of the sample. The authors concluded that the women had experienced significant positive changes with regards to decreasing anger and increasing general contentment. No significant changes, however, in improving self-esteem were reported (Holiman & Schilit, 1991).

Two years later, Tutty et al. (1993) published the results of their evaluation of the effectiveness of 12 support groups for abused women. The goal of the support groups was "to stop violence by educating participants about male/female socialization, building self-esteem and helping group members to develop concrete plans" (Tutty et al., 1993, p. 329). Group sessions were female-led, lasted approximately 2 to 3 hours in length and took place over a period of 10 to 12 weeks. In total, 76 women with a history of intimate partner violence participated in the study. They ranged in ages between 20 to 67 years. Nearly all of the women (91%) were mothers, with the majority having two children.

Data analyses revealed that participation in the women's support group was associated with significant positive changes in self-esteem, sense of belonging, the belief that one is in control of events in her life, the belief in the ability to cope with life stressors, and the overall category of marital relations. Decreases in levels of perceived stress, stereotyped beliefs about sex-roles, and reports of physical and non-physical abuse were also reported. At a 6-month follow-up, the researchers found continued positive changes in the areas of self-esteem, perceived stress, coping, marital relations, and less traditional and stereotyped attitudes toward marriage and family. Clients also reported a significant decrease in their partners' controlling and abusive behaviours (Tutty et al., 1993). Overall, results from Tutty et al.'s (1993) study revealed that a support group for women who have experienced intimate partner violence had a positive effect on the thoughts and behaviours of that population of women.

Notably, 3 years later, Tutty, Bidgood, and Rothery published a re-examination of their previous results that investigated the effects of client characteristics (which included age, current living arrangements with the abusive partner, and whether participants were first-time or recontracted clients) and group process variables (which included size and attendance, completion of the program, and the number of group leaders) in support groups for abused women. Analyses of the pretest scores of the 49 women who completed the program and the 27 who did not revealed no significant predictors of who would and who would not complete the program. At pretest, non-cohabitating participants reported significantly higher problematic scores on a number of measures. However, such differences between those who were living with their abusive

partner and those who were not disappeared following the participation in either support group. With regards to the comparison between recontracted and first-time clients, data from the 6-month follow-up revealed that clients with previous support group experience reported significantly higher scores of physical abuse and control. Finally, the only significant difference reported at posttest between the three different age groups was that those in the 40-and-over age group reported higher scores with regards to their perception of the ability of their family to meet the emotional needs of family members than the 30 to 39 and 20 to 29 age groups did. However, at the 6-month follow-up, the eldest group of women reported significantly higher problem scores than either of the two other age groups on a number of measures, including communication, locus of control, emotional involvement, attitudes towards marriage and the family, and verbal abuse. These two last findings suggest that gains may be less sustainable for clients with previous support group experience and clients aged 40 and older (Tutty et al., 1996). This publication offered a beginning glimpse into the influence that clients' individual characteristics can have on the benefits of participating in a support group for intimate partner violence.

More recently, Moldon (2002) published the results of a qualitative study on the usefulness of support groups for this population. Eight English speaking Caucasian women who attended a 10-week support group called the *Safe Journey Group* in Lethbridge, Alberta, Canada participated in the study. All the women, who ranged in ages between 26 to 61 years, had at one point been married to a male partner who had abused them. Seven of the women had children, 6 of whom had children living with them. At the time of the study, 6 out of the 8 women

were employed outside of their home, while 1 was on a leave of absence from work due to a disability and another woman was seeking employment (Moldon, 2002). Participants were asked about "their experiences in and impressions of the groups" (Moldon, 2002, p. 83).

From the collected narratives, Moldon developed a group framework to describe how the Safe Journey Groups provide a setting in which women who have experienced intimate partner violence move from a *lost self* to a *reclaimed self*. More specially, the framework, coined as *Rewriting Stories*, is described as a cyclical process that integrates the content and process of participating in a support group to illuminate the intra- and interpersonal healing and subsequent change that is produced by connecting with support group peers. As described by the author:

> The framework has three distinct stages: the lost self, sharing in sisterhood, and reclaiming the self. Two tools facilitate the process of moving from stage to stage, establishing safety and knowledge building. The main focus of the themes is connecting to self and other to begin to rewrite stories. (Moldon, 2002, p. 93)

The efficacy of the support group was highlighted through the use of verbatim, self-report statements taken from each woman's interview, which Moldon (2002) utilized to describe the framework and tools noted above. Such benefits included decreasing isolation, helping women "cope with stress and anger in their everyday lives" (p. 90), and enhancing each woman's sense of "self-worth, self-esteem, self-trust, independence, inner wisdom, and happiness" (p. 92). As described by Moldon (2002) central to this effectiveness of the support group framework is a "'sharing in sisterhood', where women are supported in exchanging, examining and beginning to redefine [themselves] through

relationships … [that are based in] a community of women with similar stories" (p. 95). In her description of this sharing in sisterhood, for example, Moldon (2002) stated that "the women noted similarities between group members, all being Caucasian and all experiencing abuse" (p. 87).

In 2006, Brownell and Heiser evaluated the outcomes of a psycho-educational support group for cognitively unimpaired older female victims of intimate partner violence as part of a larger pilot study on elder mistreatment[3] in general. The psycho-educational support group was held for 8 consecutive weeks and lasted 2 hours each week. The group's objectives were increased social support, locus of control, and self-esteem, and decreased depression, guilt, anxiety, and somatization. The curriculum consisted of examining a variety of topics related to elder mistreatment including intimate partner violence and older women, neglect of older women, strategies for change, and service resources. The participants ranged in ages between 69 to 83 years. Nine women, who had experienced physical and/or non-physical abuses by an adult son or spouse or daughter or nephew, were randomly assigned to the intervention group and 6 were assigned to the control group. The study employed in-depth, pre- and posttest interviews that were conducted 2 months before and after the intervention (Brownell & Heiser, 2006).

No statistically significant differences were found within or between the intervention and control groups with regards to behavioural traits or outcome measures. The authors argued, however, that one should not disregard the

[3] The term elder mistreatment was defined as "physical, psychological, and financial abuse, and neglect of an older adult at least 60 years of age by a family member, friend, or acquaintance (Wolf & Pillemer, 1984, as cited in Brownell & Heiser, 2006, p. 146).

potential positive effect a psycho-educational support group model could have on older women who have experienced intimate partner violence as there may be alternative explanations for their findings: small sample size; the evaluation instrument may not have been as appropriate as anticipated; participants may benefit more from groups that last 12 weeks or longer; and participants were receiving social service support prior to the study's commencement which could have resulted in positive effects on their behavioural and demographic profile prior to participating in the study (Brownell & Heiser, 2006).

The above summaries indicate that there is a beginning attention to differences amongst women participants in support groups; however, to date there has been little, if any, attention to *women as mothers* in support groups for intimate partner violence although the above noted studies do suggest that mothers are well represented in such groups. As will be elaborated next, scholars working from an intersectionality perspective call for an understanding of women in terms of their multiple and complex identities, including their identities and experiences as mothers.

Rendering Complex the Category of "Women": Insights from an Intersectionality Perspective

Intersectionality emerged from the writings of Black feminists during the 1960s and 1970s. They critiqued the *essentialist woman* presented in second wave feminism, which they declared minimized or ignored differences among women (Spelman, 1988). They argued that women live multiple overlapping identities that derive from social relationships because gender, race, and class are inextricably connected to each other and therefore their experience of oppression

is not parallel to how their White, middle class counterparts experience oppression (hooks, 1984). Black women were later joined by women from other minority ethnic and cultural backgrounds, poor women, and women with disabilities all fighting for their rights to equality (Spelman, 1988).

Broadly speaking, intersectionality "considers the ways that hierarchies of power exist along multiple socially defined categories such as race, class, and gender" (Erez, Adelman, & Gregory, 2009, p. 34). Three major tenets are central to this perspective (Krane et al., 2000; Stewart & McDermott, 2004). First, categories such as gender, race, and class are viewed as fluid, flexible, and shaped by their interaction with the various other elements of an individual's social location, which themselves are also in a constant state of change by virtue of the aforementioned relationship (Krane et al., 2000). When categories such as age, gender, and race are no longer considered distinct and separate categories, more complex categories with richer depictions of human experiences within them are created. Two individuals may identify with one or more of the same categories, but those identities in combination with categories they do not consider having in common with one another and the resulting unique social contexts create a diverse range of worldviews and life experiences for each individual. A middle-class Asian lesbian mother, for example, may share the same social categories and hold similar identities to a woman with a seemingly identical social location as hers but who identifies as straight. How each woman views the broader social world and her experience of it are likely, however, to be vastly different in multiple ways as a result of the different way each woman self-identifies in terms of her sexual orientation. With respect to mothering, each woman will likely employ different

strategies to teach her child(ren) values, handle issues of stigma, access financial resources, and interact with the legal system. On the whole, despite a shared identity of being a mother, each woman's daily interactions will be qualitatively different (Stewart & McDermott, 2004). It is on this basis that intersectionality disputes an essentialist or universal view of women as a homogenous collective or that all women are oppressed in the same way (Razack, 1998).

Closely related to the concept that no social category is homogenous, is the second tenet of intersectionality: such categories are inextricably intertwined; they cannot be added onto each other nor subtracted from each other (Krane et al., 2000). Razack's (1998) examination of a sexual assault trial of a White adolescent girl with a developmental disability provides an excellent illustration of intersectionality's notion of "unique, nonaddictive effects of identifying with more than one social group" (Stewart & McDermott, 2004, p. 532). In the late 1980s a young, White, middle-class adolescent girl with a developmental disability was sexually assaulted by a group of young, athletic, affluent, White male classmates in a basement during a house party in Glen Ridge, New Jersey. The trial concluded with four of the young men receiving unusually light sentences, while the remaining two were not tried for various reasons (Razack, 1998).

Throughout the trial, "a series of assumptions about the meaning of [the young woman's] gender, race, class, and disability operated simultaneously to obscure the violence in her life" (Razack, 1998, pp. 157-158). Despite evidence indicating a horrific sexual assault involving a stick, a broom handle, a baseball bat, and up to 13 witnesses urging the young men on, the main issue in the case

remained consent. The defense team argued that the young woman was sexually experienced and provided consent as she received minimal help inserting the broom and bat and willingly performed oral sex on one of the defendants. The prosecution team argued that the young woman was incapable of truly providing consent due to her developmental disability. It was suggested that the young woman hoped one of the young men would ask her out on a date (Razack, 1998). Razack (1998) summarized how the second tenet of intersectionality played out in a real life North American courtroom:

> Disability did not simply combine with gender, race, and class, as bricks piled one on top of the other. Rather, the social response to mental disability *in a woman* [emphasis provided by the author], a response that would surely have been different if the woman in question had been Black, or poor, or both, included assumptions about her capacity to know she was being violated, ideas about men's right to women's bodies, and in particular, [W]hite men's right to violate with impunity. (p. 158)

Third, social locations mirror and reinforce how power operates to strengthen dominant relations of oppression and privilege on three levels: the personal, cultural, and structural, including institutions and their policies (Krane et al., 2000). Stewart and McDermott (2004) argued that intersectionality asks one to understand an individual as located within social structures which requires consideration of his/her material reality and the social forces that affect that reality, especially power dynamics and social disparities.

Over the last 15 years, an intersectionality perspective has been applied to a variety of subject matters, including intimate partner violence (Bograd, 1999; Crenshaw, 1994; Sokoloff & Dupont, 2005). For example, Bograd (1999) put forth that intimate partner violence is *not a monolithic phenomenon* because "intersectionalities color the meaning and nature of domestic violence, how it is

experienced by self and responded to by others, how personal and social consequences are represented, and how and whether escape and safety can be obtained" (p. 276). Similarly, Crenshaw (1994) described the challenges facing women from marginalized racial and ethnic communities when seeking help to address intimate partner violence:

> People of color often must weigh their interests in avoiding issues that might reinforce distorted public perceptions of their communities against the need to acknowledge and address intra-community problems…. Women working in the field of domestic violence have sometimes reproduced the subordination and marginalization of women of color by adopting policies, priorities, or strategies of empowerment that either elide or wholly disregard the particular intersectional needs of women of color. While gender, race, and class intersect to create the particular context in which women of color experience violence, certain choices made by "allies" can reproduce intersectional subordination within the very resistance strategies designed to respond to the problem. (pp. 102, 107)

As explained by Morris and Bunjun (2007), the toughening of laws and mandating police forces to charge abusers is a classic example of a feminist response to violence against women that has fallen under criticism as ignoring the unique needs of particular women. Women in some communities, especially some Canadian Aboriginal women, have had "unpleasant or oppressive experiences" (Morris & Bunjun, 2007, p. 8) with the legal community, including the lack of appropriate police response when most needed. On the evening of February 16, 2000, for example, two Aboriginal sisters in Winnipeg called 911 five times over an 8-hour period to request immediate assistance because one of the women's ex-boyfriend was breaking a restraining order and violently attacking them (CBC News Online, 2004). During the third call, when the women reported that one of them had been stabbed, the 911 operator advised them to "solve the problem themselves" and stated that they were "partly to

blame" (CBC News Online, 2004, ¶ 8). A chronological examination of that night revealed that while police arrived on the scene after the first call, they left after the ex-boyfriend gave them a fake name and one of the women did not make a complaint. The police also showed up after the fifth call to the discovery of both women already dead (CBC News Online, 2004). This topic of the criminal justice system's responsiveness to the needs of non-White abused women was empirically addressed recently by Erez et al.'s (2009) qualitative study on immigrant women's experience of and response to intimate partner violence.

Noting a gap in literature exploring immigrant women's heterogeneous experiences of intimate partner violence, Erez et al. (2009) conducted interviews with 137 abused women who had immigrated to the United States from 35 countries. Each participant ranged in ages between 19 to 56 years, had been living in the United States for between 1 to 30 years, and had lived with an abusive partner (either through common-law or marriage) for the same amount of time and the majority (86%) had children. Situating their analysis within an intersectionality perspective, Erez et al. (2009) "found that the general difficulties that battered women face coexist with challenges they experience as immigrants" (p. 51). The women reported that the array of economic, legal, and social challenges they face due to their immigrant status greatly affected their understanding of intimate partner violence and responses to it, as well as their access to resources. Despite facing a range of economic, legal, and social challenges, some of the immigrant women in Erez et al.'s (2009) study reported feeling "empowered to mobilize the criminal justice system" (p. 52). This empowerment came from the women's understanding that intimate partner

violence is a crime in the United States and the feeling that police officers were willing to help them seek safety. Few, however, seemed to be familiar with the legal resources available to them, such as new policies enacted to help protect immigrant women who experience intimate partner violence (Erez et al., 2009). Moreover, those who were able to obtain such resources, their ability to utilize such resources was "limited by lack of access to legal assistance or fear of turning to legal authorities, including the criminal justice system" (Erez et al., 2009, p. 52). As for general legal challenges, "legal dependency on batterers" and "limited immigrant-related cultural and linguistic competencies" (Erez et al., 2009, p. 51) within the criminal justice system were reported by the study's sample. Through its unveiling of a diversity of experiences within a specific population of women who have experienced intimate partner violence, Erez et al.'s (2009) study demonstrates the value of applying an intersectionality perspective to research on intimate partner violence.

Also utilizing an intersectionality perspective as a backdrop, Kelly (2009) examined the decision-making processes of 17 abused immigrant Latino mothers from Mexico, the Caribbean, or Central and South America, ranging in age from 19 to 53 years. Each woman had one to four children and 14 of them were living with some or all of their children. Kelly's (2009) interviews with these women revealed that decision-making for the Latina mothers who had experienced intimate partner violence revolved around the well-being of their child(ren):

> The mothers in this study were caught in a classic Catch-22 at the intersection of their marginalized social, economic, cultural and legal positions and their conflicting emotions. Many decisions were fraught with real or potential danger. Their reliance and determination to achieve

> a better life for their children and themselves kept them actively managing ever-changing situations, one decision at a time. (p. 294)

In sum, many of the decision-making processes, such as staying in or leaving the violent relationship and disclosing or keeping the violence a secret, which are seemingly universal to many women who experience intimate partner violence, were exacerbated by "the multi-dimensional context" (Kelly, 2009, p. 294) in which the sample of Latina mothers lived.

Intersectionality has also been drawn upon to understand women's experiences in groups. Emlet, Tangenberg, and Siverson (2002) sought to "determine if older HIV-infected women thought they had unique needs and concerns that were not being adequately addressed by the existing array of HIV services in the community" (p. 239). Based on the insights of 7 HIV-positive women aged 45 to 56 years who attended a focus group (3 women were White, 3 were African American, and 1 was Latina), the women spoke of "excitement and relief … [to be able to meet] exclusively with other HIV-positive women their age" (Emlet et al., 2002, p. 239). Their sense of isolation was reduced and replaced with a "unanimous and enthusiastic desire to continue to meet" (Emlet et al., 2002, p. 241). As a result of this final theme, a support group was created. They desired to learn more about the medical aspects of aging with HIV, including how aging would affect the effectiveness of the medicinal treatments they were receiving for HIV. The women also spoke of their increased psychosocial stability. At the time of the focus group, these women had overcome homelessness, incarceration, acute substance abuse, or mental health problems (Emlet et al., 2002). Also explored in the groups were each

participant's "experiences with various forms of oppression, such as racism, sexism, classism, and discrimination based on [her] HIV status or sexual orientation" (Emlet et al., 2002, p. 241), which had not been brought up until done so by the facilitator. When asked why the participants did not discuss issues of discrimination and prejudice until probed by the facilitator, a heterosexual, African-American participant explained that:

> She sometimes talks about her experiences with heterosexual stigma in the HIV community or racism with her African American peers but was not comfortable sharing her personal experiences in "mixed company." [She explained:] "not only would complaining about these experiences make lesbians or White people uncomfortable, but I am not sure they would be supportive of me since they can't really know what I'm going through." (Emlet et al., 2002, pp. 242-243)

This experience of difference being silenced by a support group's main theme was also identified by Few's (2005) qualitative study on women's experiences of seeking assistance from various domestic violence shelters in the United States. In this study, Black participants expressed how "cultural differences [were] muted by violence" during participation in "mandatory support group meetings" (Few, 2005, p. 495). More specifically, they stated that they did not discuss experiences such as how it felt to be abused by a Black man or challenges they had encountered with different social services "because they believed that fellow White residents 'just wouldn't understand' racism or what they perceived as differential treatment by an occasional shelter staff member or resident" (Few, 2005, p. 495). It is within the findings from these two last qualitative studies that the need for utilizing an intersectionality perspective when designing support groups for women is perhaps best illustrated.

Intersectionality helps to view "women as whole beings; to recognize that not all women experience their womanhood in the same ways; many women face multiple forms of oppression and not all women are rendered powerless" (Samuels & Ross-Sheriff, 2008, p. 6). An intersectionality perspective challenges monolithic constructions of all women as being similar and experiencing daily life in the same way and encourages the search for meaningful differences and similarities in order to overcome oppressive practices and conditions. While there is some beginning attention to the possible sites of difference between women who attend support groups for intimate partner violence, the majority of published research on these groups reveal that group interventions tend to focus on women's shared experiences of intimate partner violence and shared needs vis-à-vis help-seeking. As will be seen below, women as mothers present an important and unique group in terms of understanding their experiences of intimate partner violence in general and of support groups in particular.

Mothering Through Intimate Partner Violence

Scholarship on mothering and intimate partner violence has tended to focus on the heightened risk to women when pregnant, the effects of intimate partner violence on mothering and maternal stress, and, in the context of child protection, the disproportionate responsibility for protecting children from abusive partners that falls on the shoulders of mothers in situations of intimate partner violence.

To elaborate, research has exposed various ways men use intimate partner violence to undermine women's mothering and their relationship with their children (Lapierre, 2009; Mullender et al., 2002). Lapierre (2009) revealed that

mothering is often central in men's violence, beginning with exerting control over whether or not his partner becomes a mother. Control comes about through forced abortion, miscarriages as a result of his abuse, and tampering with contraceptives which leads to unwanted pregnancies. Several mothers also identified being pregnant as a significant point in their experiences of violence as it was a time "when their partners had first been physically violent towards them or when the violence had become more frequent and more severe" (Lapierre, 2009, p. 7), a trend also reported by Stewart and Cecutti (1993). In fact, studies in Canada have estimated the prevalence rate of physical abuse against women during pregnancy to be 5.7% (Muhajarine & D'Arcy, 1999) and 6.6% (Stewart & Cecutti, 1993). A literature review of 32 years of research on violence against pregnant women conducted in the United States, which included studies based on a broader definition of abuse/violence, reported prevalence rates ranging from 0.2% to 20.1% (Gazmararian, Lazorick, Spitz, Ballard, Saltzman, & Marks, 1996). Studies conducted outside of North America (e.g., Fikree & Bhatti, 1999; Guo, Wu, Qu, & Yan, 2004; Hammoury, Khawaja, Mahfoud, Afifi & Madi, 2009; Widding Hedin, Grimstad, Möller, Schei, & Janson, 1999) have reported prevalence rates within this range.

With regards violence during the postpartum period, Stewart's (1994) follow-up study found that 90% of the women who reported being physically abused during pregnancy reported being physically abused during the postpartum period[4]. Studies conducted on the same subject[5] in China, Sweden, and the

[4] Defined as "3 months after delivery" (Stewart, 1994, p. 1601).

United States have reported estimates between 7.4% and 25% (Gielen, O'Campo, Faden, Kass, & Xue, 1994; Guo et al., 2004; Widding Hedin, 2000). Furthermore, two American studies recently revealed that homicide continues to be a leading cause of death among pregnant and postpartum[6] women (Chang, Berg, Saltzman, & Herndon, 2005; Krulewitch, Pierre-Louis, de Leon-Gomez, Guy, & Green, 2001). Simiarly, Statistics Canada has reported that 77.8% of pregnant women that were murdered in 2005 and 2006 were killed by a former or current spouse (Li, 2007).

When it comes to undermining mother-child relationships, Lapierre (2009) and Mullender et al. (2002) revealed that mothers are often physically abused in front of their children. Threatening to use violence and using violence towards children are other ways that partners undermined mother-child relationships (Lapierre, 2009; Mullender et al., 2002).

In addition, research highlights how men intentionally attack women's mothering. As argued by Mullender et al. (2002):

> It is not an accident that abusive men attack women's abilities to mother; they know that this represents a source of positive identity, the thing above all else that abused women try to preserve, and also that it is an area of vulnerability. Thus, undermining a woman in this respect gives the man the potential to assert his power to define and diminish her. (pp. 158-159)

In his review of the dominant discourse on mothering in academic literature on children's exposure to intimate partner violence, Lapierre (2008) argued that

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[5] The postpartum period in Gielen et al.'s (1994) study was defined as 6 months after delivery, while it was defined as an average period of 11 months in Guo et al.'s (2004) study and as 8 weeks in Widding Hedin's (2000) study.

[6] Defined as 42 days after delivery in Krulewitch et al.'s (2001) study and as up to 12 months in Chang et al.'s (2005) study.

women's actions as mothers "have been at the centre of the analysis" (p. 456). An examination of current literature on the effects of intimate partner violence on parenting highlights that understanding the impacts of intimate partner violence on maternal parenting is hotly contested and without consistent agreement. Some researchers argue that mothers with a history of intimate partner violence experience increased levels of parenting stress (Holden & Ritchie, 1991; Holden, Stein, Ritchie, Harris, & Jouriles, 1998; Levendosky & Graham-Bermann, 1998); they suggest that it has a negative impact on their parenting behaviours (Holden & Ritchie, 1991; Levendosky & Graham-Bermann, 2001; Margolin, Gordis, Medina, & Oliver, 2003; McCloskey, Figueredo, & Koss, 1995; Rea & Rossman, 2005). For example, Levendosky and Graham-Bermann's (1998) comparison of 60 sheltered abused women and their children and 61 nonsheltered women and their children found the former group of women more stressed and the degree of stress varied depending on the degree of intimate partner violence they reported to have endured. Holden and Ritchie (1991) similarly found that abused women often perceived child-rearing to be more stressful than did those who had not experienced intimate partner violence. The abused women in Holden and Ritchie's (1991) study also reported three forms of inconsistent parenting: a) using different methods of discipline than their husbands; b) altering their interaction with their children in the presence of their husbands; and c) being more likely to modify their parenting practices when their husband was present. Similarly, Margolin et al. (2003) found that women who experience intimate partner violence from their husband were more likely to report using more power-assertive parenting methods and control tactics such as yelling and physical

punishment than the comparison group of mothers. Margolin et al. (2003) also found that, in addition to resulting in less restrictive parenting, sensitivity, structure, and reasoning among the first group of mothers, higher levels of intimate partner violence from a husband were also found to be associated with inconsistent maternal parenting. Another study by Holden et al. (1998) tracked 50 mothers for 6 months after they left a shelter. The women reported a decrease in aggression directed towards their children, level of parenting stress, and maternal depression, suggesting that parental stress and intimate partner violence are correlated.

Rea and Rossman (2005) also explored differences in parenting style between women with and women without a history of intimate partner violence. They found that abused mothers tended to endorse higher levels of permissive parenting, had less confidence in their parenting, and were less likely to follow through with consequences than mothers without a history of intimate partner violence. The authors argued that these women lacked the energy to consistently engage in authoritative parenting and to follow through with consequences due to high levels of parenting stress. Levendosky et al. (2000) also identified that enduring intimate partner violence results in a state of exhaustion which can diminish women's capacities for parenting. When Rea and Rossman (2005) compared the results for within-group differences, that is, for abused women who were in shelters versus those who remained with their abusive partners, the latter group showed greater authoritarian parenting. The authors theorized that abused mothers who continue to live with their abusive partners live in an atmosphere of fear which causes additional stress that makes it harder for these mothers to

mobilize their parenting resources, compared to their counterparts living in a shelter. Notably, this connection between living in fear and being unable to handle the stressful demands of parenting has been echoed by other researchers in the past (see Jaffe, Wolfe, & Wilson, 1990). Together, these studies provide empirical support between intimate partner violence and maternal parenting stress, as well as the negative impact intimate partner violence has on maternal parenting behaviours.

As stated earlier, this field of study is full of inconsistencies and contradictions. Holden and Ritchie's (1991) study, for example, also revealed that abused mothers display less interaction with their children, while engaging in more conflicts than mothers who have not been abused by their partner. No differences in self-reported positive or negative parenting behaviours were found between the two groups of mothers in the same study, nor were such findings supported by Holden and colleagues in a group of studies published 7 years later. Furthermore, Holden et al. (1998) also reported that abused women are no more likely than women who are not living in situations of intimate partner violence to be aggressive towards their children, but other studies (i.e., Levendosky & Graham-Bermann, 2001; Margolin et al., 2003; McCloskey et al., 1995; Rea & Rossman, 2005), also based on self-reports, have revealed differences in parenting styles and behaviours between mothers with and without a history of intimate partner violence. And finally, more recent research has found that intimate partner violence does not necessarily have a negative impact on maternal parenting (Levendosky et al., 2000, 2003; Sullivan, Nguyen, Allen, Bybee, & Juras, 2000).

Sullivan et al. (2000) examined "the interrelationships between women's experience of physical and emotional abuse, their parenting stress, the quality of maternal parenting, and children's behavioral adjustment" (p. 51). Eighty women who reported experiencing some form of physical abuse in the past 4 months, along with one of their children, participated in the study. The main theme that emerged was that abused mothers were significantly available to and nurturing towards their children (Sullivan et al., 2000). Sullivan et al. (2000) also found that these mothers reported "using a variety of non-corporal discipline strategies to deal with their children's misbehavior" (p. 67). Although the majority of mothers admitted to sometimes using spanking as a means of discipline, they were more likely to report responding to their children's misbehaviour through the use of groundings, time outs, and revoking privileges (Sullivan et al., 2000). With regards to parenting stress, Sullivan et al. (2000) found no evidence that the experience of intimate partner violence directly increases maternal parenting stress and the use of discipline. What was revealed instead was that a mother's experience of intimate partner violence "directly affected children's behavioral adjustment, and that the children's heightened behavioral problems increased both mothers' parenting stress and their mother's need to discipline their children" (Sullivan et al., 2000, p. 67). As discussed next, two recent qualitative studies reveal that many abused women report that the presence of intimate partner violence has had a positive effect on their parenting.

To elaborate, Levendosky et al. (2003) examined "the mediating role of the mother-child relationship on children's functioning in families experiencing domestic violence" (p. 275) based on 103 preschool-age children and their

mothers. Here, child-attachment, maternal parenting behaviours, and psychological functioning were understood to be aspects of the mother-child relationship and were theorized as being relevant to mediating the effects of intimate partner violence on preschool children's functioning. The results revealed that the mothers with a history of intimate partner violence reported giving their children more attention and being more responsive to their needs. From Levendosky et al.'s (2000) earlier work, some mothers reported actively avoiding the use of certain negative behaviours, such as verbally attacking their children, because of the violence they had endured. As argued by Levendosky et al. (2000), these descriptions of positive parenting practices in response to intimate partner violence are evidence that some abused women actively work to protect their children from the effects of intimate partner violence. As will be seen below, this finding of women actively trying to protect their children has been reported by many other researchers (i.e., Lapierre, 2009; Mullender et al., 2002; Radford & Hester, 2006) who have recently examined mothering and intimate partner violence.

The effects of intimate partner violence on maternal parenting are so diverse that they may be impossible to generalize. Despite no clear relationship between intimate partner violence and maternal parenting styles and/or stress, the focus of intervention for mothers with a history of intimate partner violence has been mainly on their parenting skills (Holden et al., 1998; Hughes, 1982; Lecklitner, Malik, Aaron, & Lederman, 1999). With regards to child protection work, Burke (1999) coined the term *the invisible man syndrome* to describe the tendency for services to focus on assisting women to address intimate partner

violence, including holding them accountable for the violence they endure and their children are subsequently exposed to, while ignoring the man who has perpetrated violence. On a similar note, Edleson (1998) described how abusive men have been invisible in past interactions with child protection workers in the United States:

> I find that the male abuser is almost always missing or invisible. It is true that the legislated goal of child protection is child safety, but how this safety is achieved if the child's primary caregiver herself is unsafe has always been puzzling to me. It is also puzzling how the mother's safety can be assured if the person perpetrating violence against her and/or her children is so often left untouched by our interventions. (p. 294)

Edleson (1998) identified various ways in which abusive men remain invisible within the child protection system: cases are typically labelled and tracked according to the mother's name; case records for the most part do not include the name of the male abuser and as a result, safety assessments are focused "exclusively on the mother's 'willingness and capacity to protect the children'" (p. 295). Noting how mothers often actively attempt to implement strategies to protect their children and how at times such strategies may fail due to ongoing abuse and unrealistic economic and safety alternatives offered by service providers, Edleson (1998) argued that systems must stop "ignoring the very person who is creating the unsafe environment" (p. 296). Lost in this scholarship is any meaningful recognition of the conscious efforts women make to help protect their children from intimate partner violence.

However, many mothers employ various strategies to protect their children from the violence they endure from an intimate partner (Lapierre, 2009; Mullender et al., 2002; Radford & Hester, 2006). Some mothers leave abusive

relationships and seek refuge in a shelter with their children (Burns & Taylor-Butts, 2009; Tutty, 2006b). For those who remain in abusive relationships, efforts to protect children from the intimate partner violence can come in the form of keeping the violence a secret from them (Mullender et al., 2002; Radford & Hester, 2006) and/or by being selective in the parenting practices they employ (Buchbinder, 2004; Levendosky et al., 2000, 2003; Mullender et al., 2002; Radford & Hester, 2006). For example, Mullender et al. (2002) found that some mothers turn to physical punishment as a means of discipline because they fear, if they do not, their abusive partner will inflict far greater damage. In other words, physical punishment in this context was viewed as a means by which abused women protect their children from receiving more severe treatment from their abusive partner (Mullender et al., 2002). Other mothers in this study reported that they stopped talking to their children in an attempt to limit their children's knowledge of what was going on. Trying to manage their abusive partner's behaviour in their children's presence and preventing their children from overhearing or witnessing the violence were among other efforts reported by Mullender et al. (2002) and Radford and Hester (2006).

Protecting children from intimate partner violence is not always a simple task (Mullender et al., 2002; Radford & Hester, 2006). As explained by Radford and Hester (2006), protecting children from witnessing violence can be difficult for a mother if forcing children to witness violence is "a fundamental part of the abuser's controlling behaviour" (p. 43). Similarly, some mothers in Mullender et al.'s (2002) study spoke of being unable to protect their children from witnessing the violence as their partners either deliberately abused them in front of their

children or they did not care about what the children witnessed. Radford and Hester (2006) also stated that "managing the partner's behaviour may involve controlling the children, … [which at times] can be abusive" (pp. 42-43). In their description of unintended consequences resulting from mothers' efforts to protect their children, Mullender et al. (2002) also found that their efforts to limit their children's exposure to the violence may result in being viewed as defeated and weak by their children.

As briefly mentioned above, mothers also report compensating for the behaviours of their abusive partners in their interactions with their children by becoming more attentive to their children (Levendosky et al., 2000, 2003). This notion of compensation on the part of mothers who have experienced intimate partner violence is also a theme described by Radford and Hester (2006) in their book based on over 20 years of research, including multiple studies published by the two authors and other colleagues, as well as a major finding in a recent study by Buchbinder (2004).

Focusing on the subjective perceptions of abused women's own motherhood, Buchbinder (2004) interviewed 20 abused women who sought help from the Domestic Abuse Intervention Unit in Israel. Several mothers in Buchbinder's (2004) study described actively trying to compensate for the presence of intimate partner violence in their household. The driving force behind these efforts was not simply to make up for the abuse from their partners. Rather, it was also to repair the negative experiences resulting from the presence of distress and intimate partner violence in their family of origin. As described by Buchbinder (2004), "the repair is seen as compensating for the past and as

building a safe emotional reality for their children's future. This motivation is further magnified in the face of ongoing violence in their current relationship" (p. 320). Thus, while originally articulated by Levendosky et al. (2000) in reference to their particular findings, Burns and Taylor-Butts (2009), Tutty (2006b), Mullender et al. (2002), Radford and Hester (2006), Levendosky et al. (2003) and Buchbinder (2004) provide empirical evidence that not all abused women passively accept the effects of intimate partner violence. Instead, many women who experience intimate partner violence develop various strategies to help minimize the harmful effects their children endure (Levendosky et al., 2000). As concluded by Mullender et al. (2002), "…domestic violence creates an environment deeply unconducive to achieving even 'good enough' mothering. That so many women do resolve this impossible conundrum is testimony to their spirit, endurance and determination" (p. 157). As seen through the work of Humphreys, Mullender, Thiara, and Skamballis (2006) described next, professionals have begun to develop interventions based on the strengths present in mother-child relationships in order to help address issues that may be present in such relationships in the aftermath of intimate partner violence.

In light of research highlighting the damaging effects of intimate partner violence on mother-child relationships, especially with regards to communication, Humphreys et al. (2006) developed a 4-year action research project to help mothers and their children affected by intimate partner violence. The project began with focus groups with women known to shelter groups and their children to establish the composition of a program intended to promote communication between the two parties. A focus group was also held with shelter workers who

worked with the children. While the focus groups were being held, activities were created with the help of the mothers, children, and shelter workers. The end result was a series of activities[7] that help build self-esteem, focus on mother-child relationships, and provide opportunities to talk about past experiences and feelings that may be continuing to have a negative affect on children's lives (Humphreys et al., 2006). Notably, initial findings of the action research project suggest that interventions that focus on the strengths of mother-child relationships and "facilitate the work that may need to be done to assist their recovery together" are a promising method in addressing "relationship issues between mothers and children" (Humphreys et al., 2006, p. 61).

Outlining directions for future research on mothering and intimate partner violence, feminist scholars such as Damant et al. (2008) and Krane and Davies (2002, 2007) call for scholarship to take into account women's complexities, especially as mothers, in the context of intimate partner violence. In the next chapter, I outline my research study which seeks to describe the experiences of women as mothers in a women's support group for intimate partner violence. I now turn to my study.

[7] The final version of these activities was published in two workbooks by Humphreys, Thiara, Skamballis, and Mullender (2006a, 2006b).

Chapter 2: Conducting My Study

Scholarship in the field of intimate partner violence reveals that much attention has been given to women's parenting, stress, disciplinary, and protective efforts and yet understanding how women as mothers experience support groups for intimate partner violence has received little notice. Thus, my research explores the experiences of mothers in a support group for intimate partner violence. To do so, I developed a qualitative study based on semi-structured interviews as the method of data collection.

Qualitative Research

The research method chosen for this study was qualitative in nature. Broadly speaking, qualitative research "produces descriptive data based upon spoken or written words and observable behavior" (Sherman & Reid, 1994, p. 1). As explained by Snape and Spencer (2003) "the term is used as an overarching category, covering a wide range of approaches and methods found within different research disciplines" (p. 2). Such methods, "are those which are open-ended (to explore participants' interpretations) and which allow the collection of detailed information in a relatively close setting" (Sumner, 2006, p. 249). Often used in combination, these methods include case studies, document analysis, ethnography, focus groups, language analysis, participant observation, as well as semi-structured and unstructured interviews (Hewson, 2006; Sumner, 2006).

The goals of "qualitative research are generally directed at providing an in-depth and interpreted understanding of the social world, by learning about people's social and material circumstances, their experiences, perspectives and histories" (Snape & Spencer, 2003, p. 22). Ritchie (2003) explained that there are

six main circumstances in which a researcher would utilize a qualitative approach to address a research question. The following takes a closer look at three of these circumstances as they relate to the subject area I investigated for my thesis.

The first circumstance in which Ritchie (2003) argued a researcher would conduct a qualitative study would be when a subject area was ill-defined or not well understood. As explained by the author, "the open and generative nature of qualitative methods allow the exploration of [subject areas] without advance prescription of their construction or meaning as a basis for further [investigation]" (p. 32). The review of literature on the experiences of women in support groups for intimate partner violence as presented in chapter 1 revealed that a) little attention has been given to the unique experiences of women from different social locations in such groups, and b) of the studies which included a sample of women from different social locations, very few of them focused on women as mothers in support groups. Furthermore, published literature reviews on the efficacy of practices with abused women, such as Abel (2000), have also noted a general need for more research that explores both the intervention process of working with women who have experienced intimate partner violence and its outcomes. Thus conducting my research using a qualitative approach seemed appropriate.

Another situation in which Ritchie (2003) stated it is appropriate for a researcher to use qualitative methods of inquiry is when his/her research topic is "deeply set within the participants' personal knowledge or understanding of themselves" (p. 32). At the core of my research question is an interest in gaining insight about personal experiences of women who have attended a support group for intimate partner violence. In seeking to understand/uncover my participants'

perspectives on their experiences, rather than my own perspective on the subject under investigation, I am seeking what has been coined as an *emic* perspective (Morse, 1992). As argued by Morse (1992), taking an emic perspective is the main feature that distinguishes qualitative research from quantitative research, thus making it the most appropriate research approach for me to utilize for my study.

Finally, a third circumstance in which Ritchie (2003) argued it is appropriate to use a qualitative approach to research is when the topic of interest is of a sensitive nature, thus likely "to generate emotional and often powerful responses" (p. 33). Different forms of abuse (Ritchie, 2003), including violence against women (Ellsberg, Heise, Peña, Agurto, & Winkvist, 2001; World Health Organization, 1999), have been identified by researchers as sensitive topics for those who have experienced it to discuss. Taking notice of the particular sensitivity involved in disclosing personal experiences of violence perpetrated against women, the World Health Organization (WHO) (1999) published guidelines for researchers investigating this topic. Speaking directly on the sensitivity of disclosing personal experiences of violence and how participants may have an emotional reaction to such a disclosure, the WHO (1999) argued:

> There is some evidence that many women find being provided with the opportunity to talk about their experiences of violence beneficial. Nevertheless, the respondent may recall frightening, humiliating or extremely painful experiences, which may cause a strong emotional reaction. (p. 9)

An individual or a group of individuals interested in researching a sensitive topic, therefore, must have the ability to "finely tune questions that are responsive to the particular circumstances" (Ritchie, 2003, p. 33) of those participating in the study.

As discussed more in depth below, a semi-structured interview allows the flexibility necessary to conduct research on a sensitive topic in an ethical manner. The sensitive nature of the topic of intimate partner violence and the flexibility inherent in one of the methods of collecting qualitative data, a semi-structured interview, was therefore another reason why I chose to conduct a qualitative study.

Semi-Structured Interviews

The method of data collection I used for my study was face-to-face semi-structured interviews. As explained by Ritchie (2003), this form of data collection provides "an opportunity for detailed investigation of people's personal perspectives, for in-depth understanding of the personal context within which the research phenomena are located, and for very detailed subject coverage" (p. 36). The result of this "undiluted focus on the individual" (Ritchie, 2003, p. 36) is a discussion that is not limited to the researcher's predetermined notions/ assumptions.

What made the interviews I conducted semi-structured was that I asked each participant a series of predetermined but open-ended questions (Ayres, 2008) from an interview guide[8] that I developed prior to conducting the first interview (Morgan & Guevara, 2008). I chose this type of interview because the open-ended nature of the questions would allow each participant to provide her own answer (Rubin & Babbie, 2005a) and the use of an interview guide would "[increase] the comprehensiveness of the data and [make] the data collection somewhat systematic for each respondent" (Patton, 2002, p. 349). At the same

[8] See Appendix A.

time, the use of an interview guide would also afford me the flexibility to be able to alter the sequence and wording of each question (Morgan & Guevara, 2008; Patton 2002), as well as the amount of time allocated to each question depending on what was most appropriate at any given moment during each individual interview (Morgan & Guevara, 2008). As a result, I could address logical gaps in data that I anticipated during the interview (Patton, 2002). With regards to ensuring the safety of my participants, I could also adjust how and if certain questions were posed depending if I believed that certain questions might have a negative impact on the participant (WHO, 1999).

Interviews took place between February 9, 2007 and June 18, 2007 and ranged in length from 1.5 to 2.5 hours. All interviews were tape-recorded and transcribed verbatim. Based on the initial research topic of exploring the intersection of mothering and group intervention for intimate partner violence, the questions focused on the following three areas:

- the impact of intimate partner violence on each woman's mothering;
- how being a mother has influenced each woman's ability to be helped through a support group at the MDVC; and
- each woman's thoughts on what has been helpful and not helpful, how she would improve services, and what it is like as a mother in relation to the groups at the MDVC.

In terms of the location for the interview, all prospective participants who verbalized interest in taking part in the study were given the option of being interviewed at one of the offices at the MDVC, at their home, or another location which would allow for the interview to take place without interruption and a threat to confidentiality in terms of the interview being overheard by bystanders.

In total, two interviews took place in the homes of the participants, one occurred at a participant's place of employment, and the remaining five took place at the MDVC. The 5 participants who chose the MDVC as the location for their interview were offered two bus tickets or the cash equivalent ($5.50 CAD) to help cover any travel expenses incurred as a result of participating in the study. With the exception of 1 participant, who did not wish to be compensated for her participation, but to instead have the money donated to a charity, all participants whose interview took place at the MDVC were given one of the two aforementioned forms of compensation.

After the first interview was completed, transcribed, and reviewed, and the participant's corresponding case file was reviewed, I supplemented my understanding of the participants with a face sheet[9] (Neuman, 2003a) that allowed me to ask each woman for demographic information that was either not revealed during the interview and/or not included the participant's file at the MDVC. With the exception of the first participant who did not fill in a face sheet, all other participants were given the choice to fill out the face sheet on their own or with me reading it and writing down the responses for each participant. Five participants completed it at the time of the interview. One participant completed her face sheet over the phone and another asked to fill hers out on her own but I never received a completed face sheet from her. I did not pursue the matter because, at the end of her interview, this participant expressed concern regarding the confidentiality of the interview and the possibility of subsequently being

[9] Defined by Neuman (2003a) as "a page at the beginning of interview or field notes with information on the date, place of observations, interviews, the context, and so forth" (p. 535). See Appendix B.

identified in any written material arising from it. Not wanting to place any pressure on her, and by way of respecting her original concerns, I did not follow-up any further with her regarding the completed face sheet.

Sample

Recruitment of Participants

As explained by Flick (2006), the goal of qualitative research "is not to reduce complexity by breaking it down into variables [as is the case for quantitative research] but rather to increase complexity by including context" (p. 98). Qualitative researchers, therefore, select individuals to participate in their study based on "their relevance to the research topic … [rather than their] representative[ness] of a general population" (Flick, 2006, p. 98). Neuman (2003b) offered an array of nonrandom sampling techniques for qualitative research; I selected purposive sampling.

Purposive sampling[10] is a method of choosing a sample in which "particular settings, persons, or events are deliberately selected for the important information they can provide that cannot be gotten as well from other choices" (Maxwell, 2009, p. 235). According to Neuman (2003b) there are a number of situations in which purposive sampling is appropriate, e.g., when "a researcher uses it to select unique cases that are especially informative" and when he or she "wants to identify particular types of cases for in-depth investigation" (p. 213).

As argued by Maxwell (2009) in his delineation of the various uses of purposive sampling, the non-random nature of this method of sampling "provides

[10] Also known as judgmental sampling (Neuman, 2003b; Rubin & Babbie, 2005b) or purposeful sampling (Maxwell, 2009).

far more confidence that the conclusions adequately represent the average members of the population than does a sample of the same size that incorporates substantial random or accidental variation" (p. 235). At the same time, the author also argued that purposive sampling "can be used to capture adequately the heterogeneity in the population … [so that] conclusions adequately represent the entire *range* [emphasis provided by the author] of variation rather than only the typical members or some subset of this range" (p. 235). Based on these understandings of purposive sampling, I chose to utilize this method of sampling to recruit the participants for my study given its specific focus. The following is a description of how the participants in my study were recruited.

All participants were recruited from the Women's Group at the MDVC. The MDVC offers a variety of counselling services by professionals who have experience in treating violence against women (McGill Domestic Violence Clinic, n.d.). One of the services offered at the MDVC is "a professionally led, self-help, support group for women" (Krane & Caplan, 2007, p. 211). Approximately 30% of the women who attend the support group are self-referred in hopes of receiving help to address their experience of intimate partner violence. The other 70% are referred to the MDVC due to concerns about their children's wellbeing and/or safety. Half of these women are mandated to participate in the support group by child protection services, while the other half attend on the advice of their lawyers in order to obtain custody, or based on suggestions by child protection workers and/or other professionals regarding the behavioural, emotional, and intellectual

needs of their children who have difficulties at home and/or school (Krane & Caplan, 2007)[11].

Given my interest in mothering, intimate partner violence, and support groups, participants were recruited as follows: I began with a review of case files of women who had had contact with the MDVC in the past 5 years (dating from January 24, 2000 to April 5, 2007) which revealed a total of 157 files. Of the 157 files, 46 referred to women who met the following criteria that were established prior to the commencement of the current study: was an adult over the age of 20 years, had one or more children, and had participated in the Women's Group at least once.

Prior to contacting any of the women who met the criteria outlined above, I prepared a letter that introduced me as a Master of Social Work (MSW) student who was interested in talking to women about their experience at the MDVC on what was helpful, what was not helpful, and how, if at all, being a mother influenced their participation and commitment to the group[12]. This letter of introduction acted as a guide when calling prospective participants and was read out loud at the time of the interview. In total, I called 46 prospective participants.

After seven rounds of phone calls, which took place on different days and at different times of the day in an effort to generate my sample, 17 women were reached. The remaining 29 women could not be reached because the phone number provided in their case file was not valid (n = 5), the phone number(s)

[11] All statistics are based on "anecdotal evidence spanning the past five years" (Krane & Caplan, 2007, p. 211).
[12] See Appendix C.

provided in their case file was/were no longer in service (n = 9), or because there was no answer when the calls were placed (n = 15).

Of the 17 women that were reached, 13 agreed to participate, while 4 did not. Two women said that they were currently too busy to participate; 1 had recently given birth to her fourth child and was unable to arrange childcare; and 1 expressed continued concern about the extent to which she would be required to reveal personal information during the interview, despite my attempt to reassure her that she would be in complete control of the amount of information revealed during the interview.

Of the 13 women who initially agreed to participate, 8 participated in an interview, while 5 did not due to the following reasons: a) 2 women did not show up for the interview and I was unable to get hold of them thereafter; b) 1 woman did not show up for her interview and when I placed a follow-up call, she said that she was currently too busy to participate; c) 1 woman agreed to call back to confirm a time and date for her interview but never did and I was unable to get hold of her thereafter; and d) 1 woman was quite keen to participate but regularly re-scheduled the interview, which after a certain point I did not pursue further.

Description of Participants[13]

The sample consisted of 8 women, ranging in ages from 36 to 60 years (M = 50.75 years; SD = 7.82). Two of the 8 women joined the support group based on a referral from a Centre Local des Services Communautaire (CLSC)[14], 2 joined

[13] Demographic information is summarized in Appendix D.
[14] A healthcare service centre "that offer[s] a spectrum of medical, nursing, social and community health services such as vaccination, home care and prevention of elder abuse" (Racine & Hayes, 2006, p. 564).

after being contacted by one of the MDVC clinicians who was working with their partner, 2 were referred by a friend, 1 joined based on the advice of a social worker with whom she came in contact while staying at a shelter and subsequently finding an advertisement in the newspaper for the MDVC, and the source of referral for 1 participant remained unknown, as the participant could not remember during the interview and it was not recorded in her case file. None of these participants were apparently mandated by court or the Director of Youth Protection to attend, which stands in contrast to the larger population of women involved with the MDVC (Krane & Caplan, 2007).

Participants identified themselves as "Canadian (French)", "French-Canadian", "Brazilian-Canadian", "Anglo-Saxon", "French-American", "European (French)", "Indian/Portuguese" and "multi-racial." When asked about their religious affiliation, 3 women stated they were Catholic, 1 stated she was Christian, 1 stated she was Protestant, 2 did not divulge, and 1 replied "none." With regards to employment status, 1 out of the 8 women was employed full-time outside of her home, while 7 were not employed, citing the following as sources of income: disability (n = 2); social assistance (n = 1); social assistance, child support, and government subsidy child tax (n = 1); widow's pension (n = 1); alimony, child-support, and personal savings (n = 1); and husband's income (n = 1).

Three participants lived with their abusive partners at the time of both their participation in the Women's Group and the current study – 2 were married and 1 was living in common-law. Of the women who did not reside with an abusive partner (both at the time of the interview and during their involvement at

the MDVC), 2 identified as single and never married, 2 identified as separated and currently in the midst of a divorce, and 1 identified as divorced.

The 8 participants had a combined number of 14 children ranging in ages from 6 to 38 years (M = 26 years; SD = 9.44). Three of the women had one child, 4 women had two children, and 1 had three children. Of the 14 children, two live with their mother, one lives with his father, one shares living arrangements between his mother and father, one shares living arrangements between her father and maternal grandparents, one lives on his own, seven currently live with a partner (as married or common-law), and the residency of one child was unknown to his mother at the time of my interview with her. Three women also had one stepchild; however, no demographic information on these stepchildren was revealed at the time of the interview with the women nor was any mention of stepchildren present in the women's case files.

Data Analysis

As stated earlier, the focus of my thesis is to describe mothers' experiences in a women's support group for intimate partner violence. This focus on uncovering shared as well as unique experiences required me to utilize a method of data analysis that would enable me to uncover such an understanding. After reviewing different methods for qualitative data analysis, such as ones outlined by Bogdan and Biklen (1998) and Creswell (2003), I decided to utilize Strauss and Corbin's (2008a) "analytic process of comparing different pieces of data for similarities and differences" (p. 65) which is referred to as the constant comparisons method.

My data analysis began with transcribing each interview verbatim into separate word processing documents. Next, each transcribed interview was printed out and read over in its entirety. I then read each interview a second time, during which time I broke the data apart and delineated concepts to represent blocks of raw data (Strauss & Corbin, 2008b). More specifically, I took apart sentences and paragraphs and assigned a name to each idea, incident, or event discussed in each sentence or paragraph. In other words, I conducted what Strauss and Corbin (2008b) referred to as open coding. Some initial concepts I found included moving geographically, limited contact with friends, limited contact with family, care of children, protection of children, and strained mother-child relationships. These initial concepts were written in the margins of my interview documents.

Once I was confident with the set of initial concepts, I generated an electronic list of the concepts. Upon further review (i.e., two more readings of each transcript), many of these initial concepts were developed into categories, which are defined as "higher-level concepts under which … lower-level concepts [are grouped] according to shared properties" (Strauss & Corbin, 2008c, p. 159). Isolation and mothering were two categories that I developed using the initial concepts listed above. Each transcript was analyzed four times "so that [codes and/or] categories which emerged from later transcripts could be checked against those analyzed earlier" (Kelly, 1988, p. 14). Strauss and Corbin (2008b) referred to this back and forth comparison as comparative analysis. As further explained by the authors:

> Incidents that are found to be conceptually similar to previously coded incidents are given the same conceptual label and put under the same code. Each new incident that is coded under a code adds to the general properties and dimensions of that code, elaborating it and bringing in variation. (Strauss & Corbin, 2008b, p. 195)

It is through this comparative analysis that I could then describe similarities and differences in each woman's life experiences related to her experience of intimate partner violence, including her participation the Women's Group. I copied and pasted segments of transcripts into an electronic list of codes and categories under the corresponding concept/category and reviewed the resulting document as whole to describe the story that seemed to be emerging from my data.

Ethical Considerations: Protection of Participants

Each participant was presented with a letter that introduced the current study as part of a requirement for my MSW degree, identified me as the interviewer, and offered my coordinates. Each participant was also given a consent form[15], which I read out loud prior to its signing and confirmed with each participant that she fully understood that consent to a tape-recorded interview was voluntary, and that she could withdraw consent at any moment without prejudice. Two copies of this form were then signed and dated by each participant and me – one of which was retained by the participant and the other by me.

Protection of the participant also included assuring confidentiality by assigning a pseudonym to each woman and removing all identifying information from the transcribed interview derived from the audiotape. I was the only one responsible for transcribing the recorded data and once transcribed, the interview was kept in a password-protected document with the hard copy stored in a locked

[15] See Appendix E.

drawer. All audiotapes will be kept in a secure location for a period of at least 5 years from the date of this publication as per research ethics guidelines (McGill University, 2008).

Confidentiality and informed consent are key to ensuring ethical research, as is a commitment to minimizing harm or the risk of harm to participants (Royse, 2004). As argued by Padgett (2008) and van den Hoonaard (2002), this issue of risk is a complex one for qualitative researchers, due to the often unpredictable nature of their research. The risk of exposing participants to emotional distress, for example, is particularly acute during the interview process, as emotion-laden topics are often the focus of qualitative interviews (Padgett, 2008) and discussions about these topics can produce unintended results (van den Hoonaard, 2002).

Different forms of intimate partner violence are examples of topics that "are likely to generate emotional and often painful responses" (Ritchie, 2003, p. 33). As noted by the WHO (1999), as well as others who have written about ethical and methodological considerations for research on violence against women (e.g., Ellsberg et al., 2001), personal experiences of violence is a subject that is often particularly sensitive for women to discuss. In order to address the potential emotional and/or painful reactions, I advised each participant that she could contact me or my advisor, Dr. Julia Krane, for assistance or for a referral to available sources of support, should she have any questions or concerns after participating in the study. Secondly, any risks that might arise due to each woman's participation in the study were outlined in a clause in the informed consent form that each participant signed prior to her involvement in the study. The informed consent form also clearly stated that: a) participation in the study

was completely voluntary, and that b) each participant had the right to skip any question(s) that she might be uncomfortable with and to stop the interview at any time without any penalty (Padgett, 2008). By employing these aforementioned methods to minimize harm or the risk of harm to the participants of my study, along with obtaining their informed consent and ensuring confidentiality, the rights and welfare of the women who participated in my study were protected.

Limitations

This study did not seek to generalize from the sample to a larger population. It is impossible to make generalizations based on the insights of 8 mother participants who attended the Women's Group at the MDVC. The goal of the current study was to gain a further understanding of the unique, as well as shared, experiences of mothers who attended a support group for intimate partner violence. Through the use of a semi-structured interview, this goal was achieved.

A possible limitation of my study is that I did not attend any sessions of the Women's Group at the MDVC. Attending group sessions might have given me a different view of mothers' participation in the groups. To help address the possible effects of this limitation, I maintained contact with the Director and Supervisor of the MDVC, Tom Caplan. Mr. Caplan was instrumental in answering questions I had about the MDVC, including ones regarding the Women's Group. Furthermore, my thesis supervisor, Dr. Julia Krane, consults with Mr. Caplan and together they have authored a publication on the support group offered to women at the MDVC (e.g., Krane & Caplan, 2007), as well as presented on the topic (e.g., Krane, Caplan, & Carlton, 2007). In light of her

close relationship to the MDVC, Dr. Krane was also able to offer insight relevant to the specific topic of my study.

Chapter 3: What the Women Revealed

In this chapter, I present the insights of women as mothers who participated in the MDVC Women's Group. My chapter begins with a brief description of the McGill Domestic Violence Clinic support group for women. Following this snapshot, I elaborate on the themes from my data. As will be seen, these women shared an appreciation of the many benefits of group intervention that have been seen in other support groups for intimate partner violence. The women spoke of ending isolation and breaking the silence as key elements of their group experiences. As mothers, the women also spoke of the unique challenges they faced in dealing with intimate partner violence and how the group, for the most part, supported their unique needs.

The "Women's Group" at the McGill Domestic Violence Clinic

The MDVC Women's Group is a support group that promotes collaborative problem-solving among women who have experienced intimate partner violence in either past or present relationships (Krane et al., 2007). According to Krane et al.'s (2007) conference presentation, the goals of the group are to increase women's ability to reassess their self-conceptions, rediscover their self-confidence, and eliminate feelings of responsibility for the abuse they endured from an intimate partner, while taking responsibility for their own welfare that centres on developing problem-solving skills, self-entitlement, and self-esteem.

Facilitated by two women, the weekly sessions begin with a *sign-in* at which time group members choose a narrative to share with each other. Each woman describes a significant event that occurred in the past week. During this

time, the group facilitators listen for universal themes related to women's needs and fears (Krane et al., 2007). Abandonment, competence, grief/loss, intimacy, loyalty, power to get needs met, and respect are examples of some of the universal themes identified by Caplan (2008). According to Caplan (2008), group members can easily relate to universal themes as they represent relational needs and the resulting emotions when such needs are not met. The author therefore suggests that it is important for professionals to focus on the universal themes embedded in a narrative, rather than solely on the content of it. As a whole, the sign-in allows each woman to express her emotions and lays the foundation for empathy and connectedness between group members (Krane et al., 2007).

As the session continues, the group enters the *working phase*. During this phase, supportive relationships are encouraged amongst group members as the facilitators assume a low-profile and allow group members to talk among themselves; they put forth possible solutions to each others' problems based on their thoughts about the problems identified by their peers (Krane et al., 2007). According to Krane et al. (2007), this phase helps to develop group cohesion and social connectedness beyond the group, as well as address women participants' diminished self-confidence and self-esteem, fear of abandonment, fear of retaliation, and social isolation.

Next is the *didactic phase*. Here, the facilitators focus on empowering group members with strategies that draw on their own strengths and resources. The group then concludes with a *sign-out*, which gives each woman an opportunity to reflect on what transpired throughout the group session. During this time, each woman is individually supported as their accomplishments and

strengths as well as their concerns are honoured by both the facilitators and their group peers (Krane et al., 2007).

Mothers' Experiences of Intimate Partner Violence

Isolation as thematic

Isolation was a theme discussed by many participants. Speaking generally about the isolating nature of intimate partner violence, Lucille compared her experience of being in multiple abusive relationships to a "vacuum." When asked to elaborate on what she meant by the comparison, Lucille explained:

> Well, it's just the type of relationship. It sucks you in and it makes you close … into your own bubble and really sucks you in and keeps you out of the rest you know, of the world. I mean, I couldn't go out [or] … I was timed when I went out and I couldn't ever forget my cell phone or make any excuses, you know? He made sure I had my cell phone and [would call me, asking:] "What the f*** are you doing? I'm hungry." and blah, blah, blah, and "Where the f*** are you?"

Isolation was described by the participants as taking different forms such as geographic and emotional isolation from family and friends.

Geographic isolation. A number of participants indicated that they had to move geographically due to their partner's aspirations or the advancement of his career. For example, Roberta, her husband, and two daughters, lived in five different countries, across three continents. Despite having a degree, these multiple moves, taking time off of work for two pregnancies, and suffering from depression all meant that Roberta was unable to attain long-term gainful employment in the area of her study. As expressed by Roberta, the effects of geographic isolation have not ceased for her despite the termination of her abusive relationship 3 years ago:

> [Moving around for the advancement of my ex-husband's career] has had consequences up until now. I'm in Canada because of that. My children are in North America because of that. I haven't seen my parents. I couldn't be at my father's funeral because of that. You know I could add all of these things, not to talk against him, but just to see how many consequences have happened to this day and up until now…. What I am telling you is that I am totally alone now.

Isolation from family and friends. Many of the women spoke of being isolated from loved ones which resulted from geographic moves as well as an abusive partner's attempt to keep them away from people in close proximity to them. For example, Carol and her husband currently reside in Montreal. They moved here in the hopes of her husband attaining greater job security. Despite living in Montreal for a number of years now, Carol still harbours feelings of loneliness and isolation resulting, in part, from not being fluent in French and the limited contact she has with her family:

> I have no family. My two parents are dead and my [eldest] brother died. I've got a younger brother, but … his wife and I don't get along too well, [and] they're in [a different Canadian city] too.

Carol suffered a work-related injury prior to moving to Montreal that has left her dependent on an electronic scooter for mobility purposes. The excerpt below shows how her challenged abilities intersect with her experiences of intimate partner violence in that during the winter months, she is further isolated by her dependence on her abusive husband. As she stated:

> [He] doesn't want to go out…. All he'll do is pick up things after work but that's the extent of it. [If] I need bread or something, he'll pick it up and that's about it for going out. But in the summers, it's much better because I can get myself out. Now, everything's locked up because it's so snowy and icy. I couldn't even get [my scooter] down the stairs or couldn't even get on or off roads because there's ice or snow and I'm worried about the scooter with a computer in it with the cold, so I've locked it up for the winter.

Relocating from one major Canadian city to another, Nadia also discussed having limited contact with family and friends as a result of such a move as well as limited socializing with non-family members:

> I have no family there, no friends really 'cause I was there for 5 years maybe, but they're not friendly and basically we didn't socialize with a lot of people except like the sister-in-laws and brother-in-laws, so it's like the last place I wanted to be was in [the large Canadian city] I lived in while married to my ex-husband.

Nadia left her abusive partner of 5 years following a violent outburst involving her and their son. After staying with her nephew, followed by a 3-week stay at a local shelter, she subsequently moved to a neighbouring province after being convinced by her parents to return there and live with them.

For Selma, "the life [she] had before did not allow [her] to have many friends." As she explained during her interview, her husband "never lifted a fork to do anything." As a result, she was left to juggle the brunt of multiple roles and responsibilities associated with being a wife, mother, student, and full-time employee. When she did find a pocket of time to spend with friends, it did not come without resistance from her husband who, in this excerpt, reminds her of her maternal duties and children's needs over other facets of her being and her own needs for friendships:

> Every friend I had, he found something wrong with them. They weren't bright enough or they were too bright or they [weren't] accomplished enough. Usually, it [was] not accomplished enough…. When I tried to have some friends and then we would go out for dinner, he would call me during the dinner – 9:30 "Where are you?" "I'm in the restaurant, I told you having, you know, or at my friend's house having dinner." "Oh, you're having dinner and who's going to feed your kids?" So that was my life before and it didn't allow for making friends.

Having limited contact with friends was also brought up by Erica. As she stated during her interview:

> I was completely isolated from [friends]. My ex didn't want to ever do anything socially. When the few friends would come over on the rare occasion, he would barely you know, he would say hi to them or something. You never felt welcomed, so people didn't like to come over.

Summarized by Selma as a "kind of relationship" that can make you "feel so lonely", being isolated was discussed by all participants in one way or another. As illustrated by the excerpts presented above, the theme of isolation was experienced by the women I interviewed as a complex interplay of being secluded from family and friends, and being isolated geographically. As will be suggested, the MDVC Women's Group helped to end this isolation.

Forging Bonds to End Isolation

Four of the women I interviewed cited their desire to decrease isolation as one of the main reasons they joined the Women's Group at the MDVC. For Carol, a desire to "listen to other women and their situations" and to "be a part of a group [so that she didn't] feel so isolated" was the primary reason why she joined the group. Nadia similarly stated that she "wanted to be with other women who had been through the same thing" and create a "bond" with them. Elaborating on her expectations of participating in a support group, Nadia noted:

> I felt very isolated, [so] … the best thing I thought of was okay, if you get together with other women who have been through it, you can hear their stories and know that you're not the only one that's been going through it.

Five women explicitly stated that they found the group helpful because it allowed them to begin building a new social network. For Lucille, who revealed that she had no friends prior to joining the support group, the group was "helpful"

because she no longer felt "alone." Building what Roberta coined as a "solidarity and camaraderie" was not, however, limited to the interior walls of the MDVC. For Selma, the friendships she made while participating in the support group have stood the test of time long after her departure from the group:

> [It was] very easy to make friends in the group and I still have friendships. We meet every week and just go for a coffee or dinner and it's comfortable…. We don't reminisce about the bad stuff…. We have grown to appreciate ourselves together and that was the sense when coming out of the sessions.

While the group originally brought women together based on the shared experience of intimate partner violence, some women turned to each other for specific resources. Carol said:

> It felt good after each session. Yah. Everybody actually felt better. We would all come out and talk about something else and have a laugh and you know, just generally talk about the children, how we were doing this or that. Each one sometimes would connect and call the other one…. Some people would … make a friend or help them with furniture, if they needed furniture, or we would all help put ideas together of how to get this person furniture. Someone may have something, someone may have something else and we would develop a plan to help this person.

Help extended not only beyond the time physically spent at the MDVC but also to particular needs of some of its participants. Nadia described a situation in which she was able to help another mother after one of the weekly group sessions:

> I had gone home with her after and her ex was supposed to bring her daughter back at a certain time, at 10, and I was still at her place and he didn't. He was late whatever and she kept calling and whatever. It was snowing outside, this and that. But he ended up showing up an hour later and I didn't want to leave … 'cause she goes well, what should she do and I told her to call [her] social worker. Then when he did come, … I just went down and I got the baby and I said that I was from social services and [asked him] what was [his] excuse for not calling? He just kept telling me: "Oh call my social worker and you'll see that it's just because of the snow" … because he was traveling by bus.

Similarly, summarizing the impact of giving and receiving help from her peers, Carol expressed the following:

> But it makes you feel good that you've helped somebody else and they've helped you too and that it, like I said, it gives you a sense of empowerment, like a sense of power that you've connected with these people and we're all doing something each to help each one get better or you know, just to help each one and to know that they are there to help you when you leave.

As demonstrated, while the Women's Group is a support group for intimate partner violence, it also becomes a resource centre for friends/allies, who look out for each other and foster each other's autonomy.

Living in Secrecy

The theme of isolation was closely related to that of living in secrecy. As described by Carol, isolation and keeping the violence a secret were two inseparable facets in her life: "You're being abused [and] you're separated.… You don't want people to know that but that's when you really start isolating yourself and you feel that you're hiding, like you have to put a face on."

Formerly employed in the film industry, Erica's life with an abusive husband was also kept a secret by masking the reality of her abusive relationship through the presentation of a "fantasy." As stated by Erica, "that's really what our life was like. Here's what we want everyone to see – the fantasy – but this is the reality and we never talk about the reality, never acknowledge it."

Speaking more generally about the pervasiveness of secrecy in the lives of many women that endure intimate partner violence, Carol explained:

> It is sad that [many women] have to live this life too and most people don't know it. I mean, some of them are teachers, some of them are professionals and they don't know, they just walk on with life and in most

> cases, depending on your profession, you can't go out and just tell people what you'd like to tell them.

The women who participated in this study talked about keeping the violence a secret from friends, professionals, parents (including in-laws), and their children.

According to Erica, friendships that do survive are mainly the result of keeping the experience of intimate partner violence a secret:

> When I would see [my friends] socially, outside of the home, it was like: "Oh yah, everything's fine. You know, yes, I'm working, I'm functioning, like people never knew … that I was really suffering in my marriage because I would seem like the happy wife, with the happy family and look at us and I was able to, and my ex too, [we were] able to help [our son] thrive you know, by really caring about [him] and really investing in [him], so nobody really understood what had happened, you know?

For Roberta, it was not until a trip to a local grocery store a few days after being violently attacked by her husband that her secret was exposed and she subsequently sought medical attention. As explained by Roberta:

> I was getting out of the store while a friend and teacher of my eldest daughter was coming in. The light was [shining] right on me and she said: "[Roberta] what happened to you?" I was lowering my head [and] I didn't want to talk. I couldn't talk and she said to me a sentence that woke me up a bit. She said: "[Roberta], go to the hospital." and then I felt like you know that it made sense. I realized that I was totally you know, shaken. Anyways, when she said that I realized that there was a reason to say that [and I went to the hospital].

Upon arrival at the hospital, however, Roberta "couldn't answer" medical staff when asked "Who did this to you?" and as a result, her violent perpetrator's identity was not logged in her file. This omission cost her greatly in divorce court.

Keeping the violence from parents and/or in-laws was another form of secrecy described by the women. As revealed in the following excerpt from Roberta, secrecy was linked to the geographic relocation:

> I didn't tell my parents [anything] because they were in Europe and I was in the States…. [Instead], I [lived] like an ostrich you know, putting my head in the sand because I said nothing about this for years and years and years because I [didn't] have contact with my parents [and I didn't] have contact with my parents-in-law.

During the interview with Roberta, no explanation was given for the lack of contact with her parents or in-laws. I might theorize that long-distance telephone contact was too expensive or she was not permitted to make or keep contact.

Lucille and Selma both talked about hiding the violence from their children. For Lucille, keeping the violence she endured during multiple intimate relationships from her daughter was not a simple task. Instead, it was a complex process that involved not only keeping the violence out of her daughter's sight, but also included actively trying to compensate for the presence of violence, as she sensed her daughter knew something occurred:

> I tried not having [huge fights] in front of my daughter … [but] I know that she knows I went through something.… [Although] I tried not to let anything be seen, … she'd see me sad a lot more. You know, I couldn't hide that. So anyways, no, she never witnessed anything physically and I was always there for her. I think she felt it because I was sad but even then I tried doing something, [like] inviting her friends [to our place] or [letting her go] to her friends, or she went on vacation with my parents alone.

Clearly, keeping the violence she endured hidden from her daughter was important to Lucille, who viewed her relationship with her daughter as positive.

Selma also tried to keep the violence she suffered a secret from her children. Selma was married to her husband for over 25 years, during which time

they had two sons together. The abuse began early on in her marriage in the form of psychological abuse. As explained by Selma, "in the beginning [such behaviour was] like a little stone in [her] shoe" that slowly turned into physical violence during the latter part of her marriage when she began to challenge her husband's abusive remarks. The violent episodes that ensued resulted in an array of injuries ranging from bruises and small cuts to broken bones. Not wanting her children "to find out about it", such abusive behaviour took place "away from the kids", until both reached late adolescence. Once her sons were older and began to be exposed to the violence between their parents, her husband would present himself to their eldest son as the victim:

> For a while the fights were getting really bad and he's three times my size you know, … so every time I was the one getting hurt. So for a while I said: "Do not do this again or I'll go to the police." and I had a conversation with my [eldest] son once and also what happened was that every time I would say that, my husband would go crying to my [eldest] son, who was then 18, 19, 20 and he would go crying to him and say: "Oh, your mom said she is going to arrest me and I'm going to go to jail and you can't let her do that."

During this time, Selma attempted to shed her own light on the situation. While her youngest son accepted her account of the abuse, her eldest could not get past his father's account. In his eyes, it was "poor [dad], he's crying and [mom] is doing all of this to him, [including] … threatening to [report] him to the police and put him in jail." Remaining at his father's side, during a conversation with Selma, her eldest son pledged: "If you take dad to jail, I'm going to kill myself." Deciding to once and for all put an end to her husband's abusive wrath, Selma sought legal action after an extremely violent episode, which took place overseas. While this decision resulted in a new form of autonomy, it also hindered her

relationship with her eldest son, who now has limited contact with Selma. Selma appeared sorrowful:

> He cannot forgive me for that and that's the reason why he stayed with his father and still to this day there's starting to be some openings but um, he just can't find in his heart to forgive me for that.

Forging Bonds to Break the Silence: We Are All the Same and the Sisterhood Lives On

In addition to looking for a forum for reducing social isolation, 4 women also stated that looking for a place to talk about their experience of intimate partner violence was an expectation they had for the support group. Nadia, entered into the group "with realistic expectations", with the hope of learning that she was not the only woman affected by intimate partner violence. She was looking for "a place to talk about [intimate partner violence] and feel like it's okay, [that] it happens [to many women], and [that] it didn't just happen to [her]." Erica came to the MDVC to discuss her experience of intimate partner violence and to find a "peer-group" that could help her "find a way to understand [what she went through with her husband]." This desire to gain a greater understanding about her experience of intimate partner violence was also brought up by Angela and Roberta.

All of the women I interviewed, with the exception of Angela, stated that being able to talk about their experiences of intimate partner violence was another way in which they found the group helpful and a positive experience. Roberta described the support group as "wonderful" because it allowed her to talk about her experience of intimate partner violence for the first time in her life:

> When it happened, I had nobody to explain it to with all of the details and so I am adding this now and I didn't do that before because I didn't have the opportunity and that's actually why I think the group is wonderful.

Carol described how she always felt good after each week's group session:

> It helped just getting something off of your shoulders, being there and just getting off your shoulders what has happened between weeks.… You sign in, you give a small sign in, each one of us to say what's on our mind and then we'll discuss. Go around to each one and discuss what's on our mind and then you interact with everybody…. It was generally the same people and you always felt good talking to them and when you [left] you always [felt] good.

Roberta and Nadia described the group process and content as cathartic. As Roberta put it, "of course there were cries and tears, but before we left we felt good because you released a lot of stress." For Nadia, the result was a better night's sleep, noting: "When I would leave [the Women's Group], it was like that night I slept well 'cause you really get it out. It's like a catharsis, you get out what you need to get out and um, it helped." Lucille also described feeling positive after each week's session. When asked how she feels after leaving the MDVC each week, Lucille described feeling a mixture of "calm" and "mostly relief."

Woven throughout each woman's description of participation in the support group was a notion of how discussing intimate partner violence was a reciprocal process that also included learning through listening. Seven out of the 8 women stated that they learned a great deal by listening to the experiences of the other group members and the facilitators' feedback. The main theme of the group was the nature of intimate partner violence. For Nadia and Selma, listening to their support group peers' accounts of experiences of intimate partner violence

allowed them to learn about the pervasive nature of violence from an intimate. As explained by Nadia:

> We were all in the same situation. It was abuse and it was like you know, people think that abuse only happens to like the low-end people but it doesn't. There were some people here who held a great job at a bank or whatever and it happened to them. They put up with it. It's amazing how like it doesn't matter, violence or abuse or whatever, has no criteria. It hits everybody.

Learning about the nature of intimate partner violence helped reduce feelings of self-blame because blame was shifted to the abuser:

> It helped … you accept that it's not our fault, that it wasn't our fault, through talking about it and learning that it's their problem. They have the problem and what I found was like, 'cause, normally you always take the guilt. [You] take half, if not all of the responsibility and you wonder did you do something to make him want to go there and it's like no. (Nadia)

> [For me], probably one of the most helpful things [was] to point out other people go through the exact same things and um, that it's not a question of something particular to you in terms of, you know, because I am [from a certain ethnic group], because I am stupid, because of, you know, it's not because of me. [So], I'd say that the group's very helpful to point out that the bad things that happened to me are not because of me. (Selma)

Erica and Gladys also expressed that this reciprocal process of sharing and listening to personal accounts of intimate partner violence resulted in decreased feelings of self-blame. For example, prior to having the opportunity to discuss her experience of intimate partner violence, and hear the experiences of her peers in the group and feedback from the group facilitators, Erica's experience of intimate violence went unnamed because she "never even realized that that is what it was." Erica blamed herself for the abuse she experienced, believing that "some people have shitty marriages and I have a shitty marriage and there's obviously

something wrong with me, that I am not able to make it better. I didn't understand that it could be different."

Lucille described a lifetime of experiences of violence that included alcohol, drugs, and a strained relationship with her parents. Learning that she is not the only one who is dealing with such a complex experience of intimate partner violence was one of the ways in which she found the Women's Group helpful. As she noted during her interview:

> My parents have always been kind of violent with me. I left their place when I was 16…. The fact that these women, well a couple of them, had to go back into their families you know, and deal with mother issues that I have to deal with, that really helped me, seeing that I'm not alone and that I'm not the only f***ing loser of the [group].
>
> [Listening to the experiences of other group members] … really helps me because you really think you're alone because [it's] so incredible how you can survive or go through those types of situations and you think that it can't be everywhere. I mean, you know, I might be the only loser who stayed so long but no, there's like this other woman, who's about my age, and she was like most of her life with her husband. Her ex was a junkie too. He used to abuse cocaine and stuff like that and she stayed 20 years.

The Other Side of Breaking the Silence

The reciprocal process of sharing and listening to personal experiences of intimate partner violence was not uniformly positive for all participants. Seven of the women I interviewed expressed that talking about their experiences of intimate partner violence was challenging at times. Speaking in a general sense about how sharing can be a challenge, Selma noted:

> I think the biggest challenge you have there is to open your mouth and tell your story. I mean, it's THE challenge. That's the only challenge you have in the group. Some people are more ready than others and for some people that's extremely challenging.

Gladys, for example, didn't open up at first out of fear of being rejected and being judged. As she noted:

> Oh yah. I had a hard time…. I was afraid to say anything. Okay, I was afraid to say something because I um, I was afraid that if [the group] really knew who I was, like the real me okay, they would ask me to leave and not be a part of the group. But again, that falls under rejection, doesn't it? That's interesting. And then um, another thing that I had a big challenge on was um, that they were better than I was. Okay, that um, if I said something, it would just reinforce that they were better than me … you know, type of thing. But again, that goes to self-image, which it wasn't the truth. It was lies that I had in my head but that was hard – just to open up and um, with the fear of rejection.

Opening up to her support group peers in the beginning was also described as a challenge by Carol:

> When I'm talking to a group of people it's really challenging to discuss you know the abuse but it's so hard to sit there and talk about it, like it's so difficult. Just, I don't … I can't think about it by myself but sitting with a bunch of people and especially the first few times you go and you have to talk about it and you feel like dying. You feel so sick inside.

Finally, returning to Selma's experience, what began as helpful became too repetitious due to high turnover of group participants. As explained below, the result for Selma was a decision to leave the group:

> There are a lot of people coming into the group, some leave, but there are new people coming into the group and every time that happened, which is a good thing, you wanna hear that person's story and then you would like tell yours too but after a while, that becomes very repetitious and you feel like you're stuck in the first level because every meeting would be tell me your story but not advancing because then time's consumed after everybody describes what they went through, the 2 hours are done, and then you have to leave … um, because it's painful too. You know, it's, it's reliving a bad thing every time you have to go through it. It's dark and heavy and I find that after a while you wanna, you know, you wanna start reconstructing or constructing and building positive, and brighter, and lighter, and happier things and not going back there again. It's extremely helpful to talk about it but I found that after a while it became too much to repeat it again and again.

Selma left the group after attending seven sessions.

In addition to the challenges of talking about personal experiences of intimate partner violence, 4 participants noted that listening to the situations of many of their group peers was also challenging at times. Nadia, for example, found it hard at first to separate herself after listening to the experiences of other mothers in the group. She was saddened by other women's accounts that led her to conclude that their situations were more dire:

> I think the first time I left here and I cried a lot or I was like very emotional and whatever. I think I questioned like is it helping me or is it um, bringing out these things in me that I am not really sure if like I want to go there. So there were times, once or twice, that I think it had to do with the kids. There was that woman where the social worker had to come in and took away her kids and she was crying and for her, she couldn't understand the social worker telling her: "Well, I'm doing this for you." You know, for me that just makes the situation a hell of a lot harder…. Not that I would know what to do but I thank God you know, that that didn't happen to me.… [But] I questioned [whether or not the group was helping me] once like okay, because I'm an emotional person and I felt so bad for her that like I was saying, I went home thinking about her problem the whole night and … I couldn't separate myself you know and … I found that hard. But um, you know as you got to know the person and whatever, you got more comfortable to say what was on your mind and then after when you left, you didn't take it home with you.

According to Carol, there was not a week that went by that "no one [was] sitting there crying" as a result of listening to the hardships each woman was facing due to the abuse she endured at the hands of her male partner and having little ability to help. As highlighted in the following quote, Carol also found listening to be such a challenge at times that it made her question her participation in the group:

> But the challenge is … being able to sit there and listen to people's situations and you feel so bad. Like, there are times I don't wanna go back because I don't wanna hear it 'cause sometimes you feel like you can't do anything for this person as well. Even though the person needs help, you can't give them the help they need and when you read about them and think about them all the time and thank God they're there next week, you

> know so, the challenge sometimes is just getting there and going through listening just all about abuse for everyone, all different kinds, that is so challenging. It's enough to make me want to, just not go back. But, I know I have to go back. But, it's enough to make me not want to go back 'cause it's hard to hear. It's hard to listen to.

Angela found listening to be a challenge because during her time in the group there was "a lot of just venting that was going nowhere." More specifically, Angela described the venting to be an unproductive use of the support group's time:

> You know, [the venting] was going nowhere. It was just anger and yes, they were expressing their anger, which is a good thing, but I didn't feel that as a group it was an integral part of helping the entire group. You know, get yourself a punching bag and hit the punching bag if that's you know, if that's going to help you.

For Erica and Roberta, listening to the graphic accounts of intimate partner violence was very difficult. Erica said that not "want[ing] to hear the horror stories over and over again" was one of the main reasons she left the group. As described in the following quote by Roberta, listening to other women's accounts was debilitating versus liberating:

> At some point for me it was like I wasn't able to breathe almost you know, like oooof enough you know, when you could talk about the violence without getting into so much detail. But sometimes it was [too] graphic…. I couldn't stand up because relating to it for me was enough to understand. You know, you do not need to share all of the details. You know what I mean? It was too graphic.

Listening was also a challenge for Roberta because it made her feel "ashamed." While she was dealing with the past, her support group peers were dealing with current problems. When asked to elaborate on what she meant by feeling "ashamed", Roberta explained:

> Ashamed at the fact that it had happened so long ago, so how come I didn't seek help for that situation earlier. Living around all of this you

> know, it wasn't that easy. I thought I wasn't efficient. I could have been, I should have been able to manage better earlier and you know that idea.

Just as Nadia had difficulty in detaching herself from the burdens of her group peers and speaking to diversity in the group, Selma found herself in a similar position in that listening was difficult for her at times "depending on the membership of the meeting the day [she came]." She stated that "some of the stories are a lot harder than others and then that makes you heavier because you heard those things." When asked to describe this "heavier feeling", Selma answered: "I get affected by bad experiences of other people and it's sort of like you live them and … then you have to shake that off after."

As demonstrated by the excerpts above, breaking the silence about intimate partner violence can be a positive experience for those involved but the process is challenging and emotional at the same time.

Personal Experiences of Mothering Through Intimate Partner Violence

Aspects of mothering emerged in the data, primarily related to four themes: primary care of children, protection of children, complicated relationships with stepchildren, and strained mother-child relationships.

Primary care of children. Six of the women went into great detail about how they were the primary caregivers for their children. Nadia, for example, gave up a career in fashion after giving birth to her son. Nadia described how she was the one always taking her son "to the park" and to various "play groups." In contrast, her ex-partner was rarely present during such outings, even when they took place on public holidays. Describing herself as the "one who does everything" for her son, she considers herself her son's "security."

Similarly, Lucille, who along with her daughter's father was enrolled in a post-secondary educational institution, was often left to juggle parenting responsibilities on her own:

> He didn't have any courses in the morning, [but] he didn't want to bring her to the daycare centre. It had to be me, so I had to … take two buses and the metro and I had to get there and stretch a little bit before two classes and then I used to finish at 5:00. He used to have a course that started at 5:30, so I used to go to get her and then he wasn't there before you know 11, 12 o'clock at night, plus he use to tell me that he was going to the grocery store but he wouldn't come back 'til like four hours later.

While Lucille found this schedule stressful at times, referring to it as "too much" during her interview, she also noted how she would "[de]stress" by spending time with her daughter. This mother-daughter time would typically include "taking [her daughter] to supper or to lunch and then … shopping for clothes."

For Selma, caring for her two sons was just one of many roles that she had to juggle on her own despite living with the father of her children. As a parent with an active adolescent, she was often left with the brunt of the parenting responsibilities which included scheduling her children's daily activities and extracurricular sporting events in addition to her own recertification and studies. Selma described how she studied "from 8 o'clock in the evening 'til 2 in the morning" for multiple re-certification exams so she could work in the profession she was trained in prior to moving to Canada, followed by "waking up at 6 to prepare [her] kids to go to school" and get herself ready for a full day of paid work. It seems that Selma couldn't depend on her husband as a father for involvement, let alone support, in the lives of their children.

Erica described herself as "a very attentive mother" because she "came from a lot of abuse" and "didn't want to reproduce it." Some of the ways Erica

"put [her] son first" was that she quit her job after his birth to become a full-time mother and created a "family bed" by allowing him to sleep in her and her husband's bed until he reached the first grade. While Erica's husband originally seemed supportive of such care, it later became a source of contention in their marriage as her husband's involvement in family life began to diminish, while Erica's level of involvement did not. The result was something she called "parallel families":

> The contact with [our son] and myself was so different, maybe mothers are all like that with their kids and fathers with their kids, like by the end when we were leaving, when I was leaving, [our son] was really heartbroken because his dad wouldn't even come to his bedroom to tell him goodnight you know, he wouldn't come to his son. [Instead, my ex-husband] would stay in his office and shout down the hall: "Goodnight. I love you." and [our son] would say: "Look mom, he won't come. He won't even come to kiss me goodnight." … or, … like my ex wouldn't want to do anything. He'd say: "I'll go with you guys to the National Film Board" 'cause you know they offered things for families to do together, so he'd say: "Okay I'll go with you. That'll be fun. You know, we'll make clay animation. Yah, it's a great family activity." And then by the time it came, [he'd say:] "Yah, I'm not coming." You know, or all week he'd say: "I'm gonna go. I'm not gonna go. I'm gonna go. I'm not gonna go." So we never knew you know, are you coming or are you going, like which one is it? But we did a lot of things together you know and um, [my ex-husband]'s relationship with his son was in the house, in the house or at the school but really not anywhere else unless I was somehow taking [the initiative], like he wouldn't go fly a kite with him somewhere by himself, like if it were to be, it would be all three of us. But I would often do things with [our son] on my own, so in that sense I felt we had parallel families.

Erica's parenting style took quite a different turn once she and her husband began using drugs:

> Once I started picking up drugs again and my [ex-]husband and I were using drugs then things started to get a little, I could feel like I was starting to be … less patient … because you want to take drugs, so it's like hurry up, you know, do your homework, hurry up, take your bath, hurry up, let's read the book together and it was always very double messages – um, I love you, I love you, I love you. You're so great! Hurry up, hurry up, hurry up! You know, and then sometimes if I had been using drugs

> and I would go interact with him, it would be like "what happened?", like the mood swings were very up and down, up and down.

More recently, Erica gave up drugs. She's enlisted the help of an art therapist, who she believes has been instrumental in helping her son through this period of transition from living with both parents to living in a shelter with his mother and more recently to living with his mother in a new home.

Roberta also spoke about being the primary caregiver for her children and the difficulties of mothering alone after separating from her abusive husband:

> It was the time when he left, the first year that I was in cloud because he wasn't there and I was left alone you know with my children, which is such a burden you know, when you're by yourself alone and you never thought that you would live like this. So, it was also hard for me you know, I wasn't used to doing everything by myself, [even though] I did a lot when he was still studying … you know … it was foggy, … I would write a check for the rent and pay this and pay that…. It is the situation that is so abrupt you know that you never, you never imagine this could happen to you. Maybe it's just such a huge abyss, like in the sea where there [are] these huge circles of nothing and you are just overwhelmed by whatever is going on. You know, maybe it has to do with being overwhelmed. That's how I would explain it perhaps.

Protection of children. Four participants discussed how part of caring for their children involved protecting them from incidents of intimate partner violence not only by their abusive partners but also prospective abusers. As mentioned above, Lucille's main way of keeping her experience of intimate partner violence a secret from her daughter was to not allow men to be around when her daughter was around. Instead, her daughter often spent time at her grandparents' house. As Lucille revealed, despite currently being a single mother, she does not see her role of protecting her daughter from intimate partner violence as over. Instead, she sees herself continuing to protect her daughter from the possibility of intimate partner violence in her own relationships:

> I know probably she's going to have some experiences [with intimate partner violence] but anyways, I am going to be there … because … of what I let go on in my life … and I'm going to do my best with her and believe me, the guy is going to know if I suspect him of being a little bit aggressive.… I'm going to check on him and my eyes and ears are going to be open for just those little signs.

For Erica, protecting her son from her husband's physical violence was what ultimately led her to leave her husband and seek help:

> The threat of physical violence was becoming more and more menacing, like more and more present, like by then I have the car keys under my pillow and I have a bag and I'm really not sure if I can manage to get out of the house in an orderly fashion before he just goes off on the deep end and I felt that I had to get out of there because [our son] was learning inappropriate relationship dynamics and I really felt that if [our son] became the moving target, that would mean that I'd have to be in pretty bad shape first and I was already feeling pretty weak and unable to cope with it. So I felt that if I stayed, it would be far more dangerous for [our son] than if I left.

Erica indeed left her husband and their family home when their son was in the sixth grade on the advice of a shelter worker.

Complicated relationships with stepchildren. Carol, Angela, Selma, and Erica all had stepchildren. While Selma stated that her relationship with her ex-husband's daughter was "a very complicated issue [that's] … hard to describe", Carol only briefly mentioned her stepson. In contrast, Angela and Erica openly shared some details about their complicated relationship with their stepsons.

At the time of her intake interview at the MDVC, Angela had been dating her partner for 5.5 years and living with him for 4 years. Her stepson was almost 16 years old when she moved into her partner's home. Her initial impression of her stepson was that he was "an out-of-hand teenager" and "a spoiled brat", who prior to Angela's entrance into his life, had "carte-blanche" over his life with a terminally ill mother and a father who would do anything for him. The addition

of Angela in his father's life, however, meant an unwelcome "stability" in the life of an adolescent boy who appreciated the freedom he'd become accustomed to. The result for Angela was that her partner abused her, as she put it, as a demonstration of his love for his son:

> My appearance wasn't appreciated and I found he used to, uh, he would get almost to the point where with [his son] around, it was almost like: "I'll show you son how much I love you. I'll hit her for you."
>
> I think that he was too old to have me walk in, but by the same token, if you [don't make] curfew or if you walk in [stoned], which he did … I mean he would stand at the door here and I would say: "Jesus Christ, he's stoned." … He'd say: "No he isn't." So as long as it was "No he isn't.", I was a liar and I was causing trouble.

Now living in separate dwellings, Angela describes her current relationship with her stepson as "no love lost" on either of their parts and "socially acceptable" in public.

Erica also found that disciplining her stepson became a source of "conflict" once she and her husband moved in together:

> I didn't agree with the way my ex wanted to raise him, so there was a lot of conflict around that. It was always: "I'm the dad, you're not.", so you know, my way or the highway…. Having been the stepparent I felt like here's great opportunity to learn how to be a couple together, to learn how to be parents together, why do you keep pushing me off?

In contrast to Angela's experience of entering her stepson's life when "he was too old to have [her] walk in", Erica entered her stepson's life when he was 9 years old:

> Yah, we had um, a very good relationship in the beginning because my parents had been divorced before and I was empathetic to the stepchild experience. I thought he was just a wonderful person. He had a really good sense of humour. He was creative and he had the capacity to talk and to self-express and he liked to talk about different things.

After about 2 years, Erica started to distance herself from her stepson because "[she] felt that the bond [she] had with [her] stepson was interfering with the father-son bond" and that [she] should get out of the way so that maybe they could bond as father and son." Clarifying what she meant by "interfering", Erica stated:

> Because I felt like [my stepson] and I would talk about what he really wanted, how he felt about things, what he was doing and so it was so dysfunctional. I started … knowing what he was thinking and feeling and wanting and then I would see my ex just try to dominate him: "You're not going to go out. You're not going to talk to those people. You're not going to do things unless I say you can.", their whole ugly dance and I felt that if I, like by then I was investing time in [my stepson]. I would say: "You know, once a week we're gonna hang out together." or "Once a month we're gonna go out and do something together, pal around…." I would really invest in him and my ex wouldn't do that, so I started to see these discrepancies and I felt well maybe I was messing things up for them, maybe I'm not helping so I should back out of the way.

In this excerpt, Erica reveals how she blames herself for messing up the relationship between her stepson and his father/her husband. Complicating matters, Erica's stepson began lying, dropped out of school, and became involved in crime: selling drugs and stealing. Erica then became pregnant. According to Erica, the birth of her son was very difficult for her stepson, as that was when "things got really bad" and her stepson ended up getting arrested and was put in prison. As a result, Erica gave her husband an ultimatum: "Okay which son do you want in the house? 'Cause this, I'm not doing this anymore." Erica did not divulge how her husband handled this ultimatum. When she described how she left her husband over 5 years later, no mention of her stepson was made, thus, I might wonder if their relationship broke down or her husband chose his eldest

son. Nonetheless this account reveals just how complex mothering in the context of intimate partner violence can be.

Strained mother-child relationships. Strained mother-child relationships was another theme. Carol, for example, has not had contact with her 24-year-old son in over 5 years, since an incident at her home in which she was forced to take legal action against her son:

> Since then, his father took him up North and now it's been 5 years since I saw him and he won't tell me where he is. I can't even see my son. He won't tell me where he is. He blames me for my son robbing me, [and as a result he] … won't give me a number or anything. I've tried, like I've called and tried, [but I] just can't reason with him.

Carol described this estrangement as "devastating. It's just devastating for me. I can't think about [it] … or I'll never stop crying." The dynamics of intimate partner violence for Carol continue despite being divorced from her first husband for over 13 years.

Roberta, a mother of two adult daughters, continues to battle with a strained relationship with them. As revealed in the following excerpt, Roberta's ex-husband influences these mother-daughter relationships in ways that are hurtful to her long after their divorce:

> When my eldest daughter got married, I wasn't invited because he didn't want me to be there. Imagine?… My daughter wrote me to say that she was married and I wasn't invited. Imagine that? Being a mother and your first child is getting married you know, it's an event. I tried to understand it a bit but it was a shock.… I didn't imagine that my daughter would marry without me knowing at least. Because for me it was I didn't have the money and also you know [they might be thinking that] she's fragile, she doesn't have money, we don't invite her. He meanwhile, has the money, makes the trip, and he gets her nice gifts…. The comparison is so awful that he has so much and I have so little.

As I described earlier, Selma's relationship with her eldest son became quite strained as he did not acknowledge his father's abuse towards her. This situation is deeply hurtful:

> There are no words that could possibly describe it. It's the biggest hurt you can possibly feel. For me it's so big that I prefer to think it's not there. I prefer to think it's just a phase. He's gonna mature and he'll be able to see. Because … if you look back and you see all of the things I did for him as a mother, I have never ever failed him. Nobody's perfect but if I look at me as a mother, I'm so darn close to perfect. I have always been there for my kids, for every single need possible with my very best. Maybe my best isn't the best of the best but my best is my best. I cannot do more than that. It's impossible for you to ask from me anything better than my best. This is my 100 percent and I have been there for my kid every single time.

Despite her best efforts, the blame still falls on Selma's shoulders and she is rejected. Selma further stated:

> But to look at my older son and to understand it, I can't and the way I'm rebuilding my life is … I'm concentrating on the positive. I'm concentrating on my potential, my good potential. I'm concentrating on the things I can do that are gonna be positive, that are gonna bring me happiness, that are gonna bring my sons happiness, that I'm gonna build something that I am proud of and those are the things I have to put my time and energy on. It's been 3.5 years for me to get here and during this time I've spent a lot of time trying to figure out what happened to my older son and right now I can't, so I cannot put it into words…. I cannot comprehend [it] when he had a mother who was always there for him, always supporting, cheering, whatever…. To understand somebody that had that for 20 years and suddenly say this was all wrong, [and] this was worthless for me, [I cannot understand it].

By "wrong" and "worthless", Selma is referring to her son's rejection of her:

> It's telling me I was a worthless piece of you know what as a mother. I'm worth nothing. I'm not worth his good morning. I'm not worth him answering: "How are you doing?" He doesn't answer that and instead he goes on and he finds happiness and comfort in living with his dad [who for] 20 years grabbed his hair and bounced his head on the wall to say: "Can't you learn this stupid? You're an animal, you're never going to get anywhere in life." He still does that to my son and I can't comprehend why, or maybe I should because I was in that place once and maybe that's how I sort of accept it and the reason why I don't [ask him]

> straightforwardly: "How can you stand this?" is because no matter what I say, whatever I say to him right now, he's gonna take it as this is bullshit. It's the exact opposite of the things I should be believing now. So you know, instead of fighting with him and arguing: "God, you can have love and support from somebody, why slave yourself through that kind of life?" I don't know, [maybe] I'm doing something wrong but this is all I can do now with what I feel and what I have. I'm not at the point where I have the magic words to tell him, to make him see anything and I don't know if I'm gonna be the one to show him because I don't know.

Though Selma has recently begun to talk with her son, the years of difficulty in their relationship still remain evident, again suggesting the damaging effects of intimate partner violence on women and their growing children:

> It's you know, very tiny, small, things. Very, very tiny…. I don't want to lose hope…. A couple of times, he agreed to speak and we sat and … the first time we spoke for 3.5 hours and he would say: "I cannot forgive you for this, this, and that." and then and I would say: "You have to consider the other circumstances." and then he would just say: "Okay fine, you explain that. Can you explain those other things?" and then I would explain and he would say: "Okay fine, explain that. Can you explain this?" But even after that conversation, it's still, our relationship is basically non-existent.

In summary, the interviews suggest that mothering through experiences of intimate partner violence entails being centrally implicated in the primary care of their children, protecting their children from the actual or future incidents of intimate partner violence, and having to face sometimes strained and complicated relationships with their children and stepchildren.

Being a Mother in the Women's Group

Broadly speaking, 4 out of the 8 women I interviewed found the group helpful as a mother, while 3 did not, and 1 expressed mixed feelings about participating in the group as a mother. As noted by Erica, the subject of mothering served as the "fabric of the conversation" during her participation in

the Women's Group at the MDVC, as the majority of her peers in the group also had children.

Selma, the mother of two sons over the age of 18 years, said that the group gave her the strength to tackle issues and move forward:

> I felt … so broken. You feel so worthless. You feel like you've done everything, every possible thing wrong. How come you worked for so many years and at the end you are left with absolutely nothing? What is my worth? Nothing. It's negative, so maybe it's better for my kids that I'm not even here; that maybe [they have] somebody better than me taking care of [them] and I think in the group, you realize that's not so. I think that's … very helpful. It's very helpful that you go and people [ask:] … "Yah, you're going through all this, how about your kid? You have to be there for him, so I don't care where you're gonna find strength then, you just find it because he is dependent on you and you have to be there. There's no other alternative. It's that. Period. You can't give up."

In fact, being a mother is what kept Selma coming back every week:

> I couldn't give up no matter what because my son depended on me and not just because he was financially dependent on me, which eventually he no longer will be, … but because he depends on me emotionally and so I cannot give up. It's just the wrong role model. It's the wrong … thing to do. Every time I was at the lowest, um, thinking of him is the thing that kept me going, that I have to be there for him and I have to be strong and I have to rebuild.

Nadia, the mother of a 6-year-old son, also found the group helpful because, in the group, she heard what the other mothers went through and as such she realized how thankful she was for what she was "spared." More specifically, when asked if there was a particular aspect of the group that she found helpful as a mother, she replied:

> Well the main thing was that they [had] young children like mine…. What I found also interesting is because, from day one, I gave my ex telephone access … but there was one or two women that had to meet at [a supervised location] where they were being watched, like at a place where she would drop the child off and the father would be watched or … [have] supervised visitation…. I was just glad that I didn't have to do that. Well, for one, we didn't have to face the same problems but to see somebody

> actually question or to be afraid that your ex would hurt your child, you know, it's something I am so glad I was spared…. In that sense, it helped me know that at least that was one thing that I didn't have to worry about 'cause I really did trust him with my son.

Hearing other women's accounts of having supervised visitation between their children and abusive partners was helpful to Nadia in that she could articulate the trust that she had for her abusive partner with regards to the care of their son.

A second way in which Nadia found the Women's Group helpful was that by listening to the experiences of other mothers, it helped her to navigate the court system and the custody arrangement process, with which she was completely unfamiliar:

> At that time I had to go to court and there was a woman there who had already gone through that process. She was at that point where she was going for custody with her ex, so it helped me a lot to know that okay, sometimes she would like tell me what they asked and this and that, so it kind of prepared me. We exchanged numbers and whatever, so every now and then if we were feeling down or something we could call each other, so in that sense you made a connection with the people who went.

Lucille, whose daughter is 16 years old, shared a similar experience and was also able to learn important information about navigating the court system from other group members. As explained by Lucille:

> Well, all the other [mothers] have had to go through the law, have had to go through the system. [For example, one] had to go through with [being investigated by a child protection agency]. Her little girl was taken from her because of her boyfriend, he had alcohol problems, so you know all of that stuff helped me understand what was going to [happen] but the main thing is two other ones have had to go through custody battles, so now I know. They've said to me what can happen and what I can do, like I can do a piss test for you know, to see that he smokes pot … [so] yah, that really helps me for that because I had no idea.

Carol's experience in the group as a mother was quite challenging. As a mother of two grown children, aged 35 and 24 years at the time of the interview,

her experience in the group was permeated by guilt and shame over what she didn't do for her son while he was growing up in a home where she was being abused by her husband:

> [Participating in the Women's Group] made me feel really guilty. It … got me to really start thinking about when I was looking after my children and … my son was watching me get hit and … he would try to help me…. [So] the group, it made me, you know, feel ashamed. [I saw] what I didn't do for my son, these women are now doing for their children and that's what I should have done, gone and got help and got out of there, take my son with me. That makes me really feel sad, you know, listening to them, how we [were] helping them with their children and I wish I had the courage to go, at the time when I was having those problems, to a domestic abuse group, so that maybe they could have maybe helped me take a time out when I was in that situation with my kids.

Thus, while the group encouraged her to reflect on her experiences of intimate partner violence, it also gave rise to emotions of guilt, shame, and regret. Not protecting her son from being exposed to the abuse she endured is one of Carol's "biggest regrets":

> I wish I could go back and do things another way. It's something I just have to live with. It's not pleasant knowing that you put them through it and knowing that they were protecting you and they were there trying to be the protector. That's so hard on them but you don't see it at the time.

Angela, a mother of three adult children, ranging in ages from 29 to 36 years, found it difficult to relate to her group peers as a mother. As she noted during her interview, "There was nobody I could relate to as far as the kids, so I didn't learn anything from it or you know, nothing at all." Speaking to the diversity in the group's composition, Angela reflected that many of the other mothers were dealing with very different issues than she was:

> Well first of all, like I said there was this woman who had kids like my youngest son, and there were very young [mothers in the group] that had their own set of problems. You know, they were drug addicts, their children were taken away from them by the system, so I couldn't relate to

> that…. If they went back with this man, the system wouldn't allow, so on and so forth, um, I couldn't relate to that.

As highlighted by Angela above, mothering is not a monolithic category that connects the experiences of all women as mothers. Instead, being a mother and experiencing intimate partner violence and group intervention intersects with other aspects of women's lives. At times, women cannot relate to one another simply as mothers because so much of their daily life experiences are different as suggested by intersectionality.

Some of the women in the group with whom Angela participated were close in age to her children, one of whom is also a woman. As noted in the following excerpt, Angela could relate to these women in her role as a mother:

> Ah well, you know, they'd be crying because their child had been taken away and they would have to go to a foster home to see their child and then, but they are sneaking to see the boyfriend who's been accused of violence. Like there was this one in particular who was abusive towards her in the hospital and it was actually the hospital that had called social services because he had been abusive to her in the hospital. And it's like you're young. For God sakes, smarten up. You know, take your baby if you can and if you can't, put the baby up for adoption. Give the child a chance. Either give the child a chance with you or give the child a chance with a family. So, that's where my motherhood came out and in a way I would have to shut my mouth because it was none of my business. This isn't why she was there, for me to give my two cents worth, but that's sort of where my mind would go.

As noted earlier, Roberta found the Women's Group "wonderful" because it allowed her to talk, for the first time in her life, about the intimate partner violence she had experienced. As a mother, however, the group could not give Roberta what she longed for the most, namely, communication with her daughters:

> Yes it was good for me to be in the group [but] my situation was such that the group couldn't give me closure; it couldn't help me [in that way]…. I

> am a mother and for me, if I have to deal as a mother, of course it's in myself but it's also in communication with my children.... I couldn't deal with this [during my time in the Women's Group] because I was alone in Montreal at that time.

Roberta's desire for improved communication with her children could not be achieved in the group, suggesting that at times the group goals cannot address the breadth of women's needs that vary according to their unique identities and circumstances.

Gladys, whose son and daughter are in their late 30s, found the group discussions with other mothers helpful in her role as a grandmother:

> It was just the last couple of sessions or so, when the younger people came in that had kids and what was shared and stuff like that helped … [and was] so very important. I have two children okay? So, I told my daughter, I said: "I know I have no responsibilities and … my mothering is over. However, there's one thing that I can't really ask you for forgiveness because I didn't know it at the time however, today, is I never taught you or your brother emotions. The emotion of fear [or] frustration, [I] never taught any of those things and there's nothing I can do about that except encourage you to work on the emotions and teach your children it's okay to have emotions…. Like if [my grandchildren] get hurt, [my son-in-law] is pretty good but [my daughter], well she's my daughter and I love her – I mean, she's a great person – but I can see how she's doing what she was taught and she doesn't seem to have the instinct to console the tears when they are hurt, to hug but her husband is good, so there's a balance. So as a mother there isn't too much but as a grandmother, as a result I can be a better grandmother because I will allow my grandchildren to feel emotions…. Without the group, I would have never ever been like that. I would have just continued in my old ways.

Thus participating in the Women's Group seems to have given Gladys an opportunity to gain new insights that she can pass on to her children to help them in raising their children. Furthermore, Gladys' experience as a mother in the group also speaks to the implications of the group on a woman as a mother over time. The following quote describes how Gladys shared an insight she gained as

a participant in the Women's Group with her daughter when her daughter asked her for some parenting advice:

> My grandson was almost 5 at the time and something happened in the pre-school and he hit another child but the reason was because the child name-called him…. [My daughter] said: "I don't know what to do. We can't accept him hitting the other person." I said: "[Daughter], I don't know how to answer that, however," and it was a good implementation [of what I learned in the Women's Group] "go with the emotions. He must have been hurt, right? Well, it's okay to hurt. When a person hurts like this, this is the way out. It's not by hitting the other kid but this is the way out."

As seen through the excerpts above, as "mothers" the group brought about occasions to reflect on their relationships with their children and stepchildren and to connect as mothers and grandmothers, but at the same time, their individual needs and unique experiences could not always simply connect them as *mothers*.

Chapter 4: Concluding Thoughts and Recommendations for Supporting Women as Mothers Through Group Intervention

This study represents an initial qualitative glimpse into the experiences of women as mothers participating in a support group for intimate partner violence. According to the data collected through semi-structured interviews with 8 mothers, the Women's Group offered at the McGill Domestic Violence Clinic is successful in helping women who are dealing with experiences of intimate partner violence. The two main benefits of participating in the support group identified in the current study were ending isolation and breaking the silence.

Taking a closer look at the theme of isolation, the participants in the current study described being isolated geographically as a result of the advancement of their partners' career or simply due to his desire to relocate, as well as being isolated from family and friends. For many participants, the result of being isolated was a diminished social network and for 1 participant in particular difficulty attaining long-term gainful employment.

According to the majority of the women interviewed, the way that the Women's Group helped them address their experience of isolation was by enabling them to meet other women and to begin to build a new social network. Notably, this social network often lasted beyond the time spent in the group. In addition to enabling the formation of friendships, the Women's Group also became a resource centre as the women who connected with each other would also help each other meet individual needs by looking out for each other and fostering each other's autonomy.

Addressing social isolation is part of the MDVC model used in the Women's Group (Krane et al., 2007). As described by Krane et al. (2007), a key to this process is helping participants connect beyond the group, which as stated above was found in the current study. Reducing feelings of isolation (Moldon, 2002; Tutty, 2006a; Tutty et al., 1993, 2006; Tutty & Rothery, 2002) and expanding each woman's social network outside of the physical environment of a support group has been an advantage identified by scholars (e.g., Moldon, 2002; Pressman, 1984) who have published on the subject of group intervention for this population.

The second benefit of participating in the Women's Group identified by 7 out of 8 of the participants was that they were able to talk about their experiences of intimate partner violence, which for the most part, had previously been kept secret. According to all 8 participants, their life before coming into contact with the MDVC involved keeping the violence they had endured from their intimate partner a secret from friends, professionals, parents (including in-laws), and/or their children. In contrast, the Women's Group provided the women an opportunity to break the silence about their experiences of intimate partner violence.

Part of this second benefit of participating in the Women's Group also involved a reciprocal process of learning through listening. According to the participants, the main way this process took place was through listening to the experiences of their group peers and to the facilitators' feedback, which centred on the nature of intimate partner violence. The result of learning through listening for many of the participants was reduced feelings of self-blame and a realization

of just how pervasive the issue of intimate partner violence is as they came to learn it is a reality for many women and their families, regardless of their social location.

Sharing and listening to personal experiences of intimate partner violence was also described by the majority of participants as being a challenge. For some, opening up about their experiences of intimate partner violence was difficult due to a fear of being judged and rejected, while for one woman it became too repetitious with the constant addition of new group members. Listening to such personal experiences was a challenge for many participants as the descriptions were quite graphic at times, stirred up feelings of shame for some participants who were dealing with past issues, and caused feelings of deep sadness for those who found it difficult to separate themselves from their peers' narratives.

The theme of secrecy is one that has been identified in numerous publications on women and intimate partner violence (e.g., Erez et al., 2009; Humphreys et al., 2006; Kelly, 2009; Mullender et al., 2002; Radford & Hester, 2006). Examining the personal accounts of intimate partner violence of women and children, for example, Mullender et al. (2002) found that secrets "between women and children are a direct outcome of the dynamics of domestic violence, coupled with cultural constructions of motherhood and childhood. Both women and children's coping strategies, and their desire to protect each other, militate against openness" (p. 171). Other scholars (e.g., Moldon, 2002; Tutty & Rothery, 2002) have concluded that support groups provide a safe environment that enables women to discuss their experiences of intimate partner violence. Thus based on this first set of findings from the current study, supporting women in building

relationships both inside and outside of group intervention appears to be essential to the success of such forms of treatment for intimate partner violence.

During their interviews, the participants also discussed the unique challenges they have faced as mothers while living with an abusive partner and how the Women's Group, for the most part, supported their unique needs. More specifically, the women discussed how they are the primary caregivers for their children, how they consciously work to protect their children from current experiences of intimate partner violence and the possibility of future abusive relationships, and/or how their relationships with their children and stepchildren had become strained and complicated as a result of the intimate partner violence. Four out of the 8 women also identified and explained a variety of ways in which the Women's Group helped them with a variety of responsibilities and challenges they faced in their roles as mothers. Examples of the support identified by those who found the group helpful as a mother included increasing their knowledge of how to navigate the court system and their strength to address problems and move forward. Conversely, those who found their experience in the support group as a mother challenging spoke of issues of guilt, shame, and regret over what their children were exposed to in the past, and of not being able to identify with the diversity in the group's composition.

As stated by Lapierre (2009), men's violence towards an intimate partner who has children often centres on her mothering. Research has revealed that ways in which abusive men attack women's mothering include controlling whether or not their partner becomes pregnant and/or carries a pregnancy full-term (Lapierre, 2009) and undermining her relationship with her children

(Lapierre, 2009; Mullender et al., 2002). Research has also revealed that women make conscious efforts to protect their children from the negative effects of being exposed to intimate partner violence by keeping the violence a secret from their children (Mullender et al., 2002; Radford & Hester, 2006), being conscious in the parenting practices they utilize (Buchbinder, 2004; Levendosky et al., 2000, 2003; Radford & Hester, 2006), and/or leaving their abusive partner and seeking refuge with their children at a shelter (Burns & Taylor-Butts, 2009; Tutty, 2006b). Many of these efforts were employed by many of the participants in the currently study in an effort to protect their children from intimate partner violence.

Implications for Practice

The first implication for practice that this study reveals is that while women come together with different facets of identity and social locations, the goals of a support group such as the Women's Group enable women with a variety of life experiences and histories to come together and support each other to address their experiences of intimate partner violence. In the current study, this is supported by the fact that the majority of the women interviewed stated that a benefit of participating in the Women's Group was the opportunity it provided to build a new social network, to share experiences of intimate partner violence, and to obtain and provide assistance for the purpose of attaining the necessary resources to deal with consequences of intimate partner violence.

At the same time, it is also important for professionals working with women who have a history of intimate partner violence to step back from making generalizations and to attend to the specific needs of individual participants. All of the accounts from the participants in the current study revealed various and

unique experiences and needs that women have in the aftermath of intimate partner violence, including those related to their identities as mothers. Being the primary caregiver for their children, protecting their children from the negative effects of abusive relationships, dealing with supervised visitation, navigating the court system, dealing with feelings of guilt, shame, and regret over mothering practices, and coping with strained and complicated relationships with children and stepchildren were among some of the unique needs highlighted in the results section of this thesis. Notably, many of these needs have been raised in past studies that have also concluded that mothers require continued support in the aftermath of intimate partner violence due to unique circumstances, such as communication issues with their children (Mullender et al., 2002) and access visits by their ex-partners (Tutty & Rothery, 2002). Such studies support the importance of recognizing the unique needs of women as mothers in dealing with intimate partner violence. A key to better supporting women who are mothers through group intervention for intimate partner violence is therefore to take into account the unique as well as common experiences they have in dealing with intimate partner violence.

Regarding the issue of strained mother-child relationships as revealed in the current study, Selma and Roberta's narratives, in particular, highlight the potential positive impact that work with mothers and their children, which is focused on communication, can have on mothers dealing with residual effects of intimate partner violence. In this regard, both mothers spoke of having very little contact with at least one of their children. Though communication with their children was not identified by Erica and Lucille as an issue, such intervention may

be beneficial to them in the future as they both spoke about keeping the violence a secret from their children. As recommended by Mullender et al. (2002), "early intervention strategies need to be sensitive to the complex dynamics between women and children, and could usefully foster ways to enable them to talk to one another more readily" (p. 172). I endorse this recommendation put forth by Mullender et al. (2002) based on one of the findings of my study that the strategy of secrecy that many participants used to protect their children from the damaging effects of intimate partner violence had an unintended consequence of hindering communication between some of those participants and their children. While early intervention strategies may not be available in the format of a general support group for women with a history of intimate partner violence, preliminary results of Humphreys et al.'s (2006) action research project on a series of activities focused on strengthening mother-child relationships in the aftermath of intimate partner violence by promoting communication between the two parties highlight that such work could be promising. The topic of mother-child relationships however, is still an important topic to address in group intervention as this study, as well as others, has revealed it to be related to a range of needs unique to women with children worthy of addressing.

Implications for Future Research

The issue of complicated relationships with stepchildren was raised by some of the women in the current study and appears to be a unique issue not yet addressed in past scholarship. Despite only limited data provided on the subject by 2 out of the 4 women who had stepchildren, all 4 women identified their relationship with their stepchildren as a contentious one. Based on this finding, an

interesting subject area for future research would be mother-stepchild relationships in families with a history of intimate partner violence and the possible effect the presence of stepchildren has on a woman's experience of intimate partner violence.

With regards to mother-child relationships, it would also be interesting to investigate the lasting effects of intimate partner violence on mother-child relationships. Collecting longitudinal data over a period of time could not only reveal information on what the dynamics of such mother-child relationships look like over time but could shed light on possibilities of how to further support women and their children in the aftermath of intimate partner violence.

On a related note, the current study also highlights that part of the difficulty some of the participants experienced with regards to communicating with their children seems to be related to the fact that their children took their father's side and rejected their mother. Thus, another subject that would be interesting to study would be father-child relationships in families with a history of intimate partner violence.

Finally, Gladys' experience as a mother in the group gave rise to implications of support group intervention on a woman as a mother over time. More specifically, her narrative on how she felt she benefited from participating in the Women's Group centred on how she felt she has more to offer her adult children and grandchildren. An interesting topic to research therefore would be the long-term effects of support group participation for women in their roles as mothers.

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Appendix A: Interview Guide

Interview Guide
McGill University – School of Social Work

Before we can sit down and talk, I want to be sure that you are clear about what we are going to discuss today and that are you are comfortable with it.

*** READ OUT LETTER OF INTRODUCTION & CONSENT FORM. GET CONSENT SIGNED. ***

1) Let's start by you telling me about how you became involved in the Women's Group at the McGill Domestic Violence Clinic.
    -Did you call yourself? Were you referred? If so, by whom?
        - Take me back to that time:
            - How did you decide to get involved? [What were your feelings around calling, getting the referral, etc.]?
            -What were you thinking when you picked up the phone to call?
            -What were your expectations?
            -What was going on with your partner?

2) What do/did you find helpful about the group? **OR** What do/did you like about the group?
    -What does/did membership in the group mean to you?
    -How do/did you feel when you leave/left each week?
    -Do/Did your feelings differ each time?
    -Is/Was there a common feeling after you attend(ed) the group?
    -Can you remember a time when you left the group feeling like it was really helpful?
    -Describe what it felt like after *X* happened….
    -Can you think of an example where you changed something you were going to do because of your involvement in the group?

3) What is/was challenging about being in the group **OR** being part of the group? Not helpful/not liked?
    -Can you remember a time when you left the group feeling like it was not very helpful?
    -Describe what it felt like after *X* happened….

4) Were you working while you attended the groups?
    -What was your typical day like back then?
        -Describe it to me.

I'm really interested in finding out if being a mother and having to juggle the multiple responsibilities that come with that affected your attendance in the group in any way.

5) Is/Was the group helpful to you as a mother?
    -How or how not?

6) If you could improve anything about the group, what would it be?

7) Now, I want to take a step back for a moment:
    -Looking back, was this the first abusive relationship you had?
    -When did it start? [dates or period in the relationship]
    -What was the relationship like before having kids?
        -In the beginning?
        -During the pregnancy?
        -How about after having a baby?
        -During toddlerhood?
        -Adolescence?

8) How did you make sense of the violence being a mother?
    -Wishes for your child(ren)?
    -Fears for your child(ren)?

9) Have I said anything in our discussion that has offended or upset you?
    -Did you feel comfortable talking to me?
    -Are you feeling okay now that you've had a chance to discuss your experiences?

I am going to type up what we've discussed today and go over the interview with my supervisor. After going over it, I might have more questions. Is it okay if I call you to set up another meeting time? If a second meeting is set up, you can add additional information if something comes up that you would like to include.

Thank you for your time today.

Appendix B: Face Sheet

Face Sheet
McGill University – School of Social Work

Participant #: _____

Date of Birth: _____

City & Country of Birth: _____

Ethnicity: _____

Religious Affiliation: _____

Highest Level of Education Attained: _____

Marital Status: _____

# of Children: _____

Gender & Ages of Children: _____

Current Employment/Main Source of Income: _____

Annual Income: _____

Employment History:

_____

_____

_____

_____

_____

Appendix C: Letter of Introduction

Letter of Introduction
McGill University – School of Social Work

Hi, my name is Piera Defina. I am a student at McGill University in the School of Social Work. I am doing this research as part of my Master of Social Work (MSW) degree, under the supervision of Dr. Julia Krane.

Briefly, the purpose of this research is to understand your experience as a woman involved with the McGill Domestic Violence Clinic (MDVC), in particular, the issues that you faced as a mother. I hope to meet with you to talk about:

- the impact of domestic violence on your mothering;
- how being a mother has influenced getting help in the group at the McGill Domestic Violence Clinic;
- and your thoughts on what has been helpful and not helpful, how you would improve services, and what it is like as a mother in relation to the groups.

I hope to meet with 10 women who have been involved in some way with the groups at the McGill Domestic Violence Clinic. I can meet with you at the Clinic at a time that is good for you. When we meet, I will tape-record our interview. I will not use your real name during the interview, and when I type the interview, I will remove any information that can identify you. When we do meet for the interview, please know that you are free to answer my questions and you are free to not answer questions as you see fit. I have prepared a "consent form" that gives the details of how I will make sure that your identity is protected and that your participation is voluntary.

I want you to know that I am the interviewer for this research and my supervisor, Dr. Julia Krane, may join us. Also, the Director of the McGill Domestic Violence Clinic, Tom Caplan, will be interested in hearing your feedback, but he will only have access to my interview with you after I have removed any identifying information about you so that your anonymity is guaranteed. I want you to know that my research will be written up at a "thesis", and I hope to share my results in academic journals. This means that the results of this research will be public.

I hope you will meet with me. I am committed to understanding your experiences, along with other women, so that I can help to improve the kinds of support you need as a mother who has participated in groups at the McGill Domestic Violence Clinic.

If you are interested in sharing your experiences with me, please contact me at piera.defina@mail.mcgill.ca or you can call my thesis supervisor, Dr. Julia Krane, at (514) 398-7063.

Thank you,

Piera Defina
MSW (thesis) student

Appendix D: Demographic Summary of Research Participants

Age	***n***	**%**
20-24 years	0	0.0%
25-29 years	0	0.0%
30-34 years	0	0.0%
35-39 years	1	12.5%
40-44 years	1	12.5%
45-49 years	1	12.5%
50 years & over	5	62.5%
total	*8*	*100.0%*

Ethnicity	***n***	**%**
Anglo-Saxon	1	12.5%
Brazilian-Canadian	1	12.5%
Canadian (French)	1	12.5%
European (French)	1	12.5%
French-American	1	12.5%
French-Canadian	1	12.5%
Indian/Portuguese	1	12.5%
Multi-racial	1	12.5%
total	*8*	*100.0%*

Religious Affiliation	***n***	**%**
Catholic	3	37.5%
Christian	1	12.5%
Protestant	1	12.5%
None	1	12.5%
Did not divulge	2	25.0%
total	*8*	*100.0%*

Marital Status	***n***	**%**
Single	2	25.0%
Separated and in the midst of a divorce	2	25.0%
Divorced	1	12.5%
Living common-law	1	12.5%
Married	2	25.0%
total	*8*	*100.0%*

Living Arrangements	***n***	**%**
Lives with partner	3	37.5%
Does not live with partner	5	62.5%
total	*8*	*100.0%*

Status of Employment	***n***	**%**
Employed full-time	1	12.5%
Unemployed	7	87.5%
total	*8*	*100.0%*

Primary Source of Income	***n***	**%**
Full-time employment	1	12.5%
Alimony, child-support, and personal savings	1	12.5%
Disability	2	25.0%
Husband's income	1	12.5%
Social assistance	1	12.5%
Social assistance, child-support, and government subsidy child tax	1	12.5%
Widow's pension	1	12.5%
total	*8*	*100.0%*

Description of Participants (cont'd)					
Number of Biological Children*	***n***	**%**	**Living Arrangements of Children**	***n***	**%**
1	3	37.5%	Lives with mother	2	14.3%
2	4	50.0%	Lives with father	1	7.1%
3	1	12.5%	Shares living arrangements between mother and father	1	7.1%
total	*14*	*100.0%*	Shares living arrangements between father and maternal grandparents	1	7.1%
Gender of Children	***n***	**%**	Lives on his/her own	1	7.1%
Male	8	57.1%	Lives with a partner (i.e., married or common-law)	7	50.0%
Female	6	42.9%	Unknown	1	7.1%
total	*14*	*100.0%*	*total*	*14*	*100.0%*
Age of Children	***n***	**%**	**Source of Referral to the MDVC**	***n***	**%**
0-4 years	0	0.0%	Advertisement in the newspaper	1	12.5%
5-9 years	1	7.1%	Centre Local des Services Communautaire (CLSC)	2	25.0%
10-14 years	1	7.1%	Friend	2	25.0%
15-19 years	1	7.1%	MDVC clinician	2	25.0%
20-24 years	3	21.4%	Unknown	1	12.5%
25-29 years	2	14.3%	*total*	*8*	*100.0%*
30-34 years	2	14.3%			
35-39 years	4	28.6%			
total	*14*	*100.0%*			

* Three women also had a stepchild. The only information provided about these individuals was that one was male and two were female.

Appendix E: Consent Form

Consent Form
McGill University – School of Social Work

Researcher: Piera Defina, MSW (thesis) Student, School of Social Work, McGill University
Contact Information: Email: piera.defina@mail.mcgill.ca

Supervisor: Dr. Julia Krane, School of Social Work, McGill University
Contact Information: Tel: (514) 398-7063

What type of research is it?
My research will focus on the experiences of women who are mothers and who have attended groups at the McGill Domestic Violence Clinic (MDVC). I am interested in your thoughts on the impact of domestic violence on your mothering, how being a mother has influenced getting help in the group at the McGill Domestic Violence Clinic, what has been helpful and not helpful, how you would improve services, and what it is like as a mother in relation to the groups.

What is required of you?
If you agree to participate in this study, I will ask you to:
- Participate in an interview that will last for approximately 1.5 hours.
- Participate in a follow up interview if needed.
- Allow me to tape-record and write up the interview.

Your answers and information are confidential.
When you participate in this research project, your identity will be kept anonymous. This means that once the interview is completed I will remove all personal information that is unique to you. I will assign your interview a different name. No one will be able to know your true identity. Aside from me and my McGill University thesis supervisor, Dr. Julia Krane, the only other person who will be reading my interview with you is the Director of the McGill Domestic Violence Clinic, Tom Caplan. He will do so only after all identifying information has been removed. Once the interview is written up, the tape that was used to record your interview will be destroyed.

Participation is completely voluntary.
Your participation in my research is entirely voluntary. Therefore, you have the right to skip any question that you are uncomfortable with. You also have the right to stop the interview at any time without any penalty to you.

You can contact me anytime with questions.
Please feel free to contact me anytime at piera.defina@mail.mcgill.ca with questions or concerns.

You will be given a copy of this form to keep.

Statement of Consent:
I have read and understand the above information. My questions have been answered to my satisfaction. I agree to participate in the study.
____YES ____NO

I agree to be tape-recorded ____YES ____NO

Participant's signature _____ Researcher's signature _____

Participant's printed name _____ Date _____