Parenting Capacity and Meaning Making Among Survivors of Intimate Partner Violence

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LOYOLA UNIVERSITY CHICAGO

PARENTING CAPACITY AND MEANING MAKING AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE

A DISSERTATION SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL IN CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

PROGRAM IN SOCIAL WORK

BY

JOHANNA E. BARRY

CHICAGO, IL

DECEMBER 2020
ACKNOWLEDGMENTS

The completion of this dissertation would not have been possible without the personal and professional supports I am so fortunate to have. I must acknowledge first my partner, Brian Reiter. Were it not for your constant reassurance, listening ear, and ability to keep me laughing even during some of my most stressful moments, my road to successful completion of this work would have been exponentially more challenging. Your steadfastness and patience are appreciated more than I can convey. Thank you for always believing in me.

To my parents, Thomas and Margaret Barry, and my sister, Julia Barry, thank you for positioning me for success in so many ways throughout my life and for providing me with the resources to make this dream a reality. Particularly toward the end of the data collection process, your fielding of countless phone calls and offerings of support kept me afloat. You are pillars without whom I could not stand.

I would like to thank my dissertation committee members at Loyola University Chicago in the School of Social Work. Dr. Susan Grossman, you were unequivocally the best committee chairperson I could hope to have. Your deft ability to hold my anxieties during the dissertation process while constantly encouraging me to move forward is unparalleled. Thank you for prioritizing this work and for helping me to see the value in my research and in my own abilities as a scholar. Dr. Nathan Perkins, thank you for never hesitating to schedule a meeting to discuss my ideas as they evolved during my analysis and for validating, reassuring, and challenging me in ways that have helped to shape the scholar I always hoped to be. Dr. Julia Pryce, you have
mentored me closely since my first year in the doctoral program and have nurtured my interests and yearnings to grow as a researcher and scholar from that first day in your Qualitative Research class. Thank you for your boundless research prowess and for so constantly being there to support me in all aspects of my personal and professional development for the past six years. Finally, Dr. Priscila Freire, your clinical expertise and guidance throughout my tenure at Loyola and throughout my dissertation process are the stuff that true mentors are made of.

I would also like to thank my mentor, Dr. James Marley, for unfailingly being in the wings to offer support during my time at Loyola and for being the first to empower me to pursue my love of teaching and research. Thank you for encouraging me in both domains and for reminding me that I could indeed have both in the course of my career. I am additionally most grateful to my diligent and brilliant peer reviewer, Ms. Anne Flaherty. Anne, your weekly support and feedback during some of the most challenging moments of this project are what made this work possible. Thank you and here’s to many more future research collaborations.

Last but certainly not least, I would like to thank my participants who took part in this research. Thank you for the incredible courage you demonstrate daily and for your willingness to candidly speak with me about some of your most impactful life experiences. It was my privilege to be a small part of your life journeys and this work is, ultimately, for all of you.
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ABSTRACT

This qualitative dissertation used a feminist methodology to explore parenting capacity and meaning making among a purposive sample of 16 female survivors of intimate partner violence (IPV). The two research questions that guided this work centered on how women’s exposure to IPV during both childhood and adulthood impacted parenting capacity. All participants for this dissertation experienced IPV during childhood as well as adulthood, and had at least one school-aged child. Participants completed semi-structured in-person interviews during which they were asked a series of questions about their experiences with IPV during childhood and adulthood as well as questions about their parenting practices. All interviews began with a storyboarding activity in which participants wrote, drew, or otherwise visually expressed parts of their experiences with IPV and parenting. Analysis revealed that parenting capacity as was described by participants could be categorized along two different dimensions: Relational Capacity, and Operational Capacity. Each dimension was distilled further into a total of four theoretical constructs which also included attendant subcategories further illustrating the findings. Overall, findings were complex and nuanced regarding how parenting capacity was impacted by IPV exposure throughout the lifespan and suggest that IPV survivors have an enhanced ability to relationally connect with their children. Future implications for research, policy, and practice are discussed.
CHAPTER 1
AN INTRODUCTION

According to the United Nations Office on Drugs and Crime (2018), the most dangerous place for a woman is the home. More than half of all female homicide victims each year are killed by intimate partners or relatives (Herman & Van der Kolk, 2020), and efforts in some countries (including the United States) to stem such killings through new legal strategies and social programs still have not yet made tangible progress (Christofides et al., 2020). Intimate partner violence (IPV) is an endemic societal problem that rose to the foreground of the academic discourse only within the last two decades (Grossman, & McClain, 2008). Deemed a problem on a global scale, UNICEF declared IPV “one of the most damaging unaddressed human rights violations in the world today” (World Health Organization, 2018). Research has consistently documented the devastating psychological, physical, and occupational repercussions survivors and their loved ones face throughout the lifespan, noting that nearly two thirds of abused women experience either PTSD, depression, anxiety, or a combination thereof (Chamberlain, 2014; Findlaw, 2008; Holtzworth-Munroe et al., 1997). Prevalence rates in the United States alone are striking, with 1 in 4 women reporting IPV annually; this number, of course, fails to consider the number of cases that go unreported (Christofides et al., 2020). Despite growing awareness of the problem, incidence rates of IPV have remained relatively unchanged within the last decade (Sparrow et al., 2020).
At an economic level, IPV costs the United States approximately $5.8 billion each year, $4 billion of which goes toward direct medical and mental health care services for victims and their children (Grossman & McClain, 2008; Sparrow et al., 2020). While it is well-documented that parenting ability is often seriously hindered in the face of IPV and other trauma (Chamberlain, 2014, Herman, 1997; Riger & Staggs, 2011), a mere handful of social service agencies in the United States offer any form of support to address this issue (Sparrow et al., 2020). Moreover, the narrow set of health-orientated outcomes on which most current treatment methods exclusively focus only partially address the benefits that are sought by those who use and commission specialist parent-child-focused interventions (Delker et al., 2020).

Acknowledging the increasing breadth and complexity of the issue, the definition of IPV has broadened considerably within the last decade, now including classifications by type—physical violence (e.g., the threat of or use of force on one’s partner to cause harm or death), sexual violence (e.g., the threat of or use of force to engage partner in sexual activity without their consent), and psychological violence (e.g., using threats, actions, or coercive tactics which cause trauma or emotional harm to a partner) (Centers for Disease Control and Prevention [CDC], 2002). Such a comprehensive definition of IPV is used throughout this dissertation to understand women’s experiences. While men are also victims of IPV, this dissertation focused exclusively on women survivors’ experiences considering statistics that show women are victimized nearly three times as frequently as men (Delker et al., 2020; Jankowski et al., 2018). Moreover, it is more common that those parenting in the context of IPV are women (Delker et al., 2020) and so for the purpose of this dissertation, participation was only solicited from
women. That said, implications for future research that explores how parenting capacity in the context of IPV is experienced by male and trans* individuals are discussed in Chapter 5.

Intimate partner violence does not discriminate between social strata: in 2012, the World Health Organization (WHO) asserted that IPV occurs in all countries and across all social, economic, religious, and cultural groups. The commonly misguided question, “why do women stay?” was also addressed by the WHO, which explained that a woman’s fear of retaliation from her abuser, concern for her children, and a lack or perceived lack of support from social support networks, all contribute to why women stay in such relationships. Moreover, a woman’s timing in leaving a relationship is of crucial importance, given that she and her children are at the greatest risk of abuse (and in many cases, death), in attempting to leave (Anyikwa, 2016).

In its most extreme forms, IPV has deleterious implications for both women and children (Stover, 2003), frequently because it is the perpetrator’s intention to abuse the child to have an abusive impact on the mother (McGee, 2000). Kelly (1993) referred to this as a double level of intentionality, supported by other research that found father’s parenting and relationship with his children to be secondary to his use of them to abuse their mother (Holt et al., 2008; McCloskey et al., 1995). While findings from these two studies should not imply that all fathers who perpetrate violence use children as collateral in abusing their partners, the two studies cited here suggest that double intentionality is an unfortunate phenomenon that occurs with some regularity and can add to the severity and complexity of IPV experienced by women and children.
**Parenting Capacity Impacted by IPV**

Extant empirical evidence clearly imparts that the ability of mothers to meet children’s basic emotional needs (e.g., to feel loved, developing positive self-esteem), and physical needs (e.g., food, hygiene) in the context of IPV can be limited (Holt et al., 2008; Niebuhr et al., 1994). Preoccupation with self-preservation coupled with ongoing efforts to prevent her children from exacerbating the aggressor’s abuse, all can unintentionally contribute to women’s emotional distance in parenting. This figurative (and sometimes literal) distance can result in disrupted parent-child attachment as well as children’s behavioral problems (Lieberman et al., 2005).

Additionally, a mother’s childhood history of exposure to IPV notably impacts her parenting capacity later in the lifespan (Holt et al., 2008). Investigations into the effects of children witnessing IPV are complex, due to the definition of what it means to “witness” IPV being subject to marked variability. The failure to differentiate whether a child was directly abused by the aggressor or was vicariously impacted is an issue with which the literature has grappled (Jouriles et al., 1998). Part of the difficulty lies in isolating the impact of witnessing IPV from other stressors or traumas in a child’s life; unrelated traumas can have substantial impact on later functioning in life, including with parenting practices (Markowitz, 2001). To combat the elusive nature of defining what witnessing IPV may entail, Mellender and colleagues (2002) called for research to adopt the term “exposure” as opposed to “witness” as their study of youth revealed that the longitudinal impact of IPV during childhood depended greatly on the severity of the violence (e.g., the use of weapons), as well as whether children were present at the time of violence, overheard arguments, or witnessed the aftermath of violence (e.g., broken furniture, seeing mother’s bruises) (Mullender et al., 2002).
Using the term “exposure” for the current research provides an entrée into discerning how IPV impacts parenting capacity and ability, whether such exposure for participants occurred during childhood or adulthood. For this dissertation, inclusion criteria required that participants were exposed to IPV during both periods of the lifespan. Greene and colleagues (2018) found in their mixed methods work that mothers exposed to IPV during childhood reported parenting in two disparate ways: either they exhibited more punitive and restrictive behaviors with their own children (in an effort to offer what they perceived was greater protection), or they were more permissive, setting few boundaries and limits. Exposure to IPV during childhood was additionally correlated with diminished parenting self-esteem and increased anxiety about child-rearing.

Despite the negative repercussions IPV can have on women and parenting capacity, it is important to note that in some cases, women demonstrate marked resilience in the face of trauma. Anderson and colleagues (2012) found that among their sample of 37 women formerly in abusive partnerships, standardized measures of psychosocial functioning indicated that participants were largely asymptomatic and demonstrated strong resilience. In some cases, women cited spiritual direction and social support as instrumental to their growth and resilience. Similarly, other research has brought to light the stories of strength and fortitude some victims display through content analysis of qualitative interviews (Sanchez & Lopez-Zafra, 2019). Women with higher resilience showed less development of psychopathology and drug consumption following incidents of IPV, and women also showed high levels of adaptation stemming from extended periods of attempts to survive in the face of ongoing suffering.

Related specifically to the domain of parenting, some women are noted to use their experiences of IPV to foster a non-negotiable expectation for their children to seek healthy relationships, social support, and academic success (Hoath & Sanders, 2002). As such, experiences of IPV may also contribute to protective factors in parenting, which may enhance parenting capacity despite such adversity. This research sought to honor both stories that illuminate areas of struggle for participants related to parenting capacity and IPV, as well as evidence of hope, resilience, and growth in an attempt to highlight the importance of avoiding an altogether deficit-based approach.

**Purpose of Study and Research Questions**

Previous work by Pels and colleagues (2015), like this dissertation, explored issues of parenting capacity in the context of IPV in the Netherlands. However, the cultural and political differences between the United States and the Netherlands differ markedly, making this dissertation among the first in the United States to explore this important issue. Perhaps the most important difference to highlight between the two geographic regions, which is especially relevant to work involving survivors of IPV, involves the Netherlands’ provision of universal healthcare and education. The findings from this work will be discussed in greater detail in Chapter 2, but one of the authors’ major findings that is relevant to this dissertation was that survivors of IPV reported needing more effective parenting interventions during times of abuse: in many cases, mothers expressed that they were unsure how to ask for help when it came to parenting. Due to the freedoms the Netherlands offers to its citizens, health care programs
designed to provide specific classes and group support were successfully implemented. In the United States, survivors of IPV may express different needs and desires regarding parenting capacity because they have had even less assistance in raising children within abusive contexts. A mother’s experience of parenting in the context of IPV when she has potentially less education, less social support, and no healthcare coverage is likely to differ from a mother in a country like the Netherlands.

Additionally, conducting this work in the context of the United States as opposed to the Netherlands offers important insight as to how the role of mothers is socially constructed. In much of Europe, and particularly in countries like the Netherlands that are politically liberal-leaning, motherhood and parenting are perceived in a more holistic and communal way than in the United States (Phoenix et al., 1991). Parenting in general is viewed as much more of a collaborative effort: it is not unusual for children to grow up with parents’ friends and other extended family members playing an active role in child-rearing. Beyond motherhood, what it means for women to be involved in IPV relationships is likely to be different than it is in the United States. How meaning is ascribed to IPV survivors’ experiences of parenting within different sociopolitical and cultural contexts will broaden the scope of the research on this topic.

This dissertation research filled a marked lacuna in the literature by conducting a qualitative investigation of how survivors of IPV experience and make meaning of their parenting capacity in the context of the IPV. No research to date in the United States has explored this important topic using feminist methods, nor has any research endeavored to approach the problem by asking survivors themselves about their experience. This dissertation sought to increase knowledge and understanding about the experience of parenting among
survivors of IPV and how practice, policy, and research might attend to better support survivors in these contexts. Most clinical interventions are predominantly prescriptive in nature and involve treating the survivor or her child only after violent events (Chamberlain, 2014). By approaching survivors with openness and curiosity, implications for this work included bolstering the care survivors receive and the identification of policies implemented to better address their needs. Exploring the topic and how IPV has impacted women through a wholly interpretive, qualitative lens allowed me to hear directly from participants’ voices about their experiences of parenting capacity in the context of IPV. Extant research includes several quantitative and mixed methods research designs, as well as scales that explore attachment styles and parenting (Coohey, 2004; Cort & Cline, 2017). However, such methods tend to eschew the feminist method value of listening to the participant and seeking to understand their experience through their eyes (Hesse-Biber, 2011).

Additionally, this dissertation sought to fill the gap in the literature regarding how we conceptualize parenting in the context of IPV. Simply defined, parenting capacity for this dissertation was understood as the ability of mothers to parent in a “good enough” manner long-term (Conley, 2003). According to previous survey research, there are four elements of what this elusive concept of “good enough” means: meeting children's health and developmental needs, putting children's needs first, providing routine and consistent care, acknowledging problems and engaging with support services. Waters and colleagues (2015) explored the parenting capacity of several mothers exposed to IPV, and found that when women were able to meet their own basic needs first (e.g., personal hygiene, food, sleep), they were better equipped to adequately attend to
the needs of their children. Defining parenting thus added clarity to how parenting was explored during the data collection process.

To discern how survivors made meaning of their experiences of parenting in the context of IPV, this research was guided by the following two questions:

1. How do survivors of IPV make meaning of their experiences with abuse as it relates to their parenting capacity?
2. In what ways does a mother’s history of exposure to IPV during childhood impact her parenting capacity?

**Rationale for the Study**

There are myriad reasons for which a study of this kind is needed. First and foremost, it is the duty of social workers to advocate for victims of IPV and to constantly seek ways to advocate for women and children who survive such violence and abuse. The core social work value of social justice implores social work researchers to devote attention to the experiences of vulnerable populations such as IPV survivors, and consequently the necessary clinical and policy interventions to mitigate the problems they face. By interviewing mothers who have experienced IPV and asking them how their experience and their meaning-making of this experience impacted their parenting capacity, findings can help improve the support options for mothers. At present, there are only a handful of IPV intervention programs in the United States that look to provide support explicitly surrounding parenting behaviors in the context of IPV (Delker, 2020), despite research and clinical accounts explicitly stating the negative impact this form of abuse has on parenting capacity and child development (Chamberlain, 2014; Lieberman & van Horn, 2005).
Providing support to survivors around the issue of parenting capacity has the potential to enhance the quality of the mother-child relationship and ultimately interrupt the intergenerational transmission of violence (Jouriles et al., 2001). While not all children become perpetrators or victims of IPV following childhood exposure, research suggests that violence can in fact be “transmitted” from parent to child through disrupted attachments and modeling (Stith et al., 2000). Levendosky and Graham-Bermann (2000) found in their survey-based work that mothers expressed concern that their daughters would become victims, and their sons become perpetrators of IPV later in life. Perhaps more troubling is the research that found mothers were largely unaware of any consequences IPV may have on their children (Autry et al., 2003). This dissertation provided space for survivors share their stories of IPV and parenting and as part of this, ask the question about what resources they felt they needed but potentially did not have access to. Moreover, this work added awareness as to how parenting in the context of IPV looks and the meaning ascribed by participants, which bore implications as to how survivors and their children need support.

While the past few decades have seen a preponderance of research on the consequences of children’s exposure to IPV, and the prevalence of such abuse among its youngest victims, no study to date has included a sample for whom inclusion criteria involved surviving IPV both as an adult as well as in the home as a child. This research focuses our attention on the possibility that surviving IPV as a child and adult can influence child-rearing ability later in life. This approach necessitates a deeper inquiry into the effect of IPV from a longitudinal standpoint, considering how exposure to IPV as children may itself result in parenting difficulty and further,
how such exposure leaves women increasingly vulnerable to abusive intimate partner relationships as adults (Walker, 2016).

This dissertation is significant to me personally given my experience as a clinician who has worked with many survivors of IPV. I have witnessed how IPV affects children as young as 6 months, to older adults approaching 70 years of age and have held the stories of countless individuals whose lives are forever altered by such violence. My therapeutic work with victims and survivors guides my passion for the feminist approach of using empathy and rapport to speak with women about their lived experiences (Hesse-Biber, 2011; Jankowski, 2017). There have been many occasions sitting in the confines of a 60-minute clinical session when clients have disclosed how their experience with IPV has had a debilitating effect on their ability to accomplish daily tasks, including parenting. Given my biases in this area, I ensured the rigor and trustworthiness of this dissertation in several ways, including keeping a positionality journal to document my identities and how these impacted my interactions with participants, diligently recording process memos in which I spoke to my biases and assumptions, engagement with a peer debriefing and support group, as well as engaging with a peer reviewer throughout all of the data collection and analysis processes. A full table of the steps taken to address my inherent biases can be found in Appendix F.

Chief among myriad concerns survivors express is the fear that their experiences of IPV have made them ill-equipped to properly parent children on their own (Lieberman, 2005; Jaffe et al., 2012; Jankowski, 2017). Such a lack of confidence many clients exhibit, coupled with the frustration they feel in confiding that their needs and questions were not being met by physical
and mental healthcare providers served as additional inspiration to undertake the current research.

Assumptions

A researcher’s assumptions about any phenomena can influence the way in which they view the data (Padgett, 2008; Saldaña, 2015). I am passionate about working with IPV survivors and began my clinical social work career working with this population. Throughout my training and education, I have had the opportunity to work with survivors of various forms of trauma, from traumatic death of a loved one, to sexual assault, to sexual and gender-based violence domestically and internationally. My related work and research endeavors have led me to several regions of the United States, as well as two sub-Saharan African countries, and regardless of a developed- or developing-world context, I have known for years that more must be done in the realm of therapeutic interventions. Derogatory victim-blaming, apathy, ignorance, and genuine fear still dictate narrative of survivors’ experiences as well as the availability of resources for survivors of IPV all too frequently (Chamberlain, 2014) and treatment modalities that holistically address the needs of the individual are regrettably few and far between. While behaviorist, manualized treatments are successful in the short-term, they ultimately fail to attend to essential client needs beyond the mitigation of diagnostic symptoms (American Psychiatric Association, 2013).

The guiding paradigm of inquiry for this research was constructivist-interpretivist (Padgett, 2008), predominantly because of the ways in which this paradigm acknowledges the existence of multiple realities that are each unique and captures the inevitable diversity of experiences of IPV victims. The goal was to understand the lived experience from those who
experienced it and to use paradigms to offer directions as to where to look for meaning but avoiding the prescription of what to see (Schwandt, 1994). The value of the researcher, and consequently the current study, attest that reality is cocreated intersubjectively and that meaning is shaped through experiences and interactions with others (Rodwell, 1998). The overarching goal of this work was to understand how parenting capacity is impacted by IPV from a position of openness and a commitment to create, along with my participants, meaning and understanding based upon the distinct and valuable experiences of those interviewed. Using feminist methodology further aided in ensuring that I was open to understanding the realities experienced by my participants.

This research paradigm also places important emphasis on the power of explanation, and as I sought to understand survivors’ experiences and meanings of their experiences in parenting, it was a logical framework to guide my inquiry (Padgett, 2008; Rodwell, 1998). It was my intention to use the constructivist-interpretivist framework to provide a new lens through which researchers, practitioners, and policymakers approach the topic of parenting capacity within the population of IPV survivors, and for an enhanced lay understanding of the complexity involved in parenting in the context of ongoing abuse. A constructivist-interpretivist paradigm was also prudent for this dissertation considering its commitment to understanding uncharted aspects of human experience (Creswell & Creswell, 2017).
CHAPTER 2
A REVIEW OF THE LITERATURE

Until the 1980’s, intimate partner violence (IPV) was exclusively referred to as “domestic violence” in the research literature and was considered a private matter to be addressed only by parties directly involved (Chamberlain et al., 2014). Women and children exposed to violence were given almost no attention in empirical research (Grossman & McClain, 2008). The overdue turning of the tide began in 1981 when the Supreme Courts of Massachusetts and New Jersey passed a law stating a husband could be held criminally liable for spousal abuse (specifically in cases of marital rape), and by 1985, 20 states permitted wives to prosecute their husbands in such cases. Despite these advancements, however, police frequently refused to intervene in cases of domestic abuse claiming that intervening was too dangerous (Zorza, 1992). After the United States Congress passed the Violence Against Women Act (VAWA) in 1994, the discourse shifted and federal grant money was newly allotted to the creation of shelters for abused women, law enforcement and prosecution laws, as well as research on rehabilitative and preventative interventions for treating survivors. In recent years, IPV has been the topic of much academic research, particularly related to the intervention methods used to treat victims and survivors (Bell & Naugle, 2008).

As noted in Chapter 1, research has pointed to the marked impact IPV has on survivors in terms of economic repercussions, adverse mental and physical health consequences, as well as its impact on society overall (Chamberlain, 2014; Grossman & Lundy, 2007). However, there
remains a decided lack of research devoted to how IPV impacts a survivor’s capacity to parent their children in situations of ongoing violence and abuse. This is a gap that this dissertation sought to fill in a way that is hitherto unexplored by using an entirely qualitative, feminist methods approach. Researchers and clinicians alike have explored ways in which interventions can be utilized to restore victims to their optimal level of functioning (Bailey et al., 2012). However, no work on United States populations has yet approached this important topic by directly asking survivors themselves what their experiences mean to them in terms of IPV and parenting and further, what supports they needed to heal and recover, and what their unique experiences with IPV entailed. The voices of survivors have become all but lost in the (not ignoble) effort to reach as many victims as possible through manualized and highly structured quantitative lenses (Anyikwa, 2016). Moreover, the concept of parenting capacity has been largely overlooked in the quest for intervention research intended to address mental health consequences (Delker, 2020).

**The Impact of IPV on Parenting**

Parenting in the context of IPV is an inherently fraught issue that can potentially lead to long-term adverse effects for both victims and their children (Anyikwa, 2016). The emotional and physical toll IPV survivors endure can result in emotional and physical depletion that has unfortunate spillover effects into parenting practices (Jankowski, 2017). Whether this effect is evident in the emotional availability of mothers, attachment styles, or disciplinary parenting tactics, past work suggests that survivors need and deserve additional support with parenting. At present, the dearth of research on this topic makes this dissertation even more essential.
Relationships characterized by violence often lead to household environments demarcated by chaos and unpredictability (Levendosky et al., 2011). As previously noted in the discussion of mother-child attachment, when a parent is preoccupied with trying to maintain the safety of herself and her child, a focus on best parenting practices is not always a possibility. While this is not to say that parenting capacity is altogether limited, the factor of IPV in the home can make the already marked challenges involved in parenting that much harder (Guyon-Harris et al., 2017). Indeed, while it is unfair and untrue to assume that all abused women exhibit limited parenting capacities, living in a state of constant fear may cause them to unwittingly deny their children of normal developmental experiences, including a basic sense of trust and security (Levendosky et al., 2003).

“Failure to protect laws” were passed in the early 1990s in an attempt hold parents accountable for child abuse and neglect, including couples who struggled with IPV (Magen, 1999). However, such laws had the unintended consequence of being disproportionately leveled at abused mothers for their purported failure to recognize her partner’s abuse of her child, or for her failure to leave the violent relationship. Holt and colleagues. (2006) researched this phenomenon and discerned that it was not that the abused women lacked the ability to properly parent, but rather that the focus of the American judicial system is more frequently centered on the survivor rather than the abuser, and that women’s failure to leave violent relationships was in fact due to an inadequate number of resources and a patriarchal social structure that perpetuates IPV (Holt et al., 2006).

Previous work additionally suggests that IPV negatively impacts survivors’ abilities to develop authority and control over their children. This lack of control can result in severe
behavioral dysregulation disorders as well as disturbances in personality development for children (Umoren & Owiwira, 2018). In relation, Margolin and colleagues (2003) found in their quantitative study of husband-to-wife aggression, that women survivors made substantial efforts to protect their children from abusers. However, these efforts often manifested in authoritarian parenting practices where strict discipline and obedience was enforced without necessary explanations to children as to why these rules were in place, to ensure that their children were well-behaved and did not aggravate the aggressor. Conversely, other research has indicated that experiencing IPV decreased mothers’ abilities to develop a sense of authority and control over her children, which resulted in children exhibiting increased physical aggression toward their parents (Ulman & Straus, 2003). While results were gleaned via self-report survey and are therefore less rigorous, Jackson’s (2003) work does well to illustrate the complexity of evaluating parenting capacity in the context of IPV, and the multifaceted challenges women in these positions face.

A separate vein of research related to IPV and parenting explores the repercussions of exposure to IPV as children and later difficulties with parenting (Banyard, 1997). Studies have shown that a common concern of adults who were either directly abused or exposed to abuse as children, is their relationship later in life with their own children. Cole and colleagues (1992) through their quantitative study that utilized the Family Experiences Questionnaire (FEQ) identified five domains in which mothers who survived IPV as children felt particularly vulnerable in parenting: inefficacy, loss of control over children’s behavior, lack of confidence, permissive parenting practices, and inadequacy to provide what children needed. Additionally, the authors found a relationship between the quality of mother’s marital experience and their
parenting experience by examining their beliefs about the role of their partner in parenting coupled with their personal parenting experience. The quality of the survivor’s marriage served to either buffer or exacerbate the adverse effects of witnessing IPV as children (Cole et al., 1992).

Further, Banyard (1997) focused on parenting capacity among low-income mothers who were survivors of childhood abuse. Her systematic review supported the idea that women who experienced abuse as children struggled to form necessary attachments and internal working models to serve as healthy cognitive templates for parenting and other relationships later in life. Her discussion appropriately centered on the intergenerational cycle of abuse, and the perpetuation of abusive parenting practices based on parents’ own experiences as children. What her review newly revealed, however, is that emotionally and psychologically abusive parenting tactics were also passed down through generations of parenting.

**Theoretical Assumptions**

Past research suggests that parenting capacity can be impacted by IPV in myriad ways and uncovering the reasons behind this impact are bolstered by the explanatory power of several germane theories. Attachment theory, trauma theory, and social learning theory as well as the intergenerational transmission of violence (IGTV) approach all provide a framework through which to better understand the phenomenon under investigation.

**Attachment Theory**

Borne from larger psychodynamic and psychoanalytic theoretical frameworks, attachment theory’s principles apply in several ways to IPV, both from the vantage point of what might account for the ongoing cycle of abuse regarding actions of survivors and perpetrators, to
the ways in which children exposed to IPV are adversely impacted (Park, 2016). Forming a bond with a primary caregiver is essential for children’s survival, and in an ideal world, caregivers would be able to provide a safe, holding, secure environment in which their children could thrive. However, in cases where a child is subjected to IPV, forming secure attachments can be more difficult than in contexts devoid of IPV (Bell & Naugle, 2008). Important to note is that the attachment theory literature often assumes a perhaps inadvertent pathologizing approach to the topic of IPV and parenting, which the findings from this dissertation ultimately refute. Nevertheless, the basic tenets of the theory are helpful in conceptualizing the overall phenomenon under investigation for this dissertation research.

Developed by renowned psychoanalyst John Bowlby (1970), and with later contributions from his colleague, Mary Ainsworth (1978), attachment theory is notorious within the fields of psychology, psychiatry, and social work since its inception in the 1950s (Park, 2016). Ainsworth (1978) determined that the biological human needs caregivers and the ways in which such early attachments are fostered, leaves an indelible mark on development and relationships throughout the lifespan (Bowlby, 1988; Wallin, 2007). One of the most central concepts of attachment theory that is applicable to IPV is Bowlby’s conceptualization of the internal working model, which a child creates in response to their relational contact with caregivers. Children expect caregivers to attune to their needs and provide a safe and secure environment and this expectation is carried throughout the lifespan (Applegate & Shapiro, 2005). Furthering Bowlby and Ainsworth’s (1978) initial claims, Ainsworth herself classified attachment styles into three predominant categories: secure, anxious, and avoidant, with the latter styles classified as insecure attachments. More recently, a fourth attachment style was added to the theory, referred to as
“disorganized attachment,” a style typically exhibited by children for whom a caregiver’s behavior was unpredictable (Applegate & Shapiro, 2005).

Research conducted on attachment and adult romantic relationships suggests that the bonds and attachment patterns children form in infancy with caregivers can change from insecure to secure later in the lifespan, but that such change is difficult and requires diligent effort and therapeutic intervention (Feeney, 1999). Johnson (2009) argued that in adulthood, romantic partners ultimately replace caregivers as the primary attachment figure and that adults require the same secure attachments as infants. The author also concluded that when romantic partnerships become fraught with feelings of emotional insecurity and/or aggressive behavior, (both of which are characteristic of IPV relationships), severe attachment anxiety can result. Unfortunately, attachment anxiety can then result in cycles of attempting to regulate anxiety from a place of insecurity by trying to control partners (Johnson, 2008). This need for control in part helps to explain the existence of the Cycle of Abuse phenomenon (Walker, 1979) and why this cycle, which results from multiple layers of unresolved internal conflict, is so difficult to interrupt. The Cycle of Abuse Theory is a social cycle theory, positing that women in abusive relationships progress through several stages in the following cyclical pattern: tension building, a violent incident, reconciliation, and period of calm (Walker, 1979). The latter two stages, marked by periods of the abuser expressing remorse and an essential “honeymoon period” are ultimately what convinces victims that the violence will not recur, and instills hope for the relationship. Often, these interludes of harmony in the relationship are short-lived and after a triggering event, the abuse continues.
Attachment anxiety and insecure attachment styles form the foundation for many relationships in which IPV behaviors are present (Holtzworth-Munroe et al., 1997; Johnson, 2008). As further evidence that the attachment patterns established during infancy have potential to persist, Finkel and colleagues (2009) found that males who abused female partners used physical violence as a maladaptive means of keeping their partners close to them, a tactic engendered from childhoods in which secure attachments to caregivers were never formed. This behavior is not unlike the temper tantrums insecurely attached infants may exhibit when their caregiver leaves the room or during times when the caregiver is absent; such outbursts are in fact attempts to get their needs met, however destructive or counterproductive they may be (Allison et al., 2008). The fear of separation when one feels their partner attempting to disengage from the relationship is just as threatening as the potential to lose a primary caregiver and so acts of relational or physical aggression can perhaps be reframed as acts of desperation to maintain connection. In a similar study that again focused on male IPV perpetrators, researchers found that men who used violence in relationships were not only more likely to have insecure attachment styles, but also reported more fear of abandonment and a dependence on their romantic partners than their nonviolent counterparts (Holtzworth-Munroe et al., 1997).

The academic literature that explores IPV behaviors using attachment theory includes a surprising number of empirical studies regarding how attachment leads to IPV perpetration; and yet, there is additional evidence to suggest that IPV victimization can also be understood via attachment theory. Dutton and Painter (1993) explored why women IPV survivors stay in abusive relationships and found that the hallmark unpredictable and intermittent positive and negative treatment by their partners increased the strength of attachment through the concept of
traumatic bonding (Herman, 1997). The authors compared traumatic bonding and the behavior exhibited by women in contexts of abuse to insecurely attached infants who attempt to cling steadfastly to caregivers when faced with being rejected or distanced from their primary caregiver. Regardless of whether IPV takes the form of physical or psychological abuse, the need for victims to maintain closeness seems to supersede the need for emotional and physical safety (Perry et al., 1995).

Most of the current IPV literature in the context of attachment theory distinguishes two predominant relational styles that contribute to IPV: preoccupied, and dismissive (Park, 2016). While both styles are the result of insecure attachments, preoccupied partners desire physical and emotional closeness while dismissive partners tend to detach when they perceive their partner getting too close and their ability to escape may be jeopardized. In this vein, Henderson and colleagues (2005) found that preoccupied individuals predicted both IPV perpetration and victimization in both physically and psychologically abusive partnerships because of the need for intimacy and the fear of isolation and abandonment. The researchers found that when survivors did not have these needs satisfactorily met, they stayed in relationships despite the abuse and perpetrators continued to exhibit aggressive and coercive behaviors: this resulted in unhealthy, cyclical relationship dynamics. The preoccupied and dismissive adult attachment styles also have been found in relationships that involve multiple instances of separation and reunion. In these relationships, adults perceive even negative attention as evidence of their partner engaging in the relationship, and as such, they will get back together even after periods of breaking up (Pietromonaco & Barrett, 1997).
van Ee and colleagues (2016) explored attachment theory related to parenting among a sample of highly traumatized refugee parents diagnosed with PTSD. While the PTSD diagnosis was given due to multiple traumas including but not limited to IPV, the results help to provide some foundation for the current dissertation. The authors explored the parenting practices among 68 asylum seekers and found a link between mothers’ trauma symptoms and disconnected (frightened, threatening, and dissociative) parenting as well as insensitive parenting behavior. Results confirmed other research that noted mothers with more PTSD symptoms were less sensitive and responsive to children’s needs (Perez et al., 2012; Schechter et al., 2005) and more overtly hostile and controlling during interactions with their children. The attachment styles classified both for survivors and their children were almost entirely insecure, which in several cases, resulted in children’s internalizing (e.g., fearfulness, social withdrawal) or externalizing behaviors (e.g., physical aggression, relational aggression).

Apart from direct parenting practices being influenced by disrupted attachment patterns, other studies have provided evidence that disorganized adult attachment patterns inculcated from traumatic experiences contributed to diminished levels of satisfaction with parenting as well as a lack of reported satisfaction with the child (van Ee et al., 2016). Attachment research has also provided fodder for how traumatized parents with unresolved attachment styles (e.g., attachment styles that shift and change regularly) often exhibit frightened or frightening parenting practices such as unusual vocal patterns interacting with their children, lack of play or affection, general avoidance of the child, looming or freezing behavior, or general hesitancy in parent-child interactions (Madigan et al., 2006). This disrupted attachment style has been classified as
extreme parental insensitivity, and a noted predictor of children of traumatized parents also developing disorganized attachment styles.

According to the sequential perpetrator model (Coohey, 2004), women in IPV relationships are in fact more likely to hit their children as a reaction to enduring physical abuse themselves. Results from related research have been mixed, in that some have found the physical punishment used by abused mothers to result in psychological distress for both mothers and children, while others have revealed that physical punishment from intimate partners has little to no bearing on parenting capacity (Holden et al., 1998).

Regarding the temporal variable inherent to the complexity of IPV exposure, Waters and colleagues (2015) explored how IPV exposure during pregnancy impacted maternal sensitivity toward children. Maternal sensitivity, or the ability for mothers to attend to children’s emotional cues, was assessed among a sample of women who sought treatment for IPV during the prenatal period. Mothers with a history IPV during adulthood, exhibited significantly lower levels of maternal sensitivity than non-abused counterparts, supporting previous work that revealed maternal sensitivity early in life is a critical predictor of a secure mother-child attachment (De Wolff & van IJzendoorn, 1997). Furthermore, the connection between maternal insensitivity and insecure attachment was posited to be the main pathway for the intergenerational transmission of maltreatment, and, how mitigating unhealthy attachment patterns early in life is one of the key elements in disrupting the cycle of abuse.

Attachment theory offers many insights into the grave problem of IPV and its effect on parenting capacity, but there remains a paucity of research as to how adult attachment styles are adversely affected. Lee (2003) censured attachment theory for placing undue onus on mothers to
ensure a child’s optimal development. Meanwhile, other critics have asserted that situations involving IPV are more likely than not to involve parenting irregularity and disruption to the child’s daily routine (Kitzmann et al., 2003). Such disturbances are thus not the fault of the IPV survivor, but rather an unfortunate byproduct resulting from the nature of traumatic events. Across the attachment theory literature, a decidedly deficit-based approach is taken with regard to parenting capacity and IPV survivors (Lee, 2017). This can lead to an inadvertent disempowerment of survivors and for the purpose of this dissertation, attachment style was viewed as one possible way of viewing relationships between mothers and children but always maintaining the possibility that simply because there is a serious lack of literature about enhanced attachment between survivors and children does not mean it does not exist. Rather, this dissertation could be among the first to document such a phenomenon.

**Trauma Theory**

Trauma theory is originally a psychological theory used to explain maladaptive coping skills, mental illnesses that developed after the occurrence of terrifying events (Herman, 1997). According to Van der Kolk (1989), “Traumatization occurs when both internal and external resources are inadequate to cope with external threat (p. 393). Traumatization occurs whenever a person fears for their lives, which are experiences that impact the whole person: how they think, how they learn and remember, and how they view the world around them (Bloom, 1999). Given that IPV is a form of trauma, trauma theory can help to yield an understanding of how IPV can impact parenting capacity (Herman & Van der Kolk, 2020). For mothers who have survived trauma, their ability to meet their children’s needs is often limited due to their own struggle to survive in the face of adversity (Bell & Naugle, 2008). As previously noted, one of the most
common mental health consequences for women survivors of IPV is developing posttraumatic stress disorder (PTSD), marked by experiences of persistent flashbacks to traumatic events, panic attacks, hypervigilance, sleep disturbances as well as a host of other disruptive symptoms (American Psychiatric Association, 2013). The cognitive implications of PTSD can lead to several parenting difficulties predominantly regarding challenges forming bonds with their children in the face of trying to manage symptoms of psychopathology (van Ee et al., 2016).

Current statistics show that 45 to 84% of abused women are diagnosed with PTSD each year (CDC, 2019). To capture the nuanced nature of PTSD symptoms in abused women, Herman and Van der Kolk (2020) sought to broaden the definition of PTSD as experienced by female IPV survivors to expose the heightened prevalence of symptoms including depression, anxiety, idealization of the perpetrator, and dissociation due to the often-chronic nature of the trauma. This conceptualization of trauma argued for a broader understanding of traumatic symptoms than the current DSM-V purports (American Psychiatric Association, 2013).

Herman’s (1997) research added much-needed complexity to the understanding of how the cycle of abuse and experiences of trauma are maintained in IPV relationships. She described the dynamics of abusive partnerships and suggested that abused women sometimes suffer characterological changes in their personalities, leaving them especially vulnerable to ongoing abuse. Her research was the first to demonstrate that the way in which perpetrators gain control over women’s bodies and actions through sleep deprivation, control of food, and shelter indicate that this partner becomes the sole provider of necessary tools for survival. In so doing, the perpetrator becomes the only source of refuge when small indulgences are granted and women’s ability to initiate action are further diminished. The traumatic reaction women experience then
becomes the mechanism through which everyday functioning, including functioning as parents, becomes impaired.

In their mixed methods study, Levendosky and Graham-Bermann (2000) developed an ecological model to explore the impact of IPV on women’s parenting ability. One hundred and twenty women, all diagnosed with PTSD, and their children (between the ages of 7 and 12 years) completed behavioral questionnaires and answered questions through semi-structured interviews. Children in this study were included whether they exhibited symptoms of behavioral problems (e.g., attachment disorders, externalizing behaviors) or not. Results revealed that instances of child abuse and neglect were the result of women’s maternal stress, negative life events, and lack of social support as opposed to individual pathology, despite the diagnosis of PTSD. Children’s adjustment was directly correlated to the amount of posttraumatic-related stress their mothers experienced, enabling the authors to conclude that mother’s behavior in IPV relationships must be viewed on a continuum influenced predominantly by the context in which both mothers and children in abusive relationships are developing. This research was among the first to encourage the discourse to shift away from a focus on internal pathology and rather center on the environment that engenders stress and ultimately maladaptive parenting behaviors.

Building on previous work that noted parental PTSD’s association with parenting difficulties (van Ee et al., 2016), Samuelson and colleagues (2016) also used trauma theory to explore maternal PTSD as a risk factor in parenting difficulty and negative child adjustment. The authors sought to explore this concept by examining whether the association between maternal PTSD and child functioning was direct (e.g., mother’s PTSD symptoms are observed and internalized by children, resulting in behavioral problems) or indirect (e.g., through maternal
emotional availability and the nature of the parent-child relationship. Participants were 52 trauma-exposed mothers (including, but not specifically related to IPV), and their children aged 7 to 12 years. Contrary to the researcher’s initial hypotheses, maternal PTSD was not related to insensitive, hostile, or intrusive parenting practices. However, maternal parenting stress did mediate the relationship between maternal PTSD and children’s abilities to emotionally self-regulate, suggesting an indirect effect of PTSD on children’s adjustment in the context of high parenting stress. This dissertation research included participants who specifically survived IPV as opposed to trauma in general which offers a more focused approach to discern how parenting practices are impacted by the trauma associated with IPV.

Posttraumatic Stress Disorder and other mental health diagnoses (namely, depression) known to result from mothers’ experiences of trauma have been shown to interfere with sensitive parenting. Foa and colleagues (1999) found that mothers’ trauma exposure fundamentally altered their cognitions and affect, leaving women prone to emotional dysregulation and alternating hypervigilance. Such a constant state of emotional dysregulation led to neglectful parenting practices due to mothers’ preoccupation attempting to manage their own psychopathology. Subsequent work found that maternal trauma exposure in turn resulted in children’s inability to self-regulate (Schechter et al., 2004).

Approaching this issue using trauma theory from an evolutionary psychology framework, Schuetze & Zeskind (2009) used video recordings to explore how a sample of 45 mildly to severely depressed mothers, all who had developed depression from trauma exposure, differentially responded to infants’ cries. Noting that the predominant method infants use to communicate their needs (both emotional and physical), the authors wanted to explore how
mental illness due to trauma exposure may impede mothers’ perceptions or attentiveness to their children. A newborn infant’s hunger cry was digitally altered to increase in fundamental frequency in 100 Hz increments, and then participants rated these cries on scales designed to examine their perceptions of the infant cries as well as the caregiving tasks they would perform in response. Infant cries were rated based on participants’ perception of urgency and arousal (e.g., arousing, or non-arousing), and possible caregiver acts (e.g., pick the infant up, cuddle, feed). Higher pitched infant cries were rated by women who were mildly and moderately severely mentally ill as more urgent and arousing and elicited the highest level of caregiver intervention. However, severely depressed women perceived higher-pitched cries as less salient and were furthermore less likely to elicit active caregiving responses. Results indicated that the severity of depression, often correlated to mothers’ increased length or repeated exposure to trauma, altered perceptions of infant distress signals. The implications of this work are that women with severe psychopathology resulting from trauma are more likely to neglect children or be less attuned to children’s needs. This study focused on how the altering of brain chemistry considering mental illness ultimately causes child abuse or neglect, rather than a traumatized mother’s willful avoidance of her child. Exploring these relationships for mothers who had all survived IPV relationships may reveal additionally important information regarding how parenting practices in this context are impacted.

Apart from the negative effect trauma exposure can have on parenting and mental health, Guyon-Harris and colleagues (2017) used a strengths-based approach to explore protective factors relative to parenting capacity in a group of women who had clinical and subclinical diagnoses of PTSD specifically during the childbearing years. Their work was among the earliest
to explore how trauma exposure impacts women during childbearing, suggesting that this period is important to explore considering women’s changing hormone levels potentially exacerbating PTSD symptomatology. The authors utilized a sample of 95 low-income mothers who self-reported either exposure to IPV as adults, or some form of childhood maltreatment (e.g., physical or sexual abuse, neglect). Participants for the study were diagnosed with either clinical or subclinical PTSD and were followed from pregnancy to two years postpartum. Their parenting practices and levels of parenting stress were assessed at four time-points across the two-year period. During this time, participants’ social support received from family members and romantic partners was also assessed. For mothers exhibiting the highest levels of maternal stress and demonstrating signs of avoidant parenting, perceived social support significantly decreased post-traumatic stress and improved parenting capacity over time; this improvement was evident in the time mothers devoted to children, and emotional availability. Further, symptoms of PTSD hypervigilance abated when mothers’ social support and romantic partnerships quality improved (Guyon-Harris et al., 2017).

Harris and Field (1998) criticized some of the current trauma theory research, arguing that it places undue onus on a traumatized mother to control how a child “turns out,” and that peers are far more influential on child development than the current literature suggests. While this critique may warrant a degree of caution in attributing all disturbances in mother-child bonds, the result of the parent’s inability to create a safe, stable environment as in situations involving IPV are more likely than not to involve parenting irregularity and disruption to the child’s daily routine (Kitzmann et al., 2003). Such disturbances may indirectly result from the
abuse mothers experience, although it is unfair to blame disrupted mother-child bonds on survivors. Rather, that nature of traumatic events can disrupt mother-child relationships.

**Social Learning Theory**

Bandura’s (1973 social learning theory, which has also been applied to understanding IPV (Tracy et al., 2018), helps to explain how participants in this dissertation who were exposed to IPV as children and adults may utilize certain parenting practices. Parenting styles borne from exposure to IPV are most clearly viewed within two broadly defined categories. According to social learning theory, adult behaviors are attained during childhood via observational learning or imitation (McRae et al., 2017). How strongly the learning takes effect on children depends on the rewards and consequences present within the social learning system; for the purpose of this dissertation research, this would be the family system (Bandura, 1973).

Past literature denoted four domains through which social learning in the context of IPV occurs: (a) observing past reinforcement of the violent act facilitates modeling, (b) observing approval or indifferent reactions to the perpetrator’s violence gives the observer the impression that the violent behavior is acceptable, (c) observing violent behavior generates emotional arousal and an attraction to violence for the observer, and (d) observing particular methods of aggression influences the observer to use similar methods when carrying out an aggressive action (Lefkowitz & Hedgcock, 2002). Children who witness caregivers use either of relational aggression or physical aggression to solve conflicts tend to exhibit these same behaviors in problem-solving both as children and adults (Widom, 1989).

In her seminal research on the cycle of violence hypothesis, Walker (1979) noted that survivors of IPV had often experienced abuse as children and had witnessed interparental
aggression. In line with social learning theory, Walker (1979) hypothesized that children internalized these violent behaviors as normal and exhibited similar behaviors in their intimate adult relationships. These children are also likely to grow into adults who have higher levels of acceptance for violence and/or demonstrate violent behavior in their own social interactions (McKenry et al., 2006). Another research investigation found that such acceptance results in ongoing victimization and justification for violent behavior (McKenry et al., 2006). This becomes especially problematic when children have witnessed parents be rewarded for using relational or physical violence as a means of resolving conflict.

Social learning theory helped to position this dissertation research to understand how women who experienced IPV throughout the lifespan may re-live such experiences and ultimately pass down certain behaviors to children. The theory provides a useful lens through which to predict the research outcomes for the current study in several ways. Firstly, it helps to explain why participants may enter abusive partnerships and struggle to develop healthy relationships with intimate partners. Secondly, it may help to understand how perpetrator or victim behaviors are modeled for survivors’ children and clarify how parenting ability, self-efficacy, and overall capacity are impacted by IPV. Thirdly, it paves the way for discerning how this theory might be useful in a clinical context when working with IPV survivors on issues surrounding parenting capacity.

Several studies have explored how exposure to trauma, including IPV, may affect the parenting styles practiced by IPV victims (Huth-Bocks et al., 2014). Baumrind (1991) used social learning theory as a framework and developed three predominant parenting styles: authoritative, authoritarian, and permissive. Authoritative parenting styles are the most balanced,
with parents setting clear rules for children to follow and setting clear expectations, while also exhibiting warm and responsive behaviors. Authoritative parents are typically those who demonstrate higher levels of mental health and stability (Darling, 1999). Conversely, authoritarian parenting styles are characterized by unresponsiveness to children’s needs, strict rules, and unrealistic expectations of obedience. Last, permissive parenting is distinguished by warm and responsive behaviors to the extent that parents set no rules or boundaries and are lenient or indulgent (Baumrind, 1991).

Being a mother is associated with increased risk of being abused by an intimate partner (Hazen et al., 2007), and often, abusive partners will undermine the parenting of mothers or seek to destroy the relationship between mother and child as a method of control (Beeble et al., 2010). Working upon the finding that many abused women also abuse their children and have typically a harsher parenting style, Ateah and colleagues (2019) conducted a longitudinal study with secondary data to investigate the parenting practices most often endorsed by abused women. Using quantitative measures including the Positive Interaction Scale, the Parenting Practices Scale, as well as the Rational Parenting Scale with survey data collected from nearly 1,300 participants, the researchers found that women who had been involved in IPV relationships in fact demonstrated higher levels of nurturing and caring behavior toward their children compared to their unabused counterparts. It was speculated that this result reflected the desire of abused women wanting to compensate for any violence in the home perpetrated by a partner by attempting to be more attentive to their children. However, on measures of permissive versus authoritarian parenting, it was found that mothers who had experienced IPV were also more permissive in parenting style. Results from this research additionally confirmed Levendosky and
Graham-Bermann’s (2001) finding that experiencing psychological abuse had greater impact on parenting style than physical abuse.

Like many human behaviors, parenting style can be demonstrated via social learning and modeling. Lieberman and van Horn (2005) studied mothers exposed to IPV using social learning theory to scaffold their research. Specifically, they sought to discern how experiences of trauma were reenacted in mothers’ abilities to form bonds with their own children. From their work, they found that participants modeled how they were treated by their abusive partners toward their children and reported instances of using physical force in disciplining children. The authors posited that participants had internalized violence in such a way that they adopted certain practices in child-rearing. Worth noting is the fact that these authors solicited participation from women who had exclusively experienced physical abuse in their partnerships and did not explore how parenting style may be impacted by other more relational forms of violence, such as economic or psychological abuse.

Conversely, other research explored how parenting may be impacted in the context of IPV through modeling. Levendosky and colleagues (2003) examined parenting practices in mothers of preschool-aged children who had survived IPV. Participants included 103 mothers and their children aged 6 to 12 years. The study utilized both maternal self-report as well as mother-child observations. While approximately one-third of the sample endorsed authoritarian parenting practices, other participants reported trying to over-correct for the violence they experienced with partners (and, that their children had witnessed) by adopting more lenient, permissive parenting practices. Indeed, for this sample exposed to IPV, despite the behavior
modeled in their partnerships, mothers demonstrated a guardedness toward authoritarian parenting practices, and furthermore reported more positive regard toward children.

Umoren and Owiwira (2018) explored the influence of IPV and parenting style on children’s well-being using a sample of 431 participants who ranged in age from 8 to 13 years. The authors’ definition of well-being included “a consistent state of wellness, satisfaction, and contentment” (p. 12247). Among a range of measures, the authors used the Parental Authority Questionnaire (PAQ) to measure parental authority and disciplinary practices. As expected, children reported higher well-being if their scores indicated fewer or no incidents of intimate partner violence in the home. However, on measures of permissive, authoritative, or authoritarian parenting, parenting style in the context of domestic violence appeared to have no significant effect on children’s well-being. Most of the parents who survived domestic violence reported either permissive or authoritarian parenting styles (those styles considered less desirable than authoritative parenting), yet this did not appear to impact well-being. Rather, the setting in which the child was raised (e.g., the home or a domestic violence shelter) had the greatest impact on a child’s well-being.

Other work using social learning theory has sought to create effective interventions and treatment programs for helping parents develop healthy parenting styles in the face of DV and IPV (Graham-Berman & Perkins, 2010). Noting previous findings that abused mothers tend to exhibit inconsistent or harsher parenting styles than their non-abused peers, Berry and colleagues (2019) created the Family Vision Program to provide life coaching support to single mothers following domestic violence and abuse (DVA). As part of this program, clinicians used a strength-based, social learning approach to teach mother survivors various skills associated with
an authoritative parenting style, focusing on helping mothers develop their own sense of security so that they would subsequently be able to provide their children with a warm, nurturing home environment despite past exposure to DVA. The program sought to help mothers develop self-efficacy and confidence, rather than focusing exclusively on their identity as a DVA survivor. This strengths-based, life-coaching approach that taught mothers skills related to parenting style was widely applicable to other avenues of life resulted in women feeling a stronger sense of control in raising their children, which ultimately allowed many to step back and assuage the urge to be overly strict or emotionally or physically absent. One participant noted, “I came out of Pattern Changing feeling a little bit lost . . . my head was a lot clearer but I still had no idea where to go . . . trapped in that bubble of ‘I’m the victim.’ Family Vision gave us that next step about how to move forward” [Parent 3] (p. 11). Work that centers on how best to help survivors around the subject of parenting, in the case of the work of Berry and colleagues (2019), showed that treating women using a life-coaching, holistic treatment model is important to consider as effective methods of parenting improvement following mothers being able to share their experiences about parenting in the context of IPV.

Past research suggests that women exposed to childhood sexual abuse (CSA) are also five times more likely to become survivors of IPV during adulthood (Daigneault et al., 2009; DiLillo et al., 2001). With this fact in mind, Jaffe and colleagues (2012) solicited participation from a sample of 20 women from a parenting intervention program, and 45 women from a domestic violence shelter who met criteria for CSA or IPV survival. They broadened their definition of parenting styles to additionally include parenting self-efficacy. Using the Parenting Practices scale (Robinson et al., 1995), the authors defined Baumrind’s three parenting styles as follows:
authoritarian: verbal hostility, corporal punishment, non-reasoning and punitive strategies
directiveness; authoritative: warmth and involvement reasoning/induction, democratic
participation, good natured/easy-going; and permissive: lack of follow-through, ignoring
misbehavior, lack of self-confidence. Results from the work of Jaffe and colleagues (2012)
revealed that CSA survivors reported lower levels of parenting self-efficacy and engaged in more
permissive parenting, while survivors of IPV reported higher self-efficacy and authoritative
parenting (e.g., setting appropriate boundaries with children, being emotionally available). Both
results were viewed in terms of Bandura’s social learning theory and how resulting behavior is
often a mirror of how needs for nurturance and limit-setting are either met or unmet by other
relationships. Jaffe and colleagues (2012) concluded that, while IPV relationships are
characterized by a lack of control and involve unmet needs, childhood sexual abuse had a more
profound negative impact on future parenting, largely because of the age at which such abuse
occurred.

Another study explored a similar concept of perceptions of parenting and abuse, and how
such perceptions manifest in the parenting behaviors and perceived parenting ability of survivors
(Zuravin & DiBlasio, 1992). In an older study by Cole and Woolger (1989), the relationship
between abused mothers’ perceptions of their parents and their own childrearing attitudes was
assessed. Results revealed that participants who perceived physically violent relationships
between parents were more likely to endorse survey questions related to child autonomy and
attained lower scores on measures of child acceptance.

This dissertation work intended to explore social learning theory strictly in the context of
IPV and both built upon and challenged previous work that defines parenting styles as outlined
by Baumrind’s (1991) typology. From the existing literature, exposure to violence affects the type of parenting employed by survivors, whether by being more permissive or authoritarian. However, extant literature suggests that authoritative parenting styles have the most positive emotional and behavioral outcomes for children (Baumrind, 1991; Holt et al., 2008), and so learning how best to aid survivors of IPV to employ healthy parenting practices is important and an implication for the proposed study.

**Intergenerational transmission of violence.** Related to social learning theory, but more specific to IPV and parenting capacity, is the intergenerational transmission of violence (IGTV). This approach posits that individuals exposed to violence or who directly experience violence are prone to thinking that violence is an acceptable form of conflict resolution in intimate partner settings (Egeland, 1993). Understanding some of the basic tenets of the IGTV enhances an understanding of IPV survivors’ parenting capacity. IGTV helps to explain in part how survivors’ sense of self and self-efficacy may be either adversely or perhaps positively impacted by previous experiences of IPV. While often exposure to IPV as understood through the IGTV has negative implications for parenting, there is some research that demonstrates that in order to counteract prior experiences, childhood exposure to violence serves as a protective factor in that women are more aware of how violence can impact their functioning and parenting ability, and develop more attuned and responsive practice (Decker et al., 2014; Woollett & Thomson, 2016).

The notion that “violence begets violence” (Woollett & Thomson, 2016, p.3), has received increasing attention in the last several years, and the current project would be remiss to fail to include IGTV as a contributing theoretical frame for the work. Violence against women and children, including adult and childhood exposure to IPV, significantly increases the risk of
trauma as well as other negative physical and mental health consequences that can be passed down through generations (Herman 1997; Herman & Van der Kolk, 2020). If violence is experienced early in life (e.g., through witnessing IPV between parents, bullying, dating violence, child maltreatment), the likelihood of either becoming a victim or perpetrator of abuse later in life increases (Tracy et al., 2018). In addition to the negative mental health consequences such as PTSD and depression (Chamberlain, 2014), the concepts of re-enactment or repetition compulsion are likewise implicated in the intergenerational transmission of trauma (Woollett & Thomson, 2016). Research indicates that trauma can be repeated on emotional, psychological, and neuro-endocrinological levels: simply put, human beings seek comfort in what is familiar (Herman & Van der Kolk, 2020; Zepf, 2016). Whether the behavioral reenactments of trauma are of positive or negative valence, especially in times of stress or high emotional intensity, individuals tend to return to patterns that feel safe. As IGTV theory posits, those who have experienced trauma may often compulsively expose themselves to traumatizing situations that are reminiscent of the original trauma simply because it feels familiar.

The concept of IGTV offers a great deal of explanatory power as to why some of the women in this study, who experienced IPV during both childhood and adulthood, would have remained in abusive partnerships for extended periods of time thus exposing themselves and their children to ongoing abuse. Older work suggests that repetition only in fact causes further suffering for the victim (Van der Kolk, 1989). Experiences with violence can ultimately shake an individual’s sense of self causing them to feel undeserving of safety and protection. Indeed, the notion that the world in which they live is safe, orderly, and just is often disrupted, and thus the
view of self and the world must be reconstructed to incorporate the abuse experience (Woollett & Thomson, 2016).

Children are in fact more likely than adults to blame themselves for acts of violence or abuse they witness, often directing anger at what they experience toward themselves (Van der Kolk, 2003). While this anger can be misdirected toward others, so can it also lead to a form of subconscious self-punishment such as repeatedly entering abusive partnerships when these children reach adulthood. Ultimately, when survivors such as the participants in this dissertation are aggressed upon (whether during exposure to IPV as children or in their adult partnerships), and they do not possess the same psychological or physical capacity to aggress in retaliation, such aggression can be directed to where victims feel they have more power and control; this is sometimes evident in ongoing victimization, or in maltreatment of their own children (Tracy et al., 2016). IGTV begins to earnestly take shape for adolescent women who are often just beginning to experiment with intimate relationships, and research shows that perpetuation of this abusive cycle is most common if adolescents are involved with older male partners (Decker et al., 2014). Thus, not only does IGTV suggest reasons for why participants stayed in relationships for as long as they did, but it also explains patterns of perpetration and victimization is evident throughout generations.

Other Empirical Evidence

There are several other empirical studies that warrant attention in the context of this dissertation apart from those that explore parenting capacity through attachment theory, social learning theory, and IGTV. First, a systematic review conducted by Chiesa and colleagues (2018) offers a comprehensive overview of the current state of IPV research and parenting. The
authors included more than 13,000 empirical studies from 1970 to 2015 and further utilized a broad definition of IPV (as does this dissertation) including physical, emotional, and sexual violence as well as threats of such violence. Including studies that explored stalking and relational forms of aggression is important to the trajectory of the discourse to include the deleterious effects not only physical abuse can have on survivors’ abilities to heal and recover.

Most noteworthy from the findings by Chiesa and colleagues (2018) was that negative parenting attributes are associated with IPV especially in caregivers’ capacity to provide warmth, engagement, and connectedness to their children. Analysis also revealed that IPV victims reported higher levels of authoritarian parenting styles, harsher forms of discipline, and lower levels of parental acceptance. Due to the lack of detail provided in many of the studies reviewed, the authors were unable to analyze the effect of IPV timing (e.g., length of IPV relationship or time from when the IPV relationship ended). This dissertation research sought to build off the extensive work and findings of Chiesa and colleagues (2018) by seeking to fill the gap in how IPV timing may impact parenting practices. Unfortunately, the work of Chiesa and colleagues (2018) like much of the literature reviewed previously in this chapter adopted a decidedly deficit-based approach to exploring parenting capacity among IPV survivors and included only measures of negative as opposed to positive parenting attributes. Unlike the systematic review, this dissertation sought to use feminist methodology to be open to whatever participants shared and to use an empowering approach in learning of their experiences with parenting. Whether participants shared positive or negative parenting stories was not prescribed by the dialogic interview questions.
Research that took a more strengths-based approach than other work was conducted in the Netherlands (Pels et al., 2015) and closely aligns with some of the predominant aims of this dissertation. Using a sample of 100 mothers, this qualitative research explored parenting during and after IPV, participants’ perceptions of the influence of IPV on their parenting, as well as their need for and experiences with support services. Using a similar rationale to the current dissertation, the authors were especially concerned with using open-ended interviews to discern what parenting support services survivors reported needing but were not receiving. The work by Pels and colleagues (2015) is one of few wholly qualitative designs (apart from this dissertation) that provided a platform for participants’ voices to be heard and attempted to attend to the needs survivors expressed. While the interview was open-ended, results from their work revealed that most mothers reported mostly negative experiences with parenting both during and following IPV relationships and expressed pronounced feelings of guilt for being unable to protect their children from the actions of the perpetrator. Further, most participants reported IPV negatively impacted their ability to be fully present to their children’s needs or else exacerbated negative responses to children’s normative behaviors due to stress engendered from the IPV relationship. Survivors expressed having utilized both formal and informal support systems, but that these supports often did not adequately provide the resources they needed.

Like the work by Pels and colleagues (2015), this dissertation sought answers for how experiences of IPV both in childhood and adulthood impact parenting capacity but differs in several ways. This dissertation utilized feminist methods in an effort to empower women to share their stories exactly as they wished and to guide the entire research process. Although the work from the Netherlands left their interview questions open-ended and listen to the participants’
needs, interviews were not conducted based on the feminist philosophy to uplift women’s voices and bear witness to their holistic stories as this dissertation did. The current research is the first of its kind to be conducted in the United States and offers important insights as to how our intervention and support systems must better support survivors based on what they chose to share in the interview. Further, the Netherlands and the United States utilize completely different healthcare models and systems. Thus, while the previously mentioned study did address some of the pertinent questions similar to those that guided this dissertation, many questions must be addressed taking a different infrastructure into account.

Another systematic review by Cort and Cline (2017) offers insight into the effect experiences of IPV can have on survivors’ perceptions of parenting. The authors applied an innovative methodological approach using Interpretative Phenomenological Analysis (IPA) to investigate the phenomenon. The authors specifically sought to identify how women’s perceptions of their role and identity were impacted by experiences with domestic abuse (DA), operating under the (again, deficit-based) assumptions that experiences of DA adversely impacted women’s emotional well-being, parenting capacity, and ability to respond to their children’s needs. The researchers approached the study from an educational psychology vantage point, looking for ways the discipline could support mother survivors of domestic abuse. Different from this dissertation, the authors focused predominantly on interviewing survivors of physical abuse. Often the discourse uses DA as opposed to IPV in reference to this narrower definition. Their systematic review used an idiographic approach to determine how individual mothers differentially understood and made sense of their experiences with DA. IPA is rooted in the phenomenological approach to research (Padgett, 2008), in which there is usually only one
question asked of participants, who are free to answer as openly as they wish. The research question asked in this study was, “Given your experience with domestic abuse, how do you experience yourself as a mother?” From respondent’s answers, Padgett (2008) identified several main themes: negative and failing parent; mother as changeable and contrasting; loss, distress and helplessness; rejection of others; and social support and connectedness. Although conducted in the United Kingdom and approaching the topic from an educational psychology perspective, Cort and Cline’s (2017) work is important to the context of this dissertation insofar as some of the themes (e.g., social support, connectedness) extrapolated from the qualitative interviews were likewise evident in the findings from the current research.

Finally, Umoren and Owiriwa’s (2018) work exploring how domestic violence and parenting style influences children’s psychological well-being offers groundwork this dissertation built from. Their large sample of 431 participants explored parenting style in the context of domestic violence. Using several robust quantitative instruments (e.g., Children’s Exposure to Domestic Violence Scale, Parental Authority Questionnaire), the authors found that parenting style and children’s resulting mental health were equally influenced by parents’ interactions and time spent with their children as well as parents’ interactions with each other. This finding is especially important to the IPV literature and this dissertation, for it suggests that the nature of the relationship between survivors and their partners, whether estranged or still intact, can significantly impact parenting capacity.

Different from all the literature reviewed in this chapter, this dissertation is among the first to explore parenting capacity in the context of IPV using feminist methods and an entirely qualitative, interpretive approach. In so doing, this dissertation represents the voices of survivors
in a way unlike any previous research sought to do and accepts their stories as truth to shine a light on their experiences and discern ways of best supporting them moving forward (Hesse-Biber, 2011). Moreover, much of the relevant literature that provides the foundation for this dissertation is older, thereby further warranting a new, more timely examination of parenting capacity in the context of IPV than currently exists.
CHAPTER 3
METHODOLOGY

This qualitative dissertation research explored mothers’ experiences of parenting in the context of IPV. Building from previous research and honoring the ultimate goals of this research as discussed in the previous chapter, the following research questions were explored:

1. How do survivors of IPV make meaning of their experiences with abuse as it relates to their parenting capacity?
2. In what ways does a mother’s history of exposure to IPV during childhood impact her parenting capacity?

Methodological Theories

Two methodological theories undergirded the research design for this dissertation and provided a framework for answering the study’s central questions. Both intersubjectivity and feminist theory hone the proposed research to provide space for the research process to be driven by the participants themselves. Broadly speaking, both theories are also embodied within the constructivist-interpretivist paradigm (Padgett, 2008) and highlight the importance of the dialogic process of qualitative research. This process was evident both in the dialogic interview as well as the storyboarding components of data collection.

Intersubjectivity

Buber’s (2010) theory of intersubjectivity additionally guides an understanding of part of the approach I took in interviewing research participants; particularly for trauma survivors,
special attention must be paid to the research relationship and helping participants feel as comfortable as possible in the interview setting. Among the numerous adverse consequences IPV has on survivors, one of the most pervasive is a difficulty in interpersonal relationships. It is therefore important to the conceptualization of this research that the reader be aware of the heightened importance of the relationship between researcher and participant for women who have survived trauma such as IPV.

One of the hallmark characteristics of surviving trauma such as IPV is difficulty with interpersonal relationships, and particularly with emotional closeness (Herman, 1997). Women who have been part of psychologically, emotionally, sexually, and/or physically abusive partnerships are frequently distrusting of others and the ability to share vulnerabilities and details of their personal lives is compromised. Additionally, because IPV so frequently goes unresolved, the silence surrounding such incidents becomes pervasive, often persisting throughout generations.

Therefore, I believe strongly that practice wisdom and clinical competency are essential areas of foci in the current research and must presuppose data collection with this marginalized population. Bunin and colleagues (1983) reiterate my convictions:

The social worker’s training and skills suit him or her well for thoughtfully making and utilizing a relationship to further the shared purpose that has brought the researcher and the informant together. The worker also brings from his or her professional background respect for individual differences, paramount concerns for the well-being of the informant, and sensitivity to how both interviewer and informant shape their joint search for knowledge. (p. 32)

I endeavored to engage in a dialogic process with participants and create a sense of safety by adhering to Buber’s philosophy (1923/1937, p. 4), I and Thou. My focus throughout my
interactions with participants skewed toward intersubjective realities as opposed to subjective realities, to grant enough space for the ever-evolving complexities that emerge from trauma survivors sharing their experiences (Herman & Van der Kolk, 2020). The dialogic method, another outgrowth of the constructivist-interpretivist philosophy, calls for the researcher-participant relationship to be viewed as dialogue that is continually in process: it may be present in words, embodied actions, or silence, all of which are influenced by individuals receiving and anticipating each other’s response. Especially when asking participants to share painful accounts of struggle and the characteristic emotional and physical pain of IPV relationships, I remained as reflexive as possible throughout the interview process and consistently approached my participants’ experiences with empathic curiosity.

The dialogic process refers to the implied meanings of words said by one person and then interpreted by another (Cheek, 1999). At its core, the dialogic process suggests that meanings and understandings from conversations are ongoing and constantly informed by previous work and conversation (Hatch, 1996). In contrast to a dialectic process, in which one experience is lauded as the fundamental perspective, the dialogic process allows for experiences to coexist and change depending on different contexts (Breuer, 2000). Specific to qualitative research, dialogic interviews acknowledge both the researcher and participant as subjects, with different experiences and conceptualizations of reality. Through forming a relationship, both the researcher and the participant can engage in a conversation that cocreates meaning and equality through dialogue that moves beyond a sense of separateness. During dialogic interviews, it is essential that meaning is created in conversation while also maintaining an awareness of each person’s perspective to promote growth and change in the construction of meaning.
Martineau and Squires (2012) suggested that the dialog of research may be enhanced by conversation that emerges from the joint production and coordinated interaction of the interview process. She suggested that especially for participants, the mutual understanding engendered from a dialogic interview process gives participants a sense of gratification that moves beyond the knowledge that their message and meanings were understood by the researcher. She defines interview conversations as “proof of connection to other people that provides a sense of coherence in the world” (p. 373). For the dialogic interviews included in this dissertation, I attempted to communicate my understanding of participants’ stories by frequently checking with them to ensure that I had heard them correctly and by summarizing their points to ensure I was maintaining accuracy in my understanding. Through these measures, I sought to maintain the value of the dialogic process and help my participants to feel as connected as possible.

Each interview was transcribed within 24 hours of when it was conducted and was later expanded into more comprehensive field notes that were attached to the original field notes kept in my journals when I met with participants. Upon completion of the transcript, the expanded field notes were connected to the original field notes through the date of the interview as well as participants’ initials. To further familiarize myself with each interview, a comprehensive summary of the interview was written following transcription. These summaries included important points brought up by each participant, particularly noteworthy parts of their stories, as well as a list of questions I had about how these interviews added to the overarching themes of the work. Sample questions included: “How does Carmen’s (pseudonym) history with violence serve as a potentially motivating factor in her career as a lawyer?” and “What aspects of parenting for Daria (pseudonym) may have subconsciously been related to her own upbringing,
even apart from her abusive ex-husband?” These summaries helped to better familiarize myself with each story the participant provided and offered a way for me to conceptualize the information shared from a more holistic framework.

My background as a clinician is fundamental to how I approached the intersubjective experience borne from the qualitative interview process. By utilizing intersubjective theory, I contributed to a widening of the social work field, urging researchers and clinicians to eschew the tendency to rely entirely on evidence-based tactics in research. Guided by the writings of postmodern and constructivist-interpretivist philosophers, my priority throughout the interview process was to see the person as opposed to their story. Approaching my work through the lens of dialogic intersubjectivity enabled a deeper, richer, and more nuanced understanding of the complexities of “being human” (Brown, 2017, p. 419) in the context of IPV.

Finally, it is important for the purpose of this dissertation to note the reality of interviewing individuals who survived trauma and the fragility of their current situation. As evident through reading the findings later in Chapter 4, the reader might acknowledge moments of tension in the data; moments when participants’ accounts of parenting exemplified risk to themselves and children. The methods that undergird this dissertation require additional sensitivity in acknowledging the struggle and pain several participants may have experienced during the time of interview. It was therefore not possible to probe for examples that more clearly highlighted the negative aspects of parenting that participants shared, although to the reader, it may be clear that a negative underside existed. It is essential to remember the challenge of the vulnerability of the interview process for people who have survived trauma, and this dissertation sought to honor that struggle.
Feminist Method

The origins of feminist perspectives date back as far as the 19th century, making it one of the oldest and most well-known theories in the academic literature (Payne, 2016). Due to the versatile set of conceptual tools and methodological procedures feminist theory embodies, many disciplines including history, philosophy, sociology, and psychology have applied it to some of society’s most consternating social ills. In its purest form, feminist methods encourage participants to share their experiences and their voices in an authentic manner, such that they, along with the researcher, are part of a community of knowledge (Collins, 2002).

According to Foucault and Nazzo (1972), the predominant aim of feminist theory is to illustrate how gender inequalities are propagated within society and how women have been continually oppressed by the patriarchy. One of the principal tenets of the theory contends that the way gender roles are taught to individuals during childhood places men in positions of power and authority while women are socialized to be subservient caretakers. In practice, feminist theory extols the need to empower women and raise consciousness about how social structures maintain and, in some cases, encourage gender inequalities (Bell & Naugle, 2008; Payne, 2016). To forswear the patriarchy, feminist methods encourage society to question and challenge assumptions about individuals and categories (e.g., the gender binary) to elevate women to their rightful, equal place to men within society.

Feminist theory also suggests specific methods that align with the principles of feminist thought. Accordingly, this dissertation utilized these methods in several ways. Throughout the entirety of this project, I acknowledged the inherent power differential between myself as the researcher and my participants and kept a positionality journal in addition to my other analysis
journals (Hesse-Biber, 2011). In creating this journal, prior to conducting the interviews, I wrote down a list of all my personal identities that I felt might bias the way I heard participants’ stories. By explicitly mapping out my identities regarding my racioethnic background as well as my worldview (e.g., political viewpoints), I made my identities explicit and created space for reflexive process based on my identities in comparison with my participants.’ I added notes to this journal after each interview encounter to further reflect on how my social location was evident and fluid throughout the data collection process (Jacobson & Mustafa, 2019).

In upholding feminist method values, I sought to create space for participants to share their stories with me, while constantly acknowledging the power differentials inherent to the research relationship: often, this acknowledgement took the form of merely naming the differential at the outset. The power engendered from the naming process did well to create a non-hierarchical relationship from which to work. According to Harding (1992), it is essential that feminist methods begin with marginalized individuals (e.g., women) because the most critical questions about social order and systematic disadvantage are answered through dialoging with them. My research, which sought to include a population of mothers who have survived IPV intended to do precisely this.

Last, feminist methodology was evident in my work via my quest to become a “strong objectivity scholar” (Harding, 1992). Strong objectivity as it pertains to feminist methods is conceptualized primarily as the ability of the researcher to listen actively to participants from marginalized populations (e.g., those who have survived IPV relationships) and to educate oneself about the individual stories of the people who sit before them. It is an inherently process-oriented approach that values the narratives of the participants, acknowledging and honoring the
unique histories, political orientations, sexual orientations and racioethnic backgrounds that have come to shape the way participants view the world. Strong objectivity, according to Harding (1992) additionally requires scholars to critically examine dominant institutional beliefs that have likely contributed to participants’ experiences of suffering, and moreover engage in consistent, critical self-examination to discern ways in which the researcher has potentially generated or perpetuated systems of disadvantage for participants.

There is considerable debate in the feminist literature as to how best to operationalize strong objectivity (Harding, 1992). For the purpose of this research, strong objectivity was assessed through my notes taken during the interview as well as the many memos regarding my own beliefs and actions during the interview process. As a means of remaining reflexive throughout the interview process, my journal entries were completed after each interview. I also recorded my own understanding of the actions and events of each interview as well as my perceived understanding of the participants’ experiences. In using this approach to think from the perspective of the other, I sought to uncover my own biases in the research process and addressed them accordingly (Harding, 2016).

Using the methodological approaches of intersubjectivity and feminist methods, and adhering to the constructivist-interpretivist paradigm, I examined the experiences of women survivors of IPV and their perceptions of parenting capacity as well as the inherent meanings of these experiences. I accomplished such an investigation by using a dialogic interview coupled with a storyboarding technique with the hope of yielding a deeper understanding than dialogic interview data only. It was my fervent hope that the data collection procedures strongly reflected participant voices and identified their needs. Within the confines of this dissertation, the process-
oriented approach of strong objectivity was exemplified by my encouraging participants’ stories to guide the dialogic interview and by refraining from probing during times when participants expressed increased vulnerabilities.

**Constructivist-Interpretivist Paradigm**

The values of the constructivist-interpretivist lens for this work align closely with the philosophies of intersubjectivity and feminist methods, both ontologically and epistemologically. The paradigmatic framework used to guide the current research incorporates multiple viewpoints (from participants and myself as the researcher), valuing all positions as relevant and important to understanding various phenomena. All viewpoints according to the constructivist-interpretivist paradigm are privileged equally with the intention of creating the space to better understand reality and to co-construct truth. Knowledge is believed to be constructed, contextual, multiple, and value-laden (Guba & Lincoln, 1989; Lengermann & Niebrugge-Brantley, 2000; O’Brien Hallstein, 2000; Rodwell, 1998); and the way to know, especially when considering social reality, is through one’s experience (Harding, 1997; Janack, 1997; Rodwell, 1998).

This dissertation did not attempt to provide causal explanations as to how survivors of IPV make meaning of their experiences or specific causes regarding how parenting practices were impacted by abuse. Rather, by approaching the research process in a nonhierarchical manner, this work hoped to create a more sophisticated understanding of the phenomenon in question by exploring the lived experiences of the participants. Bolstered by the assumption that knowledge is power (Guba & Lincoln, 1989), one of the desired outcomes of constructivist-interpretivist inquiry in tandem with a feminist methodology is that participants feel empowered through the process of sharing their stories in order to implement change. Because constructivist-
interpretivist inquiries are conducted in a non-hierarchical manner, it is acknowledged that power exists in the participants through exploration; their free will manifests through the creation of the reality they assert (Guba & Lincoln, 1989). Such a notion is shared by several constructivist-interpretivist and feminist researchers, including Hesse-Biber (2003) and Harding (2016). Each reality, experience, and meaning-making process conveyed by participants in this research was valued in equal parts to create a holistic understanding of the phenomenon under investigation.

Lastly, in keeping with the values of a feminist methodology as well as a constructivist-interpretivist paradigm, it is essential to acknowledge that the research designs implemented within this project were not linear processes (Rodwell, 1998). Rather, perspectives were included through the process of an emergent design that shifted in accordance with what the participants chose to share during the interview. As such, it was impossible for me to accurately predict what the exact process of data collection and analysis would look like until the process had unfolded. I began this work with my own understandings of the topic and the participants knowing that my understanding and assumptions would change following interaction with the participants.

**Participants**

To answer the research questions inherent to this dissertation, this research utilized a purposive sample of 16 mothers who had at least one school-aged child and had survived IPV both in adult relationships as well as in the home as children. A purposive sample honors the importance of participants helping to shape the study design (Creswell & Creswell, 2017) and was furthermore used to maximize the amount of information set forth from the data collected. While the women solicited for participation represented a range of ages, inclusion criteria necessitated that all have at least one child aged five years or older. The rationale for this was
that school-aged children are verbal and able to more clearly exhibit behaviors and relational styles cultivated through the mother-child relationship (Lieberman & van Horn, 2005). By the time children have reached school-age, it is also possible to assess for learning, behavioral, and emotional problems known to result from exposure to IPV in the home. If participants reported any such behavioral difficulty, it would provide further understanding of the parent-child relationship and would have also potentially illustrated parenting capacity.

Participants were solicited from multiple social service agencies in the Midwest and New England areas. All agencies belonged to the nonprofit sector and provided varying levels of legal aid, as well as individual and group-based therapeutic services. It is useful to have a sense of who the participants were before reading their interview excerpts discussed in the subsequent chapter. Making this information accessible also honors the tenets of feminist methodology (Harding, 1992) and a constructivist-interpretivist paradigm (Padgett, 2008).

Table 1 includes specific demographic information collected from participants at the start of the interview process. Pseudonyms are provided to guide the reader more easily through the findings; basic information about each participant adds helpful context when reading direct quotations from the dialogic interview. As noted in Table 4, participants represented a fair amount of diversity regarding racioethnic identity and age, with the average age being 48 years. While at the time of interview most participants were not involved in abusive partnerships, some were still in relationship with their abusers. Among those no longer involved in abusive partnerships, several had only been out of abusive partnerships for a matter of months, while others had been separated from abusive partners for two decades or more.
Table 1. Participant Demographics Information

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Racioethnic Identity</th>
<th>Number of Children</th>
<th>Currently in IPV Relationship?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janelle</td>
<td>48</td>
<td>White</td>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>Mary</td>
<td>50</td>
<td>Latinx</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>Daria</td>
<td>65</td>
<td>White</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>Carmen</td>
<td>47</td>
<td>Latinx</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>Vanessa</td>
<td>56</td>
<td>White</td>
<td>1 living, 1 recently deceased</td>
<td>No</td>
</tr>
<tr>
<td>Jane</td>
<td>47</td>
<td>White</td>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>Sarah</td>
<td>32</td>
<td>American Indian</td>
<td>5</td>
<td>No</td>
</tr>
<tr>
<td>Melanie</td>
<td>71</td>
<td>White</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>Rachel</td>
<td>25</td>
<td>Latinx</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>30</td>
<td>White</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>Stephanie</td>
<td>66</td>
<td>White</td>
<td>3</td>
<td>No</td>
</tr>
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<td>Yvonne</td>
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<td>Latinx</td>
<td>2</td>
<td>No</td>
</tr>
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<td>Stacy</td>
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<td>Black</td>
<td>2</td>
<td>No</td>
</tr>
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</tr>
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<td>Gail</td>
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<td>Latinx</td>
<td>3</td>
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</tr>
<tr>
<td>Fiona</td>
<td>58</td>
<td>White</td>
<td>8</td>
<td>No</td>
</tr>
</tbody>
</table>
Recruitment and Procedure

Participants were asked if they wished to partake in a research study that would explore their experiences with IPV and parenting. If individuals agreed to participate, they were given a consent form (Appendix A) in accordance with the informed consent process and were assured that their participation would in no way impact the care they received at their respective social service agencies. Participants were told that they had the freedom to refuse to answer any questions and that should they wish to terminate the interview before the allotted 60-minute timeframe, there would be no negative repercussions either for them or their children. All participants were informed that all the answers they provided would be confidential and that upon the interview’s conclusion, their transcripts would be assigned a random pseudonym to protect their identity. Only I as the researcher had access to the list of the names of participants and corresponding pseudonyms used for analysis, which were additionally kept in an encrypted file on a secure computer. Interviews were conducted in locations of the participants’ choosing to enhance their comfort with the project and to adhere closely to the values of feminist, intersubjective and constructivist-interpretivist values. Interviews took place in a range of spaces: social service agencies, participants’ homes, and in two unique cases, a prison and an alleyway near the participant’s home. All participants were compensated for agreeing to partake in an interview and received a $25 gift card to Target or Walmart stores.
**Instruments and Key Concepts**

Based on the research questions and theories that provided the scaffolding for this dissertation, a qualitative design using 60- to 120-minute interviews were used for this research along with the storyboarding technique. The proposed research used a semi-structured interview (Appendix B) as well as the storyboarding technique to supplement the narratives obtained during the interview process. The key concepts this dissertation specifically examined were the issues of parenting capacity, including parent-child relationships and emotional connection, and IPV.

In-depth, semi-structured interviews afforded flexibility during the interview process and enabled me to stray from the interview guide in service of following divergent threads of conversations depending on the respondents’ answers. Semi-structured interviews were additionally desirable in that the open-ended questions leave space for the participants to share pieces of their experiences of IPV and parenting without being constricted by a set of interview guidelines. One of the predominant values of the proposed study lay in respondents having the opportunity to share unabridged versions of their personal experiences, possibly for the first time. Encouraging respondents to express themselves in their own words ultimately yielded a richer and more robust understanding of the topic at hand and paved the way for additional research queries.

A second method that was used for this research was the storyboarding technique. Among the first to develop this methodology was researcher R. M. Chase (2000), who adapted the genogram, the structural tool used to graphically represent family structure and relationships into a physical play board for an expressive arts program with war-affected children in Sri Lanka.
Storyboarding has documented success when applied to work involving vulnerable populations because it allows participants to express themselves and reflect on past traumatic experiences in a way that often feels safer than dialogic communication (Chongo et al., 2018). Particularly because participants in this research recounted traumatic incidents of IPV, storyboarding was an effective addition to the dialogic interview.

Research suggests that, through telling one’s stories and making sense of reality in a visual form, a deeper understanding of subjective experiences and of oneself may be gained (Dyer, 2001). Storyboarding has the power of ordering, situating, and providing meaning to survivor’s traumatic experiences and has also been known to assist survivors in disclosing traumatic experiences (Medina-Munoz et al., 2016). Visual representation of verbalized subject matter may also give rise to cognitive insights and reflections that would not otherwise occur at the level of speech alone. Further, in keeping with the feminist methodology that frames a large part of this research inquiry, storyboarding was an effective way of engaging participants and enabling their voices to be heard in a non-traditional interview manner (Cross & Warwick-Booth, 2016). A range of creative methods, including storyboarding, are increasingly used in qualitative research to better elicit the subjective, lived experiences of participants.

On a personal level, I believe storyboarding was a helpful addition to my methodology. As a clinician who has extensive experience working with survivors of IPV and other forms of trauma, I am aware of how profoundly difficult it can be for individuals to recount traumatic experiences verbally. Having the opportunity to pause and express themselves through drawing, writing, or sculpting can have a calming effect while also focusing the client’s attention and contextualizing the conversation. Often, I have used versions of art and music therapy during
individual client sessions to help put them more at ease. As with storyboarding in social science research, these methods are effective at helping clients navigate the conversation (Chongo et al., 2018).

Storyboarding techniques assume several different forms, typically involving the researcher sitting next to the participant so that both can easily see the storyboard and focus their attention on the physical board. In this way, the participant’s gaze is also shifted away from the interviewer and onto the board itself. However, when storyboarding is used as an interview tool for social research, as in the case of this dissertation, it was instead intended to be a unique set of data used to complement or challenge the transcribed verbal narrative (Chongo et al., 2018).

For this research, the storyboarding activity occurred at the beginning of the dialogic interview and was given approximately 10 minutes of time. Some participants felt complete with the storyboarding exercise after only five minutes, while others worked on their storyboards for closer to 20 minutes. I attempted to give participants as much time as they needed so as to not interrupt their creative processes. Previous research suggests that beginning an interview on a sensitive topic with an activity such as a storyboard can be helpful for participants to have time to organize their thoughts and begin processing what they wish to share (Cross & Warwick-Booth, 2016). Each participant in this dissertation was given one 8.5- x 11-inch piece of white paper (though more paper was given if requested) as well as materials including pens and markers (depending on participant’s choice). They were informed that for the storyboard activity, all that was required was paper and a pen, but they were free to use any of the materials made available to them as they wished.
In keeping with feminist methodology, the storyboard activity was kept as open-ended as possible. Participants were asked to either draw or illustrate a part of their experience with IPV and how it impacted their parenting and were encouraged to write or draw whatever they wished to share. I clarified that participants could share any part of their general experience with parenting and IPV, or they could select a specific moment in time they wished to highlight. As Hesse-Biber (2003) asserted, qualitative methods that gave space and time for the participant to direct the course of the activity can help to better dismantle power differentials inherent to the research relationship and serve as a guide for resulting conversation.

In order to ensure that the storyboard activity was a dialogic process for the participant, one of the questions I asked them in relation to the storyboard was what two takeaway notes they wanted me to have from what they created during the activity. Encouraging space for conversation following the storyboard activity allowed both participants and me to remain reflexive throughout the interview. Discussing the storyboard prior to conducting the rest of the semi-structured interview acknowledged the subjectivity of the research process, left room for participants to guide the course of the interview, and upheld the inherent value to feminist research (Russell & Kelly, 2002). In addition, Paulus and colleagues (2008) argue that making qualitative research dialogic facilitates rapport and trust between participant and researcher, which ultimately yields more rigorous and authentic qualitative data. The importance of building rapport with participants was bolstered by beginning the interview with the storyboard insofar as participants were given the opportunity to set the tone for much of the conversation and effectively ease into the rest of the questions (Bhavnani & Haraway, 1994; Russell & Kelly, 2002).
Asking participants to provide a visual representation of their lives and experiences is a valued feminist method (Harding, 1992), and indeed added a layer of richness to the data surpassing that gathered during a merely dialogic conversation. Additionally, the storyboard allowed participants to share complex personal and emotional stories in a safer and less threatening way, hopefully helping to dismantle the inherent power differential present within the interview process (May, 2002). While participants engaged in the storyboard activity, I kept notes about the non-verbal reactions they had while creating the board. For example, I paid special attention to posture, facial expressions, the materials used, etc. My notes were comparative between the storyboard element as well as the narrative interview. In order to empower the participant to use the storyboard in whatever way they chose, I did not interact with the board directly during the interview process (Chongo et al., 2018).

After creating the storyboard, participants were asked to share what they created or to expand upon this. Three out of the 16 participants wished to keep their storyboard upon completion. In these instances, I asked participants’ permission to take a photograph of the storyboard to use as additional data for my analysis.

**Support for Rigor of Design**

To develop a thorough understanding of IPV survivors’ experiences of parenting, it was essential that the data collected come from semi-structured, open-ended interviews. The constructivist-interpretivist paradigm and feminist methods enable the mutual sharing of diverse experiences so as to understand truth and depth of experience; such an understanding is not possible through quantitative research. As previously stated, the tenets and inherent values of this
dissertation research required an exploration of survivors’ beliefs and understandings as well as an account of individual contexts. All components made qualitative inquiry essential.

Padgett (2008) outlines three potential threats to research trustworthiness, including: researcher bias, respondent bias, and reactivity. Researcher and respondent bias both speak to the inherent subjectivity on behalf of the researcher and respondent that could potentially tarnish the integrity of the data. Reactivity, on the other hand suggests that the mere presence of a researcher may influence respondent answers (Creswell, 2013; Padgett, 2008). All three threats are somewhat elusive and more challenging to account for in qualitative work as opposed to quantitative research. To ameliorate the effects of these possible threats, Padgett (2008) offers six strategies: prolonged engagement, triangulation, peer debriefing and support (PDS), member checking, negative case analysis, and an audit trail. I utilized PDS as well as a peer reviewer, analytic triangulation, member checking, and auditing for this study.

I participated in a PDS with a fellow social work doctoral student with whom I met for 1 to 3 hours each week to discuss the interviews and glean their feedback regarding: the use of codes, my observations of respondents, and my ability to be reflexive. Regarding auditing, as previously discussed, I diligently tracked my decision-making process in both data collection and analysis regarding memos and journals. Moreover, my peer reviewer with whom I met weekly also conducted a full audit of all data collection and analysis methods. I had only one opportunity to speak with participants, so all member checking methods occurred during the interviews, which lasted anywhere between 60 and 120 minutes. I restated and periodically summarized the information participants provided and asked clarifying questions as needed to ensure accuracy.
In addition to PDS, after I independently analyzed the data through First Cycle coding methods, I engaged the assistance of a peer reviewer, in accordance with a constructivist-interpretivist paradigm and feminist methods (Hesse-Biber, 2011; Rodwell 1998). A peer reviewer is an individual who is not directly related to the research inquiry, but who has experience in the general area of research and can lend a critical eye toward methodological issues, bring attention to unnoticed biases, and check the coding schema and audit trail of the project to ensure that the steps taken in the analysis process are clear and uphold the epistemological aims of the work. The peer reviewer is an essential part of the audit process to ensure the trustworthiness of qualitative design, and ultimately becomes a partner to the main researcher during some of the most challenging, confusing phases of qualitative inquiry (Rodwell, 1998). Due to the peer reviewer becoming intimately involved with the analytic process and also serving as a de facto supervisor during this process, it is imperative the peer reviewer be an individual who not only displays competence in the methodological area, but who is also trusted by the researcher. My peer reviewer coded a subset of interview responses after I applied my own codes to safeguard against bias and promote the completeness of the analysis and was someone whose expertise warranted her involvement in the work (Padgett, 2008).

Considering the criteria for a peer reviewer, I asked my friend and colleague, Anne Flaherty, an expert in domestic violence research and practice, to fill this role. I was confident based on my relationship with Anne that I would feel comfortable receiving critical feedback from her and that I would be able to share my own thoughts and concerns about the unfolding components of the inquiry without hesitation. A peer reviewer for a constructivist-interpretivist study is meant to be a guide through the analysis process. Their role is not necessarily to “be” in
the data, but to meet and process coding decisions and challenge codes that appear to be inauthentic to the overall aim of the project. As the researcher, my role was to cocreate new knowledge with my participants and not allow anyone else to bring new understandings to the data. Nevertheless, having a peer reviewer hold me accountable and clarify codes and meanings was essential to the research process and greatly enhanced the rigor of the project. Anne’s role for this dissertation additionally included her careful examination of a subset of my transcribed data against my final codebook and her conducting an overall audit of my memos (process, analytic, and field notes) to further enhance the rigor of the study. Anne was given access to all memos and data which were appropriately de-identified before she began this aspect of the auditing process. The trustworthiness of my research was further enhanced via triangulation in the form of two methods of data collection. As previously mentioned, I collected data in the form of an open-ended interview, but also requested that participants use the technique of storyboarding to aid in their answers. By using these two techniques I had two distinct forms of data to compare.

In addition to the importance of being reflexive and alerted to our own biases, there are some special criteria for researchers to consider for work that utilizes constructivist-interpretivist paradigms that help ensure a study’s rigor. First is the topic of credibility, which implies that it is the responsibility of the researcher to document the respondent’s responses accurately, and in accordance with the life views of the interviewee. I accounted for credibility predominantly through my engagement with my peer reviewer. Second, transferability suggests that constructivist researchers provide ample information about each case such that the reader can make comparisons and find the similarities between each case. Third, dependability implores the
researcher to document the research process and ensure that this process is logical. Constructivist-interpretivist researchers must also direct attention to confirmability, which involves the need to connect certain findings to the actual data. In the cases of both dependability and confirmability, the researcher’s methods for auditing help to uphold these trustworthiness criteria. Moreover, auditing helped ensure that I was indeed working to obtain “strong objectivity” in the research process (Lincoln & Guba, 1985).

**Ethics**

The Council on Social Work Education (CSWE) previously released a National Statement on Research Integrity in Social Work which reemphasized the Basic Ethical Principles described in the Belmont Report and the Code of Ethics of the National Association of Social Workers (NASW; 1996). The statement asserted the significant impact of social work research on contributing “to the development and refinement of effective practice approaches” (CSWE, 2007, p.2). The National Association of Social Workers’ Code of Ethics plays a significant role in shaping the social work profession both in direct practice as well as research. In accordance with this statement, this dissertation adhered to all research ethical guidelines both through the Loyola University IRB and CSWE.

**Protection of Human Subjects**

This dissertation research involved minimal risk to human participants. My credentials as a licensed clinical social worker (LCSW) aided considerably in my interview process as having worked extensively with this population in a clinical setting, I was familiar with how to establish rapport and maintain a sense of safety for survivors who feel understandably vulnerable speaking about painful experiences. Participants were required to give written informed consent prior to
their participation in the study. They were informed that participation was voluntary, and that they could withdraw from the study at any time without any consequences. Participants were told that if they chose to withdraw from the study prior to completion, all information they provided (including audio-recordings) would be destroyed and omitted from the research. However, no participant chose to withdraw preemptively in this study.

Participants were informed that interviews would be audio-recorded using an Olympus digital recorder, but that they had the option to decline this recording at any point if they became uncomfortable. Similarly, if they initially consented to the use of the recorder but changed their minds during the interview process, they were encouraged to tell me so that recording could be discontinued. While some of the questions that were asked of participants had potential to be disturbing by virtue of the subject matter, they were also utilizing services from a social service agency designed to provide support. Accordingly, all participants were encouraged to talk with their individual counselor or therapist at the referring program should they feel the need to do so at the conclusion of the interview. I informed the IRB that there were additional resources in place should participants become upset and need additional support. However, none of the 16 participants for this research declined recording at any point during the interview, though I did make sure to check in with them periodically to make sure they felt comfortable enough to continue.

The potential benefits of this research included increasing the scope of knowledge about mothers’ experiences of parenting in the context of IPV, as well as possible ways forward regarding intervention. Participants in this study may also have benefitted from knowing that the narratives they provided would add to the knowledge base and scope of practice regarding
working with IPV survivors who are parents. Moreover, each participant received a $25 gift card as compensation for their time and as a token of thanks for their participation.

**Analysis**

Data analysis procedures included an eclectic coding process that mixed-and-matched First and Second Cycle coding methods (Saldaña, 2015). Intensive analysis for this dissertation was conducted over a 12-week period in an iterative format. I personally transcribed 10 of the 16 interviews, while three Master of Social Work (MSW) graduate students who were involved in this project as research assistants, transcribed the remaining six. The three MSW students received course credit via an independent study for their work. After each interview was transcribed, interviews were then uploaded to a password-protected folder on OneDrive, an online database for securely storing and saving files. Prior to uploading transcripts, I created and assigned pseudonyms to each participant and kept these in a master list in a password-protected computer file. Each research assistant had access only to the pseudonym for the corresponding transcript and was not given any other information about the participant to maintain confidentiality. Prior to conducting each interview, participants were asked to refrain from using any names or information that may be personally identifying so that their identities would be additionally protected.

After my research assistants uploaded a transcript, I listened to the audio file of the recorded interview once more in its entirety and checked the transcription to ensure accuracy. Once all transcripts were complete, all 16 files were imported to NVivo-12 Qualitative Analysis software. All field note memos that had been previously recorded and transcribed were then imported to the software to ensure consistency and keep all data in a secure format only accessed
by me as the researcher. I kept several analysis journals throughout the data collection and
analysis phases of the project, described in greater detail later in this chapter. These journals took
the form of multiple separate memos housed in NVivo-12 software where I recorded my
thoughts and decision-making processes after every analytic decision. To further ensure
reflexivity and to seek to avoid bias, I also audio-recorded my thoughts, feelings, and reactions
immediately following every interview and transcribed these recordings to form the basis of my
field note memos for each interview. I then listened to each interview from beginning to end. I
had three MSW graduate students who are trained in qualitative data analysis assist me with
transcribing the interviews and trained them on the specific method I wanted them to employ
while transcribing the work. I personally transcribed 10 of the 16 interviews while my graduate
assistants together transcribed the remaining six. For those interviews that I did not personally
transcribe, I returned to the original recording again and made any edits to the work that were
necessary to ensure accuracy.

Coding

The coding procedures undertaken in this project were divided into First Cycle Coding
and Second Cycle Coding, as described by Saldaña (2015), who states that separating analysis
thus enables the researcher a more in-depth examination of the data corpus. The constructivist-
interpretivist paradigm as well as feminist methodology determined the coding procedures
undertaken for this work. The predominant aim of the coding process considering my quest to
coop-construct new knowledge with the interview and storyboard data meant that for First Cycle
Coding, I used a combination of descriptive coding and In Vivo coding.
Prior to coding each interview, I reread the interview data in its entirety to reorient myself to the interview and attempt to situate myself in the spaces in which the data were collected. This strategy is supported by multiple writings on qualitative inquiry, suggesting that it enables the researcher to fully immerse oneself in the data corpus and promotes a closeness to the data that is effective during analysis (Creswell & Poth, 2016; Miles & Huberman, 1994). Descriptive coding lays the groundwork for Second Cycle Coding (Saldaña, 2015) as well as further analysis and interpretation due to its emphasis on identifying general topics. Such coding methods summarize a specific topic conveyed via interview data in the form of either a word or a short phrase. Descriptive codes are strictly topical and are used to identify what participants talk about during the interview encounter (Tesch, 1990). Through this type of coding, I challenged myself to only create codes devoted to the topic and not the content of the interview section, leaving the substance of the participants’ message to be more clearly deciphered during Second Cycle Coding procedures.

Descriptive coding included the creation of sub-codes with the most general/descriptive code labeled as the “parent code” and the sub-codes considered “children codes” (Gibbs, 2007). Sub-codes that share a parent are considered “siblings” in a hierarchy. This method of coding facilitated an open coding approach to the data as a first iteration of analysis as a First Cycle method as well as an overview exploration of some of the more broad or general ideas participants conveyed. NVivo analysis software lends itself readily to the creation of parent and child codes (referred to as “nodes”), which streamlined the coding process considerably. An example of one of the descriptive codes and corresponding passage from my First Cycle is shown in Table 2.
Table 2. Example of a Descriptive Code from First Cycle Coding

<table>
<thead>
<tr>
<th>Interview Excerpt</th>
<th>Descriptive Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>And, I don’t have family here, my English wasn’t good enough, I didn’t know nothing about anything; about credit, social security, nothing. Nothing. I was so naïve. And my mental status was really . . . the pregnancy for me wasn’t good at all. I feel like I was so . . . like a little child. I was vulnerable to him.</td>
<td>“Immigration vulnerabilities”</td>
</tr>
</tbody>
</table>

I also used In Vivo coding during First Cycle Coding in adherence to the tenets of feminist methods as well as the constructivist-interpretivist paradigm, both of which highlight the importance of honoring the voices of participants during the research process. In Vivo coding prioritizes and honors the voices of those interviewed by creating codes that use their own language. Two examples of In Vivo codes from this project in the First Cycle were “no help” and “overwhelm.” This phrase and word were used frequently by several participants throughout the course of the interview and making them codes for the First Cycle helped me to give voice to their stories by using that exact language. Two examples of In Vivo codes and their corresponding interview passages from the First Cycle coding are exemplified below in Table 2:
Table 3. Example of In Vivo Codes from First Cycle Coding

<table>
<thead>
<tr>
<th>Interview Excerpt</th>
<th>In Vivo Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>He was just incredibly controlling.</strong> My life involved getting up, driving kids to school, coming home. He controlled what I ate, where I went, who I saw.</td>
<td>“He was controlling”</td>
</tr>
<tr>
<td>So I didn’t have a phone, a car, and my best friend’s would tell me they saw what was happening with me, which was true, but I wouldn’t confront them and say that it was true. <em>I was ashamed</em> of what I was going through. So I moved away from them, too.</td>
<td>“I was ashamed”</td>
</tr>
</tbody>
</table>

During the analysis the data’s content at points suggested multiple meanings and so ascribing more than one code to a certain passage was warranted. The ascription of multiple codes to some passages involved the process of “simultaneous coding” or “nested coding.” According to Glesne (2006) “social interaction does not occur in neat, isolated units” (p.150), and it was this assertion that empowered me to code the same passages in several different ways. For example, a passage from an interview may have been coded both at “Relationship with Children” and “Anger” if the emotion code of anger was also represented by the descriptive code that identified components of women’s relationships to their children.
After the first round of First Cycle Coding, I had a list of 123 parent nodes, many of which also included child nodes. The next phase of analysis involved my re-reading all of the passages coded at the 123 respective nodes and going back to the raw data to identify moments where some of the codes could be collapsed or combined and where others could be removed altogether from the list. This process involved a careful examination of the number of references included for each of the nodes and identifying their overall strength and contribution to the analysis. Some of the codes were referenced only once in one interview and so were eliminated from the codebook. In other cases, some codes were found to represent components of other codes created during First Cycle Coding methods due to my liberally assigning codes to the data in order to then hone this list through ongoing analysis. This method allowed for a more thorough investigation of the material and prevented me from potentially overlooking parts of the data corpus that may have been important. A memo in which I documented every decision I made about the evolving codebook was kept throughout the entire coding process and eventually separated into two analysis memos for First Cycle Coding and Second Cycle Coding.

Due to the complexity of the data in this project, I ended up engaging in First Cycle Coding procedures in three iterations to hone the list of codes. Due to the sheer length of some of the interviews, it took reading each interview several times, each time using the most streamlined version of the codebook to best represent the data and the voices of the participants. In each of the three First Cycle Coding phases, Descriptive and In Vivo coding were continually used, as was the process of reviewing the codes created after coding each interview. Per Saldaña (2015), First Cycle Coding ends when the researcher finds herself unable to further combine or collapse codes and is not finding anything new in the data. I reached this point after the third iteration of
First Cycle Coding, which, is noted as a common number for qualitative research inquiries (Glesne, 2006).

At the end of First Cycle Coding, a list of 73 codes and subcodes (see Appendix H) were generated and Second Cycle Coding procedures were then employed. The primary goal of Second Cycle coding is to develop a sense of categorical, thematic, conceptual, and/or theoretical organization from the list of First Cycle codes (Saldaña, 2015). Second Cycle methods are advanced ways of reorganizing and reanalyzing data coded through First Cycle methods (Lewins & Silver, 2007). I used a combination of Pattern Coding and Focused Coding for the Second Cycle Coding process. Pattern Codes are often referred to as “meta-codes” because they seek to pull together multiple codes into one more meaningful unit of analysis. The use of Pattern Codes allowed me to take the list of the 73 codes and subcodes I had created and distill them into broader categories that better captured the essence of the content. In this way, such a coding method also helped me to see the emerging themes throughout the data that had previously been more elusive due to the magnitude of the data corpus. An example of a Pattern Code from my Second Cycle Coding process is outlined below in Figure 1:
Ultimately, Pattern Codes helped me view the data more holistically and to conceptualize the phenomena under investigation in a more parsimonious way (Miles & Huberman, 1994). Similarly, I used a Focused Coding method to compare the new Pattern Codes across participant data to assess the comparability and transferability of the newly created code. After each Pattern Code was created, I applied it to each interview and adjusted the codes to ensure that the Pattern Codes applied to the largest possible number of interviews (Charmaz, 2006). Second Cycle Coding methods involved more interpretation and inference than First Cycle Coding (Saldaña, 2015). This is a necessary but challenging aspect of qualitative research analysis and is why at this point of the project, I brought in my peer reviewer to provide me with a sounding board in cogitating the various phenomena at work.

At the conclusion of Second Cycle Coding, I had reorganized the data into seven major themes: (1) relationship with children, (2) difficulty parenting, (3) parenting style, (4) mental health challenges, (5) intergenerational transmission of violence, (6) archetype of IPV, and (7) trauma responses. These themes each included multiple subcodes, but I still was not confident
that the codes I created were fully capturing the essence of the interview data. In some respects, the data felt elusive and the emergent codes too surface level and descriptive. I thus employed a third coding method known as “themeing” in which codes from First and Second Cycle processes are expanded and elaborated upon to derive greater meaning. As qualitative researcher Harry Wolcott (1994) suggests, the act of themeing reminds us that, “we must not only transform our data, we must transcend them” (p. 258).

Saldaña (2015) recommends a technique called the “tabletop method” to aid qualitative researchers in the transition from emergent codes to themes, from elemental to abstract concepts (Glesne, 2006). This method is recommended to employ in order to work with codes that appear somewhat superficial and to provide an avenue for transcending codes to bring them to a greater level of abstraction and conceptualization. In accordance with the tenets of the tabletop technique, I wrote down every code and subcode on a 4 x 6-inch index card and spread them out on a table. I grouped and regrouped cards together in different orders and clusters, sometimes based on their apparent similarity, sometimes in an order that determined superordinate and subordinate categories. This process of “touching the data” and physically moving categories on a tabletop in multiple arrangements allowed me to better see how the various groups were interrelated and how they might most effectively be organized. While NVivo and any computer software has multiple advantages regarding analysis, I was able to more quickly shift codes and categories by hand than I was on NVivo. By physically moving categories and grouping them in various ways, the overall process and structure of the data and the meaning behind the codes became clearer to me. Selected categories were clustered together in separate piles because they shared parts of a broader theme or concept.
Once I created physical groups of the index cards in a way that I felt adequately represented the data, I referred back to my research questions (as I did constantly throughout the entire analysis process, even going so far as to tape them on index cards in various rooms of my home so that they were always visible), I continued with the themeing process. One of the challenges I experienced during analysis was that while I had phrases and words that did aptly represent the data, the categories were sometimes too broad to enable further analysis. For example, the category “archetype of IPV” indeed documented multiple instances of IPV that were important to the stories of participants and clearly illustrated the cycle of power and control which undergirds IPV theory (Walker, 1999), but the category was too expansive and vague to allow for analytic utility. Saldaña (2015) recommends two strategies for themeing the data at this point of analysis: add the verbs “means” or “is” after the overall phenomena under investigation. This technique is known to help researchers stay grounded in the data while promoting an expansion of concepts (Saldaña, 2015).

Given that the phenomena under investigation for this dissertation was parenting capacity in the context of IPV, using a notebook, I wrote the following: “In the context of IPV, parenting is . . .” and then repeated the phrasing of “parenting is . . .” multiple times down the length of the notebook page. I then looked back to my tabletop categories as well as the data in NVivo and completed the sentences of “parenting is . . .” based on the wording that arose from these analytic processes. Having previously felt too attached and ultimately stuck with certain codes, the act of using verbs coupled with the overall focus of the project enabled me to move beyond codes that appeared one-dimensional and encouraged a deeper analysis (Lewins & Silver, 2007; Saldaña, 2015). Themeing techniques created the necessary space for me to interpret and categorize the
data while reflecting upon what meanings were generated throughout the interview as related to the questions:

1. How do survivors of IPV make meaning of their experiences with abuse as it relates to their parenting capacity?
2. In what ways does a mother’s history of exposure to IPV during childhood impact her parenting capacity?

Ultimately, I needed to find a way to “bring the data to life” at this stage of analysis, and this elusive process was accomplished by utilizing previously successful qualitative analysis techniques (Lewins & Silver, 2007; Saldaña, 2015; Wolcott, 1994) as well as reflecting upon the overall topic and aim of this dissertation. Throughout each process, I molded techniques to fit within the scope of my own data and to remain steadfast to the uniqueness of my project.

In addition to the tabletop technique and themeing practices, I spent many hours during this phase of analysis returning to the original interview recordings and re-reading the interview summaries at the beginning of each transcript. My goal in so doing was to situate and position myself within the context of the interview (Harding, 1992) and continually asked myself the following questions: what is the participant saying here? What is the overarching meaning of what she is sharing with me? Following each of these immersive experiences with each interview, I wrote process memos (Saldaña, 2015) about new thoughts and ideas that emerged in addition to omnipresent frustrations. In general, these Second Cycle methods in tandem with my weekly PDS group and meetings with my peer reviewer aided markedly in my conceptualization of the data.
Considering the constructivist-interpretivist paradigm, it was essential that part of the analytic process involved my own, researcher-generated themes in the effort to co-construct new knowledge from the research. While it was no less important to honor the voices of the respondents throughout the process, the somewhat more challenging, interpretive aspect of such a paradigm involves the researcher’s own conceptualization of the data. Predominantly through the themeing processes described previously, I was able to take the data corpus and the codes generated exactly from the participants’ voices and insert my own conceptualization and understanding of the overarching message of the work. The four theoretical constructs that emerged at the conclusion of Second Cycle Coding were (1) Parenting Is a Conscious Remedial Response, (2) Parenting Is Protective, (3) Parenting Is Hardship, and (4) Parenting Is Survival. Each theoretical construct contained subcategories that further illustrated the construct.

**Storyboard Data Analysis**

The storyboard data (see Appendix D for storyboard examples) for this project were analyzed in two parts: first, participants’ comments about the storyboard during the dialogic interview were coded in NVivo in a subsection titled, “storyboard comments.” Separately, the physical copies of each storyboard, which were created on 8.5- x 11-inch pieces of paper, were analyzed using additional qualitative methods. It is believed by some qualitative research scholars that the best way to code visual data is by using a holistic, interpretive lens that is bolstered via the asking of specific questions (Lewins & Silver, 2007; Saldaña, 2015). Holistic Coding is an attempt “to grasp basic themes or issues in the data by observing them as a full unit as opposed to separate parts (Dey, 1993). In this way, the researcher can generate language-based data to accompany the visual data and ultimately create a more concrete foundation of
Clarke’s (2005) “Mapping Visual Discourses” chapter provided guidance in this process. Her chapter details the process of Situational Analysis; that is, analyzing myriad forms of data using the linguistic tools more readily accessed by social science researchers (Mitchell et al., 2011).

Clarke (2005) contends that one must use dynamic, rich descriptors for documenting images to capture the spirit of the visual data and presents a thorough list of questions to consider from the perspectives of aesthetic data. According to her, these questions range from “How does the variation in color direct your attention within the image?” to contextual and critical readings, “What work is the image doing in the world?” (p. 227–228). These questions were adapted for this dissertation to include examples such as

1. “What is the purpose of this participant choosing to create a timeline rather than a picture?”
2. “Why did Participant A choose to divide her drawing into two separate images?”
3. “What does this participant really want me to know from this drawing?”
4. “What do the images and writings created mean when they are represented in a linear fashion on the page versus free form?”

By asking myself questions such as these throughout the storyboard analysis, I was able to create a list of codes that represented answers to the questions. Using NVivo, I created a separate section for storyboard codes that were housed in the same space as the codes generated from participants discussing their storyboards. The list of codes included (1) Before and After, (2) Emotion, (3) Witnessing Time Passed, and (4) Flashbulb Memories. These codes represent the images created and themes generated from participants’ descriptions and discussions of their storyboards.
Another strategy I utilized when analyzing the storyboard data was to return to each interview when looking at the storyboards to make note of the way in which the participant described their board. I listened to the tone of voice and inflection as well as emotions that arose from their conversations of the board to further analyze what the purpose of the storyboard was for them. The interview question I posed regarding what they wanted me to take away from their storyboard proved to be particularly helpful in the analysis as this enabled me to better see their intention behind their visual representations.

The storyboard technique was purposely left open to interpretation to provide participants with as much room to express their experiences as possible. This meant that some storyboards contained full pages of journal-like entries detailing particularly egregious moments of abuse and its impact on their parenting, stick figures modeling abuse, and timelines of events organized in chronological order. Each storyboard coupled with the comments and descriptions participants provided enhanced the data collected from this method and overall contributed to a fuller representation of the participants’ experience with abuse and parenting. While the storyboard analysis was complicated, it appropriately highlighted the complexity of parenting in the context of IPV.

Memos and Journals

At the conclusion of the analysis process, I had written 68 memos, including analysis memos, field note memos, process memos, as well as a positionality journal in accordance with feminist methodology. Field note memos included my thoughts generated after each interview that were recorded and then transcribed (Appendix G). Many of these field notes were free-form thoughts about my feelings, thoughts, and reactions to the participant and the interview itself.
Included in each field note were a list of questions that arose following the interview of which I wanted to be mindful during subsequent interviews (Padgett, 2008).

Analytic memos were written after each block of time spent coding the data to document all my coding decisions. These analytic memos eventually were separated into First and Second Cycle Coding categories to better organize the evolving analysis process (see Appendix H). These memos contained my detailed thoughts about the data, my conceptualizations of the phenomena under investigation, my decision-making processes, questions, and biases that I noted throughout the analysis. My peer reviewer was privy to all memos and provided written feedback about memos to challenge and sharpen my thought processes and ideas about what the data represented. My analytic memos also often contained lists of aspects of the interviews I found particularly complex, or that highlighted the challenge involved in co-creating meaning with participants.

Process memos were created continuously throughout the analysis process. These memos often involved writing down thoughts I had about the data throughout the day, insights for future directions for the research, and germs of ideas about implications or theoretical dimensions that began to evolve outside of the time spent actively coding. Saldaña (2005) contends that whenever anything related to coding comes to mind for a qualitative researcher, it is essential to document it immediately. These process memos, despite their often-spur-of-the-moment creation, provided a pathway for my peer reviewer and for me to follow during the analysis process which better enabled an audit of the overall work.

Finally, I kept a positionality journal (Appendix E) during data collection and analysis as suggested by Hesse-Biber (2003). Prior to conducting the interviews to this research, I made a
thorough list of all my personal identities that I thought might influence the intersubjective experience of my participants and perhaps also bias my interpretation of the data. Similar to a reflexivity journal, this journal was one to which I added throughout the entire analysis process, writing notes about how each of my identities could be shaping the codes I created and my experience of the data corpus itself. I attempted to capture and emphasize how my embodied experiences based upon race, gender, sexual orientation, political affiliation, religiosity, and others might impact the interview process. Positionality journals ultimately highlight the researcher’s position in the interview process (both literally and figuratively) and aid in creating the strong objectivity that marks all feminist research endeavors (Harding, 2016).

**Peer Reviewers**

Anne Flaherty, my primary peer reviewer, was brought into this dissertation after my initial round of coding. It was apparent during that time that the data corpus, while compelling, was also more complicated than I initially projected and I needed an additional sounding board specific to the analysis. Anne lives in London and so we met weekly for two hours via Zoom video meeting during which time I would relay to her my thoughts, concerns, and developments with coding and glean her feedback. During the coding process, Anne’s role was primarily to reflect back to me things I had previously said in order to keep me accountable to my findings from week to week and help me process the evolution of the coding scheme in a way that was coherent. I documented every weekly conversation in a process memo, which contained verbatim exchanges as well as general comments made about the process that I wanted to be sure to note.

One of the most valuable contributions Anne provided was when she would (gently) challenge my assertions about the data and encourage me to go back to the words of participants
themselves. On occasion, her challenges meant that she encouraged me to refrain from inadvertently placing value judgments or clinical terms on the codes and to rather let the data guide the process. As a clinician, there were multiple moments when I wanted to label experiences using a DSM-5 (Diagnostic and Statistical Manual of Mental Disorders; American Psychiatric Association, 2013) diagnosis or academic phenomenon preemptively. While indeed a large portion of this project involved discussing and interpreting results through these vantage points, it was important during the First and Second Cycle Coding iterations to allow the data to speak for itself. An excerpt from a transcription of one of my weekly meetings with Anne, which illustrates the peer reviewer role, is shown below:

May 4, 2020

JB: I just think there is something with “childhood trauma” as a subcode that isn’t getting at what’s really going on.
AF: Okay, well, last week you mentioned that noting participants’ childhood trauma needed to be expanded anyway. Keep in mind that you’re looking at this subcode as more of a launchpad for this idea of “remedial parenting.”
JB: I know, I know, yes. I’m just struggling because noting these women’s traumatic childhood through exposure to IPV is important, and I know from the this . . . that they wanted to have kids to “do it right.”
AF: I just think you need to break this subcode up more. It’s such a huge concept that it’s tripping up the overall meaning.
JB: You mean under “Parenting Is a Conscious Remedial Response” just having more subcodes that speak to childhood trauma?
AF: Yeah, or, is there some way you can highlight that their past trauma led to somehow wanting to be parents? I know you said some of them straight-up told you this was the case, but . . .
JB: What about a sub-code of parenting as a choice? I mean, these women all told me they were excited to become parents, despite some of them having some of the worst trauma histories I’ve heard . . .
AF: Yes! I think that’s getting at what you’re trying to say. And consider how choosing to be a parent subverts the power and control inherent to IPV.
JB: Right, right. Because, they did have options to not have children even if they did get pregnant . . . but all of them chose to still have children.
AF: And, I think something to consider: do you think their trauma from upbringing and during adulthood made them more inclined to want to be good parents? I know a couple weeks ago . . . the end of April, I think, you said something about these women being super attuned to their kiddos, maybe because they’ve seen that . . . how did you put it? “Traumatic outer edge” of life?
JB: Yes, I think I meant in terms of the intergenerational transmission of violence.
AF: Ah, okay. Remember though, that term might be a little too jargon-y for what you’re trying to say here.

This excerpt from one of our peer reviewer meetings exemplifies the way in which Anne both reflected my previous sentiments and challenged me to think about the data in new ways. While this is merely one small passage of our many conversations, it aptly demonstrates the dialogic nature of our meetings together. Anne was kind enough during each peer reviewer meeting to take her own notes on our conversations each week which then allowed her to reference other conversations as shown in this selected passage.

My peer reviewer received every iteration of the project’s codebook, from initial coding to the theoretical constructs, and provided written feedback about the codes, making notes where descriptions of codes were unclear, or asking provocative questions about why I used certain language in the coding. What this ultimately provided was an opportunity for me to hone my analysis and clarify the constructs I cocreated with my participants. Per the constructivist-interpretivist paradigm, it was important that the new knowledge created with participants happened between them and me. As such, my peer reviewer was careful not to ascribe her own interpretation of the data, but rather to help me clarify what it was I was seeing based on their words. Her feedback helped keep me accountable to the comments I made throughout the analysis process, including my memories about the interview and how the emotions inherent were evident in the coding. She also read my positionality journal and gave feedback that
encouraged me to continue to think about my identities through each round of coding and how they may have impacted my coding schema.

Anne also provided written feedback on a subset of my processing memos to assist in fleshing out the final list of theoretical constructs. In addition, she provided a full audit of the analysis process and used my final list of codes to code a subset of the interviews. During one of our weekly meetings, we discussed her coding experience and I received her feedback on areas where she perceived my coding did not capture the essence of the interview. In most cases, Anne agreed with the coding as she had been involved in my processing from the beginning stages. Her audit reinforced the trustworthiness of my methodology and moreover strengthened the entire analysis process involved in this work.

While Anne was actively involved in the analytic process of my project as my primary peer reviewer, I also relied on my weekly PDS with a colleague from the doctoral program, Melissa Iverson. The two of us met virtually each week to discuss our projects and offer insight and feedback to one another. Melissa was also doing a qualitative dissertation and so it was invaluable to meet and brainstorm and discuss the inherent struggles of qualitative research. The PDS was a decidedly less formal relationship than that with my peer reviewer, who, as a reviewer and auditor was more directly involved in my personal project. And yet, there were multiple helpful moments from the PDS during which Melissa would offer insight about her own process or make note of her own research biases that alerted me to such phenomena in my own work. Not only did my peer reviewer and PDS enhance the rigor of qualitative research but having both individuals also boosted my morale and offered general support and guidance during
what was a long, often isolating process. A full table demonstrating the multiple steps I took to ensure the rigor of the project can be viewed in Appendix F.
CHAPTER 4
FINDINGS

This qualitative dissertation sought to answer the following two research questions:

1. How do survivors of IPV make meaning of their experiences with abuse as it relates to their parenting capacity?
2. In what ways does a mother’s history of exposure to IPV during childhood impact her parenting capacity?

This chapter presents the results from the analysis of dialogic interview and storyboard data that were used to answer the above research questions. However, prior to explicating the findings from this dissertation, it is helpful for the reader to understand several different analytical terms that were employed in this work. At the broadest level, the findings are separated into two dimensions of parenting capacity. Per Saldaña’s (2015) recommendation, hierarchically dividing findings between dimensions, theoretical constructs, and subconstructs or categories organizes the data in a way that is helpful in offering a comprehensive overview of the results. Organizing findings thus also offers the reader a clearer presentation of results. The two dimensions discussed in this dissertation as dimensions of parenting capacity are “Relational Capacity” and “Operational Capacity.” Each dimension is then distilled into theoretical constructs, for which there are two for each dimension. Finally, each theoretical construct is divided into further illustrative subcategories that provide context for each theoretical construct.
All findings that emerged from the data corpus are representative of different aspects of the central phenomenon under investigation: the experience of parenting in the context of IPV.

It was apparent throughout the analytic process that participants spoke about parenting in ways that highlighted two different dimensions of the child-rearing process. One, termed *relational capacity*, illustrated the degree to which the importance of relational closeness was paramount; the other, termed *operational capacity*, described the more logistical aspects of parenting capacity, such as attending to children’s basic needs (e.g., clothing and food, shelter, schooling, etc. The two dimensions and their respective theoretical constructs appeared to be somewhat inversely related. Most participants did not report particularly high Operational Capacity but did communicate strong Relational Capacity regarding their children. Such enhanced Relational Capacity was evident in the fervent desire to have close, nurturing relationships with their children. There was not, however, the same level of evidence regarding high Operational Capacity and low Relational Capacity. In general, participants for this study reported lower annual household incomes that resulted in a decreased ability to provide tangible, logistical needs for their children. Previous related research suggests that parent-child relationships for which there is ample ability to provide for tangible needs, but fewer emotional resources, typically involve parents of higher socioeconomic strata (Harris, 2011). Moreover, all 16 participants reported strong relational connections to their children, making the provision of participant examples with lower Relational Capacity impossible to offer in the context of this research. Beyond the possibility of social desirability accounting for the reason participants reported increased Relational Capacity, it could be that participants viewed having close
relational connections with children of heightened importance given the context of their abusive situations.

As Figure 2 demonstrates, two theoretical constructs were associated with each of the two parenting capacity dimensions, resulting in a total of four. Relational Capacity’s theoretical constructs included “Parenting Is a Conscious Remedial Response” and “Parenting Is Protective.” Operational Capacity’s theoretical constructs included “Parenting Is Hardship” and “Parenting Is Survival.” As seen in Figure 2, there was not clear directionality between the dimensions, theoretical constructs, and respective subcategories. This indicates the complexity of the interview questions and women’s experiences of parenting in the context of IPV. The lack of directionality is why the figure is devoid of arrows and instead uses lines to represent association. Accordingly, each of the concepts represented below should be viewed as associations as opposed to clearly delineated causal relationships.
In this chapter, I explore Relational and Operational Parenting Capacity, as well as the related theoretical constructs and their subcategories. Important to note is that, while the two dimensions and theoretical constructs provide answers to the two research questions that guided this dissertation, it was not always explicit as to which dimension and theoretical construct aligned with which research question. This finding in and of itself denotes the complexity of women’s experiences of parenting in the context of IPV. While all 16 participants reported exposure to IPV during both childhood and adulthood and were encouraged throughout the interview to speak about both experiences, the extent to which IPV exposure at varying points of
the life span related to the theoretical constructs is difficult to discern. In general, participants more explicitly spoke about IPV exposure during adulthood and how this impacted their parenting capacity as opposed to childhood exposure. This could be as a result of the difficulty of remembering details of one’s childhood or because recalling IPV exposure during adulthood felt more impactful and relevant for participants to share.

Loosely, the theoretical constructs included in the dimension of Relational Capacity pertain more closely to the second research question, which inquired about exposure to IPV as children. The theoretical construct for which this association is most apparent is Parenting Is a Conscious Remedial Response. Within this construct, participants alluded to their desire to become parents because of exposure to trauma during childhood. The theoretical constructs included in the dimension of Operational Capacity more closely align with the first research question that asked participants about experiences of IPV during adulthood. Nevertheless, teasing apart incisive answers to the two research questions inherent to this project was challenging given the nature of the information participants shared. When it came to exploring answers as to how exposure to IPV during childhood impacted parenting capacity, I needed to rely more on the power of inference than when participants spoke about their exposure to IPV during adulthood.

Apart from attending to the overall findings as well as a description of the theoretical constructs and supporting categories to provide context for what was uncovered, I returned to the raw interview data to confirm how some of the thematic relationships were evident via specific participant cases. This chapter therefore includes descriptions of all findings as well as several
case studies that help to illustrate the interrelationships between constructs. It concludes with a discussion of the storyboard data, which again used two different methods of thematic analysis.

**Relational Parenting Capacity**

**Parenting Is a Conscious Remedial Response**

This theoretical construct within the Relational Parenting Capacity dimension is distinctly past-oriented and reflective on behalf of participants. All 16 participants noted exposure to IPV throughout their upbringing, while 10 participants relayed stories of additional forms of childhood abuse and neglect. As such, all participants had the ability to reflect upon childhood trauma during the interview. Parenting Is a Conscious Remedial Response explores the reasons why participants consciously wanted and chose to become parents as an ultimately corrective experience; every participant reported actively wanting children and wanting to engage in the act of parenting at least in part to counteract the trauma they experienced during childhood. This theoretical construct captures the intentional actions participants undertook to prevent the recurrence of trauma, to make things right for their own children, and to make things right for themselves. The “conscious” aspect of Parenting Is a Conscious Remedial Response is included because of the cognizant way participants sought to avoid unconsciously reenacting their traumatic upbringings, although the unconscious reenactment of traumatic behavior is a normative occurrence (Herman, 1997). This construct highlights participants’ desires to be emotionally close to their children and to provide them with enduring, stable supports; participants were keenly aware of the challenges that resulted from not having such nurturing caregivers during their own childhoods. The subcategories that further illustrated this construct included “Commitment to Children” and “Parenting as Choice.”
Commitment to children. This subcategory of Parenting Is a Conscious Remedial Response included participants’ clear expressions of devotion to their children from a relational standpoint, in which they conveyed how ardently they wanted the best for their children regarding access to resources (e.g., food, clothing, shelter), a strong educational foundation, love, and relational connectedness. At several points during participant interviews, such commitment to children was noted as a reaction to the lack of appropriate caregiving women received during childhood; a lack of caregiving that was largely due to the presence of IPV in the home. As Angelica said:

I didn’t have no one looking out for me [growing up]. I vowed to do whatever it took to give [my son] better than what I had. I think I fall short a lot . . . but the most important thing is him.

Angelica explicitly and humbly stated how she wanted to become a parent to correct the mistakes her own parents made during her upbringing, which was fraught with instances of extreme IPV and child abuse. As part of the corrective experience of parenting, Angelica communicated the profound importance of her son and her commitment to him. Similarly, Stacy shared stories of her childhood trauma and attributed the strength of her commitment to her two sons as a response to not feeling cared for during childhood:

Oh yeah, my mom brought home so many abusive boyfriends and I just felt . . . she didn’t give a shit about me. So, some stuff is just very black and white for me, and like if it’s not good for them I don’t want it, and I don’t want it around. Um so it’s just like their safety, health, well-being, are the priority, no matter what.

Stacy’s mother’s abusive boyfriends were also mentioned during her interview when she described how she believed witnessing the abusive behaviors perpetrated by these men increased her own vulnerability to IPV victimization later in life. Stacy’s personal knowledge about the
intergenerational effect of IPV victimization strengthened her resolve that her own children
would never be exposed to IPV and that they would feel prioritized by their mother in a way she
never felt prioritized by her mother.

Other participants’ commitment to their children was exemplified by their creating
routines and boundaries to provide stability in their children’s lives, even in the face of severe
IPV. To this point, Mary recalled:

I was sometimes getting the shit kicked outta me, but no matter what . . . I’m trying to be
the best mother there was, you know I had all the kids bathed, we all had dinner at the
dinner table all the time. At the same time. TV would be off. Talk about how our days
was. How was school, you know, it was a routine. I never had that growing up. We never
ate a single meal together [when I was a child].

Even though Mary was severely abused physically, sexually, and emotionally by her partner, and
even though her children were exposed to much of this abuse, she made every effort to provide
stability for her children in ways that we would expect to see in households devoid of IPV.
Having specific bath times, dinner times, and prescribed family conversation topics in which she
checked in with her children about their days was her way of demonstrating her commitment to
them and directly opposing the environment in which she grew up. As she mentioned in the
above quotation, family time was never a part of her own upbringing.

Another participant, Fiona, was incarcerated at the time of our interview and spoke
plainly about her commitment to keeping her children “on track” with schooling. She detailed
her efforts at ensuring that her children had overall parental support when it came to their
education:

I would always try to go to the library and look up and study whatever they was studying
so I could help them out. I left school at 15 ‘cause no one encouraged me to stay on track
and I want [my children] to get an education. I want them to know I’m there for them.
Even while in prison, Fiona was committed to making sure her children received a solid education and she did her best to support them in any way she could. She communicated disappointment during our interview that her parents did not help her stay engaged with her schooling, and that this disappointment contributed considerably to her devotion to her children’s studies. Fiona hoped her engagement with her children about education would inspire them to stay in school and eventually pursue advanced degrees. She also hoped that by personally helping her children with homework, she would provide them with a positive role model in completing schoolwork, demonstrating a positive work ethic and how one needs to persevere and not give up when things become difficult. Similarly, Rachel spoke to her commitment to her child by striving to act as an exemplar to her daughter by exposing her to positive experiences and groups of people:

I grew up in such a rough area, no one ever was up to no good...shootings, domestic violence. But [my daughter] is my princess. She’s meant to be my daughter and for me to . . . teach her the best way I can. I want her to grow up in a community that’s safe . . . that has good people.

As seen in the above quotation, Rachel’s commitment to her daughter was manifest not only through her intention to educate her daughter about life’s important values, but also through her focus on creating a community for her child that represented a kind of safety she did not personally have growing up.

Importantly, while all the illustrative quotations hitherto presented have highlighted commitment and profound devotion to children, such compensatory attention derived from trying to correct abusive childhoods by having children is not devoid of possible negative repercussions. While the quotations supplied in this subcategory exemplify positive ways that
parenting was a remedial response, becoming parents to correct past trauma can later lead to codependent and enmeshed relationships between parents and children (Bartsalkina, 2012). This concept and related others are further explicated in Chapter 5.

Commitment to children under the broader theoretical construct of Parenting Is a Conscious Remedial Response was evident through the accounts of other participants who communicated an enhanced understanding of children’s individual needs: “I attempted to investigate and learn as much about [my children] as I could so that I could take care of them in whatever situation showed up” (Jane). Because she endured childhood sexual abuse and witnessed countless incidents of IPV between her parents, Jane was committed to ensuring she could care for her children and be there to support them by undertaking an almost academic stance in her pursuit to know her children’s individual needs. During my interview with Jane, she shared that she felt completely unknown and misunderstood by her parents and so her efforts at understanding her own children and how their respective needs overlapped and differed were partly a reaction to her own upbringing.

Stacy likewise described a commitment to her children by expressing how she wanted to know her children as individuals and learn how to comfort them when they were struggling:

No one cared about how I handled [my emotions] growing up, so I vowed to know my kids. One son needs to be left alone to process when he’s mad, while my other son likes to be comforted and held... well, he doesn’t necessarily like to be comforted in the moment but it’s more of how I can read that’s what he needs.

Like Jane, Stacy’s commitment to her children was shown through understanding their different needs during times when they needed emotional support and relational connection. Stacy could read the needs of her sons even without them expressing these needs verbally and preemptively
knew how to comfort and soothe them before they had what she called “major meltdowns.” Jane and Stacy both grew up in homes with IPV between their parents, and both were also victims of childhood sexual abuse perpetrated by family members. For these two women, the conscious remedial aspects of parenting involved a commitment to knowing and understanding their children exactly as they were; a feeling neither woman was afforded during her childhood that was fraught with multiple forms of directly and indirectly experienced abuse.

In summary, participants’ commitment to their children was evidenced by ensuring education, acting as positive role models, and understanding children’s unique needs, often in response to what they did not have in their own upbringing. They communicated such commitment to their children even when IPV was ongoing on in the home.

**Parenting as choice.** The second subcategory within Parenting Is a Conscious Remedial Response was Parenting as Choice. Women in this study actively chose to be parents every day, in part because of the need for remediation around their own traumatic upbringings. Hence, Parenting as Choice is included within the Parenting Is a Conscious Remedial Response theoretical construct. In an age where there are many options for women to seek alternatives to pregnancy, it was striking that all 16 participants viewed parenting as their choice and something they welcomed, at least partly to alleviate the impact of past or current trauma related to IPV. One of the dialogic interview questions asked participants to share how they felt about becoming parents. Interestingly, because many participants witnessed and experienced IPV and myriad forms of abuse during their childhoods, all reported that they were excited, even thrilled, when they learned they were pregnant: “ Couldn’t wait, couldn’t wait, wanted 12 [children]” (Daria). Daria shared that she witnessed extreme instances of IPV between her parents, emotional and
physical abuse at the hands of her ex-husband, and childhood sexual abuse perpetrated by her uncle. Her choice to become a mother and her excitement about this choice after a lifetime fraught with varying forms of abuse is noteworthy.

Regardless of whether participants were actively trying to get pregnant, all 16 reported that learning they were pregnant was one of their greatest joys in life. Often, this happiness was expressed as a result of the desire to make up for their own traumatic childhoods: “[My husband] and I wanted kids, like a lot. We had such a shitty, crappy life as kids that we wanted to have a family and be happy and try to do things right” (Janelle). Janelle explicitly stated that she and her abusive husband, to whom she is still married, wanted and chose to have their own children to make up for the fact that they endured many challenges in their childhoods. While Janelle actively communicated loving her children and doing her utmost to ensure they had safe, fulfilling, and healthy upbringing, one could argue that despite her best intentions she may also have put her children at risk by having children with an abusive partner. As she shared, her husband has been physically and emotionally abusive for their entire marriage of almost 30 years. Moreover, the solution to working through one’s own trauma by having children can put undue pressure on a child to fulfill parents’ needs, which can lead to increased depression and anxiety later in the lifespan (Bartsalkina, 2012). This concept is again explored further in the subsequent chapter.

Like Daria and Janelle, who communicated excitement and eagerness to have children, Melanie shared, “Oh my God, I was ecstatic [when I found out I was pregnant]. Here was my chance to give a kid the healthy, happy home life they deserved.” Using the phrase “here was my chance” suggests that the choice to become a mother was in part a reaction to the extreme and
chronic IPV Melanie witnessed between her parents and her grandparents. While it was admirable that Melanie expressed a desire to provide a happy and healthy home life for her children, it could also be viewed as problematic that one of the ways she hoped to heal from her childhood trauma was through raising her own child. Melanie herself shared during the interview that she knew her anxiety engendered both from IPV in her childhood and adulthood was anxiety that she inadvertently passed on to her two daughters.

Conversely, Vanessa was not actively trying to have children and yet she also expressed feeling positive when she learned about her pregnancy: “It came as a huge shock to me, honestly. I was scared, but I thought, ‘hey, this is your shot to give a kid a good life.’” Like Melanie, Vanessa viewed her pregnancy as an opportunity to provide better for her child than what she had growing up, but one can also infer that she viewed her pregnancy as a chance to work through some of her own trauma, perhaps subconsciously. Daria, Janelle, Melanie, and Vanessa all hailed from homes with examples of extreme IPV between their parents and independently shared stories of other forms of egregious abuse in both childhood and adulthood. However, their stories imparted that they viewed raising children and becoming parents as one way to reconcile their past trauma.

Apart from parenting as a choice relating to mitigating the effects of past childhood trauma, other participants chose to become parents to try and temper the abuse they experienced from their partners:

Oh my God, I wanted to become a parent so bad. I couldn’t stand it; I always knew I wanted to be a parent. And, when I was in the abusive relationship, I thought if I had a baby that would change it. (Stephanie)
In Stephanie’s case, her abusive partner was a man who was always very kind and fatherly to her nieces and nephews and so it was logical that she believed having a child of their own might temper some of his abusive behavior. Similarly, Elizabeth shared that, after enduring three abusive partnerships during adulthood, she thought having a child would change the course of her third and final abusive relationship: “I was stoked to be pregnant, finally. I thought this might actually make [abuser] nice again.” Both the cases of Stephanie and Elizabeth, who chose to become parents at least in part because of the hope that a child would lessen the impact of abuse, exemplify the inherent tension and complicated navigation IPV survivors face at trying to adapt to traumatic situations while inadvertently putting children at risk.

**Parenting Is Protective**

This theoretical construct was also included in the Relational Capacity dimension due to its emphasis on the more interpretive aspects of parenting in the context of IPV. Different from the other three constructs, Parenting Is Protective exclusively regarded participants’ children and the selfless almost primordial need mothers felt to protect their children. The other three constructs included in the findings involve how parenting in the context of IPV impacted the mother and shaped the meaning of her own experience. However, when participants described the protectiveness (and in many cases, overprotectiveness) they felt toward their children, the focus of the stories they shared was directed toward their children’s well-being and safety.

While it could be argued that, even in contexts devoid of IPV, mothers are protective of their children, the essence of what participants communicated in this study conveyed that the protectiveness they felt toward their children resulted from their experiences with IPV during childhood or adulthood.
While protective parenting may be universal, it is nevertheless important to address it in the context of abuse. Overall, the protectiveness participants shared related to both their methods of parenting and their accounts of leaving abusers to protect children. These examples were evident not only in multiple stories of mothers leaving abusers to safeguard their children from witnessing IPV, but also in a vigilant parenting style rooted in the provision of boundaries and protective practices. Subcategories of this construct included “Leaving Abuser to Protect Child” and “Vigilant Parenting Style as a Form of Relational Protection.”

**Leaving abuser to protect child.** The first subcategory of Parenting Is Protective illustrated patterns of participants extricating themselves (sometimes at their own peril) from abusive relationships. Participants shared that they left abusers for the purpose of protecting children from continuing to witness and/or directly experiencing abuse. This subcategory of Leaving Abuser to Protect Child also represents the complex, multilayered struggle IPV survivors faced in trying to protect a child in an abusive environment. Often, the impetus to leave to protect children arose after extreme instances of violence:

> He pushed me into the sink, and I grabbed a knife . . . I couldn’t take it anymore, I was ready to kill him. My daughter, I have no idea how, got out of the crib and came to the kitchen and said, “Mommy!” . . . I couldn’t let her see [the abuse]. I put the knife down, grabbed my baby, and ran like hell. I never went back, (Carmen)

As a result of Carmen's desire to protect her child from further IPV exposure, her daughter's entrance into the room during a frightening act of violence ignited within her the need to leave her abuser. The memory she recalled was especially powerful because Carmen had been married to her abusive partner for several years and had endured countless incidents of physical, sexual, and emotional abuse throughout her relationship. She had thought of leaving several times and
made several previous attempts that were thwarted either by her abuser preventing her from leaving, or because of her fear of leaving. And yet, the first time the IPV she endured occurred in front of her daughter was enough of an impetus to remove herself and her child from the abusive context.

Similarly, Mary recalled her experience leaving her abusive ex-husband when it was clear her child was too close to the abuse, precipitating her fear that her son would mimic her abuser’s behaviors:

He beat the crap out of me at the time for [saying I was leaving]. But, you know, I said to myself like, “That’s it. You know, that’s it. If you stay with him your son’s gonna grow up knowing only this abuse and he will probably grow up and do the same to other women just like his father did.” And I said, “I gotta get out,” and I did. I left him.

In Mary’s case, she wanted to protect her child in two different ways: the first, from witnessing abuse, and the second, from learning abusive behaviors from his father that he might then exhibit later in life toward an intimate partner. Mary’s own upbringing was fraught with extreme domestic abuse between her mother and father as well as child abuse directed toward her and her older brother: “Sometimes Mom and I would sleep in the car to avoid getting beat up by [my dad].” She assumed that exposure to such violence has an intergenerational effect and was determined to break the cycle.

Elizabeth spoke about the courage her son gave her to leave her abusive partner in a similar way as Carmen, but she addressed the concept of courage in tandem with the pressure she felt to protect her child from abuse:

So when [my partner] did get physical with me in front of [my son], I was like, “we’re done.” [My son] gave me the courage to leave because without him, I think I probably would have stayed longer because I was afraid. But, I can’t have [the abuse] be in front of him.
In this case, although the intent was to prevent her son from growing up in an abusive household (her son was two years old in the memory she recalled), the act of protecting her child was also a source of courage that protected her. Having a child helped Elizabeth leave her abusive partner sooner than she otherwise would have, if she would have left at all. This quotation is demonstrative of the high Relational Capacity Elizabeth possessed, and how leaving her abuser to protect her son added fodder to this parenting dimension. Elizabeth’s quotation above additionally represents an example of the tension IPV survivors face as parents between doing their utmost to protect their children and parent in the best way possible, while faced with the challenge of navigating the behavior of an abusive partner.

Stephanie likewise credited leaving her abuser to her desire to protect her son, but her story differs somewhat in terms of her rationale. For Stephanie, her son witnessing abuse did not prompt her with the courage to leave her abuser, but rather she was concerned about her son’s aggressive behavioral outbursts that mirrored his father’s abusive actions. This participant left her ex-husband after he began to periodically attempt to strangle her in front of their eldest son, and she described how her son was beginning to display anger and abusive tendencies toward his friends: “I left [my ex-husband] when my son started beating up on his friend in the sandbox when he was three. He saw some things no kid should see, and I know he was just imitating what he saw.” Stephanie’s attention to the intergenerational transmission of violence and leaving her abuser as a preventative measure were part of the protection she enacted for her child. She knew that her son’s violent behavior resulted from what he witnessed his father do to her, and the need to interrupt the cycle of abuse is what compelled her to leave. The attention Stephanie devoted to
the intergenerational transmission of violence (IGTV; Egeland, 1993) was also mentioned by the Mary, who expressed concern that her son would grow up to abuse women if she did not find a way to leave the relationship. Leaving one’s abuser to protect her children was done because of the courage children gave them to leave, as well as the concern for their children’s future lives and selves.

**Vigilant parenting style as a form of relational protection.** The second subcategory of Parenting Is Protective included participants’ descriptions of protecting their children through exhibiting a vigilant parenting style. Such parenting styles took myriad forms, ranging from strict disciplinary practices to the need participants felt to be constantly with their children. Like the previous theoretical construct, Parenting Is a Conscious Remedial Response, which described parenting often as a reaction to abuse, many participants attributed their vigilance as parents directly to their experiences of IPV and abuse in their childhoods. In some cases, putting boundaries in place for children was the safest option for participants and an adaptive response to stress: “I mean... especially [with IPV], trying to protect your children and giving them strong guidelines of right and wrong is one of the most important things you can do” (Melanie).

Melanie spoke several times during our interview about how the constant fear and anxiety she felt regarding her abuser’s characteristically unpredictable violent behavior was mitigated by ensuring that she had firm rules set for her two daughters. As highlighted later in Chapter 5, the adaptive nature of Melanie’s and other participants’ strategies of setting firm boundaries may have a negative underside that potentially subjects children to maladaptive coping skills later in the life span.
Melanie also spoke of her vigilant parenting style as something that felt to her like a natural reaction to the behaviors of her abuser:

Well, I think it made me want to be so very protective of my children from my husband. You know, I think I tried to take as many opportunities to take them out of that situation so they wouldn’t have to experience it. I wanted to remove them from anything that might potentially be harmful.

In Melanie’s case, she spoke of her vigilance manifesting in her desire to be constantly physically present with her children to protect them from their father. This parental vigilance and eagerness to remove children from any hazardous situations was mirrored by Rachel, who in an equal display of anxiety spoke to her distrust of anyone besides her taking care of her daughter:

“I know, Mommy’s kinda ‘extra,’ but I just don’t want anyone watching her but me. I would rather take her to work with me even while she’s a toddler than risk letting her out of my sight.”

Despite having a close relationship with her mother and her current husband with whom she shares a healthy relationship, Rachel described feelings of fear about anyone else watching her daughter:

I know it’s messed up. But like, anytime I leave her with my husband or my mom, I can only have it be for an hour. I can’t handle the... stress that something will happen to her if I’m not there.

Even with trustworthy people in her life, the abuse Rachel endured from her previous partner may have created an insecure attachment with her child, and likely an anxious attachment, indicated by the need for constant physical closeness. She demonstrated keen self-awareness that her need to always be with her daughter to ensure her safety may not be the most adaptive or healthy relationship style, but her anxiety about something happening to her daughter overshadowed her ability to rationalize alternatives regarding childcare.
Regarding discipline, many participants reported employing firm disciplinary practices with their children to keep them emotionally and physically safe: “Yeah, I’m definitely more protective and I don’t want them to experience things negatively. I’m like, hyper-aware of making [my children] know what acceptable and unacceptable behavior is, so they never get stuck in a situation like [I did]” (Yvonne). For Yvonne, her vigilance in the form of setting firm rules and expectations for her children was intended to protect them from vulnerabilities that might have subjected them to abusive relationships later in the lifespan. Yvonne and Elizabeth during their interviews both spoke several times about their vigilant parenting resulting from concern about their children’s future relationships, not only about the immediate consequences of keeping their children safe. Both women had survived multiple abusive relationships, and so perhaps had a heightened awareness of the vulnerabilities that made them susceptible to IPV victimization.

In another instance, a participant reported a desire to establish rules to prevent abusive patterns from persisting:

We have a lot of rules in our house. No TV after a certain time, dishes done . . . they don’t go to any friend’s house unless I’ve met the parents. I’m the mom, what I say goes, and it’s because I have to keep them safe. No matter what (Gail).

Gail set rules and boundaries with her children to gain authority over her children, an action that contradicts the previous research in Chapter 2 that suggested survivors of IPV struggled with this concept (Margolin et al., 2003). Gail’s abusive partner had been involved in multiple dangerous gangs in a large urban environment, and so it is possible that her need to assert her dominance resulted from the myriad instances in which she was victimized by her husband, as well as his fellow gang members. In Gail’s case, though understandable given her personal circumstances,
she may have tried to ameliorate her feelings of victimization and sought to maintain control and authority by maintaining a somewhat rigid stance with her children. However, Gail’s vigilance in the form of rules and boundaries also likely resulted from her very pressing need to also keep her children safe. On more than one occasion, as Gail recounted during our interview, her ex-husband’s gang members would threaten her children directly and hold them at gunpoint in trying to get information about the whereabouts of their father. Such trauma indeed leaves an indelible mark (Herman, 1997).

As seen from part of the interpretation of Gail’s story, the degree of vigilant parenting participants relayed in the context of Relational Capacity was often described as a reaction to surviving IPV. Yvonne saw the level of control that she tried to exert over her son as a result of her need to constantly counter parenting decisions made by her abuser:

I think what is a big impact on me was that I became really, really, overprotective of my children. I mean, I even get to the point where I’m like, “oh my god, your dad dressed you in those socks? I can’t believe he did that. If it were me, you would be wearing these socks.”

Yvonne shared throughout her interview that she suffered greatly from severe anxiety and depression after extricating herself from two abusive partnerships. She spoke about her overprotective parenting style as an outgrowth of these mental health concerns and from her need to counteract every decision her ex-partners made about parenting her children. Yvonne had one child with each of her former abusive partners and detailed several painful incidents when her partners would threaten her and her two sons. While the reaction she shared above about her unrest about how her ex-husband dressed their son may not have been entirely rational, it was
borne out of a larger theme of needing to separate everything her ex-abuser did when it came to their son to protect him.

Along the same lines of communicating the overprotection participants felt regarding parenting, Elizabeth shared,

I just want to protect them so much...but I can’t protect them from everything and sometimes that makes me crazy. Like, I’ll flip out about stupid stuff like them having an untied shoelace. I feel like I wasn’t protected so I want to protect them.

Like Yvonne, Elizabeth communicated that her vigilant parenting as a means of protecting her three children sometimes debuted in ways that were not particularly rational or helpful. Yet, her description of “flipping out” suggests that she experienced profound anxiety in her three prior abusive relationships and that this anxiety was inadvertently projected onto her children. Where these cases differ is in how Yvonne viewed her vigilant parenting as an attempt to separate her children from their abusive father, while Elizabeth’s vigilance and overprotection with her children did not involve her ex-partners. This could have been because Elizabeth had full custody of her three children while Yvonne did not. Both Yvonne and Elizabeth experienced the same severe physical and emotional abuse during childhood and adulthood, which both women felt contributed greatly to their overprotective attitudes regarding their children. Given the trauma both women withstood, hyperbolic reactions to things like socks and untied shoelaces are perhaps unavoidable considering the connection between trauma and hypervigilance in times of stress (Herman, 1997; Herman & Van der Kolk, 2020). However, the danger of extreme emotional reactions, although unintentional, is that they might put the mother or child at increased risk. If mothers are in a heightened emotional state, their ability to make sound decisions about their own and their child’s welfare is limited (Herman & Van der Kolk, 2020).
Lastly, the cases of Yvonne and Elizabeth aptly represent the tension inherent to parenting in the context of IPV relationships. Both women made valiant efforts to protect their children at all costs and demonstrated considerable resilience in the face of trauma victimization throughout the lifespan. Yet, the complexity of their experiences is highlighted in how their best efforts to protect their children may not have always been in the best interest of their children. This concept is discussed further in the subsequent chapter.

**Operational Parenting Capacity**

*Parenting Is Hardship*

Parenting Is Hardship is the first theoretical construct in the Operational Parenting Capacity dimension and consisted of data that exemplified how exposure to IPV in childhood and adulthood precipitated difficulty in the tangible aspects of parenting experience every day. Examples included feeling overwhelmed by raising children in the context of IPV, financial strain, and diminished mental health. Importantly, several passages within this construct highlight parenting struggles (e.g., children’s behavioral problems, anger, shame) that are normative parenting experiences even outside the context of IPV. The interview excerpts however do demonstrate the magnitude of parenting fatigue and the depth of depression experienced by mothers who survive IPV. The repercussions of IPV related to parenting are justified and supported by previous research (Pels et al., 2015).

Different from the other two constructs, Parenting Is Hardship included interview passages that require less interpretation and speak to parenting in the everyday experiences of childrearing. The subcategories of this construct included “Overwhelm” and “Lack of Support.”
**Overwhelm.** This first subcategory of Parenting Is Hardship included accounts of mental health struggles, fear, and financial strain, all of which led to feelings of being overwhelmed with parenting. Fiona spoke specifically to how her depression from seven abusive partnerships made parenting an overwhelming process: “Going through all that [abuse] brought my energy way down. I didn’t wanna do anything, I didn’t wanna . . . I couldn’t play with my kids or do nothing. It was too much.” Fiona experienced depleted energy levels and depression (only clinically diagnosed years after its onset) that made engaging with her children challenging. The characteristic exhaustion experienced by many IPV survivors was discussed previously in Chapter 2 (Darling, 1999). While Fiona mentioned several times that she persevered in the face of her mental health challenges, it was a constant struggle for her to harness the necessary strength to carry on with her life after enduring innumerable accounts of physical, sexual, and emotional abuse. Fiona experienced the most egregious forms of childhood abuse compared to the other participants in this dissertation; as such, her complex trauma could have had a cumulative effect on her feeling depleted and overwhelmed with parenting. Throughout her interview, she expressed regret that the hardships she endured translated into the hardship she experienced parenting her children. She mentioned several times that she wished she had been able to parent them in different ways than she was able to. Likewise, several other survivors spoke about depression and anxiety leading to feeling overwhelmed with parenting, which often resulted in their inability to parent in the way they otherwise would have:

> The anxiety was so awful . . . the inability to sometimes do simple tasks during the day, just trying to remember to do certain things, play with the girls, remember to pay bills, remember to just . . . I don’t know, to do laundry. Sometimes [the abuse] kind of affected me as far as the normal things that needed to happen during the day, even with my kids. (Melanie)
Melanie communicated feeling extreme anxiety every time she saw her husband’s vehicle pull into their driveway when he returned from work in the evenings. The anticipatory dread she experienced made her feel preoccupied and overwhelmed throughout the day and caused her to forget to do certain things for her two daughters. While she was still able to meet her children’s basic needs, her Operational Capacity was somewhat limited in that she recalled instances where she was so nervous about her husband’s abuse that she would forget to pick her children up from various after-school activities, or to do laundry and wash their clothes.

Other participant examples that fall within in the Overwhelm subcategory in the construct of Parenting Is Hardship illustrate participants’ needs to fill every role for their child in light of their abusive partnerships:

Oh, God, I was like the “one woman show.” I worked full-time, I cooked, I cleaned, I entertained the kids . . . it damn near destroyed me. But, if I didn’t do all those things, he would fly into a rage about how I was “lazy” or “useless.” (Daria)

For Daria, feeling overwhelmed was derived from the pressure she felt to fulfill every role for her children and husband: working two jobs to pay the bills, maintaining the household, and parenting. Part of the overwhelm engendered from this dynamic with her ex-husband was her knowledge that, if she failed to meet all the needs of working, grocery shopping, cooking, cleaning, and parenting, her ex-husband would become rageful and abusive. Like Melanie, Daria recalled that when her husband came home at night from his on-again-off-again employment, her heart rate would increase, and she and her children were “like rats scattering to get out of his way.” Part of Daria’s overwhelm also involved attempting to strike the impossible balance of engaging with her abuser enough to keep him appeased, but not provoking him to anger.
Unfortunately, as is characteristic of IPV abusers, there is no way to truly avoid provoking abusers due to their volatility (Walker, 1979).

Also characteristic of IPV, participants’ abusers often name-called and shamed survivors for myriad different perceived slights, which further contributed to hardship and feeling overwhelmed. An excerpt from Carmen’s interview highlights this point: “I was so stressed. So, so, stressed. I was doing everything I could to not piss him off and to keep the kids in line, but it was never enough for him. I feel like in trying to keep the kids quiet, I probably forgot to do a lot of the basic [parenting] stuff.” In Carmen’s case, stress and feeling overwhelmed resulted from her effort to keep her children from misbehaving, which was a trigger for her husband’s rage. Not only did she bear most of the responsibility for daily parenting duties, but she also had additional feelings of being overwhelmed due to attempts to placate her abuser. This example is in line with Melanie and Daria’s accounts, in that all women were burdened with the task of keeping their abusers calm while also attending to the daily struggles of parenting. These two factors combined led to understandable and inescapable hardship and pressure. Often participants felt too overwhelmed to consistently demonstrate sufficient Operational Capacity and meet the everyday needs of their children.

**Financial strain.** Another aspect of parenting leading to overwhelm within the construct of Parenting Is Hardship was the topic of financial strain. Most participants in this dissertation reported living in poverty. Beyond this, however, participants shared specific examples of how their financial struggles were directly related to their experiences with IPV and parenting. Financial strain is included in the subcategory of Overwhelm because participants spoke about financial strain in a way that exacerbated feeling overwhelmed by parenting. One could argue
that there is a difference between emotional and financial feelings of being overwhelmed, although participants did impart similar feelings and responses to both forms of hardship.

Nevertheless, it seems necessary to create a separate category of financial strain due to the sheer prevalence of its mention throughout the interview data. Of 16 participants, 13 mentioned struggling financially while parenting, which prevented them from providing for their children in the way they wanted:

   My son one day in the store in the dead of winter was prancing around saying, "no money, no toys. No money, no gloves." I felt terrible, because those were things I said to him all the time. Not being able to provide for your kids, even if it’s toys, is just hell. (Mary)

The financial strain Mary experienced led to indelible shame, even though her financial hardship and inability to provide her son with some of the basic material goods she wished she could have was not her fault. She was forced to leave her home due to the extreme physical and emotional abuse she endured from her ex-husband, and then was unable to find a job that allowed her to work hours that would align with childcare needs. Mary would note several times during our interview that even though now she is now gainfully employed and her two sons are grown, she still feels a deep sadness at not being able to provide for her sons when they were young, at least in terms of Operational Parenting Capacity.

   As Mary shared in her interview, financial strain led to a great deal of shame because, as is widely documented, financial instability is one of life’s biggest stressors and can lead to feelings of inadequacy and shame (Baron, 2007; Frankham et al., 2020; Fordjour et al., 2020). For many participants in this research who were saddled with being the sole providers for children and who had undergone serious abuse, the shame they felt from a lack of finances was
compounded. Not only were they confronted with the difficulty of not having money to provide for their own basic needs, but in many cases financial hardship also impacted their children; a fact of which all participants were acutely aware.

Still more participant stories illustrated their inability to provide for children’s basic needs, which again inculcated feelings of shame:

At one point, we had to sleep in my car because even working three jobs, I had to pay for [my daughter] to be in daycare and couldn’t afford rent. I was just burnt out. One night a cop came and knocked on my window and basically told me what a shitty mother I was for having my kid in the car. I can tell you, feeling that level of judgment was worse than anything my [abusive] ex did. (Fiona)

This example details a fairly extreme account of financial hardship and decreased Operational Parenting Capacity, exacerbated by the palpable judgment passed down from an authority figure. In a perfect world, this police officer would have offered to help Fiona and provide her with possible resources as opposed to merely casting aspersions. The shame Fiona mentioned in the above quotation was also a part of Carmen’s story when she spoke about feeling overwhelmed in part because of financial hardship and the lack of financial support from a social service agency from which she sought aid:

Because I was just so overwhelmed. I used to work Monday–Sunday, and any agency can give you one month of rent and after that, I was homeless. I sold everything. I was living in the car with my child. And I just couldn’t let that happen. And I still punish myself for how I affected that little child.

Carmen’s interview took place nearly two decades after the incidents she shared about raising her child, and yet she still conveyed feelings of guilt about how living in a car may have impacted her daughter. This example demonstrates the lasting mark financial strain and shame related to parenting can leave on survivors even years later.
Other survivors spoke of financial strain and the subsequent anxiety that resulted from partners failing to pay child support:

[My ex] refused to pay anything, even though the court told him he had to. I was late on my bills. So, I was like, "oh my God. I’m gonna have to get another job. How am I going to get another job when I can’t even deal with this one job and, ya know take care of my kid?" (Mary)

Mary vocalized the logistical struggle of needing to work multiple jobs to support herself and her child and feeling stuck trying to fix her financial situation but being unable to do so because of childcare demands. Mary had an associate’s degree and a job that she recounted, “paid decently,” but due to the expense of having a child and her ex-husband refusing to pay any amount of child support, she was faced with the dilemma of needing a second job but being unable to maintain one. Stacy also discussed the lack of child support her abusive ex-husband refused to pay and the stress that resulted from her fear that he would retaliate if she asked for money to help with parenting costs: “He didn’t pay any child support. And I was always worried he would hurt my daughter to get at me if I reminded him, he needed to pay.” Stacy communicated that one of the major triggers of her ex-husband's rage was related to their finances or lack thereof and discussed several different accounts of the abuse she faced as a result of his rampages when he felt she spent too much money on baby formula and diapers for their newborn. For Stacy, the abuse she endured and fear of retaliation from her ex-husband prevented her from seeking financial support although it was determined to be his legal obligation to provide for his child financially. In all the cases described here, financial strain precipitated fear, anxiety, guilt, and shame, all contributing to marked hardship and mothers feeling overwhelmed at not being able to meet the needs of their children in the way they wished.
Lack of support. The second subcategory of Parenting Is Hardship within the Operational Capacity dimension was Lack of Support. Participants spoke of a lack of social and professional support when it came to parenting that resulted in further parenting hardship. Whether the lack of support was due to the unwillingness or unavailability of supports, many participants clearly felt a profound sense of loneliness in parenting. Fear and shame both factored into some participants’ narratives regarding help seeking: “Honestly, I just couldn’t [reach out to anyone]. I couldn’t bear to have people know what I put up with’ (Janelle). Throughout her interview, Janelle presented as a direct, forthcoming woman. She herself acknowledged this, citing that these personality traits were what made it so difficult to admit that she had been victimized and needed help with parenting. For several participants, the lack of support was also due to the fear, shame, and stigma they felt at the prospect of asking for help. As Gail said, “I just . . . couldn’t ask [for help]. It made me look too weak, and I couldn’t bear to do that because of what everyone, especially my family, would think.” Gail grew up in what she described was a traditional Mexican family with patriarchal values. She shared that her father was the head of the household as was her abusive ex-husband, and the machismo culture was pronounced. It was viewed as women’s job to see that all needs were met in terms of household chores, raising children, and satisfying husbands sexually and that these tasks were executed without complaint. Her mother endured severe physical and emotional abuse from her father, but never complained about his behavior and assumed it as a burden she herself would bear. As discussed later in more detail, this contributed to Gail’s fear of communicating weakness and may further explain why Gail’s mother did not support Gail during her own time of abuse. There was an attitude, Gail
recalled, of “I did it, so can you.” In this regard, Gail was extremely fearful of being stigmatized by her family and friends as a weak, incapable woman if she asked for help when she needed it.

Further addressing the widespread stigma IPV carries, Daria spoke about reaching out to members of her church community to whom she was close:

I had reached out to people within my church that I knew had suffered domestic abuse and knew my children. And really, they never talked to me again. Then I had reached out to the pastor of my church, and his exact words were “I’m sorry I can’t help you.”

Even other people who had suffered IPV refused to help Daria in her time of need, leading to her feeling as though “I was just entirely on my own.” While religious institutions vary in the extent to which they have been complicit in cases of DV and IPV (Sword, 2014), many patriarchal interpretations of faith principles remain in several religious sectors (Obelkevich & Roper, 2013).

Like Daria and Gail, who were denied support even after overcoming the internal struggle to ask for help, Rachel reached out to her mother for support when her husband’s abuse finally landed her in the hospital with multiple bone fractures. Her mother suffered greatly at the hands of Rachel’s father over the years, and so Rachel assumed that her mother would empathize and help her:

It was so awful. All she said was, “No, you can’t stay here. You got yourself into this mess, you get yourself out.” I was livid. I had literally been there for her every time my dad did something crazy.

The lack of support given by those closest to survivors in this dissertation, even those who were survivors themselves, was a striking finding. Perhaps such a finding speaks to the stigma and shame known to result from IPV as well as the chronicity of abuse resulting in an inadvertent lack of empathy for the survivor and their children (Thompson et al., 2006). The unparalleled
exhaustion that results from persistent, unrelenting IPV could have contributed to parents being unable to help their struggling children as they otherwise might have through no fault of their own. The attitude Gail communicated about her mother’s assumption that if one could overcome abuse on her own so could others, may also have been a factor in Rachel’s mother denying her aid.

For other participants, the abusers themselves were unwilling to provide support with parenting, which led to increased struggle:

[My ex-husband] definitely was not an active parent and I even remember times going to the emergency room by myself when [my kids] were sick . . . if I had to go to the grocery store by myself, he responded in ways that made me feel guilty or that made me feel like he didn’t want to or couldn’t handle the kids. (Jane)

Apart from the stigma several survivors feared regarding asking for help, they were further burdened by partners making them feel guilty for the normative practice of asking the other parent to intercede and help with childcare. In Jane’s case and other similar cases we see the common thread of IPV abusers expecting their partners to handle all parenting-related issues and intervened to help only if they wished. Although in several cases participants were partnered with their abusers for many years while parenting, these women were considered the sole primary caregiver in their children’s lives and were ultimately alone in parenting. Related to the intentional withholding of childcare support from abusive partners, Vanessa did not seek parenting support due to the apprehension of her abuser finding out she had told others about the way he treated her:

I was just on my own. I couldn’t tell anyone, not even my parents. Every time I even thought of asking for help, I would retreat back into my shell. What if he found out and [the abuse] somehow got worse? Or he kidnapped the kids?
Vanessa’s fear of retaliation from her husband, coupled with her fear of disclosing abuse, prevented her from seeking help. And, in Vanessa’s case there was precedent for her fear. When she had threatened to leave her abuser and tell her family about his behavior, he threatened that, if she ever disclosed the abuse, he would kill her and their children. Understandably, this threat instilled inescapable fear in Vanessa for more than a decade until finally a neighbor witnessed her being abused and called the police. Only then was Vanessa’s ex-husband arrested, permitting her to begin the process of seeking a divorce and restraining order.

Unlike Vanessa’s case in which the police officers were helpful in kick-starting her healing process, other participants did not have such positive experiences with professional sources. Many communicated that the professional supports they sought were not helpful in the way participants expected them to be:

Even when I called the police, no one was ever like, ”here, call this number” or ”here, do this.” I’ve called the police a few times and they came to the house, or my neighbors have called the police when they heard us fighting and no one ever followed up to see if I was okay or to give any resources. I wish I had been directed just to like, a counselor. (Elizabeth)

Elizabeth’s poignant quotation speaks not only to the lack of support given to survivors in the context of parenting, but to IPV survivors in general. Although police were contacted by Elizabeth’s neighbors because the abuse she endured was so explosive and disturbing, the police were not equipped to offer additional services Elizabeth may have accessed. Whether the lack of support from professional services was due to a lack of training or personal apathy on behalf of the officers, Elizabeth was left to her own devices. Even at a social service agency specializing in helping survivors of IPV where Yvonne sought help, she was not given any support regarding parenting:
I went to an agency and they were really nice, but they were totally just crisis focused. I had already left [my abuser], so they basically just gave me some snacks and clothes for [my kids] and sent me on my way. Like, that was it. (Yvonne)

Yvonne spoke candidly about this instance and communicated gratitude at the kindness she was shown by staff members at the social service agency. However, what Yvonne needed was ongoing support after she had left her abusive ex-husband. As she notes above, it seemed the agency she attended was ill-equipped to offer her the support she desired and deserved.

Stephanie had a similar experience: “I knew how to reach out for help, but I seriously went to like three different places and all they focused on was getting me away from [my abuser]. It’s not like that wasn’t helpful, but I really needed more help with my kids ongoing.” Again, Stephanie spoke directly to needing more help with parenting and did not need crisis intervention at the time she sought professional help, yet crisis intervention support was what she was offered. The important implications for direct practice derived from Stephanie’s story are discussed further in Chapter 5.

The findings related to survivors experiencing a lack of support suggest that the stigma of abuse had two marked effects. In the first instance, the stigma and shame of being abused prevented women from asking for help. In the second instance, even among other survivors, help was sometimes not granted due perhaps to fear of association with IPV or from the exhaustion and diminished capacity for empathy engendered from the chronicity of abuse. Moreover, even when participants sought professional help, agencies were not equipped to provide the long-term solutions and supports they needed to care for children. Regardless of the specific reason(s) for the lack of support, these women felt as though they were left to rely on themselves: “I just felt so alone” (Gail). Gail was denied help by her mother who was otherwise her strongest support
system. Having her mother not be able to support her in her most dire moments led to feelings of isolation above and beyond that attributable to the characteristic behavior of abusers.

**Parenting Is Survival**

The second and final theoretical construct under the umbrella of Operational Parenting Capacity involves how, for many participants, being a parent literally and metaphorically enabled survival. Whether this survival was evident in instances of children intervening to physically protect their mothers during abusive incidents or due to young children taking on roles of adulthood (e.g., working, preparing meals, taking care of younger siblings), having children afforded continuity of parenting. Parenting Is Survival as a theoretical construct includes several stories that uniquely capture the profoundly important role children undertake in the context of IPV. Again, unlike the more interpretive Relational Capacity theoretical constructs, this construct possesses the same unambiguous accounts of parenting as Parenting Is Hardship but differentially highlights how the act of parenting and motherhood was in fact preserved through having children as opposed to direct examples of the parenting process. Indeed, previous research notes that many IPV victims report that they become survivors because of their children (Thompson et al., 2006). The subcategories within this construct included “Children as Protectors” and “Parentification.”

**Children as protectors.** The first subcategory of Parenting Is Survival includes examples of children of all ages intervening to protect their mothers during instances of abuse, literally enabling the mother’s survival. Children defended their mothers during moments of both physical and emotional abuse. As Stephanie recalled,
My son could not have been more than 10 at the time. My ex was a big fan of the ‘double smack’ across the face, and he had just done that in front of our son. [My son] grabbed his baseball bat and came running into the kitchen, swatting at his dad to protect me.

The image conjured from the above quotation may elicit some hesitation from the reader. Stephanie’s young son indeed demonstrated an act of heroism that protected his mother and enabled them both to survive, and yet it is an example of the tension involved in parenting in the context of IPV. This courageous act of Stephanie’s son suggests that a child was put at risk because of abusive circumstances, even though in Stephanie’s case, the story had a happy ending: both mother and son escaped Stephanie’s abusive ex-husband and rebuilt a life free from abuse years later.

In Rachel’s case, her daughter heard her father verbally abusing her and intervened differently: “My daughter heard him shouting at me and she yelled in his face, ‘don’t ever yell at my mother like that again.’ She, you know, was probably 13 or 14 at that time.” In Stephanie’s story, her ex-husband ceased to abuse her when their son intervened, but unfortunately, Rachel’s husband did not relent when her daughter stepped in. Instead, “my husband just started screaming at [my daughter] and told her that, if she ever spoke to him like that again, ‘she would be sorry.’” For the children in both scenarios, intervening may have put them at risk, but they did so regardlessly to protect their mothers.

Another part of the Children as Protectors subcategory involved children protecting mothers not only during acute moments of abuse, but in implementing ongoing safety measures for their mothers: “When my kids were like, 9 and 15 years old, they came to me and said, ‘Mom, you need to leave Dad. Now’” (Angelica). In Angelica’s case, her children had witnessed their mother being abused all their lives and so they took on a protective role that resembled a
kind of motivator. For Melanie, her children assumed the role of protectors by providing surveillance: “If I was working in the office, one of the children would come in and say, ‘yeah, Dad’s coming up the driveway’ just so I could be prepared.” Like Daria and other participants who needed to emotionally and logistically prepare for their abusers’ volatile moods and behaviors, Melanie needed to be ready for anything when her husband came home from work. According to what she shared in her interview, Melanie’s children often alerted her to her husband’s arrival of their own accord, a phenomenon discussed in greater detail later in this chapter. Due to the cycle of abuse (Walker, 2016), in situations of IPV there is often a sense that one needs to walk on eggshells to avoid agitating the abuser. The need for hypervigilance during these times to prepare oneself for abusive reactions is common, and so it is understandable that Melanie’s children felt compelled to help oversee the well-being of the family.

Lastly, this subcategory includes examples of children acting as protectors from an indirect vantage point. In some cases, participants spoke about refraining from suicide because they knew they needed to be there for their children. Carmen spoke about how she had contemplated suicide at multiple points during her abusive partnerships but that, once she had her daughter, she knew she needed to keep herself alive to be there for her: “Oh, my baby. I didn’t want to leave her without a mother. I wanted to end my situation so badly, but I couldn’t. I had to stay alive for her” (Carmen). Carmen had previously made concrete plans to end her life, but having her daughter enabled her survival because she wanted to stay alive for her child. In this way, there was a reciprocal protective action that occurred that is somewhat different from Melanie’s example: Carmen’s daughter protected Carmen’s life, which then prompted Carmen to protect her child. Stephanie and Rachel’s examples also support this finding.
**Parentification.** Parentification is another subcategory of the Parenting Is Survival theoretical construct, again relating to the overarching dimension of Operational Parenting Capacity. Parentification is a term that describes a process that occurs when children are obliged to act as a parent to their own parent or to a sibling, providing a level of support beyond what a young child should be expected to offer (Gardner et al., 2006). The assignment of adult roles to young children was common among participants in this dissertation and is a common finding for survivors as they struggle to manage the stress of parenting in the context of abuse (Chiesa et al., 2018).

For participants in this research, parentification assumed a few different forms. In some cases, children performed tasks like watching younger siblings and helping earn money for the family to enable survival: “There were times, and this sounds horrible, that my 7-year-old would have to watch his two younger siblings until I got home from working a 12-hour shift” (Gail). Gail acknowledged that she felt conflicted about the role her son needed to assume while he was growing up, and yet her situation necessitated that her son provide childcare and help increase her Operational Parenting Capacity. Janelle similarly noted, “We were so broke. My daughter started working as a babysitter when she was 12 and giving me her money to literally keep the lights on in our house.” Both women voiced feelings of sadness, even regret, when they acknowledged that their children provided childcare or financial help. Importantly, the parentification of children was not an intentional process, but rather a necessity brought on by abusive situations.

Apart from enabling survival through helping with specific logistical tasks like babysitting, the children of other participants assumed motivational roles akin to that of a partner.
to participants. As Stacy said, “I couldn’t do it without my son. He’s always saying, ‘Mommy, we are in this together. I just want what’s best for you. You should go back to school; you should have the life you want. I can help.’” Worth noting is the fact that Stacy’s son is currently only nine years old, and so this type of comment clearly indicates that he has undertaken an adult role beyond his years. Further, her child has seemingly internalized some of the values Stacy holds in high regard, such as receiving an education. This example supports the fact that children often internalize the needs, hopes, and desires of their parents and can, of their own volition, assume the role of motivator and cheerleader when they realize that the situation warrants such roles (Chase, 2000).

As in Stacy’s story, Gail shared that her son has filled the role of partner in terms of emotional support: “He’s always telling me, like, ‘you can do it, Mom! Even if you make a mistake, just learn from it. That’s what matters.’ I honestly couldn’t get up in the morning without him.” Again, in this example, Gail spoke of her 12-year-old son’s overly precocious behavior. Importantly, both examples from Stacy and Gail highlight the fact that children of both genders step up in similar ways as partners, not just as sons of survivors as some literature suggests (Chiesa et al., 2018). Both Stacy’s and Gail’s stories also demonstrate that their children’s support has played an important role in their well-being and endurance during hardship. While 10 out of 16 participants reported instances of children supporting them during hardship, these two women’s stories were particularly illustrative.

Several participants also spoke about their children as friends or peers: “My daughter is my best friend. She always is the one to share her money from her part-time job or to talk me through my problems. She’s the best” (Rachel). In this example, Rachel describes a relationship
with her daughter that more closely approximates one she would have with a peer. Rachel gave birth to her daughter when she was only 16 years old, making their age gap smaller than it might be between more traditional mother and daughter pairs. And yet, Rachel’s daughter is only 11 years old, and thus communicating that her daughter is her “best friend” implies a potentially inappropriate role that has been, however unintentionally, assigned to her daughter. Stacy spoke to a similar point: “My son is my rock. He is the closest friend I’ve ever had.” Again, Stacy’s son is only nine years old, so the idea of him being such an integral emotional support to his mother suggests that more is expected from him than perhaps should be. In these instances, participants reported children as friends being helpful in managing everyday tasks, which is how these examples fall within the purview of Operational Parenting Capacity. Whether children in these examples help directly by defraying living costs or providing childcare, or more indirectly by providing an emotionally supportive space for mothers to help them to carry out the tasks necessary for survival, parentified children help support the survival of their mothers in situations of IPV.

All examples of parentification illustrate how much children did for participants to help them either logistically or relationally, and it was clear that the necessity of assuming such positions in the family was driven by their mothers’ struggle to meet the needs of the family. Throughout the excerpts in this section, mothers displayed different reactions to the parentification of their children: Some expressed sadness and feelings of regret, while others expressed gratitude at having children who could be there to support them. Angelica spoke clearly about the regret she felt at her children taking on adulthood roles: “It literally pains me to think about how much my kids had to do to help me. It’s something I will probably regret for the
rest of my life. But, what can I do at this point?” This reflexivity acknowledges the tension she feels at her children providing for her in a way that their young ages should prohibit, but the reality of the challenges brought to bear in contexts of abuse often means that survivors feel they have no other option than to let their children assume more adult-like roles in the family.

Conversely, Gail discussed the parentification of her son strictly as a point of gratitude: “I know my son . . . so much was put on him. But I thank God every single night that he was there to help.” Such a differing level of awareness may speak to the varying stages of recovery and healing of participants. Angelica had been out of her IPV relationship for many years, while Gail’s escape from abuse was more recent. For the entire sample of participants, the women who did not acknowledge how parentification might be harmful to their children were either still in abusive partnerships or had recently gotten out of abusive partnerships. Women who expressed concern at the fact that children needed to do more than other children of their same age tended to have been out of abusive partnerships for many years at the time the interviews were conducted.

Case Studies

In accordance with both the constructivist-interpretivist paradigm as well as feminist methodology, one of the specific aims of this research is to represent the women who participated in a holistic way, as living beings and not merely research participants. As such, in crafting the findings from this project, I found it essential not only to examine the theoretical constructs as well as their inherent categories separately, but to also explore how certain concepts may be interrelated. Hence, the reader is permitted a more comprehensive picture of who the participants were and what their stories looked like. Indeed, among the constructs
discussed previously, there were certain participant cases that demonstrated a noteworthy interrelationship or patterned relationship between themes. Three case examples are presented below to highlight these interrelationships. The three case studies were selected because they represented the clearest examples of thematic interrelationships from the data corpus.

**Parenting Is a Conscious Remedial Response and Parenting Is Hardship**

The interrelationship between these two theoretical constructs is effectively highlighted in the case of Sarah. Unlike the other two case studies presented in this section, both of which illustrate thematic connections between subcategories, Sarah’s case was chosen because it represents two of the theoretical constructs, Parenting Is a Conscious Remedial Response (Relational Parenting Capacity dimension) and Parenting Is Hardship (Operational Capacity dimension), within one person’s life. All the subcategories inherent to these two constructs are evident in Sarah’s story (e.g., Commitment to Children and Parenting as Choice; Overwhelm, and Lack of Support) and thus illustrate the connection between the overarching theoretical constructs.

Sarah is a 32-year-old year old woman who self-identifies as American Indian. The interview with Sarah took place on a frigid November morning on folding chairs in the alleyway beside her home. She was not comfortable meeting in any other space. Throughout the interview, I learned that Sarah had spent the past three years living in a series of crack houses and that she struggled with addictions that ultimately led to her involvement with the Department of Child and Family Services. She had a total of five children, four for whom she had relinquished her legal parental rights. Sarah was actively working to regain custody of her youngest son, who had just turned four, from the foster care system. As I learned, Sarah had spent the previous 11
months working on her sobriety and attending parenting classes issued by her state of residence in an effort to “turn [her] life around.”

Sarah recounted a childhood spent on an American Indian reservation fraught with extensive IPV between her parents as well as other forms of child abuse. The theoretical construct of Parenting Is a Conscious Remedial Response was evident early in our conversation when she said frankly, “I had such a shitty time growing up. I promised myself I’d do better for my kids . . . clearly I’ve sucked.” Sarah began using drugs as a young adult after moving to a larger city to try and “numb out” from the emotional and physical pain she experienced. During the interview, Sarah spoke candidly about three abusive intimate partners in her adult life, two of whom were the fathers to her children. Due to the extreme sexual, physical, and emotional abuse she faced at the hands of her partners, as well as her attempts to cope with childhood trauma, Sarah became addicted to narcotics and then crack cocaine, all of which were supplied by her partners, who were likewise addicted. Her circumstances prevented her from parenting in the way she would have liked, a fact she recalled with a great deal of sadness and regret. She became quite tearful as she shared:

I don’t get to be a mom now to most of my kids because I fucked up so bad. Every time I had a chance to make it right, I just couldn’t. I never had no home, couldn’t even afford diapers. I would end up stealing stuff to try to feed [my kids]. But I had no money, couldn’t hold a job.

Sarah’s financial strain and struggle with addiction meant that she could not meet her children’s basic needs. These two facts align closely with the Parenting Is Hardship theoretical construct. Eventually, when Sarah escaped her current abuser and took refuge in a homeless shelter run by Catholic nuns, “the sisters gave me everything I needed, but I had my three kids
with me and they knew I couldn’t provide for them.” The nuns contacted the Department of Child and Family Services and Sarah lost custody of her children.

After several attempts to become clean in a determined effort to get her children back, Sarah tried to regain custody of her children because, as she reported,

They were my whole life. I love those children and knew those children. I messed up, but . . . I always knew what they needed. Like, my youngest, the one I’m trying to get back, whenever he gets upset, I sing to him, make him laugh you know, “it’s not that bad.” I know that’s what he needs.

The level of commitment to her children Sarah conveyed spoke to her understanding her child’s needs despite the many hardships she encountered. Further, she said that she wanted her child to have a better upbringing than she did, speaking to Parenting Is a Conscious Remedial Response as a whole construct:

I want him back with me. I’m figuring it out and trying so damn hard to test clean each week to get him back. I want him to have everything, the best life. Better than I had. Way better. I want all my kids, even the ones I can’t see, to have better than me.

Hearing Sarah speak about all her children, I was struck by how well she seemed to know them and how committed she was to each of them. Her commitment to her children in terms of her engagement in forming relationships with them and her awareness of their different needs was also clear from her interview: “My daughter always just needed a cuddle when she was sad, that would always make her feel better. My son needed to be left alone to cool off, my other son needed like, a combo of the two.” She spoke about each of her five children, even those whom she needed to legally give up, with a level of attunement (Pryce, 2012) that defied her living situations and experiences with substances and abusive relationships.
I never could take care of ‘em right. And I’m super ashamed that sometimes I’d leave them alone to use. But I still just love those children. They were a part of me. Every time I tried to get away [from abusive partners] it was to try to make better for them.

Here, Sarah’s attunement to her children’s needs is exemplified by her attempts to leave abusive partnerships as a form of protection. This protectiveness falls within the theoretical construct of Parenting Is a Conscious Remedial Response as well as the subcategory of Children as Protectors, although her circumstances and her awareness of her lack of ability to care for her children in the way she wished falls within the purview of Parenting Is Hardship: another example of the complex interrelationship between two theoretical constructs.

When asked about memories of times with her children when she was struggling less with addiction, Sarah recalled, “Oh, we had the best time. We would go to the park, I would help them learn about the flowers there . . . even if I couldn’t afford nothing, I wanted them to be outside, I wanted them to learn.”

Of the 16 participants for this research, Sarah communicated one of the starkest examples of Parenting Is Hardship due to struggling with addictions and IPV experiences that were both beyond her control. And yet, the deep love and commitment she felt for each of her children, whether they were still in her care, highlighted an increased ability to understand and know her children as well as her choice to become a parent; both the subcategories of Parenting Is a Conscious Remedial Response. Although Sarah was unable to care for her children in the way she wished due to her trauma history and hardship in the form of financial strain and addiction, she actively chose to keep having children. Moreover, during times when she recognized that her addiction had become too problematic for her to keep her children safe, she relinquished her parental rights to give her children the chance for opportunities she had not personally had, again
illustrating the tenets of Parenting Is a Conscious Remedial Response. Sarah’s commitment to her children and the love she has for them evoked a strong desire to have children and to keep fighting diligently to regain custody of the one child for whom it was possible to do so.

**Commitment to Children and Vigilant Parenting Style as a Form of Relational Protection**

Another patterned relationship is evident between the subcategories of Commitment to Children and Vigilant Parenting Style as a Form of Relational Protection. Several participants’ stories denoted a connection between these two subcategories, but Elizabeth’s case is a particularly marked example. Elizabeth is a 30-year-old self-identified white woman who has three children and has endured four abusive intimate partner relationships since the age of 17. I interviewed Elizabeth in her townhome, the only place she was comfortable speaking about her experience. When I arrived, she offered me coffee and appeared nervous and uncertain for the first few minutes, almost as though she was trying to figure out how she should host me. Although I reassured her several times that she did not need to do anything at all, it was only after she completed the storyboard activity that she seemed to visibly relax and speak more freely. Her body language transitioned from a curled position on her couch to a more open seated position. After the storyboard exercise, she reported that she felt more at ease and that the activity had felt like a nice way to ease into our discussion. As an opening statement, she spoke candidly about the IPV she witnessed as a child, “I honestly can’t remember a time my dad wasn’t being horrible to my mom” and how this exposure to IPV during childhood led her to expect violence from men and assume that was what she deserved. With two sons and one daughter now from different abusive partnerships, Elizabeth is committed to educating all of her children about ways to treat partners with kindness and respect so they do not perpetuate the cycles of abuse.
Elizabeth’s interview revealed striking examples of her commitment to her children:

“The most important thing is them. Right now, I don’t want to date, I don’t wanna do anything but make sure I’m here for them, that they’re okay.” At the time of the interview, Elizabeth was living in a townhome in an affluent suburb outside of a large city. After her most recent abusive partnership, she had vowed to devote herself wholly to providing her children with everything they could need or want, beginning with getting a second job so she could afford to send them to private school: “I just want them to have it all, I mean every opportunity.” Laughing, she remarked that her commitment to her children made her a helicopter parent:

I have the boys signed up for every sport and my daughter takes dance classes and plays the violin. I just signed my sons [aged 4 and 6] up for a program at the library to help boys stay engaged in schoolwork . . . maybe that’s a little much.

It was clear that Elizabeth wanted the best for her children and used her own upbringing, which left much to be desired, as a point of motivation to make a better future possible for her children. Her self-reflection here makes clear that she is aware that her parenting style may be construed as somewhat overbearing or overwhelming for her children.

The abuse Elizabeth suffered in her three adult partnerships was something she spoke of regretting, predominantly because of how it might affect her children. Although her children were very young during her abusive partnerships, part of her commitment to their well-being is a result of wanting to make up for what they may have witnessed: “I just have to make it up to them . . . . I’m terrified [that] what they might remember will totally mess them up.”

In Elizabeth’s story, her commitment to her children related directly to her vigilant parenting style. In order to keep her children “on track and involved” she enrolled all three in therapy and confessed that she is “way overprotective. My kid sneezes and we’re at the
hospital.” As a further example of this overprotectiveness, she later described going to the park with her children as an example of her parenting style:

Like, my 6-year-old wants to go on the slide and that like, panics me. I just . . . I just don’t want him to get hurt. I wish I could protect him from everything, all my kids. There are some days I don’t want them to do anything but be home or at some kind of activity.

Elizabeth’s commitment to her children manifested in what she identified as overprotective tendencies. The need to vigilantly parent was borne out of a combination of fear of her children missing out on opportunities and fear about their future relationships because of her own experiences with IPV. From this case study, it is not entirely clear whether Elizabeth’s vigilant parenting was due to her exposure to IPV as a child or adult. In fact, it could be argued that it was the confluence of exposure as a child and adult that elicited both her commitment to her children and ultimately her protective parenting practices.

**Parentification and Lack of Support**

Finally, findings revealed a relationship between the Parentification and Lack of Support subcategories. The participants who talked about their children assuming roles that mimicked peers or partners rather than children spoke less about a lack of support contributing to parenting difficulty. Gail is a 28-year-old self-identified Latinx woman who had three children and suffered two abusive partnerships in her adult life. Further, the IPV she witnessed between her parents during her upbringing was some of the most severe that participants reported. Gail spoke softly, but fervently throughout the interview and mentioned at several points that she was grateful to share her story. We met at a small coffee shop near her home at the start of the holiday season and were able to find a quiet corner of the cafe for the interview.
Gail came to the United States from Mexico as a teenager and shared that she had never received the support she needed as a child: “My mom was beaten up so bad... she could never be there for me.” The abuse to which she was exposed both as a child and adult made Gail feel as though she did not have anyone to be there for her when she needed encouragement and protection: “Until I had my son [I had no one]. He has always been my best friend and the one I’ve relied on.” Immigrating to a different country as a teenager presented a host of other stressors and struggles, not the least of which were a lack of friends and peers: “I was always alone. I didn’t really speak English, and so I was just super lonely all the time.” Having children, even in the context of abusive partnerships, was something that made her feel connected and tied to another person: “I do feel kinda bad about it. Like, I know my son takes on so much as my rock. But, I just really needed him.” Clearly, having her son helped Gail to feel supported in a way that she never really had. Again, her desire to have a child to support her is not without problematic consequences.

Gail shared several stories that demonstrated the extent to which her oldest son, who is currently 12 years old, supported her during her second abusive partnership. Her oldest son had a different father than her younger two children and was often ignored by Gail’s second husband because he was not his biological child.

My ex used to like, buy a snack for the other kids, but not for Javier (pseudonym). I would feel so sad about that, but Javier would say, ”It’s okay, Mom. I didn’t want anything anyway.” He was always so mature, even when he was just a little kid. Javier demonstrated his maturity in countless other ways, from watching his younger siblings and cooking all the meals to getting a part-time job at the age of 10 mowing lawns for neighbors.
When Gail was able to escape her abusive ex-husband with her three children, Javier made it clear that he wanted to support his mother:

He came to me and told me our neighbors hired him for their landscaping business. He said, "You deserve nice things, Mom. You deserve a break and I wanna have money to help you." Because of [Javier], I never really had to worry about extra money or having my other children watched while I worked. He did it all.

In a particularly traumatic recollection, Gail shared a story of being chased in her car by members of her husband’s gang, to whom he owed drug money. She was eventually driven off the road after what she described as a high-speed chase, and one of the gang members got out of his vehicle and pointed a gun directly in the face of her children (aged 1, 2, and 6 at the time), who were sitting in the backseat. She was able to talk her way out of the situation: “I have no idea how I did it. But he put the gun down eventually and I just hit the gas and drove like, 100 miles an hour.” Directly after the incident, Gail was traumatized and struggled to be able to get out of bed:

Javier came into my room and I just started sobbing and apologizing for all he’d been through. He looked at me and said, “It’s really okay. It’s just important you learned from it.” He took care of his younger brother and sister for almost an entire week while I tried to recover.

Not surprisingly, when asked about her sources of support, Gail immediately responded, “My son. I wouldn’t have gotten through any of that [abuse] without him. He’s my rock.” She remarked that his support was evident even emotionally when she was consistently abused by her ex-husband: “I remember Javier saying to me when he was about 7, ‘Let’s move out somewhere!’ Like, desperately telling me, ‘I don’t want this for you. I don’t want to see your face with bruises. You deserve a better life.’” Beyond the scope of support with the logistical
needs of parenting, Gail’s eldest son is also supporting her emotionally while she goes back to school to complete her college degree:

He was always telling me, ”Mommy, you should better yourself. You should go back to school, you should do this, or that.” We’re always looking out for each other. Thanks to my son, I always thank God . . . He has been there for me in so many ways.

The parentification of Gail’s son enabled Gail to have the support she needed, not only with parenting, but also in continuing to create the life she wanted and deserved. From a young age, this woman suffered tremendously due to IPV between her parents, and she felt alone in her experience until she had her son, who at once became a helper, partner, and confidante.

Gail’s story provides the clearest example of the overlap between parentification and lack of support, which essentially demonstrates an inverse relationship: greater parentification of children led to fewer accounts of a lack of support. Six participants in this study reported similarly having one or several of their children take on roles approximating partners, they did not disclose struggling from a lack of support. Indeed, due to the trauma inculcated from IPV experienced during childhood and adulthood, it is likely that children assumed adult roles out of necessity, and not because these roles were forced upon them by their mothers.

*Findings from Storyboard Data*

Storyboard data were coded both via the aesthetic or visual representation of the board as well as the way in which participants spoke about their storyboards and their intention behind creating them. As previously discussed in Chapter 3, storyboards were coded using descriptive codes generated from participants’ comments about their storyboards. Separately, the physical copies of each storyboard were analyzed using holistic, interpretive coding. This method of coding, as described by Saldaña (2015), takes visual images and observes them as a full unit
rather than breaking apart visual images into smaller pieces. In addition, I asked myself questions to consider from the perspective of the aesthetic data to capture the data’s spirit and to attempt to richly describe it. For my analysis of storyboards, I asked such questions as “What is the purpose of this participant choosing to create a timeline rather than a picture?” and “Why did Participant A choose to divide her drawing into two separate images while Participant B created a timeline?” (Clarke, 2005).

The storyboard activity created space for participants to initially process the general breadth of their stories. In several cases, this space helped them to feel more at ease for the remainder of the interview. One of the interview questions asked participants what they were taking away from the storyboard experience, and the answer to this question too was rich and illustrative of participants’ experiences. All 16 participants spoke about the storyboard activity as a predominantly useful strategy at the start of the dialogic interview. It helped participants gather their thoughts and prepare for the rest of the interview. In the words of Elizabeth,

[The storyboard] was really helpful. It was like an ice breaker. Yeah, it actually made it easier because when I got stuck, it helped me say, ‘oh this happened, and this happened.’ It’s definitely helpful. It’s more comfortable, it’s refreshing. Key points you know or to make sure I talk about.

For Elizabeth, creating her storyboard was a chance to take notes and organize her thoughts about what she wanted to share. Having this opportunity made her feel more relaxed and comfortable during the interview. Having survived abuse from four different partners, Elizabeth told me during the interview that she had so many thoughts about what she wanted to share; the storyboard built in a natural moment to pause and make note of the most important things she wanted to bring up during our time together. Moreover, I was the first person with whom
Elizabeth had shared such detailed accounts of her abusive partners. As such, the storyboard was helpful in creating a moment to pause and relax before sharing her story. Likewise, Fiona said, “[The storyboard] was like a helpful moment to collect my thoughts. I was nervous for this interview and this just helped me like, gather myself.” Fiona also had not shared with anyone except her caseworker at a domestic violence outreach program the details of her experiences with seven different abusive partners. This caseworker worked with her while she was incarcerated. Perhaps especially for these women who were less practiced at sharing sensitive details about their pasts, the creative outlet the storyboard provided was calming. For both Elizabeth and Fiona and for other participants, the storyboard was an opportunity for grounding and was used as a tool to increase comfortability with the interview process.

Across all 16 participants, the storyboard did not necessarily relate directly to parenting capacity or the role of parenting. Rather, it took the form of a helpful tool, used for organization and reflection of their experiences of IPV. Examples and descriptions of the four emergent themes—“Before and After,” “Emotion,” “Witnessing Time Passed,” and “Flashbulb Memories”—from participants’ discussions of their storyboards appear below. In some of these cases, women interacted directly with the board itself, which again helped to situate the data and illustrate the overall utility of the method. There is also a final section that discusses the process of the storyboarding activity and how participants used the storyboard. These latter themes pertain to the process rather than the content of the storyboards.

**Before and after.** Many participants used their storyboards for multiple drawings, dividing the paper into halves or quarters. For each section, they used drawings or symbols to illustrate their lives while in IPV relationships and then their lives at present. Most of them were
no longer in abusive partnerships; thus, the board they created illustrated a before and after aspect of their experience. A subset of storyboards showed that getting out of their abusive partnerships represented a transformative period of their lives. In describing her storyboard, Gail said:

Okay, well right on the top [pointing to top half of her drawing], it’s in two parts: When I was in domestic violence with my kids, that was with my ex-husband. How was my life? I felt like home was a prison. Then down here, we are out of domestic violence and we are happy, see? Me and my kids are smiling and there’s like a rainbow.

In this example, Gail used the storyboard to demonstrate how much her life changed after the ending of her abusive partnership. Her storyboard was divided into two parts, top and bottom. In the top half, she drew characters frowning and crying and used symbols and phrases such as “no life” and “trapped” to convey the pain she felt living in an IPV relationship. The bottom half of the page she devoted to her current life, which depicted smiling children and the family engaging in fun activities together. For Mary, the storyboard was also a tool used to highlight times before and after abuse:

See, this part was my life before [I left my abuser]...always raining, always black clouds. And in this picture that I drew in the bottom is changing how I think and changing my way of life. Now I have confidence in myself. In the top, I had no self-esteem, in the bottom, I do. I’m showing that the only person that can change things in your life is you.

Again, Mary used the storyboard to denote change and portray her life as a juxtaposition between her life in an abusive partnership and life without abuse. In Mary’s case, the changes she noticed before and after she left her abuser were evident in her increased self-esteem and her improved self-concept; her drawings in her storyboard did not overlap with her parenting experience. Mary shared during her interview that she had received many years of therapy after leaving her abusive ex-husband and that this time with her therapist had afforded her clarity and self-reflection.
Perhaps the time she had taken engaging in discussion about her own changes after leaving her abuser contributed to her creating a storyboard that illustrated the theme of Before and After.

**Emotion.** Another theme that emerged from storyboard data was a range of strong emotions (e.g., depression and sadness, joy and triumph) participants expressed while creating their boards. “It just brings up a lot . . . like seeing what I wrote makes me feel so sad for all we went through” (Yvonne). Yvonne became very tearful when describing her storyboard and detailing what she and her two young sons continued to endure in the custody battle that ensued after she left her most recent abusive ex-husband. Seeing her struggle reflected visually was an emotional experience for her and for me as I witnessed her emotional response.

Many participants communicated sadness and feelings of nostalgia when creating their storyboards, although they were able to articulate these emotions in a way that seemed to ultimately enable catharsis: “I mean, yeah, this sucks to look at kind of. Like, why the fuck did I allow that to go on? But, I mean, it feels good to write out. I don’t think I ever did that before” (Stephanie). For Stephanie, her storyboard took the form of a journal entry in which she wrote out her experiences with IPV and abuse. Like using a journal, seeing her own writing about the forms of violence she endured elicited both sadness and some anger that she withstood such hardship for as long as she did. Likewise, Sarah remarked that while the storyboard brought to bear several emotions she had not confronted in some time, she was grateful to have the chance to acknowledge them prior to the start of the interview:

I feel a lot looking at my drawing. Like, mostly I just feel anger, but also relief that I can get it out, ya know? I don’t talk about this, I’ve never really talked about this part of my life, so it’s like . . . free.
As Sarah described above, many participants mentioned that discussing their experiences with IPV in the context of the interview for this research was one of the only opportunities they had to share this time in their lives. While it was clear that creating and then talking about the storyboards brought forward painful emotions, participants also communicated relief and feelings of liberation at being able to express those feelings, which some women had kept to themselves for many years.

**Witnessing time pass.** Apart from creating drawings that illustrated their experiences, five participants chose to express themselves by creating timelines of their experiences of abuse, or otherwise wrote journal entries that highlighted and acknowledged the passage of time. Thus, they seemed to create storyboards to bear witness to their experiences and to enable me to likewise bear witness. Viewing their experiences through time passed allowed participants to remark on how far they had come over the years, to feel a sense of sadness and loss witnessing the number of traumatic events they survived, to remember events as they occurred, and to create a storyboard in a way that felt more manageable and organized.

As Melanie said, “I made a timeline because honestly, it’s a lot to remember and this just helps me see it clearly.” Melanie had many memories she chose to share during the interview, and because she is still married to her abuser, felt it was helpful to mark specific instances of IPV when they occurred chronologically. She remarked several times throughout the interview that she had a hard time remembering some of the more serious instances of abuse because they occurred more than 40 years ago. For Melanie, the storyboard as a timeline was her guide throughout our conversation.
For several participants, seeing experiences of abuse in chronological order and assigning dates to certain events offered a sense of control: “I wrote out a timeline of the major events because it . . . makes [the abuse] feel more manageable. It is a lot when I look at all the little marks I made but seeing it in order helps me feel calm” (Rachel). Like Melanie, Rachel had a sense that creating a storyboard as a timeline was more organized and clear-cut than other visual representations. The order of events spelled out also elicited a sense of calm and control, two things that Rachel spent many years working to cultivate in her life since leaving her abusive partner.

Another aspect of the participants’ experiences that was effectively captured by noting the passage of time was how their healing evolved as years passed. “I mean, making this timeline, I get to see all the shit I lived through and like, ya know. I’m still here” (Fiona). Fiona remarked several times that creating a timeline reminded her of just how much she had endured and lived through; she also noted that recognizing how much she had undergone further motivated her to never have to live through another abusive relationship. Although noting the passage of time in the lives and experiences of participants was somewhat activating, overall it seemed that the acknowledgement about time was ultimately validating for participants.

**Flashbulb memories.** The final theme that emerged from the storyboard data involved participants depicting a specific memory from their experiences with abuse. Many women chose to illustrate, in some cases with great attention to detail, moments when the abuse was at its most serious: “I drew the night when I thought he would kill me. [Participant points to storyboard.] That’s him choking me in our kitchen, and then this is my son watching it all” (Angelica). When describing this painful memory, Angelica began to cry during the interview but pressed on,
noting that she felt it was important to recognize the traumatic experience when she thought her husband would kill her in order to disempower it. Likewise, Gail chose to illustrate the moment when her husband’s fellow gang members chased her in her car with her three children in the backseat: “See [points to drawing], there I am driving, and there are the kids. Finally, I had to pull over and my ex’s cronies came up to the window of the car with a gun.” Again, Gail represented a particularly fraught memory because, as she later described, the trauma the memory caused served as the impetus for her to later find a way to leave her abuser.

When asked about why they chose one moment to illustrate, most participants shared that it was those moments they recalled most clearly and that conveyed the depth of difficulty they experienced in IPV relationships: “With everything I’ve gone through, I continue to need to tell people what happened that night I finally left him. Most people don’t believe it” (Vanessa). Vanessa felt compelled to share through her storyboard how traumatic the night she left her ex-husband was for her and her children and that it was important to her that I as the researcher bear witness to this event in visual form. As she said, many people with whom she shares this event do not believe it occurred due to its deeply traumatic nature. Creating her storyboard the way she did validated the strength she demonstrated in getting to where she currently is in her life and helped me to believe and bear witness to her experience.

Other participants chose to write journal entries about a certain incident that occurred in the context of IPV, using writing to take them back to how they felt in specific moments of abuse: “I remember my husband chasing my daughter and me around our house with a baseball bat, acting all crazy. I remember thinking, ‘this is when we die’” (Janelle). When I asked Janelle to elaborate on her written storyboard, she mentioned that choosing one moment to share in a
storyboard helped her to effectively situate her experience with abuse. While Janelle is still partnered with her abusive husband, she remarked that his abuse has changed now to be predominantly verbal. That said, for the purpose of her storyboard and its role in the interview, Janelle asserted,

I somehow just needed to recollect how things used to be. I’m not proud to still be married to my abuser, but in some ways, writing about this [one episode] of physical violence helped me put it in better perspective.

For Janelle, the fact that her husband’s abuse has changed from physical and emotional abuse to solely emotional abuse felt to her like an improvement she wanted to acknowledge and to have me acknowledge. It seemed that she wanted to show both her and me the progress that she had made by depicting this painful memory. As she asserted in the above excerpt, she felt regret at still being married to her abuser, but perhaps in order to remediate the cognitive dissonance from being in a relationship with someone who hurt her, she found depicting memories of physical abuse helpful, knowing these no longer occurred in the context of her relationship.

Still other participants chose to write or draw an experience from a flashbulb memory because it felt more manageable to depict one single moment:

In my picture, it’s me with my two girls and I am trying to protect them from someone who is yelling at us. It’s meant to be one moment when my youngest was about 4 and a half. I don’t think I can think about all of the abuse because it’s just too much (Melanie).

Melanie is also still married to her abusive husband. While she was forthcoming in her interview about wanting to share parts of her story to help other mothers living with IPV, her drawing of even one moment elicited visible pain and sadness for her. In her case, choosing one moment that was representative of countless similar moments of abuse seemed to afford her the ability to contain the number of painful memories she harbored and continue with the interview process.
Themes Related to Storyboard Process

In addition to analyzing the storyboards as well as the transcripts of conversations with participants about their storyboards, I made additional observations of the storyboard process that do well to exemplify the overall functionality of the storyboard activity in the framework of this research. What follows are the themes that illustrate the process and display of storyboarding versus a description of storyboarding.

Tone versus storyboard content. Many women created storyboards that conveyed a deep sadness. This took the form of words such as “sad” or “darkness” or else was imparted by drawing rain clouds and storms, using frowning faces on stick figures, or using symbols like x’s or warning signs that communicated fear and a sense of trepidation. Whether these storyboards took the form of chronologically organized timelines, drawings, or a series of drawings on one page, the overall message women disclosed was that they had suffered in abusive partnerships. Yet, despite these painful visual representations of their experience, many participants spoke in uplifted tones, often making jokes and laughing light-heartedly throughout the interview. While this finding may be attributed to the nervousness participants might have felt about being interviewed, it seemed more likely that they were practiced at presenting their stories in an upbeat manner because that is what allowed them to survive. Mary drew a very sad picture of a woman’s face covered in tears and raindrops, but was almost jovial during her interview, making often egregious accounts of abuse sound almost humorous. Janelle and Carmen also presented very positively during the interview but created storyboards that reflected pain and sorrow. Such a finding highlights the complexity of the phenomenon under investigation and how difficult it is
to discuss issues of IPV. For some participants, the storyboard seemed to reflect how they felt more accurately than their demeanor.

**Storyboard display.** With further regard to the myriad forms storyboards assumed, 6 of 16 participants drew timelines to show events in their abusive partnerships and described their experiences in a linear, organized way. While the stories they shared during the interview may have conveyed that parenting in the context of IPV was challenging and chaotic, their storyboards communicated a pretense of order and control. While this finding again elucidates the complexity of parenting in the context of IPV, there are other possible reasons for this result. First, it is entirely possible that expressing themselves creatively was intimidating for some participants. Perhaps to communicate their experience to me as the researcher, creating a timeline or otherwise clearly delineated storyboard divided into sections felt more accessible or comfortable. For many participants, this interview was the first time they had spoken about their experience of IPV to anyone outside of their closest personal relationships, let alone how this abuse may have impacted their parenting capacity. The resulting pressure to relay something tangible for me to “work with” may have made creating something more orderly feel necessary. Moreover, participants may have struggled to access emotions regarding parenting because of guilt or shame engendered from having children exposed to IPV (Strand et al., 2015).

In addition to the creative process possibly eliciting feelings of unease, it is also possible that sharing their stories using an organized format as opposed to a series of drawings was important to convey the ultimate “highlights reel” of the most difficult aspects of their IPV experiences. By creating a timeline or drawing divided into sections based on incident, these women were communicating to me the most important and challenging events of their IPV
experiences. Importantly, none of the 16 participants depicted an “everyday” experience of parenting (e.g., making children meals, driving to activities, reading bedtime stories). What this has potential to mean is that what the IPV participants experienced could be a lens through which they view their roles as parents. All the events and timepoints were formative in participants’ experiences either because the abuse was so egregious or because these events provided their stories with the contours that ultimately gave them credence and meaning.

Finally, it must be noted that the storyboard activity may have felt challenging to participants because, when they imparted a portion of their experience in written form, there could have been a feeling that this writing could not be undone. When experiences are communicated verbally, it enables one to ask for clarification as needed, pause, and ask for a moment to gather thoughts or otherwise to backtrack and clarify some points or elaborate on others. There is, in fact, a certain flexibility afforded in verbal exchange that does not exist in written form or in art. When using ink to portray a portion of their experience, some participants may have ascribed a sense of permanence to it. As such, they may have wanted to create a storyboard that was easily understood and more concrete (as in the case of a timeline) so that the margin of error was decreased. For example, although several participants spoke candidly about the chaos involved in parenting as a survivor of IPV, they may have created a timeline of carefully designated events to avoid possible miscommunication.

**Parenting as separate from abuse.** For the storyboard activity, a total of 14 women created boards that showed abuse as separate from parenting, not overlapping. Although the request was for participants to depict some part of their experience with IPV and parenting, almost all the participants illustrated events related to experiences of IPV. It was clear from the
dialogic portion of the interview that IPV impacted parenting capacity in several ways, but women did not portray this in their storyboards. It is possible that participants simply did not think that parenting, when situated in the context of abuse, was as noteworthy as moments of the abuse itself. It could also be that participants perceived their parenting capacity as steadfast throughout the IPV relationship and therefore unnecessary to represent. Additionally, participants might have depicted parenting as separate from abuse because of the psychologically adaptive compartmentalization that often occurs for individuals dealing with trauma. It may be that, due to the IPV participants faced, they carried on by separating their abuse from their roles as parents, at least psychologically. Compartmentalization as a coping strategy is not uncommon for trauma survivors and indeed may have helped them and their children to survive during impossibly difficult situations. Although compartmentalization is not always in the best interest of children, as it can prevent parents from seeing clearly how their children are impacted by abuse, it is an effective survival tactic (Herman, 1997; Herman & Van der Kolk, 2020).

Viewed from a slightly different angle, participants may not have been able to separate their experiences of IPV from themselves as parents given the extent to which violence influenced their self-concept and how they experienced themselves as parents. In other words, their experiences of IPV were so pronounced that they effectively became inextricably linked to the way they viewed themselves in all their roles in life, including as parents. Due to the chronicity of IPV most participants endured, it is possible that although pictorially it seemed they depicted parenting and abuse as distinct, the two concepts were one and the same in their minds.

In summary, the findings from storyboard data were divided into the following categories: themes from participants’ description about storyboards, the discrepancy between
storyboard content and description, and the form of the storyboard. Across all findings, the storyboard data provided additional insight into how participants made sense of their experiences with IPV. Ultimately, the storyboard activity was an effective tool for creating the space for participants to express themselves in an alternate way and ready themselves for the interview process.
CHAPTER 5

DISCUSSION

This dissertation intended to address the following research questions:

1. How do survivors of IPV make meaning of their experiences with abuse as it relates to their parenting capacity?

2. In what ways does a mother’s history of exposure to IPV during childhood impact her parenting capacity?

I sought answers to these questions through a dialogic interview, which began by asking participants to engage in a storyboarding activity. This chapter provides further discussion of the findings of the current study, especially those that are particularly noteworthy. The chapter begins with a review of the study’s findings; then, like Chapter 4, separates the discussion based upon the emergent theoretical constructs from the data corpus. The chapter then moves into a general discussion of some of the challenges and major inferences to be made from the findings, using existing literature as a framework. As noted previously, the themes from the findings do not map directly onto each of the two research questions; instead, most findings align more explicitly with the first research question and fewer to the second. At the end of the discussion of the major findings, possible reasons for this discrepancy are discussed. This chapter concludes with implications for future direct practice work, policy, and research, as well as the limitations of the current study.
A Review of Major Findings

The robust findings from this dissertation contribute to the field at a conceptual level. From the data corpus, it was evident that participants described their parenting based in two different dimensions of parenting capacity. I termed these two dimensions as Relational Capacity and Operational Capacity. Relational Capacity was defined as participants’ ability to connect emotionally with their children and provide an emotionally close, nurturing relationship that ultimately resulted in feeling close to their children. Differently, Operational Capacity included examples of participants attending to the more tangible, logistical aspects of parenting such as attending to children’s basic needs. Each dimension was then separated into theoretical constructs and subsequently subcategories that explicated the findings from the research.

Relational Capacity was divided into two theoretical constructs: Parenting Is a Conscious Remedial Response and Parenting Is Protective. Operational Capacity also included two theoretical constructs: Parenting Is Hardship and Parenting Is Survival. Overall, the findings within the Relational Capacity dimension required more inference and interpretation than those under the Operational Capacity dimension, in which the findings were decidedly more straightforward. Each theoretical construct possessed two attendant subcategories that helped to illustrate the themes more clearly. Teasing apart which theoretical constructs answered which of the two guiding research questions was a challenge based upon participants’ interview answers. Loosely, the Relational Capacity dimension and theoretical constructs therein aligned with the second research question regarding exposure to IPV during childhood while Operational Capacity and the attendant theoretical constructs answered the first research question about exposure to IPV during adulthood.
In several respects, the data corpus for this project unearthed novel findings that add considerably to the IPV literature. These findings were complex and emphasized the intricacies and nuances of how survivors made meaning of their experiences with parenting. Important to note once more is the constructivist-interpretivist understanding of all the data corpus, in which knowledge and understanding have been cocreated between participants and me, the author as researcher. All findings are therefore my best attempt at understanding the meaning behind participants’ narratives and storyboards, with the ongoing awareness that my understanding as subject extends only as far as my personal identities allow (Hesse-Biber, 2011).

The tradition of the research methodology from which I sought to draw for this dissertation honors the accompaniment that exists between researcher and participant and attempts to empower women by allowing them to speak of their experiences of their own accord. Thus, while it may have been beneficial for the sake of the research findings to probe participants to expand more upon the inadvertent shadow side to some of their parenting practices, such probing would contradict the ultimate goals of this dissertation and was not appropriate given the precariousness of the content participants shared. It was my intention to bear witness to participants’ experiences and to try to understand through their lens how they made meaning of those experiences.

For the purpose of this dissertation and of acknowledging the theoretical assumptions that bolster this work, I note the existence of the tension between stories some participants shared that may convey problematic parenting practices. For now, knowing such tension exists and how it may serve to highlight how strongly the struggle of parenting is integrated in the context of IPV
is enough. This fact serves as a reminder of the challenge of the vulnerability of the interview process for people who have survived trauma (Wolcott, 1994).

**Emergent Theoretical Constructs via Literature**

In what follows, the four theoretical constructs that emerged from the data are further supported and challenged by previous literature. Across the two dimensions of parenting capacity, all findings from this dissertation promoted ongoing reflection and inference that give rise to further developing the IPV and parenting discourses.

As a reminder of the associations between parenting capacity dimensions, theoretical constructs, and attendant subcategories, please refer back to Figure 2.

**Parenting Is a Conscious Remedial Response**

For many participants in this research, becoming parents mitigated the effects of childhood trauma and offered a sense of healing, as seen from participants’ responses in Chapter 4. Janelle offered a particularly clear example of this phenomenon when she spoke about how both she and her husband had endured extremely challenging, abusive childhoods and how she wanted children so as to be able to “parent the right way.” Beyond the context of trauma, it is considered normative for parents to want their children to have better lives and greater access to resources than they themselves had (Khafi et al., 2019). Previous research on this topic notes that parents’ desire for a better, safer, more fulfilling lives for their children is partially rooted in the biological need for the propagation of genes into future generations (Lewis et al., 2010). Despite the Darwinian determinants behind parents’ vested interests in providing for their children, in the case of the present research, the very act of parenting and the commitment therein were what made participants feel as though they were creating better lives for their children. It was a
decidedly conscious process in which participants engaged, for they knew that they wanted to become parents to provide a better life for a child than they had. For the survivors in this study, becoming parents afforded them the opportunity to “do it right” and, at least metaphorically, assuage the injustices they faced in growing up exposed to IPV and other forms of abuse and neglect.

Related to the sentiment that parenting had a restorative impact on participants’ lives, Parish and colleagues (2008) found in their qualitative study with low-income mothers with disabilities that the act of parenting increased participants’ self-efficacy and ultimately enabled better physical and emotional health outcomes. Likewise, within the sample of mothers who participated in this research, parenting not only provided a remedial response but also empowered participants by giving them a sense of control over their lives. Especially for trauma survivors, who often have a history of disrespected boundaries, having the corrective opportunity to raise their children in a way they themselves were not afforded may lead to lasting healing. Extant literature highlights the empowering, curative effects of general caretaking responsibilities on IPV survivors (Delker et al., 2020). This too is applicable to this dissertation’s findings in that, by taking care of their children and parenting, survivors had the chance to live vicariously through their children and provide a foundation for ongoing healing. Parenting overall in terms of caregiving, control, and restoration seemingly had a remedial impact on survivors, and this should be noted when treating survivors in the clinical context.

The scope of this dissertation did not warrant further exploration of the tension between women’s parenting practices and the potentially negative repercussions these practices may have on children later in the life span. Rather, it was within the scope to highlight how, despite much
adversity, participants found the parental capacity to survive and help their children develop connection. However, in the midst of the adaptability and resilience the parents in this dissertation showed, there was potential for a shadow side inherent to some of the responses participants shared within the Parenting Is a Conscious Remedial Response theoretical construct. As Bartsalkina (2012) and others (such as Nakazawa, 2015) suggest, having children even in part to remedy past trauma or otherwise help parents grapple with some of their own challenges can lead to parents putting undue pressure on children as these children internalize that their purpose is to provide healing for their parents. This phenomenon is particularly well-documented in the more well-established psychology literature that reminds us of children’s sensitivity regarding parents’ needs and their earnest desire to want to please parents and help in any way they can (Chase, 1999). Such tension between parenting styles that highlights survival and adaptation and negative repercussions has not previously been explored in the context of IPV. Thus, the findings from this dissertation alongside those from other fields that have documented the impact of parenting as a remedial response can importantly contribute to how social workers view cases of IPV and parenting and appreciate the complexity of parenting in circumstances of abuse.

Another part of the theoretical construct of Parenting Is a Conscious Remedial Response involved the active choice all 16 participants made to become and remain mothers. This theoretical construct is noteworthy considering past research, which suggested that trauma survivors were dissuaded from wanting to become parents due to the psychological damage incurred from a history of abuse and neglect (Levy & Orlans, 1998). Conversely, in the present research, participants made the daily choice to parent their children and sought to assume control over their lives by making this choice. It can be speculated that the active choice to become
parents and to continue to be parents, in an age when there are options to not become parents if one becomes pregnant, demonstrated agency and a possible subversion of the cycle of power and control women experienced in the context of IPV. Participants’ lives were dominated in childhood and adulthood by the cycle of power and control that victimized them, diminished their self-efficacy, and led to great hardship as documented in this work. Carmen’s story provided a noteworthy example of regaining lost power. As described in Chapter 4, this woman left her abusive husband during a nearly fatal argument when she feared her abuser might kill her. At this moment, Carmen’s daughter, who was only two years old at the time, climbed out of her crib to come and see what noise she was hearing. At that moment, Carmen escaped her ex-husband’s grasp, grabbed her daughter, and “ran like hell, never going back. Enough was enough.” Carmen spent most of her life witnessing IPV between her parents in Colombia before she immigrated to the United States to attend law school, hoping that she could create a life with children of her own that was free from abuse. She relayed several times during our meeting that she was disappointed in herself for falling into an abusive partnership, but that the night she took her daughter and fled, empowering her and giving her opportunity to take back a portion of her lost power.

Although within the Parenting Is a Conscious Remedial Response construct participants described their parenting in a relatively positive light, some of the stories participants shared highlighted the complex, multilayered struggle they faced in navigating their responses to traumas (both past and present) by having children of their own. In several cases, participants spoke to their choice to be parents, largely resulting from having traumatic childhoods and wanting to correct those experiences, or otherwise wanting children because of the potential for a
child to improve their relationships with their abuser. As Stephanie shared, she hoped that “having a baby would change the abuse.” Importantly, both reasons for wanting and choosing to have children given the circumstances in which participants were living are understandable. Many other participants within the scope of the Parenting Is a Conscious Remedial Response construct shared examples of how their choice to become parents was in part to buffer past or current trauma. Janelle, Stephanie, and several others including Elizabeth, Carmen, and Gail all discussed how having children was an almost corrective experience.

It is unequivocally noble of participants to want to become parents to give a child an upbringing better than the one they had, and is also a somewhat normative occurrence that parents should want to have children to work through some of the struggles they had during their own childhoods. However, the other side of the examples shared within the construct of Parenting Is a Conscious Remedial Response is that parents’ actions may not have always been in the best interest of the children involved. A discussion of the findings from this theoretical construct would be remiss not to acknowledge that several participants’ interview data presented a tension between the valiant effort they made regarding parenting and some of the decisions they made that inadvertently put their children at risk. The case of Elizabeth as described in Chapter 4 offers a particularly poignant example of this tension. Elizabeth shared that she was thrilled to learn she was pregnant partly because she hoped having a child would “make [my abuser] nice again.” Prior to her leaving her abuser, Elizabeth told me that her son witnessed a great deal of IPV between his parents. While Elizabeth eventually mustered the courage to leave her abusive partner after her child witnessed her being physically beaten, her choice to become a
parent while with an abusive partner, in part to mollify current trauma, may have subjected her son to adverse consequences.

**Parenting Is Protective**

Many participants spoke candidly about how being parents compelled them to demonstrate a sense of protectiveness over children, and they also shared that being parents likewise protected them. Participants’ desire to protect children often developed from fear of a child being caught in the interchange of abuse. In several cases, protectiveness toward children developed into a parenting style that could be classified as overbearing or overprotective. Indeed, the need for those who have experienced trauma to protect their children is well-documented (Herman & Van der Kolk, 2020; Weaver et al., 2020). But, for participants in this study, parental protectiveness often manifested in overscheduling children with activities to keep them, at least in theory, out of harm’s way. This was particularly apparent in the case of Melanie, who commented that, when her children were younger, she had them scheduled almost every moment they were not in school so they would not risk angering her abusive husband and putting them all at risk. In hindsight, she expressed concern that such overscheduling was too much for her children to handle and may have contributed to the anxiety disorders both of her children struggle with as adults. Melanie expressed a great deal of connection to her two daughters and spoke of emotionally close relationships with both, and yet her parenting style may have caused them difficulty later in life.

While participants for this research should be commended for the enhanced attunement they demonstrated toward their children, there is a shadow side to the increased Relational Capacity participants demonstrated, which manifested in the Parenting Is Protective theoretical
construct. This negative slant can be viewed through the overprotective tendencies many participants demonstrated, often resulting in hypervigilance and overscheduling their children to try to keep them safe. While from the parents’ perspectives this protectiveness was helpful, children need a certain amount of space to be able to develop and flourish on their own. As child welfare experts Cloud and Townsend (2009) contended, it is important for children to have boundaries in place to maintain safety, but at the same time they must be permitted to make mistakes and have the space learn from them. Achieving such a balance creates children who have more solid self-concepts and more confidence in their abilities to problem solve. Children of overprotective parents often exhibit increased anxiety and diminished levels of self-esteem because they have not been afforded the same opportunities to develop on their own (Reed et al., 2016). Moreover, while the impetus to enroll children in multiple activities to keep them safe is understandable in the context of an IPV survivor, even inadvertent overscheduling is harmful to children’s developmental processes (Thompson & Barker, 2004; Rosenfeld & Wise, 2000).

Cloud and Townsend (2009) found that this phenomenon was especially common in upper-middle-class households and that children who were shuttled between multiple activities during the day, in addition to school, developed higher rates of depression and anxiety. Similarly, Rosenfeld and Wise (2000) explored the need for parents to overschedule their children and even unintentionally pressure them to be involved in too many activities outside of school. The authors illustrated several case studies in their work in which parents were convinced that keeping children overly busy was in the child’s best interest. However, it more often led to children internalizing anxiety and struggling with self-esteem later in life.
Attaining the elusive “perfect” balance of protecting children with boundaries and allowing children the freedom to develop on their own is an impossible feat for all parents, but it is likely compounded for survivors of IPV. While it is important to acknowledge the fact that the “ideal parent” does not exist, highlighting how a response to trauma such as IPV might result in detrimental parental hypervigilance is equally noteworthy. For direct practice providers, the ability to attend to the impact an IPV survivors’ experience may have in terms of overprotectiveness would be helpful to ensure optimal development for the child.

What warrants yet further consideration is why the mothers in this study described their parenting as overprotective and in some cases controlling. Interestingly, the findings of overprotectiveness and child-centric control resulting from this research contrast with previous work by Margolin and colleagues (2003) discussed in Chapter 2. These authors found that IPV survivors in fact struggled to gain authority and control over their children due to the chaos precipitated by IPV. However, participants in this research communicated the opposite; they attempted instead to manage feelings of chaos and fear by exerting greater protection over their children. Becoming more vigilant in parenting was used by participants as a way to overcompensate for the lack of structure in the home. As Mary said in her interview, she felt lost and adrift while in her IPV relationship, and a method she found to ameliorate this feeling was to set rigid rules and boundaries for her two sons. Mary’s setting firm principles for her children can be viewed as part of the spectrum of controlling parenting that ultimately allowed Mary and her sons to survive an abusive environment.

It is possible that the need to control children’s behavior and set firm boundaries with them is in part related to the social learning that occurs in the context of abuse, as highlighted in
Chapter 2. Through social learning, both survivors and their children are susceptible to modeling patterns of violence perpetration and victimization (Tracy et al., 2016). Therefore, it could be speculated that survivors of IPV exhibited controlling tendencies toward their children like those they experienced from their abusive partners. The internalization of such behavior can occur quite commonly and is encoded outside of consciousness, implying that it is an unintentional effect. However, more of what findings from the data supported is in line with the work of Decker and colleagues (2014) on social learning previously discussed in Chapter 2. These authors found that mothers demonstrated more responsive parenting practices toward their children because, having been exposed to IPV during childhood, they knew what negative consequences could result and wanted to act in the opposite way. According to Decker and colleagues (2014), participants sought to thwart propagating violence and instead demonstrated the nurturing parenting styles also communicated by participants in this dissertation.

Eight participants mentioned that needing to control their children resulted from trying to get their children to behave so as to not anger the abuser. This was strongly evident in the case of Melanie, who said that she was overbearing with her children because of her fear of setting off her husband. This dissertation’s finding in this area invites further research specifically devoted to understanding what contributes to different levels of authority exerted over children in the context of IPV. It also compels us to remember that experiences of IPV are multifaceted and complex and thus require great attention to the uniqueness of survivors’ individual stories regarding parenting.

Further, the marked protectiveness participants felt toward their children could be related to locus of control. Personality psychologist Janen Rotter (1954) developed the concept of locus
of control in the 1950s, differentiating between an internal and external locus of control. In the former, individuals thought to understand that they are in control of their own life, while the latter represents their belief that the events that befall them are largely outside of their control (Rotter, 1954). It is common that survivors of trauma do not have a strong internal locus of control as their well-being was compromised by someone externally (Herman & Van der Kolk, 2020). Findings suggest that, in order to regain a sense of control over their lives and to regain power that was previously taken from them, participants exhibited protective, highly regulating parenting measures. Recent research that explored maternal locus of control among mothers of children diagnosed with leukemia (Polizzi et al., 2020) offers some credence to this explanation. Mothers in this study reported feeling increased protectiveness over their children as a means of reinstating control in the face of medical diagnoses that were wholly outside their control. Importantly, there are strong cultural and class factors that influence locus of control. People with internal versus external locus of control typically are from the racioethnic majority culture and higher socioeconomic strata (Shifrer & Sutton, 2014). With this in mind, many of the survivors in this study may have had lower internal locus of control in addition to trauma histories due to their low socioeconomic status and racial minority identities. Having low internal loci of control for all these reasons may have made their need to control their children that much stronger. This is the first example I have found that considers the process of locus of control as a factor in the context of IPV, warranting additional research on this topic.

Like some of the literature presented in Chapter 2 related to parenting styles, participants assumed an overall vigilant parenting style to keep children safe, but not necessarily in the form of the authoritarian parenting Baumrind (1991) suggested in her research. Participants in this
dissertation reported examples of overprotection, controlling behavior toward children, and firm disciplinary practices. They did not, however, exhibit characteristics of authoritarian parenting such as demonstrating rigidity devoid of explanation when setting rules with children or the traditional sense of setting firm boundaries without explanation (Robinson et al., 1995). If anything, women were vigilant in their parenting practices but also spent ample time ensuring that their children understood why certain rules were in place. The most striking example of this practice was communicated by Jane, who spoke of her commitment to be “as open and honest with my children as possible. They deserve that much.”

Similar to the later discussion about attachment styles not having a place within contexts of IPV, the finding about vigilant parenting begs the question of whether Baumrind’s (1991) permissive, authoritative, and authoritarian parenting styles apply to situations in which there are ongoing abuse and threats to physical and emotional safety. Moreover, such labels may not even apply once survivors and children are away from the abuser, and parenting styles can shift and change in accordance with parents’ circumstances (Talib & Mamat, 2011). In the case of this research, moving beyond the search for explanations as to why mothers were controlling or overprotective may not be the point. Perhaps we must begin to view whatever mothers did to enable their own survival and the survival of their children in the face of trauma as the “correct” and “optimal” way to parent. Indeed, seeking to discern parenting styles in the context of trauma and ongoing abuse seems disempowering to IPV survivors. Instead, perhaps the research literature and direct practice discourse need to focus more purposefully on lauding survivors for however they parented for this is what allowed them to survive in the face of often unspeakable hardship. This notion of adaptation for survival flies in the face of society’s tendency to
conceptualize IPV survivors as immobilized when it comes to parenting. Keeping themselves and their children alive in the context of abuse should be the focus in these situations rather than highlighting specific parenting styles to honor the accomplishment and strength survivors have already exhibited.

**Parenting Is Hardship**

Consistent with previous literature, parenting in the context of IPV was challenging for participants, but none of the 16 mothers interviewed reported any difficulty in emotionally or relationally connecting with children, as previous literature suggests (Bell & Naugle, 2008). Instead, the stress related to parenting was more closely tied to feelings of overwhelm induced by trying to balance parenting with financial strain and the lack of support engendered partly from the pervasive shame, stigma, and intergenerational chronicity characteristic of IPV. In fact, the difficulty participants expressed was exclusively part of the operational side of parenting and not related to disrupted attachments or relational connection issues as previous work discussed in Chapter 2 (Kitzmann et al., 2003) suggests. While it could merely be a coincidence that the findings contradicted previous research, the fact remains that, according to this dissertation, survivors of IPV need to be treated with a more strengths-based approach that honors their successes in parenting. The previous work by Kitzmann and colleagues (2003) did not look at cases as holistically and contextually as is warranted.

Extending beyond the emotional duress and financial strain participants clearly communicated from the interviews in Chapter 4, the findings highlighted pronounced examples of the stigma and shame participants felt at not being able to financially provide for their children. While it is no secret that society underestimates the ability of IPV survivors to parent
adequately and adopts a decidedly deficit-based view of IPV survivors regarding the ability to function optimally within society (Maghsoudi, 2018), the extent to which participants’ personal and professional contacts demonstrated a lack of willingness to help them in times of need was striking. Daria sought help from friends from church whom she knew had also survived IPV, and she was refused. As this participant shared with me, her relationships with these women were close and yet, when she asked for assistance regarding issues they had also faced, their attitude toward her changed and she was ostracized from this group of friends moving forward. Daria contended that the people to whom she reached out were kind, good people and so it is logical to infer that the fear and shame of acknowledging IPV victimization is widespread and may largely be what hinders IPV survivors from receiving the help and support they ardently need and deserve.

Connected to this fear and shame, and another possible reason for the profound lack of support survivors faced, is the stigmatization of IPV victimization. Unfortunately, stigmatization can seemingly play a part in allowing IPV to persist (Calton et al., 2016). The participant Sarah was shamed by a police officer, who directly questioned her commitment to her children when she was sleeping in her car due to homelessness resulting from escaping an abusive partner. Whether the stigmatization of IPV survivors and their abilities in multiple domains of life (not just parenting) are engendered from a lack of knowledge, understanding, or fear, it is clear from the findings in this research that efforts to thwart such stigmatization directed toward survivors of IPV, and especially the added stigmatization parent IPV survivors face, must be a direction of future clinical and research work.
Approached from a different vantage point, the lack of support participants experienced, especially from family members, may have also been an outgrowth of the intergenerational transmission of violence. A stark example of this phenomenon was evident in the story of one of this dissertation’s participants, Gail, whose mother denied her aid even though she herself was severely abused throughout her life by Gail’s father. Especially in cases where IPV is present throughout generations, family members do not necessarily deny support because of the shame and stigma IPV carries for they often do not have such awareness (Rowlands et al., 2020). Rather, the need for families to constantly operate in survival mode when dealing with abusive partners and family members can result in a form of compassion fatigue that hinders family members from showing support in the way survivors needed. In some families affected by intergenerational IPV, there can also be an attitude of acceptance of IPV such that children who experience such abuse in adulthood are encouraged to get through it on their own because that is what their own parent had to do. While a hard reality to face, this lack of support speaks strongly to the chronicity of IPV (Thompson et al., 2006).

Parenting Is Survival

Participants in this study provided myriad examples of how their children enabled their survival, both in terms of providing the courage needed to leave abusers and in terms of the parentification of children. Parentification holds an almost entirely negative connotation in the clinical and academic research (Chase, 1999) given the number of challenges parentified children face later in the life span, which include increased substance abuse, maladaptive coping skills, anxiety, and depression (Stein et al., 2007). In general, the need for children to assume the role of partners to their parents and miss the opportunity to have a “normal” childhood is
upsetting and naturally begets feelings of resentment toward parents for giving children responsibilities beyond what they should have at certain stages of development. Indeed, these were my own feelings about the topic of parentification prior to meeting the participants in this dissertation and doing a deeper dive into this concept. However, several participants expressed regret at their children taking on roles to support them that lay beyond the scope of childhood. As Gail shared, she regretted that her son supported her so much logistically and emotionally, but she felt she had no other option.

Even in cases when participants expressed gratitude for their children becoming ostensible partners in terms of navigating some of the logistical challenges survivors faced (e.g., paying rent), as in the case of Janelle, who said, “I couldn’t do it without my son,” it was clear to me that in none of participants’ cases were children actually forced into parentified roles. Rather, children assumed these roles and responsibilities of their own accord. The phenomenon of parentification is not in fact always a direct transmission from caregiver to child (Chase, 1999).

As Chase (1999) contended in her seminal book about the treatment of parentified children, “Children are aware of their parents’ stresses about money, about love, about health, and these children bear a passionate hope, to the point of being overwhelmed, that they can be of use: saviors, of sorts” (p. 10). Indeed, children in situations in which it is clear parents need support are hypersensitive to the needs of parents and often will take on roles and responsibilities without being asked or prompted by anyone else. Rather, children actively want to try to ease the struggle for the parent. Therefore, parentified children are not “created” by parents. Instead, the need to further untangle cycles of abuse as they pertain to IPV and to dismantle the need for children to feel such a sense of responsibility should be the focus of treatment providers and
researchers. While parents may still be culpable in the process of parentification, this possibility does not preclude them from being able to help undo this process by making efforts to assume more of a parental role in their children’s lives.

A study by Pritchett (2019) found that children who had high scores on measures of adverse childhood experiences (ACEs) were likely to assume roles as second parents to younger children or wage earners not because they were pressured to do so, but rather because they internalized the stress they felt from caregivers and felt compelled to help. The author concluded that children exposed to trauma during childhood are primed to survive in the same way that adults are and so they are likely on their own to want to help parents and ease hardship by any means necessary. This becomes problematic later in life when these parentified children are unable to develop effective coping skills and remain hypervigilant and appeasing, even if traumatic living conditions have been assuaged. Regardless of exposure to IPV during childhood, previous research also suggests that children who are parentified demonstrate increased likelihood of becoming victims of IPV during adulthood (Herman, 1997).

It is worth noting that parentification is a relatively common occurrence in families, even those with decidedly lower levels of trauma (Chase, 1999). Many mothers are overwhelmed by parenting and rely on older children to provide childcare for younger children and take on responsibilities in the home that are not necessarily aligned with “normal” childhood upbringings. Maternal stress has been noted to cause mothers to rely heavily on help from their children, especially in families with low socioeconomic status in which financial strain is great (Dole et al. 2003).
Most participants in this study noted financial hardship contributing to their feelings of overwhelm, and yet parentification happens even in families devoid of ongoing abuse and trauma. The problem of parentification does not lie solely with IPV survivors; parentification is possible in all child-caregiver relationships. The sheer overwhelm of parenting may cause parents to give their child more responsibility or to compel a child to assume more responsibility than perhaps is developmentally appropriate (Chase, 1999). However, parents who are survivors of IPV and their children may need additional support regarding parentification to help address the consequences of the problem even if parentification of children is typically not deliberate or an issue any parent necessarily wants to have to address.

The finding about parentification from this dissertation also has implications for parent-child relationships later in the life span. As noted in Chapter 4, several participants spoke about children as “best friends,” which signals possible enmeshment and codependency that may become problematic for children later in life. Such repercussions are understandable in the context of IPV in which parents are doing their best to survive in circumstances of ongoing abuse. However, the negative psychological impact parentification can have on children (e.g., depression, anxiety, relationship challenges) can also result from enmeshment and codependency between parents and children. Parent-child relationships that are characterized as enmeshed or codependent create conditions that increase the likelihood of children developing anxiety and depression disorders as well as increased likelihood of addictions (Bartsalkina, 2012). Furthermore, if children of IPV develop co-dependent relationship styles, there is increased likelihood of entering relationships with other co-dependent individuals, thereby increasing the likelihood of violence in the relationship when they are trying to differentiate and individuate...
(Bowen, 1978 as cited in Bartle-Haring et al., 2002). As Rivera and Fincham (2015) contended, individuals who are co-dependent are more likely to become emotionally reactive and sometimes violent when trying to discern a sense of self in relationship to another person.

Despite the possibility of unhealthy parent-child relationships and despite possible parentification (both of which can also happen outside the context of IPV), one of the most meaningful findings from the theoretical construct of Parenting Is Survival is the resilience demonstrated by IPV survivors, as previously discussed in Chapter 2. Work by Anderson and colleagues (2012) noted that IPV survivors reported diminished levels of psychological stress far sooner than anticipated by clinicians, thereby demonstrating their resilience in the face of adversity. The authors found that their sample largely cited social support as aiding considerably in their recovery. The findings of Anderson and colleagues are consistent with those from other literature (Sanchez & Lopez-Zafra, 2019) that noted the importance of peer support in helping IPV survivors recover from abuse. The sample of participants for this dissertation, however, noted a profound lack of social and professional support, often speaking of how isolated, alone, and hopeless they felt due to a lack of help. Participants in this dissertation research should thus be especially recognized for their commitment to their children and their survival despite generally reporting a lack of support. This lack of support additionally suggests the reasons why participants’ children may have been their sources of support in times of need; their children were the only supports available. The fact that children ultimately needed to be sources of support further suggests the need for direct practitioners to focus on the support provided to IPV survivors. One of the most successful methods of providing social support to survivors is through group work (Anyikwa, 2016). Through social work groups, survivors are given the opportunity
for support and connection with others who have had similar experiences of IPV, which is especially beneficial for ongoing recovery (Kulkarni et al., 2012).

**Relational and Operational Parenting Capacity Revisited**

Based on the findings explicated in Chapter 4, participants’ interview narratives highlighted two dimensions of parenting capacity: Relational Capacity and Operational Capacity. There is currently no other study that mentions this differentiation in parenting capacity, and yet such a dichotomy was clear from the data obtained from participants in this dissertation. While many women shared that their capacity to meet some of the logistical, tangible needs of their children (e.g., new clothes, healthy meals) was sometimes limited, all 16 participants communicated an unwavering commitment to fostering strong relational bonds with their children. It is possible that participants disclosed such steadfast commitment to their relationship with their children due to the social desirability in the research process (Padgett, 2008). And yet, the extent to which all participants explained the ways they sought to relationally connect with their children and the specifics regarding their efforts to strengthen these connections suggest that their narratives about relationships with children were not offered merely to paint themselves in a more favorable light. Unfortunately, it is not possible to know this for certain although it is hoped that the rigor of the research as well as adherence to the tenets of feminist methods put participants sufficiently at ease enough that they did not feel the need to impress me as the researcher.

Further, the distinction between Relational Capacity and Operational Capacity is valuable to highlight for reasons beyond its novelty within the current IPV and parenting research literature. The innovation these parenting capacity dimensions offer has the potential to shift the
IPV discourse such that practitioners are encouraged to adopt a more strengths-based approach in working with survivors after learning that, even if these survivors struggle in one dimension of parenting, they excel in another. One of the major findings from this work is that women did all within their power to foster close, loving, and nurturing relationships with their children even when the odds were very much stacked against them. A total of 13 of the 16 participants in this dissertation described cultivating strong relationships with their children despite histories of trauma in both childhood and adulthood, and they ought to be properly commended for the examples of positive parenting practices they provided for their children. It would therefore behoove professionals to move toward treatment methods and modalities that give credence to the strength and resilience survivors already display without assuming that, because they may not be able to meet certain needs of their children, they are unable to meet all the needs of their children.

**Thwarting Stigma, Embracing Strength**

Differentiating between two ways in which parenting capacity is spoken about, conceptualized and experienced by survivors, can contribute significantly to dismantling the pervasive stigma and deficit-based approach many social service agencies and practitioners assume in responding to survivors of IPV. In general, as seen particularly in the participant cases of Sarah and Janelle, who faced pronounced shaming by professionals, it is possible for even the most impartial and skilled professionals to make assumptions about the inadequate parenting IPV survivors provide to their children. In part, this may be because survivors of IPV often struggle financially (one of the findings inherent to the Operational Parenting Capacity dimension in this
research) and are incapable of providing all the resources they might be able to provide for their children in the absence of IPV.

Indeed, more than half of this dissertation’s sample of 16 women reported financial strain that contributed markedly to parenting hardship. While most participants in this dissertation reported living in poverty separate from their experiences with IPV, their stories demonstrate that financial hardship was aggravated by the presence of IPV. In several cases, some of the abuse participants reported involved withheld child support payments from their partners or their own financial struggles after attempting to pay a lawyer to file for divorce. As many participants also reported, when they became single parents due to needing to separate from abusers, they were unable to maintain jobs that allowed them to use childcare services, rendering them unable to achieve financial stability.

However, providing material goods such as toys or clothes, while somewhat important for children, is only part of the full parenting equation. According to child welfare researcher Coakley (2013), children’s behavioral and emotional difficulties are only partially explained by lack of access to resources such as healthy meals, clothes, toys, and housing. What this author discovered through his comprehensive secondary data analysis is that children’s emotional and behavioral difficulties appear substantially mitigated if the primary caregiver is actively involved in children’s lives and demonstrates an interest in their overall well-being. In fact, according to Coakley, the major determinant of children’s well-being was the amount of time mothers spent with their children rather than the provision of tangible goods and resources. This prior research bolsters the finding from this dissertation by suggesting that, even though participants may have reported diminished Operational Parenting Capacity, a deficit within this parenting dimension
did not necessarily imply that their parenting capacity was altogether limited. Where participants expressed feeling successful as parents was in creating relationships with their children, which ultimately may bear greater significance on children’s overall welfare.

Apart from this finding related to Operational Capacity, the augmented Relational Capacity participants showed toward their children’s needs for emotional nurturing and support appeared to be at least equal to, if not greater than, that of mothers unaffected by IPV. Additionally, there is some precedent for this finding that survivors’ capacity to relate to and attune (Pryce, 2012) to their children is enhanced because of their traumatic pasts. Research by Fisher (2017) found that female trauma survivors with high scores on measures of ACEs are primed to, and even have a greater propensity for, relationally connecting with others. What the author deduced from his work with survivors of myriad different ACEs is that people who suffer abuse and/or neglect, are primed to get their needs met and to survive by any means necessary.

Frequently, trauma survivors can satisfy their needs (e.g., food, shelter, emotional closeness) largely based on their ability to read the emotions, however subtle, of other people (Finkelhor, 2018; Fisher, 2017). In some cases, as demonstrated by participants in work by Carlson and colleagues (2013), trauma survivors reported that they often knew when their partners felt upset or worried before their partners were aware of their own emotional states. What this implies for the current research is that the abuse and trauma participants endured may preferentially position them to interpret the micro expressions of others and forecast the needs and desires of their children even if such needs and desires are nonverbally communicated. This ability to forecast and read the cues of others to a greater extent than someone without a trauma history means that the participants in this study have a certain gift in forming relational bonds
with their children. What this then means for direct practice is that the unique ability to emotionally connect with children of survivors of IPV should be cultivated and praised rather than muted by the discriminatory societal belief that IPV survivors are unfit to parent. As Herman (1997) further contended in speaking of the ability of trauma survivors to make social connections: “Those who have survived learn that their sense of self, of worth, of humanity, depends upon a feeling of connection with others” (p. 127).

And yet, despite the finding described above, the stigma surrounding the extent to which IPV survivors make deficient parents is pervasive (Delker et al., 2020). Many participants in this research spoke candidly about the stigmatization they experienced and the resulting shame and guilt they were made to feel related to their parenting abilities. The idea that participants may in fact have an enhanced ability to relationally connect with their children has implications for the treatment they receive in direct practice clinical settings and within society more generally. The most notable of these implications is that parents in the context of IPV should be lauded for the strengths they exhibit and their increased ability to relationally connect with their children as opposed to having their challenges with parenting at the forefront of their care.

The finding that elucidates participants’ desire and increased ability to form relational bonds with children differs considerably from findings of some of the attachment theory literature discussed previously in Chapter 2. According to prior research pertaining to attachment styles between IPV survivors and their children, the trauma mothers face as a result of IPV causes them to feel disconnected, emotionally detached, and somewhat indifferent to forming relational bonds with their children (van Ee et al., 2016). While the scope of this dissertation did not involve a close examination of the classifications of attachment styles between survivors and
children, it was evident from the interview responses that many participants demonstrated anxious attachments to their children given their preoccupations with their children. However, they did not profess to have difficulty emotionally bonding with their children. An exemplar of this anxious attachment was evident in the case of Rachel, who felt the need to monitor her daughter to the extent that she was not comfortable leaving her child in the care of anyone but herself, not even her husband, with whom she had a healthy relationship and whom she described as an excellent father to their child.

Although secure attachments may have been alluded to between parents and their children, it is possible that the context of IPV led to some attachment disruptions between participants and their children due to the characteristic chaos that ensues in IPV relationships. Such an environment makes it difficult to find the necessary time and space for healthy attachments to form (van Ee et al., 2016). The potential for insecure attachment styles is evident from the overly protective parenting style many participants shared as well as feelings of fear and anxiety that resulted in participants’ need for proximity to their children (Park, 2016). Again, while it is not possible to categorize these attachment styles in the scope of this project, there are indirect references to attachment styles that are consistent with some previous literature (Park, 2016).

The attachment theory literature (Bowlby, 1988; Park, 2016; Wallin, 2007) provided a helpful framework for the basis of this dissertation. Although the theory can lend itself to helping us better understand the concept of parenting capacity as well as how best to support individuals who have experienced IPV when they are parenting, the insights gained from the participants’ narratives in this dissertation rather encourage us to move beyond classification of attachment
styles when it comes to exploring parenting in the context of ongoing abuse. Discerning healthy attachment styles within the sample for the current research feels inappropriate given the considerable challenges several participants faced at keeping themselves and their children alive. Attachment theory (Bowlby, 1988) has historically provided tremendous insight into the relationships that form between caregivers and children both within and outside contexts of trauma. That said, the stories of participants’ relationships to their children in this dissertation instead invite us to consider that classifying relationships may not be effective or even useful in contexts of IPV. Labeling attachments as “insecure” may unnecessarily pathologize the relationships between caregiver and child and feels at once disempowering toward survivors and reductive.

Exploring parenting relationships with greater attention to context would mitigate labeling stigmatization, although it is more likely that eschewing abstruse theoretical lenses and focusing instead on the reality of an individual’s experience is more aptly indicated. Exploring parent-child attachments using a strengths-based approach could look more like observing parent-child relationships and finding supports to fit mothers’ and children’s needs based upon the contexts in which survivors are living. For example, providing support to survivors with children in terms of attachment may look like providing mothers with more time to spend with their children and offering financial aid so that mother-child bonding can be better facilitated. By having uninterrupted time to be with their children without the worry of finances and work, even for a finite amount of time, mothers could get a glimpse of the positive parenting practices they already have and the value of what they bring to their children.
An additional opening within the clinical setting to address the issue of attachment without the potential pathologizing of labeling is within the clinical intake process. If attachment styles and inherent challenges therein are implicated in a clinical intake, having intake paperwork with space to add information about the environmental factors at play (e.g., IPV) in forming attachments between mothers and children would be helpful. Having widely used clinical intake paperwork with designated space to note the context in which attachment styles are forming would allow direct practitioners to build upon Bowlby and Ainsworth’s (1978) seminal work and pay more attention to client’s extenuating circumstances in coming to know and understand the whole person in the room rather than reducing him or her to a label. This information could then be used to form treatment programs designed to better fit the holistic needs of the client.

Ultimately, it is necessary to move away from labeling attachment styles and instead commit to focusing on methods that enhance the attachment strengths women already demonstrate with parenting, as well as to create space during intake for better understanding clients’ contexts.

**Childhood versus Adulthood IPV Exposure: Alignment with the Research Questions**

It was difficult to discern specifically which theoretical constructs related to and answered which research question, predominantly because of the way participants spoke about their experiences over the course of the interview. The fact that the data did not map exactly onto the research questions can be seen as an asset to the complexity of the questions and the data corpus. The interconnected way the data emerged regarding the two questions suggests the difficulty in understanding the phenomenon under investigation.

Throughout the entire interview, participants were encouraged to think about and answer specific questions about how their exposure to IPV during both childhood and adulthood...
impacted their parenting capacity. Yet most participants spoke more plainly about how their experiences as adults impacted their parenting capacity. It is possible that the focus on more recent experience was due to the memories of abuse in adulthood being more easily accessed. The sample represented a group of women that was in the overall older than those included in past related research (Holt et al., 2008), with an average participant age of 48 years. Moreover, participants may not have spoken about exposure to IPV during childhood as explicitly because of the emotional pain involved in memory recall. According to researchers Maughan and Rutter (1997), recalling traumatic childhoods can be even more painful for adults than recalling adulthood trauma in part because of the early developmental period during which traumatic memories are encoded. It is well documented that retrieving traumatic memories is emotionally arduous and thus a task many survivors avoid. This is not to say that participants’ most recent or current trauma was not also difficult to speak about or recall, but rather to speculate that childhood trauma may have been more complicated due to the different cognitive processes involved in recall. It is also a more delicate task that necessitates more time, trust, and a closer relationship for many people.

Maughan and Rutter’s (1997) work reminds us that, as social workers, attending to the findings from neuroscience and psychology research is important in our work and especially as we consider the methodologies used for our research. What these researchers discerned about the difficulty involved in memory recall has important implications for future research related to IPV. For example, knowing that memory recall is often compromised when working with trauma survivors, researchers may be encouraged to use an activity like a storyboard to displace the content of the research and provide space for participants to feel more relaxed and able to recall
memories with greater ease. It is essential for researchers to bear in mind that recalling traumatic memories can lead to re-traumatization (Herman & Van der Kolk, 2020). Not only are traumatic memories challenging to unearth due to their sensitive content and the risk of re-traumatization, but traumatic childhood memories for participants in this dissertation were more distant and harder to conjure. To this point, Herman and Van der Kolk (2020) as well as Weaver and colleagues (2020) attested that many trauma survivors devote considerable psychic energy toward burying past traumatic memories. This normative action typically requires extensive psychotherapy to reverse because it brings such memories to bear. Using storyboarding or other activities (e.g., icebreakers, extra time to get to know the participant) during interviews for qualitative research can help ameliorate the anxiety participants feel and may also enhance the quality of the data shared. By acknowledging the difficult processes at work that prevent some participants from accessing memories and acting accordingly in an interview setting, we can be more sensitive to the wisdom participants demonstrate in not accessing traumatic memories and we can add a humanizing component to data collection.

Whether the lack of recall about IPV exposure during childhood was due to the aging process and difficulty in remembering or merely an avoidance strategy due to not wanting to remember painful events from childhood, participants in this study were more intently focused on describing how their parenting capacity was impacted by IPV relationships as adults. Another reason for participants’ focus on describing IPV exposure in adulthood may be that they were asked questions specific to parenting and thus thinking about the abuse they experienced from adult partners whom they considered co-parents to their children felt more germane to share.
In addition, societal views regarding how IPV survivors are impacted physically and psychologically in myriad contexts (e.g., parenting, careers, basic levels of functioning), are especially salient for survivors (Delker et al., 2020) and may have primed participants to recall examples of adulthood abuse more readily. Knowing the study centered on parenting capacity perhaps made them feel as though examples from adulthood were ultimately what they were expected to share. Previous research by DiCicco-Bloom and Crabtree (2006) that sought to discern the nature of health care provision for patients with chronic pain found that many participants answered questions based upon information they had received from previous doctors about the ways in which they were expected to experience their illness. Even when asked questions about their current experience of symptoms, some participants in this study focused on what they thought they were expected to report. The authors concluded that, broadly speaking, interviewees in qualitative research are sometimes unavoidably influenced by preconceived notions of what they know the research study to be about and thus they want to provide answers they feel are anticipated. Unlike the concept of social desirability (Padgett, 2008), DiCocco-Bloom and Crabtree’s (2006) findings as well as findings from this dissertation suggest that qualitative research participants are perhaps compelled to share what they believe to be the ultimate focus of the research as opposed to what is directly asked of them.

Thus, while participants did not as explicitly discuss their experiences of IPV exposure as children, Parenting Is a Conscious Remedial Response and Parenting Is Protective, the two theoretical constructs inherent to the Relational Capacity parenting dimension, more clearly related to the second research question, which asked about exposure to IPV during childhood. The desire to become parents to correct past traumatic experiences and gain a sense of control
over the chaos engendered from childhoods fraught with abuse was mentioned by participants consistently during the moments they reflected on childhood experiences. Different from other theoretical constructs, predominantly those inherent to the Operational Capacity dimension, uncovering answers to the second research question relied more on inference than discerning answers to the first research question, which asked about experiences of IPV as adults.

**Storyboard Data**

Using the method of storyboarding for this dissertation provided the opportunity for data triangulation and added richness to the overall data corpus. Beyond that, however, storyboarding enabled participants to express themselves in a creative way. As many participants commented, the storyboard activity served as a type of icebreaker and helped to improve their level of comfort and ability to organize their thoughts prior to the dialogic interview process. For qualitative research that involves interviewing survivors of trauma who may be asked to share sensitive information, having a storyboard activity to offer participants an additional method of sharing their story can be helpful. Furthermore, storyboarding can be an effective engagement strategy during the initial rapport-building phase of the therapeutic relationship in the direct practice setting. From a researcher’s perspective, using this method to help put participants at ease is not only an ethically correct option but it likely also improves the quality of data received from participants. As previously noted, past research suggests that, when research participants feel psychologically secure, their ability to remember important information germane to the topic at hand is, unsurprisingly, considerably enhanced (Head, 2009).

For this dissertation, the storyboard activity prompt was intentionally left broad and open-ended during the interview to encourage participants to express themselves in whatever
way felt most accessible to them. As such, the types of storyboards participants created ranged from drawings to timelines of their experiences with IPV to written prose. In each of these visual representations, participants permitted me to explore their experiences from a different vantage point. Each participant engaged in the storyboard activity differently, reminding me that, although there are common sets of experiences many women face in IPV survival and parenting, each participant was wholly unique. This was an important reminder for me as the researcher as there is a danger in generalizing experiences of trauma and losing sight of the individual.

Feminist methodology encourages the acknowledgement of individual stories and uplifting women’s voices, both of which the storyboard activity helped to accomplish. Moreover, while some participants referenced their storyboard throughout the dialogic interview, others handed their creation to me as soon as they had finished and did not mention it again. Regardless of how they interacted with the storyboard, all participants mentioned in some form that the storyboard activity was a useful tool for helping them organize their thoughts and increase their comfort with the process.

Overall, the findings from the storyboard exemplify the complex nature of IPV and parenting and how visual representation may not always align with true experience. As mentioned previously in Chapter 4, some participants drew examples of traumatic moments of abuse from their past but shared their stories in sanguine tones, often making jokes about their experiences. When Janelle explained her storyboard, which was a picture of her husband chasing her and her children around the home and trying to hit them with a shoe, she laughed and said, “it was just comical!” As a trauma response, this type of reaction is normative and a well-
documented phenomenon within the trauma literature as a coping strategy (Herman & Van der Kolk, 2020; Monahan, 2015).

Additionally, with regard to the discrepancy between some of the participants’ storyboards and dialogic interview responses, a total of seven storyboards were highly organized and meticulously crafted, even when illustrating antithetical moments of chaos. Such inconsistency could be due to a feeling of permanence their drawings or visual storyboards represented, which is perceived differently than a verbal exchange. During conversation, it is perhaps easier to retract a statement or correct oneself if one misspeaks. However, when one visually represents one’s experience, there is perhaps a perceived pressure to avoid making mistakes. My speculation is bolstered by prior research suggesting that the act of writing down one’s experience can be a cognitively more challenging task than verbally representing it due to the difference between how the brain encodes information via sight or sound (Chase, 1994). As Chase’s philosophical research unearthed, the extent to which consciousness is used in representing oneself in written or verbal form is also a factor. From this author’s work on the subject, it was concluded that writing is a more conscious experience than speaking. When extrapolated to the findings from this dissertation, this fact may explain the difference between how participants portrayed their experiences via storyboard and dialogic interview. Particularly if the content one is sharing is of a delicate or sensitive nature, it is logical to assume that participants wanted to be certain that they represented their stories as accurately as possible.

With regard to the complexity of the data the storyboard activity offered to the data corpus, 12 of the 16 participants created storyboards showing IPV as separate from parenting, although they had been asked to illustrate an aspect of their experience of IPV in tandem with
parenting. While it is not possible to determine exactly why this was the case, it could be that communicating aspects of parenting in written or visual form felt too vulnerable for participants. Acknowledging missteps or hardship in parenting in an activity like storyboarding may have been challenging to participants’ self-concept (Herman & Van der Kolk, 2020) in a way that depicting abuse at the hands of a partner would not be. In fact, throughout both storyboarding and the dialogic interview, it seemed that speaking about abusive partners was more accessible than speaking about parenting. Again, it is understandable that either visually or verbally expressing abuse rather than the potential difficulty they had with parenting may have been psychologically safer.

Furthermore, it could be that participants did not want me to see their missteps as parents because they feared involvement from the Department of Child and Family Services or other authorities. Although participants were assured at the start of the interview that whatever they shared would not impact their treatment by any social service agency, they also were informed that, as a mandated reporter, I would need to report any instances of ongoing child abuse to the proper channels. Although anecdotally I had no concerns whatsoever that participants themselves engaged in child abuse and/or neglect, it could be that they feared I might construe something they shared as hazardous to children. With all they had already undergone in their lives regarding their fight to parent their children as well as possible, it would make sense that they felt some trepidation in sharing parenting errors. While all parents make mistakes raising children, the stakes for these participants admittedly may have felt higher. Additionally, as discussed previously, the result of participants not detailing instances of parenting in their storyboard could have resulted from social desirability.
In sum, the storyboard activity for this research both added a richness to and complicated some of the findings for this project, which directly correlates to the heterogenous nature of traumatic experience and more specifically to IPV.

**Implications for Direct Practice**

There are myriad implications for direct practice that emerged from this dissertation research. Chief among them is that clinicians and organizations that focus on the treatment of survivors of IPV need to better adopt strengths-based approaches (Asay et al., 2016; Sullivan et al., 2018) in working with clients who have survived IPV. Such modalities help shift from deficit-based treatment models that assume women need help and advice and rather promote healing by capitalizing on the successes survivors have already made: namely, that they parented in a way that enabled the survival of their children and themselves. Such treatment approaches would be enhanced by the findings from this research, especially that parenting capacity in the context of IPV can be understood according to relational and operational capacity. Given that the participants for this study communicated increased attunement to children’s need for emotional nurturing and support, a strengths-based treatment model could use this information and capitalize on this finding to better enhance the parenting strategies women do well, regardless of their ability to provide for operational capacity needs.

Similarly, direct practice providers who work with parents, and especially parents who have survived trauma like IPV, need to reconceptualize Baumrind’s (1991) three parenting styles relative to IPV survivors. As the findings from this research suggest, survivors of IPV do not have wholly diminished parenting capacity, and their parenting styles may not clearly fit into the categories of permissive, authoritative, or authoritarian parenting. Admittedly, most parenting
styles likely do not fit neatly into these parenting classifications and yet, they are still used widely within therapeutic settings (Ryle & Kerr, 2020). Many direct practice organizations particularly in the United States use the basic tenets of Baumrind’s (1991) parenting style research as a guiding framework to offer support to parents. However, several nonprofit agencies in Europe have implemented a wholly resilience-focused, strengths-based approach to working with parent survivors of trauma (Winsler et al., 2005). In the European model Winsler et and colleagues (2005) proposed, clinicians do not use preconceived parenting frameworks in their clinical work with clients and instead work to eschew labels that have stigma attached. The work of Winsler and colleagues as well as other resilience literature discussed previously in in Chapter 2 (Sanchez & Lopez-Zafra, 2019), suggests that, when treatment providers concentrate on survivors’ strengths and resilience, psychosocial difficulties decrease and optimal functioning is reinforced.

In addition, while participants did not go into the same amount of detail speaking about their exposure to IPV as children and how this impacted their parenting capacity using some of the tenets of trauma theory discussed in Chapter 2, it is reasonable to infer that exposure to IPV relationships between caregivers as children may have predisposed participants to becoming part of abusive partnerships. As previous research suggests, exposure to IPV earlier in the life span has implications for both IPV perpetration and victimization later during adulthood (Samuelson et al., 2016). Knowing this, it would befit direct clinical practitioners to apply treatment modalities that use a trauma theory lens and seek to look beyond current presenting concerns to address the trauma inculcated during childhood that may have contributed to IPV victimization. Internal family systems as well as trauma-focused cognitive behavioral therapy are two models
with noted success in this area due to their focus on addressing the issues of self-concept and self-esteem that typically result from childhood trauma (Schwartz & Sweezy, 2019). Using such models specifically with survivors of IPV may be an especially useful approach to stymie the cognitive and behavioral patterns that make survivors more vulnerable to IPV victimization.

Finally, findings from this dissertation suggest that clinicians and social service agencies overall need to improve upon the long-term provision of parenting support given to mother survivors of IPV. One possible avenue for this ongoing parenting support could involve offering parenting classes and support groups to survivors beyond their individual therapy sessions. While there are parenting classes offered to those expecting children that cover all manner of topics ranging from how to feed a child to how to change a diaper, there are decidedly fewer services that focus on how these common parenting practices might differ for those currently living in environments with ongoing abuse. Offering survivors strategies for how to keep children safe and healthy while navigating contexts of abuse would be invaluable. Support groups with other survivors who are also parents where survivors can process parenting challenges in the context of IPV would also provide validation and the ability to connect with others undergoing similar situations. Group therapy and treatment already has demonstrated efficacy for survivors of IPV (Asay, 2015) and so extending this practice to capture the struggles of parenting in the context of abuse would be beneficial and enable longer term care than crisis intervention alone.

In tandem with these important approaches it is also essential to look at the macro-level attitudes and beliefs that perpetuate certain views, which in turn become part of definitions of health and well-being. There is a sociocultural-political context that influences the work that we
do, how it is defined, and the types of relevant interventions provided based on who frames the discourse (Sabbah et al., 2017). Social services agencies and schools would do well to offer classes about the shame and stigma of IPV and offer ways of coping with societal views and standards that may make survivors feel threatened and judged. By disseminating knowledge about this topic, direct practitioners and educators could help diffuse the disempowering stereotyping that occurs around survivors and parenting.

In addition, direct practice settings could provide access to food, clothing, and other basic needs to both survivors and their children on an ongoing basis. Several interventions like this are already offered to those in acute crisis situations but having the option to receive these goods in an ongoing way would provide further safeguarding for mothers in the precarious situation of navigating parenting as well as IPV. As Stephanie recalled, her experience with three different social service agencies in the Midwest focused exclusively on the provision of support during periods of crisis. According to her story, the well-meaning direct practice providers were helpful in empowering her to leave her abusive partner, but then failed to follow up later with ongoing parenting support. Unfortunately, most social service agencies in the United States do not have parenting support as one of the services provided for survivors. A more holistic treatment approach for survivors focused on wraparound services such as providing clothing, food, parenting classes and therapeutic support groups, and legal aid for those seeking legal action against abusers are implicated by this research’s findings.

Relatedly, many treatment programs and clinicians seek to mitigate trauma by focusing on crisis intervention. While this is an invaluable treatment modality, the findings from this research suggest that attending to the intergenerational transmission of violence and how this
may be a compelling factor in survivors’ experiences is warranted. While considerable research attends to experiences of IPV, this dissertation is one of only a few that attended specifically to parenting capacity and one of even fewer that used a feminist methodology to lift up the voices of survivors and sought to understand their experiences from their perspective. Based on the lead of survivors and what they want to achieve in seeking help from direct practice agencies, it may also be important for social service agencies to have services available for families who may want to stay together and parent more effectively. While it was not a finding from this dissertation, there is research to support that many aggressors are truly invested in parenting and care about their children and survivors who want to move past abuse and stay with their partner. By treating the whole family unit, sometimes incorporating treatment with abusers is helpful as a way in to address abusive relational dynamics. Again, from a feminist perspective, it would have to be the choice of survivors to involve their partner or not (McPhail et al., 2007).

Regarding the tensions outlined in the findings about survivors reporting parenting practices that may have negative consequences that inadvertently put their children at risk, practitioners need to be prepared to help survivors address these tensions within the clinical setting. Using strengths-based approaches that seek to provide support to survivors around parenting and acknowledging the resilience participants demonstrate are a good starting point. Normalizing the fact that all parents struggle in some way and that parenting is challenging even outside situations of IPV can help survivors to feel less shame about parenting and potentially make them feel more open to working through some of their practices that may be less desirable for children. Once there is this opening in the therapeutic treatment, providers can help offer support and alternative methods that may prevent children from being put at risk.
Implications for Social Policy

At present, many parents who are survivors of IPV face criminal charges for child abuse, even if they were not the perpetrator of IPV and even if children are not directly impacted. Still other survivors have their children taken into the foster care system and are deemed unfit to parent due to abuse happening in their household. Unfortunately, this means that many victims of abuse lose their children or their freedom due to being trapped in an abusive partnership. Worse, many women are arrested for abuse even in cases when their actions were clearly done in self-defense. Mandatory dual arrest laws exist in most of the United States, meaning that whenever an incident of IPV occurs, both parties are arrested automatically. Such laws have rightly amassed controversy due to countless incidents in which victims were also arrested.

To allay the problem of wrongly arresting victims and taking children from mothers who are victims, several states (Alaska, New Jersey, Rhode Island, and New York) have implemented Primary Aggressor Laws. In these select states, police undergo special training to be able to properly identify which adult party is the primary aggressor. According to the International Association of Chiefs of Police, the predominant aggressor is defined as “the individual who poses the most serious, ongoing threat, which may not necessarily be the initial aggressor in a specific incident” (Hirschel & Deveau, 2016). Laws such as these have been successful where implemented with a study showing that in states with primary aggressor laws, only 8.6% resulted in dual arrests compared to 19% dual arrests in states without such laws.

Several participants in this study had children in the foster care system, while one was incarcerated at the time of interview. Save for one participant whose children were in foster care due to her battle with addiction, all examples of arrest or children being in the system were
connected to their abusive partners and not related to their specific parenting capacity or their perpetration of abuse. Hearing the stories of participants from this research, noting the injustice they faced, and noting the extent to which they are committed to excellent parenting implores policymakers to mandate Primary Aggressor Laws throughout the United States. The findings from this dissertation coupled with ongoing research about the success of such laws suggest that, especially given that efforts to combat wrongful arrests or involvement of Child and Family Services are already active in some places, it is seemingly unethical not to extend these policies to all states.

Lastly, one of the current social policies in place in many states in the United States that is intended in part to offer financial support to survivors of IPV and other violent crimes is called the Violent Crimes Compensation (Barner & Carney, 2011). Through this policy, which is offered in all the states inhabited by survivors from this research, direct victims of a violent crime are offered financial compensation to help them establish support and resources as a springboard to promote their ongoing healing. While this policy indeed exists more widely than many realize, it is vastly underutilized and underpublicized (Bradbury-Jones & Isham, 2020). An IPV survivor would almost certainly have to be connected with an IPV/DV social service agency to know about this option, and even then, many agencies currently do not know that such a policy is in place. In knowing this, another policy implication from this dissertation involves a paradigm shift to adopt a more liberal view of what compensation should look like for survivors of violent crimes, including IPV (Barner & Carney, 2011). The goal of more widely publicizing this policy would be threefold. Firstly, it could enable IPV survivors to determine the parenting (or other) resources that best suited their needs, as survivors are truly the expert in their own
situation. Secondly, if the funding was unrestricted, it would enable an important policy step in moving away from the paternalistic role of nonprofits/government welfare in the United States and rather be a source of empowerment for survivors. And, thirdly, making this form of compensation well-publicized would potentially encourage individuals in situations of harm to leave their abusers as one of the major barriers to victims leaving is economic. While the benefits of amending the current Violent Crimes Compensation policy would mean better resources overall to survivors in terms of parenting, it would also have positive repercussions to the problem of IPV on multiple levels.

**Directions for Future Research**

The robust findings yielded from this dissertation’s data invite several directions for future research. The emergent dimensions of parenting capacity as well as the four theoretical constructs from this work introduce important avenues for future work on the topic of parenting capacity in the context of IPV.

The two dimensions of parenting capacity that emerged from this dissertation research, Relational Capacity and Operational Capacity, serve as a potentially useful dual-part model for ongoing research. Future research should consider the use of these dimensions or similar others to assess IPV survivors’ parenting capacity from different angles. Delving further into the finding that participants from this work as trauma survivors had increased Relational Capacity regardless of their Operational Capacity is worthwhile to further promote the strengths-based approach to direct practice work with IPV survivors. Pels and colleagues (2015) have begun to explore in more depth strengths-based approaches to helping parenting capacity in the IPV literature, but this dissertation research is the first to differentiate between two types of parenting
capacity, leaving this a wholly unexplored phenomenon. Furthermore, research attention to discerning how the differences between Relational Capacity and Operational Capacity manifest in the lives of parents who have survived IPV will enable the provision of more holistic treatment approaches.

While this dissertation research solicited participation from a diverse subset of the IPV survivor population, future work should seek to explore the phenomenon of parenting capacity in additional ways that account for a broader demographic. For example, only one participant in this research reported a same-sex partner as one of her abusive partners, but it would be important to understand how, if at all, the two dimensions of parenting capacity as set forth by this work apply to same-sex couples or to male IPV survivors. In a similar vein, this study focused exclusively on how parenting capacity was impacted for mother survivors of IPV, yet it would be helpful to explore how, if at all, parenting capacity is different for male survivors. One of the most potentially interesting aspects of inquiry involves discerning whether men experience the same pronounced stigma and shame regarding parenting as several women in this study reported.

Moreover, the demographic variable of social class and its differential impact on the parenting capacity experience should be a focus of future research. Many participants in this research unsurprisingly noted financial strain as a major contributing factor to feeling overwhelmed in parenting. While social class was not one of the focal topics of inquiry for this dissertation research, it is indeed a worthwhile piece of context that may yield further important findings as to how Relational Capacity and Operational Capacity differentially overlap or separate in the lives of IPV survivors depending on their financial resources.
Future research would also do well to explore how parenting capacity in the context of IPV is experienced by survivors’ children. The findings from this dissertation speak to some of the potential impact of IPV on children, but it is important to also discern this impact by interviewing the children themselves. By asking children the same or similar questions as those asked of survivors in this dissertation, it would be possible to learn how accounts of parenting capacity differ according to parents and children involved in IPV situations. Moreover, while the mothers who participated in this research were largely guided by adaptive and survivalist methods of parenting, such parenting styles may have had adverse, longer term consequences for their children. As previously mentioned, some of these consequences involve emotional and relational difficulties such as enmeshment, co-dependence, and problems with differentiation that can manifest later in the life span (Bartle-Haring et al., 2002; Bartsalkina, 2012). Discerning how exactly children’s relational styles and emotional regulation are potentially impacted would then allow direct practice interventions to better treat children. Determining how accurate the findings from this dissertation truly are when applied to children’s experiences would likely enhance the effectiveness of interventions.

Finally, given the unique and rich findings yielded by the storyboard activity in this research, future work would do well to utilize this technique in qualitative interviews. From this dissertation, it was clear that this tool increased the comfort of participants with the dynamics of the dialogic interview and furthermore highlighted the discrepancy between participants’ creation of the storyboard and how they described their experiences of parenting in the context of IPV. It would be worthwhile to explore how IPV survivors interacted with this activity with clearer guidelines or instructions given at the onset to see if this would elicit storyboards that
showed parenting as overlapping with IPV abuse as opposed to the finding from this research that experiences of parenting and abuse were predominantly separately portrayed. Additionally, future research should explore how implementing the storyboard activity at varying stages of the dialogic interview differentially influences findings. For example, if participants are asked in the context of the interview to revisit their storyboards as opposed to describing the activity at the start of the interview, does this change the type of information they share? If so, in what ways? As a unique tool that allowed for capturing a different form of data for this dissertation, storyboarding is inevitably an important tool that should be used widely in future related work.

*The Utility of Feminist Methods*

Much of what has hitherto been shared in this discussion centers on issues related to the need for survivors’ empowerment and the need to combat the stigmatization, labeling, and pathologizing of mothers who have survived IPV. The implications that emerged align nicely with the tenets of feminist methodology that undergird this entire dissertation. In accordance with this methodology, I was committed to uplifting women’s voices throughout the data collection and analysis processes and used participants’ stories to guide every step of the project. As Harding (1992) contended, conducting research that begins with the lives of women and uses their voices to guide the process not only elicits a strong objectivity and improves the rigor of the research, but also seeks to empower women and their stories by honoring the complexities of their stories and acknowledging that their lived experiences are valid. This point was further exemplified by my commitment during the interview process to adhere to the tradition of feminist method by honoring the agency of the participant who was speaking and encouraging
her to guide the interview process. I refrained from interjecting and probing unnecessarily to empower participants to share what they felt was relevant to each question.

Related to my commitment of uplifting the voices and experiences of women, one of the major tenets of feminist methods involves the mutual process of bearing witness to the experiences of one another during the interview process (Harding, 1992; Hesse-Biber, 2011). One of the emergent themes from the storyboard data, Witnessing Time Passed, aligns particularly well with the value of bearing witness. Through this finding from the storyboard data, the participant was able to reflect upon the passage of time and acknowledge how far she had come over the years or the depths of the pain she felt while in an IPV relationship. What this storyboard findings also highlighted was how it was important to participants that I witness their experiences with IPV and parenting over time and that I accompany them in sharing that experience.

Another aspect of the importance and utility of using feminist methods for this dissertation is that it allowed me to bring the experiences and stories of individuals on the margins into high relief and to transcend the limits of other methodologies that reduce the human experience. This research sought to empower women through inviting them to share their stories, unabridged, for the purpose of bringing their stories to light and giving shape and voice to their experiences. One of the most successful ways the findings from this research sought to accomplish the goals of feminist methods was through the case studies included in Chapter 4. Viewing the dimensions of parenting capacity and the theoretical constructs via the individual stories of the women who participated in this research implores us to acknowledge the unique experiences, voices, and lives of women whose stories may otherwise not be given the same
shape. Viewing findings through the case studies of Sarah, Elizabeth, and Gail enables us to continue to see the participants as real people whose lives are affected by the intersection of the theoretical constructs included in this work. In so doing, this dissertation’s commitment to feminist methods already lends itself to thwarting stigma and embracing the strengths participants offer by reminding us that all who took part in this research are worthy of the respect garnered from attending to their many strengths as opposed to their struggles.

Using a feminist methodology for this dissertation elicited several methodological insights about data collection with traumatized individuals that are essential to bear in mind for future work. Each interview that took place demonstrated participants’ resilience and triumph in the face of great adversity and thus I did not probe participants to share more about some of the potentially more challenging aspects of parenting beyond what they volunteered. The interviews I was privileged to conduct were emotionally raw and challenging as many participants were brought to tears during our conversations as they relived some of the most painful experiences of their lives. Some of these painful memories were recounted in such graphic detail that it was hard for me to later process; for other women, memories were too painful to describe and so they could only offer basic details. Many participants expressed anger, rage, and feelings of injustice that were palpable in the interview setting and infectious; listening to their stories often filled me with a similar sense of injustice.

In light of all of these emotions present in data collection for this dissertation, there was a heroism to each story that I wanted to bring to life in order to encourage this work and future work to move beyond merely seeing participants as one more item to check off on a to-do list in research projects and rather as holistic, complex human beings. In so doing, this work upholds
one of social work’s social justice values of human dignity. By emphasizing individual stories and their inherent nuances and strengths, I honored the fact that all participants were worthy and approached the topic from a strengths-based as opposed to a deficit-based approach. The social justice tenet of rights and responsibilities was likewise maintained throughout my work as I sought to uplift the voices of participants and to truly, actively listen to their unique and diverse stories so as to promote their human rights, personal growth, and self-determination (National Association of Social Workers, 2008).

The value of the dialogic interview process supported my goal of working to represent people on the margins in such a way as to honor their experiences but to avoid sensationalizing or exploiting them. Farrell and colleagues (2018) used feminist methods in their case study exploring how police officers coped with witnessing fatal shootings. Like this dissertation research, the authors used a dialogic interview process and intentionally did not probe participants for information beyond what they were willing to share. Farrell and her colleagues found that using feminist methods in capturing the story of the police officer trauma survivor honored the complexity of obtaining the information they sought about coping strategies in a way that still remained sensitive to the trauma their participant experienced. As a social work field, we can use feminist methodology to keep working toward respecting participants for their histories as we collect data and acknowledging how trauma histories both potentially expand and constrain research findings. Unfortunately, emotional and psychological impacts of data collection impacts survivors are still not dealt with as appropriately as they ought to be (Pratt-Eriksson et al., 2014).


**Limitations**

As with all research, this dissertation involves limitations that must be addressed. First, the ability to achieve maximum variation (Creswell & Creswell, 2018) in the sample for this research was limited due to the use of a purposive sampling method, as well as some participant demographics. A purposive sampling method was the most effective technique for a dissertation of this kind, given its ability to extensively represent data within a certain context (e.g., parenting capacity in the context of IPV) (Palinkas et al., 2015). However, because this sampling method selects cases based on the population the study requires, it is possible that the sample accrued did not represent an entirely holistic picture of parents in the context of IPV. In addition, there was limited variance in this dissertation’s sample regarding socioeconomic status. While annual household income was not part of the inclusion criteria for this dissertation, more than half of the participants represented a low socioeconomic status, implying a limitation in achieving maximum variation. Saturation may have been impacted by not achieving maximum variation. What this implies is that potentially not all possible responses were heard and only one part of the entire view of parenting in the context of IPV was captured, ultimately adversely impacting the transferability of the findings. However, I am confident that saturation did occur due to the fact that, when I ended data collection, I was no longer observing novel themes from the data (Padgett, 2008). The sample of participants for this research did represent variation regarding their age, racioethnic background, number and age of children, and experiences with IPV. Thus, there is still some variation represented that does well to highlight the complex phenomenon of parenting in the context of IPV.
Also potentially impacting the transferability of findings was the fact that this research solicited participation from 16 respondents. Some may argue that this number is relatively small and would need to be larger to achieve transferability of findings. Still, considering that many other rigorous qualitative research studies (Ateah et al., 2019; McGee, 2000; Pels et al., 2015) have utilized either similar or smaller sample sizes, a sample size of 16 is commendable considering the difficulty involved in collecting data within marginalized populations (Creswell & Creswell, 2018). Moreover, for any research that involves direct interviews with vulnerable populations like survivors of IPV, who are less likely to wish to participate because of the sensitive nature of the research topics (Saldaña, 2015), soliciting a sample size larger than 16 individuals is challenging if not impossible.

With regard to aspects of trustworthiness (Guba & Lincoln, 1989), another potential limitation of this dissertation involves the topic of credibility. I was able to meet with participants only once due to the sensitive nature of the topic and the infeasibility of speaking with participants more than once. I was therefore unable to employ the strategy of prolonged engagement and persistent observations of participants (Padgett, 2008). However, I did engage in member checking during the interviews (some of which lasted for several hours), and I asked participants at several points to review with me the responses they had shared to ensure the accuracy of my data collection procedures. Moreover, this dissertation included data triangulation by having more than one method of data collection, which aids in bolstering the credibility and trustworthiness of the dissertation.

Aside from potential limitations regarding trustworthiness, there was a possible constraint on participant eligibility due to a language barrier. All interviews were conducted in English,
thus eliminating participants who were not fluent in the language. Future research that includes interviews and participants for whom English is not the primary language (especially Spanish), is important. For example, the concept of familism is common in Latinx cultures, meaning that family is prioritized and that the care of family members falls to other family members (Campos et al., 2014). This ideology differs from that of many English-speaking cultures that assume a more individualistic approach. Representing individuals who speak languages other than English may also give rise to these and other cultural differences in experiences of IPV and parenting that would be important to illuminate in the name of bolstering methods of support available to survivors. Given the growing number of individuals living in the United States for whom English is not their primary language, conducting research that is more inclusive of individuals who are still impacted by the struggle of parenting in the context of IPV would benefit the social work field and academic discourse. Broadening the scope of the languages included for interviews might help to create a more complete picture of how IPV and parenting capacity look in non-English-speaking cultures.

Additionally, conducting in-person interviews poses some limitations compared to other study designs. First, interviews provided indirect information that was filtered through the interviewee’s lens, and my presence in the interview may have impacted the information participants chose to share; both respondent and researcher bias are possible in all research methodologies, as noted previously. Again, while this dissertation utilized a peer debriefing and support group, a peer reviewer, and thorough auditing and member checking during the interview to address biases on my behalf, fully eliminating bias in any research endeavor is not possible. My own unavoidable bias was that I saw myself as an advocate for the participants for
this study and so I tended to believe their stories verbatim: I accepted all of what they told me as true because I feel that most others do not (Calton et al., 2016). The tenets of the feminist method eschew the tactic of interrogating participants to discern the truth and to accept the stories of those interviewed in tandem with one’s own understandings and knowledge. Yet, my bias in the unconditional acceptance of what participants shared may have impacted the way in which I viewed the data. However, I made every effort to address my bias by keeping a positionality journal throughout data collection and analysis, rigorously writing field notes and memos, process memos, and analytic memos, and by discussing these biases during weekly meetings with my peer reviewer. All these steps, which are included in the comprehensive table in Appendix F, sought to mitigate any adverse effect my bias may have had in viewing the data corpus.

Finally, participants were not all equally articulate in providing answers to the research questions, which may have impacted results (Creswell & Creswell, 2018). Some participants struggled more than others in sharing their stories. The divide between the success at articulation appeared to be evident between survivors who had completed substantial amounts of therapy related to IPV and parenting and those for whom this was the first time they had shared their story with anyone, let alone a stranger. Understandably, for participants who were less accustomed to speaking about their IPV experiences and parenting, the interview could have been more daunting and overwhelming. Several participants who explained that they had never spoken about their experience (4 of the 16 participants) became visibly overwhelmed at several points during the interview and often needed a few extra moments to gather their thoughts. Importantly, this is not to say that the women themselves were any less articulate, but rather that
their answers to the research questions took a bit more probing and guidance than survivors who were more practiced at speaking about such a sensitive topic as IPV and parenting.

Conclusion

The multiple steps involved in this dissertation’s data collection and analytic processes yielded a rich set of findings, many of which are novel to the IPV parenting capacity research literature. Systematically analyzing all data based on the two dimensions of parenting capacity that emerged and separating these dimensions into theoretical constructs therein evidenced that parenting capacity in the context of IPV exposure during both childhood and adulthood is a complex, nuanced, and valuable phenomenon for continued investigation.

The two dimensions of parenting capacity, the four theoretical constructs, and their respective subcategories depict different aspects of how parenting capacity is impacted in the context of IPV. The various levels through which this dissertation explores the phenomenon in question provides a more thorough understanding of the multifaceted nature of parenting capacity in the context of IPV. Findings also borrow insights (whether they consistent with or contradictory to) trauma theory, attachment theory, and social learning theory and invite future research to continue to build upon the nuances and complexities of the findings in the context of these more developed theoretical frameworks.

Among this list of established theories that were described in detail in Chapter 2, trauma theory is the one that offers perhaps the most valuable insight for future direction in clinical practice. The tenets of trauma theory offer important explanatory power in understanding why and how survivors exposed to IPV during childhood are at heightened risk for IPV victimization as adults. Using trauma theory to tailor direct practice treatments that attend to the cognitive and
behavioral patterns laid down earlier in the life span that predispose survivors to victimization will make it possible to interrupt the cycle of the intergenerational transmission of violence and seek to disrupt IPV victimization patterns.

The use of three case studies helped to further explicate the interrelationships between the theoretical constructs and ultimately highlighted the complex nature of findings related to IPV and parenting capacity and enabled a deeper examination of the data corpus. Exploring the connections between Parenting Is a Conscious Remedial Response and Parenting Is Hardship, Commitment to Children and Vigilant Parenting, and Parentification and Lack of Support through three participants demonstrated the interrelationships between the theoretical constructs that help to illustrate how the findings from this research are evident in real life examples. The three case studies demonstrated how some of the theoretical constructs that emerged from the data separate and overlap in a way that adds nuance to cases of IPV and parenting that should be considered by social service agencies. For example, how can we better empower survivors to maintain unwavering commitment to their children while helping to dissuade overprotection and controlling behaviors? How can the social work field better support mothers who have survived IPV in this context in terms of issues of parentification and lack of support? What avenues can we offer to support the progress made in Relational Capacity although a mother’s Operational Capacity may be limited? What are the potential avenues for advocacy efforts regarding supporting mothers in the context of IPV?

Across the United States, there are a growing number of social service agencies devoted to the rehabilitation of women who have survived IPV, and yet as seen from the data collected here, the supports offered in the context of parenting are seriously limited. Clearly, mothers in
the context of IPV in this research demonstrated positive parenting practices, especially regarding attunement to children. Yet they still run the risk of exerting overprotective or controlling parenting practices and are burdened by psychological and financial strain. They also face the difficulty of their children becoming parentified. While some of these findings are not new, the understanding of the different ways in which we should be exploring the concept of parenting capacity are indeed novel and worthy of attention in the clinical setting. While progress has been made in creating programs that seek to empower women and offer strengths-based services, by and large, the pervasive stigma of IPV frequently overrides any good intentions clinicians have in helping survivors to parent their children. As such, although agencies and clinicians may sometimes find it challenging to provide parenting support while also providing crisis intervention services, they must seek to provide this additional support to IPV survivors while honoring the complexity of their experiences.

One possible avenue for practitioners to take in seeking to observe the uniqueness and complexity of each survivors’ experience with parenting is to eschew the previously lauded research about parenting styles (Baumrind, 1991) and attachment styles (Bowlby, 1988) and focus instead on the strengths survivors bring to the therapeutic setting. Moving away from classifying parent-child relationships based on labels can help in acknowledging that, although survivors may have struggled with either Relational Capacity or Operational Capacity, there are parts of their parenting practices in which they excel. Labels about parenting and attachment styles ascribe an all-or-nothing view of parenting, which as the data from this dissertation support, could not be further from the truth.
The way in which parenting capacity in the context of IPV has been conceptualized until now has been to understand survivors of IPV as limited in their parenting capacity and in need of support from outside sources. While the need for greater support in terms of both personal and professional communities is no doubt indicated from the findings in the current work, what has emerged is something greater than merely a call for improved services. We have learned through the stories of the 16 women interviewed that, even in times of trauma and abuse, in many instances they still present as erudite and strong in their commitment to their children. In order to continue to break the cycle of violence that persists within our culture, we must transcend traditional forms of classifying parent-child relationships in the context of trauma and seek to move to a place that allows for the strengths of the survivors to influence discourse, treatment, and policy. For, as learned from the robust data in this dissertation, all participants had already demonstrated the greatest act of parenting that exists: they, and their children, survived.
APPENDIX A

CONSENT TO PARTICIPATE IN RESEARCH
Project Title: Parenting capacity and meaning making for mothers who have survived IPV  
Researcher: Johanna E. Barry  
Faculty Sponsor: Dr. Susan Grossman, PhD

You are being asked to take part in a research study being conducted by Johanna E. Barry for a dissertation under the supervision of Dr. Susan Grossman in the School of Social Work at Loyola University of Chicago. You are being asked to participate because of your experience with intimate partner violence (IPV) and parenting.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose: The purpose of this study is to explore the impact of IPV on parenting capacity among mothers who have experienced this type of abuse as well as the meaning mothers make of their experiences.

Procedures: If you agree to be in the study, you will be asked to participate in an interview that will last approximately 60 minutes. I will be asking you approximately eight questions about your own experience with parenting and intimate partner violence that I encourage you to answer as openly and honestly as possible. Interviews will be held in a secure, private room at the Between Friends social service agency. I will be audio-recording the interview to ensure accuracy during the transcription process. If at any point during the interview you would like to discontinue recording, just let me know and the recorder will be turned off without any negative consequences. If there is a question you would prefer not to answer, simply let me know and we will move on to another question.

During the interview, I will also be asking you to engage in a storyboarding activity where you’ll be asked to write down or otherwise illustrate your thoughts, feelings, and memories related to your experiences of IPV and parenting. With your consent, I will photograph your storyboard to use as additional data. You may take your storyboard with you at the conclusion of the interview or, we can discard it in a confidential manner. Your name or any other personally identifying information will not be included.

Risks/Benefits: some of the questions you will be asked may be distressing and bring up difficult memories. If this is the case, you will be encouraged to speak with your counselor to receive added support.

There are no direct benefits to you from participation, but knowledge about how IPV can impact parenting capacity and the meaning mothers attribute to their experiences will benefit society and potentially improve or enhance related treatment interventions.
Compensation: If you choose to participate, you will receive a $15 gift card to Target stores. If you withdraw from the study before its completion, you will still receive this monetary compensation.

Confidentiality: Your participation in this research will be kept strictly confidential. The audio recorder will be kept in a locked drawer and all transcriptions will be filed on a secure, encrypted computer file. Neither your name nor any other identifying information will be attached to your audio file, and instead, a number will be assigned to your file to assure your anonymity.

Although I will not specifically be asking questions about this, please know that if you should tell me about child abuse and/or neglect, abuse of an elder person or of someone disability or if you disclose a desire to harm yourself or another person, I will be required to report this.

Voluntary Participation: Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty. Your decision to participate or not will have no effect on the services you are currently receiving.

Contacts and Questions: If you have questions about this research study, please feel free to contact Johanna Barry at: jbarry2@luc.edu. You may also contact Dr. Susan Grossman at: sgrossm@luc.edu.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent: Your signature below indicates that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.

Participant’s Signature ___________________________ Date ______________

Researcher’s Signature ___________________________ Date ______________
APPENDIX B

INTERVIEW GUIDE
Opening script:

Thank you for your willingness to participate in this research study. The purpose of this study is to learn as much as possible from you, in your own words, about your individual experience. Please share as much or as little as you feel comfortable, and feel free to ask any questions that may come up along the way. I am going to record this interview, with your permission, so that I can have an accurate account of our conversation for the purpose of data collection. Sometimes being asked to talk about experiences from your past is difficult, so if at any point you feel uncomfortable or need to take a break, just let me know. Also, if you wish for me to stop recording at any time, please let me know. All you share will be kept anonymous. Do you have any questions before we begin?

1. To begin, we will take about 10 minutes for an exercise. I want to give you the opportunity to share some of your experiences in writing and/or with images. I’m especially interested in your experience of violence in your life and how you see it relating to your parenting. I’m also interested in your thoughts about raising children, or your relationships with your children and how your experience of violence has impacted these things. Again, please share whatever comes to mind first. This activity is meant to serve as a starting point for our conversation, so it does not need to be complete or comprehensive.

In thinking about what you want to share, try to communicate how you feel about your experience and what you want me to know. What are the first images that come to mind? (offer tools for illustration). You are welcome to choose one particular moment or illustrate your experience more generally. You can share moments that happened chronological order or from different points in time. Anything is fair game: pictures, speech bubbles, written thoughts, etc.

a. Tell me about what you have created here (probe for meaning associated with aspects of storyboard, including colors, images, relationship between items). Help me see what you see here.
b. What does this storyboard say about your experience?
c. What kinds of reactions or emotions are you experiencing after creating your storyboard?
d. What did you like about this storyboard activity? How did it contribute to how you want to tell your story? What did you dislike?
e. What are two things you are taking away from this activity? What do you want me to be sure to remember?

2. Now I want to ask you some more in-depth questions about your experiences with violence and with parenting. To start, how many children do you have?

a. Probe: what are the ages of your children?
b. Probe: have your children been present/living with you during your experiences of abuse? What ages were they? (Clarify as needed which relationships this applies to).

3. What is your relationship with your (child)ren like?
   a. Probe: how close do you feel to your child(ren) emotionally?
   b. Probe: does this closeness differ between your children? If so, why do you think this might be the case?
   c. Probe: on average, how much time do you spend with your child(ren) in a given day?
   d. Probe: what are some of the typical activities you enjoy doing with your child(ren)?

4. How would you describe yourself as a parent?
   a. Probe: What is your parenting style? How do you handle conflict? What do you tend to do when your child is struggling? How does that differ, if any, in your response to your different children?
   b. Probe: How did you feel about becoming a parent? How did that vary, if at all, for each of your children?

5. What was your most recent experience with abuse?
   a. Probe: what was the duration of the relationship?
   b. Probe: what type of abuse did you experience?
   c. Probe: how might you describe the impact of this abuse on your parenting? On your relationship with your child(ren)?
   d. Probe: How has your experience with abuse impacted your ability to parent? Energy level? Fear? Decision-making?
   e. Probe: What might parenting be like without this experience of abuse?

6. Have you had other experiences of abuse besides this most recent one?
   a. Probe: what was the duration of the/these relationships?
   b. Probe: what type of abuse was experienced?
   c. Probe: how have these experiences of abuse impacted your parenting? On your relationship with your child(ren)?

7. What were your experiences of IPV/DV as a child, if any?
   a. Probe: What type(s) of abuse did you experience?
   b. Probe: How did these experiences affect your relationship with your parents and caregivers?

8. What were the most helpful tools and supports you have used to help with parenting?
   a. Probe: What help have you sought? What support do you wish you had? (probe for familial/social supports, professional support)
b. Probe: what do you consider your social and/or familial supports?

9. What have I missed during our conversation today? What, if anything, special would you like me to take away from what you’ve shared? What do you want me to learn?
APPENDIX C

DEMOGRAPHICS QUESTIONNAIRE
Thank you so much for taking the time to participate in this interview! To conclude, what appears below are some basic questions that ask a little bit more specifically about your background. This should not take any more than five minutes to complete, and I would be so grateful for your time. Please answer honestly, but know you are welcome to refuse to answer any questions you do not wish to.

1. What is your date of birth?
   ___ ___ / ___ ___ / ___ ___ ___ __

2. What race or ethnicity do you consider yourself to be? (Check all that apply):

   a. White
   b. Black
   c. Latino or Hispanic
   d. Native American
   e. Native Hawaiian or Other Pacific Islander
   f. Asian
   g. Other
   h. Specify: ________________________

3. What is your gender? (Check all that apply):

   Male
   Female
   Transmale
   Transfemale
4. Are you married?

<table>
<thead>
<tr>
<th>YES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

5. Have you ever been married?

<table>
<thead>
<tr>
<th>YES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

6. Do you have a significant other to whom you are not legally married?

<table>
<thead>
<tr>
<th>YES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

7. How many children do you have? ______

8. How many children live with you currently? ______

9. What is your annual household income (Check the box that applies):

<table>
<thead>
<tr>
<th>None</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $20,000 per year</td>
<td></td>
</tr>
<tr>
<td>$20,000 to $39,999 per year</td>
<td></td>
</tr>
<tr>
<td>$40,000 to $59,999 per year</td>
<td></td>
</tr>
<tr>
<td>60,000 to $79,999 per year</td>
<td></td>
</tr>
<tr>
<td>Greater than $80,000 per year</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D

STORYBOARD EXAMPLES
Started my first "domestic violence" relationship at 13 yrs of age. I then started abusing alcohol more as time passed by. I always held down a job so I felt as if I wasn't doing "too bad." Abuse got worse, I'd go to work with black eyes and bruises had to be covered up. Thankfully I didn't have a child with this person. It has had many ugly consequences throughout the year. I am still in counseling, struggle with depression and anxiety. I now have an almost 12 month old with a great partner but I sometimes bring those relationships because I have anger issues still. It doesn't come natural. I am super overprotective with my daughter & husband. I don't believe I have a problem with forgiving but I work daily on my resentments and it isn't the easiest to be happy. Work is progressing through meetings, church, counseling and mediation. There has been improvement but it is a long process to work through the pain that was caused over the years. Goal is to never have my daughter feel like she deserves to be abused in any way. I want her to know her self worth and never settle in life.
APPENDIX E

POSITIONALITY JOURNAL
Below is a list of my personal identities that I created prior to data collection. Both throughout and after the data collection process, these identities were revisited and journaled about to highlight biases and seek to better account for them in the process. The goal in this exercise was to be ever mindful of my own positionality and reflect upon how this may have interfered with the data collection process.

1) Clinician specializing in trauma

Noticed this especially in the interview process. My ability to be the researcher as opposed to the clinician improved eventually, but, it was challenging to separate myself from this process entirely. During the Second Cycle coding, I noticed that my codes projected clinical terms onto the processes participants described, and this is not what was really going on. For example, when the role of children was discussed, and the multiple roles children undertook, my first reaction was to label this process as "parentification" and "trauma responses." While one of my codes remained labeled as such, it was important for my process to explore why I was ascribing terms to what participants were reporting.

2) White

The racioethnic background of this sample was quite varied. I did not feel my race impacted my experience in the room with participants, but am mindful that when it came to analyzing data and reading transcripts (some of which depicted egregious trauma), reading these excerpts in a white body as opposed to a body of a person of color was quite different. The oppression the Latinx, American Indian, and Black participants experienced and, in some cases, overcame, was far beyond what I would likely have undergone as a white woman. Further, while I did not perceive any impact of race during the interview, it is entirely possible that it was something my own privilege prevented me from accurately seeing.

3) Cisgender

This was one aspect of identity that I did not see challenge or reinforce any of my interactions with participants. Whether this is because the study itself does not ask specific questions pertaining to one's gender identity or because none of my participants happened to bring it up in the course of completing the storyboard or the interview.

4) Politically liberal

My own political affiliations were often matched by some participants although, of course, no questions were actually asked about political leanings. None of my political beliefs were challenged in the context of participants' stories, and I wonder what this means for the overall treatment of IPV survivors and their children. Given that it is predominantly liberal-leaning and progressive organizations offering support to survivors, I wonder what this project would have looked like if I had made politics an area of investigation.
5) Feminist

It was challenging (and perhaps impossible) for me not to feel my own sense of anger and injustice at female-identified participants being abused. Ultimately, I decided to stop trying to curb my anger and merely own it. One of the tenets of feminism is finding voice and empowering the voices of others, so I attempted to do just this.

6) Heterosexual

Despite having worked with many same-sex couples, when it came to having one participant be in a relationship with another woman, I found myself destabilized. She had multiple abusive partners, most of them men, but then mentioned that the most severe abuse she suffered was in the relationship with a woman. This challenged me not on a personal level, but rather to shift my thinking of the relationships each of these women were in. I hitherto have engaged in this project inadvertently assuming all of the survivor's partners would have been men. In terms of reflexivity, this yields an important question about how parenting capacity in the context of abuse differs for participants with same sex or opposite sex partners.

7) Daughter of survivor

This aspect of my identity unquestionably has impacted my view of the data. How could it not, especially considering this aspect of my identity was the inspiration for the entire project? I worked diligently in my reflections to acknowledge when aspects of stories resonated closely to my own experience and processed how this made me feel. Ultimately, I think it enhanced my ability to hold the participants' story and cocreate a feeling of new understanding.

8) Advanced education

The way I perceive the stories participants shared was undoubtedly altered by my education. Given my own background knowledge about IPV as a phenomenon, I know that when they shared stories and reported confusion, my initial thought was to dispel their confusion and normalize the experiences they had. It was challenging to refrain from offering solutions and merely to listen to their stories. Although my participants represented a wide variety of educational backgrounds, some of whom had degrees that match my own, there were several where it was clear they felt uncomfortable using language that was natural to them out of fear I would judge their intelligence.

9) Privileged background per racioethnic identity and SES

Similar to the above aspect of my identity in terms of my advanced degree, I found I utilized more of a "social worker" lens speaking to women as they disclosed issues of financial hardship. As an adult I certainly have struggled financially, but to the extent that some women shared
finances have played a role in their hardship, this was a moment of acknowledging a difference and a gap in experience that will not necessarily

10) Female

As a female, I found I identified closely with many of the stories shared by participants. Especially when they shared moments about vulnerabilities, inequalities, and other experiences they had as survivors and as women in addition, I felt a sense of connection.

11) Researcher

The inherent power differential in the room was unmistakably present, but, through frequent check-ins with participants about their own comfort levels, it did not seem as though this role difference was impacting their responses. Of course, this could be my assumption based upon the identities I hold, but their body language communicated that they felt comfortable sharing their stories with me.
APPENDIX F

TABLE OF STEPS TO ENSURE RIGOR
The table below demonstrates the steps taken throughout the dissertation process that ensured the rigor of the project.

<table>
<thead>
<tr>
<th><strong>Phase of Analysis</strong></th>
<th><strong>Steps to Ensure Rigor</strong></th>
<th><strong>Primary Place Data Used</strong></th>
</tr>
</thead>
</table>
| Data collection       | • Recorded and transcribed interviews  
                        • All interviews listened to in entirety prior to transcription  
                        • Transcripts completed by others checked for errors by listening to full interview  
                        • Recorded and transcribed field memos recorded immediately after interview  
                        • Member checking during interview  
                        • Positionality journal entries  
                        • Reflexivity journal entries  
                        • Field notes  
                        • Summary of interviews written immediately after interview completed  
                        • Weekly peer debriefing and support group meetings | • Methodology  
                        • Findings |
| Coding                | • Coding process memos (15 total)  
                        • Peer review memos  
                        • Recorded and transcribed meetings with peer reviewer  
                        • Reflexivity journal entries | • Methodology  
                        • Findings |
<table>
<thead>
<tr>
<th>Analysis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Positionality journal entries</td>
<td></td>
</tr>
<tr>
<td>• Weekly meetings with primary peer reviewer</td>
<td></td>
</tr>
<tr>
<td>• Weekly meetings with peer debriefing and support group</td>
<td></td>
</tr>
<tr>
<td>• First Cycle Coding methods: 1) in vivo coding; 2) descriptive coding</td>
<td></td>
</tr>
<tr>
<td>• Second Cycle Coding methods: 1) pattern coding; 2) focused coding</td>
<td></td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td></td>
</tr>
<tr>
<td>• Analytic process memos (written thoughts, questions, ideas from ongoing analysis) (30 total)</td>
<td></td>
</tr>
<tr>
<td>• Tabletop themeing method</td>
<td></td>
</tr>
<tr>
<td>• Positionality memo</td>
<td></td>
</tr>
<tr>
<td>• Field notes expanded upon</td>
<td></td>
</tr>
<tr>
<td>• Weekly meetings with peer reviewer recorded and transcribed (18)</td>
<td></td>
</tr>
<tr>
<td>• Peer reviewer completed audit of analysis procedures (reviewed coding, read analytic, memos)</td>
<td></td>
</tr>
<tr>
<td>• Peer reviewer read and provided feedback for findings chapter</td>
<td></td>
</tr>
<tr>
<td><strong>Findings</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Discussion</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Discussion | • Weekly Peer Debriefing and Support meetings  
• Weekly peer reviewer meetings (recorded and transcribed) | • Discussion |
APPENDIX G

SAMPLE FIELD MEMO: FIONA
• One of the harder interviews, largely because of all she went through in prison
• Striking contrast to other survivors' stories so far because she was still in a shelter and had the greatest number of abusive partners thus far.
• The story about her stealing cattle for money highlights that she, like a few other participants suffered from poverty in addition to terrible abuse: I feel as though this case in particular demonstrates how striking external factors such as systemic poverty and trauma are transmitted through the lifespan
• I feel disappointed that she didn't wish to speak further regarding some of the probing questions in the interview, but I suppose this demonstrates a level of trauma that is important to represent among this sample. My sense was that she was so traumatized that even speaking about her experience
• Interesting component of sexually fluid experiences of abuse -- what does this mean in terms of how she experienced care and/or how she accessed support?
• How does her experience as an incarcerated person truly differ beyond the surface level ways of having access to her children?
APPENDIX H

FIRST CYCLE CODING CODEBOOK
<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse toward children</td>
<td>Physical, sexual, emotional, psychological abuse directed toward children. Includes abuse perpetrated by mother’s abuser and others</td>
</tr>
<tr>
<td>Anger</td>
<td>Powerful emotion directed toward both self and others depending on context</td>
</tr>
<tr>
<td>Archetype of abuser</td>
<td>Navigating/negotiating, behavior adjustments to placate abuser, use of deception to exert coercive control</td>
</tr>
<tr>
<td>Authoritarian parenting</td>
<td>Per Baumrind: the “disciplinarian,” setting rules and boundaries without explanations as to why these boundaries were in place. In several cases, mothers reported not knowing exactly why they put these rules in place either</td>
</tr>
<tr>
<td>Authoritative parenting</td>
<td>Per Baumrind: the balance between rules and boundaries but also providing nurturing and love</td>
</tr>
<tr>
<td>Authoritative parenting style</td>
<td>The most desired parenting style: striking the balance between being discipline and permissiveness, as defined by Baumrind</td>
</tr>
<tr>
<td>Behavioral problems in children</td>
<td>Children acting out and displaying behavioral issues as reaction to abuse directed toward mother and self</td>
</tr>
<tr>
<td>Belief in God</td>
<td>Belief in God helped make sense of senseless experience and faith in higher power allowed for healing</td>
</tr>
<tr>
<td>Children as protective factors</td>
<td>Having children enabled women to get out of abusive relationships due to wanting to protect them</td>
</tr>
<tr>
<td>Children as protectors</td>
<td>Children taking on the role of protecting mother from harm, often confronting the abuser and inserting self between abuser and mother</td>
</tr>
<tr>
<td>Children as “whole life”</td>
<td>Needs to be fleshed out more, but this is directly from Angelica who mentioned that her children are her “whole life.” From a clinical standpoint, this kind of all-encompassing relationship is not healthy, but in these cases, it speaks to a greater commitment to children’s well-being than I had heard in other interviews.</td>
</tr>
<tr>
<td>Children witnessing abuse</td>
<td>Children witnessing a parent be abused by another parent/caregiver</td>
</tr>
<tr>
<td>Commitment to children</td>
<td>Survivors expressing commitment to raising their children in the best way they can despite past and present adversity</td>
</tr>
<tr>
<td>Controlling</td>
<td>Control exerted over victim by perpetrator, typically psychological and coercive control</td>
</tr>
<tr>
<td>Depression</td>
<td>Depression and low energy resulting from constantly combating abuse on behalf of survivors</td>
</tr>
<tr>
<td>Difficulty parenting</td>
<td>Parenting in the context of abuse poses many challenges, broad code to encompass all of these struggles</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Disciplining children</td>
<td>Explanations of discipline practices in parenting, only related to how participants discipline their own children</td>
</tr>
<tr>
<td>Displaced anger</td>
<td>Several participants communicated anger toward their abusers that was inadvertently directed toward children or other people whom participants reported deeply loving</td>
</tr>
<tr>
<td>Emotional closeness to children</td>
<td>Descriptions of emotional, almost occult closeness to children</td>
</tr>
<tr>
<td>Fear</td>
<td>Survivors communicating fear of abuser, fear of parenting, fear of failure</td>
</tr>
<tr>
<td>Financial abuse</td>
<td>Abuser having no regard for what family needed/discrepancy in what abuser had and what victim and children had access to</td>
</tr>
<tr>
<td>Financial strain</td>
<td>Lack of support financially impacted available parenting resources and lack of financial security</td>
</tr>
<tr>
<td>Frustration with police and legal system</td>
<td>Descriptions of legal involvement and disappointment therein</td>
</tr>
<tr>
<td>Growing up alongside children</td>
<td>Especially in cases of young parents, stories of maturing alongside children and learning with them as they aged</td>
</tr>
<tr>
<td>Guilt</td>
<td>Feelings derived from feeling they were not able to give children the lives they deserved whether due to financial duress, emotional strain, or fatigue</td>
</tr>
<tr>
<td>Hindsight</td>
<td>Looking back on relationships affords clarity and insight that was absent during the time of the relationship. This process of looking backward changes viewpoints</td>
</tr>
<tr>
<td>Infidelity</td>
<td>Abusers and other individuals’ lives having affairs and extramarital relationships that impacted ability to parent</td>
</tr>
<tr>
<td>Intergenerational transmission of violence (IGTV)</td>
<td>IGTV explains how violence and abuse in one’s past leads to increased likelihood of victimization and perpetration later in life</td>
</tr>
<tr>
<td>Involved parents</td>
<td>Descriptions of survivors take children to parks, activities, and communicating active involvement in children's lives</td>
</tr>
<tr>
<td>Isolation</td>
<td>Abuser tried to separate victim from others and prevent interactions outside of the couple</td>
</tr>
<tr>
<td>Lack of support</td>
<td>Lack of help financially, emotionally, logistically with parenting on behalf of abuser, family, other social supports</td>
</tr>
<tr>
<td>Legal involvement</td>
<td>Discussion of lawyers and police force for help in parenting</td>
</tr>
<tr>
<td>Low-self-esteem</td>
<td>Diminished self-esteem on behalf of survivors resulting from ongoing abuse</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Manipulation</td>
<td>Abuser manipulating victims as a means of further exerting control</td>
</tr>
<tr>
<td>Modeling</td>
<td>Children modeling parents and mothers discussing the use of modeling the practices of other parents — both generations included</td>
</tr>
<tr>
<td>Multiple abusers</td>
<td>Survivor communicating more than one abusive intimate partner</td>
</tr>
<tr>
<td>Narcissism</td>
<td>Abuser demonstrating narcissistic tendencies</td>
</tr>
<tr>
<td>Out of control</td>
<td>Description of feeling a lack of control over self and children — could also be described as “agency”</td>
</tr>
<tr>
<td>Overly involved</td>
<td>A sub-code of being overly protective, some participants reported that they scheduled their children in too many activities in order to keep them safe from abusers or out of the house</td>
</tr>
<tr>
<td>Overprotective parent</td>
<td>As a reaction to abuse, some survivors described being very strict as a measure of keeping her children safe</td>
</tr>
<tr>
<td>Parentification</td>
<td>Children needing to parent the mother (DV victim), take on roles beyond what children in average expectable environment should</td>
</tr>
<tr>
<td>Parenting as healing</td>
<td>Having children as a way to heal past abuse and other trauma</td>
</tr>
<tr>
<td>Parenting fatigue</td>
<td>Tiredness and exhaustion due to lack of support, working multiple jobs to support children, depression</td>
</tr>
<tr>
<td>Parenting from afar</td>
<td>Survivors describing parenting removed from children due to losing custody, incarceration, children placed with family members</td>
</tr>
<tr>
<td>Parenting without IPV</td>
<td>Descriptions of what parenting would be like if survivors had never experienced IPV</td>
</tr>
<tr>
<td>Permissive parenting</td>
<td>Baumrind description of survivors not setting boundaries, rules, expectations of discipline for children</td>
</tr>
<tr>
<td>Prayer</td>
<td>Used as a last resort, predominantly in the context of abusive relationships</td>
</tr>
<tr>
<td>Relationship with children</td>
<td>**Putting this in as a broad essential placeholder for now to merely capture relational dynamics (emotional, physical, spiritual) between participants and children</td>
</tr>
<tr>
<td>Religion</td>
<td>Survivors describing religion as a factor in their lives, whether a protective factor or factor that described struggle</td>
</tr>
<tr>
<td>Resilience</td>
<td>Resilience and perseverance enabled success with parenting — refusing to give up on herself and finding self-sufficiency/strength in herself</td>
</tr>
<tr>
<td>Retaliation</td>
<td>Survivor describing ways abuser attempted to &quot;get back&quot; at them for attempting to leave, fighting back, filing for divorce, etc.</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sacrificing self for child</td>
<td>Victim/survivor emotionally and/or physically putting herself between the child and abuser to protect the child from harm</td>
</tr>
<tr>
<td>Secrecy of abuse</td>
<td>Survivor keeping abuse secret due to shame and fear of retaliation</td>
</tr>
<tr>
<td>Selfishness</td>
<td>Abusers caring only about their own well-being and neglecting partners and children</td>
</tr>
<tr>
<td>Shame</td>
<td>Survivor describing shame and embarrassment about abuse and keeping it hidden from family members with friends</td>
</tr>
<tr>
<td>Single-handedly trying to repair relationship</td>
<td>Many victims tried to repair their marriages by going to counseling, but often abusers would make the victims go by themselves—similar to gaslighting?</td>
</tr>
<tr>
<td>Sources of support</td>
<td>Places and/or people where survivors received support in parenting and in leaving abusive partners or surviving during periods of abuse</td>
</tr>
<tr>
<td>Storyboard comments</td>
<td>Survivors descriptions of storyboard activity and what it meant for them</td>
</tr>
<tr>
<td>Substance use</td>
<td>Participants describe using alcohol and other drugs and impart ways that this contributed to parenting difficulties as well as longevity of IPV relationships. This node only refers to participants' use</td>
</tr>
<tr>
<td>Traditional gender roles</td>
<td>Many participants described how gender of children played a role in how they parented their children</td>
</tr>
<tr>
<td>Traditional values</td>
<td>Values, typically gender-related in upbringing or in parenting practice</td>
</tr>
<tr>
<td>Trauma responses</td>
<td>Descriptions of responded to trauma from upbringing or from abusive partnerships</td>
</tr>
<tr>
<td>Traumatic childhoods</td>
<td>Participants describe past physical, sexual, and emotional abuse and neglect throughout upbringing</td>
</tr>
<tr>
<td>Troubled youth</td>
<td>Participants describing delinquency or periods of rebellion during youth</td>
</tr>
<tr>
<td>Trust</td>
<td>Participants describing difficulty trusting others, especially in parenting and leaving children with others</td>
</tr>
<tr>
<td>Types of abuse</td>
<td>Intimate partner violence took many different forms among victims, physical, sexual, emotional</td>
</tr>
<tr>
<td>Uncertainty</td>
<td>Difficulty in making confident decisions with parenting</td>
</tr>
<tr>
<td>Using physicality to be heard</td>
<td>As a response from abuse, some survivors describe being physical with family members and other relationships as well as toward children due to learned behavior</td>
</tr>
<tr>
<td>Victim blaming</td>
<td>Victims experiencing gaslighting at the hands of abuser and abuser's family members</td>
</tr>
</tbody>
</table>
REFERENCE LIST


Banyard, V. L. (1997). The impact of childhood sexual abuse and family functioning on four


Egeland, B. (1993). A history of abuse is a major risk factor for abusing the next generation. In R. J. Gelles & D. R. Loeske (Eds.), Current controversies on family violence (pp. 197–208). SAGE.


Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence-from domestic abuse to political terror*. Basic Books.


Miles, M. B., & Huberman, A. M. (1994). Qualitative data analysis (2nd ed.). SAGE.


VITA

Johanna Barry completed her Master of Social Work at The University of Chicago School of Social Service Administration where she was awarded an Arthur S. Quern research fellowship for her research on trauma and violence. Dr. Barry then completed a Post-MSW fellowship at The University of California, Berkeley where she specialized in treating survivors of trauma and honed her clinical social work skills at micro, mezzo, and macro levels of practice. She then returned to Chicago to complete her Doctor of Philosophy in Social Work at Loyola University Chicago.

Dr. Barry is currently a Postdoctoral Research Fellow at Loyola working with Dr. Julia Pryce and colleagues on a project funded by the Office of Juvenile Justice & Delinquency Prevention. In my current role, I am working with Dr. Julia Pryce and colleagues on a project that translates evidence-informed models to training of Friends of the Children (https://friendschicago.org/) staff nationwide. Her work is dedicated to improving the skills of those supporting children and families most on the margins and results from this work will be used to expand how violence and child welfare interventions are conceptualized within the social work field.

Dr. Barry’s research interests include intimate partner violence, sexual and gender-based violence, trauma, and child welfare. She is passionate not only about pursuing these topics as a scholar but about teaching other social workers as a classroom instructor.