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PERCEIVED EXPERIENCE OF ABUSE AND SHELTER STAY:
BATTERED WOMEN AND THEIR CHILDREN

by

Delia C. Campfield

B.A. The University of Montana, Missoula, Montana, 2002

Presented in partial fulfillment of the requirements

for the degree of

Masters of Arts

The University of Montana

December, 2005

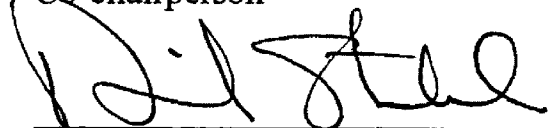
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Perceived Experiences of Abuse and Shelter Stay: Battered Women and Their Children

Co-chairpersons: Paul Silverman and Kimberly Wallace 

While there is much research on the negative impact of domestic violence on women and children, very little has examined the experiences of women and children who seek refuge in battered women's shelters. This study qualitatively explored the perceived shelter experiences of battered women and their children, including what living in the shelter was like for them and how they felt about the shelter rules, policies, resources, and programs. Battered women's perceptions of the impact of their abuse on their children were explored as were their views on the possible effects of their abuse on their parenting and parent-child relationships. Perceived changes related to their shelter stay on their parenting and parent-child relationships were examined to better understand the possible role of shelters on these constructs. Data collection and analysis was conducted with a grounded theory approach guiding the research. Participants acknowledged that parenting and parent-child relationships were impacted by the abuse. Themes suggested that the women perceived that their abuse resulted in diminished parenting, which included permissiveness, lax discipline, role reversal, and injured parent-child relationships. Most of the participants were committed to improving their parenting practices and adopting more effective, non-violent disciplinary techniques. Participants noted only slight improvements in their relationships with their children during their shelter stays. Maladaptive treatment and relationships between abusers and their non-biological children were linked to increased parenting conflict and increased risk to these children's safety. Findings illustrated a discrepancy between participants' commitments to improve parenting and relationships with their children and their behaviors toward these expressed goals. A theoretical framework linked victims' stress levels, their individual personalities, and their expectations regarding shelter benefits and resources to their shelter experiences and adjustment. Increased understanding of the impact of abuse on women's parenting and their relationships with their children as well as the role of shelter stay on these constructs can be used to guide intervention strategies. In addition, the identification of the factors that influence victims' shelter stay provides important information to those who serve this population.

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Finally, this research would not have been possible without the residents at the battered women’s shelter. Their willingness to share their stories deepens our understanding of what it is like to be a victim of abuse.

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Perceived Experiences of Abuse and Shelter Stay: Battered Women and Their Children

Violence toward women has been documented for centuries with recent studies indicating that as many as 33% of women experience marital violence during their lifetime (Rossman, Hughes, & Rosenberg, 2000). According to the National Family Violence Survey of 1985 and the National Violence Against Women Survey of 1995-96, the prevalence of domestic violence, also known as intimate partner violence, family violence, wife battering, spouse abuse, and woman battering, is estimated to range from 6 to 8.7 million annually (Roberts, 2002). Wife battering is a widespread social problem that occurs in social, economic, racial, ethnic, and educational groups (Ryback & Bassuk, 1986). Numerous studies have outlined the devastating and long-lasting consequences of domestic violence on women. Volumes of statistics have demonstrated the need to provide help for victims of abuse so that they can recover from the life-altering experiences they have incurred at the hands of abusers.

Domestic violence is a complex problem that, in addition to affecting the women who are victims, affects the “unintended victims” who witness it. The myth that there are no substantial consequences for children as long as they are not directly harmed by the violence is slowly being dispelled (Suderman & Jaffe, 1997). The research on the deleterious effects on children proposes various pathways linking exposure to domestic violence and children’s maladjustment. The effects of the abuse on the victim’s parental functioning and her relationship with her children are two such pathways (Belsky, 1984; Cummings & Davies, 1994, Owen & Cox, 1997). The growing recognition that exposure to domestic violence can, through various mechanisms, have significant negative effects

on children calls for continued exploration of how these harmful impacts can be ameliorated. Emerging changes in public attitudes, public policy, and prevention strategies reveal a commitment to reducing the prevalence and harmful effects of domestic violence on both women and children (Wolfe & Jaffe, 2001).

Although research on the impacts of domestic violence on women has increased dramatically in the past two decades, very little empirical research has examined the role of shelters in the lives of battered women and their children (Abel, 2000; Berk, Newton, & Berk, 1986; McNamara & Ertl, 1997; Tutty, Weaver, & Rothery, 1999). The absence of outcome studies can be explained by several factors that are unique to the study of domestic violence. These factors include the difficulty in designing randomized, controlled studies with this population, the issue of drop-out rates, the lack of consistency in the outcome variables measured, and the wide variety in services provided for this population, which make it difficult to make comparisons in intervention effectiveness (Tutty et al., 1999). Although the research on the impact of shelter services for battered women has been scant, some studies have examined the effectiveness of programs for battered women (Abel, 2000). Studies such as the one conducted by Berk et al. (1986) focused on quantitative assessment of outcome effectiveness of shelter services. Despite the methodological problems that have since been noted in this study, because it was the first to attempt to measure the effectiveness of interventions with battered women, it made a large contribution to the literature on domestic violence. A study conducted by McNamara and Ertl (1997) that assessed women's satisfaction with the counseling or case management services they received from a battered women's shelter found that overall, the women were satisfied with the services they received. Various outcome

measures such as perceived ability to cope, life satisfaction, and satisfaction with services reflected favorably on the services provided; however, not all of the participants reported satisfaction with services and improvements in functioning. The level of satisfaction was affected by the nature of services received, by whether the services were rendered by a counselor or a case manager, and by the level of functioning of the woman. As in many studies with this population, attrition in both participation and receiving of services proved problematic. According to Abel's (2000) evaluation and overview of the empirical literature regarding treatment effectiveness of both shelter-based services as well as other interventions, most studies that have been published focused on short-term, group interventions with small samples, and were inconsistent with regard to the outcomes measured. Abel (2000) confirmed that very little research has been conducted on program effectiveness for battered women and that much improvement in research design and methodology is warranted in the study of the effectiveness of services and programs for battered women.

As domestic violence continues to reach epidemic proportions, it is important to understand how victims perceive the effects of the abuse on them and their children, as well as what role battered women's shelters play in their lives in order to better meet their needs. Thus, the purpose of this study was to both explore the experiences of the women and their children who were residing in a battered women's shelter and to examine their overall experiences with the programs, resources, policies, and rules of the shelter. In addition, the study explored the women's perceptions of how their children were impacted by their exposure to the abuse as well as how they feel their parenting and their relationships with their children may have been influenced. Finally, exploration of any

changes they observed in their parenting or parent-child relationships during or after their shelter stay was conducted to provide a better understanding of how their shelter experiences may have influenced these constructs.

Types of Domestic Abuse

According to the literature, one in three American wives is physically abused during her marriage (Straus & Gelles, 1986). Research indicates that the violence is frequent and severe in one in fourteen marriages (Jaffe, Wolfe, Wilson, 1990). According to the National Violence against Women Survey, women battering resulted in 41.5% of the women sustaining injuries (Roberts, 2002). Physical injuries range from bruises, cuts, black eyes, broken bones, head injuries, knife wounds, gunshot wounds, and burns, to death. According to the Department of Justice figures, four women are murdered every day by boyfriends or husbands and women are in the most danger when attempting to leave their abusers (Boes & McDermott, 2002). Women who are in violent relationships not only suffer physical abuse, but also psychological abuse and neglect as well as in many cases, sexual trauma.

The wide range of psychological abuse that women may suffer includes social isolation, intimidation, humiliation, and financial control (Gondolf, 1998). Some of the most common forms of emotional battering reported by victims of spousal abuse are insults and name-calling, rejection, jealous accusations, constant criticism, possessive and punitive behaviors, and emotional blackmail such as threatening to kidnap or harm the children or threatening to commit suicide if she leaves. Common behaviors of abusers include such control tactics as preventing the victim from having contact with family or friends, preventing her from having a job, needing to know her whereabouts at all times,

denying her access to money, not providing enough money for living expenses, and constant threats to harm her or the children, or family pets. The effects of emotional and verbal abuse are often reported by victims as much more harmful than physical abuse (Folingstad, Rutledge, Berg, Hause, & Polek, 1990; O'Leary, 1999). In a study conducted by Folingstad et al. (1990) that assessed the role of emotional abuse in physically abusive relationships, 72% of the 234 women in the sample rated emotional abuse as having a more negative impact on them than the physical abuse. Ridicule was rated as the worst type of abuse by 46% of the women. An additional 29% rated threats and jealousy as the worst types of abuse. Further analysis revealed that emotional abuse was a very strong predictor of future physically aggressive behavior. Other studies have shown similar evidence that psychological aggression generally precedes physical aggression and that psychological abuse is often reported by victims as having a greater impact than physical abuse (O'Leary, 1999). Numerous studies have indicated that the impacts of psychological abuse on women's functioning include depression, anxiety, social withdrawal, problem drinking, and suicide attempts (Campbell, 1989; Gelles & Harrop, 1989; Russell, Lipov, Phillips, & White, 1989; Star, Clark, Geotz, & O'Malia, 1979). Thus, research indicates that many women find that the healing of bruises and cuts is easier for them than dealing with the loss of freedoms taken for granted by most adults. Their self-confidence and sense of worth wane as a result of the lack of personal discretion on how to dress, choosing friends, spending one's own money, and the years of ridicule and criticism.

Forms of sexual abuse that have been reported include ridiculing sexual performance, pressuring the woman to have sexual intercourse or to perform sexual acts that make her

feel uncomfortable, threatening to rape or raping, and threatening to sexually molest the children as a way of coercing the women into having sex (Gondolf, 1998). Batterers may also expose their partners to HIV or force them into prostitution to fund their alcohol or drug dependency. It is very common for batterers to be consistently and extremely jealous of “their women” even though they often engage in extramarital affairs (Zubretsky, 2002). Again, an estimated 8.7 million women in the U.S. have suffered violence from current or former intimate partners, which has led to the unprecedented attention that violence against women has received in the past several decades.

Advancements in Domestic Violence Aid

Over the last several decades, woman battering has become a serious national concern, with efforts to aid survivors taking many forms (Ferraro, 1981). According to Ferraro (1981), the term “battered woman” was unfamiliar until the 1970s. Since that time, advancements have occurred in legal and criminal justice practices, program developments and treatment strategies, legislative reforms, as well as in the increased awareness and recognition of the horrendous problem of domestic violence. According to Roberts (2002), federal funding for the years 2000-2005 was recently allocated at 3.3 billion dollars for assistance to victims of domestic violence. A major advancement and indication that society has finally acknowledged the seriousness of domestic violence has been the substantial increase in the number of battered women shelters during the past 20 years.

Much has been accomplished in the way of providing safety and refuge for battered women and their children since the first shelters for battered women and their children opened in the United States in 1973 (Ferraro, 1981). Beginning in the 1980s and 90s,

shelters expanded all over the United States and by the year 2000, over 2,000 shelters had emerged (Roberts, 2002). In addition to providing a place of safety, battered women's shelters began to offer a variety of services including food and clothing, 24-hour hotlines, court advocacy, and legal aid (Roberts, 2002). Currently, some shelters with comprehensive services offer counseling for battered women and their children, legal assistance, peer support, education, vocational training, housing, and child care. Many women come into a shelter with an array of problems in addition to the violence they have experienced, including alcohol dependence, drug abuse, psychological disorders, and a history of child abuse (Loseke, 1992). The support of staff and volunteers in battered women's shelters can help them obtain resources and counseling to help them with these problems, which can often be obstacles in leaving a violent relationship (Roberts, 2002).

Women who are victims of domestic abuse face many barriers in their attempts to flee from the nightmare of the violence. Many find that they are unable to find available supports to help them gain their freedom and are faced with the options of either returning to a violent home or becoming homeless (Newman, 1993). The literature suggests that shelters have been instrumental in assisting battered women, however, little is known about how women perceive their shelter experience (Tutty, Weaver, & Rothery, 1999). Very few evaluations have been conducted to determine how women perceive the role of shelters in their struggle to escape the violence. As stated previously, the few studies that have been conducted suffer from methodological problems that weaken the confidence in the results. Results from the few studies that have examined the effectiveness of shelter services have indicated that for many women, the shelter

environment is viewed as one of support and empowerment while others find it controlling, frustrating, and unhelpful (Berk et al., 1986; Davis, 1988; Ferraro, 1981; Loseke, 1992; Newman, 1993; Tutty et al., 1999).

Various determining factors have been proposed in the research as to the role of shelters in helping battered women. For example, it has been suggested by Berk et al., (1986) that shelters will only have beneficial effects for battered women who have the capacity and readiness for taking control of their lives. Other factors that have been indicated in the research as influential in the outcome of battered women who seek refuge in shelters are the fit between the personality, mental state, and needs of the shelter residents and the philosophies and services offered by the shelter (Davis, 1988; Ferraro, 1981). For example, Davis (1988) described four prominent service models (feminist, social service, family welfare, and custodial) and outlined how each model might fit the needs of battered women as well as how the model might prove problematic for victims of abuse. Although shelters offer many resources for battered women and an opportunity to escape the violence, they also embody many features to which women may have difficulty adjusting. To varying degrees, all of the above models have rules, limited resources, hierarchical structures, overcrowding, and other problems that may influence their ability to help women. Even the models that adopt a feminist approach of empowering women to take control of their lives operate within guidelines that limit the women's freedom and deal with issues such as inadequate funding, limited resources, conflicts among residents and so forth. In addition, Ferraro (1981) pointed out the role of the interactions of the women with shelter staff and with other residents in determining the extent to which shelters are able to serve abused victims. In her qualitative study on

the processes of providing help to women in shelters, she concluded that how well a particular woman fit into the shelter community and benefited from shelter services depended largely on who was in the shelter at the time and the characteristics of the residents. She outlined the features of “good clients” and “bad clients” and concluded that women who came into the shelter projecting an image of self-sufficiency, sincerity, and responsiveness (in other words ready, willing, and able to accept what the shelter had to offer them) would be most appealing to staff and would receive the most benefits. In contrast, residents who were too demanding, non-compliant about the rules as well as the suggestions and recommendations of staff members, and who had problems interacting with staff and other residents were labeled rebellious and trouble-makers. Thus, the literature suggests that more research is needed to further illuminate the various factors that affect women’s experiences at battered women’s shelters. For some women, the shelter stay may be an important stepping stone in the process of permanently escaping the violence; for others, it may only serve as a temporary reprieve from the cycle of violence. Further exploration of the determining factors that may influence a woman’s shelter experience may provide important information to those who are dedicated to helping these victims.

The Cycle of Violence

Victims of abuse have been described as suffering from the “battered wife syndrome” which has been defined as a complex of symptoms from violence in which a woman has received deliberate, severe, and repeated injury (Ryback & Bassuk, 1986). Although it is not recognized in the American Psychiatric Association *Diagnostic and Statistical Manual, Fourth Edition*, (1994), the “battered wife syndrome” includes symptoms that

are similar to those found in post-traumatic stress disorder (Brewster, 2002). The components found in this syndrome are learned helplessness, anticipatory fear, and the cycle of violence. The women live in a state of terror that “immobilizes them, rules their actions, their decisions, their very lives” (Loseke, 1992, p. 26). Learned helplessness is a form of depression brought on by the abuse in which a woman perceives a complete lack of control over her situation (Brewster, 2002). Women describe feeling as if they “just gave up”, they “were beaten down physically and emotionally....I couldn’t even try to stop him”, and “I felt like there was no way out” (Brewster, 2002, p. 32). Brewster (2002) described the cycle of violence model as proposed by Lenore Walker in 1979 as including three critical phases: the tension-building phase, the acute battering phase, and the honeymoon phase. The cycle of violence has been proposed as one theory of why abused women stay in the relationship.

Children can also become caught up in the cycle of violence as they learn to live with the ebb and flow of the family violence. Girls learn to placate their fathers in order to avoid upsetting them and “causing them to become violent” and boys learn that it is acceptable to lash out violently as long as they make up for it later. Children may learn to look forward to the honeymoon period as a fun time when dad is in a good mood and showers them with gifts. Through the process of social referencing, children learn to rely on a more experienced person (i.e. their mothers and fathers) when interpreting and reacting to an event (Jaffe, Wolfe, & Wilson, 1990). An abusive environment lays the foundation for maladaptive socialization practices in which coercive, manipulative relationships are seen as appropriate and acceptable (Wolfe, Wekerle, Reitzel-Jaffe, Grasley, Pittman, & MacEachran, 1997). When children learn that violence is an

appropriate way to resolve conflicts, a way to control others, and a normal part of family relationships, they are at risk of becoming part of an intergenerational cycle of violence (Osofsky, 1998).

The Intergenerational Cycle of Violence

According to research, growing up in a violent home is highly correlated with the intergenerational cycle of violence (Roberts, 2002). Although there are very few longitudinal studies that have followed children who have witnessed domestic violence, there are many indications that witnessing violence between parents places children and adolescents at greatly elevated risk of becoming involved in violent relationships with both peers and in their adult relationships (Sudermann & Jaffe, 1997). Sudermann and Jaffe (1997) reported that a large U.S. national survey conducted by Straus in 1980 found that males who had observed parental violence were three times more likely to have assaulted their spouses within the past years than males who had not been exposed to family violence. Sudermann and Jaffe (1997) also reported on a 1988 study that found that male high school students who had revealed that they were exposed to violence between their parents were four times more likely to report using physical force with a dating partner than males not exposed to interparental violence. Studies on the transmission of violent behavior from generation to generation indicate both immediate and long-term impacts on children. Although many battered women report that they believe that they have shielded their children from the violence, many women realize that the safety and mental well-being of their children are being jeopardized by the abusive environment (Newman, 1993; Tutty, Weaver, Rothery, 1999). The mothers begin to witness the externalizing behaviors (e.g., acting out, aggression, noncompliance) or the

internalizing behaviors (e.g., somatic complaints, depression, anxiety) in their children (O’Keefe, 1994). This realization has often been pivotal in women’s decisions to leave the violent relationship (Campbell, Rose, Kub, & Nedd, 1998; Hilton, 1992).

Reasons for Leaving a Violent Relationship

Studies have shown that most often, the decision to leave a violent relationship is made over a period of time and involves many complex factors (Strube, 1988). Strube (1988) reported that 18 to 74 % leave the violent relationship only to return and that it is estimated that women leave an average of three to four times before permanently severing the relationship. Women stay in violent relationships for numerous reasons. Some of the compelling reasons that shelter women have given for staying in an abusive relationship are fears of harm to themselves, their children, or other family members if they leave, depression, feelings of immobility, guilt about what will happen to their partner if they leave (e.g., he will start drinking again, he will kill himself), economic dependence, isolation, personal history of abuse, commitment to the marriage vows, and lingering emotional and/or sexual attachment to the partner. Research indicates that while many abused women stay in a violent relationship out of concerns that their children will grow up without a father, others report that the impact of the violence on their children is often a turning point in their decision to leave (Hilton, 1992).

Estimates suggest that “between 2.3 and 10 million children witness parental violence each year in the United States” (Rossman, Hughes, & Rosenberg, 2000, p. 2). Battered women report that 90% of the time their children are either in the same room or the next room during the violence (Rossman et al., 2000). Although some research suggests that it is common for women to deny that their children are even aware of the violence much

less impacted by it, many women make great efforts to protect their children from witnessing the abuse and the effects of it (Sudermann & Jaffe, 1997). Women in shelters have reported that their children's behaviors such as aggression, withdrawal, or problems with friends or academics led to the realization of the devastating effects of living in a violent home (Newman, 1993). Women have often reported the serious and wide-ranging effects on children of the hostile, fearful, unhealthy environment as a major factor that influenced their decision to leave the abuser (Tutty, Weaver, & Rothery, 1999).

The Impact of Domestic Violence on Children

Twenty years of research has empirically established that exposure to domestic violence has significant negative impacts on children's social, cognitive, and emotional development (Groves, 1999). The National Center on Child Abuse and Neglect has established that exposure to marital violence is a form of child abuse (Rossman, Hughes, & Rosenberg, 2000). These indirect victims may not show signs of physical harm, but psychologically, witnessing their mother being beaten is one of the most insidious forms of child abuse (Groves, Zuckerman, Marans, & Cohen, 1993). A host of behavioral and emotional problems have been identified in children who have experienced domestic violence, including depression, anxiety, somatic complaints, peer conflicts, social isolation, academic problems, non-compliance with adults, and conflicts with the law (Suderman & Jaffe, 1997). Some of the symptoms displayed by children who witness abuse are associated with post-traumatic stress disorder, including such problems as difficulty concentrating, persistent sleep disturbances, flashbacks, attachment issues, and hypervigilance (Groves, et al., 1993).

The strong link between family violence and the numerous emotional and behavioral problems experienced by children has been well established by numerous studies. Results of a study by Jouriles, Murphy, and O'Leary (1989) revealed that marital aggression was significantly associated with clinical levels of behavioral problems. Evidence of this was also shown in a study that examined internalizing and externalizing behaviors of children who resided in a battered women's shelter (O'Keefe, 1994). Results revealed that 21% of the sample of 185 children scored in the 98th percentile on externalizing problems and 31% scored in the 98th percentile on internalizing problems. According to Jouriles et al. (1989), psychopathology is four times more likely in children of battered women.

Considerable empirical research has been devoted to better identifying and understanding the links between marital conflict and children's emotional and behavioral functioning (Emery, 1982; Holden & Ritchie, 1991; Holden, Stein, Ritchie, Harris, & Jouriles, 1998). Several proposed mechanisms for the link between marital discord and children's behavior problems have been outlined (Holden & Ritchie, 1991). These mechanisms include children's modeling of the parent's behaviors, children's acting out as a way of redirecting their parents' attention, and finally, parenting practices that result in negative consequences for the child's development (Holden & Ritchie, 1991). As outlined by Emery (1982), these mechanisms are a few of the many hypotheses proposed to explain the relationship between marital problems and children's behavioral difficulties.

Social learning theory emphasizes the role of modeling in the link between marital conflict and children's behavior problems (Patterson, 1982). In particular, power and control tactics as well as aggressive behavior have been identified as behaviors that

children who are exposed to marital violence learn through modeling and reinforcement. Children who witness violence may learn that violence is a normal and acceptable conflict resolution strategy (Wolfe, Wekerle, Reitzek-Jaffe, Grasley, Pittman, & MacEachran, 1997). O'Keefe's (1995) study indicated that children may imitate parents' problem solving behaviors with results suggesting that boys are more likely to imitate aggressive behaviors whereas girls are more likely to react to marital conflict with anxiety and withdrawal. Social learning theory suggests that children who are exposed to domestic violence would likely perpetuate the intergenerational cycle of violence by becoming either perpetrators or victims (Osofsky, 1998).

Acting out as way of redirecting parents' attention from the violence can serve as an adaptive function for children. Children may initiate or escalate problem behaviors in order to transmit the conflict onto themselves as a way of avoiding the hostility and aggression between their parents. This mechanism, known as "taking on the symptom" is a way that children attempt to defuse interparental conflict by developing a problem that will redirect their parents' concerns (Emery, 1982). Children may even become directly involved in the conflict, which can place their safety in jeopardy.

A third mechanism that has been proposed as a link between marital discord and children's maladjustment concerns the parental functioning of victims of domestic violence. The parenting practices of women who have been abused may be affected in a variety of areas, including less parental involvement, warmth, support, and emotional availability. Belsky (1984) described the determinants of parental functioning as complex and including multiple factors such as the parents' psychological resources, their stress level, their available support, their personality and developmental history, and the child's

characteristics such as temperament and personality. The quality of parenting is also vulnerable to environmental influences including stressful life events, poverty, and marital conflict (Erel & Burman, 1995). Women who are victims of domestic violence may become so preoccupied with the critical issues of safety that they may not be attuned to their children's needs (Zuckerman, Augustyn, Groves & Parker, 1995). Numerous studies have shown that the parental functioning of victims of domestic violence has been associated with many negative outcomes for their children who witness it (Cummings & Davies, 1994; Erel & Burmann, 1995; Osofsky, 1995). A study comparing battered women with non-battered women revealed that battered women perceived child rearing as being very stressful and that battered women reported inconsistency in their parenting, especially in the presence of their abuser (Holden & Ritchie, 1991). Results of this study indicated that as hypothesized, battered mothers attended to their children less and were more involved in conflicts with their children than the comparison group from non-violent homes. The research indicates that in addition to a correlation between domestic violence and difficulties in child-rearing practices, there is also an association between domestic violence and the quality of the parent-child relationships (Cummings & Davies, 1994; Erel & Burman, 1995; Osofsky, 1995; Zuckerman, Augustyn, Groves & Parker, 1995).

The quality of the parent-child relationship has been shown to be compromised by marital turmoil, especially when the conflict involves open hostility and aggressive behavior, by interfering with the emotional bond or attachment that forms between parents and children (Emery, 1982). Numerous studies have provided evidence that chronic marital conflict interferes with the warm, sensitive, involved parenting that is

associated with this important emotional bond (Camara & Resnick, 1989, Owen & Cox, 1997, Cummings & Davies, 1994). Battered women in the midst of struggling to protect themselves from their abusers may be emotionally and/or physically unable to provide comfort and security for their children. In the study by Owen and Cox (1997), a negative correlation was found between marital conflict and both sensitive interaction and positive parenting attitudes for mothers. It was shown that when marital conflict was high, greater disorganized attachment behavior with both mothers and fathers resulted. These results support the findings of other studies (Lyons-Ruth, Alpern, & Repacholi, 1993; Main & Hesse, 1990) that frequent and unresolved marital conflict exposes children to parents who may be unavailable or unapproachable as a source of comfort. This may be detrimental to both their security of attachment as well as the child's development of emotional regulation. According to these studies, the impact of the negative parenting on the parent-child relationship may be an important pathway through which family conflict contributes to child psychopathology.

Several hypotheses have been proposed to explain the effects of battering on parenting and parent-child relationships. Two hypotheses regarding the relationship between marital relations and parent-child relations that have received wide attention in the literature are the compensatory hypothesis and the spill-over hypothesis (Erel & Burman, 1995).

The compensatory hypothesis predicts that a stressful, conflicting marital relationship will result in an increase in the parent's attention to the child in an attempt to compensate for the strained marital relationship (Erel & Burman, 1995). For battered women and their children, this hypothesis would imply that mothers who are victims of abuse may

have a stronger involvement and investment in their children, which could serve as a buffer from the negative effects of the violence. However, the increased attention and the reliance of the mother on the child to fulfill her needs for love and intimacy may lead to compromised parenting. One mother reported that she was probably not “strict enough” with her children because she wanted to make up for all the “yelling and screaming” that went on with their father (Brewster, 2002). It has been reported that children of battered women frequently experience role reversals in which children even as young as one to two years old try to comfort or defend mothers (Cummings & Davies, 1994). According to Cummings and Davies (1994), children often take responsibility for the mother’s problems and feel that they may be in some way to blame for the batterer’s behavior. This can be burdensome for children and may lead to maladaptive behaviors. An illustration of this was given by Cummings, Davies, and Campbell (2000) in which a 10 year old girl would get involved in her parents’ fights, trying to mediate, sometimes becoming overtly angry with one or both parents, and often becoming her mother’s confidant and taking over many of the household responsibilities in order to keep things running smoothly in the home. Children may likely become targets of aggression themselves while trying to protect their mother. The potential problems associated with a close parent-child relationship fueled by a mother’s violent relationship with her partner suggest that the negative consequences may outweigh the positive gains.

The spillover hypothesis has also been suggested as a link between marital discord and parenting that leads to negative outcomes for children (Holden & Ritchie, 1991). The spill-over hypothesis was adapted from the sociological literature on stress and refers to the direct transfer of mood, affect, or behavior from one setting to another (Repetti,

1987). In discordant marital relationships, parenting may be affected if the conflict begins to “spill over into child-rearing behaviors” (Holden & Ritchie, 1991, p. 312.) This effect is thought to work in several possible ways. Children may serve as scapegoats for parents who are in conflicting relationships, which again may lead to the child feeling at fault for the conflict (Erel & Burman, 1995). As mentioned earlier, it may also lead to children initiating or escalating problem behaviors as a way of redirecting parents who are in threatening situations or lead to behaviors in children that model what they observe in the marital interactions. The negative interactions in the relationship may be carried over into the parenting style used with the children, which may lead to hostile, or emotionally unavailable or unresponsive parents (Cummings & Davies, 1994). Cummings and Davies (1994) found that in the 13 studies that they surveyed, all of them provided evidence that marital conflict increased emotional negativity in parenting. A meta-analytic review of 68 studies conducted by Erel and Burman (1995) that examined the significance, direction, and magnitude of the association between the marital relationship and the parent-child relationship supported the spill-over hypothesis. The overall composite mean weighted effect size indicated a significant and positive relationship between the quality of marital relationship and parent-child relationship. Levendosky and Graham-Bermann (2000) found that domestic violence was a significant predictor of negative parenting behaviors and highly related to children’s antisocial behaviors. Thus, the spill-over hypothesis can be viewed as a pathway through which marital conflict, especially violence, may lead to negative behavioral outcomes through its effect on the parent-child relationship as well as parenting practices such as discipline.

Domestic Violence and Discipline

The spillover hypothesis can also be applied to disciplinary practices in violent homes. According to this hypothesis, the distress and hostility that accompanies extreme marital conflict is carried over into disciplinary practices (Cummings, Davies, & Campbell, 2000). Parents in highly conflicting marriages or relationships are more likely to be inconsistent, lax, or harsh in their disciplining practices (Cummings et al., 2000). Studies have revealed that mothers who have experienced abuse often lose confidence in their mothering skills, feel emotionally drained and distant, and at times take their frustrations out on their children (Abrahams, 1994). These feelings can be compounded by the difficult behaviors that are often seen in children of battered women. Although it has been found in some research that battered women are no more likely to have harsher disciplining styles than non-battered women (Holden, Stein, Ritchie, Harris, & Jouriles, 1998), it has also been argued that mothers who have been abused are more apt to use physical punishment than non-abused mothers. In a study conducted by Holden and Ritchie (1991) comparing battered women with women in non-violent relationships, it was revealed that 92% of the battered women reported engaging in some aggression toward their children. Although the percentage of women in the comparison group who engaged in child-directed aggression (50%) was still high, it was almost half as much as the battered women group. Analysis of data from the 1985 National Family Violence Survey revealed that “mothers are much more likely to hit a child if the mother is a victim of violence by her partner” (Straus & Donnelly, 1994, p. 60). According to Straus and Donnelly (1994), in comparison to other variables analyzed such as the age and sex of the child, age and sex of the parent, socioeconomic status, and the experience of

corporal punishment by parents as children, physical violence between the parents was the most predictive for abuse of their children.

Although the use of corporal punishment to discipline children has been a controversial issue for decades, it is still being used at a high rate by American parents (Straus & Stewart, 1999). According to a recent study on the prevalence of corporal punishment conducted by Straus and Stewart (1999), the overall prevalence rate for infants was 35% and the rate reached 94% by the time children were three to four years old. As previously stated, interparental violence has been shown to be a risk factor for the use of harsh discipline. Opponents of corporal punishment argue that this disciplinary practice perpetuates the cycle of violence. In addition to investigating the prevalence of the use of corporal punishment, numerous studies have examined its impact on children.

Impacts of Corporal Punishment on Children

The controversial issues surrounding corporal punishment include the polarized view of whether or not it constitutes physical abuse as well as the debate regarding the benefit of using it as a disciplinary technique versus the negative outcomes of its use. Despite the hundreds of studies conducted on this issue, these questions still remain unanswered. A variety of views follow along a continuum, with those on one end claiming that any type of physical punishment is considered abusive and leads to a variety of negative outcomes, to those who argue that not only is corporal punishment not harmful, it is a necessary and beneficial practice. This ongoing debate has been a focus of psychological research for decades.

Gershoff (2002) conducted a meta-analytic and theoretical review that included 88 studies using the operational definition of corporal punishment as outlined by Straus and

Donnelly (1994). Eleven separate meta-analyses were conducted with 10 of the 11 meta-analyses revealing that corporal punishment is associated with the following undesirable outcomes: “decreased moral internalization, increased child aggression, increased child delinquent and antisocial behavior, decreased quality of relationship between parent and child, decreased child mental health, increased risk of being a victim of physical abuse, increased adult aggression, increased adult criminal and antisocial behavior, decreased adult mental health, and increased risk of abusing own child or spouse” (Gershoff, 2002, p. 544). According to Cohen’s (1988) criteria for measuring effect size, medium to large effect sizes were revealed for quality of parent-child relationship (-0.58), victims of physical abuse (0.69), and aggression in adulthood (0.57). This meta-analytic review indicates that corporal punishment is significantly associated with both short and long-term consequences for children (Gershoff, 2002).

Children who are exposed to domestic violence, which increases their risk of negative outcomes, have been shown to be especially impacted by the use of corporal punishment as a child-rearing practice. As previously identified, a major finding is that children exposed to marital violence are at increased risk of physical abuse. The “double whammy” of exposure to domestic violence and experiencing physical abuse has the combined effect of even poorer adjustment in children than either of these alone with children experiencing significantly more behavioral difficulties, both externalizing and internalizing (Hughes, Parkinson, & Vargo, 1989; O’Keefe, 1995). Research supports the hypothesis that the stress, social isolation, financial strain, and trauma that victims of abuse experience may “spill-over” into child-rearing practices possibly leading to harsh discipline that may escalate into the realm of child abuse.

The impacts of domestic violence are devastating and can have long-lasting consequences for both the women who are abused and their children who are exposed to the violence. Among the many negative consequences of domestic violence are the impact of the abuse on the parenting practices of victims, the possible damage to the mother-child relationship and the increased risk that the physical abuse will carry over to the child through disciplinary practices. Abused women's views of the effects of the abuse they experienced on their children, on their relationships with their children, and on how they parent their children have not been examined in the literature; nor has the research explored the meaning and function of shelter refuge for this population. Thus, the purpose of this qualitative study was to contribute to a better understanding of battered women's perceptions about how the abuse affected them and their children as well as how they experienced their shelter stay. A qualitative approach provided battered women the opportunity to share their perceptions, beliefs, attitudes, and experiences firsthand. The in-depth process of data collection in this approach allowed for the exploration of the intimate details of the women's daily lives and struggles. The goal of the present study was to identify common threads in the lives of battered women and in the role of shelters for abused victims to construct theory "grounded" in the data. As triangulation is an important aspect of qualitative studies to increase validity and strengthen the usefulness of findings (Taylor & Bogden, 1998), shelter staff members' perspectives about the experiences of shelter residents and their children, in general, were also included as an information source. In addition, the children of participants were provided with the opportunity to share their unique insight into their shelter experience.

Although research questions are expected to evolve throughout the qualitative exploration, the following questions were used to guide the data collection process.

Research Questions

1. What are the perceptions, beliefs, and attitudes of the abused women regarding the impact of the violence on their child (children)?
2. What are the women's views on how their abusive experiences affected their parenting, including discipline?
3. What are the women's views on how their relationships with their children might have been affected by the abuse they experienced?
4. What influences, if any, do the women perceive that their shelter experiences had on their child-rearing practices, including discipline?
5. What influences, if any, do the women perceive that their shelter experiences had on their parent-child relationship?
6. What are the women's perceptions of their experiences at the battered women's shelter?
7. What are their perceptions of the rules, policies, programs, and resources of the shelter?
8. What are the perceptions of the shelter staff members regarding women's adjustment to shelter life and what, if any, influences their shelter experience has on their parenting practices, including discipline, and their relationships with their children?
9. What do the children have to say about their shelter experience?

Method

Participants

Participants for the study were recruited by displaying flyers at the YWCA office and the battered women's shelter, announcing the study at weekly support group meetings held at the YWCA, and announcing the study at the weekly house meetings at the shelter.

Participants were required to be current or recent (within three months) residents of the battered women's shelter which is called the YWCA Pathways Program. If the participants' children were between the ages of six and sixteen, they were invited to participate in the study. Written consent was required from both the parent and the child. The children were required to have been present in the home during the violence and residents at the shelter. Participation was on a voluntary basis; the women received \$50 in appreciation for their time spent during the three interviews and each child received \$5 for his or her interview.

The ten women who participated in the study were between the ages of 22 and 45 ($M=31.5$, $SD = 6.9$). All of the participants were citizens of the United States except for one who was from Russia. This provided a unique situation for this victim as she was not able to obtain many of the services that are available to U.S. citizens. Eight participants were current shelter residents and two had left the shelter within a few weeks of the first interview. Five of the women were married to their abusive partners and the other five were living with their abusive partners. The length of the relationships was between 9 months and 7 years. The violence reportedly began on average nine months into the relationship for seven of the participants. The two exceptions to this pattern were Alice, who reported that the abuse started within the past year of her nine year marriage and Sara, who said that her husband was abusive "from the get go."

Five of the women had one or more children who participated in the study. The purpose of the child interviews was to provide supplemental data regarding the children's shelter experiences. The eight child participants were between the ages of 6 and 12 ($M=8.5$, $SD=2.0$). Six of these children were the non-biological children of their mother's

abuser. Further demographic information on the women and children is provided in Table 1.

For the purpose of triangulation, which enhances the validity of findings, six staff members of the YWCA were interviewed. The purpose of the study was explained and written consent was obtained from each staff member. The semi-structured interviews lasted approximately one hour and took place at various intervals during the nine months in which participants were being interviewed. The staff members who were interviewed included the shelter director (for the past five years) and the shelter night director (off and on for the past eleven years) both whom also served as case managers, the children's program advocate (of five years) and three YWCA staff members who have worked at the shelter as case managers and at the YWCA office as women's advocates for several years. The staff members were given a small gift valued at approximately \$5 as a token of appreciation for their time.

Confidentiality was maintained throughout data collection, analysis, and dissemination of the findings. Names were changed to protect participants' identities and no identifiable information was used in the research.

Setting

The study was conducted in a mid-sized town in the northwest United States. The setting for the study was a YWCA battered women's shelter¹ that provides comprehensive services for survivors of domestic violence and sexual assault. The

¹The YWCA provided refuge for 248 battered women and their children in 2002. Potential shelter residents are screened for admission into the shelter whenever they contact the shelter through the 24-hour crisis line, the business office of the YWCA, or through a medical or police referral due to a violent incident. Children ages 16 and under may accompany their mother in the shelter.

YWCA shelter has seven bedrooms containing 18 beds and can accommodate a maximum of 27 residents. However, there is an unwritten policy that limits the number of residents staying in the shelter at one time to approximately 17. The shelter has three full time staff members: the shelter director, a shelter women's advocate, and an evening shelter director who leaves the shelter at the residents' curfew of ten p.m. A children's program coordinator provides advocacy at the shelter at times, co-facilitates the children's weekly support groups, and provides follow-up services to a limited number of families after they leave the shelter. The basic policies of the shelter involve the requirement that residents keep the location of the shelter confidential, that all persons at the shelter be treated with respect and with non-violence, that women and children attend the mandatory weekly support groups, and that shelter rules involving curfews, bedtimes for children, no drug or alcohol use, and so forth be followed. See Appendix A for a complete outline of shelter residency requirements. Women are allowed to reside in the shelter for a maximum of 60 days, at which time they would ideally be placed into transitional housing. Transitional housing is a service offered by the YWCA that allows women and their children to live in low-income housing for a maximum of two years. The YWCA shelter best fits a combination of the feminist model and the social service model as outlined by Davis (1988). It adopts a safe house concept with a primary focus of empowerment, which means that it advocates for the "process of redefining, experiencing, and realizing one's own power" (YWCA Training Handbook, Fall, 2001). The shelter is also in a social service role as it provides residents with a variety of services, including temporary housing and food, case management, educational programs

and resource opportunities, support groups, and advocacy in the court and welfare systems.

Procedure

Current and recent shelter residents who were interested in participating in the study contacted the researcher at which time the purpose and procedure of the study were explained. The primary source of data collection was three in-depth interviews with each participant. In addition, brief interviews were conducted with five of the participants' children upon receiving consent from the mother and assent from the child. Child participants were required to be between the ages of 6 and 16 and included three children from one mother, two from another mother, and one child from three other mothers. Finally, six shelter staff members were interviewed. Approximately nine months passed between the first and last interview of the study. The difficulties encountered in securing a minimum of ten participants to complete the study made the numerous obstacles and pervasive stress that battered women face on a daily basis as they attempt to extricate themselves from an abusive relationship more salient. Eight of the ten participants completed all three of the interviews. One participant completed two interviews, but on the day that the final interview was scheduled, she had to flee to a shelter in another state for safety reasons. The other participant who did not complete the interviewing process was asked to leave the shelter for reasons unknown to the researcher. She completed the first interview and her child was interviewed as well.

Interview #1 with mother:

The initial interview was scheduled for approximately two hours and participants had the option of meeting with the researcher at the Clinical Psychology Center (CPC) at the

University of Montana or having the interview conducted at the shelter. The two participants who were no longer residents of the shelter were interviewed at the CPC. The two participants who left the shelter after the second interview completed their final interview at the CPC as well. Before the interview began, the purpose of the study was reiterated, confidentiality protocols were reviewed, and written consent to participate was obtained. Participants signed and returned one consent form and were given a copy for their records. Participants were asked to fill out a brief demographic questionnaire (Appendix B). The first interview lasted approximately one and a half to two hours and included broad, open-ended questions about the participant's violent relationship, what brought them into the shelter, how they felt about being there, how they perceived that the violence affected their children, and their beliefs about how the abuse may have influenced their parenting and their relationship with their children (Appendix C) The purpose of the initial interview was to allow the woman to tell her story in her own words, emphasizing the parts of the experience that were important to her.

Interviews were audio taped to allow for verbatim transcriptions. Ongoing note taking occurred during the interviewing process of non-verbal behaviors and communications such as gestures, tones, and emotions to enhance the recorded data. Each of the recorded interviews was reviewed within one or two days by the researcher to guide subsequent interviews. Participants were asked to clarify and verify information as necessary during subsequent interviews. This process, called member checking, serves to enhance the credibility of the study as well as establish the trust of the participants (Taylor & Bogdan, 1998). Respondents were also given a resource referral list at the conclusion of interview #1 (Appendix D).

Interview #2 with mother:

A second interview was scheduled on average one week later. Questions focused on the women's experiences thus far as a shelter resident (Appendix E). Probing questions pertained to their thoughts and feelings about being at the shelter, what they liked and/or disliked about it, what they felt was helpful, how they adjusted to the rules, requirements, regulations, what resources and/or services were made available to them, and in general, what the experience at the shelter has been like thus far. Questions also further explored the women's perceptions of the impact of the violence on their children and how it may or may not have affected their relationship with their child. Child-rearing practices, including what disciplinary techniques they felt worked best with their children, were focused on as well. Mothers were asked to talk about their views on their children's shelter experiences. Finally, responses to the first interview were confirmed, with requests for examples and elaborations.

Interview with child(ren):

If consent was given by the mother and the child agreed to participate, a brief interview with the child was scheduled sometime around the second interview with the mother. The child interview lasted, on average, approximately a half hour and focused on allowing the children to express their views on what being in the shelter was like for them (Appendix F). Depending on the comfort level of the child, some of the children were asked to describe their relationships with their mothers. The children were not asked about the violence they may have witnessed; however, one child freely expressed his thoughts and feelings about the abuse he witnessed during the interview. Children were

given the option of having their mothers stay in the room with them during the interview or not. Five of the eight children chose to have their mothers stay in the room.

Interview #3 with mother:

A third and final interview was conducted approximately one to two weeks after the second interview. This interview lasted, on average, one hour. Specific questions were not outlined for this interview; instead, the interview was used to follow-up on information that had been previously provided. For example, if a participant expressed frustration about something related to her shelter stay, the third interview was used for further exploration about this issue. In addition, the third interview was a good time for final member checking. After each interview, participants were debriefed, which included checking in on how they were feeling and answering any questions they may have.

Interview with staff member:

Six staff members were asked and agreed to share their views on how women and children, in general, adjust to shelter life (Appendix G). Questions focused on staff members' perceptions of how women and children adjust to shelter rules and policies, how they benefit from shelter resources, and any changes they routinely observe in women and children during their shelter stay. The interviews with staff members lasted approximately one hour.

Analysis

Analysis of the data was an ongoing process involving microscopic examination of the data as it was collected. The recorded interviews were listened to within several days following the interview and a "contact summary report" as outlined by Miles and Huberman (1994) was completed after each interview summarizing main issues,

important observations, and information regarding clarification or verification during future contacts. Ongoing transcription of interviews took place between April, 2004 and March, 2005. As themes began to emerge based on the participants' points of view and descriptions of their experiences, they were explored further, and elaborated upon.

As previously stated, the analysis of the data was based on the grounded theory approach as originally outlined by Glaser and Strauss in 1967. The grounded theory approach allows for the development of concepts, insights, and patterns to guide the researcher in formulating theory from the data collected. An important part of the analysis was the coding process.

Coding

As outlined by Straus and Corbin (1998), the coding process involved three distinct steps: open coding, axial coding, and selective coding. The open coding process began with a thorough reading of the initial interview of the first participant. Demographic information was recorded and sentences and/or paragraphs were coded. This involved labeling events, interactions, feelings, and so forth. These codes were first written in the margins of the transcriptions then later recorded in chart form as an extensive data summary. This process was continued for the second interview and more codes were identified. The first interview was then re-examined for these new codes. This process continued for the third interview of the first participant. All other participants' interviews were read and mined for this same data and occasionally, new codes were added. However, most of the data fit into the previous codes, which led the researcher to determine that saturation had occurred. A total of 143 codes were recorded. As primary concepts began to emerge, they were grouped into categories. For example, coding such

as abuser's name calling, infidelity, and isolating victim from family and friends were grouped into a category called emotional abuse. The naming of categories, which are "repeated patterns of events or interactions that represent what people do or say in response to their situations" (Strauss & Corbin, 1998, p. 114) was an important part of analysis as it resulted in descriptive explanations and interpretations of what might be going on for the victims of abuse from their perspective. Constant comparisons were made to detect similarities and differences among participants in terms of the properties and dimensions of the categories. In other words, isolation may have occurred for all participants, but to varying degrees. This constant attempt to view phenomena along a continuum allowed for the grouping of data according to patterns that emerged.

The process of axial coding involved combining categories from all of the data according to how they were linked or related. This resulted in moving the researcher toward a better understanding of the women and children's experiences and in forming explanations about the phenomena. A total of nine central categories, which were guided by the research questions, emerged. Each of the categories had numerous subcategories.

Finally, as outlined by Strauss and Corbin (1998), the selective coding process involved integrating and refining the theories that emerged in the data. Frequently appearing concepts that were related to the nine central categories guided theory generation as well as provided support for theories identified in the literature. Emerging theories were tested and validated or trimmed throughout the research process. The inclusion of negative case analysis as outlined by McGrath and Johnson (2003) served to establish the credibility of findings and conclusions based on the findings. This process involved searching for and analyzing discrepant data as a way of testing conclusions.

Data that was inconsistent with underlying themes was looked at closely to determine the possible reasons for the discrepancy. Data analysis continued until it was determined that theory saturation had occurred and relationships among categories had been well established as outlined by Strauss and Corbin (1998).

Table 1
Demographics

Name	Age	Rel. w/Abuser and length of rel.	# of Times Left Temporarily	Currently Employed	Previous shelter Resident	Time of current shelter residency at int. #1	Witnessed/ Experienced Violence as child	Age/Gender of Children * non-biological child of abuser	# of Children living w/you during abusive relationship	Reason for coming to shelter
Katy	31	lived with 5 years	2	No	Yes	6 weeks	Yes	*11 (F) *10(M) * 8(F) * 6(F)	6	Safety concerns, escalation of verbal and emotional abuse
Anne	38	Married 9 months	0	Yes (part-time)	No	5 days	No	* 8(M)	1	Violent incident/no place to go
Debra	34	Married 7 years	0	Yes (part-time)	No	6 weeks	Yes	*12(M) 6(F) 2(F)	3	His family suggested it/they were concerned for my safety
Margaret	32	Dating 1 year	10-12	No	Yes	2 weeks	Yes	*10 (M) * 6 (F)	0	Partner was stalking me, threatening me
Alice	35	Married 9 years	0	Yes	No	3 weeks	No	*14(M) 8(F) 5(M)	2 biological children only	Abuse was escalating & no where to go
Sara	24	Married 5 years	2	No	Yes	1 week	Yes	* 5(M) 3(F) 2(F)	3	Husband attacked me one night after out drinking
Pam	27	lived with 1 year	1	No	No	1 week	Yes	* 3(M) 6 mos. pregnant	1	Partner beat me up in our hotel room in front of my son
Ellen	27	Married 6 years	1	No	No	18 days	Yes	* 9(M) 3(F) 1.5(M)	3	Safety concerns/ husband out drinking & has a history of violence related to alcohol use
Rita	45	lived with off and on 7 years	1	No	No	1 week	Yes	* 25(M) *9(M) * 23(M) 5(F) * 21(F) 3(F) * 19(F) * 16(M)	3 youngest children most of the time, 16 year old some	Scared, heard he was looking for me, threatening to kill me
Karen	22	lived with 1.5 years	1	Yes	Yes	1 mos.	Yes	* 4(M)	1	Partner attacked me while drunk

Results

Shelter Refuge

Eight of ten participants were currently residing in the shelter at the beginning of the interviewing process. The two participants who were not currently residents of the shelter had left within the past two months. During the interviewing process, four more participants left the shelter. Margaret was required to leave for reasons unknown to the researcher, Alice returned to her abuser, Sara was transferred to a different shelter for safety reasons, and Karen left because she was dissatisfied with shelter rules and policies. At interview #3, Debra and Pam were planning to leave the shelter as soon as they were approved for transitional housing. At the end of their interviews, Anne and Rita were still in the shelter and were uncertain about their future living arrangements.

Six of ten participants had resided in a battered women's shelter at least once on previous occasions. Five of the shelter participants were battered by the same person as when they sought shelter refuge previously. One victim had been in a shelter previously because of abuse to her and her daughter by her mother. All of the women reported that they came to the battered women's shelter because they felt they had no other options for escaping the abuse. Two victims had been transferred from other shelters to the shelter in which the study was conducted for safety reasons; one victim came to the shelter from a drug rehabilitation clinic. Two of the abused women were referred to the shelter after police involvement in the violent incidents, one of whom had been taken to the emergency room for medical treatment. The other six women initiated going to the shelter on their own.

Each of the women experienced physical and emotional abuse to varying degrees and five of the women described sexual assault incidents or coercive sexual behaviors by their partners. Each participant shared her personal story; the nature of the abuse they experienced is described in more detail below.

The Stories

Katy's Story

Katy is a 31-year-old mother of six children, ranging in age from two to ten. Her current abusive relationship was with a live-in boyfriend of five years. She was previously married for five years to a man who was also abusive. Katy's current partner was also her cocaine supplier; she reported that she was addicted to cocaine up until her pregnancy with their now two-year-old son. Katy's five other children are from previous relationships.

Katy described her abuser as someone who could be kind and gentle, but who was also a drug dealer and too lazy to work. His constant name-calling and criticism ("nothing was ever good enough...I was never skinny enough") left her feeling worthless. She tearfully stated that she used to be intelligent, athletic, and attractive and now she has "no self-esteem...the abuse has just chipped away at me until I feel like I'm nothing." Her decision to leave him was precipitated by the increase in isolation that she experienced: "I felt trapped and thought, 'I'm gonna end up here. I'm gonna die here all alone'." During the final interview, Katy announced that she was returning to her abuser because of legal issues related to leaving the state with the children without informing her ex-husband.

Anne's Story

Anne, who is age 31, brought her eight-year-old son to the United States from Russia nine months ago. She reportedly fled from her country because she and her child were in danger. According to Anne, her son had been poisoned with food by a member of the KGB and spent one month in the hospital in Russia before the American Consul helped them escape to the United States. Anne married an American man with whom she was acquainted because he offered to take care of her and be a father to her son.

Anne's husband became abusive three months into the marriage. In addition to physically abusing her, he refused to support her and her son financially. Anne's son witnessed her being beaten and was greatly impacted by it. She sought medical treatment on one occasion and had him arrested for the recent beating at which time she and her son moved into the shelter. Anne can receive only limited services at the shelter because she is not a U.S. citizen.

Debra's Story

Debra is a 34-year-old mother of three. She has a twelve-year-old son from a previous relationship and two daughters, ages six and two, who are the biological children of her abuser. Debra married her current husband seven years ago when she became pregnant with their oldest daughter. She recalled that her husband became abusive even while she was pregnant, once kicking her in the stomach with his work boot. She stated that the physical abuse was almost always alcohol related. Debra's decision to leave her abuser and go to the shelter was precipitated by the escalation in his drinking and violent behavior. She shared that the children had become very frightened of him as well. At the

time of the final interview, Debra had filed for a divorce and she and the children were preparing to move into transitional housing.

Margaret's Story

Margaret is a 32-year-old Native American woman who has a ten-year-old son and a six-year-old daughter. Because of her history of cocaine addiction, she stated that she has not been taking care of her son for the last five years and has taken care of her daughter on a limited basis as well. Family members have legal custody of her children. Margaret was in an abusive relationship with a friend with whom she lived for five years. She stated that it was not a romantic relationship although he would have liked for it to be. He was her drug supplier for her reported \$300 to \$400 a day cocaine addiction. Margaret revealed that before becoming involved with her abuser, she relied on income from prostitution to maintain her drug addiction.

Margaret's abuser "pulled a gun on her" at which time she fled to a shelter. She then went into a drug rehabilitation clinic for one week and was transferred by bus to this shelter where she has children and family close by. Margaret's situation is also unique in that because of her drug felonies, she does not qualify for welfare. Thus, she has no money and her family is unwilling to help her out because of her past history. Margaret only had one of her children with her at the shelter at a time and admitted that she was not yet "mentally ready" to have them together. Shortly after the initial interview with Margaret and an interview with her son were conducted, Margaret was required to leave the shelter for reasons that are unknown to the researcher.

Alice's Story

Alice, who is a 35-year-old mother of three, left her husband of nine years to come into the shelter. Although there was not an incident of physical violence in the relationship, his verbal and emotional abuse toward her and their children was escalating. Alice's decision to leave was precipitated by an altercation with her husband and her mother-in-law who was visiting from out of town. As the situation worsened, she called the crisis line and had a neighbor take her and the children to the hospital emergency room to meet a YWCA staff member. She and her children, ages 14, 8, and 5, were taken to the shelter.

During the final interviews with Alice and her daughter, Alice revealed that she had returned home to give her marriage another chance. She was angry and confused when the shelter staff informed her that under state law, they had been required to report her to Child Protective Services for going home. Alice said that she did not feel that going back to the shelter would ever be an option for her if the relationship did not work out.

Sara's Story

Sara is a 24-year-old mother of three who was married to her husband for five years. Sara revealed that she met her husband shortly after he was released from prison and married him because she was pregnant and wanted a father for her child. She has a five-year-old son from a previous relationship and she and her husband have two daughters, ages three and two. Similar to Debra's situation, Sara's husband became abusive when he drank alcohol. The incident that led to her coming to the shelter was precipitated by a heated argument over finances followed by him storming out the door and coming home drunk. After a violent incident that was witnessed by the children, Sara ran to a

neighbor's house and called the police. The children witnessed their father being taken away by police officers all the while fighting them, kicking them, and trying to get away. Sara stated that she had a difficult time adjusting to the shelter because it was stressful, chaotic, and crowded. After the second interview was complete, Sara and her children had to flee to a shelter in a nearby state because her abuser had discovered the location of the shelter.

Pam's Story

Pam and her three-year-old son came into the shelter after an extremely violent incident in which Pam was beaten severely in front of her child. Pam, who is 27 years old, is six months pregnant with her live-in boyfriend's child. Her son is from a previous relationship. The police were called by the hotel manager; Pam and her son were taken to the emergency room, and then they went to the shelter. At the time of the initial interview, she had a black eye, a lacerated and swollen lip, bruising all over her arms, and reportedly had two loose teeth. During their shelter stay, Pam was having a difficult time with her son as he was acting out aggressively toward the other children in the shelter. Pam was very disturbed by the impact that witnessing the abuse had on her child.

Ellen's Story

Ellen is a 27-year-old Native American woman who has three children, a nine-year-old son from a previous relationship, a daughter who is four-years-old and a one-year-old son. The two younger children are the biological children of her husband of six years and were with Ellen during her shelter stay. Her older son has been living with his maternal grandparents on the reservation for the past few months while Ellen was getting settled into school as she is currently pursuing a bachelor's degree.

Ellen came to the shelter because her husband's alcohol-related abuse was escalating. She recounted several recent incidents in which he had thrown objects at her and hit her. She also recalled that when she was pregnant with their one-year-old son, her husband went into a drunken rage and cut up all of her maternity clothes. Ellen and her two children were only in the shelter for three weeks before she was able to move into low-income housing.

Rita's Story

Rita is a 45-year-old Native American woman who is the mother of eight children ranging in ages from 3 to 25. She stated that she has lived with her abuser, who is the father of the two youngest children, off and on for seven years. She recalled that he became abusive soon after they moved in together when she was pregnant with their daughter, who is now five. She came to the shelter after a recent incident in which he was intoxicated and climbed into her bedroom window and passed out in her bed. Rita revealed that she lost custody of her older children in the past due to alcohol abuse. She is currently working on staying sober, being a good parent, and trying to find a job and a place to live.

Karen's Story

Karen, who is the 26-year-old mother of a four-year-old boy from a previous relationship, was in a common-law marriage for a year and a half. She recounted that her husband became abusive about four months ago when he began drinking heavily. She was in this shelter once before after he was arrested on domestic violence charges. In addition to physical abuse, Karen experienced severe emotional abuse. Karen reported that at one point, she and her son were locked in their home for a month. Karen said that

they lived “out in the woods in the middle of nowhere” and that he would lock the doors upon leaving for work in the mornings and leave her with no phone or transportation. The windows were nailed shut as well. According to Karen, during one three day period, there was no food in the house and she also developed a bladder infection which went untreated. She was able to escape and, with the help of a neighbor, came to the shelter.

At the time of the final interview, Karen and her son had left the shelter. She reported that the shelter was extremely chaotic, unsafe, and stressful so she and a fellow resident requested to go to a motel for an overnight reprieve. Although the request was denied for safety reasons, she and the other resident left with their children anyway and did not return to the shelter. Instead, they found an apartment and moved in together.

The Nature of the Abuse: Victims’ Perceptions

Physical Abuse

The physical abuse ranged from subtle altercations such as “accidental” shoving as reported by Alice and a one time choking incident as reported by Katy to Pam’s severe beating and the chronic physical abuse that Debra experienced over a seven year period. Although the victims described injuries such as bruises all over their bodies, black eyes, migraine headaches, vomiting, lacerated lips, loose teeth, and back injuries, only two of them sought medical attention. Three of the victims reported the abuse to the police at which time their abusers were arrested. Three of the victims’ abusers had been jailed on previous occasions. One victim’s abuser had been previously charged three times with domestic assault: a previous assault on her, and assaults on both his ex-girlfriend and ex-wife. Two victims were unaware of why their abusers had been in jail or prison before they became involved in a relationship with them; these women admitted that they had

never tried to find out what the charges against their abusers were until they came into the shelter after leaving the relationships.

Emotional Abuse

The experiences of the participants were similar in that they all described one or more types of emotional abuse, including isolation, intimidation, verbal abuse, financial control, and unrelenting criticism. Although all of the women, with the exception of Katy and Alice, had experienced physical abuse on more than one occasion, it seemed that the women's stories focused more on the emotional abuse they had suffered than the physical aspects of the abuse. Three prominent themes emerged in their stories: walking on egg shells, isolation from friends and family, and constant verbal abuse and criticism.

Walking on Egg Shells

One of the core themes that emerged was the victims' experiences of "walking on egg shells." All ten of the abused victims described scenarios in which they were afraid to either go home because of what might lie ahead or were in fear of their partner's coming home because they were never able to anticipate what might trigger his rage. Alcohol and/or drug use was reported by eight of the victims as playing a huge role in their abusers' behaviors. Thus, these women lived in fear of what their partners might do to them when they were drinking or using drugs. As the women were not asked directly about their partners' alcohol and drug use, the role of substance use in the other two women's abusive experiences is unknown. However, there is no doubt that a strong relationship existed between the alcohol and drug use of the abusers and the victims' experiences of "walking on egg shells."

Debra described not being able to sleep at night if her husband was out drinking because she was so afraid that he would hurt her when he came home. She recounted an incident in which he came home drunk and she pretended to be asleep so that he wouldn't bother her, but he "punched her in the back" anyway. She said that many times she "would wonder if I was going to make it to see the next day...I would fall asleep praying." Ellen and her children felt the tension in their home when her husband arrived at home drunk, and similar to Ellen's report, Pam and Sara indicated that their partners would instigate arguments so that they had an excuse to storm out of the house and get drunk.

Sara reported "walking on egg shells" over little things such as "if I took too long at the grocery store or if I bought something he didn't approve of, he would flip out on me." She described, "trying to be perfect and have this perfect house at all times while three kids are running around and just stressing myself to the gills over this man." Most of the participants recounted their unsuccessful efforts to behave in certain ways and to direct their children's behaviors in ways to avoid "upsetting" their partners. The common thread in all of the stories was that the women were often unable to detect any warning signs of impending abuse. Descriptions such as "he just snapped," he "flipped out," he "had a violent outbreak" or "I had no warning" were prominent.

Isolation

Isolation was a common theme among the participants with eight of ten women reporting that they were "cut off" from friends and family members by their partners. Katy was "stuck" out in the country living on her in-law's property with no phone, no transportation, and no money. By the time she sought refuge in the shelter, she had told

her social worker that she was “going to put a gun to her head if she didn’t help her get out of the situation.” Debra’s husband would leave for work in the mornings and then “pull an all nighter” three or four nights a week, which involved staying at the bars drinking all night while she was “at home with three kids and dinner on the table.” Alice finally stopped calling her mother who lives in another state because her husband harassed her so much to get off the telephone when she called her. She added that her mother was not allowed to come visit her because her husband refused to let her into “his house.”

Verbal abuse

All of the women described being called degrading, insulting names by their partners. Many of the children modeled the behaviors they witnessed and directed the same insolent remarks toward their mothers. In addition to the name-calling, the women experienced constant criticism, threats, and screaming and yelling.

Sexual Abuse

Four of the women described experiencing sexual assault or coercive sexual behaviors. Their stories included engaging in oral sex with her partner so that he would continue to supply her with cocaine (Katy), being raped by her husband one morning after he had been out drinking all night (Debra), constantly being harassed for sex by her partner (Margaret), and being expected to “act like a porn star when he wanted me to or he would punish me or threaten to cheat on me” (Sara). As the women were not specifically asked about the types of abuse they experienced, whether or not others experienced sexual abuse is unknown.

While many of the abusive experiences described by participants were unique, they clearly shared numerous negative consequences as a result of their experiences. During the process of data analysis discussed previously, four broad areas, guided by the research questions posited, were used to help organize the findings: 1) participants' perceptions of the impact of their abuse on their children; 2) participants' perceptions of the effects of their abusive experiences on their parenting and on their relationships with their children; 3) the perceived shelter influences on these women's parenting and on their parent-child relationships; and 4) the meaning of and lived experiences of the participants' shelter stay. All other categories and subcategories were related to these central areas. Each of these areas, with their various subcategories, is discussed in more detail below.

Women's Perception of the Impact of Their Abusive Experiences on Their Children

Perceived Exposure

Almost all (eight of ten) of the women reported that their children witnessed the abuse to some degree. The majority of the women's descriptions of their children's exposure to the abuse matched Katy's perception that the children "saw and heard everything." The two exceptions were Rita and Margaret. Rita said that her oldest daughter protected her younger siblings by either taking them into her bedroom, or taking them to someone else's house even in the middle of the night, during the times her mother was being abused. Margaret said that she protected her children from her lifestyle of abuse and drugs by leaving them in the care of someone else. Margaret and Rita did not acknowledge the possible negative consequences of these actions on their children.

The women's portrayal of their children's level of exposure to the abuse fell on a continuum of not witnessing any abuse, such as Rita and Margaret reported, to being present during one or more extremely violent incidents. Pam, Anne, and Sara's children witnessed them being severely beaten by their abusers. All of the women, except Margaret and Rita, felt certain that their children were aware of the constant arguing and fighting and felt the tension in the household and most had seen physical violence.

Perceived Behaviors related to Exposure to Abuse

The women seemed to have a difficult time differentiating between behaviors their children exhibited while in the abusive environment and those that their children were currently exhibiting while in the shelter. There was an overlap in behaviors that were observed by the mothers before they brought their children into the shelter and those that they were currently noticing; however, some behaviors, such as crying for their fathers or crying to go home were behaviors that obviously happened during their shelter stay. A summary of the behaviors that were described by the mothers is included in Table 2.

Table 2.
Behaviors Perceived to be Related to Exposure to Abuse

Katy *Female (11) *Male (10) *Female (8) *Female (6) *Male (4) Male (2)	angry, loss of respect for mother, loss of trust, low self-esteem increased aggression “my pleaser, does dishes, helps clean” “mouthy” name calling, swearing, aggressive regression (with potty training and weaning from breastfeeding)
Anne *Male (8)	Frightened, guilty-couldn't protect mom, increased aggression, bedwetting, loss of respect for mother, cries himself to sleep every night, angry
Debra *Male (12) Female (6) Female (2)	angry, increased aggression, “macho attitude,” “afraid of his dad when he is drinking,” not listening to mom angry and distant some days, clingy others tantrums, throwing things, breaking toys
Margaret *Male (11) *Female (6)	angry, sad frightened of mom's abuser, angry, demanding
Alice *Male (14) Female (8) Male (5)	angry, played mom and step-dad against each other tantrums, screaming, sad, scared, confused, clingy no problems according to mom
Sara *Male (5) Female (3) Female (2)	angry, protective of mom, bedwetting, increased aggression, afraid of dad clingy “ball and chain”, whiny, afraid of dad clingy
Pam *Male (3)	swearing, aggressive, name calling
Ellen *Male (9) Female (4) Male (1)	lonely, sad, withdrawn tantrums, “pushing my buttons”, yelling, screaming, “sometimes clingy, sometimes distant”, angry “crying all the time”
Rita *Male (25), *Male (23), *Female (21) *Female (19) *Male (16) *Male (9) Female (5) Female (3)	not in shelter protective of mother and siblings (in shelter part of the time) protective of mother, trouble with law, academic problems (not in shelter) academic problems, angry, unhappy at shelter tantrums, hitting, cries to go home, non-compliant, “acting out” cries to go home, wetting her pants, non-compliant, “acting out”
Karen *Male (4)	Non-compliant, cries for dad, name calling, verbally abusive toward mom

***non-biological children of abuser**

Anger/Aggression

According to the mothers' reports, the children's most common responses to their exposure to the abuse were anger and aggression. All of the women, with the exception of Pam, described one or more of their children as feeling angry and acting aggressively toward them and toward other children in the shelter. Interestingly, although Pam's three year old was reported by the other residents as being the most aggressive of all of the children as well as the most verbally abusive toward his mother, she did not describe him as angry. Unlike most of the women who seemed to be aware of their children's behavioral problems, Pam did not acknowledge the significant level of maladaptive behaviors that her son was exhibiting. It is likely that Pam's denial was related to the guilt she was experiencing at having exposed him to the trauma of witnessing her beatings; Pam sobbed as she described how disturbing it was for her that her son had witnessed her beating.

The underlying factors related to the children's anger varied. Some of the mothers attributed their children's anger to their abusive partners' behaviors for hurting their mothers and for the maltreatment they also experienced, and some mothers realized that their children's anger was directed toward them. Three of the women (Anne, Debra, and Sara) were convinced that their children's anger was directed toward their abusive husbands or partners for the abuse they inflicted on their mothers. A strong relationship seemed to emerge in the data between both the severity of the violence experienced by the women and the child's level of exposure to the violence and the intensity of the anger experienced by the children. This was evidenced by the fact that all of the children who

were extremely angry toward their mothers' abusers had witnessed, first hand, the severe abuse that was inflicted upon them.

Interestingly, all of the children who were reported by their mothers as being extremely angry toward their abusive partners were males and were the non-biological children of the abuser. Relationships among several factors seemed to emerge: gender and the amount of exposure to the violence (with mothers' perceiving males as having greater exposure because their females were more protected from witnessing the violence), gender and the intensity of anger toward the abuser (with males experiencing more anger possibly because of their innate tendency to protect their mothers), gender and the type of behaviors exhibited as a result of exposure to violence in their homes (with males directing their anger outwardly and females suppressing their anger by becoming withdrawn or exhibiting their anger in more indirect ways), and finally, the relationship between the child and the abuser and the intensity of anger (with non-biological children possibly experiencing less of an attachment to the abuser and as a result, expressing more anger toward him). Debra's situation illustrates the above propositions. Debra's perception was that her son was more exposed to the abuse than her young daughters. In addition, she acknowledged that her son, who was not the biological son of her abuser, was very protective of her and was a source of support for her throughout the abuse she experienced. Her son outwardly expressed his extreme anger at his step-father for hurting his mother, whereas her young daughters acted out their anger in more covert ways (e.g., her six year old was writing on the car seats and her baby was throwing objects and breaking toys). These relationships among gender, the amount of

exposure to the violence, the intensity of the violence, and the relationship of the child to the abuser were supported, at least in part, by many of the participants.

Five of the mothers associated their children's anger with a combination of exposure to the abuse and the children's own experiences of abusive treatment. Again, many of the children were maltreated by their mothers' partners, particularly the children who were not biologically related to the abusers. Mothers recalled incidents in which their children were verbally abused, physically abused, or harshly disciplined by their partners or husbands. Anne's son experienced chronic verbal abuse (e.g., his step-father called him "a little fucker"), and during the nine months they were with her abuser, her son was physically abused on two occasions of which she was aware. Katy, Debra, and Sara recounted incidents of verbal and physical abuse as well. For example, Debra's son was slapped in the face by his step-father because he told his step-father not to kick their dog anymore and Sara's husband would often call his three year old daughter "a little bitch" and his step-son a "sissy boy." Mothers revealed that some of their children had verbalized their intense anger toward their fathers, step-fathers, or mother's boyfriends and had expressed their fear of them. Sara's son said he "never wanted to go back to that house again because daddy scares me," and Debra reported that her son said that he wanted to take a bat to his dad.

Some of the mothers recognized that their children's anger was directed toward them. While, some of the mothers seemed acutely aware of why their children were "mad at them," others were confused about their children's feelings. For example, Margaret knew that her son was "pissed" because it took her so long to come back to him, but Ellen, who

detected her daughter's anger, was unsure what it was all about. Margaret stated that both children have a lot of anger toward her for abandoning them:

He's (her son) happy that I'm back now, but he's let me know that he's mad that it took so long. And he's let me know right away, 'if I see you doing drugs, I'm calling the police.' And my daughter, she's so young...she doesn't understand so it's a little harder for her...she's just...'you just love drugs and you don't love me and you don't want to be with me...and how come you're doing that when you should just quit for us....if you loved us you would quit'.

It is very likely that many of the children were angry for numerous reasons and would have a difficult time, if asked, stating why they were angry. In addition to being angry about their mothers being hurt and the verbal and sometimes physical abuse they experienced, many children are probably angry about having to leave their homes, pets, friends, and familiar (albeit chaotic) environments and as Alice phrased it "having their families ripped apart." In fact, during the interviews with the children, many of them spoke about missing their pets, their toys, having their own rooms in which to play, and their friends.

Aggression was the children's second most common behavioral response that the women associated with the abusive environments to which their children were exposed. Older children, as well as younger ones, were exhibiting aggressive behaviors. Interestingly, all of the children who were acting out aggressively toward other children were males. The younger (pre-school age) boys were described as hitting, biting, and scratching other children, pulling hair, "stealing" toys from other children, tantruming, swearing, and name calling. The older males were described as more verbally

confrontational with their mothers and with peers (i.e. Debra said that her son had a “macho attitude” and Katy’s son was verbally abusive). Many of the mothers, including Katy, Anne, Debra, and Sara, expressed concern that their boys would grow up to be abusive toward their partners.

Fear/Anxiety

In addition to aggression and anger, children were also exhibiting behaviors related to fear and anxiety. Three of the children in the shelter were having problems with enuresis. Anne’s son, who is eight, began wetting his bed almost every night after the first incident of violence that he witnessed. Although his instances of bedwetting decreased since coming into the shelter, they increased after a frightening incident in which he saw his step-father parked outside his school one afternoon. Sara reported that her five year old son wet his bed “every single night” while they were in the abusive environment. Since being in the shelter (a week and a half at the time of the first interview), he had not wet his bed once. Katy had been having difficulty toilet training and weaning from breast feeding her two-and-a-half-year old, but stated that she had been making progress until coming into the shelter at which time he regressed. Katy was certain that it was related to the trauma of leaving his step-father as they were very close. It seemed that these boys dealt with their anxiety by behaving aggressively during the day, but at night their anxiousness took on a different form.

In contrast with the males, the females were often described by their mothers as being clingy, demanding, whiny, and prone to tantruming. Sara described both of her daughters as a “ball and chain” and stated that she felt she was going to lose her mind if she did not get a break. Alice, too, said that her daughter was very clingy, adding that she would not

even allow her mother to leave her alone long enough for her to go to the bathroom.

Ellen's daughter, on the other hand, was clingy at times, but distant and avoidant at other times. It appeared that the females who were exposed to the abuse were more prone to exhibit symptoms of anxiety, fear, and withdrawal whereas the males were experiencing anger and behaving aggressively.

Perceived Effects of Abuse on Parenting and Parent-Child Relationships

Perceived Impact on Parenting

All of the participants acknowledged that their abusive experiences played a role in their parenting and disciplining practices to some degree. The significance of the perceived impact of the abuse on their child rearing practices varied along a continuum; some of the women felt that their parenting was affected very little while others acknowledged considerable effects.

Single parenting

Although all of the women were either married to or living with a partner, a common factor among the battered women was that they all saw themselves as the primary caregivers of the children. Eight of ten women described themselves in the role of a single parent; their partners had very little involvement in parenting other than sometimes disciplining the children. Margaret and Rita were the exceptions to this; they explained that while they had no parenting help from their abusive partners, they had extensive help parenting their children from relatives. For example, Margaret's children were primarily in the care of family members for most of their upbringing because of her substance abuse. For a short time, Margaret's mother had custody of both of her children, but for the most part, her sister had custody of her daughter and a male cousin had custody of her

son. Rita's family was pivotal in helping her raise her eight children. She revealed that she "lost" her children for a while a long time ago due to her substance abuse, but she regained custody of them after going through a rehabilitation program. She and her children lived with relatives from time to time and she relied on them for help in raising her family.

Permissive parenting

According to their descriptions, a permissive parenting style had been adopted by many of the participants. For example, Karen admitted that she "coddled" her four-year-old son too much, adding that her husband criticized her for making her son a "sissy boy." The impression given by Karen was that she was overly indulgent of her son's problem behaviors at times to make up for her husband's harsh style of parenting. She expressed frustration that her husband was always critical of her parenting: "I could never get anything right...you know, at some point I'm too strict and then I'm not strict enough because I'm coddling him." Pam described herself as having "unconditional love" for her son and admitted that she rarely disciplined him. While in the shelter, Pam was extremely tolerant of her son's behaviors, particularly his use of profanity toward her (e.g., "fuck you mom," "stupid bitch") and his aggression toward other children. Although Pam acknowledged that other residents were critical of her lenient parenting, she was defensive of her son's behaviors, stating that he was too young to understand what he was saying and doing. Pam's son was the focus of many of the shelter residents' complaints because of his influence on their children's behaviors. It is likely that Pam's parenting was influenced by the guilt she admitted to experiencing because of the violence her son witnessed. Similar to Karen and Pam, Sara seemed to overlook many of her children's

behaviors at the shelter. Her permissive parenting seemed to be related to her complaints about her husband's harsh parenting. She was especially distraught about her husband's treatment of her five-year-old son whom he verbally abused (e.g., he called him retarded and often said in the child's presence that he hated him). Sara, Debra, and Katy acknowledged that they were often so preoccupied with their partners' needs or worried about what might happen when their partner arrived home from work or from a night at the bar, they were often dismissive and inattentive to their children. Based on the women's accounts, the tendency for permissive parenting styles among the victims of abuse seemed to be related to three factors: the mothers were overcompensating for the harsh treatment of the children by their abusive partners; they were reacting to their guilt at having exposed their children to the abuse; and/or they were too preoccupied with survival and the abuser's needs to focus on parenting their children.

Preoccupation/Neglect

All of the participants realized that to varying degrees their parenting was affected by the abuse they were experiencing because they were often so preoccupied with safety issues, were busy attending to their partners' needs, or were in such a state of emotional distress that they were unavailable for their children. Anne recognized that she was not a good parent all of the time, stating, "I get so depressed...I can't be a good parent...I feel like I am losing my son emotionally...that is what I would fear." She described her son as becoming very fearful and clingy while in the abusive environment, adding, "he wouldn't even go into the kitchen and eat breakfast without me." Debra felt that although she was a good parent, she recognized that she "would neglect my kids in ways that I did not realize." She explained that she would get in such a bad mood because her husband was

always out drinking with his buddies that she was unable to give the children her full attention.

I was distracted....pacing around... I kept wondering if he would get home alive. I couldn't concentrate...I wasn't getting any sleep....they could tell what was going on. I would say go play your games please cause mommy's got lots on her mind instead of jumping in and playing a game with them.

Sara tearfully referred to herself as "a bad mom" and said she felt so guilty that she was so concerned about what he (abuser) was doing, that she neglected her children. She said that she consistently responded to their acting out by ordering them to "just go sit down, I can't deal with you right now or go watch T.V. and leave me alone."

In contrast to the other parents, Margaret and Rita's neglectful parenting was not due to preoccupation with their abuser or to emotional distress. Both admitted to being incapable of caring for their children at times because of their alcohol (Rita) and drug addictions (Margaret). Although Margaret was honest about her past substance abuse, she did not take responsibility for her current difficulty in re-connecting with her children. Instead, she blamed her mother, explaining that her son was "kidnapped" at the age of two by her mother because of her drug use. She added that her mother told her child that his mother "hated him and didn't want nothing to do with him." Margaret justified not having her son and daughter with her most of their lives because she said that they were better off not being around her while she was using drugs or in abusive relationships. She would periodically come back into their lives, but was unable to overcome her addiction so she would leave again. During the interview, Margaret revealed that she was feeling overwhelmed at the idea of parenting both of her children right now and felt that she

would do a better job if she could begin parenting them one at a time. Rita disclosed that she lost custody temporarily of her oldest five children at one time due to her alcohol abuse. While she recognized that her parenting of her older children was affected by her alcohol use and the abuse she experienced from their father whom she said “beat me pretty regularly,” she did not feel that her parenting of the younger children was affected by her recent abusive relationship because she stated that the children “never witnessed anything.” She explained that her oldest daughter would pack up their clothes and leave with them while they were sleeping or take them into her room when her partner became abusive.

Conflicted disciplinary styles

Many of the women experienced conflict in their relationships with their partners related to differences in disciplining styles. As previously mentioned, in most cases, the women complained that their partners were involved very little in parenting. However, those who were involved in parenting seemed to take charge of the disciplining of the children. Conflict between the women and their partners was often related to how the children were disciplined as most of the women felt that their partners were too harsh in their disciplinary techniques. For example, Alice disagreed with her husband’s way of dealing with the children when they misbehaved stating that he would put hot sauce in their five year old son’s mouth and soap in their eight year old daughter’s mouth. Others, including Sara, Debra, and Anne, disagreed with the way their husbands handled challenging behaviors, but felt powerless to do anything about it. In fact, Alice and Sara stated that if they interfered and tried to protect their children from harsh discipline, it

actually made the situation worse for their children. Conflicting parenting styles was a common source of discord in relationships between the women and their partners.

Conflicted loyalties

An additional major source of conflict between the women and their abusers was the women's perceptions that their abusive partners mistreated their non-biological children. All ten of the women had children from previous relationships and seven of the ten complained that these children were mistreated by their partners. Again, much of the conflict centered on incompatible discipline practices, but many of the women also felt that their abusers cared less for their non-biological children and treated them very differently from their biological offspring. Katy's partner and his extended family considered only the two youngest of her six children to be "blood" relatives. Sara's husband asked her to marry him when she was eight months pregnant with her son; he said that he wanted to be a father to her child. However, one of the main reasons she left him for the third time was because he treated her son so badly, so differently from his biological daughters: "I couldn't see him [her son] go through it anymore...he was super mean to him...called him retarded all the time...was always spanking him." Alice was always stressed and emotionally torn when her son from a previous marriage visited on holidays and during the summers because there was always so much conflict between her son and her husband. At the time of the final interview, she had returned to her husband and had decided that she would not have her son come to visit again as it was too stressful. Anne came to the U.S. from Russia and married a total stranger because she thought he would be a loving husband to her and a loving father to her son. Within a few months, he refused to support them financially and was verbally and physically abusive

toward them both. The impression gleaned from the women's stories was that they experienced both sorrow and anger that their children from prior partners were maltreated by their current partners and that they were in a state of conflicted loyalties much of the time.

In summary, participants' descriptions of their abusive experiences suggested that numerous factors led to compromised parenting for all of the women to varying degrees. Domains of functioning that were affected included emotional, psychological, behavioral, and cognitive. All of the women described decreased self-esteem and poor self-concepts, and many of them spoke about psychological problems such as depression and anxiety related to their feelings of helplessness and anticipatory fear. Participants described the overwhelming stress and exhaustion they experienced as well as their preoccupation with their partners' needs and trying to keep themselves and their children safe. They acknowledged that in addition to affecting their parenting practices, their abusive experiences also influenced the quality of their relationships with their children. Specifically, they felt that they were less emotionally available for their children. In addition to the direct affects of the abuse, some of the women's parenting may also have been indirectly influenced by their own parenting role models and family of origin problems, as many of them described witnessing or experiencing abuse as children. Other factors that were related to parental functioning in an acrimonious environment are the women's current support systems, their children's behavioral and emotional functioning, and, as evidenced in this sample of women, the presence of children fathered by previous partners. All ten participants acknowledged deterioration in their parenting as a result of

living with an abusive partner. Figure 1 illustrates the proposed links between their abusive experiences and their diminished parenting.

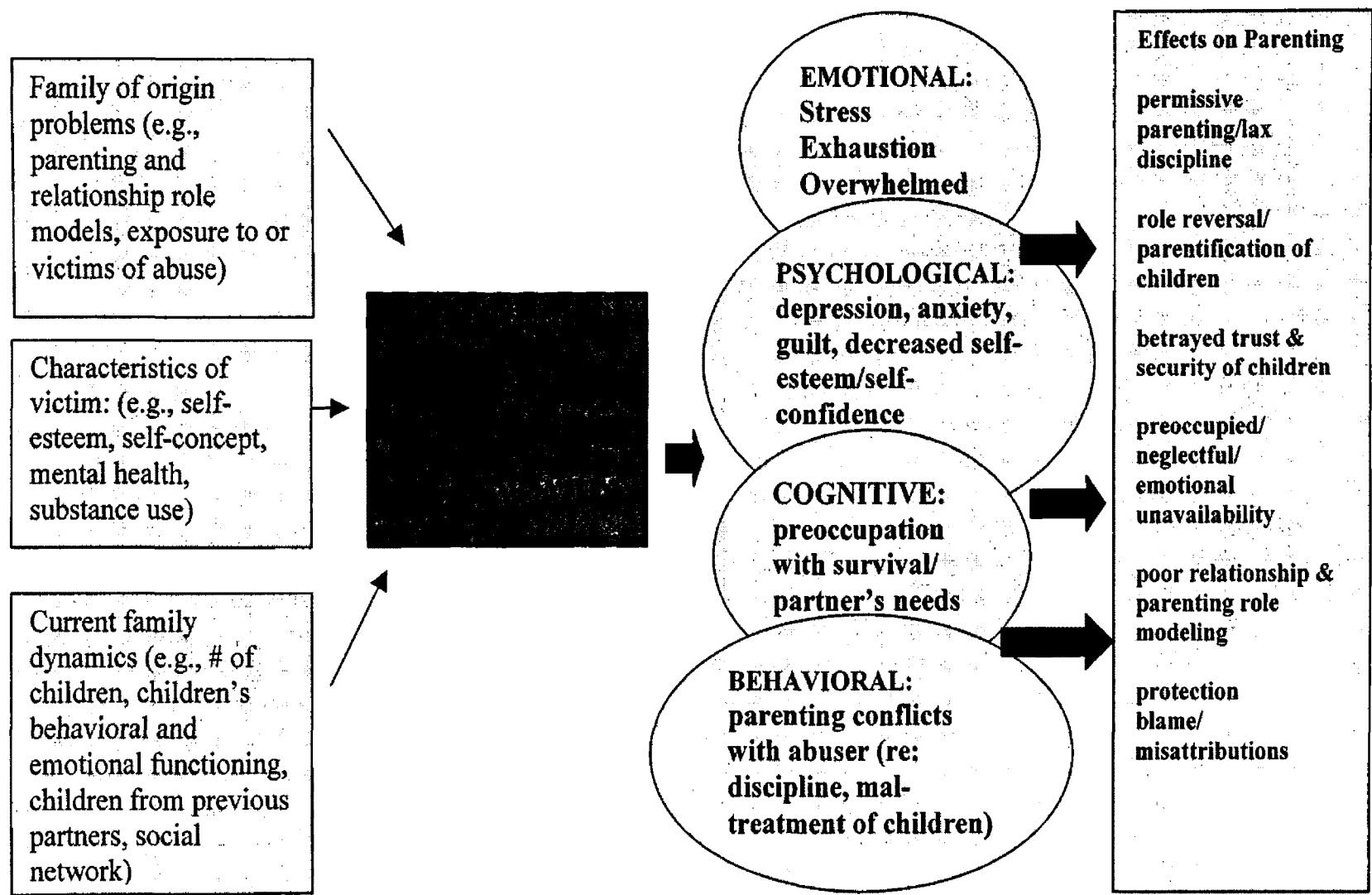


Figure 1. Proposed pathway linking abuse and diminished parenting.

Perceived Impact on Parent-Child Relationships

The majority of the participants were quick to say that they loved their children very much and felt that they had “close” or “good” relationships with their children; however, most recognized the need for and expressed a desire to improve their relationships with their children. Margaret was, again, the exception. She was convinced that, although her return into her children’s lives had just occurred a few weeks ago, she and her children had “re-connected.”

All of the participants were open to exploring how their abusive relationships may have affected their relationships with their children. While many of the women realized that their relationships with their children had been compromised because of their preoccupation with their abusive partners, others felt that they formed a closer bond with their child as a result of the traumatic experiences they had shared.

The women who felt that their relationships with their children were not as strong as a result of the abuse spoke about their children’s loss of respect for them, their children’s insecurities related to trust and safety issues, and as mentioned previously, their own sense of unavailability and inability to meet their children’s emotional needs. Anne felt that her relationship with her son was damaged because he lost respect for her because of the way she allowed her husband to mistreat her. She stated, “He saw me tremble...saw me shaking...he saw that I wasn’t strong and he knew that I was before.” She added that he probably lost respect for her also because she was not protecting him. She described her concerns about how her son was being affected psychologically and said, “I decided to leave because I could not lose my son.” Katy also noticed that her oldest daughter seemed to have a lack of respect for her and recognized that she had not been a good role

model for her daughter in terms of showing her what a healthy relationship looks like. Many of the women felt that their emotional connection with their children had suffered because of the abusive relationships they were in; Katy commented that she and the children “haven’t done much hugging and holding” and that she has not been there for her children in many ways. She added that because of her cocaine addiction she does not feel that she bonded with her children. Similarly, Alice stated that she does not feel that she has bonded with her oldest daughter and admitted, like many of the women, to focusing too much on her partner at the expense of spending time with the children. The children’s lack of trust that their mothers would be there for them emotionally and that they would protect them physically were two common issues that emerged in the data.

Traumatic bonding

It appeared that the mothers whose children witnessed the violence were more inclined to feel that they had formed a bond with their child because of the abuse. This impression was confirmed by Anne, Debra, and Pam’s descriptions of feeling more connected with their children while they were experiencing the abuse, as well as now that they are out of the abusive environment. Pam described her relationship with her son as “unconditional love...totally.” She laughingly said that he was “really special....like pretty divine” in her eyes. She was amazed and proud of how brave he had been throughout the ordeal they experienced together. Anne and Debra also felt more connected with their sons because of the shared trauma. The exception to this observation was Sara. Sara’s children were present during the recent incidence of severe physical violence, but she and the children have not connected over this shared experience. Sara’s daughters have

become extremely clingy and demanding since being in the shelter, which Sara admitted was difficult for her to handle because of the stress she was experiencing at the shelter.

Role Reversal

The increased bonding between mothers and children as a result of their shared trauma was seen by the women as a positive outcome of the abuse. However, the children's connections with their mother can be viewed as a form of parentification. Children should expect to be protected by their parents from traumatic, dangerous situations; instead the mothers were treating their children as allies, and were connecting with them on a deeper level as a result of their mutual experience. This type of parentification or role reversal was a common theme in the data, but was not recognized by the participants as a negative consequence of the abuse. Many of the mothers spoke admirably about their children's protective behaviors, prosocial conduct, and supportive roles. Katy, for example, described her eight year old daughter's helping behaviors and her tendency to be a "pleaser" and was relieved that of the six children, she was the most adjusted. Many of the male children adopted supportive roles in their mothers' lives. Margaret implied that her son supported her "getting her drinking and drug use out of her system;" she stated that he told her to "go party and get it out of your system so you can come back and be a mom again." Margaret also expected her six-year-old daughter to understand that because she had been with her mother more often over the past few years, it was important that her son have time alone with her to re-establish their relationship:

This is my time with him (son) and not her (daughter) because he has always felt that I loved her (daughter) more than him. So, right now, I'm just trying to get back together with him. I've had my daughter for

two weeks and she's pushing my buttons and causing me the most stress right now so I want to get with him. After we are re-connected, I will have more time to spend with her.

Many of the mothers revealed that they confided their troubles to their children, cried on their shoulders, and discussed important decisions with them; for many of the mothers, their children were their main support systems. Rita relied on her teen-age daughter to protect the younger children from being exposed to any of the abuse that went on in her home. As indicated earlier, it was not uncommon for the children to try to protect their mothers by lashing out at the abuser during physical altercations. Sara's five year old son yelled "stop hitting my mom" during the violent incident that he witnessed. Rita's teenage son was willing to fight her abuser in order to protect his mother. The anguish that children who are put in these conflicting roles must experience was portrayed vividly in Sara's son's drawing of his step-father in handcuffs standing beside a police car. He wrote on the picture "please don't take my daddy away."

Perceived Shelter Influences on Parenting and Parent-Child Relationships

Perceived Changes in Parenting Practices, including Discipline

Each of the participants acknowledged that they parented and disciplined their children differently while residing in the shelter. All of them, to varying degrees, were committed to improving their parenting. The women, with the exception of Margaret who was having difficulty accepting her role as a parent, expressed their devotion to their children and most of them were interested in adopting more effective child-rearing practices. They attributed the changes they observed in their parenting during their shelter stay to a decrease in stress level or at least a change in stressors, adherence to the non-

violent policy of the shelter, a commitment to find alternative discipline methods, a realization that their current parenting practices were ineffective, and in general a desire to be a “better” parent (i.e. not yell at the children, spend more time with them and be more consistent in their parenting practices).

Staff advice/encouragement

A few of the women referred to suggestions, advice, and encouragement from the shelter staff members and/or volunteer advocates as influencing their parenting. For Katy, the shelter staff was instrumental in educating her about the importance of gaining the respect of her children by not letting other women in the shelter parent her children. In spite of the policy of the shelter that states that women should refrain from parenting, especially disciplining, others’ children, this was a common complaint among residents. Eight of the ten women expressed various levels of frustration related to this issue. Katy shared that because she liked to avoid conflict, she was reluctant to stand up to other residents who were reprimanding her children. She and other residents were taught by a staff member at a house meeting that when other mothers parent their children, their children lose respect for their mothers and become confused about their mothers’ capabilities as a parent. While not all of the participants valued the input of staff members and advocates in their parenting, five of them outwardly expressed their appreciation for staff assistance in helping them improve their parenting skills.

Decreased Stress/ Change in Stressors

Some of the women attributed changes in their parenting to a decrease in their stress level or, at the least, a change in the stressors with which they were coping. They reported being surprised at how noticeably different they felt after coming into the

shelter. Many of the mothers also observed improvements in their children's emotions and behaviors, which contributed to their decreased stress level as well.

Anne reported that in the beginning of their shelter stay, her son became "psychologically more calm, more happy, and more comfortable." Anne related her son's calmness to her changed parenting, stating, "I feel more quieter...I can speak to my son more quiet, more comfortable....before I was depressed all the time...very upset." Unfortunately, Anne's decreased stress and concerns about her son's emotional state were short lived as an incident occurred in which her child saw his step-father parked outside his school one afternoon. This incident had a tremendous effect on him and he regressed to wetting the bed again almost every night and cried himself to sleep nightly as well. Anne was very disturbed by these behaviors and wanted desperately to have him seen by a professional counselor but because she had no money, she had not been able to.

Debra also commented that her children noticed a change in her, stating "mom, you're so calm." She felt that she was less stressed and found that she was taking better care of herself, adding that she is "more relaxed and happier." She admitted, however, that in some ways being in the shelter is more stressful, adding that she found discipline more difficult because she felt that some of her control was taken away with the non-violence policy. Although she was no longer concerned for her safety, she continued to feel that she was not able to parent effectively, adding "I'm going through so much, I'm letting them get away with more...`cause I've got so much on my mind."

Increased nurturance

Many of the mothers found that they were spending more quality time with their children than they did while in the abusive environment. Sara stated that she spends more

time with the children, sitting and playing with them, listening to them, and is “enjoying being a mom more.” Her bedtime routine with her children has changed dramatically since being in the shelter as she now takes time to snuggle with them and read to them, whereas before, her husband always wanted her to hurry them to bed so that she could be with and do for him. She said, “he always came first before everybody...it was all about him.” Alice shared, “I found us (her and her daughter) just sitting out in the grass talking and thought Oh my God, this is so cool.” The general theme with the majority of the mothers was that they were able to be more relaxed in their parenting because they were not worried about their partners’ needs, their interference or interruption of their time with their children, and their partners’ undermining their methods of dealing with the children’s behaviors. Each of the mothers, to varying degrees, expressed a commitment to spending more time with their children.

Adherence to Non-Violence Policy

In terms of feelings about the non-violence policy of the shelter, participants fell into two groups: half of them, even those who had spanked their children before coming into the shelter, were in favor of non-violent discipline methods and the other half believed that spanking was an effective discipline method. Although the latter group was open to trying alternative discipline methods, they were adamant that at times, spanking was necessary and was the most effective way of dealing with some behaviors.

The five women who struggled with the non-violence policy adhered to the policy for the most part while in the shelter, but admitted to spanking their children sometimes when no one was around. Two of the women who had recently left the shelter during the interviewing process reverted to spanking their children once they were out of the shelter.

Katy had a difficult time not being able to spank her children in the shelter because she did not feel she knew any effective consequences or alternative disciplinary techniques for her children's behavior problems. She expressed frustration and disappointment that she was told by one of the child advocates that she would help her with some appropriate consequences and discipline methods, but they "never got around to it." During her shelter stay, Katy stated that she "basically did nothing to discipline the kids" and when she left the shelter, she resorted to old patterns of yelling and spanking. Over time, Katy had lost all confidence in her parenting abilities. Ellen admitted, "not spanking was hard for me at times" at the shelter because, "my daughter took advantage of the fact that I couldn't spank her." She said that she was afraid that if she yelled at her children or got caught spanking them she would be "kicked out" of the shelter; now that she has her own apartment, she has reverted to spanking.

Although a few of the women expressed resentment at being told how to discipline their children, most of them said that they understood the reasoning and logic of the non-violence policy. Specifically, many of the mothers, including Katy and Sara, realized that yelling and screaming at their children were both ineffective and upsetting to their children. A few of the mothers admitted that they were confused about the effectiveness of spanking as well as the effects it had on their children. Katy, for example, said that although she recognized that spanking her four year old made him behave aggressively, she felt that her older children were well-behaved because she had spanked them more consistently for misbehaving when they were younger. Like Katy, Karen and Sara were convinced that, at times, spanking was necessary to deter certain behaviors. Like Katy, many of the women were interested in finding alternative discipline methods and were

disappointed that they did not receive much assistance in this area from the shelter staff members. Only one resident, Pam, was attending parenting classes that were offered in the community.

In summary, several factors were linked to the women's perceptions of changes they had made in their parenting since coming to the shelter. Table 3 includes a summary of the perceived influences of their shelter experiences on the women's parenting and disciplining practices.

Table 3.
Summary of Perceived Influences on Parenting/Disciplining
Practices During Shelter Stay

<u>Perceived Influences on Parenting</u>	<u>Participant</u>	<u>Perceived Influences on Discipline</u>	<u>Participant</u>
Decreased stress/fear/anxiety	Anne Debra Alice Sara	Desire to adopt more effective disciplinary practices	Alice Katy Pam Sara
Desire to improve parenting skills	Alice Katy Pam Sara	Desire to adopt non-violent discipline practices	Katy Alice
Desire to improve parent-child relationship	Anne Debra Alice Katy Sara Margaret	Temporary adherence to non-violence policy	Ellen Karen Katy
More hopeful and positive about parenting/plans to receive parenting assistance from shelter staff/advocates	Katy Pam	More confidence in disciplining children without abuser's interference	Alice Sara Ellen

Barriers to Changes in Parenting

Lack of confidence

In spite of the renewed commitments to improve their parenting practices and relationships with their children, many of the women lacked confidence in the ability to manage their children's problem behaviors. Katy, Pam, and Sara admitted that they were often at a loss of how to effectively parent their children, particularly during times of extreme stress. All of the women acknowledged that stress, exhaustion, and feeling overwhelmed negatively influenced their ability to handle their children's problem behaviors. As illustrated by one mother's comments, "I don't know what to do.....I just hope it (the behavior) will go away." Margaret talked openly and honestly about her

lack of confidence in being able to parent her children again after being away from them for so long. She recognized that she would no longer be able to think only of her needs and honestly questioned whether or not she was prepared to take on the responsibility of being a parent.

Misattributions/blame

Interestingly, most of the mothers seemed to attribute their children's challenging behaviors (e.g., profanity, verbal abuse, aggression, clingy and demanding behaviors, bedwetting) to factors unrelated to their parenting skills. For example, most of the women believed that their children's acting out behaviors were due to either the influences of their abusive partners, to their children's adjustment to being in the shelter, or to the negative influences of other children in the shelter. Of these three factors, the women seemed to place most of the blame for their children's acting out on other children in the shelter. It is likely that this misattribution was their way of coping with the problem; if their children's behaviors were related to the shelter stay, then they could be hopeful that their behaviors would improve when they left the shelter. Similarly, if the acting out was related to their abusers' behaviors, then improvements could be expected now that the children were out of the abusive environments. While some of the mothers perceived that many of their children's negative behaviors were noticeably improving while they were in the shelter, many of them also observed maladaptive behaviors that had occurred since coming to the shelter. Illustrations of the positive and negative changes in behaviors that the women observed while in the shelter can be found in Table 4.

Table 4.

Behavior Changes Observed During the Shelter Stay

Mother/Child	Length of time in shelter by interview 3	Positive Changes	Negative Changes
Margaret/M(10)	1 week	N/A	Anger toward mother
Anne/M (8)	3 weeks	Decreased anxiety and decrease in bedwetting at beginning of shelter stay	increased anxiety, increased bedwetting (after frightening incident with step-father)
Sara/M (5)	3 weeks	Decrease in bedwetting	increased aggression
Sara/F (3, 2)	3 weeks		clingy, demanding, ball and chain"
Ellen/F (4)	3 weeks		"pushing my buttons" "acting out"
Rita/F (5, 3)	3 weeks		crying to go home, not listening, not minding
Alice/F (8)	4 weeks	less fighting with little brother, more cooperative	clingy, demanding
Pam/M (3)	5 weeks	less talking about and asking for his daddy	increased aggression, name calling, swearing
Katy/M (2)	6 weeks		regressed: potty training & weaning from breastfeeding
Katy/M (4)	6 weeks	less name calling	increased aggression
Katy/F (11)	6 weeks		increased anger
Katy/M (10)	6 weeks	more affectionate toward mother, less anger, less withdrawn	
Karen/M (4)	6 weeks	less asking and crying for his daddy	increased aggression, "throwing fits" about being in the shelter
Debra/M (12)	8 weeks	Decreased anger, more affectionate	
Debra/F (6)	8 weeks	Decreased anger, more affectionate	

Contrary to what might be expected, a pattern of increased positive behaviors and decreased negative behaviors associated with a longer time in the shelter did not emerge. While some of the children who had been in the shelter longer, particularly those who had been there for six to eight weeks, were reportedly less angry and more affectionate toward their mothers, this was not true in all cases. For example, Katy's four-year-old son

became more aggressive and her eleven-year-old daughter's anger increased during their six week shelter stay. Karen also reported that her four-year-old son was becoming more aggressive during their shelter stay because of the aggressive behaviors of other children toward him and because he was so unhappy at the shelter. A common factor that seemed to be related to an increase in negative behaviors for some of the children was their lack of adjustment to the shelter environment. Many of the children's problem behaviors seemed to increase when the shelter was crowded, especially when there were large numbers of child residents. Sara, Pam, Rita, and Karen were in the shelter at the time when a total of seven women and twelve children were there and they all described a chaotic environment. It is likely that this was anxiety provoking for many of the children, which led to aggressive behaviors for some children and clingy, demanding behaviors for others.

Perceived Changes in Parent-Child Relationship During Shelter Stay

Overall findings indicated that the mother-child relationships suffered as a result of the children's exposure to abuse. Based on the mothers' perceptions of the negative effects that their abusive experiences had on their relationships with their children, it would be unlikely to expect that they would have observed significant changes in their mother-child relationships by the end of the three to four week interviewing process. The impression given by over half of the participants was that a significant amount of repair and healing would be needed to improve the quality of their relationships with their children. Rita, Ellen, and Karen did not acknowledge relationship injuries. However, like the other participants, they spoke about their children's anger (i.e. aggression, lying) and their insecure behaviors (i.e. crying, clinging). Participants focused primarily on these

types of behaviors when exploring the effects of the abuse on their relationships with their children.

In spite of their acknowledgment of the negative impact of their abuse on their parent-child relationships, all of the women expressed a strong desire to strengthen their relationships with their children and to protect them from further harm. Four of the ten women sensed that the increased quality time they were spending with their children while they were in the shelter was improving their relationships. These women spoke about listening to their children more and helping them express their feelings instead of acting them out (Sara), hugging them more and having more positive interactions with them on a daily basis (Katy), and spending quality time just hanging out with them and enjoying them (Alice and Debra).

Barriers to Improvements in Parent-Child Relationships

Betrayed trust

While many of the participants shared their concerns about their children's insecurities and their children's lack of trust in their mothers to keep them safe, they did not consider that a relationship may exist between these factors and their children's problematic behaviors and emotional functioning. The numerous accounts of frightening experiences that could instill fears of emotional and/or physical abandonment by their mothers suggested that there could be a link between children's trust issues and their maladaptive functioning. Katy revealed that her children did not trust that she would always be there for them and take care of them. Katy's partner had told the children on many occasions that she was never coming home; she often found them scared and crying when she came home from her nursing classes because they had been told that she was "sick of them"

and was never coming back. When she sent her four oldest children to stay with her mother while she and the youngest two children traveled from another state to come to the shelter, her eleven-year-old daughter said to her grandmother, “mom will probably have sex with him (abuser) and they will get back together and she won’t come for us.” Katy regretted leaving her oldest children with her mother while she and the other children were in the shelter, explaining that when she would visit the children at school, they would not even speak to her; their grandmother had told the children that she was now their mother. Numerous descriptions such as this depicted the break in trust between the mothers and children. For example, Margaret’s children did not trust that she would not leave them again. Anne’s son, who was present when she talked about her fears of being deported, was uncertain about what would happen to him if his mother was forced to leave the country. Alice’s daughter was afraid that going back home meant that her mother would no longer spend time with her as she had in the shelter.

Many of the mothers seemed to underestimate the level of insecurity that their children seemed to be experiencing and were confused about their behaviors. Ellen had no idea why her daughter was misbehaving or why her one year old son was “crying all the time;” Sara was exasperated because her toddlers would not let her leave the room without them even to go to the bathroom and never discussed the possibility that these behaviors may be related to their feelings of insecurity or fears of abandonment. They had seen their father taken away by the police and they may be frightened that their mother would be taken away as well, particularly since Sara said that she fought back during the incident. Similarly, Alice said that she was confused that her daughter was clingy and demanding one minute and distant and avoidant the next.

Anger

In addition to feeling insecure about their safety, children may also be angry at their mothers for failing to protect them from the violence. Their anger may have affected their relationships with their mothers as evidenced by the descriptions of behaviors such as name-calling, angry outbursts directed at their mothers, lying, and blatant non-compliance. It is suggested that their anger is related to the fact that their most fundamental assumptions about the safety of the world and trust in their parents to protect them from harm had been undermined.

Traumatic bonding

Some of the mothers who noticed improvements in their relationships with their children while they were in the shelter felt that the improvements were related to the bonding that occurred between them and their children as a result of the trauma they had shared together in living through and escaping an abusive environment. As mentioned previously, the bonding that was described by the mothers both during their abusive experiences and currently included putting children in the dangerous situation of interfering with incidents of abuse, putting children in roles of providing support and nurturance for their mothers, and having unrealistic expectations for children in terms of their ability to understand issues related to their mother's abusive experiences and substance abuse.

Incongruent parenting

While each of the participants expressed a renewed commitment to protect their children from further harm, an understanding of how to instill a sense of safety and security in their children seemed to be the most difficult task for this sample of women.

Although some participants made statements such as “my children know I will always be there for them (Katy),” and “I am protecting my children with everything I’ve got in me (Margaret),” it appeared that the majority of the children continued to feel a lack of stability and trust as evidenced by their externalizing and internalizing behaviors. All of the women, to varying degrees, acknowledged that exposing their children to abuse was harmful to them and each of them expressed a determination to protect their children from now on; however, evidence suggested that they currently lacked the ability to fulfill this resolution.

Examples that illustrate the gap that exists between the women’s aspirations to take care of their children and the reality are numerous. For instance, several of the women in the study were considering returning to their abusers in spite of the harsh abuse they had experienced and to which they had exposed their children. Katy announced her plans to return home during the final interview. Even before she and all six of her children planned to return home, she had seriously considered sending her four-year-old and two-year-old sons back to her abuser because she was experiencing so much stress and facing so many obstacles preventing her from making it on her own. This was a surprising decision since she had disclosed her fears that her boyfriend watched pornography in front of the four-year-old (who asked to rent a “nudy girl movie” at the video store). She reconsidered this decision only after being told by the shelter staff that if she sent her children back to her abusive partner, they would be legally required to report her to Child Protective Services. Although Katy was remorseful about exposing her children to the abuse and concerned that they would become victimizers or victims themselves in the future: “I didn’t realize that I was harming them....I pray it’s not too late for them to

grow up and have healthy lives”, she ultimately decided to return home. Alice returned home to give her marriage another chance in spite of her accounts of the harsh disciplining of the children by her husband. Alice’s daughter did not want to go home; she begged her mother for just the two of them to live together. While it is not unusual for battered women to return to their abusers several times before leaving permanently, the point of these illustrations is to show that in the majority of cases, the women’s intentions to protect their children and their actions were extremely discrepant. Margaret recalled that while she was with her six-year-old daughter recently, her daughter could not sleep without touching her mother because “she thought for sure when she woke up I’d be gone.” Although Margaret realized the extent of her children’s insecurities about her as a parent, she felt it best to be honest with them about her uncertainty regarding her ability to parent them at this time: “I told them all I can promise you is that I love you and I’ll love you forever and I’ll take care of you to the best of my ability and if I can’t I’ll make sure you’re with someone that can ‘til I come back.”

There are several proposed explanations for the apparent incongruence between the mothers’ expressed desires and intentions to protect their children and re-build their trust and the decisions the women made concerning their children’s safety and well-being. One reason may be that so many obstacles are getting in the way of their commitment to stay out of the abusive relationship that being in denial about the negative consequences on their children serves as a coping mechanism. If protecting their children from further harmful consequences of exposure to abuse is a priority, then returning to the abuser is not an option. Unfortunately, for some women, returning is a distinct possibility. Should they return, they will bear the burden of the guilt and shame of not being a “good” mother

and protecting their children from further trauma. It is also probable that many of the women lack the parenting skills to equip them to care for their children properly. Poor parenting role models from their families of origin may be a factor as well as the psychological consequences that have been linked to diminished parenting among victims of abuse (e.g., depression, anxiety, emotional numbing, hyperarousal, low self-esteem, low self-efficacy, and poor problem-solving skills). A final hypothesis proposes that these victims of domestic abuse, who often express their lack of understanding of what a healthy relationship with a partner involves, may also lack awareness of what constitutes a healthy parent-child relationship. The hierarchy of needs that was present in these women's lives illustrates this. Many of the women admitted that they were more intent on meeting the needs of their abusers than attending to the needs of their children or themselves. During their shelter stay, some of the women seemed to be shifting their priorities to the needs of their children while others were focusing on their own needs. For example, Katy recalled a conversation with one of the child advocates whom she said alerted her to the harm that her children had suffered because of the abuse they witnessed, adding "maybe they need a hug." Katy said that her reaction to this comment was, "well, maybe I need a hug too." The women have been through so much distress, perhaps some of them will need to focus on their own needs before they are capable of attending to their children's needs. Others may continue to neglect themselves and concentrate only on their children, possibly to the detriment of their well-being. In summary, a general pattern emerged among all of the women of expressing a renewed commitment to make their children's well-being a priority, but for many of the women, their good intentions were impeded by various factors. Finding a balance between self-care and becoming

more child-focused now that they are out of the abusive relationships seems to be a challenging undertaking for these mothers.

In summary, many of the participants described changes they observed in both their parenting and their parent-child relationships during their shelter stay. Factors that emerged in the data related to improvements in parenting included participants' decreased stress, or at least experiencing less stress associated with the violence (e.g., anticipatory fear, preoccupation with survival), their increased awareness of some of their ineffective parenting practices, and their renewed commitments to parenting their children more consistently and effectively and strengthening their relationships with their children. Certain factors, such as women's depression, their lack of confidence in their parenting, and their external attributions may be negative consequences of the violence and are proposed as barriers to changes. Improved parent-child relationships and parenting may be dependent on overcoming these obstacles. Figure 2 illustrates the participants' perceptions of positive changes in both their parenting and their relationships with their children. It also identifies proposed barriers to changes in both of these realms.

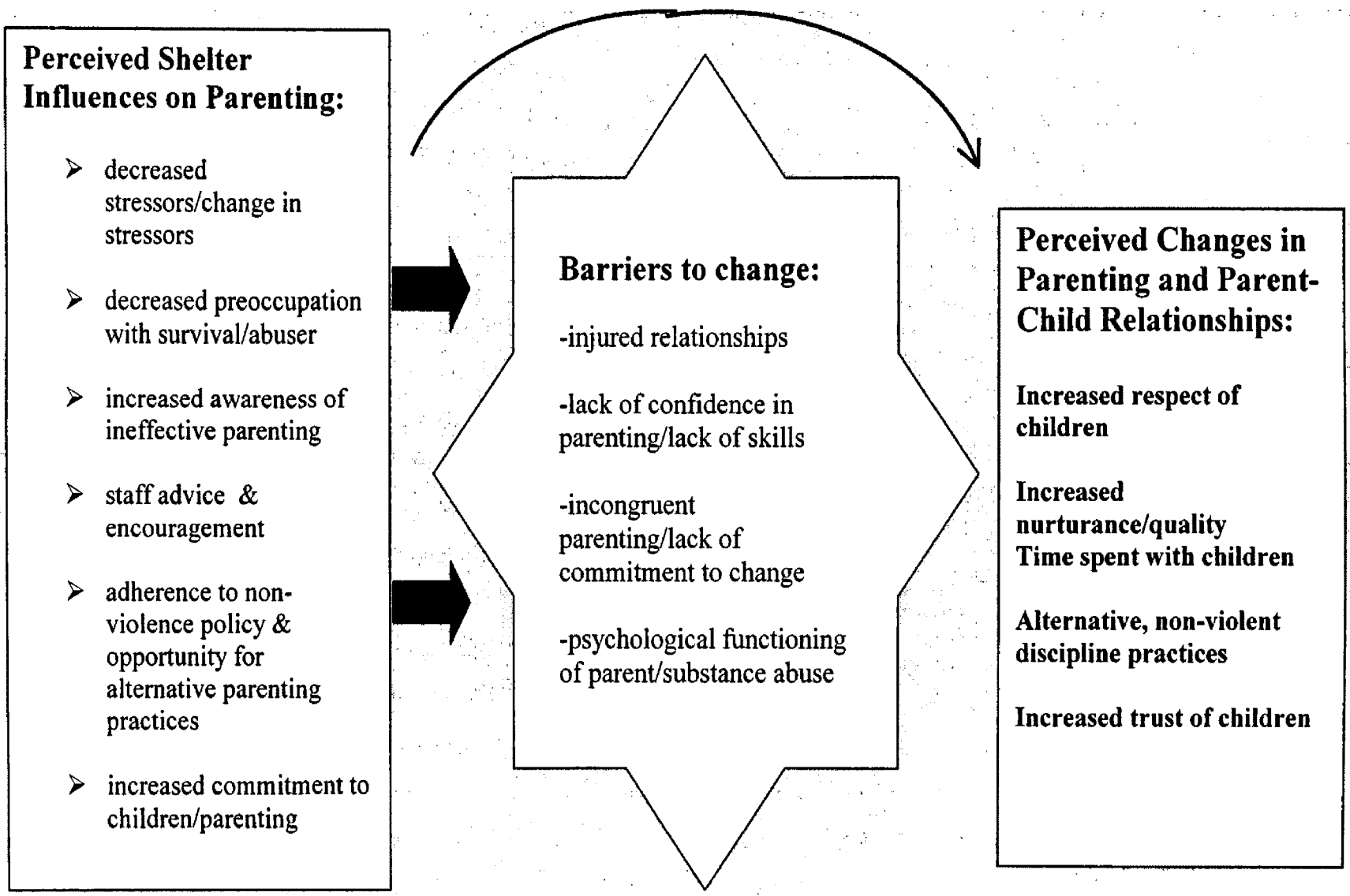


Figure 2. Perceived changes in parenting and parent-child relationships and barriers to change.

Shelter Experiences

Each participant expressed her gratitude at having a safe place to go to escape the violence. Anne called it a “psychological paradise.” Ellen stated that if she had known how nice the shelter was she would have left her abuser earlier, and many of the participants had positive comments to make about the staff members, ‘they have been awesome...they’ve been there for me since day one; these girls (children’s advocates) are very intelligent and have bright futures.’ Residents were positive about the supportive nature of the staff and volunteers as well as other residents.

In addition to the women’s positive comments about their experiences at the shelter were many concerns and criticisms. Numerous factors seemed influential in how participants experienced their shelter stay and the role it played during their transitions to a life free of abuse or their decisions to return to their abusers. Some of the emerging themes related to their shelter experience included the level of stress that the women and children experienced during their shelter stay (e.g., privacy issues, number of residents in the shelter, number and ages of children in the shelter, safety issues, personal issues such as financial struggles, legal issues, and support network); the individual differences in personalities of the women and children, specifically how they related to other residents, staff, and advocates; and finally, the women’s expectations of what the shelter experience would be like and the benefits it had to offer them. Findings suggest that, over all, the women were relieved and thankful that shelters such as this were available for abused women and their children; however, their tendency during the interviewing process was to focus on the difficulties they experienced at the shelter. Thus, two core categories emerged in the data: positive shelter experiences and adjustment and negative shelter

experiences and adjustment. While some of the participants fell neatly into one or the other of the above categories, most of them vacillated between the two categories during their shelter stay. A definite pattern emerged indicating that the longer a woman resided in the shelter, the more difficulties she seemed to experience.

Shelter Stressors

Privacy issues

One of the most commonly reported stressors was the women's lack of privacy in the shelter. Ideally, at the shelter in which the study was conducted, each resident shares a bedroom with her child or children. However, when the shelter's seven bedrooms (each bedroom has multiple beds) become full, more than one family must share a room. The communal areas include a living room, dining room, kitchen, two bathrooms, a playroom, and a laundry room. Staff members and volunteer advocates have two offices in which they take crisis calls, conduct case management, and meet with women about various issues that they are experiencing. Whenever the shelter is crowded, daily stressors may include such hassles as trying to get into the kitchen to make dinner or into the bathroom to shower or get children bathed and ready for bed by the nine o'clock curfew. This was especially challenging during the time when there were 19 people in the shelter (7 women and 12 children). Although most of the privacy issues involved other residents and their children, it is worth noting that one resident was incensed that a staff member who was giving a tour of the shelter to recently trained volunteers advocates took them into her bedroom. Karen felt violated by what she considered an invasion of privacy.

Self-care

In addition to not having much of an opportunity for privacy because of other residents, many of the women shared their frustration at not being able to take a break from their children even to go to the bathroom. Three of the women in the study had young daughters who were very clingy and afraid to let their mothers out of their sight. These same mothers did not have an opportunity to have time for themselves or to bond with other residents when their children went to bed because the children would not go to sleep without their mothers in the room with them. A frequently mentioned issue related to privacy was the women's lack of time for self-care. Although self-care was not a label used by the women, it fit their depiction of feeling a need for more respite from their children, especially in their first few days in the shelter when they were experiencing the early stages of trauma. Pam's description of her experience of coming into the shelter sore, exhausted, beaten up, unstable, and emotionally disorganized illustrates the importance of sensitivity to the victim's need for time to heal from the trauma she has suffered. Having the children's advocates plan activities with the children was one of the most valued shelter programs and the overall consensus among participants was that more respite from their children would enhance their ability to parent their children and cope with the ongoing challenges they faced. Many women alluded to how much they treasure the time that the children's advocates spent with their children, not only because it gave them a much needed break, but because they felt that their children benefited from it as well. Many of the women felt that the work that the child advocates did with the children was extremely beneficial to them. The children seemed to enjoy the opportunity to express their feelings through play and artwork, the gardening and other activities the

advocates planned for them, and most of all the extra attention. Alice felt that her daughter's self-esteem improved; Katy felt that the male child advocate provided a good role model for her son; and Anne was certain that activities such as planting flowers were therapeutic for her son.

Safety issues

For a number of women, the safety they experienced upon coming into the shelter was a rarity. Many commented about how much more relaxed they felt and how much better they were sleeping since coming to the shelter; however, four of the participants expressed safety concerns while in the shelter. Katy described an incident in which the thirteen-year-old boy of a resident "flipped out" on her. She stated that "it was very scary...very stressful...he was big and his spit was flying in my face and he called my girls everything under the sun....whores, bitches, sluts." Katy called the abuse hotline, recalling that she thought it "weird that I am calling the abuse hotline because I am being abused in a safe house."

Residents also expressed concerns about the appropriateness of some shelter residents. For example, these same four women voiced their concerns about a shelter resident whom they felt was unsafe to be around their children. The women had told them that she had been diagnosed with Bipolar Disorder, that she had recently tried to commit suicide, and that she had thoughts about killing her abuser. Her behaviors, which included giving her belongings to other residents, undermining the women's parenting, and inviting their children to come into her bedroom so that she could read stories to them, made the participants feel very uncomfortable.

Several of the women worried about the safety of their children as many of the children were acting out aggressively toward other children. Pam's three-year-old son was hitting, scratching, biting, and pulling hair in addition to swearing constantly. Sara described an incident in which he bit her two year old daughter on the face one day and then tried to jab her in the eye with a pen a couple of days later. Sara worried that "one of my kids is going to end up in the emergency room...I'm in a battered women's shelter and my kids are getting abused here." Karen shared that her son, who is four, "has been punched in the eye at least twenty times" since coming to shelter. Her son was having difficulty adjusting to being around children who were so physically aggressive. Karen said that the situation worsened to the point of that her son would scream and cry when he came back to the shelter from daycare: "I would have to drag him in there kicking and screaming."

The conflict among the children in the shelter was especially high during times when the shelter was overly crowded. The majority of the problems occurred during the time when there were 19 residents in the shelter. Twelve of the nineteen residents were children and most of them were between the ages of three and ten. Participants' primary complaints were that others did not follow the rules or enforce them with their children, that some women they did not take responsibility for doing their chores, and that some of the children's behaviors were "out of control" and that they were unsafe to be around. In addition to conflict among the children, safety issues were also related to conflicts among residents.

Conflicting personalities

The most common problem related to negative shelter experiences was conflict among the participants. This seemed to be especially true during the times when the shelter was crowded. The main theme of the conflicts had to do with the women's criticisms of each other: they criticized each other for not doing their chores, for their parenting practices or rather what they perceived as a lack of parenting, and for their children's behaviors. Sometimes the conflict rose to a frightening level; Pam and Karen described a heated argument between two residents that occurred in front of the children. Karen was very disturbed by the incident, stating "the kids in the shelter are coming from environments like this and it's not okay to leave one [violent environment] and go into another one." However, Karen was directly involved a few days later in a similar altercation with Sara over chores.

It was observed that, of all of the participants, Karen and Sara were the most likely to be involved in conflicts with each other and with other residents. It seemed that individuals with certain personality types were more inclined to have relationship difficulties as well as problems adjusting to communal living. Compared to other participants, Karen and Sara seemed to struggle the most with both of these issues. Karen admitted that she has trouble getting along with people sometimes, stating, "I don't bond well with people." Interestingly, she complained about the "drama" in the shelter and said that she seemed to be the one whom everyone came to with problems; however, it seemed that Karen was the one who often kept the shelter in a state of turmoil. She revealed that staff members had informed her that her ability to get into transitional housing was being jeopardized by all of the complaints they were getting about her

gossiping about other residents as well as her confrontational attitude with other residents and staff members. In addition, she was extremely critical of shelter rules, policies, and services. In a striking contrast to how she apparently related to others, Karen viewed herself as being “laid back” and stated, “I don’t like conflict...I get walked on a lot.” Sara, on the other hand, was less confrontational than Karen, but was equally dissatisfied with her relationships with other residents. Sara’s difficulty seemed to be related to her lack of ability to cope with the level of stress she was experiencing at the shelter. She readily admitted that she had difficulty adjusting to communal living, especially considering the number of children in the shelter during her stay, the high level of conflict among the children, and the stress of keeping up with her three children and her shelter responsibilities. She confided that she was quick to lose her temper with other women and that she lacked the patience to cope with the chaotic environment, stating, “my nerves are shot and I just need to get out of here.” The interaction between these women’s personalities and the climate of the shelter during that time led to adjustment difficulties for each of these women.

In comparison to Karen and Sara, several of the participants, including Anne, Debra, Pam, and Katy, seemed to adjust well to the shelter environment and were generally satisfied with their experience. The factors that seemed to be associated with these participants’ positive interactions with other residents and their ability to adjust to communal living were their ability to get along well with others, their non-confrontational interpersonal style, and the fact that they expressed an understanding of and were in agreement of the rules, policies, and so forth of the shelter. An additional factor seemed to be the connection that these women made with at least one staff

member. Anne felt connected to the shelter director, whom she stated, “talked with you like you know her for many years” and added they [staff members] worry about you and they really want to help you...they can listen to you for hours and hours.” Katy also connected with one shelter staff member in particular and said that this person had been there for her from day one and that she “helps me with goals, keeps me on track and makes sure I haven’t gone off the deep end...which is a fight every day.” Interestingly, Debra, who connected on a personal level with shelter staff members and had the additional support of her therapist and family members, seemed to be the most adjusted to the shelter. The common personality traits of these women that became apparent during the interviewing process seemed to be their motivation to make the shelter experience beneficial for them and for their children, their compliance with the shelter rules and policies, their appreciation of the services they received, and their willingness for self-exploration. One possible factor related to some participants’ ability to adjust to shelter life was their minimal involvement with other residents and the daily struggles of communal living. Ellen and Rita had family members close by and spent most of their time with them whereas Margaret revealed that she did not relate to the women in the shelter and preferred to spend time with her friends. For Margaret, this was a source of conflict as she felt criticized by staff members who questioned the validity of her safety concerns because she “hung out” with friends during the day and each night until curfew.

Ironically, it appears that most of the women who seem to be well-adjusted to shelter life could be described as non-assertive, non-confrontational, passive, and compliant. These same characteristics have been identified as risk factors or vulnerability factors for becoming victims of abuse. However, in the context of the battered women’s shelter,

these traits were, in all likelihood, instrumental in the women's successful adaptations to shelter life and their positive and beneficial shelter experiences. In contrast, Karen's outspokenness, her questioning authority, and her failure to comply with the rules and policies ultimately led her to leave the shelter and forgo further opportunities for help. The risk of returning to an abusive situation may increase for women such as Karen, Sara, and Margaret who have difficulty adapting to shelter life. Several women, including Karen, Sara, Margaret, and Pam were anxious to leave the shelter. Margaret and Karen had problems complying with shelter rules; Karen, Sara, and Pam were overwhelmed by the chaotic environment of the shelter and feared that their children would be hurt by aggressive children. At one point, Sara said that she was so desperate to get herself and her children out of the shelter that she considered leaving and hoped that the restraining order she had taken out on her husband would prevent them from being harmed.

Expectations

In addition to the role of the unique personalities of the women and how they related to each other, the expectations of what the shelter would be like and what it had to offer them as far as helping them gain independence and freedom from the violence was a prominent indicator of how the women adjusted to shelter life. The shelter was a last resort for safety for all of the participants as all revealed that they had no family or friends who were either willing or able to help them. While each of the women expressed gratitude for the basic shelter services that were provided when they arrived at the shelter (e.g., food, shelter, clothing, if needed), some, more than others, seemed to have preconceived ideas of what the shelter would have to offer them in terms of living conditions and services. Thus, two basic categories seem to emerge in the data in terms of

shelter expectations. One category comprised the women who were extremely appreciative to have a safe place to live and who were grateful for any services that were offered. The other group included a small number of participants who seemed to have specific expectations about shelter services and the extent to which the shelter would help with their long-term needs. As would be expected, the women did not fall neatly into one group or the other at all times. When Katy left the shelter after her sixty day time limit was up, she was disappointed and frustrated that the shelter was not equipped to provide her with items she needed to set up housekeeping and live independently (e.g., beds, blankets, pots and pans). Other expectations had to do with some participants' ideas of the role of the shelter staff members and volunteers. For example, Sara thought that when the children's advocates came to the shelter, she should be able to leave and run errands without the "hassle" of taking her three children along; she was often reminded by staff members: "we're not daycare providers...we're not babysitters." She also suggested that the shelter "use some of their funding to get a maid...get somebody here just to clean."

Some of the women did not have expectations when they arrived at the shelter, however, their needs changed as the length of time in the shelter increased. For example, the longer the women stayed in the shelter, the more assistance they wanted and needed in handling the challenging behaviors of their children, their desire for counseling grew stronger, and their tolerance for other residents that were in the shelter decreased. It was not uncommon for women in the shelter to react negatively to new residents. For example, when Alice arrived at the shelter, she was told by one of the residents that she needed move her car because she had parked in this women's space. This same woman reprimanded Alice's children and upset her children by talking badly about their mother

to some of the other residents in their presence. Alice described a “horrible fight” between the two of them in which she told the woman, “I’ve just left my husband of ten years....don’t talk to me about where I’m parking.”

Karen and Alice were the most verbal about their dissatisfaction with their shelter experience. Alice was positive about her shelter experience during her first two interviews. However, when she and her children returned to her abuser, she was informed by a staff member that she would be reported to Child Protective Services. This news was shocking to Alice and she was both angry about it and sad that the relationship she felt she had built with shelter staff members ended on such a bad note, adding that when she and the children left “no one even told her goodbye.” Alice also found it unacceptable that one of the staff members was constantly “bad-mouthing” her husband in front of other residents and said that this made it especially difficult to go to this person and tell her that she “wanted to go home.” Karen, on the other hand, expressed difficulty adjusting to the shelter from the beginning. Her negative experience culminated with her decision to leave the shelter to escape the chaos for an overnight stay in a motel after explicitly being told that permission to do this was not being granted. Her anger toward the shelter staff led to her getting a police escort to take her to the shelter to get her personal belongings and threatening to report the staff for welfare fraud because “after a few days they gave my food, which was purchased with food stamps, to other residents.”

Unmet needs

The lack of available one-on-one counseling services was a common complaint among most of the women. Katy reported that in the two months that she was in the shelter, she had only one counseling session and her children had not had any. In contrast, Debra,

who was also in the shelter for two months, received weekly counseling. She was the only participant who was receiving counseling services through the shelter during the time of the study. It seems that receiving counseling services depended on such factors as the number of residents in the shelter and the availability of counselors to meet the needs of the residents. All of women would like to have received counseling services with the exception of Karen, who did not like to “drudge things up.”

One of the resources that seemed to be highly valued by the participants was time spent with shelter staff members or volunteer advocates. Especially considering that most of the women were not able to receive counseling services during their shelter stay, it seemed that the women felt strongly about the benefits of having the support of the staff. A prominent issue among the participants was the lack of available staff members and volunteers at the shelter to meet their needs. The general sentiment among the women was that the staff was overworked and underpaid. Ellen, for instance, said that she grew so frustrated while waiting day after day for a staff member to help her with the logistics of finding a place to live, getting public assistance, and finding child care resources, that she “pretty much did everything on her own.” She said that several staff members seemed surprised when she announced that she was leaving the shelter and apologized to her for not providing more assistance.

Support groups

A surprising finding was the lack of enthusiasm among all ten participants for the weekly support group which was a service provided by the YWCA for shelter residents as well as for community members. The core concept in the data was that the support groups were not helpful and were, in fact, for some women perceived as harmful. Sara

said that although she realized that the point of the support group was that you see that you are not the only one to go through this, it was depressing for her:

All you are hearing is everyone's horrible stories and a bunch of women crying and when you leave, you don't feel built up, you just feel negative. I'm too busy to stop and think about the beatings and stuff and I don't think about leaving.....we're supposed to be supporting each other, helping each other...it's too much to watch all these people cry...I was drained...it was so stressful I almost got into a car wreck on the way home. I just felt so wiped out....I ran a red light. My brain was fried.

While other participants' reactions to the mandatory attendance of weekly support groups were not as strong as Sara's, none spoke positively about this service. Ellen, who appeared to be quiet and reserved, stated that she was not comfortable sharing with others during group. Many of the residents found it stressful to work the support group into their hectic schedule. Rita, who also seemed quiet and reserved, became extremely agitated while trying to get her and her three children to group the one time she went; she explained that she became even more distraught when she perceived other group members as teasing her because she shared her goal of wanting to learn to operate heavy equipment. Karen found the support groups "depressing" and "boring" and her reaction was to "crack jokes and make everyone laugh." It seemed that participants commonly tried to get excused from going to the weekly support groups for various reasons. For example, Anne used the excuse that she was not an American citizen so she could not participate in group. On a positive note, the two women, Katy and Debra, who regularly attended the educational groups in lieu of support groups found them to be extremely

helpful. Both women commented on how relevant the information they received was and how much they learned each time they went to the group.

The Children's Voices

The purpose of interviewing the children of participants was to gain an understanding of their perception of what it was like for them to live in the shelter. Children between the ages of 6 and 16 were invited to participate. The eight children who fell into this age range agreed to be interviewed and have their interviews audio-taped. According to their mothers, their children looked forward to having the opportunity to express their thoughts and feelings. The children were invited to have their mothers stay with them during the interviewing process. Katy's three children, ages 10, 8, and 6, had difficulty deciding whether or not they wanted their mother to stay. At first, her daughters asked their mother to stay, however, near the end of the interview, her eight-year-old daughter asked her to leave at which time she announced that one time her mother "got really mad at us and lined us in a line and spanked us." It seemed that she felt it was important to provide this information, but she did not want her mother present when she did. Perhaps she was protecting herself from consequences that might result from this disclosure. Alice's eight-year-old daughter also asked her mother to stay during the interview as did Anne's eight-year-old son. The other three children did not have their mothers join them during the interviewing process.

The children were asked to talk about themselves, their hobbies, and their friends at the beginning of the interview. Most of them were excited about the opportunity to talk about themselves. However, when asked to talk about their shelter experiences, many of them were too shy and/or reluctant to say much. The two six-year-olds as well as

Margaret's ten-year-old son were extremely quiet. Margaret's son talked briefly about his hobbies. He said that he was going into fifth grade if he passed summer school, and that he "used to be mad at my mom, but I'm not mad at her no more."

The other five children were more enthusiastic about being interviewed. They talked about school, sports, and friends and shared their thoughts and feelings about their shelter experience. Of these five children, Katy's eight-year-old daughter was the only one who said that she was struggling with friendships and wanted to go back to where she lived and went to school before. Katy had indicated during her interview that both her eleven-year-old and her eight-year-old daughters were having difficulties making friends, that both of them had low self-esteem, and that they were unhappy at the shelter and in their new schools. Katy described how painful it was to watch her daughters suffer, which brings up the question of what role the children's adjustment to leaving their homes, moving into a shelter where they cannot tell anyone the location or bring friends over, and making new lives for themselves, must play in the mothers' emotional well-being and decision making processes.

When asked what it was like for them to be in the shelter, Anne's son replied, "it's safe" and Debra's son stated, "it's better than living somewhere else, at least we're safe." Other responses included "it's fun;" "it's good;" and "the other kids are fun." None of the children noted any changes in their relationships with their mothers during their shelter stay except for Debra's twelve-year-old son who said that his mom talked to him more now. He explained that before coming to the shelter "she was sad quite a bit, she didn't really want to talk." Most of the children understood the meaning of the non-violence policy: "you aren't allowed to yell or hit;" "you can't play pretend guns;" and "they

couldn't spank us." Alice's daughter said that she did not like the non-violence rule because "sometimes when my little brother bugs me, I like to kick him and I like to yell...I like to yell a lot." The most common complaint among child participants had to do with the shelter bedtime curfew; the impression was that most of the children were accustomed to staying up much later than the nine o'clock bedtime at the shelter.

The children were asked *is there anything you miss about being at home*. Debra's daughter missed her dog and her favorite blanket, her son missed his dirt bike, and other children responded similarly that they missed toys, games, and pets. None of the children mentioned missing their fathers, step-fathers, or mother's partner; however, Karen's perception was that her son missed his father tremendously and Katy described her four-year-old crying for his father for hours each night the first two weeks they were in the shelter. Children were not asked specifically about the abuse they witnessed or if there was anything that they did not miss about being at home; however, mothers were asked about this. Their responses indicated that the children did not miss the constant arguing and fighting, feeling that they could never do anything right, the abuser's control and constant criticism, the put downs, and being afraid all of the time.

A primary concern of several of the children in the shelter was related to food. Each family was assigned certain shelves in the pantry and in the refrigerator on which to store their food, which was labeled with their name. In spite of this measure, it seemed that sometimes residents were either confused or intentionally helped themselves to others' food. During the interviews, one child shared that food that belonged to him and his mother had been taken by another child and another child was extremely upset that an adult resident had accused him of "stealing" her family's food. He added that she yelled

at him and then called him a “liar” when he denied it. Another child became anxious when she observed her mother making breakfast for other children. Katy described her daughter “freaking out” and yelling at the other children that this was her mom and their food. It is possible that the children were feeling anxious that there may be a shortage of food in the shelter. It seemed that getting assurance from their mothers or staff members that they did not need to worry about having enough food could have alleviated these fears. It also seemed that there could be a need for mothers and staff members to avoid making assumptions regarding children’s reactions and adjustment to being out of their homes and in a shelter (e.g., children would know that they would be provided with food).

Although the children were not asked about their mother’s abusive partner or about any abuse they may have witnessed, one child voluntarily described several frightening incidents he had experienced. He became extremely emotional while talking about seeing his mother being beaten and cried about his feelings of guilt because he had begged his mother not to leave earlier. He also described two incidents in which he was afraid that his step-father was going to hurt him. The child’s mother was in the room during the interview and she encouraged him to express his feelings because she felt that it was therapeutic for him.

Triangulation

Triangulation, or the use of multiple sources or methods of investigation, was employed to increase the credibility of findings. Six shelter staff members were interviewed for approximately one hour regarding their perspectives on how women and children typically adjust to the shelter and on their views of battered women’s parenting

practices and relationships with their children. Specific research questions were used to guide the semi-structured interviews (Appendix G). The transcriptions of the staff interviews were not read until completion of the data analysis and the writing up of results to prevent researcher bias in the reporting of the study findings that were based on the women's voices.

Shelter staff members confirmed that women's adjustment to shelter life is as unique as their experiences of abuse. However, several themes emerged that supported the researcher's findings. Staff members confirmed that the shelter population is made of women who have no place else to go, which usually means that they have very little financial or emotional support. Most of them are coming into the shelter from chaotic, controlling, and unstructured environments, which are factors related to their adjustment to shelter life. For most of the women, adjusting to communal living and to the rules and guidelines of the shelter is difficult. However, staff members confirmed that almost all of the residents in the shelter are profoundly grateful for the safety and services that are provided by the shelter for them and for their children. Staff members also agreed that while the majority of the women in the shelter have poor parenting skills, most of them are deeply devoted to their children and are committed to improving their parenting practices.

Similar to study findings, staff members indicated that the factors related to maladaptive shelter adjustment among residents include the individual personalities of the women, the women's psychological functioning, their willingness to abide by the rules, their motivation and ability to utilize the resources and services made available to them, and their openness to explore and change maladaptive behaviors, including

parenting practices. One staff member identified features of women who “get along well in the shelter” as including “investment in the program, going to support groups, finding case management helpful, ...you know, they sit down and set their goals, people who are in the shelter for more than just the house...they tend to do better.”

In contrast, staff members noted that some women have problems adjusting to shelter life because they find the rules controlling: “some women adjust well to the guidelines and rules and others fight them the whole way.” One staff member proposed that “women in the shelter who have difficulty following the rules are likely to be the ones who have difficulties in society as well...in the work place, obeying laws...authority in general.” In line with the mission of the shelter to empower women to make choices, staff members try to emphasize to residents that the shelter rules and policies are kept to a minimum and are in place to protect the women and children as well as to promote a peaceful communal environment.

Communal living was noted by the staff members as the most difficult aspect of shelter life for residents. Similar to descriptions of participants, staff members commented on the high level of tension in the shelter at times, how women can pair up against other residents, and how different standards of cleanliness, different values, and varying degrees of responsibility can result in conflicts about such issues as chores, parenting practices, and relationships. As pointed out by several staff members and indicated in the study findings, depression, substance abuse, and safety issues also influence adjustment.

A major theme that emerged regarding staff members’ perceptions of the women’s parenting practices and relationships with their children was that most of the women

come into the shelter in such a state of crisis, “to the point of crying and shaking on a regular basis,” that they are not focused on their children. The general consensus among staff members was summed up by the following comment:

I think a lot of women are just so stressed out that it’s (parenting) like really not their biggest concern when they are in the shelter. You know, they are in crisis and they’re really just trying to get their basic needs met. I think they think about it, but it’s really on a back burner. They want to get stable, they want to be able to feed and clothe their children so I think when they get into housing or a place of their own and get a little more stable, they start looking at those issues.

The overarching impression given by staff members was that most women want to improve their parenting, but they are in crisis mode, they have not had good role models of healthy parenting, and the problem behaviors of their children who have been exposed to their abuse make parenting an overwhelming challenge. It was also noted, that unfortunately, some mothers have not formed attachments with their children and sadly, are not interested in improving their parenting and relationships with their children. One staff member referenced a resident who struggled with being a parent, paraphrasing this mother as follows: “well, I don’t know if I want to be a parent...maybe I do...maybe I don’t.” This staff member felt that while this situation was unusual, it was not uncommon for mothers in the shelter to neglect their children and send them negative messages such as “go away, go away, go away.”

In terms of disciplinary practices and reactions to the non-violence policy, staff members were unified in their beliefs that overall, the parents want to learn non-violent

discipline practices. Unfortunately, screaming and spanking is often all they know, it has been modeled from generation to generation, and their abuser disciplined that way. Staff members saw a pattern of women abiding by the non-violence rule when they first came into the shelter, but often reverted to yelling and spanking as they became more comfortable in the shelter and grew increasingly frustrated with their children's acting out behaviors. The staff members talked about how they try to educate the mothers on how spanking keeps the cycle of violence going and, as evidenced in the data, indicated that mothers are often open to change when they begin to observe "the same characteristics their abuser had...their kids are hitting other kids...and they don't want their boys to be like their dads....they start seeing signs in their children." A few staff members agreed that more parenting education and skill building was needed at the shelter as well as more follow-up services when women are out of the shelter and stable enough to address parenting issues. These were also a service that participants felt was lacking in the shelter.

Another common theme among staff residents was the tendency of the women in the shelter to treat their children like "adults;" "friends;" "support systems;" and "partners in crime." For example, mothers say to their children, "let's get your homework done so daddy doesn't come home and get angry with us." Older children are often given responsibility to care for younger children, women consult with their children about important decisions, and children are aware of adult issues that are too complex for them to understand, such as the seven year old who knew about his mother's abortion and said that his mother had killed his brother or sister.

Conflicts among residents were emphasized by the staff members as an ongoing challenge in the shelter. As suggested in the findings, women who become territorial, those who, as one staff member described, become “pseudo-staff members” and try to dominate and control other residents, and those who are quick to criticize others cause the most conflict. One staff member confirmed study findings that unfortunately, women sometimes leave the shelter because of the high level of turmoil.

Staff members were in concurrence with participants’ perceptions that transitional housing, respite from child care, more time for self-care, educational groups, and a safe, supportive environment were the most valued services offered by the shelter. They were in agreement with findings that the women did not feel that they benefited from support group (one staff member estimated that 99% of residents would not go if support group was not mandatory) and naturally, resented mandatory reporting for returning to their abusive partners. Similar to the study participants’ reports, the staff members confirmed that the children “love” their weekly support groups (The Circle of Peace), that they thrived on the attention they received from staff members and volunteer advocates, and that they benefit from the parents’ attempts to improve their relationships with their children. The staff members acknowledged that, similar to the mothers’ reports, many of the children in the shelter are angry and that they need to find ways to express their anger so that they do not act out aggressively toward others. One staff member commented that she often hears mothers tell their children that they are acting like their abusers at which time she reminds them, “no, they are mimicking the behaviors they were exposed to.”

Staff members pointed out that many women who come into the shelter are not ready to receive the help they are offered and that about 50% return to their abusers. As

explained by the shelter director, “a lot of the women aren’t ready to be free, but they feel guilty that they want to go back, like they are disappointing us, so they break rules and are asked to leave, so it’s our fault...I don’t have a choice because they are kicking me out...I have to go back to him.”

The consensus among staff members was that community resources for battered women are very scarce. The basic needs are met with food from the shelter pantry and from the food bank until they can get food stamps. Transportation to get to appointments is difficult and all of the paperwork required for public assistance is overwhelming. As expressed by one staff member, “these women are in crisis, they can’t even think straight...they can’t even boil water to make macaroni and cheese for their kids...they’re not going to be able to fill out all that paperwork.” She added, “while it is the philosophy of the shelter to build up the women’s self-esteem and self-worth and empower them to do for themselves, sometimes we just have to sit down and help them do it.

In summary, both factors related to the shelter environment and characteristics of the residents influenced shelter adjustment and the women’s perceptions of positive or negative shelter experiences. For example, each woman’s unique personality, her psychological functioning, and her current stressors along with such factors as the number of women and children in the shelter, the availability of staff members and volunteer advocates, and the functioning of the shelter residents interacted to influence her overall experience at the shelter as well as her ability to benefit from the services, programs, and resources offered. Figure 3 summarizes proposed environmental factors and resident characteristics that may be involved in this interacting effect on shelter experiences.

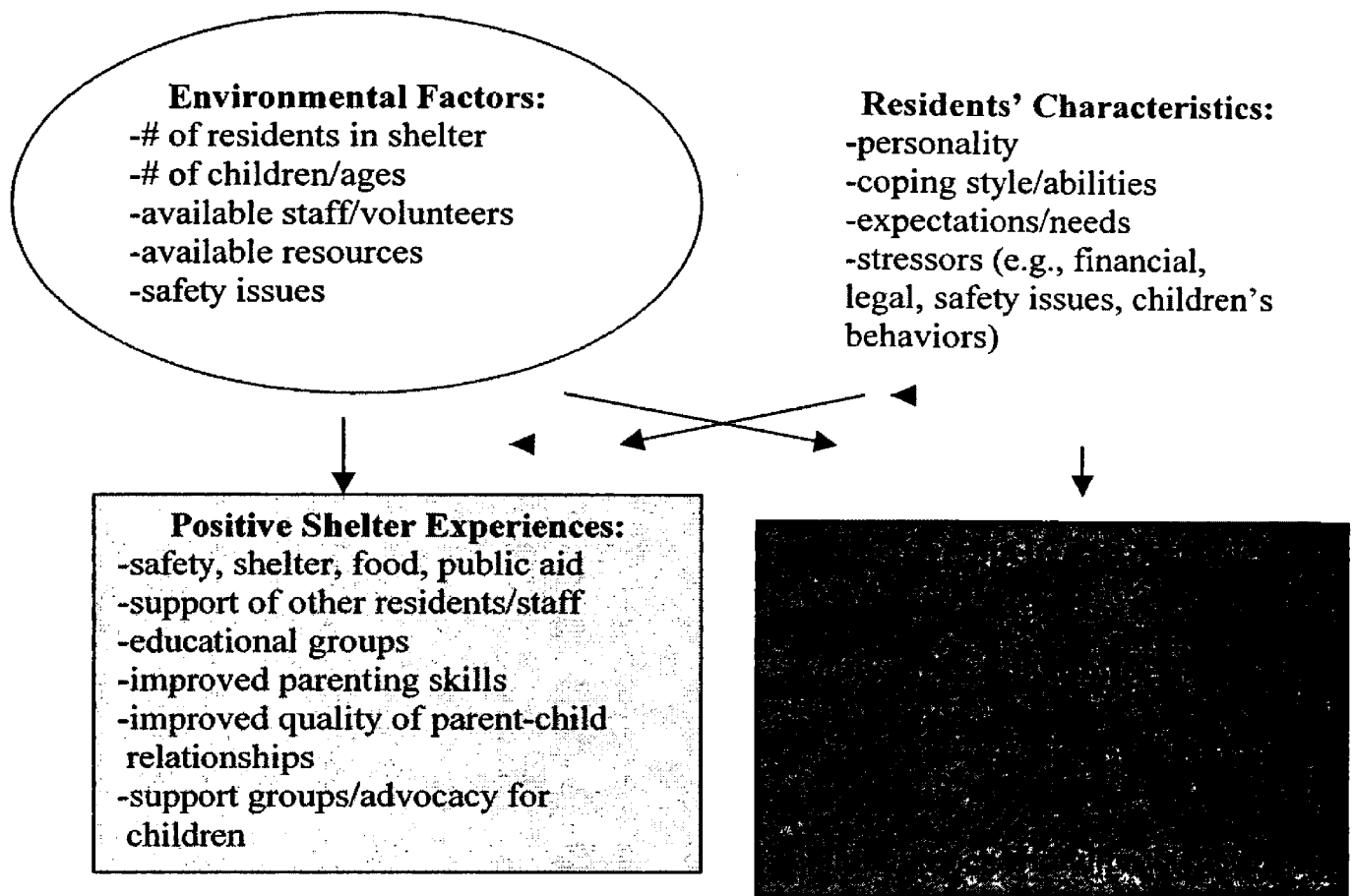


Figure 3. Shelter influences on positive and negative shelter experiences.

Discussion

The experiences of the battered women who participated in this study confirm that profound consequences of domestic abuse are endured by not only the victims but also their children. While many of the participants suffered extensive physical harm, the women tended to focus mainly on the psychological impacts of their abusive experiences. This suggests that, consistent with findings in the literature (Folingstad, Rutledge, Berg, Hause, & Polek, 1990; O'Leary, 1999), the women found the emotional battering more devastating than the physical injuries. The psychological abuse experienced by the women led to reports of helplessness, hopelessness, depression, suicidal ideation, low-self esteem, and anticipatory fear.

The battered women's perceptions of the impact of the abuse on their children also provided further support for the growing literature on the devastating consequences of exposure to abuse on children (Cummings, Davies, & Campbell, 2000; Roberts, 2002; Rossman, 2000). Mothers described both externalizing and internalizing behaviors. While some studies (Fantuzzo, DePaola, Lambert, Martino, Anderson, & Sutton, 1991; O'Keefe, 1995) have shown that externalizing and internalizing behaviors do not differ significantly based on gender, this study's findings supported research indicating that males more commonly exhibit externalizing behaviors and females more commonly exhibit internalizing behaviors (Jaffe, Wolfe, & Wilson, 1990). Mothers described their boys as disruptive and aggressive and their girls as withdrawing, clingy, and dependent. These findings support research that identifies children's modeling of the abusive behaviors they witness as one mechanism in which children are directly affected by

exposure to abuse (Emery, 1982; Holden, Stein, Ritchie, Harris, & Jouriles, 1998; Patterson, 1982).

In addition to the direct effects of abuse on children's behaviors, indirect effects on the children's functioning were also noted by participants. All ten of the participants acknowledged that their experiences of abuse affected their parenting and their relationships with their children; some were aware that these effects further impacted their children's functioning. Indications from this study are that, similar to other research findings, factors such as maternal stress, depression, preoccupation with survival and the needs of the partner, and a decrease in self-esteem and self-confidence were some of the negative consequences of abuse that influenced these women's parenting and parent-child relationships (Belsky, 1984, Erel & Burman, 1995, Zuckerman, Augustyn, Groves, & Parker, 1995). In line with the spillover hypothesis (Erel & Burman, 1995), their marital conflict carried over into their parenting practices; the negative consequences of their abuse led to emotional unavailability, permissive parenting, including a lack of discipline and tolerance for inappropriate behaviors (e.g., aggression, profanity, verbal abuse), and parentification of children. Women also described experiencing guilt about having neglected their children as well as for exposing their children to abusive environments and harsh treatment by their abusive partners. Suggestions are that all of these factors are related to the permissive parenting styles described by participants. In contrast with a proposal of the spill-over hypothesis that some victims of abuse adopt harsh disciplinary methods, the participants denied physical abuse. Five of the ten women spanked their children, but implied that they did not consider this type of punishment as abusive.

In terms of effects on their parent-child relationships, all of the mothers confirmed research findings that domestic violence places this important relationship at risk (Camara & Resnick, 1989; Cummings & Davies, 1994; Owen & Cox, 1997). Again, the women described being so involved with the needs of their abuser that they were often unable to focus on their children's needs or provide them with comfort and security. Thus, one of the main themes related to the detrimental effects on the mother-child relationships was maternal neglect and preoccupation, which resulted in children's disrupted sense of safety and emotional security. Other themes that emerged from the women's descriptions of their relationships with their children included role reversal in which children became friends, consultants, and confidants who were burdened with adult responsibilities and traumatic bonding between mothers and their children over their shared frightening experiences. This was especially true for women who suffered severe abuse that was also witnessed by their children. As suggested by Erel and Burman's (1995) compensatory hypothesis, this unnatural connection with their children is an aspect of compromised parenting that warrants further exploration as to the potential emotional risks to children.

A prominent theme that emerged in the data was that all of the children were experiencing anger to varying degrees. Nine of ten participants believed that their children's problem behaviors were related to their anger. Similar to findings in the literature and in support of the social learning theory (Osofsky, 1998; Patterson, 1982), boys were more prone to act out their anger aggressively whereas girls were more likely to become tearful and demanding, and covertly act out their anger. Based on this study, factors that are thought to be related to the children's levels of anger include the amount

of exposure to the abuse, the intensity of the abuse witnessed by the children, gender, and the relationship between the child and the abuser. In comparison to the girls in this sample, boys were perceived by their mothers as witnessing more overall abuse and more incidents of severe abuse; boys who were not biologically related to their mothers' partners were described as expressing and exhibiting more intense anger than other children. It could be that these males who were not fathered by the abusive partners had less of an attachment to them and as a result, experienced more intense anger toward them and more of an urge to protect their mothers. Each of these factors warrant further exploration as both scenarios are predictive of dangerous situations in which the children, especially males who are fathered by previous partners of the women, may have a tendency not only to act out aggressively toward their mothers' abusive partners, but also to intervene in the violent acts they witness. Although there is very little research regarding the relationship between batterers and their victim's children from a prior relationship, the available literature supports the increased risk of maltreatment of non-biological children and increased risk of violence toward the mother if she has children from previous partners (Daly, Singh, & Wilson, 1993). All ten participants had one or more children from previous relationships and each of them perceived that these children were maltreated by their abusive partner; this was a major source of marital conflict for this sample of battered women. Thus, findings from the current study emphasize the need for educating women about the increased risk of marital conflict related to children brought into a relationship from previous partners. This information can be viewed as a "red flag" for abused women who often express fears of becoming involved in future violent relationships. Ironically, it appears that, in this sample of battered women, the

women with children from prior relationships hoped that the men with whom they became involved would be fathers for their children; instead, they found themselves and their children in abusive situations.

Children's anger seemed to shift focus from the abusers to their mothers during their shelter stay. This re-directed anger could be due, in part, to the children's lack of contact with their fathers, step-fathers, or mothers' abusive partners. Only one participant's abuser had arranged for supervised visitations with his children. As suggested by Jaffe, Wolfe, and Wilson (1990), children's psychological adjustment may include internal functioning that is not readily understood in terms of observed behaviors; however, relationships between behavioral expressions such as aggression or withdrawal, and children's cognitive and emotional processing can be reliably inferred based on information about their experiences. Thus, an additional explanation, based on the numerous descriptions of disruptions in the children's sense of safety and security, is that the underlying factor related to the children's anger and subsequent behaviors is their fear of abandonment, both physical and emotional. It has been stressed in the literature on psychological trauma that children's emotional development and functioning "is intimately connected with the safety and nurturance provided by their environment" (van der Kolk, 1987, p.14). While failure to protect children is not the sole responsibility of the mother, children of abused victims probably learned early on not to rely on the abusive parent to protect them from harm. Thus, they look to their mothers to provide safety.

Within the context of the battered women's shelter, most participants noted improvements in their parenting and some had an increased awareness of the need for

improvements in the quality of their relationships with their children. Commitments of increased time with their children, increased nurturance, and a desire to be more consistent and effective in disciplining their children were three main themes that emerged. The data suggest that for some of the women, being away from the abuser allowed them to regain their children's respect and lost aspects of positive parenting. Mothers who did not describe improved parenting practices were those who were experiencing high levels of stress, a lack of confidence in their parenting abilities, and/or decreased parenting capacity related to substance use. The non-violence shelter policy and the parenting support and assistance of shelter staff members also played a role in changes in parenting; however, the unavailability of staff members and volunteers to provide parenting assistance and education was a common complaint among most of the participants.

The incongruence between participants' expressed desires to improve their parenting and strengthen their relationships with their children and their lack of action toward making the necessary changes toward these goals may be explained in terms of the stages of change model as outlined by Prochaska, DiClemente, and Norcross (1992). In their model, five stages of change are identified to explain an individual's readiness for change such that intervention strategies can be chosen to match the person's stage. While participants in the current study had successfully reached the action stage of leaving their abusive partners, they seemed to be in either the contemplation stage or the preparation stage in terms of readiness to make changes in their parenting practices and relationships with their children. Those who were in the contemplation stage were aware that problems existed with their parenting and parent-child relationships and were seriously thinking

about the changes they wanted and needed to make; however, they had not fully committed to begin making the necessary changes. Others, who seemed to be in the preparation stage, were beginning to make small changes toward improving their parenting and relationships with their children; however, they had not yet reached the action stage of making significant changes that will require considerable commitment of time and energy. The data suggest that many of participants were not yet emotionally healthy enough to begin making changes that would require so much of their resources. For example, many participants commented on the continued stress that they are experiencing related to overcoming obstacles that are threatening to interfere with their ability to remain independent from their abusive relationships (i.e., affordable housing, employment, transportation). In addition, coping with the daily stressors of communal living may, for some women, interfere with their current abilities to focus on their parenting and parent-child relationships.

With respect to shelter experiences, participants' reactions were both positive and negative. Factors related to positive shelter experiences included a willingness to adhere to the rules and policies of the shelter, motivation to make a concerted effort to adjust to the challenges of communal living, taking the opportunity to benefit from the resources offered, and openness to self-exploration. Predictors of negative experiences involved unrealistic expectations, unwillingness to abide by rules and policies, and difficulty relating to other residents and staff members. As pointed out by Ferraro (1981), to varying degrees, all shelters, even those that adopt a feminist approach of empowering women to take control of their lives, operate within guidelines that limit the women's freedom. In addition, issues such as inadequate funding, limited resources, and communal

living must be dealt with. Some women find the shelter environment to be supportive and empowering, while others have more difficulty dealing with these challenging issues. Complaints about safety issues seemed reasonable as highly volatile residents and residents whose mental health may have deemed them inappropriate candidates for the shelter left other women feeling frightened for their safety and the safety of their children. Staff members acknowledged that occasionally a victim of abuse who is experiencing mental health problems that are beyond the shelter staff's abilities to manage is, never-the-less, allowed into the shelter.

Findings related to perceived unmet needs suggest that this sample of battered women perceived that one-on-one counseling and support would be more beneficial than group work. Most of the women had negative reactions to the mandatory weekly support groups. It may be that women's reports of becoming depressed and distraught after attending group meetings were due to difficulty with listening to other women's stories of abuse. It is also possible that the women perceived their own abusive experiences were sometimes minimized by some of the stories they heard from women in the community as several of the women commented on how badly they felt about complaining about their abusive experiences after hearing stories of more severe abuse. Finally, it is also possible that the shelter residents who were required to attend the YWCA support groups, which were open to community members, did not have the resources to provide emotional support for other abused victims. Riley and Eckenrode (1986) studied subgroup differences in the costs and benefits of providing and receiving support and described two concepts which may be useful in understanding the perceptions of the shelter residents regarding support groups. According to Riley and Eckenrode's (1986)

model, people with few helping skills and few resources to share may become distressed by expectations of providing assistance or support that they cannot easily meet; they called this the *cost of helping process*. Their findings suggest that for “low-resource” persons, support may actually detract from one’s own coping efforts and lead to increased negative affect. Battered women may become distressed at not being able to provide emotional support to others because their own resources have been drained. In addition, Riley and Eckenrode’s (1986) *stress-contagion process* further explains how battered women may become distressed in support group settings. According to this process, which was supported in their findings, people who have numerous stressors and few resources with which to respond are at risk for the contagion of stress phenomenon. This phenomenon suggests that exposure to more stress through the expansion of their social network (e.g., support group), may lead to increased distress. Just having recently left their abusive partners, the shelter residents who attended support group meetings were most likely so focused on their own feelings and problems that they found it difficult to be supportive of other victims. From a stages of change perspective (Prochaska, DiClemente, & Norcross, 1992), the shelter residents, who had only recently completed the action stage, may not have been able to provide emotional support for other victims of abuse who were in the contemplation stage; nor is it likely that the community women, who were still in abusive relationships, were able to understand the emotional needs of the shelter residents. Application of the stage of change model may provide a useful way of understanding why women who have recently left their abusive relationships are not cognitively and emotionally able to provide or receive support from victims in different stages of readiness. As indicated in their findings, Lerner-Fiore and Thomas-Kennedy

(2000) suggested that the first six months after leaving a violent relationship “may be the most psychologically intense and vulnerable time” (p.228). According to their study, confidence about leaving is low and temptation to return, demands on coping resources, and trauma symptoms are high during this time. Their findings, along with those from the current study, explain the need for counseling for this population. With the exception of one resident, all of the women in the current study expressed a need for individual psychological counseling to work on issues related to their unique experiences.

In contrast to their dislike of the support groups, the women seemed to enjoy and benefit greatly from educational groups; unfortunately, these were only offered periodically. Many of the women expressed interest in having more opportunities to learn about the dynamics of abusive relationships and healthy relationships.

One of the most salient themes that emerged was the shelter residents’ needs for respite from their children. Women commonly reported on how difficult it was, especially during the first day or two of coming into the shelter, to take care of their children. It is likely that the trauma from the abuse combined with the adjustment to shelter life increases their stress to an overwhelming level. They expressed the need for rest, the support of staff, including counseling, time for self-care, and respite from their children, especially when they first arrived at the shelter. The dilemma this raises may be that the victims’ children may need to be with their mothers during this tumultuous time. However, the consensus among staff members was that the children who come into the shelter thrive on the attention they get from staff members and volunteers. In addition, staff members confirmed mothers’ perceptions that their children benefit immensely from the children’s programs and activities and the weekly support groups.

One overarching theme of this study was that the women who sought refuge in this battered women's shelter often had numerous problems in addition to and related to being abuse victims. Some, if not most, of them have family of origin problems, addictive behaviors, financial difficulties, poor parenting skills, low self-esteem, histories of child abuse, mental health issues, and intrapersonal and interpersonal problems. While most of the participants expressed strong commitments to improving their parenting skills and parent-child relationships, many of them were, to some extent, unable to follow through with their resolutions. Further exploration regarding the discrepancies between the women's intentions to care for and protect their children and the difficulties they seemed to have in following through with their goals is important, such that interventions can be directed toward these barriers.

Implications/Interventions

Participants acknowledged the significant impact of their abuse on themselves as well as on their children. In addition to being directly affected by the abuse, children were indirectly affected by the influences of the abuse on their mothers' parenting and their relationships with their children. This study provides valuable information that can be used to guide intervention for both victims of domestic violence and their children. Findings indicated that while many of the women reported that they benefited greatly from the services, programs, and resources provided by the shelter, others' expressed their dissatisfaction with their shelter experiences. Based on both the positive and negative experiences of the participants, a deeper understanding of the factors that influenced the women and children's shelter stay was gained. This information can be

helpful in designing intervention programs and services that will best meet the needs of victims of abuse and their children.

In terms of the impact of abuse on victims, indications are that shelter residents may benefit more from individual counseling or psychotherapy than from support groups. While support groups are the most common form of intervention for victims of abuse, there is little research on their efficacy and on the efficacy of shelter programs in general (Abel, 2000). Abel's (2000) review of the few studies that have been conducted on support group effectiveness found that results were mixed. One study conducted by Tutty, Bidgood, and Rothery (1993) indicated that support groups were effective in areas such as improving self-esteem, increasing locus of control, and increasing perceived coping abilities of victims of abuse; however, Rubin's (1991) study did not provide substantial support for the beneficial effects of support groups. Similar to the findings in the current study, one group participant in Rubin's (1991) study reported that she became so distressed at the group meeting that she was unable to go to work the next day and was fired from her job. The impression gleaned from the participants in the current study was that perhaps a support group format for women who have recently left their abusive partners and are living in a battered women's shelter is not beneficial because these women are in the early stages of trauma and therefore, may not have emotional resources available to provide support for other women. These women are expending so much energy trying to make the adjustment to their new lives that their primary focus is on themselves and their children. Thus, findings point to the need for individual counseling to focus on their individual issues (e.g., depression, anxiety, emotional constriction) in addition to the case management services that are designed to help them with jobs,

housing, and other resources to be able to successfully create a life for themselves and their children. As mentioned above, a stage of change model would support the need for individual counseling that targets the victims' individual needs, resources, and goals.

A common concern of the participants in this study was the lack of available staff members and volunteers to provide both emotional support and assistance with resources. While staff members provided weekly case management services in the shelter in which the study was conducted, participants felt that, at times, staff members were too over-extended to meet their needs. Thus, it may be beneficial to think about identifying a staff/resident ratio that would increase the likelihood of meeting the needs of residents as well as preventing staff member burnout, which is pervasive among social workers and counselors who work with this population (Ferraro, 1981; Loseke, 1992). While in the short-run, this may allow fewer victims of abuse to be served, it may increase the likelihood of shelter residents making a more successful transition to a life free of abuse.

A high need among study participants was respite from their children during the first few days of their shelter stay. Women described being in a state of trauma and feeling that they were unable to care for their children during this time. This was particularly true for women who had been severely abused before coming into the shelter. Although the needs of the children of the abused victims should be considered, it may be that spending some time with staff members and child advocates for the first day or two could serve to distract the children from focusing on the trauma and becoming overly concerned about their mothers' emotional state. As mentioned earlier, the consensus of staff members was that the children thrive on the extra attention they receive from staff members and child advocates at the shelter. Therefore, a service in which shelter staff members or volunteer

advocates provided the women, especially during their first day or two at the shelter, with some time during the day away from the responsibilities of taking care of their children so that they could begin the healing process seems extremely worthwhile.

Participants who attended the educational programs when they were offered found them to be extremely beneficial. As such, this service should be provided on an ongoing basis. Among other issues, women learned about the common impact of abuse on victims, about the role of power and control in their abusive relationships, and about how to look for “red flags” to help them avoid abusive relationships in the future.

In addition to educating women about abusive relationships and the numerous negative consequences for victims, there is a strong need for an educational component to help parents understand the impact of exposure to abuse on their children. Increasing awareness of how children's behaviors are linked to their emotions and cognitions, as well as educating women about what behaviors and emotions can be expected from their children as a result of the abuse they witnessed, would be a step toward improving their parenting skills and restoring their relationships with their children. Each of the participants in the study acknowledged the negative influences of their abusive experiences on their parenting as well as on their relationship with their children. Parenting deteriorated as a result of the abuse and parent-child relationships became unhealthy (e.g., role reversal, traumatic bonding). Some of the goals of the educational programs would include:

- Teaching parents that children exposed to domestic violence in their homes are affected even if they do not witness the violence firsthand.

- Teaching parents about the common effects of domestic violence on their children and the relationships between their children's behaviors and their thoughts and feelings.
- Teaching parents non-violent tools for handling challenging behaviors with their children and helping them understand how corporal punishment can increase anger and aggression in their children and perpetuate the cycle of violence.
- Teaching parents about ways in which their abusive experiences affected their parenting and normalizing these effects for women so that they can replace guilt, denial, and blame with acceptance and be able to make changes.
- Helping parents regain their children's respect and regain their roles as parents by teaching them the importance of setting age-appropriate limits for their children and using effective, non-violent discipline techniques.
- Teaching parents the importance of a healthy relationship with their children, especially considering the injuries to the parent-child relationship as a result of the abuse.
- Helping parents understand what a healthy parent-child relationship looks like and the importance of listening to their children and allowing them to talk about the abuse and their fathers, step-fathers, or mothers' partners and teaching them about age-appropriate responses to their children when discussing the abuse.
- Helping parents learn how to better understand and meet the emotional needs of their children and helping them learn how to assist their children in

working through their anger and learning non-violent problem solving skills and coping skills.

- Teaching women the importance of self-care so that they will have the emotional resources needed to care for their children.

Research suggests that a strong parent-child relationship may mitigate some of the negative effects of exposure to marital discord on children and can serve as a protective mechanism for children coping with the conflict (Rutter, 1990; 1999). As women learn more about the impact of domestic violence on their parenting and parent-child relationships, they, hopefully, will come to understand the importance of establishing a strong relationship with their children. Ideally, intervention for victims of abuse and their children should include child-parent psychotherapy, which is a therapeutic intervention that focuses on supporting the growth of a healthy parent-child relationship in the aftermath of domestic violence. Lieberman and Van Horn (2005) have designed a treatment manual for child-parent psychotherapy for mothers and children who have experienced domestic violence. This comprehensive relation-based treatment model targets the parent and child's maladaptive mental representations that have resulted from the abuse. It is designed for young children (age six and under) and incorporates behavior-based strategies, play and verbal interpretations as means to repair relationships that have been damaged by the experience of violence (Lieberman & Van Horn, 2005). This intervention strives to restore the quality of the parent-child relationship in order to promote the healthy development of the child.

While providing children and parents the opportunity to work together, it is also important for children who have witnessed abuse to work with other children who have

had similar experiences. The group format that is currently offered at the YWCA in this study provides children with this opportunity. Children work in groups according to their ages and the children's advocates provide age-appropriate therapeutic activities for them. The group format seems especially important for children who, developmentally, may feel increased isolation from their peers as a result of their family situation. Group work can provide them with support as well as the opportunity to share their thoughts and feelings related to their experiences.

Given that many of the participants focused on their negative experiences at the shelter, finding a way to increase the positive aspects and decrease the negative aspects of shelter refuge is needed. Findings from the current study suggest that some of the women were critical of the shelter as a resource and were disappointed and/or frustrated because their needs were not met. Clearly identifying the resources that will be offered to residents when they first come into the shelter may help to eliminate this problem. Unfortunately, sometimes expectations are unreasonable in terms of limited resources and funding of specific shelters (e.g., providing child care, providing a housekeeper, providing furniture and household items after leaving the shelter); increasing residents' awareness of this is important to avoid misunderstandings that lead to disappointment and frustration.

Other participants had negative experiences that seemed to be related to their inability to fit the implicit and/or explicit expectations of shelter residents by staff members and advocates (e.g., abide by curfew, attend mandatory support group, positive interactions with other residents and staff, setting goals and working toward meeting their goals). Similar to Ferraro's (1981) findings, some participants in this study were less inclined to

follow the house rules, questioned the authority of shelter staff and volunteer advocates, and had ongoing interpersonal difficulties with other residents. In her study, Ferraro (1981) described shelter residents who differed in these aspects as being considered “good clients” and “bad clients” by staff members; she reported that the responsiveness of staff to the shelter residents who are having difficulties adjusting to shelter life was different from those who were seen as more cooperative and grateful. In light of her findings, it would be important to increase awareness of shelter staff members and volunteers that residents’ adjustment to shelter life may be unique based on such factors as their experiences of abuse, their personalities, and their readiness for change in terms of independence from their abuser and abusive environment. This increased awareness may prevent the potential reaction of viewing these women as uncooperative and ungrateful and may promote working toward a deeper understanding of what might be going on for these women.

Limitations

There are a number of limitations in this study. The first limitation has to do with generalizability of findings. The first problem with generalizability has to do with the study sample. The small sample size of the current study prevents generalizing findings to the broader population of battered women. Although techniques were incorporated to increase external validity, such as member-checking and triangulation, making comparisons with other samples should be done cautiously. It should be noted, however, that the vivid stories and thick descriptions provided by the participants may allow the reader to assess the potential generalizability of findings to other settings. Many of the findings were congruent with previous research findings, which also increases external

validity. In addition to the small sample size, recruitment issues, which resulted in self-selection bias, may also limit generalizability. Recruitment of participants on a voluntary basis, many whom are dealing with numerous life stressors that are likely to interfere with their willingness and/or ability to participate in a research study, limited the study to a self-selected sample. Many of the participants who volunteered for the study decided to participate after learning about the study through other residents or hearing about it from the researcher at the weekly house meetings at the shelter. Thus, it appears that hearing about the study through another victim or from the researcher was more influential in their decision to participate than reading about it from a flyer or having it announced at the weekly support group meetings. Perhaps the women felt safer and more inclined to participate when they were able to meet the researcher or after learning firsthand what was involved in the study from their peers. Attrition was also a form of self-selection as some of the participants failed to show up for follow-up interview appointments and thus, the data that they provided were limited.

The second issue with generalizability has to do with the setting in which the study was conducted. Findings based on this shelter may not generalize to other shelters as the services, programs, number of available staff members, and available resources vary greatly from shelter to shelter. Replication of the study in various shelters throughout a broad area would allow for testing the findings from the current study. It should be noted, however, that reproducing social phenomena can be difficult as it is not possible to replicate studies that occur in a real world setting “where events and happenings follow a natural course” (Straus & Corbin, 1998). External validity may be increased, however, by following the data gathering and analysis processes as closely as possible.

The issues inherent with self-report should also be noted as a limitation to the current study. The primary source of data collection was through in-depth interviewing. This process allows the interviewee to have control over what to say or not to say. This self-censorship of respondents may interfere with the accuracy of the findings. Social desirability is also a potential problem with self-report data; however, the in-depth interviewing process may prevent this to some extent as respondents may provide enough detail and depth of information as to complicate their ability to present themselves in a certain way.

Additionally, because the data were collected over a short time period, caution is advised when interpreting the participants' reports of changes in their parenting and parent-child relationships. As such, a longitudinal design examining these constructs over time would enhance the findings of this study as well as increase the ability to identify the factors related to long term benefits of the shelter services on women and children. Finally, although suggestions were made for intervention strategies based on the findings of this study, no intervention strategies were implemented and therefore, causal inferences regarding changes in children's behaviors or improvements in parenting practices or parent-child relationships cannot be made.

Future Research

The findings in this study can serve as a foundation for further research in several areas. The vivid descriptions provided by the participants of how their abusive experiences led to diminished parenting and injured relationships with their children illuminates the need for further research in this area. In addition, further exploration of the impact of these negative consequences of abuse on parenting and parent-child

relationships on the children of victims is warranted. Findings also suggest that further examination of the role of shelter stay for victims of abuse and their children may provide important information for those providing services and programs for this population. Specific themes that emerged in the data can be further validated quantitatively.

Several themes emerged regarding women's perceptions of the influence of abuse on their parenting and relationships with their children that warrant further exploration. For example, women acknowledged that their parenting was affected by their preoccupation with survival and the needs of their abusive partners. Findings suggest that this may disrupt children's sense of safety and emotional security. One area for future research is to explore how the disruption in the children's sense of safety and emotional security as a result of their mothers' emotional unavailability affects children in their future relationships with peers and in adult relationships. Further exploration into the relationship between the disruption in children's emotional security and their current emotional and behavioral functioning may also be helpful in identifying intervention strategies that may mitigate negative long-term consequences for children. Another theme related to women's perceived influences of abuse on parent-child relationships that should be further researched is the tendency of abused women to bond with their children over their shared trauma and the resulting parentification of their children. The consequences, positive and/or negative, of the connection that sometimes occurs between mothers and their children over the frightening experiences they have shared have not been fully examined. It would be beneficial to understand whether a close relationship between the mother and child fueled by a violent relationship causes problems for the child. Are there positive aspects to this type of bonding? What are the ramifications for

this type of relationship for the mothers? In addition, the long-term effects of parentification, or role reversal, for children warrants further study. Does a young child who comforts his or her mother when she has experienced abuse or who tries to intervene in marital conflict suffer long-term consequences? What negative consequences might result for the mothers who impose these roles on their children? Themes regarding the mothers' perceptions of the maltreatment of their non-biological children by their abusive partners and the role of these children in increasing marital conflict also call for further research. Findings suggest that non-biological children are at great risk of being both physically and emotionally abused in these situations; their mothers are also at greater risk of being abused by their partner because of their loyalty toward their children from previous partners. Thus, further research is needed to validate and further explore these findings. Finally, applying the stage of change model to abused women's readiness for focusing on improving their parenting and their relationships with their children in the aftermath of a violent relationship may provide a clearer understanding of why these women are sometimes unable to overcome the barriers. The stage of change model may be able to explain the incongruence between these women's desires to focus on their children's needs and their inability to do so and may guide intervention strategies that will best match women's stage of readiness.

In terms of shelter experiences, two major themes warrant further study. The effectiveness of programs and services in battered women's shelters has been studied very little. It is important to determine how these women's needs may be met so that the shelter can be a step toward non-violence for these women and children as well as a step toward improved mental health. Specifically, additional assessment of the effectiveness

of support groups is needed as the findings from this study, as well as the few studies that have been conducted on this topic, indicate that support groups for women who have recently left violent relationships may not be effective. More studies are needed to compare the effectiveness of support groups versus individual counseling. In addition, further identification of the factors related to positive shelter adjustment and experiences could provide valuable information for service providers. Specifically, the factors that lead to negative shelter experiences could be further identified so that strategies could be implemented to remedy this situation as much as possible. Findings from this study, as well as others, indicate that negative shelter experiences may combine with other obstacles to lead victims to return to their abuser. Providing more research on the factors related to meeting the needs of both “good clients” and “bad clients” should increase the effectiveness of shelter programs and services.

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Appendix A

Appendix A
YWCA PATHWAYS
RESIDENCY REQUIREMENTS

The following requirements are in place because the Pathways shelter is a communal living situation. Residency Requirements are also in place for safety reasons. We are happy to discuss any concerns you have regarding these requirements. Thank you for understanding our situation.

CONFIDENTIALITY

Confidentiality is of utmost importance to those who stay at the Pathways shelter. We ask that you do not divulge the location of the Pathways shelter or share information outside the Pathways shelter about fellow participants. No visitors will be allowed, but there are meeting places close to the Pathways shelter that you may meet family and friends.

HOUSE POLICIES

I understand that the Pathways shelter has a non-violence policy. This means that all at the Pathways shelter will be treated with non-violence. Please work with our children's advocates to explore non-violence discipline methods, as physical discipline (including spanking) and yelling at the Pathways shelter will not be acceptable.

I understand everyone in the Pathways shelter is expected to respect the rights and property of the Shelter and the people here. Residents, as well as staff, are of different races, religions, and backgrounds. Negative remarks about these differences are not acceptable.

I understand the use of alcohol or drugs is not allowed either in the Pathways shelter or while I am out during the day.

I understand that the curfew of the Pathways shelter is 10pm Sunday – Thursday and 11pm Friday and Saturday.

I understand that staff cannot serve as the sole caretaker of my children. When my children are at the Pathways shelter, I will be responsible for them or I will find another participant to be responsible for them. (Note: If another person is going to be responsible, please fill out the release form available in the advocate and staff offices.)

My children and I will attend Tuesday night support. Group is from 6:30pm – 8:00pm at the YWCA. If you have not attended group before, you will need to arrive at 6:15 for

orientation. If you have concerns regarding attending group, please discuss this with Pathways staff.

I will attend weekly meetings with the staff person assigned to assist me with service management.

If I have children, I will attend one meeting with the children's advocates to discuss my children, as well as children's issues.

TRANSPORTATION

I agree that staff is not liable in case of accident or injury during any transportation provided by Pathways.

LIABILITY RELEASE

I will not hold Pathways liable for any injury to my children or myself during my stay at the Pathways shelter. I also agree that Pathways is not responsible for my personal property. Upon leaving the shelter, any personal property I have left behind becomes the property of the shelter after 10 days. Any animals left behind with an advocate will become property of the shelter or the advocate after 10 days.

MEDICAL RELEASE

I give consent to the Pathways staff to seek emergency medical attention for my children and myself in case of an emergency.

Staff or an advocate has verbally discussed these issues with me and I have read the following contract. I understand the previous statements of confidentiality, house policies, transportation, liability, and medical release. I also understand a violation of house policies or confidentiality may result in termination of my stay at the shelter and I sign this document of my own accord.

Signature _____ Date _____

Witness _____ Date _____

Appendix B

Appendix B Demographic Questionnaire

I would appreciate some general background information about you and your child. If you have had more than one violent relationship, please provide information about the violent relationship that resulted in your coming to the shelter.

1. Were you married to, living with, or dating the person who was physically and/or emotionally abusive?
2. How long were you in this violent relationship?
3. Have you ever left this partner before? If so, how many times.
4. Was your child living with you and your partner?
5. How old was your child when your partner began to abuse you?
6. What is your current age?
7. How old is your child?
8. What is your child's gender?
9. Are you currently employed?
10. How long have you been in the shelter?
11. Have you been to the shelter in the past? (has your child?)
12. Please state briefly why you decided to come to the shelter?
13. Have you found being in the shelter helpful? If so, please explain.
14. Have you experienced any problems or difficulties in your shelter stay? If so, please explain.

Appendix C

Appendix C
Interview #1 with Mother

Thank you for agreeing to participate in my research. I am going to ask you some questions about the violence you have experienced and about how you feel that it has impacted you and your child. I will also be asking you about your experience so far here at the shelter.

1. Tell me about your violent relationship?
2. Tell me about your decision to come to the shelter.
3. How do you feel about being here/what has it been like for you so far?
4. How do you feel the abuse that you have experienced has impacted you?
5. a. Tell me a little about your child.
b. How much of the violence do you believe your child witnessed?
6. a. Describe your relationship with your child.
b. What gives you the most joy in being _____'s parent?
c. What do you find the most difficult/challenging in being _____'s mother?
7. Can you tell me how you feel the violence has impacted your child? (discuss behaviors, emotions, school functioning, peer relationships of child if she doesn't bring up on her own)
8. What are some of the ways you handle difficult situations with _____?
(give examples: noncompliance, angry outbursts, problems in school)
9. Do you feel that the domestic violence has affected your relationship (how you and your child act with each other) with your child either positively or negatively? If so, please explain.
10. a. Do you feel that the domestic violence has influenced how you parent your child?
If so, how?
b. Are there changes you would like to make regarding your parenting? If so, please explain.
11. a. What influenced your decision either to stay in the relationship or leave it?
b. What role, if any, did your child play in the decision?

These are all the questions that I have for you at this time. I will be talking to you again in a week or so to see how you are adjusting to being here at the shelter. How are you feeling right now? If you need to talk more with me or with a staff person, we can do that now or whenever you need to. Thanks for taking the time to share your personal story with me.

Appendix D

Appendix D
Debriefing Form and Referral List

Perceived Experiences of Abuse and Shelter Stay of Battered Women and Their Children

Thank you for participating in this research. Twenty years of research has established that domestic violence is a serious national problem of epidemic proportion. Although research on the impact of domestic violence on women and their children has increased dramatically in the past two decades, very little research has examined the role of shelters in these people's lives. The purpose of this study is to explore the lived experiences of women and children who reside in a shelter. Women's perceptions, beliefs, attitudes, and views will provide a clearer and deeper understanding of how shelter services, resources, and programs can be helpful to them and their children.

If your participation in this study has resulted in any uncomfortable feelings for you or your child, **please let someone know**. You may contact the principle investigator, Delia Campfield at (406) 3605862, Dr. Paul Silverman at (406) 243-6349, or contact any of the referrals listed below. Thank you again for your participation.

YWCA Pathways Office (406) 543-6691
Cory Davis, Psy D. (406) 543-6691
Children's Program-YWCA (406) 543-6691
YWCA Shelter (406) 542-1047

YWCA 24-hour crisis line (406) 542-1944

Montana Domestic Violence Hotline 1-800-655-7867
National Domestic Violence Hotline 1-800-799-7233

Families First (406) 721-7690
Friends to Youth (406) 728-2662

Western Montana Adult Mental Health Center (406) 532-9700
Western Montana Child/Family Mental Health Center (406) 532-9770

Partnership Health Care (406) 523-4789

Clinical Psychology Center, University of Montana (406) 243-4521 or (406) 243-2367

In addition, your child's school counselor is a resource that is available to you.

Appendix E

Appendix E
Interview #2 with Mother

I am going to be asking you some follow-up questions from our earlier time together. I also want to check in with you and see if my perceptions of the information I received last time seems accurate to you. This will be a time for me to ask you more specific questions about you and your child's experience with violence and your stay here at the shelter?

1. What are some of the stressors that are associated with the violence you have experienced? (prompt, if necessary, financial stress, employment, legal difficulties)
2. What has it been like for you to live in the shelter?
3. How do you feel about the services you have received so far at the shelter?
 - a. What have you found helpful?
 - b. Is there anything that you have needed that has not been made available for you?
4. How often was your child present when the violence was occurring?
 - a. What was his/her reaction?
 - b. How do you feel that exposure to the violence affected your child's behavior?
 - c. What has it been like for your child at the shelter?
 - d. Are there things that you feel that he/she misses about being at home?
 - e. Are there things that you feel that he/she is not missing at home?
5. Have you seen any changes in your child since you came to the shelter? If so, please explain. (in terms of anger, affection, behavior, sadness, happiness, etc.- prompt if necessary)
6. Have you noticed anything different about your relationship with your child since you came to the shelter? If so, please explain.
7. How do you feel about the rules and policies of the shelter?
 - a. Have there been any rules or policies that you don't understand the reason for or that you have had difficulty following?
 - b. How do you feel about the non-violence policy?
8. Have there been changes in your parenting style since you came to the shelter? If so, please explain.
 - a. Before coming to the shelter, how did you discipline your child when he/she misbehaved or did not do what you asked of them?
 - b. Has the way you discipline your child changed since you came to the shelter? If so, how?

Appendix F

Appendix F Interview with Child

I am going to spend some time getting to know you better. I will be asking you questions about what you like to do for fun, about school, about your relationship with your mom, and what it is like for you to be at the shelter. I am not planning on asking you any hard questions, but if there are any questions that you don't want to answer, that is okay.

1. If it's ok with you, I would like for you to tell me a little bit about yourself?
(prompt if necessary about school, what grade he/she is in, what subjects he/she likes the best, who are his/her friends, what he/she likes to do for fun)
2. a. So, tell me what you like best about yourself?
b. Is there anything about yourself that you don't like? If so, what is it?
3. a. What's it been like living in the shelter so far?
b. What are some of the things you like and dislike about the shelter?
c. Do you understand the rules of the shelter? How do you feel about the rules? (if not mentioned, ask specifically about the non-violence policy)
d. Is there anything that you would like to see changed at the shelter?
4. a. Has anyone told you why you are here?
b. What did she/he tell you?
5. Tell me about you and your mom (prompt-what do you like to do together? how do you get along?)
6. a. What is the worst thing that has ever happened to you?
b. What is the best thing that has ever happened to you?
7. Tell me about something, an activity for example, that you really like to do or somewhere that you really like to go-your favorite thing!

Well, I don't have any more questions for you. Do you have anything else you would like to tell me about yourself? Do you have any questions that you would like to ask me? Thank you for talking with me. How are you feeling right now? If you feel like you want to talk more with me or with someone else, just let me know. (Give age appropriate toy at this time.)

Appendix G

Appendix G
Interview with Staff Member

1. In general, how do you feel mothers typically adjust to the shelter? (in terms of stress level, coping, somatic complaints)
2. How do you feel that they adjust to being out of the violent relationship? (For example, what changes, if any, do you see in their mood, functioning, coping ability?)
3. What is your perception of women's adjustments to shelter life, in terms of abiding by the rules, getting along with staff members and other residents, benefiting from the services and so forth?
4. Do you typically observe changes in the relationships between mothers and their children during their shelter stay? Please explain.
5. Do you typically observe changes in the parenting styles of mothers during their shelter stay? (prompt, if necessary, -in terms of nurturance, supervision, affection toward their child)
6. Do you typically see changes in the mothers' disciplinary techniques during their shelter stay? If so, explain.
7. If changes in parenting and discipline are typically observed, have you noticed whether or not these changes influence the mother-child relationship? Please explain.
8. In general, how do you feel children adjust to the shelter? In general, how do you feel they adjust to being out of their violent situation?