

THE ACTIONS AND PERCEPTIONS OF MOTHERS WHO HAVE  
EXPERIENCED DOMESTIC VIOLENCE

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By  
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CERTIFICATION OF APPROVAL

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## DEDICATION

This thesis is dedicated to my husband, James Scott and my Mum, without whose support this research would not have been possible.

## ACKNOWLEDGEMENTS

I would like to thank the brave women who took part in this study, for not only being open and willing to share their story, but also for adding to our current knowledge base on this subject so that we can better improve our services and help future mothers who experience domestic violence. I would also like to thank the Valley Crisis Center in Merced, California, for allowing me the opportunity to conduct this very important research.

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## ABSTRACT

This study explores the psychological effects that witnessing domestic violence has on children from the mother's perspective, the mother's reaction to these effects, and what services she found most useful during this period. This qualitative case study used an exploratory research design consisting of in-depth interviews of two mothers who have children between the ages of 5 and 10 years old and have experienced domestic violence. Each interview was based upon a set of 11 semi-structured questions. The data collected indicated that even if children did not directly witness domestic violence, they were aware of it and may have developed certain behaviors such as attachment issues, depression and aggression as a result. It was evident that the main goal and biggest aspiration for these women are to be 'good mothers' and protect their children from the violence. They employed various strategies to protect their children from exposure to the abuse. This study also found that service agents often misunderstand the dynamics of domestic violence and this leaves mothers being made to feel like the perpetrator and having the responsibility of ending the violence. Service agents often made the situation more complex; and mothers who experience domestic violence often face critical and judgmental attitudes from the people who are supposed to support them.



## CHAPTER I

### INTRODUCTION

#### **Statement of the Problem**

Many of the clients that we, as social workers, come into contact with, whether it is in the child welfare system, mental health system, or any other social service agency, have experienced domestic violence. It is an issue that affects a large proportion of the U.S. population and often goes unreported due to the very nature of the abuse. It is often assumed that domestic violence affects mainly women with lower socioeconomic status and ethnic minorities; however, domestic violence occurs within all classes, cultures and religions. Approximately one in three American women have been either physically or sexually assaulted by an intimate partner at some point in their lives (Commonwealth Fund, 1998). Many people who are being abused often do not see themselves as victims and likewise many abusers do not see themselves as being abusive. This is because people often think that domestic violence must be physical violence to count, however it takes different forms, such as psychological, emotional or sexual abuse.

The level of domestic violence has increased in recent years, with the number of actual victims being difficult to determine due to the sensitive nature of the topic. Victims are often too scared, ashamed or intimidated to come forward (Carpenter & Stacks, 2009). Men are the victims of approximately 3 million intimate partner assaults each year, while women experience approximately 5 million assaults each

year (McWhirter, 2013). There is a social stigma attached to domestic violence victims. As a society, without truly understanding the complexity of the issue, we often judge domestic violence victims as either deserving it, causing it or for not leaving the situation on their own accord. Research shows that domestic violence victims are likely to leave and return to their abusive partners seven times before they are ready to leave for good (Robinson, 2013). Also, the most unsafe time for the victim is when she decides to leave as the abuser will often resort to acting in dangerous ways when he or she senses that they are losing control over the victim (Robinson, 2013).

As social workers, we have an obligation to understand the power dynamics behind domestic violence relationships. Domestic violence is a complex issue and although much research has been conducted by professionals in the social services field, many of these studies have concentrated on the effect that domestic violence has on victims. However, as social workers we should also look at the effect that it has on the rest of the family.

Studies show that children who are exposed to domestic violence are more likely to experience abuse themselves (McWhirter, 2013). This exposure can also lead to emotional and behavioral problems, effecting cognitive development, peer relationships and school adjustment (Wolfe et al., 2003). Studies also indicate that children who are exposed to domestic violence are more likely to have future involvement in intimate partner violence, either as a victim or as a perpetrator

(McWhirter, 2013). According to McWhirter (2013) this is because children learn how to act by observing how their parents treat them and each other.

There are a number of important and consequential effects that witnessing domestic violence has on children. Research shows that children who witness domestic violence are more likely to suffer from psychological, social and physical harm (US Department of Health and Human Services, 2009). Problems associated with witnessing domestic violence fall into three primary categories. The first is behavioral, social and emotional problems: for example they may demonstrate higher levels of aggression, anger, hostility, disobedience or oppositional behavior, anxiety, fear, depression, low self-esteem and poor peer relationships (Child Welfare Information Gateway, 2009). The second problem associated with witnessing domestic violence is cognitive and attitudinal problems: poor school performance, lower cognitive functioning, limited problem solving skills, a lack of conflict resolution skills, pro-violence attitudes and a belief in rigid gender stereotypes (Child Welfare Information Gateway, 2009). The third problem associated with children who witness domestic violence is long-term problems, such as increased tolerance for and use of violence in adult relationships and higher levels of adult depression and trauma symptoms (Child Welfare Information Gateway, 2009).

Another way of conceptualizing these three categories is that children who witness domestic violence tend to develop either internalized (such as depression or anxiety) or externalized (such as disobedience or aggression) problems. They may also develop an unhealthy sense of protectiveness towards their abused mother or

separation anxiety, lower self-esteem, problems with school performance and cognitive development and behavioral problems (Graham-Bermann and Perkins, 2010).

Many of the studies that have explored the effects that witnessing domestic violence has on children, have relied heavily on the mother's perceptions of the child as it is difficult and in some cases unethical to interview a child, but previous research has failed to examine certain areas from the mothers' perspective. Although much research has been undertaken to determine the extent to which children see, hear or are aware of the abuse that is occurring in the home and what the effects are for the child witnessing the violence, few studies have examined the actions of the mother in response to their perceived impact on the child. It would be useful to continue exploring and understanding the effects on children witnessing domestic violence, and the mothers' response to these effects, attempts they made to protect their children and what services or resources were offered to them as a result. As social workers, we should be asking ourselves questions like how can we assist these mothers? What barriers do they face when getting help?

### **Statement of Purpose**

The purpose of this study is to explore the psychological effects that witnessing domestic violence has on children from the mother's perspective, the mother's reaction to these effects and what services she found most useful during the period the domestic violence was occurring. This qualitative case study used an exploratory research design consisting of in-depth interviews of between 5 and 10

mothers who have children between the ages of 5 and 10 years old and have experienced domestic violence. Each interview was based upon a set of semi-structured questions to allow the researcher to direct the questions but also give the interviewees the freedom to elaborate on their responses and thus provide a greater understanding of their experiences and viewpoint.

The three main questions guiding this research were: 1) What were the mother's perceptions of the impact of domestic violence on her child/children? 2) What were the mother's actions in response to her perceptions of the impact on her child/children? 3) What services, if any, did the mother utilize?

The central thesis underpinning this study was that witnessing domestic violence has an effect on the child's school adjustment, peer relationships, cognitive development and that the child showed signs of either internalized or externalized behavior relating to the violence. Regarding the mother's actions and her thoughts surrounding her situation, it was the researcher's assumption that the mother carefully considered all her options and employed strategies that were best for her and her family at the time. After all, people are experts of their own lives and are capable of utilizing their own individual strengths to overcome problems. As social workers, it is useful to also explore what services were offered to the mothers and which resources, if any, they utilized.

### **Significance of the Study**

This study provides a foundation for future research in the area of domestic violence. The advantage of this exploratory study was that it was flexible whilst, allowing us to gain in-depth knowledge into this social phenomenon, thus helping us begin the process of building a theory into the effects that witnessing domestic violence has on children, which can be tested in future research. This study also enabled us to explore the mother's reaction to the domestic violence occurring in her home, how she responded to her child's experiences and what resources were utilized. In exploring these issues, future experimental research can be conducted to identify which interventions should be used for mothers who experience domestic violence. It is vital that we raised awareness of this issue as much of the time, CPS often rushes to remove children from the home without fully understanding the impact on the mother and children, and the strategies that have been employed by the mother to protect her children.

## CHAPTER II

### LITERATURE REVIEW

The actions and perceptions of mothers who have experienced domestic violence has been largely under researched by academics. Little has been written on the unique challenges facing women who deal simultaneously with a violent partner and with their roles as mothers (Peled & Gil, 2011). Most studies in this domain have concentrated largely on the link between the impact on the mother and the development of various problems in her child, particularly focusing on pre-school age children and younger and the extent to which this exposure has resulted in infant trauma responses (Peled & Gil, 2011). While it is important to explore this link, as researchers we should delve deeper into this very complex phenomenon. It is only by exploring the actions and perceptions of the mother, can we really gain an insight into her experiences; and gain a better understanding of the resilience and strengths of these mothers, in order to develop appropriate interventions to better serve these clients.

As researchers, it is important for us to understand the impact that witnessing domestic violence has on children, as studies show that approximately half of all domestic violence incidents take place in a household with children under 12 years of age (Carpenter & Stacks, 2009). DeVoe and Smith (2002) concluded that 60% of child witnesses had an increased chance of developing behavioral problems as a result. They also suggested that from the mother's perspective, children who

witnessed domestic violence were more likely to be affected with peer relationships, social interactions, have lower self-esteem, separation anxiety, protectiveness towards their mothers, problems with school performance and cognitive development (DeVoe & Smith, 2002). The following chapter examines existing research into the impact that domestic violence has on children, in a bid to build on the current knowledge base, and explore the mother's perspective of the impact that witnessing domestic violence has on children.

It is also clear from the studies examined throughout this literature review that many researchers have concentrated on mothers who are involved in child protective services and have failed to focus on the mother's strengths as an individual and what strategies she employed to cope with the situation. Studies have shown that, compared with women who are not subjected to violence, abused women tend to suffer more from mental problems, such as anxiety, low self-esteem, posttraumatic stress, social isolation, as well as physical injuries, substance abuse issues and economic hardship (Peled & Gil, 2011). This may lead some to believe that the violence has the effect of reducing women's parental abilities, making it more difficult for them to function as a parent on a day-to-day basis (Peled & Gil, 2011). This is why it is imperative for us, as social workers, to explore the actions and perceptions of the mothers who have experienced domestic violence, as studies show that child protection workers often misunderstand the dynamics of domestic violence, which leads to them holding the nonviolent mother responsible for ending the violence (Douglas & Walsh, 2010). Therefore, it is important for us, as researchers, to



examine the strategies that these women employed and the services that were offered to them. This chapter examines previous related research that has been conducted, particularly concentrating on the strengths and limitations of existing research and the issues that need to be further examined. The review is guided by the research questions and the areas of focus are: the impact that witnessing domestic violence has on the child from the mother's perspective; the mother's actions and strategies that she employed to cope with her situation and the services that were offered to her at the time that she found useful, if any.

### **The Impact of Domestic Violence on Children**

When children are exposed to domestic violence, it is often at a very early age. For example, Graham-Bermann and Perkins (2010) concluded that 64% of the children sampled in their study were exposed to domestic violence within the first two years of their lives. As a result, children of school age who witness domestic violence are likely to have externalized or internalized behavior problems, for example anxiety, depression or aggressiveness, which in turn causes them problems of adjustment. Although researchers tend to agree that children who witness domestic violence suffer from psychological distress, there are differing opinions as to which age group is most affected. This is a difficult subject to compare as symptom patterns change depending on the developmental stage of the child (Sternberg et al., 2006). For example, school aged children may portray psychological consequences of witnessing domestic violence through struggling to establish healthy peer relationships or through poor levels of academic performance. This is different for

pre-school age children who may portray psychological distress through a fear of being alone or bedwetting (Sternberg et al., 2006). Sternberg et al., (2006) found that the effects of witnessing domestic violence varied between different age groups, for example 4-6 year olds, only abused-witnesses were at a greater risk of high externalizing behavior problems, whereas 7-14 year olds who experienced any form of violence were at greater risk of developing high externalizing behavior problems. Yet, Meltzer et al., (2009) found that there were no significant discrepancies between the different age groups of the children they interviewed (Meltzer et al., 2009).

The extent to which children are exposed to domestic violence may also have an effect on the externalized or internalized behavior problems that develop as a result of witnessing domestic violence. Children who are both witnesses and victims suffer more significantly than children who are solely witnesses (Jarvis et al., 2005). Thus, exposure to multiple forms of violence increases the risk of developing behavioral problems (Sternberg et al., 2006). Cases of child abuse are also more common in houses with domestic violence (Jarvis et al., 2005). Despite the number of studies that have concentrated on the effects that witnessing domestic violence has on children, it still remains unclear how different forms of victimization (for example, observing domestic abuse, being a victim of child abuse and both observing and being a victim of abuse) affect behavior and development (Sternberg et al., 2006). Many children may not witness the act of domestic violence, but they hear or see the outcomes, for example, noticing injury (Meltzer et al., 2009). Children who fail to develop interpersonal trust at an early age are at an increased likelihood of emotional

and behavioral problems later on as they miss important socializing experiences (Sternberg et al., 2006).

Many of the studies included in this review made distinctions between the effects on boys and girls who witnessed domestic violence. Boys are considered more likely to externalize emotional problems, for example, become aggressive or disobedient; whereas girls are more likely to internalize emotional problems, for example, through anxiety or depression (Meltzer et al., 2009). Mothers suffering from domestic violence are more likely to make negative attributions about their son's behavior; whereas they are more likely to be considerate of the negative effects on their daughters for fear that they may become victims in the future (Bogat et al., 2006). The mother's emotional and mental well-being should also be a factor to consider when examining the psychological effects of children who witness domestic violence, as children are more likely to suffer from trauma symptoms if their mother suffers from depressive symptoms (Bogat et al., 2006). However, studies indicate that the relationship between infant trauma and maternal depression largely depends to the severity of the violence that the child has been exposed to (Bogat et al., 2006). The child's ability to self-regulate his or her emotions can be inhibited or promoted by the mother's ability to regulate her own emotions (Bogat et al., 2006).

Child involvement is a common occurrence in a household where domestic violence is prevalent. Fusco and Fantuzzo (2009) argue that there are 3 types of child involvement: - children being part of the event, children calling for help, and children getting physically involved. Children are more likely to witness domestic violence

within high-risk households, for example single female headed households, households in poverty and households where substance abuse was prevalent (Fusco & Fantuzzo, 2009). In households where domestic violence occurred, 89% of the children either saw or heard domestic violence occurring; of which 75% were involved and not just merely observing (Fusco & Fantuzzo, 2009). Children who intervene risk increased psychological trauma and put themselves at risk of injury; however, if they do not intervene they may experience a feeling of helplessness and fear (Jarvis et al., 2005).

Although all of the studies examined have proven useful to understanding the relationship between domestic violence and trauma symptoms in children, they are not without methodological flaws. Several of the studies examined conducted a quantitative study using questionnaires, however, with this type of topic it is difficult for the respondents to elaborate on their answers and gain a true picture of the circumstances surrounding the event, thus affecting the validity of the study. Another limitation of the studies examined was the standard definition of domestic violence, which questions the reliability of the study as it may make over-generalizations of what constitutes domestic violence. It also fails to illustrate what effects witnessing domestic violence may have on these individuals later on in life.

Existing research concurs that psychological traumas are often present in children who witness domestic violence, both internally and externally, with the most common effects being difficulty establishing peer relationships, mistrust, a fear of being alone, sleep disturbances, aggression, anxiety and a delay in general emotional

development. Many of the studies examined relied on the mother's perspective. For the purpose of this study, the current knowledge base will be used as a platform to build on when exploring the mother's perspective of the impact that domestic violence has on her children.

### **The Mother's Actions**

As social workers, understanding the various beliefs of mothers who have experienced domestic violence is a necessary first step to developing interventions for supporting them in protecting their children and promoting their children's resilient responses (Haight, 2007). It is also important for us to explore the mother's actions during the time when she experienced domestic violence, as it is assumed that she employed various strategies in order to survive and to protect her children. Lapierre (2010) argues that domestic violence creates a context that complicates women's mothering, partly due to the fact that the abusive partner tends to target their partners' mothering and mother-child relationships as part of their violent strategies. Peled and Gil (2011) concur from their study, that the woman's role as a mother is often the object of direct attacks by her violent partner. This could be achieved by the men's use of violence towards the mother, in front of their children, sending the message that the women were not able to protect themselves, let alone their children (Lapierre, 2010). It could also take the form of more subtle manipulation strategies to undermine their partners' authority, such as routinely criticizing them and accusing them of being 'bad' mothers (Lapierre, 2010). This in turn, leads to an increased sense of responsibility on the mother, whilst having limited control over their mothering, as

they had to act within the narrow boundaries established by their abusive partners (Lapierre, 2010).

Through his research, Lapierre (2010) found three themes that were important for mothers during the abusive period; striving to be 'good' mothers, putting their children first and protecting their children. The results of their study showed that there was a high level of consistency in the women's description of what constituted being a 'good mother', which was seen as natural and universal and rooted in 'women's reproduction' (Lapierre, 2010). This is similar to Peled and Gil (2011) who found that women's perceptions of their mothering centered on three main aspects common to the social perceptions of 'good' mothering; how central their roles as mothers was to their lives; they saw themselves as the primary, if not exclusive, person responsible for raising their children; and all of their actions and thoughts as mothers focused on one aim: full and absolute provision of their children's needs-physically, emotionally and educationally.

Women employed various techniques to achieve these three aspects, including prevention and reduction of violence and its impact, along with correction, explaining and downplaying the father's actions (Peled & Gil, 2011). In order to protect their children, women held their tongues, put off arguments, gave in to their partners, kept information from them and recruited others to help (Peled & Gil, 2011). Haight et al. (2007) found that women employed similar strategies in protecting their children from the effects of the violence; namely by reassuring their children that they are loved, that they will be taken care of, that the fighting was not the child's fault and

that they were safe now. Another strategy that the women used was to instill hope for their children by focusing on the future, when violence would no longer be in their lives (Haight et al., 2007).

With regards to putting their children first, the women in the study believed that a mother should put her children first, regardless of the circumstances. This relates to the societal notion (which was shared by the women in the study), that a woman should prioritize her children's needs above her own (Lapierre, 2010). Lapierre (2010) found there were several instances where the women had ignored their own needs in order to protect or care for their children, for example, picking up children from school despite having several physical injuries. The women often had to juggle their children's needs with their partner's demands and they felt that they had not always been able to prioritize their children (Lapierre, 2010).

The notion of protecting their children was twofold. First, women were concerned with ensuring that their partner was not violent towards their children. The second concern for mothers was ensuring that their children had not witnessed the abuse of their mothers and had not been aware of the problems present in their homes (Lapierre, 2010). Several women had put themselves at greater risk of being harmed in order to protect their children (Lapierre, 2010).

According to Lapierre (2010), mothers who experience domestic violence develop a range of strategies that they employ to cope with their situation and to protect their children from the violence. The first strategy was that women had tried to monitor their partner's moods and behaviors and would try and prevent violence

from occurring by behaving in ways they had thought would not upset their partners (Lapierre, 2010). Over time, the women were able to identify signs that indicated an eventual incident of violence. The women had to be organized and resourceful in order to meet the needs of their child while also responding to their partners demands (Lapierre, 2010).

Another strategy that women utilized in all the studies examined, was to separate the ‘violent world’ and the ‘children’s world’ (Peled & Gil, 2011). Peled and Gil (2011) found that women were able to do this, using three strategies. First, was to act like a mother who was not being abused. The separation between the roles of being an abused partner and the role of being a mother, took place at the functional, emotional and cognitive levels (Peled & Gil, 2011). Several of the study participants believed it was essential not to let their children know how they felt; they hid their depression, anxiety and fear and tried to present a happy, calm and optimistic face toward their children, even in situations of severe violence (Peled & Gil, 2011). The second strategy that the women in this study adopted was ‘fixing the father’ (Peled & Gil, 2011). Many women struggled with the dilemma of allowing the children access to their father, who had also caused the mother so much pain. If the women were to distance the abusive father from their children, they would achieve the aim of shielding their children from potential harm, but also compromise what many of the women considered to be an important connection for the children (Peled & Gil, 2011). Haight et al. (2007) found similar results in their study, where the participants stated that they separated spousal and parental roles by avoiding speaking ill of the



abusive father, gave the children permission to love their father and validated this and normalizing the abuse by justifying the violence to make it less frightening for the children, for example, 'Dad was just upset.' However, Haight et al. (2007) argue that women's defense mechanisms, such as denial and minimization, may allow women to function in dangerous environments, but it may also block positive change and active support of children's psychological recovery.

### **Services**

Very little research has been done on the services that mothers who have experienced domestic violence have utilized and found most useful. Much research has, however, been undertaken on the relationship between mothers who have experienced domestic violence and Child Protection Services. Studies show that child protection services often misunderstand the dynamics of domestic violence, and this can have negative consequences for both the mother and the child (Douglas & Walsh, 2010). Davis and Krane (2006) suggest that women's support agencies have engaged with women, and child protection services have engaged with mothers, but neither agency has engaged with women as mothers. Peled and Gil (2011) concur with this belief, as they claim that child protection services often add to, rather than relieve, the abused mother's distress by blaming her for her children's difficulties related to their exposure to violence.

Domestic violence often occurs during pregnancy and continues through the childhood; - therefore, assessments should be made during the pre-natal period and

support and resources need to be offered for both the victim of domestic violence and the child (Carpenter & Stacks, 2009).

It is clear from previous research, that further studies need to be done into the actions and perceptions of mother's who have experienced domestic violence, including exploring what services she utilized and what services were unavailable that she believed would have helped her in that situation. From the various studies that have been undertaken on mothers who have experienced domestic violence, it is clear that women saw their roles as mothers as the most significant, central and satisfying experience of their lives, and this was the basis for a feeling of self-worth in contrast to the feelings of the helpless they felt when subjected to violence (Peled & Gil, 2011). Peled and Gil (2011) concluded that mothers are reluctant to admit to a mothering experience that is not ideal or which reveals any negative feelings it may entail. One may speculate that the splitting between the violence and the mothering fulfilled in part a functional need for the women and for their children, in that it enabled them to survive the reality of their lives (Peled & Gil, 2011).

Women in our society are exposed to significant pressures to comply with the myth of motherhood and the stereotypical identity of a 'good' mother. It may be particularly important for mothers who have experienced domestic violence to portray the societal ideal of a 'good' mother, especially given that their mothering is often the only sphere in their lives in which they feel a sense of control and self-fulfillment (Peled & Gil, 2011). Peled and Gil (2011) argue that their split narrative seems to represent, at least partially, the women's reaction to pressures put on them by the

myth of motherhood in general, and in particular, by the critical and judgmental attitudes towards abused women's mothering as expressed by various social agents. Thus one can understand the split narrative as an indication of our failure as a society to allow mothers to acknowledge and examine their less-than perfect experiences of mothering, feeling normal and reinforced in doing so, and receiving the support they need in their efforts to grant themselves and their children an opportunity to make positive change and live a life that we all deserve (Peled & Gil, 2011).

As social workers, we should consider the difficult circumstances within which abused women parent; and gain an understanding of their situational nature. This can only be done by providing them with the opportunities to describe their struggles and achievements in mothering under violent situations, thus reinforcing their resilience as both individuals and mothers. It is imperative that we offer these women a mother (rather than child) focused supportive intervention. This intervention should be an empowering one, which focuses on their qualities and strengths as mothers.

CHAPTER III  
METHODOLOGY

**Overview**

The psychological effects that witnessing domestic violence has on a child is appearing more and more in social services literature. However, the research that has been undertaken ignores various important factors and lacks the depth and scope of other topics researched relating to the field of Social Work. This is of vital importance as statistics show that children who witness domestic violence are more likely to suffer from psychological, social and physical harm (Child Welfare Information Gateway, 2009). They tend to develop either internalized (such as depression or anxiety) or externalized (such as disobedience or aggression) problems (Graham-Bermann and Perkins, 2010). They may also develop an unhealthy sense of protectiveness towards their abused mother or separation anxiety, lower self-esteem, problems with school performance and cognitive development and behavioral problems (DeVoe and Smith, 2002). As social workers, we should be concerned about this and we should also explore the situation in more depth to truly get an understanding of the effects that domestic violence have on the entire family.

Although much research has been done into the topic of domestic violence, it has largely focused on the children and has failed to explore the perceptions and actions of the mother. As social workers, we need to explore questions such as how can we assist mothers in this situation? What barriers do they face? What resources

and services could best be utilized? It is only once we explore these issues, can we truly serve our clients, both adults and children, who experience domestic violence.

This study used an exploratory research design and is a qualitative case study meant to serve as a foundation for future research to examine the actions and perceptions of a mother who has experienced domestic violence. The three major questions guiding this research were: 1) what were the mother's perceptions of the impact of domestic violence on her child/children? 2) What were the mother's actions in response to her perceptions of the impact on her child/children? 3) What services, if any, did the mother utilize?

### **Design**

Using an exploratory research design, this qualitative case study consisted of semi-structured interviews, using open-ended questions, of two women who have experienced domestic violence and are currently living in a women's shelter with children aged between 5 and 10 years old. The purpose of using an exploratory research design for this study was that it has the advantage of being flexible and allowed us to gain an in-depth knowledge on a social phenomenon, thus aided us in beginning the process of building a theory that can be tested in the future. As a society, we are still unsure as to the potential barriers that women who experience domestic violence may face. How we as social workers can best assist women in this complex situation is vital. Building knowledge in this area assists us in meeting the needs of women and children who experience domestic violence.

Using an exploratory design in this study enabled the researcher to conduct in-depth interviews with the respondents in a bid to achieve a greater understanding of the actions and perceptions of mother's who experience domestic violence. An exploratory research design was suitable for this study as no one case is ever the same and due to the nature of domestic violence, particularly in relation to children, it remains a sensitive issue for participants to discuss. By employing semi-structured interviews, the researcher was able to direct the conversation whilst at the same time allowing the respondents to elaborate on their experiences and opinions.

A semi-structured interview was carried out with each of the respondents, taking approximately two to three hours. Each interview had the same questions relating to the topic above, however, they were open ended questions allowing the respondents to elaborate on their thoughts and experiences. The interview questions related to the three overall research questions outlined above. The issues surrounding the nature of the abuse are important because they are factors that influence how the mother responds. These included issues such as the type of abuse, the length of exposure, the extent of abuse witnessed, the actions that the mother took and the type of service, if any, that she found most helpful. The results were then analyzed to highlight general themes and similarities. This will help to guide social workers' understanding of this issue and examine the interventions available guiding future research into the effectiveness of these interventions.

### **Sampling Plan**

Purposive sampling by non-random selection was used to conduct this research. Non-probability sampling was used, as a specific population is needed to answer the questions as they are the experts of their own lives (women who have dependent children who have been victims of domestic violence). As funding and time constraints were an issue, non-probability sampling was the most convenient way of achieving the desired outcome of gaining a better understanding of the actions and perceptions of mothers who have experienced domestic violence. There was, however, certain criteria needed for women to participate in the study: they must have dependent children aged between 5 and 10 years of age, they must currently be residing in a women's shelter and they must have experienced domestic violence.

A women's shelter in Merced County was contacted for the purpose of this study. Two women, meeting the above mentioned criteria, were invited to participate in the study. The selection of women invited depended upon referrals from the Director at the women's shelter as she knows the background of each resident. Once the participants were invited and had agreed to participate in the study, the researcher formally introduced herself and explained the purpose and importance of the study and the need for their contribution. They were assured that their identities and location will be kept confidential, and this was reinforced with a signed document from the shelter stating as much. Efforts were made to include a diverse group of women; however, due to the nature of this type of sampling frame, it is often susceptible to biases and as it relies on referrals from the shelters; a diverse

population could not be guaranteed. If some residents decline, other participants were invited to participate based on referrals from the Director at the shelter. The interviews took place in a private setting within the shelter.

### **Instrumentation**

Each participant was asked a series of 11 questions. The questions were carefully compiled with the purpose of the study in mind at all times (see Appendix A). The first six questions were designed to gain an understanding of the mother's situation, the type of domestic violence that occurred, the type of exposure the child was subject to and the length of exposure. These questions enabled us as social workers to determine whether these factors influenced the type of action and perceptions that the mother experienced. The next five questions were designed to gain a better understanding of the strategies and actions employed by the mother. These questions were imperative in order for similarities and generalizations to be made between participants.

As this instrument has not been used before, it was important for steps to be taken to ensure that the questions asked were relevant to the purpose of the study. Therefore, the questions were examined by social work colleagues prior to the study being conducted.

### **Data Collection**

Each interview was conducted on a one-to-one basis with prior written permission from the participant. Notes were taken by the researcher. Although the notes were limited, audiotaping was not deemed appropriate in an attempt to fully



protect the participants. Once the participants had been selected upon the referrals of the Director at the shelter, and they agreed to partake (they were given one week to agree before another participant was selected), the interviews were conducted in a private office within the shelter. Each interview was expected to take approximately one to three hours (although each interview was flexible with time). The research was undertaken over the period of a week ensuring that the participants were afforded enough time to divulge as much detail as they deemed necessary. This allowed sufficient time for the interview to be conducted and provided an opportunity for the respondent to add anything if they thought of it after the event.

One of the strengths of using this type of research design was that it enabled the respondents to elaborate on their answers and provided the researcher with in-depth insight into the issue of the effects that domestic violence has on families. Its flexibility also enabled the researcher to hear first-hand from those who have experienced domestic violence and have dependent children. This will provide a stepping stone to guide future social work research on the issue; after all the respondents are the experts of their own lives. As social workers, our main concern is with the individuals' experiences, thoughts and opinions, therefore conducting an in-depth interview enabled us to decipher just that.

However, limitations associated with this type of research design included having a small sample size and the difficulty this presents in determining whether or not the findings reflect a true representation for all women who have experienced domestic violence with dependent children. The data collection process was also

more time consuming and difficult to analyze than it would have been with a quantitative survey distributed via email for example. Another limitation was that due to the sensitive nature of this topic, it was feared that it may have been difficult to get respondents to agree to participate in the interview, due to fear of being found by their abusive partners or fear of their children being taken away by Child Protection Services. Although every measure was taken to try and reassure these women that their identity will not be divulged and their answers will remain anonymous, for this population it may be difficult to trust a complete stranger wishing to conduct research on them. Another limitation involved the fact that by relying on the perspective of the mother, she may not acknowledge the full extent of the violence or may not divulge certain aspects due to the concern over implications that this may have on her and her child, for example fear of the child being removed from her by the Child Protection Services. However, due to the sensitive nature of this topic, time and money constraints, this was the most suitable design for this research.

In order to collect the data, prior permission was granted from the women's shelter. The Director of the shelter was contacted prior to the research being conducted. The manager was informed about the purpose of this study, the reason for its importance and a request was made for their assistance with it. Terms and conditions were also discussed, which addressed any concerns that they may have had. Once the shelter went through their confidentiality protocols, including a signed release of information form by the participant, the study will commence.

### **Plan for Data Analysis**

As this is a qualitative study, certain procedures were taken to ensure that the data were analyzed consistently across the participants. For the purpose of analyzing the data in this study, Neuman's (2003) Five Part Plan for creating themes was used. Neuman (2003) identifies five stages for creating themes in qualitative analysis; these include 1) Sorting and Classifying, 2) Open Coding, 3) Axial Coding, 4) Selective Coding and 5) Interpreting and Elaborating.

The first stage of sorting and classifying, the data collected was organized around the research questions mentioned in the previous section and the interview questions outlined in Appendix A. The second stage of open coding consisted of the first pass through the collected data. Themes were collected and initial codes were assigned to these themes in a bid to condense the data into categories. The notes taken in the interview were read paying careful attention to any critical terms, key events or themes mentioned. These observations were then labelled into a category, based upon the research questions, the literature review (or existing knowledge base) and terms used by participants in the interview. The open coding stage was concluded with the formation of definitions for the themes and categories identified.

The third stage of axial coding consisted of the second pass through the data collected. At this stage, the initial codes identified in stage two were examined closer than the actual data, as additional codes or new ideas may have emerged. If this was the case, new themes were created. This stage focused on the causes, consequences,

conditions, interactions and process that took place in each case of domestic violence, and if possible, categories or concepts were established.

The selective coding stage consisted of the last pass through the data collected. The data and previous codes were scanned once more and themes were examined. The major themes and concepts were highlighted, as this is what will guide future research. The final stage of interpreting and elaborating consisted of the major themes and categories being related back to the literature or existing knowledge base. Comparisons and contrasts were drawn and explanations of findings were considered. The key concepts were then organized

### **Protection of Human Subjects**

When conducting research it was important to protect the participants from harm, either physical or psychological. This was achieved firstly, by obtaining informed consent from each participant. The researcher fully explained every stage of the process in clear and understandable language to inform the interviewees of the purpose of the research, risks related to taking part in the research and the right to refuse or withdraw consent at any time. The participants were afforded the opportunity to ask any questions that they may have had relating to the process.

Confidentiality was also explained to the participant, as well as the researcher's obligations as a mandated reporter. The researcher defined what a mandated reporter is and explained under what circumstance the researcher would have to break confidentiality. The researcher also described how confidentiality will be protected throughout, by not disclosing the true identity of the participant in the

final documentation and not divulging any information that can be connected to the identity of the participant.

The data collection method was also fully explained to each interviewee, including how the results will be recorded and how their confidentiality will be retained throughout and after the study is completed. For the purposes of confidentiality and protecting the safety of the participants, the researcher was the only one to have access to the notes. Once the research has been completed and the results have been analyzed, the researcher will dispose of the notes by shredding them.

The researcher was also committed to protecting the emotional well-being of the participant by providing a list of services that can be utilized if the interview proved to be too overwhelming for the participant. This included contact details for qualified counsellors at the shelter that can offer support to the participant should they need it.

## CHAPTER IV

### RESULTS

#### **Overview of Chapter**

The following Chapter presents the findings of this study. The study had to be adapted slightly due to difficulties in gaining access to participants, as a result of the sensitive nature of this topic, and due to time restraints. This case study examines the results of two qualitative interviews of mothers who have experienced domestic violence. As this is a qualitative study, certain procedures had to be taken to ensure that the data were analyzed consistently across the participants. For the purpose of analyzing the data in this study, the researcher used Neuman's (2003) Five Part Plan for creating themes, through a process of: 1) Sorting and Classifying, 2) Open Coding, 3) Axial Coding, 4) Selective Coding and 5) Interpreting and Elaborating. The major themes and concepts were then identified. Comparisons and contrasts were drawn and a summary of the findings for each interview, as well as similarities and differences between the two, can be found below, including examples from the participants' responses during the interview.

#### **Guiding Research Questions**

There were three main questions guiding this research: 1) What were the mother's perceptions of the impact of domestic violence on her child/children? 2) What were the mother's actions in response to what she perceived her child/children's

needs to be? 3) What services, if any, did the mother utilize? Each participant was asked the same 11 open-ended questions shown in Appendix A.

Each interview question was carefully compiled with the research questions in mind at all times. The first six questions related to the mother's perception of the impact of domestic violence on her children. This included finding out background information regarding the type of abuse, how long the abuse occurred, how the participant was able to leave the situation, how aware the children were of the abuse and what impact this had had on the children from the mother's perspective. The next two questions relate to the mother's actions during the period of abuse and the strategies that she employed in response to what she believed were the needs of her children, and what complexities surrounded her situation. The final three questions relate to the services that the women utilized during this period and how their lives have changed since leaving the violence. Each of the women told a unique story of their lives and although each woman experienced different types of abuse, similarities were identified.

## **Findings**

### **Participant One**

For the purpose of illustrating the data collected from this study, and in order to protect anonymity, participant one shall be given the fictitious name, Sarah. Sarah has been married for 11 years and has suffered from physical, emotional and psychological abuse for approximately eight of those years. Sarah is of Latino origin and is in her thirties. She has three children (although only two matched the criteria

required for this study). Sarah relied on her husband for the financial responsibility of the household and became very isolated from her family and friends during the period of abuse. Sarah suffered from her children being taken away by Child Protective Services; the stigmatization of being a 'domestic violence victim' from service agencies and being let down numerous times by law enforcement and other service agents when she sought help. She was finally able to get help and had already created a strategic and well-thought out plan in order to leave the abusive situation.

With regard to the first research question focused on the mother's perception of the impact that domestic violence has had on her child/children, Sarah downplayed the impact that domestic violence had on her children. She believed that, "They were aware of the stress within the household, but they did not know how deep it went." She explained that the violence did not occur in front of her children and that they were normally asleep in their rooms while it was happening. At first Sarah stated that neither of her children displayed signs of either internalized or externalized behavior problems as a result of their exposure to domestic violence. However, after some discussion, she began describing behaviors that are indicative of children's exposure to domestic violence. She stated that her children became very attached to her, and would employ strategies of their own to keep their parents apart, and to keep the atmosphere in the household neutral. For example, she stated that they would sit in-between the parents on the couch, or one child would ask for a bed time story from one parent and the other would ask for a bedtime story from the other parent.



However, she did not recognize this as the children's potential response to their exposure of domestic violence.

Interestingly, Sarah believed that her children were greater impacted by their experiences when they were placed in foster care rather than the domestic violence that took place in the household. She made accusations that her daughter was mistreated by her foster providers; displaying bruises, being given pure cough syrup and nothing else in her sippy cup and complaining that there were monsters under her bed.

Sarah believed that her children were unaware of the violence occurring in the house. However, after some discussion, she elaborated that they were aware after "Daddy hurt Mommy." Sarah asserts that her children were completely separate from the violence that occurred and were never involved in any of the incidents.

Relating to the second research question regarding the mother's actions in response to what she considered her child/children's needs to be, Sarah recalls that her husband would threaten, "to ensure that CPS would take her kids and she wouldn't be able to get them back." She described that he would also be the one who dropped them off at school, and despite being in the car with her husband and children, she was never allowed to walk the children into school, and had to remain in the car. Sarah described how her husband used her mothering role as the object of his attack.

Sarah strived to be what society's ideology of a 'good mother' was, putting her children first and protecting them. She described, numerous times, how important it

was for her to protect her children from exposure to the abuse. She did this by employing various strategies, disconnecting from family and friends in order to “avoid a scene” and trying to keep him calm by giving him what he wanted, for example sexual favors (which she described as extremely traumatic and degrading). As time went on, Sarah was able to identify signs of potential imminent violence and was therefore able to de-escalate her husband. Sarah states that she always spoke about their father in a positive light, even after leaving the violence, by explaining that, “Daddy made a mistake and he’s working on it.”

After leaving the violence, Sarah tried to reassure her children by telling them, “Life has changed, but at least we are safe.” Sarah describes putting her children’s needs above her own and shares one particular example of, “not being able to sleep at all one night, after a severe physical and sexual assault, for fear that he could harm the children.” She would also always ensure that her children were in bed asleep before the violence occurred. Sarah described separating the ‘violent world’ from the ‘children’s world’. For example, after she left the violent situation, she attempted to provide emotional safety for her children by telling them that they, “could see Daddy if they wanted to” and when her son declined, she responded with “Daddy just made a mistake but he is working on it.”

Over time, Sarah was able to identify signs that indicated an eventual incident of violence. She described how she became aware of the ‘red flags’ and ‘warning signs’ of her husband’s escalating temper and sought ways to prevent the violence.

One way she did this, was through providing sexual favors. Another way was to distance herself from her family and friends, “in order to avoid a scene”.

Regarding the third research question relating to which services, if any, the mothers utilized during the period of abuse, this interview proved to be extremely valuable in providing insight into the services that this population are offered. Sarah argues that Child Protective Services (CPS) often misunderstands the dynamics of domestic violence, and this can have negative consequences for both the mother and the child. This was reinforced with allegations that Sarah made regarding her youngest child’s experience in the foster care system. She also described feeling let down by CPS and made to feel like the perpetrator, whereas she was “*the victim*” and yet, she had to work hard to reunify with her children. She was able to reunify with two of her children but not her oldest son. She argued that CPS made a safety plan for her, and although she volunteered for certain things, such as Domestic Violence classes and parenting classes, CPS made it look like it was their recommendations and not her initiative.

Sarah believes that CPS often adds to, rather than relieves, the abused mother’s distress by blaming her for her children’s exposure to violence. Sarah described the large case plan that she had to complete. During her first experience with CPS, Sarah alleges that she was, “assaulted by the CPS worker because I wouldn’t let her in, so she put her foot in the door and grabbed me.” She stated that the reason she didn’t let the worker in as she in the process of trying to escape at the time without her husband’s knowledge.

Sarah described many instances where she faced critical and judgmental attitudes, expressed by various social agents. She mentioned that her Social Worker at CPS ordered her to take a pregnancy test in order to prove that she wasn't pregnant, as her husband was saying that she was, and that her infidelity was the cause of his violence. Sarah also described feeling this from other social service agents, in particular law enforcement officials. She describes one incident after she had made an official report of domestic violence, a law enforcement agent said to her, "How much more are you going to put up with? If you take him back, I'm personally going to take your kids." She also described that after the last incident of violence, which caused her to leave, her husband made bail approximately 24 hours after being arrested and despite not being allowed to enter her home, he returned to the house. Although at this point she was residing in the shelter, she reported it to the police to be told there was nothing they could do as, "he has to get his belongings at some time."

Sarah also described an incident in which she attempted to get help when visiting the Human Services Agency. Whilst her husband was sitting by her side (despite the fact that she had already asked a worker if he needed to be there, in a bid to speak with the worker alone, and been told in front of him, yes he can be there), she had to fill out some forms, in which her response was, "Please help me," over and over again. However, Sarah stated that, "they did nothing and told me to call the Valley Crisis Center."

## **Participant Two**

For the purpose of outlining the data collected from this research, participant two shall be given the fictitious name, Jane. Jane has been married for 17 years and suffered mainly from verbal and psychological abuse for approximately six of those years. Jane is also of Latino origin and is in her thirties. Jane has two children (although only one met the criteria of this study) and was the sole breadwinner in her household. Jane's husband suffered from substance abuse and spent time in prison for violence. Jane was prescribed medication for anxiety, due to the effects that domestic violence had on her life. She has a supportive and close-knit family support system and that is what gave her the strength to leave.

With regard to the first research question in this study, relating to the mother's perception of the impact the domestic violence has had on her child/children, Jane believed that her son was, "too young to really understand what was going on," but her daughter was more exposed. Jane described that her daughter displayed signs of exposure to the violence, and that her daughter would write in her journal expressing that she did not like the way that her father treated her mother and wanted him to change. Jane's daughter showed signs of depression and was very down all the time; she just wanted to stay in her room and sleep. She told the school counselor what was happening and this was when Jane knew that the abuse was affecting her daughter. Her daughter also showed resentment towards her father and would "answer back" to her mother out of frustration.

Jane stated that the father was rarely aggressive in front of the children and never towards the children, but the daughter would see the impact on her, for example “crying, anxiety and panic attacks.” She reiterated that the children were never present when her husband was being abusive towards her. However, this may be a potential limitation of relying on the mother’s perspective, as she may feel scared to divulge the true extent of the effects that domestic violence has had on her children for fear of Child Protective Services becoming involved in their already chaotic and traumatic lives.

Regarding the second research question guiding this study, relating to the mother’s actions in response to what she perceived her child’s needs to be, Jane stated that her husband never used her children as tools of his abuse, and therefore she could not think of any actions or strategies that she employed. However, it was clear that she strived to be a ‘good mother,’ putting her children first and wanting to protect them. Jane described becoming increasingly concerned by her husband’s erratic and unpredictable behavior, and having to leave for her children’s sake. She blames his substance abuse for her inability to predict his behavior. However, further research is needed to determine if this is accurate or if the nature and predictability of physical and psychological abuse differ. Jane explained leaving the violent situation to her children as, “Dad did something wrong and needs help.” Jane did not have any contact with service providers, other than her counselor (to whom she was referred following her doctor prescribing her with medication), who referred her to the Valley Crisis Center.

## Summary

The data collected reveal some detailed and insightful experiences. Although both women have experienced different types of domestic violence, categories and themes still emerged. First, the mothers in this study downplayed the impact that exposure to domestic violence had on their children; both participants initially believed they showed no signs of difficulties as a result of exposure to domestic violence, and then divulged certain behaviors, such as attachment issues, depression and aggression. It was also clear from both interviews that even though children may not witness the abuse, they are likely to be aware of it. Additionally, it was evident that the main goal and biggest aspiration for these women are to be ‘good mothers’ and protect their children from the violence. Both participants employed various strategies to protect their children from exposure to the abuse. Both participants also separated the ‘violent world’ from the ‘children’s world,’ in a further attempt to protect them.

The differences between the participants included whether or not abusive partners target their partner’s mothering role as a strategy in their abuse. Further research is needed to determine if the type of abuse determines the strategies used by the abusive partner. Another difference identified in this study, was whether or not, over time, mothers who experience domestic violence are able to identify signs that indicate upcoming violence. Once again, future research could explore the effects that substance has on domestic violence.

Only one participant from this study had any real interaction with service agents and therefore, further research is needed. However, from the participant who had interaction with service agents, she found; that service agents often misunderstood the dynamics of domestic violence; that she was made to feel like the perpetrator and had the responsibility of ending the violence; that service agents made the situation more complex; that she faced critical and judgmental attitudes; and that service providers refused to help at a time when the participant desperately needed it.

The findings of this study have been beneficial to the social service industry and will provide a good aid in indicating the next step in this process of gaining a better understanding of the complexities surrounding domestic violence and what services and resources would be most useful to this population.



## CHAPTER V

### DISCUSSION

#### **Overview of Major Findings**

The data collected in this study indicated that, from the mothers' perspective, their children were not significantly affected by the domestic violence occurring in the household, as they had tried to shield their children from exposure to it. However, it emerged that even if children do not witness domestic violence, they are likely to be aware of it and, as a result, they may develop certain indicative behaviors, such as attachment issues, depression or aggression. The mothers believed that their children had been impacted more negatively by their experiences within the foster care system than in the abusive household. It was evident throughout the interviews with both participants that their main goal and biggest aspiration in life was to fulfill society's notion of being a 'good mother' and protecting their children. They employed various strategies to achieve this.

The mothers often tried to shield their children from violent and abusive occurrences in the household. They often tried to put on a brave face in front of their children so that their children were not aware of how the mothers were really feeling. They were able to identify warning signs of potential violence and began disconnecting from friends and family and performing sexual favors for the husbands in a bid to keep their abuser calm. They would consciously speak about the fathers in

a positive light to their children. The mothers separated the 'violent world' from the 'children's world' in an attempt to protect their children.

The study revealed that social service agents often misunderstand the dynamics of domestic violence and the mothers were made to feel like the perpetrator who was responsible for ending the violence. According to these mothers, social service agents often made the abusive situation more complex. These women often faced critical and judgmental attitudes from service providers and were even refused the help that they so desperately needed.

### **Existing Knowledge**

The following section identifies the link between the results of this study and the existing literature. The existing literature on the impact that domestic violence has on children, argues that children are likely to develop either internalized (more likely with girls) or externalized (more likely with boys) behavior problems as a result of their exposure (Graham-Bermann & Perkins, 2010). The existing literature also indicates that the age group in this study (5-10 year olds) were more likely to have difficulty establishing peer relationships or have poor academic performance as a result of their exposure to domestic violence in the home (Sternberg et al., 2006). However, the participants in this study downplayed the impact that domestic violence had on their children. Jarvis et al., (2005) argues that this can be explained as it depends on the extent of exposure as to the extent of the effects.

At first, the participants stated that neither of their children displayed signs of either internalized or externalized behavior problems as a result of their exposure to

domestic violence. However, after some discussion, they both divulged behaviors pertaining to their children's exposure to domestic violence. The results of which differed from the existing literature, as Meltzer et al., (2009) state that boys are more likely to experience externalized behavior problems and girls are more likely to experience internalized behavior problems. However, it was the other way around in this study. This could be explained in a number of ways and further research would need to be conducted to explore the reason behind it. The level of exposure, the type of exposure and the age of the child might all be contributing factors in the type of behaviors children develop as a result of exposure to domestic violence.

Meltzer et al., (2009) argue that many children may not witness the act of domestic violence occurring, but may see or hear the outcomes. When this idea was first explored with the participants in this study, they both assert that the children were unaware of the violence occurring in the house. However, after some discussion, they both revealed that their children were aware of the abuse in the household.

Existing literature also argues that there are three types of child involvement in domestic violence households: children being part of the event, children calling for help, and children getting physically involved (Fusco & Fantuzzo, 2009). However, this was not found in the current study. In fact, both participants assert that their children were completely separate from the violence that occurred and were never involved in any of the incidents. However, this may be a potential limitation of relying on the mother's perspective, as she may feel scared to divulge the true extent of the effects that domestic violence has had on her children for fear of Child

Protective Services becoming involved in their already chaotic and traumatic lives; she may not truly see or acknowledge the effects; or she may be concerned that acknowledging the effects may have implications on her ability to see herself as successfully “protecting” her children.

Interestingly, participant one believed that her children were greater impacted by their experiences when they were placed in foster care rather than the domestic violence that took place in the household. The participant made accusations that her daughter was mistreated by her foster providers. Very little research has been done on the effects on children when they are in a violent household versus when they are removed and placed into foster care. This could certainly be explored in future research.

With regards to the mothers actions in response to her perceptions of the impact that domestic violence has on her children, one theme that was evident in the existing literature and is supported in part by the results of this study is that domestic violence creates a context that complicates women’s mothering roles, due to the abusive partner targeting his partner’s mothering roles as part of their violent strategies (Lapierre, 2010). This was highlighted in the case of participant one.

One link between the current study and existing literature was that both participants strived to be society’s ideology of a ‘good mother,’ putting their children first and protecting them. This supports Peled and Gil (2011) who found that mothers who experience domestic violence employ strategies to protect their children, such as holding their tongues, putting off arguments, giving in to their partners and recruiting

others to help. This further supports Haight et al. (2007) who argued strategies women employ include reassuring children that they are loved, that they will be taken care of, that the fighting was not their fault and that they were safe now.

Another link between the current study and existing literature is that the children's needs were seen as more important than the mothers' own needs. Lapierre (2010) found that several women in his study had ignored their own needs in order to protect their children. This was reinforced when participant one described not being able to sleep at all on one occasion, after a severe physical and sexual assault, for fear that he could harm her children. Participant two described being increasingly concerned by her husband's erratic and unpredictable behavior, and having to leave for her children's sake.

Lapierre (2010) argued that the mother's notion of protecting her children was twofold: first by ensuring their partner was not violent towards the children; and second by ensuring that their children had not witnessed the abuse or been aware of problems in the house. This was evident in the findings of this study.

Another link between the current study and existing literature that was identified, was that the mothers tended to separate the 'violent world' from the 'children's world,' as supported by Peled and Gil (2011). Haight et al., (2007) found that many women avoided talking ill of the abusive fathers, gave their children permission to love their fathers and validated that, whilst justifying the violence to make it less frightening for the children. This is similar to the findings in the current study.

One major difference that was identified from the findings of this study compared to existing literature, was that it was unclear as to whether or not it is common for mothers who experience domestic violence to over time, be able to identify signs that indicate an eventual incident of violence. Lapierre (2010) found that women developed strategies to monitor their partner's moods and behaviors and would try to prevent the violence from occurring by behaving in ways they thought would not upset their partner. However, further research will need to be conducted to determine if this is true or if the nature and predictability of physical and psychological abuse differ.

With regards to the services that were utilized by mothers who experience domestic violence, very little research has been conducted on this topic. However, this study proved to be extremely valuable in providing insight into the services that this population are offered. Douglas and Walsh (2010) found that Child Protective Services (CPS) often misunderstand the dynamics of domestic violence, and this can have negative consequences for both the mother and the child. This was supported by the findings in the current study. Peled and Gil (2011) argue that Child Protective Services often add to, rather than relieve, the abused mother's distress by blaming her for her children's difficulties relating to their exposure to violence. This is also similar to the findings of this study. Peled and Gil (2011) also argue that women face critical and judgmental attitudes towards them expressed by various social agents. This was certainly supported by the findings of the current study.

### **Limitations to the Study**

As with any methodological approach to research, there are limitations associated with this study. First, several obstacles in gaining access to mothers who have experienced domestic violence were encountered during the initial stages of this study. This is due to the majority of domestic violence shelters holding strict policies around client confidentiality; and rightly so. It is important that as researchers and social workers, we focus on the client's right to confidentiality, particularly in the case of domestic violence victims, whilst at the same time, allowing their voices to be heard so that we can gain a more insightful understanding of the complexities surrounding this issue.

Due to time restraints and lack of funding, this study had a small sample size. It would be interesting and valuable to the knowledge base, to conduct this study using a larger and more diverse sample. However, the participants' voices in this study should not be devalued, as each of their situations contained a number of complexities, and through gaining an insight into their experiences, we were able to gain valuable information pertaining to the services that are currently available for this population. As researchers, we should also ask ourselves why it is difficult for people to discuss this issue.

### **Implications of the Major Findings**

#### **Practice**

The major findings of this study could have important implications for social work practitioners. First, the study suggests that it may be beneficial for social

workers, who work with mothers who have experienced domestic violence, to have specialized training in this area. It is important that we, as practitioners, understand the complexities surrounding domestic violence and, rather than making negative assumptions regarding the mothers' parenting capabilities, we should take into account the tremendous strength and inner resources that these women utilize in order to protect their children from domestic violence and survive. This specialized training, should result in social work practitioners creating an empowering-focused intervention, which offers more support and resources to these women, in the aim of minimizing the risk of further trauma for these mothers and their children.

The findings suggest that for the social work profession as a whole, we need to keep focused on and reminded of clients' right to self-determination. Social workers are supposed to be a 'helping industry.' However, if the very people who we are supposed to serve feel judged and criticized by us then we are failing terribly at our jobs. We should offer these women a more 'family centered approach,' which supports (rather than vilifies) them. A safety plan should be constructed collaboratively with the victim and the appropriate level of support should be offered to them in their decision to leave, when the time is right for them. More resources should also be provided to them, so that they are able to leave, and survive, while they start their lives all over again. Obviously these implications do not apply to children who are also being abused as part of the domestic violence, either physically, emotionally or mentally.



## **Policy**

The findings of this study suggest that certain policies could be re-examined. For example, domestic violence should be taken off the standard CPS assessment of child abuse and should be judged on a case-by-case basis. During their investigation of domestic violence, CPS could offer more services to the mother to act as a preventative rather than a reactive approach to this issue. Another policy that could be re-examined is the way in which law enforcement approach victims of domestic violence and especially mothers who have experienced domestic violence. After all, law enforcement officials are supposed to protect the community in which they serve. As domestic violence can affect anyone, regardless of socio-economic status, ethnicity, religion and sexual orientation, it should also be the responsibility of law enforcement to protect and support their civilians.

Once current and newly qualified social service providers receive specialized training across the board (Child Protection Services, Mental Health, Law Enforcement and the Juvenile Justice System) in understanding mothers who experience domestic violence, they can provide a new empowering approach to assessing the needs of these clients and provide services to them based on the understanding of the tremendous survival strength of these women and the strategies they use to protect their children. These interventions and programs should then be made more accessible to the public, for example increased funding to provide more shelters in larger premises, thus reaching a larger number of people.

## **Future Research**

While this study contributed to the understanding of the actions and perceptions of mothers who experience domestic violence, further research needs to be conducted to explore the complexities surrounding the mother's situation, the resourcefulness, resilience and strategies they adopted to protect their children, and the services that would be most beneficial to them.

It may also be beneficial to explore whether or not a child's developmental age should determine the services that mothers have access to, based on the different needs of the mother and her children. It may also prove useful to explore the differences between the type of abuse that occurs in domestic violence households and whether or not this impacts the violent strategies used by the perpetrators. Further research could also examine the additional complexities surrounding domestic violence when the violent partner suffers from substance abuse issues. From the findings of this research, along with the current knowledge base on this issue, it is recommended that as social work practitioners, we combine the information gathered and create a more supportive and hopefully more effective intervention continuum for mothers who have experienced domestic violence in a bid to prevent additional trauma for these women and their children.

## REFERENCES

## REFERENCES

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## APPENDIX

APPENDIX  
INTERVIEW QUESTIONS

The following questions will focus on your experiences surrounding domestic violence and the actions that you employed during this time. In considering these questions, I would like you to understand that it is my assumption that you carefully considered all your options and employed strategies that were best for you and your family at the time. You are the expert of your life and it is my belief that you are capable of utilizing your own individual strengths to overcome problems. My goal in asking you these questions is to capture your experience. If you have multiple children, the questions relating to your children's experience will only pertain to your children between the ages of 5 and 10 years old.

- 1) Tell me a bit about your situation
- 2) Tell me about the violence that occurred in your household?
- 3) How long did the violence occur?
- 4) How were you able to leave?
- 5) How aware was your child of the domestic violence?
- 6) What impact has this had on your child?
- 7) What strategies did you employ in response to what you felt were the needs of your child/children?
- 8) Everyone's experience and situation is different, please can you explain the complexities that existed in your situation?

- 9) What resources/services were offered to you at that time that you found particularly helpful or not helpful?
- 10) How has your child's behavior changed since leaving the violence?
- 11) How has your life changed since leaving the violence?