

“My kids are then my life”

Mothering in the context of intimate partner violence

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Declaration

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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Abstract

Intimate partner violence is a pervasive public health problem in South Africa, which has devastating effects on a victim's emotional and physical wellbeing. These abused women often need to parent their children under aversive conditions. With the aim of capturing abused women's mothering experiences using their own voice, twelve mothers from four shelter facilities in the Cape Metropole engaged in individual, semi-structured interviews.

A grounded analysis of the data, located within a phenomenological framework, revealed that the women's investment in their intimate relationship and mothering were intertwined, with their commitment to the former taking precedence during the earlier part of the relationship given their desire for a loving relationship. The accumulative effects of increased violence, increased awareness of the impact of IPV on their mother-child relationship and children's wellbeing, coupled with diminished faith in their partner's ability to change motivated the women to disinvest from their intimate relationship and invest in their mothering.

This study provides insight into the subjective mothering experiences of abused women, with due consideration to their process of abuse. Future research which pays equal and simultaneous attention to abused women's experiences of mothering and their relationship with their partner will be useful in contextualising abused women's mothering by considering the influence of their intimate relationship. Parenting programmes, in shelter and community settings within South Africa, which adopt a collaborative approach whereby abused women are actively involved in setting outcome goals, may assist abused women to focus on their positive maternal attributes and encourage a supportive and comforting climate amongst abused women.

Keywords: intimate partner violence, violence against women, mothering, parenting

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Women's Experiences of Mothering within the Context of Intimate Partner Violence

Intimate partner violence (IPV) in South Africa and abroad is a pervasive public health, social and human rights issue, which exposes women and children to multiple adversities (Abrahams, Jewkes, & Laubscher, 1999; Dunkle et al, 2004; Wright, Kiguwa, & Potter, 2007). The detrimental effects of IPV on the physical and psychological wellbeing of women have been extensively documented in the literature. In conjunction with sustaining physical injuries from the violence, abused women tend to present with higher levels of psychological distress, depression, anxiety, and post-traumatic stress disorder (Casanueva, Martin, Runyan, Barth, & Bradley, 2008; Levendosky & Graham-Bermann, 2001).

Globally, 30% of women are victim to IPV, in physical and/or sexual form (Garcia-Moreno et al, 2013). In the African, Eastern Mediterranean and South-East Asia regions explored by the World Health Organisation (WHO), the prevalence rate is higher, namely 37% (Garcia-Moreno et al, 2013). Sadly, the death of women by their intimate partner accounts for 38% of all female murders worldwide (Garcia-Moreno et al, 2013).

South Africa is described as “one of the gender violence capitals of the world” where one in four women are estimated to be victims of IPV (Wright et al, 2007, p.1). Injury and death of South African women due to gender-based violence is six-fold and four and a half-fold the global average respectively (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). Prevalence rates range from 43.6% in Cape Town (Abrahams et al, 1999) to 55.5% in Soweto (Dunkle et al, 2004). The true prevalence of IPV may be higher as men may underreport abusive behaviour (Dangor, Fedler, & Park, 2000). This may be due to fear of criticism and the belief that hitting women is acceptable behaviour (Abrahams et al, 1999).

At least 40% of abused women have children who are living with them in the abusive household (Catalano, 2007). IPV thus leads to the endangerment of children, who may become both witness and victim to violence. These children have been shown to display adverse effects such as behavioural problems, aggression and depression (Ghasemi, 2009; Huth-Bocks & Hughes, 2008; Levendosky & Graham-Bermann, 2000).

The impaired mental and physical health of abused women and the detrimental consequences for children within this environment led researchers to examine the effects of IPV on abused women's mothering. However, the research on abused women's capacity to mother their children in the context of IPV is not uniform in its conclusions. Studies by

Lapierre (2010) and Peled and Gil (2011) revealed abused women's efforts to function as good mothers during IPV, and to compensate in their mothering. This challenges the assumptions of previous research findings that abused women are incapable of positively caring for their children (Levendosky & Graham-Bermann, 1998; Mullender, 1996; Strega et al, 2008).

Based on the diverse research from mostly quantitative studies, this study aimed to explore abused women's mothering experiences from the subjective perspective of the women themselves (Kruger, 2006). Indeed, feminist psychology and the liberal women's movements have advocated for an understanding of mothering from the women themselves since the early 1960's (Kruger, 2006).

Rationale for Study

The role of abused women as mothers came to the fore during a period where increased research was concerned with understanding the consequences of women abuse on children (Humphreys, Mullender, Thiara, & Skamballis, 2006). Given the negative impact of IPV on children of abused women, abused women's parenting practices became viewed as deficient and negative (Lapierre, 2008). Following this, research continued to examine the impact of IPV on the parenting behaviours exhibited by abused mothers, and its role in child outcomes (Lapierre, 2008). It is important to note that abused mothers were examined in relation to their children, with almost no concern to understand the complexities of mothering children under such circumstances (Lapierre, 2008; Peled, & Gil, 2011).

Although some research has focussed on the issue of mothering in the context of IPV, there's a dearth of research which explicitly focuses on abused mothers' subjectivity; understanding their subjective mothering experiences and viewpoints within the context of IPV (Davies & Krane, 2003; Krane & Davies, 2002, 2007; Lapierre, 2008, 2010; Levendosky & Graham-Bermann, 2000; Radford & Hester, 2001). While large-scale quantitative studies have done well to document the divergent parenting behaviours exhibited by abused women across continents, they do not capture in-depth, contextually rich data from abused mothers about their unique mothering experiences (Semaan, Jasinski, & Bubriski-McKenzie, 2013).

While this is the case internationally, such research in the South African context is even scarcer. Kruger (2006) agreed that little research has been conducted concerning mothering within the South African IPV context. Of the psychological research that does

exist, at-risk mothers are the foci of attention, yet this does not include abused women (Kruger, 2006).

Aim

The aim of this study is to describe the subjective mothering experiences of twelve women who have been abused by their intimate partner in the Cape Metropole.

Structure of Thesis

Following this introduction, Chapter One will review the current literature regarding the impact of IPV in the South African context, its victims and on abused women's mothering. In Chapter Two, the methods for collecting and analysing the data are discussed, as well as reflexivity and ethical issues. Chapter Three will present and discuss the findings of this study. To conclude, Chapter Four will discuss the implications and recommendations emanating from this study.

Chapter One

Literature Review

In this chapter, the term IPV is defined, followed by a discussion of IPV literature within the South African context. The impact of IPV on both women and children is presented. So as to locate mothering within the context of IPV, the process of abuse for women is discussed before discussing the divergent literature concerning abused women's mothering.

Definition of Intimate Partner Violence

As defined in the South African Domestic Violence Act of 1998, domestic violence refers to any acts, such as sexual abuse, physical abuse, assault, emotional abuse, verbal abuse, damage to property, stalking, economic abuse, or threats which endanger an individual's health, safety or wellbeing, and are acted out by someone with whom an individual currently or previously engaged in a domestic relationship (Vetten, 2000). Inclusion of parents, children, extended family, intimate partners, friends, and those with whom an individual lives as possible perpetrators of domestic violence thereby encompasses a broad range of victimisation.

For the purposes of this study, the term IPV is used as it filters the perpetrators of such violent threats and/or acts to an individual's current or previous partner or spouse (Centres for Disease Control and Prevention, 2013). Although this definition encompasses violence that may occur between same-sex couples, the term IPV in this study will refer to violence perpetrated by male partners towards their female counterparts (Centres for Disease Control and Prevention, 2013; Smith, 2003). In this paper, the term „intimate partner violence“ and „abuse“ are used interchangeably, with the former term abbreviated to IPV for convenience. Thus in this thesis the term „abused women“ will refer to women who have been abused by their intimate partner.

IPV permeates all racial, socioeconomic, religious, educational and occupational boundaries. Certain demographic and contextual factors have, however, increased the risk of IPV victimisation, and to which women living in low-resourced communities in South Africa are exposed.

Understanding Intimate Partner Violence within the South African Context

Women who have lived or are currently living in homes characterised by low socioeconomic status and a high rate of family dysfunction are more likely to be victimised by their intimate partner (Letourneau, Fedick, & Willms, 2007).

Of all the demographic factors, poverty consistently increases the risk of IPV for women (Jewkes, 2002; Stalans & Ritchie, 2008). Jewkes (2002) suggests that poverty impacts on IPV victimisation through the stressful context it creates, in which men have limited means to minimise their stress and thus they use violence. Research also found that women living in households faced with extreme poverty, to which neither her nor her partner contribute financially, are not at increased risk for IPV (Jewkes, 2002). Women who are employed or earning more than their partner face the risk of IPV (Jewkes, 2002). Jewkes (2002) thus suggests that the economic inequality between intimate partners, rather than the level of income, is the pertinent predictive factor for IPV victimisation.

The role of substance use or abuse in increasing the risk and severity of IPV victimisation is of great concern, particularly in the Cape Metropole given the pervasive use of substances, such as crystal methamphetamine and alcohol (Coker, Smith, McKeown, & King, 2000; Leonard & Senchak, 1996; Mears, Carlson, Holden, & Harris, 2001; Roberts, 2002; Wilson et al, 2000). Jewkes (2002) argues that the use of alcohol in abusive incidents may be learnt within the social context. Whereas some men may use alcohol as a means of reducing their accountability to the violence (Jewkes, 2002), other men's alcohol consumption may be used as a form of numbing so as to conduct the socially expected practice of violence against their intimate partner (Abrahams et al, 1999).

Jewkes (2002) identifies two pertinent causes of IPV in South Africa; the normalised use of violence for conflict resolution and the power imbalance between men and women.

The apartheid laws led to the physical construction of low-resourced and densely populated segregated areas (Smith, 2013). Within the new political dispensation, these areas continue to be riddled by violence and impoverishment, thereby placing women and children at increased risk of various forms of violence (Richter & Dawes, 2008). Despite the cessation of Apartheid laws, and accompanying decrease in political violence, women and children continue to represent as victims of violence at an alarming rate (Vetten, 2000).

The historical and political culture of violence may have normalised the use of violence as an acceptable means to resolve disputes and conflict, thereby infiltrating into familial and interpersonal relationships (Abrahams et al, 1999, Jewkes, 2002). Indeed, violence against women has become commonplace, resulting in victims and health professionals accepting it as a social norm (Armstrong, 1994; Jewkes, 2002).

Patriarchal ideals which encourage male dominance and female suppression emphasise the need for men to maintain a dominant position in heterosexual relationships and has been noted as perpetuating and condoning violence against women and children (Boonzaier & de la Rey, 2004; Dobash & Dobash, 1998). Certainly, feminist sociologists argue that men use violence to exert their power and control (Yllo, 1993).

Impact of Intimate Partner Violence on Women

There is unanimous agreement in the literature that IPV has detrimental effects on the physical and psychological wellbeing of women (Casanueva et al, 2008; Cerulli, Poleshuck, Raimondi, Veale & Chin, 2012; Levendosky & Graham-Bermann, 2001). While faced with their own traumas, abused mothers need to parent their children in highly stressful living conditions, which are often challenged with poverty and substance abuse (Huth-Bocks & Hughes, 2008; Levendosky & Graham-Bermann, 2000). When researching abused women as mothers and their consequent mothering experiences as has been done in this study, it is important to note the consequences of IPV on abused women so as to fully contextualise their current functioning, both as individuals and mothers.

The World Health Organisation (2013) identified gender-based violence as the main cause of physical injury and disability in women, with these women using more medical services and chronic pain medication than any other population. Medical conditions and risks attributed to abused women include increased risk for poor sexual health through sexually transmitted infections including HIV/AIDS, gastrointestinal discomfort and disease, reproductive problems, unwanted pregnancies, unsafe abortions, pregnancy and birth complications particularly low birth weight if violence occurred during the pregnancy, traumatic gynaecological fistula, sleep disturbances, eating disorders, increased suicidal attempts which is recorded to be 35% higher than for non-abused women, self-harm and death (Abrahams et al, 1999; Campbell, 2002; Cerulli et al, 2012; Galano, Hunter, Howell, Miller, & Graham-Bermann, 2013; Seedat, Stein, & Forde, 2005; WHO, 2013).

Abused women may also be functioning according to a complex traumatic syndrome (Levendosky & Graham-Bermann, 2001). According to Herman (as cited in Levendosky & Graham-Bermann, 2001), abused women suffer a wider variety of psychological distress symptoms than is accounted for by the DSM-IV-TR definition of Post-traumatic Stress Disorder. Thus in response to the trauma, abused women are more likely to present with post-traumatic stress disorder as well as depressive symptoms, anxiety, dissociation, lower self-esteem, idealization of the perpetrator, and substance abuse (Bogat, Levendosky, Theran, von Eye, & Davidson, 2003; Campbell, 2002; Casanueva et al, 2008; Golding, 1999; Levendosky & Graham-Bermann, 2001; Levendosky et al, 2004; Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006). The relationship between substance abuse and IPV is cyclical (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997) as substance abuse increases the risk of IPV victimisation (Kelleher et al, 2008; Seedat et al, 2005), which in turn increases the risk of abused women using substances as a coping mechanism (Bowley et al, 2004; Jewkes, 2002).

Impact of Intimate Partner Violence on Children

As violence typically happens early in the marital or intimate partnership, children are considered to be disproportionately present in violent households (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997). Before understanding the mothering experiences of abused women, it is pertinent to acknowledge the impact of IPV on abused women's children, so as to be mindful of the challenges that may exist for abused women's mothering both during and after the abusive relationship. Indeed, abused women have reported that their children display greater needs following exposure to IPV (Lapierre, 2010).

An association between IPV and adverse physical and mental health outcomes in children is supported by the literature (Casanueva et al, 2008; Ghasemi, 2009; Huth-Bocks & Hughes, 2008; Lapierre, 2008; Letourneau et al, 2007; Levendosky & Graham-Bermann, 2001; Levendosky et al, 2003; Postmus, Huang, & Mathisen-Stylianou, 2012). In households experiencing IPV, abused women's children often carry the double burden of being both witness and victim to violence (Fantuzzo et al, 1997; Ghasemi, 2009; Letourneau et al, 2007; Levendosky et al, 2003).

Pre-school and school age children exposed to violence may manifest a traumatic stress reaction and consequently exhibit lower social competence, poorer self-esteem, depressive symptomology, anxiety, post-traumatic stress disorder, elevated levels of fear and worry, psychopathology, more cognitive deficits and more emotional and behavioural

problems, both internalising and externalising, with the former more prevalent among female and the latter amongst male children (Ghasemi, 2009; Huth-Bocks & Hughes, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; Leinonen, Solantaus, & Punamaeki, 2003; Letourneau et al, 2007; Levendosky & Graham-Bermann, 2001; Levendosky et al, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe 2003). In young adults, hostility was correlated with exposure to violence, which may aggravate or create physical health concerns including cardiovascular problems (Ghasemi, 2009), and lead to the use of aggression in their intimate relationships (Ehrensaft et al, 2003).

Some perpetrators may extend and/or isolate their violence towards children within the household with the intent to affect the mother, and vice versa, thereby illustrating the “double level of intentionality” and the greater vulnerability of children to violence within this setting, which adversely affects children’s functioning (Davies, Winter, & Cicchetti, 2006; Jouriles, McDonald, Slep, Heyman, & Garrido, 2008; Lapierre, 2008, p.459).

The impaired mental and physical health of abused women and the detrimental consequences for children within this environment has led researchers to examine these effects on the women’s mothering behaviours, although limited research has done so from the viewpoint of the women themselves (Radford & Hester, 2001). The emphasis on negative child outcomes, and the role of abused women’s mothering in determining these outcomes has depicted an image of abused mothers as failing and deficient. Yet, not all children experience adverse outcomes following IPV exposure (Geffner, Igelman, & Zellner 2003; Kerig, 2003) and research has found that exposure to IPV and child abuse have independent effects on children within IPV households, not mediated through parenting. Thus the role of mothering in influencing children’s functioning is complex.

To fully understand abused women’s mothering requires that one understand the process abused women go through during their relationship with their partner, as it provides the physical and emotional context for their mothering (Kruger, 2006). I will now discuss this process of abuse, as found in the literature. I will also comment on IPV literature which notes the role of abused women’s childhood experiences and their children in shaping the process of abuse.

The Violent Intimate Relationship

The role of early attachment relationships, namely between mother and infant, in creating a blueprint for future relational experiences has been advocated by the works of John Bowlby and Mary Ainsworth in the attachment theory literature (Bowlby, 1980). Mary Ainsworth's explication of attachment patterns, which emanate from one's early mother-infant interactions, highlighted the pathogenic effects that can result from disruptions in early mother-child attachment experiences. Allen (2005) argued that the occurrence of trauma within the early attachment relationship can disrupt an individual's future attachment relationships, thereby heightening future vulnerability to trauma.

Women who have been exposed to and/or experienced violence in their own childhood are more susceptible to engage in violent intimate relationships (Hattery & Smith, 2012; Jaffe, Cranston, & Shadlow, 2012; Jewkes, 2002; Kelleher et al, 2008; Kim & Gray, 2008; Levendosky, & Graham-Bermann, 2001). Abused women's inconsistent and/or abusive early interactions with their primary caregivers have been shown to influence their later intimate relationships (Hazan & Shaver, 1987; Waters & Cummings, 2000). By internalising that which they experience in their childhood with their primary caregivers, insecurely attached children integrate these experiences into their concept of self. If the ultimate goal of attachment is "felt security", abused women's early childhood experiences impacts on their adult interactions through their search for "felt security" in their intimate relationships (Fonagy, 2001, p.13). The study by Thomas and Hall (2008) with adult survivors of child abuse thus found that women's early intimate encounters represented a form of escape, whereby they were able to leave the turbulent home environment and pursue their desire for love and stability, which had been jeopardised in their childhood by the presence of hostility, violence, and inconsistent attachment figures. Their early childhood experiences thus lay the foundation for their expectations and experiences in their intimate relationships. If these relationships become abusive, they may mirror the process of abuse, as outlined by Landenburger (1989, 1998): the four consecutive stages he proposes - binding, enduring, disengaging and recovering - are discussed below.

The Binding Phase. The binding phase commences when abused women acknowledge fault in their intimate relationship, yet believe that they can repair the situation (Landenburger, 1989). Their belief in their ability to rid their relationship of its abusive element, for which they blame themselves, and develop a loving relationship, binds them to

the relationship (Landenburger, 1989). Despite their growing awareness of the abuse, the women's desire for a loving relationship sustains their process of binding. Indeed, abused women's investment in their relationship strongly influences their commitment to remain with their abusive partner (Truman-Schram, Cann, Calhoun, & Vanwallendael, 2000).

Dutton and Painter's (1993) notion of traumatic bonding corroborates with Landenburger's initial binding phase (1989). Even though the emotional bond develops early in the relationship, the traumatic bond obtains intensity and power from two components of an abusive relationship; the power imbalance and the intermittent use of violence (Dutton, & Painter, 1993). Firstly, a power imbalance exists within the relationship whereby the abused women are dominated by their abusive partners. As the power imbalance increases following more violence and control of the abused women, the women may feel increasingly powerless and negative in their self-appraisal. This heightens their dependence on their partner, thereby strengthening the traumatic bond. Secondly, the partner's use of violence is often followed by positive interactions with their female partner. This reinforces the women's belief that their partners are intrinsically kind and loving and thus they can develop a positive, loving relationship (Dutton & Painter, 1993). The process of binding as outlined by Landenburger (1989) and traumatic bonding by Dutton and Painter (1993) thus cements women's position in the abusive relationship.

The Enduring Phase. During the enduring phase, women perceive themselves as tolerating the abuse. Their focus on the positive aspects of their relationship is used to outweigh the abusive element of the relationship, as supported by research with domestically abused women (Choice & Lamke, 1997; Landenburger, 1989). During this phase or the preceding phase, abused women are most likely to be pregnant (Campbell & Campbell, 1996). Pregnancy has been shown to motivate abused women to reinvest in their relationship by renewing the belief that things will improve (Bradbury & Lawrence, 1999; Landenburger, 1989).

Lutz and his colleagues (2006) proposed the construct of double binding to explain the conflictual yet simultaneous process of binding abused women face when binding to both their child and their partner. Being pregnant and the victim of abuse complicates the completion of the child developmental tasks. The task of navigating their child's safety both in and out of the womb as well as gaining acceptance of the child from their partner and others is a daunting and challenging task within the abusive context. In order to cope with

this stage, abused women continue to bind to their partner by putting effort into making the relationship work, and holding onto hope for a better future while binding to their children.

The Disengaging Phase. As the women enter into the third phase, disengaging, they begin to acknowledge their own situation as similar to other abused women. This phase involves recognising that they are in an abusive relationship, reaching a last straw, seeking assistance as they consider and/or leave the abuse, and regaining a sense of self.

The leaving process for abused women may occur many times before a woman permanently leaves her partner. For some abused women, the act of leaving may follow a series of small events which gradually culminate in their departure (Wright et al, 2007). For others, one event may catapult them to leave their partner. Either way, the efficacy of their rationalisations that previously maintained their status in their relationship prove fruitless as they acknowledge their situation as abusive (Rosen, & Stith, 1995). The presence of children in the abusive household has been shown to shape abused women's process of leaving.

The role of abused women's children in leaving abuse. The role of children in influencing abused women's staying/leaving processes is multi-faceted, complex and shaped by their perceptions of the sources of support available to them and their personal risk assessment process (Kelly, 2009; Meyer, 2011). Indeed, abused women have remained in abusive partnerships for the sake of their children as they feared disclosing abuse would result in the involvement of child protection/welfare services and/or them losing their children (Douglas & Walsh, 2010; Hardesty & Ganong, 2006; Meyer, 2011).

An increased risk or threat to child safety is one of the strongest motivators for abused women to exit the abusive relationship (Kelly, 2009; Lapierre, 2010; Lutz, Curry, Robrecht, Libbus, & Bullock, 2006; Meyer, 2011; Mullender et al, 2002; Zink, Elder, & Jacobson, 2003). Some of these same women, however, acknowledged their children in restraining their help-seeking decisions at other times in the abusive relationship (Meyer, 2011). Meyer (2011) thus suggests that the role of children influences abused women's decision making processes in different ways at different times in the abusive relationship. The risk-benefit analysis used by abused women thus may not acknowledge leaving the abusive relationship as the safest option for either them or their children earlier in the abusive period, thus delaying their help-seeking decisions.

The threat to their children's safety thus represents a turning point in their abusive situation whereby they acknowledged the dissonance between their children's current living environment and their beliefs about how their children should be raised, and their own expectations of what it means to be a good mother (Meyer, 2011). Indeed, mothering has been found to hold significant meaning for abused women, and to play an influential role in their decision making processes (Kelly, 2009).

Sadly, after exiting the abusive relationship, abused women may be subjected to further abuse and/or harassed by their ex-partner (Landenburger, 1998). For abused women seeking shelter assistance, they may be further confronted with a new set of challenges, rules and expectations of them, both as individuals and mothers (Krane & Davies, 2007). They are then confronted with the aftermath of the abuse, which involves recovering from physical injuries, and dealing with the psychological after-effects (James, 2008).

The Recovery Phase. Landenburger (1989) proposes that abused women's recovery commences when they prioritise their own needs over those of their partners. This final stage involves adjusting to a new life free from abuse, and concludes when they have achieved balance in their life (Landenburger, 1989). During this phase, the women may struggle to survive on their own, mourn the end of their relationship, and search for new meaning to their life (Landenburger, 1989, 1998).

The steps involved in this phase of Landenburger's process theory of abuse are emotionally and physically taxing for abused women. Recovery from IPV has been described as a lifelong process, with some abused women never fully recovering (Haeseler, 2013; Landenburger, 1998; Smith, 2003). Landenburger (1998) argues that even if abused women do not return to their abusive relationship, their impaired recovery may result in them remaining emotionally invested to their ex-partner.

Reviewing the process women undergo during their abusive relationship elucidates to the multi-faceted and complex psychological and emotional issues abused mothers endure in their personal relationship with their partner. For abused mothers, the process of leaving the abusive relationship has been influenced by the presence of their children, and the value placed on their mothering role (Kelly, 2009). Following, the impact of IPV on abused women's mothering will be examined. I will illustrate the large amount of research which has examined abused women's parenting behaviours, and the minimal literature which has surfaced abused women's own understanding of their mothering experiences.

Impact of IPV on Abused Women's Mothering

A prerequisite for the healthy development of children is a parental relationship which embodies warmth, nurturance, a consistent approach to discipline, and sensitivity and responsiveness to the child's needs (Bornstein, 2002). Warmth and control are the two elements that predict parenting style (Maccoby & Martin, 1983).

Permissive parenting is characterised by minimal parental control over children as parents leave children to regulate their own emotions and needs. Research has found that abused women who were sexually abused as children may be more permissive in their parenting (Jaffe et al, 2012). These mothers may fear that their children will experience adult authority the way they did in their childhood, and thus lavish their children with too much freedom. On the other end of the warmth/control spectrum lies authoritarian parenting which is characterised by high levels of parental control and child expectations whereby parents may utilise punitive parenting methods to ensure their children comply with their demands. Abused women have been shown to engage in harsh parenting methods (Levendosky et al, 2006) while providing limited emotional warmth/support to their children (Levendosky et al, 2003). Lying in between these two styles of parenting are authoritative parents (Baumrind, 1966). While they do exercise parental control, authoritative parents develop a warm and supportive parent-child relationship and offer explanations for their demands of their children (Baumrind, 1966). Authoritative parenting is seen to be the most effective parenting style, and the most likely to raise children who exercise their own assertiveness. Research has found that abused women can engage in authoritative parenting. Letourneau, Fedick and Willms (2007) found that, in comparison to non-abused women, abused mothers showed greater increase in positive parenting methods, and less of a decline in warm, nurturing behaviours over a nine year period (Letourneau et al, 2007). Even though maternal parenting styles and behaviours are relatively stable, they are not static and fluctuate according to family factors and maternal functioning (Cummings & Davies, 1994, 2010; Golding, 1999).

Similarly, the meanings attributed to motherhood are many, and sometimes conflicting. While mothers may derive joy, fulfilment and a sense of accomplishment from their role as mothers, they may also harbour feelings of anger, resentment and inadequacy. Rather than acknowledge that mothers can simultaneously experience favourable and unfavourable feelings towards motherhood, they are placed on either side of the good/bad spectrum. The good mother is self-sacrificing, nurturing, and driven to fulfil her children's

needs, which are prioritised over her own needs. The bad mother neglects and/or abuses her children, and is resentful of her role as mother.

For abused mothers, the versions of good and bad mother are slightly different. Abused mothers have been conceptualised as good although they live in bad circumstances which render them helpless to protect both themselves and their children (Loseke, 1992). However, abused mothers are more often considered to be bad mothers who remain in the abusive relationships, and thereby fail to protect their children (Roberts, 1999). Focusing on the adverse outcomes of IPV has emphasised abused mothers inadequacies and deficiencies (Lapierre, 2008).

IPV has been identified as interfering with the parental relationship yet findings regarding the nature of the impact of IPV on maternal parenting practices are conflicting (Lapierre, 2010). While some research has found that abused mothers possess a favourable attitude towards their mothering role and engage in positive and/or compensatory parenting practices with their children, other studies have found that abused mothers engage in adverse parenting practices, characterised by disengagement and hostility. The impact of IPV on maternal parenting is thus complex, and may affect abused women differently at different times in their abusive relationship.

An overview of the literature concerning maternal parenting functioning will be given. Firstly, abused mothers' efforts to be „good“ mothers in the face of multiple adversities will be highlighted, followed by discussing the use of compensatory parenting practices amongst abused women. Lastly, the discourse of parenting as negatively affected by IPV will be reviewed.

The „good“ abused mother. Findings from a qualitative study conducted by Lapierre (2010) with abused women in England best illustrates abused women's efforts to function as „good“ mothers. All of the women identified their desire to be a good mother to their children, and in turn to be perceived as such by others. In line with the narrative of good mothering, the abused women strived to prioritise their children's needs at all times, even surpassing their own needs as an individual and mother. Juggling their children's demands with the demands of their intimate partners meant, however, that they were not always able to put their children's needs first.

Nonetheless Lapierre (2010) highlights the efforts of abused mothers to care for their children during the abusive relationship. Rather than viewed as deficient or failing their children, abused mothers employ different strategies to protect and care for their children.

The literature does acknowledge that for some abused women, mothering is a central and significant experience, from which they gain a sense of self-worth and affirmation in a context in which they feel devalued (Peled & Gil, 2011). These women consider themselves as the primary and sole provider to their children (Peled & Gil, 2011). Thus all their behaviour is driven to ensure the fulfilment of their children's physical, emotional and educational needs (Peled & Gil, 2011). The centrality and significance of mothering has been argued to be amplified in the abusive context, in which abused mothers have little power (Semaan et al, 2013). Thus mothering may have greater meaning to abused mothers. The importance and value they place on their mothering role influences their parenting behaviours as abused mothers have been shown to engage in positive parenting practices (Semaan et al, 2013).

In a series of studies that examined abused mothers parenting behaviours, in comparison to non-abused women, IPV was not shown to negatively impair their mothering abilities (Casanueva et al, 2008; Holden, & Ritchie, 1991; Levendosky et al, 2003; Sullivan, Nguyen, Allen, Bybee, & Juras, 2000). Some researchers argue that prior research reporting deficient parenting did not consider the impact of children's behaviour and the use of non-physical forms of maternal discipline on abused women's mothering behaviours (Kelleher et al, 2008).

Abused mothers were found to enjoy their role as mothers and experienced low levels of parenting stress (Peled & Gil, 2011; Semaan et al, 2013; Sullivan et al, 2000). They were observed to mother as effectively as their non-abused counterparts, and were emotionally responsive and nurturing towards their children. The difficulties abused mothers experienced in managing their children's routines and challenging behaviours was not significantly different in comparison to non-abused mothers (Holden & Ritchie, 1991; Holden, Stein, Ritchie, Harris, & Jouriles, 1998). Furthermore, abused mothers were not associated with increased child-directed aggression, physically punitive disciplinary methods, nor were they shown to be more inclined to abuse their children (Casanueva et al, 2008; Ehrensaft et al, 2003; Holden et al, 1998; Levendosky et al, 2003; Sullivan et al, 2000).

The above discussion illustrates that abused mothers can engage in positive parenting behaviours with their children during abusive relationships. Studies have revealed a compensatory trend among abused women as they attempted to curb the negative influence of violence on their parenting by affording more warmth, nurturance, sensitivity and support to their children, particularly pre-school aged children (Casanueva et al, 2008; Letourneau et al, 2007; Levendosky et al, 2003, Sullivan et al, 2000).

While these mothers acknowledged difficulty in meeting their children's needs alongside the irrational demands of their perpetrator and under highly stressful living conditions, they attempted to develop strategies to compensate for the dysfunctional home environment, to protect their children from becoming victims, and prevent them from witnessing the maternal abuse (Lapierre, 2010; Letourneau et al, 2007; Levendosky et al, 2003). This form of parenting has been particularly prevalent among women who have left their abusive partner (Casanueva et al, 2008; Letourneau et al, 2007; Postmus et al, 2012). Thus abused mothers may attempt to compensate for the trauma to which they have subjected their children, and are motivated to focus on repairing the parent-child relationship after leaving their abusive partner.

The impact of IPV on mothering remains inconclusive (Jaffe et al, 2012). Mullender and colleagues (2002) aptly argue that abused women's ability to offer „good enough“ mothering speaks to their resilience and determination, yet the inability of other abused women to achieve such mothering standards should not be a surprise given the continuous challenges with which they are faced in the abusive situation. This brings us to the view that abused women engage in adverse parenting practices, and who are regarded as „bad“ mothers. I will now discuss the discourse of negative parenting, with reference to relevant literature.

The „bad“ abused mother. IPV has been shown to complicate and undermine abused women's mothering. The efforts of abused women to provide sufficient mothering are continuously threatened by the hostile and violent environment in which they parent. Young children who witness verbal, physical and sexual assaults against their mother may form the belief that their mothers are bad, and unable to protect them from the violence (Mullender et al, 2002). The continued violence additionally undermines their respect and authority, needed to parent their children effectively (Holden et al, 1998; Jaffe & Crooks, 2005). Abused women's intimate partners target their mother-child relationship as a form of violence against the women (Lapierre, 2010; Mullender et al, 2002).

As a result abused women have been regarded, and also rate themselves, as failing, neglectful, and bad mothers (Lapierre, 2008; Levendosky & Graham-Bermann, 1998; Mullender, 1996; Strega et al, 2008). Abused women have been found to engage in a deficit model of parenting as they have limited emotional and physical reserves to care for their children (Lapierre, 2008). This negative view of abused women's mothering is particularly prevalent in the social welfare sector and has been found to inhibit abused women's help-seeking behaviours (Alaggia, Jenney, Mazzuca, & Redmond, 2007; DeVoe & Smith, 2002). This understanding ignores the influence of paternal violence in the development of child outcomes (Lapierre, 2008).

Within the negative discourse of mothering, findings have documented both direct and indirect consequences of IPV on parenting, which are discussed separately below.

Intimate partner violence as a direct, negative effect on parenting. Mostly quantitative studies, using both maternal reports and reports by an external observer, have documented the direct, negative effect of IPV on parenting which was not better accounted for by other contextual adversities (Huang, Wang, & Warrener, 2010; Levendosky & Graham-Bermann, 2000, 2001; Levendosky et al, 2003, 2006). A possible explanation is the spill-over hypothesis, whereby the conflicting and violent nature of the spousal partnership infiltrates and impairs the mother-child interactions (Krishnakumar & Buehler, 2000).

In comparison to non-abused mothers, these abused mothers tend to be more disengaged, less emotionally available and neglectful of their children needs (Kelleher et al, 2008; Levendosky, & Graham-Bermann, 1998, 2000; Postmus et al, 2012). They have been shown to display less supportive, warm, nurturing, sensitive and responsive maternal behaviours (Holden et al, 1998; Letourneau et al, 2007; Levendosky & Graham-Bermann, 2000, 2001; Levendosky et al, 2003, 2006).

Mothers subjected to physical, psychological or economic abuse are most likely to engage in more harsh intrusive parenting methods such as spanking, which involve greater levels of hostility and aggression, both towards younger and adolescent children (DeVoe & Smith, 2002; Dubowitz et al, 2001; Holden & Ritchie, 1991; Holden et al, 1998; Levendosky & Graham-Bermann, 2001; Levendosky et al, 2006; Murray, Bair-Merritt, Roche, & Cheng 2012; Postmus et al, 2012; Salzinger et al, 2002; Straus & Gelles, 1990; Straus & Kantor, 1994; Taylor, Lee, Guterman, & Rice, 2010). An abused woman's use of harsh physical discipline may be an attempt to control the child's behaviour in the unpredictable home

environment (Furstenberg, 1993). Furthermore, frustration over the inability to change one's economic or financial situation may leave abused women disempowered, and thus they may hit their children (Postmus et al, 2012). Abused women additionally report experiencing more conflict in their mother-child interactions (Holden & Ritchie 1991).

Indirect influences on parenting. In addition to the unidirectional explanation of IPV on parenting, other studies have shown that parenting can be indirectly influenced by other contextual stressors. Mechanisms through which a mother's ability to parent her children are impeded will be discussed below, according to relevant literature.

Maternal Health. Numerous studies have found that IPV negatively impairs an abused women's psychological functioning which in turn results in poorer parenting practices, such as harsh, intrusive parenting methods (Campbell, 2002; Gustafsson & Cox, 2012; Huang et al, 2010; Levendsoky & Graham-Bermann, 2001; Levendosky et al, 2003, Renner, 2009). The study by Levendosky and colleagues (2003) highlighted that such deficits in parenting were not apparent during the observational part of their study. This may be due to the pressures of social desirability whereby mothers may have responded to their children more appropriately.

An abused woman's maternal health thus mediates the influence of IPV on parenting as abused mothers depressive and/or trauma symptoms may inhibit them from seeking support. Their increasing levels of parenting stress and reduced ability to cope with parental responsibilities thus diminishes their parenting behaviours (Gustafsson & Cox, 2012). For abused women experiencing depressive symptoms, their angry feelings may spill over into their mother-child interactions and their low mood may decrease their emotional availability to their children, thereby leading to decreased maternal confidence and belief in their mothering abilities.

Social Support Systems. A lack of personal and social support has been identified as a means by which parenting, including the parent-child relationship, is strained within homes exposed to IPV (Letourneau et al, 2001, 2007). Indeed, the quality and quantity of support abused women receive influences the quality of their parental interactions (Letourneau et al, 2001). Rather than their experiencing less social support than their non-abused counterparts, the multiple risk factors with which abused women are faced may deplete the protective effects their social support systems are able to provide, and therefore prove insufficient to

curb the negative effect on their mothering and their feelings of being unsupported (Golden, Perreira, & Durrance, 2013).

Support through intervention programmes for abused women have been shown to assist in the realistic appraisal of children's behaviours, improvement in child developmental knowledge and the rebuilding of the parent-child relationship (Letourneau et al, 2001).

Socio-economic status. Income has been identified as an important variable in predicting maternal parenting behaviour (Levendosky & Graham-Bermann, 2000). Within a climate of violence, mothers may have to prioritise employment opportunities or activities over children's needs so as to provide for daily living, and as such parenting may become a neglected task. The converse is also true, whereby higher levels of income have been shown to lessen the negative impact on parenting (Gustafsson & Cox, 2012; Letourneau et al, 2007).

History of maternal child abuse. Lapiere (2008) suggests that in addition to the explanation that the hostility of IPV infiltrates an abused women parenting, an abused women's childhood experiences may also mediate the effect of IPV on parenting behaviours. Certainly, studies have reported the long term effect of maternal childhood abuse, particularly sexual abuse, on parenting practices in women exposed to violence by their intimate partner (Levendosky & Graham-Bermann, 2001; Levendosky et al, 2003). The reoccurrence of abuse in adulthood places them in a vulnerable psychological state and at increased risk of sexual coercion (Schuetze & Eiden, 2005). These women present as more punitive in their parenting, and are not likely to believe in their ability to mother their children (Schuetze & Eiden, 2005).

Conclusion

In conclusion, according to the literature reviewed here, the impact of IPV on abused women's parenting remains inconclusive. While previous research has done well to document the fluctuating mothering practices of abused women, little research has captured their mothering stories, as told by them, so as to understand the subjective and contextual stressors and the role of the abusive relationship in shaping abused women's mothering experiences. The literature narrating abused women's mothering experiences within South Africa is even scarcer. This study was thus aimed at describing abused women's mothering experiences from their own point of view, within the Cape Metropole.

Chapter Two

Methods

In this methods chapter, the theoretical framework is described, followed by a discussion of the research design and setting. The procedures for recruiting the participants, conducting the interviews and analysing the data are presented. Ethical and reflexivity issues pertinent to this study are also noted.

Theoretical Framework

This study adopted a phenomenological framework as it attempted to understand the phenomenon of mothering through the viewpoint of abused women. Phenomenology values subjective interpretations of intentional, conscious phenomena such as mothering (Sokolowski, 2000). It is concerned both with understanding the essence of the individuals' lived experiences and the rich meanings that can be derived from these experiences (Creswell, 1998; Patton, 1990; Rossman & Rallis, 1998). This study was motivated to do just this – understand the mothering experiences of abused women from their subjective viewpoint.

While phenomenology is instrumental in elucidating the participants' unique mothering experiences, Charmaz's grounded theory approach was used to develop an explanatory theory of these experiences (Charmaz, 2006). Phenomenology and grounded theory were thus complementary, both in their approach to understanding the participants' views of reality and emphasising the active role of the researcher.

In line with the principles of phenomenology, Charmaz's grounded theory approach (1990, 2006) to data analysis appreciates the existence of multiple realities. With the researcher adopting an active role in trying to understand the participants' daily inter-subjective world (Schwandt, 2000), both approaches agree that the researcher co-constructs the women's lived experiences in the interview and analysis process. Thus the active researcher is encouraged to adopt a reflexive stance whereby she brackets her own preconceptions, and the influence of her professional and personal knowledge, thereby ensuring that the researcher's interpretation of the participants' subjective account of mothering is grounded in the interview data; the participants' lived experiences of mothering (Charmaz, 2006; Patton, 1990).

Study Design

Sharing an appreciation for subjectivity with phenomenology, a qualitative approach was utilised as it allowed “silenced women to tell their own stories in their own voices” (Davis & Srinivasan, 1994, p.248). By providing a nurturing space in which individual voices are heard, a space the participants needed, a qualitative approach provided the opportunity to access the participants’ phenomenology. A qualitative methodology also accommodated for the varied contextualised stories that may emerge from the experience of IPV, as qualitative research acknowledges that from similar experiences, individuals may derive different meanings, experiences, opinions, subjectivities, and perspectives (Willig, 2001).

Study Setting

The participants were recruited from four different shelter facilities; the Saartjie Baartman Centre for Women and Children, St Anne’s Homes, Huis Jabes and L’Abrie de Dieu Safe House. This study thus encompassed the mothering experiences of abused women across the Cape Town Metropole, particularly abused women from low-income urban areas. These areas are faced with poverty, high rates of unemployment, gang violence, and families often rely on government grants for daily living (Saartjie Baartman Centre for Women and Children, 2009).

The shelter facilities offer a residential programme for up to 22 women and their children over four months. The women are involved in individual and group counselling services, psycho-educational workshops and job skills training so as to regain their independence and functionality (Huis Jabes, 2011; Saartjie Baartman Centre for Women and Children, 2009; St Anne’s Homes, 2011). Group counselling services are compulsory, which consist of a weekly therapeutic and parent group; in the latter group the women explore their role as mothers and are assisted in improving their parenting skills.

Sample

As the shelter facilities accommodated women who had endured various forms of abuse, this study adhered to the following inclusion criteria. Mothers who had been victims of violence from an intimate partner, and who consequently sought refuge at a shelter facility with their child/children were considered. The women were in their first eight weeks of stay so as to limit the influence of counselling interventions on their understandings and

perceptions of their mothering as the study was concerned with understanding the women's mothering while they were being abused.

Women who met the above criteria yet had no comprehension of the English language were excluded. Afrikaans speaking women who were able to understand instructions in English were involved in the study. In the event that a participant was more comfortable speaking Afrikaans, I accommodated this, and continued to ask questions in English. This ensured that both the participant and I were comfortable with the language in which we conversed, and were able to avoid misunderstandings due to language incomprehension.

Following the above criteria, six, three, one and two participants were interviewed from the Saartjie Baartman Centre, St Anne's Homes, Huis Jabes, and L'Abrie de Dieu Safe House respectively. The participants were aged between 20 to 46 years old. Eight of the participants were coloured, three were black and one of them was white¹. Four of the participants had previously sought refuge in a shelter following their partner's violence. The forms of abuse they endured were not captured directly but emerged when discussing their intimate relationship. They may thus have experienced more forms of abuse than they revealed in the interview. All the participants nonetheless identified being verbally and emotionally abused by their partner. All but one participant endured physical violence, with three participants identifying sexual abuse and four participants acknowledging financial abuse.

Most of the participants were unemployed when entering the shelter facility, and had relied on their partner's income to provide for their needs and that of their children. Two participants were married to their intimate partner, with the rest of them identifying their partners as their „boyfriend“. One participant endured abuse for as long as fifteen years, and all but three participants bore all of their children from their intimate partner. Their children's ages ranged from one to 21 years of age.

¹ Here, the racial categories of „coloured“, „black“ and „white“ are used to refer to South Africans of diverse racial origins. While these terms reflect apartheid racial classification terminology, they are still used to acknowledge the social disadvantages that continue to affect these abused mothers within the South African context (Coovadia et al, 2009).

Data Collection

Individual, semi-structured interviews were utilised in this study. Given the sensitive nature of the topic, an interview schedule (see Appendix C) was used which guided the interviewer to explore the essence of the participants' lived experiences (Willig, 2001). Open-ended questions were formulated to facilitate the participants' discussion and access their phenomenology (Gavin, 2008; Gibson & Brown, 2009; Willig, 2001). The questions allowed the participants to respond as they wished, and to explore their mothering narratives to the depth that they felt comfortable, without causing unnecessary harm.

The semi-structured interviewing style also afforded the participants a space to discuss experiences that were not highlighted in the interview schedule but were of importance in their personal story of mothering (Babbie & Mouton, 2006). The semi-structured interviewing style thus promised the yielding of in-depth information into the participants' mothering experiences.

Study Procedure

Telephonic and/or in-person contact was made with the social workers from St Anne's Home, Huis Jabes and L'Abrie de Dieu Safe House and the shelter manager from the Saartjie Baartman Centre for Women and Children. They were informed of the purpose of the study, inclusion and exclusion criteria, procedure for interviewing the participants, and my ethical duty to inform the facility of any current forms of abuse against the participants and/or their children.

Using a script as a general guideline (see Appendix A), the social worker/shelter manager informally discussed the study with possible participants during the day-to-day running of the shelter facilities. I thus visited the facilities when informed that possible participants had been identified. As I could not ascertain the degree to which the script was followed, the initial meeting was used as an informative introduction to the study. If the shelter resident agreed to participate, they were given the opportunity to schedule an appropriate date and time for the interview. Many of them chose to complete the interview on the same day.

A pilot interview was conducted which provided pointers where further probing could take place in the interviews with the eleven remaining participants (Burck, 2005; Hallberg, 2006). I kept an informal research diary throughout the interviewing process. Consisting of

observations from the interview, general themes that emerged from each interview and the noting of feelings and emotions elicited by the participants, shelter staff and the shelter climate provided invaluable data when conducting the analysis (Burck, 2005; Charmaz, 1990).

With the exception of two interviews, which were conducted in the private rooms of the participants residing at Huis Jabes due to the unavailability of a private office, the interviews were conducted in a private office room. The interview duration ranged from 40 minutes to one hour and 20 minutes, after which I made notes to supplement the audio recording with regards to non-verbal behaviours and/or personal observations, as advocated in grounded theory (Charmaz, 1990).

Ethical Considerations

Ethical approval from the Ethics Review Committee of the University of Cape Town was obtained prior to commencing this study. So as to ensure the respectful, sensitive and dignified treatment of the participants, I adhered to the following measures (Terre Blanche, Durrheim, & Painter, 2006).

Informed consent, consisting of a verbal and written explanation, was obtained from the participants, who were also given a copy of the information sheet and consent form. This ensured that they were fully knowledgeable of the purpose, nature and procedures of the study. The participants were informed that their participation was voluntary, that they had the right to withdraw from the study at any time, and that these choices would not affect their shelter stay in any way. Permission for the interview to be audio recorded was also obtained (see Appendix B).

They were also informed that the data would remain confidential. They were given the opportunity to choose an alias to represent their mothering experiences which assured their anonymity, and further protected their right to confidentiality. The names of their children were abbreviated to the first letter of their first name. Both before and after the interview, the participants were given an opportunity to discuss any concerns.

When discussing their stories most of the participants were visibly upset; they were tearful throughout the interview, with some participants crying and displaying feelings of intense anger. I thus assured them that they could take a break, reschedule or terminate the interview process. In addition, they were given the opportunity to discuss their feelings

further with the social worker and/or their individual counsellor. Consistent with the literature which notes that the benefits derived from trauma survivors' participation in interviews, even within the first ten days following victimisation, outweigh the negative emotions arising from their discussion of their personal stories (Griffin, Resick, Waldrop, & Mechanic, 2003; Ruzek & Zatzick, 2000), the participants' involvement in the interview appeared to be beneficial and cathartic as they were given the opportunity to voice their feelings within a non-judgmental and empathic space, and develop a clearer understanding of their experiences of mothering during the abusive period.

Emma: ... Now that I did talk to you, I can feel (pause) there's a little bit of comfort in myself, because why, that's why I said, my problem, I must talk to somebody.

The audio recordings were later transcribed by an experienced transcriber, who agreed to keep the contents of the interview confidential and to destroy the recordings after completion of transcriptions. All information was stored on my password-protected computer, and was only available to me and my supervisor after transcription.

Data Analysis

The data from the interviews were analysed using Grounded Theory, as advocated by Kathy Charmaz (1990, 1995, 2004, 2006). The use of Grounded Theory allowed for the construction of categories which, when consolidated, enabled the construction of a conceptual framework for understanding the participants' mothering experiences derived from their own personal accounts of mothering.

This approach to analysis was consistent with my aim to remain connected with the participants' subjective experiences of mothering after completion of the interview through the use of note taking, which captured both the participants' affective presentation as well as my own feelings during the interview process (Charmaz, 2004). By entering the phenomenon of mothering from the participants' perspective, while being mindful of my own influence in shaping the analysis, the analysis complemented the phenomenological framework of this study.

The analysis commenced with a thorough reading of each transcript, which was supplemented by listening to the audio recording of the interview so as to capture any additional emotive or verbal material. My field notes were revisited at this point. The first stage of coding involved line by line coding of the data so as to allow initial categories to

emerge, thereby ensuring that I grounded the analysis in the women's personal experiences (Charmaz, 1990). Following, related categories were condensed so as to gain a more interpretive analysis of the data (Charmaz, 1990). Interconnections and relationships between different categories were documented and were often used to clarify interconnections between categories, remove or rearrange sub-categories or categories, and document emerging theoretical ideas (Charmaz, 1990; Hallberg, 2006). By documenting the process of analysis, the validity of the analysis was strengthened by narrowing the margin of researcher influence and bias (Burck, 2005).

Delaying a review of the literature until the completion of the analysis further grounded the analysis in the data, as I defined the concept for each category which was accompanied by an explanation of the category prior to reviewing the literature (Charmaz, 1990, 1995). In line with Grounded Theory being a reflexive process, the analysis continued into the writing phase where the findings were integrated with relevant theory and literature (Charmaz, 1990).

Reflexivity

Qualitative research, phenomenology and grounded theory acknowledge the role of the researcher in the interpretation of data. The findings of this study represent one interpretation of the women's stories, while many other forms of interpretation are possible. In order to adopt a reflexive stance, I have reflected on how my involvement in the research process and findings has been shaped by my prior role as an intern trauma counsellor at one of the shelter facilities.

My previous therapeutic work and life experiences set up the lens through which the participants' experiences of mothering were viewed. Being a young, white, female South African of higher socioeconomic status interacting with predominantly coloured abused women from low-resourced communities meant that the participants and I entered into dialogue with preconceived ideas, fears, anxieties and judgments.

Firstly, I was a full-time trauma counsellor intern at one of the shelter facilities for six months in the year preceding this study. My familiarity with the research setting and staff members may have influenced the way I presented myself to the participants, and in turn influenced their discussion of their mothering. During my trauma counselling internship, I was primarily involved in providing counselling services to the residents' children, and co-

facilitating the parenting group. Thus the questions I posed to them may have elucidated to my own perceptions of abused women's mothering, which in turn affected what they felt comfortable to discuss with me. In two instances where the participants knew of my previous working relationship with the shelter facility, I made the distinction between my previous role, as intern, and current role as an external researcher, clear. I also emphasised that I would not be disclosing anything to any member of staff, except if presented with an ethical duty to do so (such as if anyone was at risk of harm), at which time I would inform the participant.

The differences in terms of age and race may have also influenced the interviewing and analysis process. In some cases, I was substantially younger than the participants. When discussing their story, some participants may not have disclosed disturbing aspects of their story by viewing the discussion of such aspects as inappropriate and/or embarrassing. In terms of race, most of the participants were coloured. If assuming that a young white female of higher socio-economic status would not have been able to fully understand their experiences, the participants may have felt less willing to relay their experiences. Lastly, most of the participants were used to speaking Afrikaans although they were able to converse in English. Not only may the difference in language have indicated the differences between the participants and I, it may have impaired the fluency and expression of their thoughts.

It is important to note that the use of more than one shelter facility and the interviewing of abused women of similar age and race to myself enhanced the validity and credibility of the findings.

Phenomenology as well as grounded theory's acknowledgement of the influence of researcher-participant interaction and the researcher's own perceptions in the research process meant that I was cognisant of my involvement in the meaning derived from the interview situation and subsequent analysis (Charmaz, 1990; Hallberg, 2006; Hall & Callery, 2001). My note-taking after each interview regarding general observations, feelings and emotions elicited by the participants and my interactions in the shelter setting also maintained my reflexivity throughout the research process (Burck, 2005; Charmaz, 1990).

To illustrate, prior to commencing one interview, one participant asked that I give her the scarf I was wearing. Although I had been asked to make clothing donations by shelter clients on previous occasions, I was motivated to explore the possible meaning of this statement for the participant as well as my reaction to it given the short, clipped comment documented in my notes:

“Asked me [researcher] to give her [participant] the scarf I was wearing before the interview, to which we discussed the weather and how cold the shelter is in winter.”

Based on my understanding of the research participant and her lived experiences, the following explanations were contemplated. The participant may have felt entitled to this gift given that she was going to give me the gift of explaining her mothering experience. She later revealed her feeling of being abused financially by her partner and his mother throughout the intimate relationship. Such prior experiences may have set her up to feel exploited and if this feeling arose, she may have felt the need to request compensation/ „payment“ for talking about her mothering experience. I also reflected on my response to this question. As this question was posed prior to discussing the information sheet and consent form, I felt obliged to maintain a neutral stance and not explore the meaning of this question with the participant, although this position also felt incongruent with my role as researcher and trainee clinical psychologist where issues relating to the professional-client relationships are explored. The age dynamic between the participant and me may have also influenced me avoiding the topic as the participant was considerably older. Also, at a time when building rapport was more important I diverted attention away from a possibly sensitive topic and continued to focus the discussion on rapport-building and thus spoke about the weather and the cold conditions in the shelter facility. This highlights the continuous efforts to analyse and understand the women’s stories of mothering from their vantage point and adopt an open mind, not constrained by my personal and professional knowledge (Rossman, & Rallis, 1998). Without engaging in note-taking and subsequent reading of these notes in conjunction with the transcribed interviews at a later stage would have resulted in less insight into the researcher-participant dynamic.

Given the topic of this study, I considered my expectations and ideologies regarding mothering as I was raised by a Portuguese first-generation immigrant mother who subscribed to intensive mothering (Rizzo, Schiffrin, & Liss, 2013). Consistent with the principles of intensive mothering, the identity of Portuguese women can be described as intricately bound with their maternal identity and they strive to provide unconditionally for their children, regardless of their own well-being and resources (Rizzo et al, 2013). Even in the face of perilous home conditions, Portuguese cultural traditions may result in women remaining loyal and focused on their mothering duties. Given my understanding of the participants’ conflicting feelings towards their children, it was pertinent to bracket my expectations of mothers (Charmaz, 2004; Patton, 1990). By relinquishing judgment and preconceived notions

of mothering, the participants efforts directed at their children's wellbeing in the face of multiple adversities were fore grounded, which cultivated an appreciative and empathic feeling towards them (Charmaz, 2004).

Conclusion

In this chapter, the methodological procedure for this study was presented. The theoretical framework that guided this study was described, along with a discussion of the study design and setting, the sample of participants utilised, method of collecting the data, procedure for interviewing, and data analysis process. Ethical and reflexivity issues pertinent to this study were also discussed.

Chapter Three

Results and Discussion

This study argues that the twelve mothers interviewed in the Cape Metropole, who were abused by their intimate partners, did try to be good mothers to their children although their efforts and commitment to their children were often thwarted by their past childhood traumas, commitment to their intimate partners, and socio-economic stressors. The women's narratives revealed three major areas relating to their mothering role. Firstly, the role of trauma, both in their childhood and currently in their community, appeared to significantly impact their intimate relationship and mothering. The last two major areas were interlinked. The women's process and investment in their intimate relationship was intertwined with their mothering, with their commitment to the former taking precedence during the earlier part of the relationship. Following more frequent and severe beatings, the participants became aware of the impact of IPV on their mother-child relationship. Their increasing concern for their children's wellbeing and their own maternal feelings of helplessness, guilt, and inadequacy, coupled with diminished faith in their partner's ability to change, motivated the women to disinvest from their intimate partnership and invest in their mothering. Their interactions with their family, friends, social agencies and the criminal justice system further motivated them to focus on their mothering as these systems failed to effect change in their abusive relationship.

In this section, these findings are discussed in more detail, and with reference to relevant literature.

Context to Abused Women's Mothering

Two pertinent factors relating to the participants' living context were identified as influencing their mothering experiences.

Neighbourhood context: "Because of what happens in our place." {Chantelle}.

When reflecting on their abusive experiences, the participants spoke of an initial protection of their children from the harsh community realities. This is not unfounded as such low-resource communities have been associated with higher levels of IPV, stress, substance abuse, poor nutrition, social isolation, poverty and limited personal and structural support systems (Letourneau et al, 2001).

It has been argued that when norms condemning violence are absent, violence in such communities may become normative and infiltrate the family unit (Angless & Maconachie, 1996; Golden et al, 2013). In this study, the home environment became an unsafe place following the onset of IPV, which also carried the risk of their children being exposed to other forms of violence and social ills, such as substance abuse, gangs and gang activities, intrafamilial child molestation, rape, or physical violence between adults.

Chantelle's partner used drugs, with his friends, in the home setting.

Chantelle: So they will do the drugs there. And I'm maybe making food, and if his friends are there and maybe hungry, I must give them.

The presence of gangs, who would smoke crystal methamphetamine within Anne's home, increased the risk of her children being victim to rape.

Anne: ... I was afraid of my kids and the gangsters was coming in, the Americans was come in to just come and smoke there... so the party is going nice there... so my boyfriend was there so he didn't care about what happened with the kids, they can get raped or what.

The threat of intrafamilial child molestation was present for Eleanor's daughter, given the paternal grandfather's presence in the home.

Eleanor: I was worried that... You see there, there was, there was a story of the granddad, um well he got a sexual assault for whatever [towards a child], um but that's some years ago, but people don't change and he, he actually told me this himself

Coco illustrates how children were often exposed to the violence in the home setting:

Coco: I will always tell him like the child is seeing everything and hearing everything that you are doing and that he shouldn't do this in front of the child, but in the end he didn't care.

The participants thus altered their views of the location of danger for their children which resulted in a more lenient approach to their children's movements in the community.

Chantelle: Like, how can I say, in the beginning I was very strict. Not before... in the beginning of me and his relationship, I was very strict. Like my children must always

be here next to me. Don't wander off. Stay here. You play in the yard. You don't play outside... Because of what happens in our place... In our area, and that... So but now, during the course of our fighting and that, my children (sighs) can go to their cousin around that corner.

Pervasive to their lived experience within the community, all the participants identified poverty as an overwhelming concern, an economic factor which most clearly and consistently increases the risk of IPV as well as diminishes the women's ability to exit the abusive relationship (Jewkes, 2002; Matjasko, Niolon, & Valle, 2012). Most of the participants were living in one-bedroomed, self-erected lean-to structures in the backyard of family or community members, and thus there was little opportunity to conceal the violence from both their children and other family members. They did not have consistent access to clean running water and electricity. The participants struggled on a daily basis to provide for their children's basic needs, particularly food, and their financial situation was exacerbated by their unemployed partner's misuse of funds for alcohol or crystal methamphetamine - only one participant did not mention substance abuse by her partner (Lapierre, 2010).

While the shelter temporarily alleviated the financial strain of providing for their children, the participants were acutely aware of their economic situation. Thus when asked about their children's future, they spoke of their children's needs which centred on their finding stable employment. The participants were motivated to provide stable and adequate housing for their children, good education and to obtain a job so as to provide the basic necessities, such as food. This mirrors the hierarchy of needs specified by Abraham Maslow (1968) who stressed that individuals strive for the attainment of physiological needs prior to progressing to the attainment of higher-order motivational needs. It is important to note that while employment would allow the participants to provide financially, it may take them away from their mothering duties. As suggested in previous research, if the participants remained unemployed, their limited financial resources coupled with poor sanitation, poverty and overcrowding may threaten their children's physical wellbeing (Tomlinson & Landman, 2007). In essence, they therefore found themselves facing very difficult choices as parents.

The participants' subjective experiences with their intimate partners and their children were thus influenced by their personal experiences of poverty, financial hardship, and their partner's substance abuse and unemployment. Their childhood experiences with their own

mothers and the climate of the home environment were also influential in shaping their future relationships with their intimate partners and children.

The context of past trauma: “It was not nice for me to grew up like that...”{Elizabeth}. Most of the participants reported being raised in violent and threatening homes without the consistent presence of a maternal figure. These have been shown to shape women’s adult interactions with their intimate partners (Hazan, & Shaver, 1987; Stephens, 1999).

Elizabeth: Sometimes I think it’s not just the father [father of her child], it’s maybe the way, it’s maybe the way I grew up (sobs).

Half of the participants were not raised by their biological mother for the full duration of their childhood and adolescence; some were raised by their mother in their earlier years while others were never cared for by their mother. Those allocated to the maternal role, such as maternal and paternal aunts, were reluctant caregivers. They were not consistently emotionally available and exerted physically abusive disciplinary methods.

Giertjie: ... And, you know, if you stay by an aunt you must... Ja, you must do everything. You are always a slave... and she hit me a lot. I couldn't even go out, and if I go out, uh, and I come back, she will hit me. I still marks on my body where she did like hitted me.

Being deprived of forming a secure attachment relationship with a primary caregiver in childhood has been shown to influence later intimate relationships (Waters & Cummings, 2000). Insecurely attached adults, who experienced less warmth in their relationships both with their parents and between their parents, were less likely to experience a stable and consistent relationship with their intimate partners (Hazan, & Shaver, 1987, 1994). Bowlby (1980) conceptualized that children internalize that which they experience in their childhood with their primary caregivers, which is then integrated into their concept of self. The loss of an attachment figure, through unavailability for whatever reason, results in the child feeling despair, during which time they mourn the loss of their attachment figure (Bowlby, 1980). It is evident in the participants’ stories that they experienced the loss of an attachment figure in their childhood. Expansion of the attachment process to the entire life span meant that the ultimate goal of attachment was “felt security” (Fonagy, 2001, p.13). The participants’ early

childhood experiences may have impacted on their adult interactions as they sought to find such “felt security” in their intimate relationships (Fonagy, 2001, p.13).

For these participants as well as those raised within their family of origin, their early living space can be described as the “cradle of violence”, through which their childhood experiences of violence were transferred into adulthood (Campbell, 1996, p.201; Marans, 2013; Shaver & Mikulincer, 2005). The forms of violence the participants endured during childhood included physical abuse by their biological father or maternal aunt, sexual abuse by an older brother of a neighbourhood friend, exposure to IPV between biological parents, and exposure to drug and alcohol abuse by their mothers and other elders living within the family home.

Coco: That is something that I wouldn't wish any child to be in or to see, like because it's not nice being so um being so young and seeing things like that happen to your mother. (cries)... we would um run out... to call my gran, my mother's mother, because she lived opposite the road then he [father] would call us and we would sit there and watch how he hit my mommy, so. It wasn't nice, that wasn't something nice to see because we couldn't do nothing about it... I can picture it now as I'm sitting here how my daddy used to hit my mom... that her nose was bleeding, and her whole head is swollen.

Women who have been exposed to and experienced violence in their own childhood have been documented to be more susceptible to engage in violent intimate relationships (Hattery & Smith, 2012; Jaffe et al, 2012; Jewkes, 2002; Kim & Gray, 2008; Levendosky & Graham-Bermann, 2001). For child physical and sexual abuse victims, their vulnerability to IPV is two to five times greater than those who were not physically or sexually assaulted during childhood (Hattery & Smith, 2012). These women also face the chance of sexual abuse reoccurring in young adulthood due to the erosion of their personal boundaries, and thus their efficacy in protecting themselves (Hattery & Smith, 2012; Jaffe et al, 2012).

The psychological mechanisms through which the participants' childhood interactions were transferred into their adult relationships may be due to the transmission of vulnerabilities into their adult years, such as poorer psychological functioning following childhood injuries to their self-esteem and worth (Hattery & Smith, 2012; Levendosky & Graham-Bermann, 2001). Supportive of previous findings within the South African context, the participants' earlier experiences may have normalised the use of violence against women

and they thus learnt to subjugate themselves in the role of victim in their adult relationships (Jewkes, 2002; Roberts, Hegarty, & Feder, 2006). As adults, the participants consciously sought relationships with intimate partners so as to find love and stability, with an unconscious disregard for their own safety and concern about who to trust (Davis & Petretic-Jackson, 2000; Jaffe et al, 2012).

Mothering in the context of IPV: “but it didn't strike me immediately because I was in love with him” {Chantelle}.

In line with the conclusions drawn by Thomas and Hall (2008) with adult survivors of child abuse, the participants' early encounters with intimate partners may have represented a form of escape, whereby they were able to leave the turbulent home environment and pursue their desire for love and stability, which had been jeopardised in their childhood by the presence of hostility, violence, and inconsistent attachment figures.

The current partnership was the earliest and most formal intimate partnership for most of the participants; some of the participants' earlier relationships did not last, with two of the women's relationships involving IPV. From the outset, the participants' processing of their intimate relationship corroborates with Landenburger's process theory of abuse (1989). While Landenburger (1989) termed the initial phase of the abusive process as binding, the term „attaching“ will be used in this study so as to capture the element of hope the participants had when choosing to attach to their intimate relationship and later relationships with their children. The attaching process that was formed between the participants and their partner also corroborates with traumatic bonding theory which posits that a powerful emotional bond is formed through the intermittent use of violence and the power inequalities in an abusive relationship (Dutton & Painter, 1993). As their partners gained more control and power in the relationship, the participants became increasingly dependent on them. The intermittent use of violence exposed the participants to calm and happy periods with their partners. By offering glimpses into a different future, these periods functioned to sustain their aspiration for a safe, peaceful intimate relationship.

As found in Landenburger's (1989) process theory of abuse, the participants in the early phase of „attaching“ held aspirations that they would enter a stable, loving relationship with their partner. Their relationship started as a friendship, with the men displaying qualities of kindness, warmth, and a caring attitude towards the participants and their existing children. Early warning signs of abuse were not considered a cause for concern but rather interpreted

as their partner's form of displaying love and affection (Landenburger, 1989). Consistent with the literature, two factors that played into the participants' ignoring the early warning signs was the belief in their ability to fix the situation, and hope that things would change (Landenburger, 1989).

Samantha: He was using crystal meth. But then I still stayed and I thought maybe I could help, and he went to rehabilitation.

Emma: He start using drugs, but everything was fine back then (raised voice). (pause) He did verbal abuse... But I did overlook that because I did know, um, um, um, the truth that he's talking about, I overlooked that.

As abused women have been found to relegate their concerns and the presence of warning signs to the periphery (Landenburger, 1989), the participants were able to preserve the intimate partnership, which continued to represent the most probable route to experience feelings of love, security and protection.

Supportive of previous findings, the participants found themselves engaging in a simultaneous yet contradictory process of attaching when faced with the presence of an unborn child (Lutz et al, 2006). While attaching to their intimate partners, the participants also tried to attach to their unborn child, which involved various maternal tasks (Lutz et al, 2006). For the participants the process focused on trying to seek safe passage for their children into the intimate partnership (Lutz, et al, 2006). This involved protecting their unborn child from their partner's abusive assaults by making their partner more aware of their unborn child's presence.

Samantha: He actually threw me on the floor, on my stomach like he wanted me or my child to get hurt. He threw me on my stomach, dragged me out into the road, and then he kicked me and he smacked me. Then I got up, then I ran with him against the gate; and then I like I stood in front of him and I held the gate, just to let him feel the child inside of me (tearful). And I looked him straight into the eye: like what is this, and why are you doing this? Then he calmed down and he left me.

For some participants, their first pregnancy was not accompanied by verbal and/or physical abuse. Their simultaneous process of attaching to both their partner and child therefore did not conflict with each other, and present as a push-pull relationship. This happened during subsequent pregnancies, and often coincided with their partners' increased

substance abuse and unemployment, thereby highlighting the influence of wider social problems on the use of violence against women, a form of oppression which has been argued to originate from men's feeling of inadequacy due to their failure to provide financially for their family (Hattery & Smith, 2012).

As their children grew up, the participants expressed the greater ease with which they could fulfil their mothering role during periods of calm, compared to periods of violent perpetration. The participants found it easier to discipline their children, spend time with them, listen to their children's needs and provide financially when their intimate partnerships were not characterised by frequent and intense verbal and/or physical abuse. By focusing on the positive aspects of the intimate partnership, such as their partner's contribution to child care and the support that they received from their family and their partner's family, the participants were able to tolerate the abusive environment and hold onto the hope that favourable family periods could become a constant.

Chantelle: It was easy. It was easier... Because the environment was just go with the flow (pause) and if I tell them [children], do this, they will do it because it's easy or so.

Carmelita: Or we would just go to friends and stuff and then it would feel nice... so that really made me feel good about, about the relationship and things like that kept me holding on and kept me holding back because I believed that you know, he can be this person and he can change and it's not necessary that he has to hurt me all the time.

The contradictory interplay between the participants' attaching process to their intimate partner and children meant that different processes took precedence at different times in the women's lives. Within the earlier phases of their relationship, the participants were committed to their intimate partner, and hopeful that this would provide a fulfilling and stable family life. As the intimate partnership unfolded, however, the intensity and frequency of the IPV escalated, and the aftermath of the violence for both their intimate partnership and their mothering role crystallised, causing the balance of these processes to shift, as will be discussed in subsequent sections.

Impact of increased IPV on mother-child dyad

As supported by the current literature, the participants' ability to manage their children's needs and maternal tasks fluctuated in relation to their victimisation of abuse by their intimate partner, their experience of their economic situation, and their interactions with their family and community (Semaan et al, 2013). The participants did associate increased levels and severity of IPV with impaired mother-child interaction, which corroborates with the negative discourse of mothering found in the literature (Huth-Bocks & Hughes, 2008; Lapierre, 2008; Levendosky et al, 2003, 2006; Postmus et al, 2012). Such discourse posits that abused mothers function according to a deficit model of mothering (Lapierre, 2008) as they engage in physically punitive disciplinary methods, are less emotionally warm and nurturing and experience conflicting feelings towards their children.

Ambivalence towards her children: "Why must you be here?"{Emma}. When their mothering stories were given precedence, the participants expressed intensely ambivalent feelings towards mothering their children. On one hand, they expressed their love for their children, whom they tried to protect from the violence. However, consistent with current research, the participants became frustrated with the presence of their children in the IPV household which functioned to cement their position in the intimate partnership, and aggravate tensions within the intimate partnership which led to more violence against the participants (Angless & Maconachie, 1996; Roberts et al, 2006).

Emma: ... Then they sit there neh and then I ask myself... hoekom moet julle nou hier gewies it? [Why must you guys be here?] Why must you be here? Then, um, I feel like, um um, ek will amper vir hulle die skuld gee man, so... so, it is amper so. [I would want to give them the blame, it's like that.] En dan ek se vir myself, nee man, jy kannie jou kinders die blame gee vir wat jy (inaudible), that you are going through, you can't give your children the blame. [And then I say to myself, no man, you can't blame your children for what you are going through] They are only kids, they are only kids, why are you blaming them?... It's very hard if that feeling is coming up.

Grace: ... When you have like an argument... [K] will always come making more trouble by breaking something or scratching in that guy's things... it was very hard for me... He didn't hit me blue eye, blue eyes, he hit me black eyes. It was like black the next morning. So bluish is like black, black, black because of that, but I don't blame my child for the abuse... He is only little, he can't defend himself... but at

times I wished actually when that stuff was going on that, why didn't my mother keep [K] by her place? The day I left? Sometimes I felt like that. Just to avoid the trouble and stuff like that.

In every mother-child relationship, maternal ambivalence is an important component and an important distinction has been made between manageable and unmanageable ambivalence (Parker, 1997). Although difficult to acknowledge, manageable ambivalence is considered a normal phenomenon whereby the accompanying pain, discomfort and confusion may motivate the mother to understand the conflicting emotions and work towards changing the situation and her feelings towards her child/children (Krane & Davies, 2007; Parker, 1997). Within the context of IPV, maternal ambivalence has been pathologised, which may have silenced the participants' feelings and evoked intense feelings of guilt and shame, as seen when the participants cried and acknowledged the difficulty in experiencing these emotions (Parker, 1997). Their experience of IPV may have also limited their resources and motivation to constructively engage with their maternal ambivalence.

Unmanageable ambivalence carries a danger to both mother and child, as feelings of hate are not always accompanied or softened by maternal feelings of love (Parker, 1997). The overwhelming guilt and anxious feelings that accompany such ambivalence may be expressed in a secretive and/or harmful manner following no appropriate outlet for expression (Parker, 1997). The case of Nokuthula may illustrate the harm to children that may result from the silencing of prior intense ambivalent feelings. Having been unsuccessful in aborting her second child given time constraints, she acknowledged severely beating her children during periods of heightened IPV.

Nokuthula: ... I was happy neh for the, for [Z], but then the time I was getting pregnant with [L], I was want to go for abortion (pause) because that time I was thinking, oh I want my child like to grow up with a mother and a father... but by the time I was having him, that one, he was starting to be violent.

As advocated in previous research conducted with abused women in shelter facilities, a realistic appraisal of mothering and contextual understanding of maternal ambivalence may assist in de-stigmatising the phenomenon and facilitate the abused women's expression of these emotions, as they are often mothering their children on limited emotional and material reserves (Krane & Davies, 2007).

Beating children during periods of increased violence and parental stress: “But there was times I did hit him because of the abuse, yes.” {Grace}. In addition to, and possibly aggravated by their feelings of ambivalence, the participants admitted to using physical discipline, which they subjectively described as more harsh and aggressive in comparison to their use of discipline during calm periods (Jaffe et al, 2012). Indeed, when compared to non-abused women, abused mothers were more likely to engage in harsh, intrusive parenting methods which involved greater levels of emotional and physical aggression (Gustafsson & Cox, 2012; Holden et al, 1998; Letourneau et al, 2001; Roberts et al, 2006).

In line with previous findings in the literature, the participants experienced higher levels of stress and emotional trauma during periods of heightened violence, as well as acknowledging the negative influence of parenting stress on their ability to manage their children’s behaviour (Huth-Bocks & Hughes, 2008).

Emma: And sometimes when the violence was so neh, so bad neh, like one time I was hitting [G] neh, then I was (pause) yoh, is this now anger, or what is this? What is this? And I can see the blue marks on her, on her, on her legs. It's black, but I can see the marks on her, on her legs.

The parenting stress experienced by the participants was influenced by a number of factors and was not limited to the direct effect of intimate violence perpetration. Given the limited sources of emotional and financial support available to them due to their relative isolation from familial and social support structures, such as friends and employment, the participants, as with other abused women in the literature, took their frustrations out on their children (Holden et al, 1998; Little & Kantor, 2002). Partners often criticise and undermine abused women’s mothering abilities (Jaffe & Crooks, 2005). The participants may have thus felt pressured to show their adequacy as a mother, resulting in them hitting their children excessively. Some children’s mirroring of their father’s aggressive behaviour towards their mother led to the participants emotionally and physically assaulting their children.

Coco: I would be aggressive with him... Shouting at him and pulling him around and, tell him that he should listen, because the whole time you just do what your daddy did now and...

As found in other studies, physical discipline was not the participants' main form of discipline, with some participants strongly disapproving of the use of hitting as a discipline method (Holden et al, 1998). The use of more intrusive and punitive parenting practices was thus associated with periods of intense violence in which the participants' capacity to calmly manage their children's demands were impaired. For one participant, hitting her children reminded her of her own victimization and she experienced intense sadness and guilt for hitting her children.

Carmelita: I don't like screaming at my children and I don't like hitting them and I don't like doing stuff to them, because for me every time it's abuse (cries).

Emotional disengagement from child: "I basically maybe cut myself off"

{Eleanor}. Consistent with the subjective experiences of the participants in this study, abused women have been found to be less attentive, emotionally available and display less warmth towards their children, (Holden et al, 1998; Letourneau et al, 2001; Levendosky, & Graham-Bermann, 1998) although they do not deny the importance of being emotionally available when their children are distressed (Holden et al, 1998). The following excerpts will show that some participants emotionally disengaged from their children, as they struggled to empathise with their children's emotional needs and provide the necessary comfort and warmth to their children given their own traumatic psychological state following repeated violent assaults.

Eleanor: Yes and then I basically maybe cut myself off, or try to get her attention on something else, or just redirect her.

Coco: It was at times like that then I just want to be alone, but then [N] wouldn't understand and then he will want me to do things with him and I can't because I'm now... Because, because of what I was feeling at that moment.

Children do not only respond to their abused mothers' parenting style, they also respond to their abused mothers' fluctuating psychological functioning and ability to engage with them emotionally (Levendosky, & Graham-Bermann, 2001). As attachment is a form of emotional regulation whereby children learn to regulate their own emotions through the assistance of their principal caregiver (Levendosky, & Graham-Bermann, 2001; Sonkin, 2007), the fluctuating emotional availability of the participants impacted the mother-child attachment relationship. The role of fear in preventing a secure mother-child attachment relationship when the mother is a victim of IPV has been discussed in the literature, and may

partly explain the participants emotional distancing in this study (Buchanan, Power, & Verity, 2013). Faced with the continuous threat of violence, both towards themselves and their children, the participants may have become preoccupied with meeting their partner's demands and needs to prevent further violence, thereby prioritising their intimate partnership on the basis of fear and upholding their commitment to their intimate partnership. The participants own psychological traumatisations also made them less available to their children.

During the period of increased violence, the participants were still committed to their intimate partner and hopeful that the abuse would cease, as promised by their partner. This contributed to their limited emotional availability, as well as physical availability to their children.

Mothering from a distance: "Because I can't be with him due to circumstances" {Samantha}. In the present study, not all of the participants' biological children were residing with her and her intimate partner, with one or more of the older children residing at either their paternal or maternal grandparents.

The notion of "parcelling children" out to different households within the family has historical roots in South Africa (Smith, 2013, p.78). Both done to the participants in their childhood in some cases and being done by the participants to their children, the literature posits that sending children away presents an alternative for women to mother their own children, when faced with financial and economic hardships and IPV, possibly due to its familiarity and acceptance as normative (Smith, 2013).

Before the intimate partnership the participants did not always have a stable income and place to stay and thus sent their children to live with maternal or paternal family members. During periods of intense violence, abused women have been shown to send their children to live elsewhere whilst they remained within the abusive household, albeit for various reasons (Lapierre, 2010).

Consistent with findings from a South African study in an informal settlement, some participants removed their children to protect them from the partner's violence (Ross, 1996), particularly children who did not share a biological relation with the intimate partner as they were more likely to be physically and emotionally abused. Other participants removed their children from their direct care to protect them from their beatings. The participants also utilised their family and community members for temporary respite from childcare duties

when they were physically injured by their partner or when working long shifts. One working participant feared that her children would be raped in their home as her intimate partner was abusing crystal methamphetamine, and for a small payment, allowed gang members to smoke with him in the home.

Anne: So I was, what I was doing weekends, I will take my kids and ask somebody else can they sleep there and I will pay that person R200 just to sleep there when I come home from work, then I go fetch them, sometimes that woman say no, leave them, they are sleeping, don't wake them up. You go sleep.

The consequence of forced separations within families and limited contact between children and their biological parents has been shown to have widespread implications for the mother-child dyad (Smith, 2013). John Bowlby was concerned with the separation of infants from their mothers in their early years of development (Buchanan et al, 2013). As suggested in the literature, substitute caregivers, who were involved in the participants' own childhood and continued to be present for their own children, may not welcome such a role (Smith, 2013). Overwhelmed by the responsibility, they may provide insufficient care. The lives of the participants' children may thus be characterised by loss and disruption and they may later struggle to form stable, intimate relationships (Smith, 2013). They may grow up to not complete their education, choose unsuitable intimate partners, engage in risk-taking sexual practices and conceive unwanted children, whom they may in turn parcel out to their extended family members (Smith, 2013). The intergenerational thread of parcelling children out to others was highlighted by the participants, and the damaging effects to the parent-child relationship, which was also shown to extend across generations.

Adultified child: “and the questions they ask me isn't what children must ask.” {Chantelle}. Introduced into their mothering role at an early age, the participants became providers to their own children shortly after and sometimes during their teenage years. Young mothers have been shown to expect their young children, particularly girls, to adopt parental responsibilities within the household that surpass developmentally appropriate norms (Mayseless, Bartholomew, Henderson, & Trinke, 2004; Stephens, 1999). These children may then enact role reversal in the hope of preserving a degree of psychological equilibrium (Mayseless et al, 2004). Various forms of adultification have been found to occur within the abusive home environment, but parentification was discussed by the participants in this study (Mayseless et al, 2004; Stephens, 1999).

In this study, the participants' children sometimes took on the adult responsibility of attempting to protect their mothers, and show their dislike of the partner's abusive behaviour, who may have been their biological father.

Coco: Because [N], [N] scream at his daddy, ask his daddy why you hitting my mommy and then he would run to his daddy and hit his daddy.

Samantha: Because he knew, he saw what was going on. And then he wanted to run after his father, but his father ran away because he was afraid that I was going to make a case (crying).

Reversing the adult-child roles with regard to physical protection can have a twofold effect on the mother-child dyad. While it may have brought the mother and child closer during periods of intense violence, it did not encourage the participants to adopt the role of physical protector for their children who were sometimes also subjected to violence within the home environment (Humphreys et al, 2006).

The children also provided emotional comfort and support to their abused mothers (Little & Kantor, 2002). This involved comforting their mothers after they had been physically assaulted by the intimate partner.

Carmelita: ... he would wipe my tears and then he would tell me Mommy don't cry, it's going to be okay...

Giertjie: And she said I mustn't cry, everything will come right.

The children also became advocates for better living standards for their mother. Samantha had spoken in the interview about trying to instill good manners, life lessons and behaviors into her children. Her son's disapproval of the partner's physically abusive and substance-abusing behavior indicated how she had also given him the adult responsibility of being her „voice“.

Samantha: But I felt very rewarding that he stood up for me, and he was my voice.

The partner's abuse of substances has been recognised as contributing to the parentified status of the child within IPV households (Little & Kantor, 2002; Stephens, 1999). Rather than contributing to child care and household responsibilities so as to support the participants, the partners relegated these duties to the older child within the family (Little & Kantor, 2002; Thomas & Hall, 2008). While adultification has been argued to satisfy the

child's need for proximity and closeness to their mother, it continuously obstructs their need for parenting (Mayseless et al, 2004).

In light of the additional adult responsibilities exerted on the children within the abusive period, the participants were expressive of their desire for their children to not be burdened by adult responsibilities and worries, and thus be children.

Impact on women's feelings of mothering

Following the negative influences of IPV on the participants' interactions with their children, and their diminishing hope of a better future with their partner, the participants became increasingly concerned with their mothering, and began doubting their effectiveness as a mother (Jaffe et al, 2012). Their self-appraisal of their own mothering revealed that the participants felt like they were failing within their maternal role, they felt guilty about their children's adverse childhood experiences and they feared that their children would grow up to accept abusive practices as normative in their future intimate relations. These feelings were exacerbated by their subjective experiences of being unsupported within their mothering role.

Failing as a mother: "You feel you're not good enough to be a mother." {Emma}. The domestic violence situation complicated the participants' feelings about their ability to parent their children. The abuse had diminished the participants' capacity to sustain a previous level of childcare, in which they had more easily been able to meet their children's physical and psychological needs. It has also been suggested that psychological abuse may lower abused women's self-esteem, thereby impacting on their self-belief and personal sense of worth, both as an individual and mother (Little & Kantor, 2002; Perel & Peled, 2008). Coupled with internal feelings of ambivalence, frustration and anger towards their children, abused women have been found to appraise their mothering role, by questioning what their children may think of them (Gengler, 2011).

Chantelle: Not only the, the, the beating or something like that, I was thinking about what is my children thinking about me or something like that.

Carmelita: I was thinking what does my children think of me as their parent or as their mother. How do they think of me? Do they love me? Do they want me as a mother?

One mother's use of marijuana throughout her child's life resulted in her feeling selfish and inconsiderate of her child's needs.

Sadie: It's how I'm feeling now, it's like I was selfish maybe or I was loveless, or thinking about myself...

Supportive of the literature, the participants partners undermined their parenting ability by criticising their mothering and labelling them as bad mothers, sometimes in front of their children (Lapierre, 2010).

Grace: Ja. Then he started with his abuse and stuff and call me a bad mother and I'm going to see, I'm going to lose all my children. I already lost the two, he said. [Her first two children remained in their maternal grandmothers home when Grace began living with her partner].

Criticism of their mothering by their partners and his extended family may have had a twofold effect on their feelings of their maternal performance. The criticism may have planted the seed after which the participants began considering themselves as failing. Such criticism may have further aggravated their feelings of failing, and solidified the image of being a weak child care provider. The accumulation of parental stress, adverse emotions towards their children, restricted capacity to provide emotionally for their children, multiple socioeconomic pressures, and their inability to shelter their children from direct and indirect forms of violence thus created the context in which the participants, in line with the sentiments of other abused women, felt weak as parents and rated themselves as failing within their maternal role (Gengler, 2011; Little & Kantor, 2002).

Grace: ... because I was so, such a big disappointment...

Carmelita: So as a parent, or even as a mother it made me feel like I'm failing my child, because I'm allowing my child to see this abuse and stuff .

Maternal feelings of guilt: “But it was wrong of me” {Sadie}. For the last three decades, feminist scholars have challenged the notion of a „perfect mother“ or „good“ mother (Krane & Davies, 2007, p.28). This idealised image of mothers states that mothers naturally possess the skills to care for their children and are thus always available to care and love them, regardless of their circumstances (Krane & Davies, 2007; Lois, 2010). By ignoring the physical and emotional tasks, and financial resources needed to competently perform as a mother, this idealised notion of good mothers sends the message that mothers should complete their mothering tasks regardless of their circumstances (Krane & Davies, 2007).

The expectation of the ideal mother set the participants up for failure. As the participants were not always able to fulfil their maternal tasks optimally, they, as well as other abused women, experienced intense feelings of guilt which permeated their stories (Krane & Davies, 2007).

Sadie: I felt bad. I felt bad because I stay in the relationship, I stay in the relationship and I know what it's doing to my son and me...

Their feelings of guilt are intensified by the expectation that they should be readily available to their children's needs, which should always come before their own needs. By exposing their children to adverse circumstances in which they witnessed, endured or ran a greater risk of becoming victims to violence, the participants failed to put their children's needs above their own. The participants were aware of their ability to provide better maternal care to their children, which may have made them feel even guiltier.

Emanating from various sources as will be shown below, the participants felt guilty that their children had endured and/or been exposed to adverse experiences in their childhood.

Many of the participants expressed guilt for hitting their children, although they did not allow others, such as their children and other members of their family, to witness their guilt.

Researcher: So there was a bit of guilt.

Emma: Yes. But I'm not showing them that I feel that way.

Coco: It's almost as if I was taking his daddy's anger out on him, because that's what his granny [partner's grandmother] told me, I must stop doing that.

Researcher: Okay. How did it feel when she said that to you? What did you think?

Coco: (Laughs) I would tell her no it isn't but then it is so (pause)... I would think it is so, and I am doing it, which is wrong.

The concealment of their guilt and associated feelings of shame may have functioned to maintain their image of a competent parent. For those participants whose partners were

already critical of their mothering, it may have fuelled their partner's criticism of them as inadequate or failing mothers. For other participants, admitting their guilt for hitting may have opened them up to novel criticism; that of their mothering.

The likelihood of children becoming victims of child abuse is fifteen times greater for those living in households experiencing IPV, and that figure increases when the abusive intimate partner is abusing drugs (Hattery & Smith, 2012; Roberts et al, 2006). It is therefore not surprising that most of the participants disclosed the inappropriate use of force against their children by their intimate partner. Sometimes these children were at the wrong place at the wrong time, and thus became indirect victims of the partner's frustration and violence. Other children were used as a means for the partner to incite violence against the participants, as the abuse of her children would cause her to intervene. The following extract points to an example of the ever present threat of violence in the participants' daily lives, which played an influential role in their mothering experiences.

Grace: And I went and sit on a little crate... he kicked me off that crate when [K] was sitting on my lap and he, he um, he hit [K] head, but he wasn't broken, it was just like a, a bump, ja and I felt very sorry for [K] that... I actually felt very sorry for [K], because [K] was like trembling, he was so afraid, he was clinging to me. And he came and he beat me up afterwards also, I was sitting back on that crate, I think hey, if I move now, he's going to like pull out this screwdriver.

The participants also expressed guilt for exposing their children to malevolent behaviours within the home environment, such as their illegal substance use.

Sadie: There's a positive and there's a negative side. It's a good thing maybe for him for his future that he saw, from his own, own parents, that he's been exposed to it through his own parents and not through future people that he's going to meet or, but now the negative thing is, it's sad man, it's bad. It's not right...

In households experiencing IPV, children are known to be overrepresented, with most of the participants in this study caring for young children between the ages of nought to six years (Roberts et al, 2006). Most of the participants in this study expressed guilt for exposing their children to domestic abusive assaults. Even when her child was removed by the paternal grandmother at the onset of the violence, Samantha acknowledged the trauma that may have ensued for her child.

Samantha: Constantly I think of him. And at the time I would feel grateful for him not to be involved, not seeing how his father would attack me, but hearing is probably put the picture in his head as well (crying). So I was actually very heart-sore because he had to witness what I gone through, and what was happening in his mindset...

Eleanor: I felt sorry, I felt very sorry, because I put her through that...

Chantelle: And at other times, it's like, I think to myself, I'm sorry, I'm sorry. Like I'm telling myself I'm sorry to them. Because they are sitting there, sometimes they're not crying even. They're just sitting and watching.

Given that the participants felt bad about their children's daily exposures to violence, some participants tried to buffer the negative effects of IPV on their children by engaging in what has been described as compensatory parenting practices. This involved providing more warmth in their parent-child interactions and increased leniency in their demands and requests of their children (Jaffe et al, 2012; Letourneau et al, 2007; Roberts et al, 2006).

Researcher: And what is it like to parent them and to discipline them during times like this?

Chantelle: It's difficult. Because sometimes, sometime I don't... they do naughty stuff, and I don't hit them or say nothing. Because I feel like... um how can I say...I feel like, ag, do it maar [just do it].

For Grace, her use of hitting and her child's witnessing of IPV meant that she tried to compensate for her children's experiences by giving him more affection.

Grace: And I felt actually that afterwards, I felt sorry for him and I would like cry with him and try to like pamper him and keep him, but it's like yoh, you already beat the child.

The participants' feelings of guilt focussed on their children's experiences, and their role in allowing such experiences. While initially the participants were concerned with „attaching“ to their partner, and ensuring that their children were accepted by their partner so as to preserve the intimate partnership, their feelings of guilt illustrate the participants shift in focus to their children as they became aware of the impact of IPV on their mothering role and their children's wellbeing. Zink and colleagues (2003) similarly found that abused women's understanding and/or realisation of the impact of IPV on their children was a gradual process

which resulted in increased efforts to protect their children from the effects of the violence. The ultimate form of protection they provided was leaving the abuse, consistent with the process of the participants in this study (Zink et al, 2003).

Fear of children becoming perpetrators or victims of IPV: “I don’t want him to grow up like that” {Sadie}. Consistent with other findings, the participants became increasingly concerned with the template their intimate partnership was providing for their children’s future intimate relationships (Lapierre, 2010). The risk for children within IPV households to become perpetrators and victims of IPV, for boys and girls respectively, is greater than for children not exposed to IPV (Hattery & Smith, 2012; Lapierre, 2010). The participants own intergenerational system of abuse may have awakened their concern for the continuation of abuse in their children’s future and thus the participants were worried about their children’s adoption of IPV as acceptable in future, adult relationships.

Emma: ... my kids are seeing this and they think it's right. They think it's right, and they're going to find them a husband or a woman like that, and they think it's right to live like that, abusive, don't care.

Carmelita: That he doesn’t do any of that, because it’s not nice for the, even like, for me as, as, as, as the mother, it’s not nice for my husband to hit me, so I wouldn’t want him to do that to his wife, because the pain that you bear and the pain that you go through is not a nice pain.

The participants’ concern for their children’s future intimate interactions may have also been triggered by their children’s current interactions with them, as some children became emotionally abusive and/or physically aggressive towards their mother.

Chantelle: And if I tell them something, they’ll repeat me, they’ll make fun of me now. They will pull my hair...

Sadie: He keeps, he thinks he’s his father. He, he’s like his father already. When I speak the right thing they will chuck me out of there.

Previous research suggests that children of abused women internalise the violent spousal interactions to which they have been exposed (Holden et al, 1998; Levendosky & Graham-Bermann, 2000). The participants’ discussion of parent-child conflict constituted

another factor that increased the participants' awareness of the damaging effects of remaining within their intimate partnership.

Maternal experiences of support: "I was like having no one, like my family, no one to support me" {Nokuthula}. The participants often faced insurmountable challenges, with regard to their simultaneous duties as partner and mother. While the women did initially speak favourably of the criminal justice system, other social agencies, their family systems and friends as they were able to curb the IPV for a certain period of time, provide respite from their childcare duties, assist them in their mothering role and provide support and comfort that the women so needed, the participants later spoke about these systems as being unable to end the violence or improve their mothering situation (Angless & Maconachie, 1996). Occurring towards the latter part of their stay in the abusive relationship, these sentiments may point to the internal feelings of helplessness and desperation abused women experience within their home situation, and which they had been unable to change (Walker, 1979).

Rather than their experiencing less social support than their non-abused counterparts, the multiple risk factors with which abused women are faced may deplete the protective effects their social support systems are able to provide and therefore prove insufficient to curb the negative effect on their mothering and their feelings of being unsupported (Golden et al, 2013). Following is a discussion, supported by extracts, of the participants' feelings of support in relation to their family, their partner's family, their partner's contribution to childcare, and the police respectively.

Early in the abusive relationship, abused women have been shown to rely on their current relationships with family and friends so as to receive practical and emotional support for their abusive situation (Krane & Davies, 2007; Ross, 1996). In this study, the participants used their family and friends to alleviate the strain of caring for their children. As found in the literature, the participants however, expressed feeling isolated, lonely and unsupported in their mothering role (Angless & Maconachie, 1996). They felt betrayed by friends and family who had disclosed their abusive situation to others, were unable to accommodate them in their home for fear of the partner's violence and who had cut communication with the participants following their continued involvement with their intimate partner.

Emma: ... that's why I can't trust anybody because why I talked to a best friend of mine about my problems, just to let it come out, but in the future everybody did know my problems.

Anne: ... the hardest thing is you don't have a place of your own and people just, your own parent just kick you out. (crying) Where must you go? And especially you have, you have kids.

The participants also felt unprotected and/or unsupported by the partners' extended family as they were unable to assist and/or protect the participants from the abuse, financially took advantage of them, and did not support them in their mothering role.

Eleanor: No, no, I never relied on anybody else. I never asked anybody for anything, uh, because ja, no. (Laughs) I didn't, I didn't fit in the house.

Emma: I have money if I stay by my parents, but if I'm there by them [partner's mothers house] I don't have money to buy even a packet of uh, uh, a packet of 50 cents, uh, uh a 50 cents chips for my kids. Now how does my kids feel, my mommy is working seven days a week, but she can't even buy me a pair of shoes.

The participants also discussed their feelings of not being emotionally and financially supported by their partner. It is important to note that the partner's contribution to childcare duties early in the relationship may have alleviated the participants' responsibilities and contributed to their tolerance of the abusive home environment earlier in the relationship (Landenburger, 1989).

Anne: Um, I wanted to be a mother and you don't have someone next to you who can help you, it's very tough. Very, very, very tough (tearful).

Carmelita: ... he didn't even want to help me with the child. I felt like I was alone, I had to do everything alone.

While their contact with the police and other sectors of the criminal justice system were described as helpful in the process leading up to their departure, the participants felt that they were ultimately unable to assist the participants to leave the situation.

Anne: And one day they say to me um, um they can't do it anymore, because my mother always bring the people in, bring the people in, so it's going to be over and

over again, so the police did get tired of that too now. Everytime I call and they do it again, I call they do it again.

Chantelle: ... so after a year or a year-and-a-half I went to the social worker again. I felt like I couldn't any more. So the social worker told me, what did she tell me (pause), I must go to the police. She can't help me, I must go to the police.

The accumulation of emotional trauma, physical assaults, economic worries and limited sources of support in caring for their children resulted in the participants contemplating suicide, and sometimes of taking their children with them.

Elizabeth: Sometimes I think just to do something. Sometimes I just feel to kill myself (cries).

This was often followed by considering the outcome of their death for their children.

Chantelle: ... Because why, if I take my own life, then who is going to sit with my children? They are going to go through it without me.

Emma: I wanna, I wanna die. I feel sometimes I want to die. You see, I want to hang myself, but then my kids are still coming to me, so what's going to happen with my kids if I'm going? [At this point, the participant sat up in her chair, and maintained eye contact throughout.]

Coco: That I want to kill myself, but then I think who's going to look after [N] (cries)? And what's going to happen to him (cries)?

While abused women have been documented to be more likely to have suicidal thoughts and attempt suicide (Galano et al, 2013; Krane & Davies, 2007; Seedat et al, 2005), the participants used this experience to think of their children, which highlights their increased sensitivity to their children's needs, rather than that of their intimate partnership.

Disinvestment from intimate partnership to an investment in parenting “There’s no hope for us” {Chantelle}

An abused woman's perception of control has implications for her help-seeking behaviours (Kim & Gray, 2008). When fostering an external locus of control, the participants felt helpless to change their situation and blamed themselves for the abuse, which sustained their position in the abusive relationship. The impact of increased levels of violence on the

mother-child interactions and their feelings regarding their mothering performance shifted the participants into an internal locus of control. An internal locus of control has assisted abused women to not blame themselves for the abuse, but hold themselves responsible for their reaction to the abuse, as was the case with the participants (Kim & Gray, 2008). Indeed, regaining a sense of self is an integral part of disengaging from their abusive intimate partnership (Landenburger, 1989).

The participants were motivated to disengage from the abusive relationship through the acknowledgment of two important realities. Firstly, they lost faith that their partners were going to change their abusive behaviour.

Anne: Exactly, I was thinking they will change, but there was nothing will change (raises voice).

Chantelle: So me, myself and I, I just feel like... there's no hope for us... for him or. But I see no change and that.

Secondly, they held their partners accountable for the violence. Two important factors assisted the participants to hold their partner's responsible for the abuse. The participants identified the role of their partners' substance abuse, either crystal methamphetamine or alcohol, in initiating and exacerbating the abuse. Substance abuse has indeed been shown to aggravate an already hostile home environment by blurring the judgment of an abusive partner (Jewkes, 2002).

Emma: So um, um, um, we were actually... I'm going to tell you now... we were actually uh, if he was not on drugs, a happy family.

While previous research has found that the labelling of an abusive partner as psychologically disturbed offered abused women a means to explain their partner's abusive behaviour to their children (Holden et al, 1998), the participants used this explanation to hold their partner's accountable for the abuse, and thereby placing their partner's in the position of needing help.

Elizabeth: Ek weet nie of daar miskien iets verkeerd is met hom nie. [I don't know if maybe there is something wrong with him.]

Sadie: Then he's like he's mad, man. I think there's mentally something wrong with my, with him. He needs help, I told him on Sunday you need help, I told him on Saturday already you need help, you definitely need help.

As their concern for their children superseded their commitment to their partner, the participants disinvested from their intimate partnership and simultaneously invested in their parenting. Indeed, the presence of children impacts the abused women's reaction to IPV in different ways at various stages during the abusive partnership (Meyer, 2010). Previous research suggests that abused women's decisions to leave an abusive relationship are influenced by a personal risk assessment (Meyer, 2011). In the earlier part of the relationship, the threat of violence towards their children and their own opportunities to exit the abusive relationship may have been categorised as low as their appraisal of their relationship focussed on the positive aspects of their relationship. Following increased violence, diminished hope in sustaining their intimate partnership, and increased concern for their children, the participants were motivated to leave their abusive partner in the best interests of their children. The role of children in motivating abused women to exit the abusive relationship has been consistently documented in the literature (Hilton, 1992; Meyer, 2010; Randell, Bledsoe, Shroff, & Pierce, 2012).

Emma: I'm not doing this for me, I'm doing this; everything I do, I do it for my kids. Because I want to, I want to, let them be better persons in life, you see.

The participants spoke of their wish for their children to receive a more stable home life and childhood and for their children to not be disappointed or blame them for their failure to leave the relationship at a later stage.

Chantelle: How can I say... it's my second time [in a shelter facility], and I feel it's my last chance. I can't disappoint my children. So that's why I crying.

Nokuthula: Yes, so that tomorrow they will be somewhere, somewhere. They don't want to to blame me we are not educated or whatever.

During the last stage of the abusive process, namely recovery, Landenburger (1989) describes how abused women grieve the end of their relationship, which is also followed by a search for meaning in their life (Landenburger, 1989). For the participants in this study, their new meaning for life appeared to be their children. Their children were a source of strength

during the latter part of the relationship and had motivated them to abstain from alcohol and substance use, choose a better life, remain alive and seek help.

Carmelita: I think my children is what made me strong and, and kept me where I am today. Because I could have did whatever, you know drink or drugs, or, or whatever people do, I could have did, but I always thought about my children...

The emphasis placed on mothering by shelter facilities may be in line with some abused women's feelings towards mothering when entering shelter facilities. For other abused women, it may not, thus raising issues of guilt which they may not be ready to face. Their investment in mothering may also have represented the most accessible route to love and support available to the participants.

As for Sadie, the hostile and unsupportive behaviour of her teenage son influenced her departure from the home but this was not followed by an investment in her mothering role. Although Sadie deeply loves her son, his behaviour meant that she has decided to invest time in her own wellbeing and personal healing, rather than in the role of mothering. Sadie's focus on her own wellbeing may have represented the safest and most comfortable space to enter, rather than the mothering role as for the other women.

Sadie: Yes man. That is why when I leave him and he decide, he's big and he can decide what is best for him. You see? But I am, I will be there for him as best as I can and whatever I will and must be there for him. I must just work on myself first.

The participants felt that the rupture in trust with their intimate partner left them with no option but to parent their children alone, while others directly acknowledged wanting to be single mothers. By leaving the abusive relationship, abused women gain a sense of accomplishment. Such accomplishment may increase their agency and feelings of self-efficacy, and give them courage and confidence to parent alone.

Anne: ... I don't think so I would have a relationship anymore. Because it's not worth it anymore for me. Relationship what I can have now is with my kids. That's all and I don't want my kids must suffer and go through the things. I want the best for them.

Nokuthula: ... Sometimes I just want to look for the work, then I find my own place, I can stay with my kids. I'm not going back to him anymore. Like better to stay as a

single mother. Then (pause) I'll be like (pause) responsible for my kids. Ja (pause, crying).

Anderson and Saunders (2003) noted however, the considerable challenges abused women face during the post-separation period as they manage their psychological and physical needs as well as that of their children. The participants' experiences in the shelter facilities may have awakened them to the reality of the challenges of caring for multiple children whilst being a single, working mother.

The aftermath of IPV

Abused women entering shelter facilities have been documented to be amongst the most brutalised and marginalised group of abused women (Krane & Davies, 2007). Supportive of other studies findings, some of the participants had stayed in a shelter facility previously and were in dire need of assistance as they were earning little to no income (Galano et al, 2013; Krane & Davies, 2007). The shelter facilities became their most useful form of help whereby they received safe housing, food, and practical and emotional support (Krane & Davies, 2007; Meyer, 2010; Wright et al, 2007). The shelter facility may have also provided a secure base for the participants by providing physical and emotional distance from the abusive partner, integral for the development of an empowering approach within the shelter facility (Peled, Elsikovits, Enosh, & Winstok, 2000).

Shelter facilities also present a new set of challenges for abused women, particularly relating to their mothering (Bumiller, 2008; Krane & Davies, 2007). The prohibition of physical discipline and encouragement to use non-violent, calm techniques with their children has been demanding and challenging for abused women, as confirmed in this study (Gengler, 2011; Krane & Davies, 2007).

Coco: He doesn't listen... I was told that he's quite fine when I'm not around... when he's around me he does this and that and that although he knows it's wrong, he's not supposed to do it, I don't know if he knows that I'm not allowed to hit him here anymore, so he is doing all kinds of things that he's not supposed to...

Chantelle: For me it's difficult, because why I'll rather talk to [M] ten thousand times, like I'll sit here and she's maybe playing with some things she mustn't play with, then I'll say, ag [M], stop it. I'll tell her the whole time, stop it. Then I'll look at the TV and I'll go, [M]! But (pause) I'd rather she do what she wants to do, which I know it isn't

right, I must discipline her, but I feel like it's her space, she can now be what she wants to be.

As with other abused women, they also felt pressured to control their children in this setting due to continued complaints from staff and other residents regarding children's non-compliant and disruptive behaviors (Gengler, 2011).

Nokutula: Here you see, like you see neh, they must be in bed at 8 o'clock neh, and like if they are playing like in the passage, like other people say they're making a noise like whatever.

Samantha: I don't shout at him in front of the other children. I took him out. He was done with his lunch. It was after Sunday lunch, and the other children was playing in the dining room. The people is constantly complaining about the children that are misbehaving in the dining room...

Given their professional knowledge and understanding of the implications of IPV on an abused women's parenting behaviors, it has been argued that shelter staff view abused women's mothering through a "lens of heightened sensitivity", which often results in their finding fault in the parenting practices of the shelter residents and identifying psychosocial and behavioral problems in their children, without always considering the hard work the residents have done to try and protect their children and the emotional ability of the residents to deal with their children's physical and psychological needs given their own traumatic state (Gengler, 2011; Krane & Davies, 2002, 2007, p. 24). When entering the shelter facility, the participants may have also relaxed their emotional and physical commitment with their children as the protective alliance formed during the abuse was no longer needed (Holden et al, 1998). As cautioned by Gengler (2011), such an environment may have silenced the participants' ambivalent and complex emotions relating to their mothering role, thereby limiting their use of the parenting resources available in the shelter facilities.

This therapeutic space has been used sparingly by shelter residents in one shelter facility where the research was conducted. When compared to another compulsory counseling group, shelter women appeared to avoid attending the parenting group, and when attending were reserved and unwilling to emotionally engage in their mothering experiences. Fearful of confessing to mothering behaviors, feelings and emotions which may be prohibited

by the shelter facility, judged by other residents and for which they themselves were not proud of, the women often engaged superficially during these sessions.

Their involvement in such groups may have also confirmed some of their initial concerns about the negative consequences of IPV on their children, which their children started displaying towards the latter part of their stay in the abusive household and when entering the shelter facility. For others, this may have introduced them to the possible impact of IPV on their children. This motivated the participants to deal with the emotional, behavioral and developmental impacts of the abuse on their children through their focus on the three following areas. Firstly, the participants were concerned with restoring their children's trust in the mother-child relationship which had been affected by the participants' failure to protect their children from abuse and abandonment of older children when entering the intimate partnership.

Emma: I must win his trust now, because why he was the target, and I did do nothing about it, you see. So I, uh, uh to win that trust of him I must play also with him. I must talk softer, don't do that.

Grace: I want just them to maybe respect me again and love me again and trust me again, because I don't know they trust me you see? Because what, of what I did.

Secondly, they were motivated to deal with any physical or developmental damage that their children were displaying so as to limit the long-term effects of the violence (Hilton, 1992; Jaffe & Crooks, 2005). Lastly, the participants were motivated to be emotionally available to their children so as to bracket the negative influence of the violence on their developing mindset, as shown in the excerpts respectively.

Carmelita: Yes, I do, I, I, I like to, if something is wrong with my children, or maybe with their development and stuff I get worried and stuff like that, because that can also tell me it's affecting my children. What happened in the past is now an effect on them and if I, as a mother, can, can help them to overcome it, it will make me feel good, or great in other words, or maybe get them help, if they need help, to get them that help.

Chantelle: Yes. So that's why I say I need a whole lot of time with my children, like a long time, just me and them. So I can, how can I say it, I want to put their mindset... I want to change their whole mindset to how it's supposed to be.

Even though the participants' children did sustain behavioral and/or emotional trauma and the mother-child relationship was injured during the abusive relationship, it is pertinent to not view the damage as all-encompassing and irreparable. As appeared to be the case in this study, abused women are their children's most valuable form of support and comfort during the abuse (Mullender et al, 2002). The participants continued to be a source of support for their children while in the shelter facilities as they focused on repairing their mother-child relationship.

Conclusion

Through the interviewing of twelve abused women in the Cape Metropole, this chapter presented a contextually rich and subjective understanding of mothering within the context of IPV. A summary of these findings is presented below.

Being raised in violent households without the presence of a loving maternal figure influenced the participants' desire to be part of a stable, loving intimate relationship, which they believed they had found with their intimate partner (Bowlby, 1980, Waters & Cummings, 2000). Consistent with the theories describing abused women's process of abuse, the participants were focussed on maintaining, and repairing, their intimate relationship during the earlier stages of their relationship (Dutton & Painter, 1993; Landenburger, 1989). Since their energy and concern was directed at their intimate partners, the participants were not focussed on their children (Huth-Bocks & Hughes, 2008). The violence of the intimate partnership appeared to spill over into the domain of the mother-child relationship (Levendosky et al, 2003, 2006). Consistent with the notion of a deficit model of mothering amongst abused mothers (Lapierre, 2008), the participants described themselves as becoming increasingly physically punitive towards their children, emotionally unavailable, less warm and nurturing towards their children and also experienced unfavourable emotions towards their children and their role as mother (Huth-Bocks & Hughes, 2008; Lapierre, 2008; Levendosky et al, 2003, 2006; Postmus et al, 2012).

When faced with the realisation of their partner's inability to abstain from abuse, the participants were disheartened about their future with their intimate partner (Lutz et al, 2006). Their compounding maternal feelings of guilt and inadequacy, their children's emotionally and physically aggressive behaviour towards them and their concern for their children's wellbeing shifted the focus onto their children. They thus left their intimate partner, and sought refuge in shelter facilities, for the sake of their children. The role of children in

motivating abused women's departure from abusive relationships has been well documented in the literature (Galano et al, 2013; Kelly, 2009; Lapierre, 2010; Meyer, 2010; Mullender et al, 2002; Randell et al, 2012; Smith, 2003; Zink et al, 2003). Their focus on their children gave the participants new meaning to their life, and became the focus of their attention during their stay in the shelter facility (Landenburger, 1989).

Chapter Four

Conclusion

To conclude this thesis, the implications for future theory, research and application are discussed. The limitations and contributions of this study are noted.

General Implications

In light of the above findings, the implications for theory, future research and the treatment of abused women in shelter facilities are discussed.

Theory. Understanding the participants' experiences as mothers in relation to their intimate relationship offered insight into abused women's fluctuating interest and investment in their mothering and children. Rather than theorise abused women's process of abuse, and abused women's mothering independently, future theory should look at theorising abused women's mothering in relation to their processing of their abusive relationship. Vacillation in the women's maternal feelings, behaviours and attitudes should be considered in relation to the stages of abuse they go through. Such theorising may provide further insight into the varied functioning of abused women's mothering which is discussed in the literature, ranging from deficient maternal functioning (Gustafsson & Cox, 2012; Huth-Bocks & Hughes, 2008; Levendosky et al, 2003, 2006; Levendosky & Graham-Bermann, 2000, 2001) to optimal maternal functioning (Peled & Gil, 2011; Semaan et al, 2013; Sullivan et al, 2000).

Research. Peled and Gil (2011) acknowledged the limited amount of literature focussing on "the many and unique challenges facing women who deal simultaneously with a violent partner and with their role as mothers" (p. 459). Indeed future research which pays equal and simultaneous attention to abused women's experiences of mothering and their relationship with their partner will be useful in understanding the abusive processes that influence an abused women's mothering experiences.

This study focussed on the participants mothering experiences, as influenced by IPV. The participants' stories showed also that their mothering experiences were influenced by other contextual stressors that accompanied and often aggravated the abusive situation. While much research has quantitatively documented the association between poverty (Golden et al, 2013; Jewkes, 2002; Levendosky, & Graham-Bermann, 2000; Little & Kantor, 2002) and substance abuse (Stalans & Ritchie, 2008; Wilson et al, 2000) on women's IPV victimisation,

and the stressful context these factors create for mothering, less research has focussed on the subjective influence of contextual stressors such as poverty, their partner's substance abuse, maternal illness and the women's own use of illicit substances (Baker & Carson, 1999) on abused women's mothering experiences. Future research that allows abused women to describe how they understood personal and social contextual factors to influence their mothering experiences may thus yield useful findings, particularly within Cape Town where the abuse of crystal methamphetamine is of growing concern to national authorities (City of Cape Town, 2007).

Maternal feelings of guilt were a prominent finding in this study. Although the source of the guilt differed, it stressed their children's suffering, and facilitated their thinking about their current circumstances. Motivational interviewing, useful in highlighting individual's ambivalent feelings so as to effect change, may prove useful when working with abused women so as to allow their guilt to surface, and explore further its role in motivating their departure from the abusive relationship, as well as continuing their motivation to focus on their mothering during their shelter stay and beyond (Hetteema, Steele, & Miller, 2005; Miller & Rose, 2010). The non-judgmental, empathic and collaborative style considers the influence of interpersonal and intrapersonal factors and is particularly effective with individuals who have been treated to the contrary, as may be the case with abused mothers (Miller & Rose, 2010). While those carrying out interventions with abused women should be conscious of the guilt, and explore its role and meaning for the women, they should also be cautious of not exacerbating the burden of guilt for abused women and thereby further aggravating their feelings of shame and guilt (James, 2008).

Application. This study has implications for health professionals working with abused mothers in shelter and community settings.

In addition to their discussion about their intimate partner, the participants also referred to their own childhood when explaining their mothering experiences, thereby revealing their difficulty in bypassing their own histories. With the dual purpose of facilitating their individual healing process and improve their mother-child interactions, health professionals could use abused women's discussions of their childhood to facilitate insight into their interactions with their children and promote novel ways of relating to their children. Indeed, abused women's emotional ability to relate to others, including their

children, is often weakened by their feelings of guilt, self-blame and grief (James, 2008). The utility of this approach in improving abused women's emotional attunement to their children could be explored in future research.

The participants were motivated to deal with the repercussions of IPV on their relationship with their children. Parenting programs within shelter facilities may be best suited to the women's needs by adopting a lived experience approach whereby they are actively involved in setting outcome goals for themselves as mothers and their interactions with their children (Gardner, Hutchings, Bywater, & Whitaker, 2010; Peled & Gil, 2011; Webster-Stratton, 2007). Drawing from the principles of the Incredible Years Parenting Programme, which has been successfully implemented in community services within disadvantaged urban communities where families face social problems such as IPV, parenting programs should focus on strengthening the parent-child relationship and helping the women understand and empathise with their children's emotional and physical needs (Mc-Gilloway et al, 2012; Peled, & Gil, 2011; Webster-Stratton, 2007). Conducted in a non-judgmental, collaborative and empathic way by shelter staff, it may assist the women to focus on their positive maternal attributes, minimise the critical glance that they experience from shelter staff and encourage a supportive and comforting climate amongst the abused women (Gardner et al, 2010; Mc-Gilloway et al, 2012; Webster-Stratton, 2007). This would also be fruitful ground for intervention research, assessing the effectiveness of this approach in this context.

So as to allay the participants' feelings of pressure that incurred from the shelters expectations of them as mothers and individual survivors of IPV, workshops with shelter staff may assist in bridging the gap between the women's perceived capabilities given their personal traumas and shelter staff expectations of recently abused mothers entering shelter facilities. Such workshops can explore societal and shelter expectations of abused women as mothers, evaluate the needs of shelter women within the South African context, and present updated research findings on mothering within the context of IPV so that shelter staff have realistic expectations of the abused women they serve.

The participants' recovery process begins when exiting the abuse, and entering a shelter, and continues after their four-month shelter stay, with high proportions of previous shelter residents still meeting the diagnostic criteria for PTSD up to six months after leaving shelter facilities (Johnson & Zlotnick, 2012; Smith, 2003). Their continued psychological

trauma may deplete their recently established emotional and physical reserves for mothering their children when they exit the shelter. Thus there is great utility in offering post-shelter parenting programmes to post-shelter clients as well as to women who have left their partner yet remained in the community. These programmes should provide continued support to women in their mothering role, practical and emotional support to deal with the challenges and practicalities of being a newly single mother, address the possibility of women re-entering previously abusive relationships or new intimate partnerships, help them deal with the losses which are experienced more acutely when in the community, and support and encourage their decision-making abilities which will foster their independence and feelings of self-efficacy (Smith, 2003).

As shelter facilities capture the most brutalised and marginalised group of abused women (Krane & Davies, 2007), it may also be useful for shelter facilities to offer group/and or individual counselling services to abused women who are still victims to IPV in the community. Shelter facilities that include among their service providers legal advisors, social workers, psychology and social work graduate volunteers/interns and international volunteers should consider using these resources to offer services to abused women within the community.

General Limitations

This study had the following limitations. This study involved a small sample, namely twelve participants, and was limited to those residing in shelter facilities with a sufficient understanding of the English language. The findings may therefore reflect the particular characteristics of this population.

While the influence of counselling and parenting interventions on the participants mothering experiences were limited by the timeframe of interviewing, namely within the first eight weeks of their shelter stay, the recency of the trauma may have limited some participants ability to emotionally and psychologically engage with the topic of mothering directly, although they later gave details pertaining to their mothering.

Reflexivity, the process through which I identified my role in the interpretation of the research process and analysis of the data, was a pertinent process in this study. The interaction between myself; a young, white female student from a tertiary institution, and the participants; predominantly coloured, abused women from low-resource communities,

undoubtedly influenced the research process and consequent analysis. By acknowledging the influence of gender, age, race, language choice, professional and personal experience in how both I and the participants interacted with each other, the mothering story that emerged within the interview process and the subsequent analysis minimised the biases that may have infiltrated the study. It is important to note, however, that my insight into how I influenced the mothering experiences that emerged in the interview and subsequent analysis is not exhaustive. Also, insight into the phenomenology of the participants was limited to one interview. By taking notes, consulting with my research supervisor, and reflecting on my own personal experiences as well as my experiences of the research process offered a degree of transparency to the researcher-participant dynamics that influenced the participants mothering experiences.

Contributions

Violence perpetrated against women and children is a social ill facing South Africa. This study provided a subjective understanding of the mothering experiences of abused women, giving much needed attention to understanding their personal thoughts, attitudes and feelings towards their maternal role (Lapierre, 2010; Semaan et al, 2013).

By interviewing women from four different shelter facilities, the applicability of the findings were broadened to abused women living in low-resource urban areas within the Cape Town Metropole. Interviewing the participants as early as their first week in the shelter facility limited the influence of counselling interventions and resulted in a retelling of their experiences less influenced by the narrative smoothing that results from counselling.

Of greatest value, this study provided insight into the thought processes of abused mothers when residing in their intimate partnership. The study accentuated the continuous struggles facing abused women in mothering their children, as challenged by their partner's abusive behaviour, their own feelings of commitment towards their partner and their socioeconomic and personal hardships. This study highlighted the presence of their children in encouraging the women to leave their abusive relationship. By addressing the concern in South Africa that "research on the subjective experiences of mothers themselves is virtually non-existent", this study offered much needed insight into the personal mothering experiences of women who been abused by their intimate partner within South Africa (Kruger, 2006, p.194).

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Appendix A

Script for Shelter Manager/Social Worker

Participants must meet the following criteria:

- **Mothers** residing at a shelter facility with their child/children who have been abused by an **intimate partner**
- Currently within their **first eight weeks of stay** at the facility
- Must be able to understand the English language

Following passage can be read to shelter clients who meet the criteria:

“Donita Rodrigues is a Masters student studying Clinical Psychology at the University of Cape Town. As part of her course, she is completing a research study about how women who have been abused by their partner experience mothering their children. ”

“She is interested in talking to mothers about their stories of being a mother. This will be done at the facility. She would like to talk to you about taking part in her study. May I give her your name and telephone number? She will phone you, or come to the facility if you would like to meet her, to explain the study and answer any of your questions. ”

Name _____

Telephone Number _____

Additional comments by Shelter Manager/Social Worker _____



Appendix B

Information Sheet and Consent Form

Dear Parent,

Title of Study: Mothering in the context of intimate partner violence

Study Purpose

You are being invited to take part in a research study, which aims to understand the experience of mothering when women have been victims of intimate partner violence. This study is being completed by Donita Rodrigues, a Masters student in Clinical Psychology at the University of Cape Town. We are interested in learning about your experience of mothering your child/children before you decided to come to the shelter.

Study Procedure

If you choose to participate in this study, you will meet with me individually for about 90 minutes in a private office at the facility. During this time, you will be given free space to discuss your personal story of being a mother, and reflect on how this role has been influenced by the violence in your life. I will help you keep on track by asking you questions about your story. You are welcome to ask questions at any time during the interview, and after the interview.

Possible Risks

There is a chance that talking about your personal life may be distressing or unsettling. For this reason, you are encouraged to speak to your individual counsellor at the facility. The researcher will not tell them that you are involved in the study but you are free to do so. If you are not comfortable talking to your counsellor, the social worker has agreed to speak to any participants about their experience. You are encouraged to talk to her if you need to.

Possible Benefits

There is a possibility that talking will help you develop a clearer understanding of your experience of intimate partner violence and its effects. The information you give in the interview will be included in a final report by the researcher that will be available to other

students and professionals. This report will help people understand the mothering experiences of women who have been abused by their intimate partner. Should you wish to see the final report, a copy will be left with the Shelter Manager/Social Worker from the facility.

Voluntary Participation

You can choose whether you would like to be involved in this study; there is no pressure to participate. If you change your mind about being involved in the study for whatever reason, you can stop participating. Your decision to participate or not, and to withdraw at any time will not affect your stay at the facility in any way.

Confidentiality

Your identity will be kept confidential. To help me do this, you are invited to choose another name that you would feel comfortable for me to use instead of your own name. Your real name will be removed from the interview transcripts, and replaced with the name of your choice. Please think of a name that you would like me to use.

The interviews will be recorded to help me understand and remember your story of being a mother. The recordings will be stored on a password-protected computer. The information you give in the interview will only be available to me, my supervisor and an experienced transcriber. In order for the interview to be typed onto the computer, the transcriber will agree to keep the information private and destroy the copy of the recording that has been given to him. As soon as I receive the transcriptions, I will also destroy the recording.

The interview might involve talking about your children and other people in your life. The only limit to confidentiality is that if you tell me that your children are at risk of abuse or neglect, I will have to tell the Social Worker at the facility.

Questions

This study is being conducted by Donita Rodrigues, and is supervised by Dr Catherine Ward.

If you have any questions about the study, please contact:

Donita Rodrigues - Researcher 076 635 1208 / donita.rodrigues@gmail.com

Dr Catherine Ward - Supervisor (021) 650 3422 / Catherine.Ward@uct.ac.za

Ethics Committee, Department of Psychology (021) 650 3417

CONSENT

I have read the above pages and am satisfied with my understanding of the study, its possible benefits and risks. I understand that I am choosing to participate in this study and am not being forced to do so. I can stop participating in this interview whenever I need to, and that this decision will not cause any harm or have a negative effect on me.

I hereby agree to participate in this study about my experience of mothering my children within the context of intimate partner violence.

Signature of participant

Date

Name of participant

Witness

I also give my permission for the interview to be recorded.

Signature of participant

Date

Name of participant

Witness

Appendix C

Interview Schedule

Demographic Information

- 1. Alias for participant _____
- 2. Date of birth of participant _____
- 3. Ethnicity of participant _____
- 4. Relationship to abuser _____
- 5. Duration of abuse _____
- 6. Details of children

Gender	DOB	Relationship to abuser	Place of current residence

- 7. Length of stay at the shelter facility _____
- 8. Employment status Employed / Unemployed
 - If employed:
 - Duration of employment _____
 - Title _____
 - Working hours _____

Interview Schedule

Introductory paragraph

So to start off, you are here at the facility today because you have left an abusive relationship, during which time you had to parent your children. What we will be talking about today is what it was like for you to be in an abusive relationship and parent your children at the same time. What I am going to ask you to do is tell me your story about being a mother, and I will ask you questions along the way to help you think about your role as a mother.

1. Could you please briefly describe your relationship with your partner?
 - a. When did you get together?
 - b. How long were you together?
 - c. Is he the father of your children?
 - d. When did the violence start?
 - e. Where did you and your children live while you were together? (Did you live together, alone or share with others?)

2. Think about a time when things were going well in your family, tell me about it.
 - a. What made it a good time in the family?
 - b. Where were you?
 - c. What were you doing?
 - d. What were the kids doing?
 - e. What was your partner doing?
 - f. How do you think the kids were feeling?
 - g. What was it like to parent your children in times like this?

3. Now think about a time when your partner was violent, what happened in this situation.
 - a. Where were you/partner/kids?
 - b. What were you thinking about during this time?
 - c. What were your feelings?
 - d. What were your feelings towards your children?
 - e. What happened when the situation was over?

4. If you think about the other times that your partner was violent, are they similar to the situation you explained to me or were they different? If so, how?
 - a. How did that affect your children
 - b. How did that affect you?
 - c. How did it affect your mothering?
 - d. Did the violence get worse over time, how did that affect you, your children, your mothering?

5. What made you leave the relationship?

6. What do you want for yourself as a mother now?
 - a. How are your children now?
 - b. How are you doing now?
 - c. What's it like to be a mother in a situation where there is no violence?

7. What do you want for your children now?

8. Is there anything else you would like to tell me about being a mother in a violent relationship?

Concluding reflections and summary