Women’s Priorities and Actions Mothering in the Context of Intimate Partner Violence

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Nursing

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Abstract

Being a mother is an important part of many women’s identities. Being a mother influences their priorities and actions for themselves and their children when living in the context of intimate partner violence (IPV). However, understanding the nature of women’s priorities, the actions women take to address these priorities, and the factors shaping those actions remains limited. Drawing on an intersectional feminist lens, in the research conducted as part of this thesis, I explored the nature of women’s priorities, what shapes them and how women mothering in the context of IPV go about living out what is important to them. To situate these issues broadly within the discipline of nursing, I conducted a feminist intersectional critique of the nursing literature to identify dominant assumptions about mothering in the context of IPV and to consider the extent to which these might be harmful. Interpretive description drawing on a feminist intersectional lens was used to guide dialogic qualitative interviews with a sample of 20 women who were mothers identified from the 462 who participated in a randomized controlled trial testing the effectiveness of the ICAN Plan for Safety online safety and health intervention with women who had experienced IPV. Interviews were analyzed using principles of thematic analysis (Braun & Clarke, 2006).

Findings of this study revealed that women’s top priorities were the well-being of their children, their own health, and creating stability related to housing, work/employment, and finances. Women’s narratives reflected the implications of coercive control, structural conditions marginalizing women, and assumptions about mothers and mothering, for women, their priorities and actions. These factors played a significant role in creating and shaping, priorities, demands and tensions among them. These demands and tensions shaped women’s
priorities and actions to address them. Themes identified related to women’s priorities include: *It’s all about the kids, My safety...totally disregarded and I have to take care of him.* Themes related to women’s actions include *It’s all up to me, Can I do it all?*, and *Maternal guilt, shame and blame*.

This study revealed women’s priorities were complex and not choices. For many women, a confluence of factors created tensions, shaping priorities and actions taken. Women engaged in everyday acts of resistance in response to the factors shaping their experiences. A matricentric, feminist, equity-oriented approach could help address the impact of mothering, associated expectations and structural inequities on women.

**Keywords:** mother, intimate partner violence, decision-making, priorities, actions, mothering practices, feminist intersectional, interpretive description, nursing
Summary for Lay Audience

Being a mother is an important part of many women’s identities with consequences for women and children and shaping women’s priorities and actions when living through intimate partner violence (IPV). However, our understanding of the nature of women’s priorities and women’s actions on priorities and the factors shaping those actions remains limited.

This thesis explored the nature of women’s priorities, what shapes them and how women mothering through IPV go about living out what is important to them. I examined the nursing literature to determine how mothering in the context of IPV was conceptualized. I also completed interviews with 20 women who were separating from an abusive partner and also mothering minor children; these women were taking part in a study testing the effectiveness of an online safety and health intervention called ICAN Plan for Safety.

Information gathered from interviews revealed that women’s top priorities were the well-being of their children, their own health, and creating stability related to housing, work/employment, and finances. Women spoke of fear and intimidation they experienced due to assault, threats, and intimidation; difficulties participating fully and having fair access to the resources in society needed to meet personal needs and live well; and societal assumptions about mothers and mothering were affecting their priorities and actions. These factors played a big part in creating and shaping, priorities and demands, and tensions among them for women as well as the actions women took to address them. Three themes were identified related to women’s priorities: It’s all about the kids, My safety...totally disregarded and I have to take care of him. Themes related to women’s actions include: It’s all up to me, Can I do it all? and Maternal guilt, shame and blame.
This study revealed women’s priorities were complex and not a choice. For many women, many factors combined creating tensions, shaping priorities and actions taken. Women engage in everyday acts of resistance in response to these factors shaping their experiences. Using an approach that recognizes how gender and fair access to the resources in society needed to meet personal needs and live well could help address the impact of mothering, associated expectations and structural inequities on women.
Co-Authorship Statement

I, Sharon Broughton, completed the work for this thesis in collaboration with my PhD supervisor Dr. Marilyn Ford-Gilboe, and committee members Dr. Colleen Varcoe and Dr. Andrea O’Reilly. This thesis includes three integrated manuscripts as well as an introduction and conclusion chapter. The primary contribution to this thesis was made by me with substantive and editorial support from my supervisor and committee members, who will be co-authors on publications arising from this work.
Acknowledgments

I would like to acknowledge and thank my supervisor, Dr. Marilyn Ford-Gilboe, and committee members Dr. Colleen Varcoe and Dr. Andrea O’Reilly for their encouragement, guidance, and intellectual contributions to the completion of this thesis. I would also like to thank family, friends and colleagues for their support and encouragement throughout the thesis completion process.
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Chapter 1

Introduction to the Thesis

This thesis is organized in integrated article format, consisting of five chapters. In Chapter one, I briefly summarize the characteristics and consequences of intimate partner violence (IPV) as well as relevant mothering discourses, highlighting the importance of examining mothering in the context of IPV. I also outline the methodology and methods that guided this thesis, addressing its trustworthiness. Chapters two, three and four are written as stand-alone articles that address the study purposes. In Chapter two, I present a feminist intersectional critique of the nursing literature on mothering in the context of IPV. Chapters three and four focus on findings related to the priorities of women mothering in the context of IPV (Chapter 3) and actions taken to address those priorities (Chapter 4) based on in-depth qualitative interviews with women who were in the transition of separating from an abusive partner. Note that there is some repetition across chapters and differing degrees of detail related to the methodology in each. This is typical in integrated article format. In Chapter five, I summarize study findings and explores their overall implications for nursing practice, education, and research.

The Problem

Significant scholarly work has been undertaken to better understand the meaning, scope, characteristics, and consequences of IPV. We now understand that IPV is a public health epidemic (World Health Organization [WHO], 2010, 2013) and global human rights issue impacting the lives of women and children with significant consequences for their health and well-being (Banjar, 2022; Ellsberg & Heise, 2005; Garcia-Moreno et al., 2005; Potter et al., 2021;
For some women, these concerns persist for many years after separation with significant impacts on the quality of their lives (Ford-Gilboe et al., 2005; Patton et al., 2021). Alongside the growth in research on IPV, feminist scholars have been working to explicate the ways mothering is socially constructed, shaping both social expectations of mothers and women’s experiences caring for children (Douglas & Michaels, 2004; Hays, 2007; O’Reilly, 2007, 2014, 2021; Ruddick, 2007). The importance of understanding the variability in expectations and experiences of mothers who are positioned differently based on the intersecting structural conditions impacting their lives and access to power, has also become apparent (Collins, 1994, 2019; Crenshaw, 1989).

Attention to the interwoven and complicated connections between IPV and mothering is increasing, with greater convergence between these bodies of literature (Greaves et al., 2004; Irwin et al., 2002; Radford & Hester, 2006; Hughes et al., 2016; McDonald-Harker, 2016; Moulding et al., 2015; Thiara & Humphreys, 2017). However, there remains a need to consider mothering in the context of IPV, particularly in relation to understanding women’s priorities, actions and plans aimed at improving their overall personal and family well-being. How underlying ideological presuppositions shape conceptualizations and assumptions, women’s experiences, priorities, actions and plans to maximize their personal and family well-being is also poorly understood. At present, research, policy and service delivery focused on mothering in the context of IPV reflects these gaps. Improving our understanding of how ideological positioning and assumptions shape women’s experiences of mothering in the context of IPV is important because it could inform more appropriate and effective professional responses.
Intimate Partner Violence and Its Effects

Intimate Partner Violence (IPV) is a complex and nuanced issue influenced by socio-historical factors and shaping the lives and choices of women and children. IPV is defined as physical, verbal, psychological, financial, and sexual abuse committed by an intimate partner, occurring in the context of coercive control (Buzawa & Buzawa, 2013; Cronholm & Bowman, 2009; Sharps et al., 2007; WHO Pan American Health Organization, 2012). It is important to situate understanding IPV within the context of the structural conditions marginalizing women as this shapes women’s options, actions, and experiences. Violence against women is systematically linked to, and embedded in, the legal and social mechanisms and systems that inhibit and erode women’s rights (Tutty, 2006). This is based on a theoretical understanding of gender that extends beyond individual level sex differences, to encompass the construction of gender in social interaction, and the gendered structure of societal contexts (Johnson et al., 2014). Thus, IPV and socioeconomic status are viewed as issues of power, control, and oppression (Duffy, 2015; Varcoe, 2008). Given these realities, diversity among women is important to consider in the context of IPV. While efforts to attend to diversity among women experiencing IPV are apparent in the literature, greater emphasis is essential.

Quantifying the prevalence and severity of IPV on women and children, while difficult, is important so that the impacts of IPV can be more fully understood. Based on international parent and child reports, it has been estimated that approximately one-third of parents may be experiencing inter-parental conflict, or other forms of domestic family violence (Hooker et al., 2016). Global estimates indicate approximately 1 in 3 women who have been in a relationship report experiencing some form of physical and or sexual violence by their partner in their
lifetime (WHO, 2013, 2017). In population surveys conducted in Canada, IPV was the leading type of violence experienced by women in 2016 (Burczycka & Conroy, 2018), while 44% of women reported experiencing IPV in their lifetime in 2019 (Conroy, 2021). National surveys also show that women who live with the effects of structural inequities such as being younger or living in rural areas (Burczycka & Conroy, 2018), living with a disability (Cotter, 2018), or identifying as Indigenous (Arriagada, 2016; Boyce, 2016; Burczycka & Conroy, 2018; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019) are at greater risk of IPV. However, these surveys have not reported variation in IPV for women who identify as racial-ethnic minorities, or for those who identify as mothers, yet these may be important factors shaping women’s experiences. Overall, these statistics reflected dynamic circumstances that cannot be explained by individual choice or action alone but must be considered within the larger socio-historical context of mothers’ and children’s lives. While an analysis of how structural conditions influence mothering in the context of IPV would be useful in advancing nursing practice, education, and research, this approach is seldom evident in the nursing literature.

Given the significant and often enduring health consequences of IPV, women’s health is an important context for mothering. There is substantial evidence that women who experienced IPV are at greater risk of many physical and mental health problems (Banjar et al., 2022; Dillon et al., 2013; Lutgendorf, 2019; Potter et al., 2021; Scott-Storey, 2011; Stubbs & Szoeke, 2021; WHO, 2013), reflecting the far-reaching impact of IPV on all aspects of well-being (Centers for Disease Control, 2005; Ford-Gilboe et al., 2011; Sugg, 2015; Sutherland et al.,
Yet consideration of women’s health as a factor shaping their mothering in the context of IPV has been understudied.

The literature characterizes IPV as a situation that is traumatic and distressing to women (Basile et al., 2004; Inslicht et al., 2006; Lindgren & Renck, 2008b) and is perceived as such even after they have left their abusive relationship (Ford-Gilboe et al., 2009; Lindgren & Renck, 2008a). As previously noted, although all women are at risk of IPV, the magnitude of such risk varies based on their socioeconomic status and patterns of cumulative abuse exposure across the lifespan (Davies et al., 2015). Further, the suffering and burden associated with the negative health effects IPV have been found to limit women’s ability to focus on aspects of their lives such as employment, family health, and civic engagement and participation (Wuest et al., 2003). However, limited attention has been given to how the health consequences of IPV as well structural conditions affect the priorities and actions of women who are mothering in the context of IPV.

**Mothering Discourses**

Mothering is a significant influence on many aspects of women’s lives, from decisions specifically related to their children to those related to aspects of women’s lives beyond their role as mothers (Glenn, 1994; Hays, 1996; O’Reilly, 2014). Mothering discourses discussed in the feminist literature matter because they shape understandings about how women are treated, how women treat themselves, and the expectations and pressures women face as mothers. Through a feminist lens, mothering is understood to be socially constructed largely through gender relations and not biologically inscribed, varying across historical and cultural contexts, and occurring within social contexts that reflect different material and cultural
resources and constraints (Glenn, 1994). Maternal thinking, normative motherhood and empowered mothering are three discourses identified in feminist scholarship that help describe and explain women’s experiences as mothers and the potential impacts on their lives (Douglas & Michaels, 2004; Hays, 1996; Hays, 2007; O’Reilly, 2007, 2021; Ruddick, 2007). These discourses and how they may shape understandings of, and approaches to, responding to mothering in the context of IPV, have not yet been integrated into the nursing literature.

Maternal thinking addresses the many options mothers must weigh in order to make complex decisions while attending to the multiple (and often competing) demands of preserving, nurturing, and training children (Ruddick, 2007). Preserving involves making sure children are safe from harm (Ruddick, 2007). Nurturing often involves attending to children’s emotional needs (Ruddick, 2007). Training often involves socializing children into their sociocultural environment (Ruddick, 2007). How these needs are addressed, and the quality of care given, are socially constructed and constrained by many factors, including structural conditions marginalizing women across varied contexts. All of this work requires a great deal of thought (Ruddick, 2007). Given that maternal thinking helps draw attention to the complexity associated with mothering, the need to consider the applicability of this discourse to the context of IPV is clear.

Normative motherhood reflects a prescriptive, narrow, patriarchal view of what it means to be a ‘good’ mother – unchanging, natural, universally applicable and women’s primary life aspiration (Glenn, 1994). In Western societies, this dominant definition of the ‘good’ mother suggests women engage in self-denial, self-sacrifice, labour and economically-intensive care of children for whom women hold primary responsibility (Hays, 2007). Glenn (1994) argues that
normative mothering is so dominant that it obscures other conceptualizations, rendering them relatively unnoticed. How motherhood is socially constructed heavily influences who is considered a mother, mothers’ self-concept, views of mothers within society, how mothering is carried out, what institutions demand and expect of mothers, and what mothers demand and expect of institutions (Glenn, 1994; Hays, 2007; Thurer, 2007; O’Reilly, 2007, 2014). While the importance of viewing mothering as a socially constructed institution is clear, essentialist notions leave out many women’s voices (Glenn, 1994; Varcoe & Doane, 2007). Feminist analysis encourages examination of how conceptualizations of mothering help maintain ideologies that justify hierarchies based on categories of difference (e.g., race, class, and gender) (Glenn, 1994). Ideals associated with normative motherhood suggest mothers should not speak and live their own truths and determine what is best for them and their families. Thus, normative motherhood is a narrow, constricted understanding of mothering that robs women of power to determine what is in their own interest and the interest of their children, and contributes to unrealistic expectations set by others for and internalized by women, impacting their mothering experience.

In contrast, empowered mothering entails women defining how to mother, naming their priorities, and advocating for the assistance and resources needed to support mothering (O’Reilly, 2007). The emphasis on mothering as an experience serves as a counter-narrative to normative motherhood (O’Reilly, 2007). The potential for empowerment arises from mothers resisting being told what their priorities should be and how they should mother, so they experience a sense of authenticity, autonomy, agency, authority, and activism/advocacy in mothering (O’Reilly, 2007). This view of mothering values diversity among women and their
experiences as well as offers a roadmap of the ways women can be supported in their mothering, which contributes to women’s empowerment. The potential of empowered mothering to draw attention to diversity among women as well as the role of mothering discourses in shaping women’s mothering experiences, has been acknowledged in the nursing literature (Greaves et al., 2004; Irwin et al., 2002; Nixon et al., 2017). However, very little consideration has been given to how empowered mothering and diversity among women can provide perspectives that are useful in better understanding mothering in the context of IPV at a conceptual level and also in terms of the priorities and actions of these women across varied social locations.

**Mothering in the Context of IPV**

Mothering is complex and becomes even more so within the context of IPV. Mothering discourses have the potential to inform how this complexity is understood. There is evidence that maternal thinking is heavily influenced by IPV (Fleury et al., 2000; Kelly 2009; Kopels & Sheridan, 2002; Wuest et al., 2003). For example, determining how best to preserve children within the context of IPV may lead some mothers to stay in an abusive relationship to protect children from family separation, financial instability, and/or increased surveillance from professionals (Kelly 2009; Kopels & Sheridan, 2002; ), while other mothers may leave an abusive relationship to protect children from physical and emotional harm from the abusive partner, and from the instability created by the violence (Fleury et al., 2000; Wuest et al., 2003). IPV has been found to create a situation where the expectation to protect children is amplified for mothers and professionals, yet women often have limited control over reducing interference and violence from abusive partners or the health and socioeconomic consequences of IPV.
(Lapierre, 2010a, 2010b; Wuest et al., 2003). Mothers may also have to put greater effort into nurturing children to support them as they deal with the emotional consequences of living with violence and training them to understand non-violent ways of dealing with conflict (Wuest et al., 2003, 2004). Semaan et al (2013) argue that the ideological assumptions of normative motherhood foster a simplified, binary understanding of mothering in the context of IPV, where mothers are seen as either ‘good’ but helpless (victims with agency) or ‘bad’ because they fail to protect their children by staying with their abusive partner. However, these simplistic and moralistic conceptions do not adequately capture the complexity of relationships among women, their partners, and children (Semaan et al., 2013).

A more holistic approach to understanding mothering in the context of IPV is essential. It ensures associated realities and consequences are more accurately represented and better addressed. A significant body of literature focuses on mothers’ parenting practices, parenting stress, and maternal mental health in the context of IPV, and the impacts of these factors on children (Carpenter & Stacks, 2009; Casanueva et al., 2008; Conron et al., 2009; Easterbrooks et al., 2013; Hooker et al., 2016; Pelaez et al., 2008). Pathways leading to children’s exposure to IPV and the consequences resulting from those exposures have also received attention (Carlson et al., 2019; Evans et al., 2008; Graham-Bermann et al., 2012; Hooker et al., 2016; Levendosky et al., 2013; Stanley, 2011). However, with so much emphasis on the parenting practices of mothers, particularly those living in the context of IPV, and the need to effectively mitigate impacts of IPV on children, a significant gap exists with respect to understanding women’s mothering experiences in the context of IPV in a broader way, including their priorities and how they live out those priorities in the context of the conditions of their lives.
Post-Separation Context

Separating from an abusive partner is often a difficult, non-linear, complex process for women with many factors shaping women’s “choices” and experiences, including access to social support, financial costs associated with leaving, and ongoing coercive control exercised by abusive partners via harassment (Anderson et al., 2012, Davies et al., 2009; Enander, 2011; Khaw & Hardesty, 2009; Weinzimmer et al., 2013; Wuest et al., 2003, 2004, 2006). The ongoing harassment and coercive control many women experience while with and after separating from an abusive partner often results in long-term consequences in multiple areas of their lives (Banjar et al., 2022; Ford-Gilboe et al., 2009, 2015, 2022; Hooker et al., 2020b; Potter et al., 2021). However, although the consequences of post-separation abuse and harassment for women, and mothers, have been recognized (Varcoe & Irwin, 2004; Wuest et al., 2003, 2006), women’s responses to ongoing abuse and coercive control, as well as the availability of supports to help women contend with it and address its consequences, are poorly understood.

Post-separation violence is a common experience for women (Hardesty et al., 2016; Ornstein & Rickne, 2013). Women’s risk of abuse increases in the immediate period after leaving (Fleury et al., 2000; Hooker et al., 2016) and may continue for many years after separation (Brownridge, 2006; Fleming et al., 2013; Ford-Gilboe et al., 2005); for mothers, abuse often occurs during ex-partners access to children (Hardesty & Ganong, 2006; Varcoe & Irwin, 2004). Specifically, abusive ex-partners have been found to issue complaints to child welfare or threaten to report women to child welfare, and engage in interactions with the legal system related to child custody, access and child support to harass, exert control over and be a disruptive force in the lives of mothers (Beeble et al., 2007; Brownridge, 2006; Coy et al., 2015;
Davies et al., 2009; Hardesty & Ganong, 2006; Rivera et al., 2012). Women who have children with an abusive partner often have a long-term connection with that partner *because* of the children, which makes initiating and sustaining separation uniquely challenging. Yet, how best to support women beyond the immediate period after leaving an abusive partner, towards a long-term view of separation in the context of IPV, is poorly understood.

In summary, there has been increased attention to the interwoven and complex connections between IPV and mothering in research, with greater convergence between these bodies of scholarship (Greaves et al., 2004; Irwin et al., 2002; Radford & Hester, 2006; Hughes et al., 2016; McDonald-Harker, 2016; Moulding et al., 2015; Thiara & Humphreys, 2017). However, significant gaps in knowledge related to understanding mother’s priorities, actions and plans to improve personal and family well-being, particularly when living with post-separation violence, remain. Attention to the impact of underlying biases, assumptions, and structural conditions that shape conceptualizations of mothering in the context of IPV, and women’s experiences, priorities, actions and plans to improve well-being, has also been limited. Addressing these gaps could help inform more appropriate professional responses to women and have implications for nursing education and research.

**The Study**

**Purpose**

The purpose of this thesis was to explore how women who are mothering dependent children in the context of IPV go about living out what is important to them, by examining their priorities and how they act on those priorities. Throughout this thesis, I use the term *women* to draw attention to how study participants’ experiences are shaped by more than just the
mothering aspect of their identity; I use the term *mother* when I want to draw attention to how women’s experiences are uniquely shaped by the mothering aspect of their identity. Drawing on a feminist intersectional lens, in this qualitative study, women’s contextualized experiences related to their priorities, actions and plans were examined and framed within a broader social context in which the relationships between the intrapersonal, interpersonal, and broader social systems were considered. Illuminating diversity among women and factors shaping their “choices” was also important, such that structural conditions marginalizing women were considered. Given the aim of creating knowledge that could produce insights for nursing practice, Interpretive description (Thorne et al., 2004, 2016), a methodological approach designed to explore applied research questions, was used to guide this research. Three research questions were addressed:

1. How is mothering in the context of IPV conceptualized in the nursing literature and what are the implications of these conceptualizations for women given their varied social identities and the influence of intersecting structures?

2. What are the priorities of women who are mothering in the context of IPV and what shapes those priorities?

3. How do women mothering in the context of IPV go about living out what is important to them by taking action on their priorities?

**Methodology and Methods**

This study was guided theoretically by feminist intersectionality (Im, 2013; Shields, 2008; Van Herk et al., 2011), which grounded my analysis by calling for consideration of social locations, power relations and structures affecting women’s experiences when developing
themes derived from the research data. Interpretive description (Thorne, 2016), the methodological approach applied throughout the research process, enabled consideration of the practice applicability and relevance of the knowledge generated.

**Feminist Intersectionality.** Feminist theory helps the researcher acknowledge the heterogeneity inherent in the experiences of women and to recognize the role social constructions of race, class, gender, and other social locations play in creating contextual differences (Lee, 2010). Intersectionality also provides a theoretical means for apprehending social locations and what occupying them means. An intersectionality perspective helps researchers recognize how social locations and intersecting structures serve as an organizing feature of social relations, overlapping and interacting in ways that shape peoples’ lives based on power relations (Collins, 2019; Crenshaw, 1989; Shields, 2008; Van Herk et al., 2011). Intersectionality calls for the researcher to critically consider the “social positionality of individuals within multiple intersections of oppression and privilege” (Ruiz et al., 2021, p. 3). It also calls for action from the researcher, such as challenging dominant perspectives of those who hold power in order to disrupt systems of oppression (Kelly, 2011; Ruiz et al., 2021). The utility of applying intersectionality to nursing science and practice has been demonstrated (Ruiz et al., 2021). The goals of feminist intersectional scholarship align with the nursing discipline’s growing awareness of the importance of social justice, health equity, social consciousness, and empowerment of marginalized groups (Canadian Nurses Association, 2010, 2018; Falk-Rafael, 2001; Ford-Gilboe & Campbell, 1996). As such, in Nursing, feminist intersectionality has been suggested as a means of addressing health disparities through research that is grounded in the ethics of social justice and linked to social action (Rogers & Kelly, 2011).
Feminist intersectionality was used as a theoretical lens throughout the research process to critically examine how social locations and intersecting structures serve as an organizing feature of social relations based on power. Feminist intersectional principles enabled me to consider the sociopolitical and cultural contexts of the study findings. This is important when engaging in feminist intersectional research (Im, 2013) because it can provide direction that contributes to efforts towards social change.

I also drew on methodological principles of feminist research throughout this thesis to inform paradigmatic and methodological choices and the questions I asked. Feminist research is pragmatic in that it can use any method that helps to uncover women’s experiences and frequently uses multiple methods to do so (Im, 2013). Therefore, feminist intersectional research often entails using methods in ways that make sense, to help reveal unacknowledged aspects of women’s diverse experiences, and contribute to social change. I used this approach throughout the thesis. My research intent and questions are consistent with a feminist orientation because they aim to uncover women’s hidden experiences of mothering in the context of IPV and within sociopolitical contexts (Im, 2013). The research questions are also ones that have not been readily explored (Im, 2013). I recognize that my own biases, attitudes, values, and opinions on research phenomenon are important (Im, 2013) and demonstrated this by integrating reflexivity into my critique of the nursing literature in Chapter two, and qualitative data collection and analysis in Chapters three and four. The semi-structured dialogic interviews conducted with women reflect my attitudes and intent, as well as those of the women I interviewed. During qualitative data analysis, I examined the data through my own interpretive lens while reflecting on the literature.
**Interpretive Description.** Interpretive description (Thorne, 2016) was used in this study as an approach and analytic tool that enabled me to draw from traditional research methods and use them flexibly, but with an aim to create knowledge that could ultimately inform nursing practice. The qualitative study findings presented in Chapters three and four are based on the collection and analysis of interview data using an interpretive description approach and includes a focus on the clinical applicability of findings.

Interpretive description is an inductive analytic approach to studying applied health and clinical problems, which aims to produce knowledge that can inform clinical practice (Thorne et al., 2004). It calls for the study of social and health phenomena with the intent of better understanding human subjective experience and behavior and theorizing that facilitates better application to real world phenomena (Thorne, 2016). This allows for the reconciliation of tensions facing researchers with disciplinary intent between the need for theoretical integrity and real-world utility (Thorne, 2016).

Interpretive description calls for more than qualitative description. Rather, it is oriented toward looking for meanings and explanations that may improve understanding of the characteristics, patterns, and structure of clinical phenomena in a theoretically useful way (Thorne et al., 2004). The foundation of interpretive description is the orientation towards investigating phenomenon of clinical interest for the purpose of capturing themes and patterns to generate an interpretive description that informs clinical understanding (Thorne et al., 2004). This is precisely what was required for this study given the clinical relevance and practice implications of the mothering in the context of IPV.
Compatibility and Contributions of Feminist Intersectionality and Interpretive Description

Description. Feminist intersectionality, interpretive description and the methodological principles of feminist research were drawn on throughout data collection and analysis. This approach helped strengthen the study via the overlapping complementary and unique contributions each element offered. Interpretive description allows for variation in techniques used for data collection and analysis. Both interpretive description and feminist intersectionality focus on reducing power differentials and inequities and promoting social change (Burgess-Proctor, 2015; Hankivsky, 2014; Thorne, 2016). Each also complements the other by embracing diversity and recognizing the inherent heterogeneity in peoples' experiences while recognizing the researcher’s role in shaping knowledge generated throughout the research process (Im, 2013; Thorne et al., 2004; Thorne, 2016). Feminist research methodological principles similarly focus on women’s lived experiences and reducing power differentials between participant and researcher (Burgess-Proctor, 2015).

The unique contributions of interpretive description to this thesis include a focus on recognizing, complexity, patterns, and variations in the data in order to produce knowledge that is clinically relevant (Thorne et al., 2004; Thorne et al., 2016). Feminist intersectionality makes a unique contribution by drawing attention to how social locations and intersecting structures are organizing features of social relations based on power relations that create oppression and privilege (Crenshaw, 1989; Hankivsky, 2014; Shields, 2008; Van Herk et al., 2011). Together these complementary and unique elements helped strengthen the analysis of women’s priorities and actions while mothering in the context of IPV.

Study Procedures
The qualitative study conducted and discussed in Chapters three and four drew participants from a larger randomized controlled trial testing the effectiveness of an online interactive intervention (ICAN Plan for Safety) in improving women’s safety actions, mastery and mental health. The personalized online intervention included interactive activities focused on risk assessment and priority setting, as well as an action plan containing strategies and resources tailored to women’s situations (Ford-Gilboe et al., 2017). For an in-depth discussion of the ICAN Plan for Safety online interactive intervention and trial, see Ford-Gilboe et al. (2017, 2020). In the full trial, 462 adult Canadian women who had experienced IPV in the previous 6 months, and who were recruited using advertisements, were randomly assigned to complete either the ICAN Plan for Safety personalized online tool or a website containing general safety information. Women completed surveys of outcome measures at baseline and 3, 6, and 12 months later.

The qualitative study discussed in Chapters three and four was based on in-depth semi-structured, dialogical interviews completed with 20 women who identified as mothering dependent children after they completed the iCAN trial (Appendix A). Initial interviews were embedded within a larger interview that explored the usefulness and impact of the online tool on women’s their decisions and actions. Over time, however, these interviews evolved based on the analysis to focus more on women’s priorities, actions, and mothering experiences in order to gain more in-depth insights into how these may be shaped by violence, mothering, normative motherhood, and intersecting structures (Appendix B).

**Approach to Analysis: Thematic Analysis**

Braun and Clarke’s (2006) approach to thematic analysis was used to identify, analyze,
organize, describe, and report themes in the data because of its utility across a wide range of epistemologies and research questions, ultimately producing trustworthy findings (Nowell et al., 2017). This allowed for flexibility and fit with the theoretical and methodological approaches used in this study. Braun and Clarke argue that thematic analysis is useful for examining the perspectives of different research participants, highlighting variation, and generating unanticipated insights. To promote consistency and cohesion, I clearly identified the epistemological positioning of this research as feminist intersectionality which underpins the findings (Holloway & Todres, 2003).

**Quality and Trustworthiness**

The expectation that health research will conform to standardized guidelines outlining how research should be reported such as those found on the EQUATOR Network’s website is increasing (Wong et al., 2013). Thorne (2019) notes, for example, the pressure scholars face to engage in “reviews that are positioned as explicitly systematic” as opposed to those that utilize more narrative or interpretive forms (p. 3), since those that are systematic “have a higher likelihood of getting published somewhere” (p. 5). However, Thorne (2017, 2019) cautions against the allure of this standardization given the aims of qualitative health research.

The work in this thesis does not conform to standardized guidelines per se, but draws on overarching principles that are fundamental to good qualitative health research. These include, for example, developing robust analytic paths, uncovering the complexity of human health phenomena, addressing complexities and contradictions that become apparent, carefully constructing new insights based on justifiably argued and transparently crafted ways of making sense of health phenomena, and considering the values and assumptions important to the
overall research and the methods and findings that result (Morse, 1991; Thorne, 2017, 2019). Thorne (2020) suggests rather than making a claim of reaching saturation, quality should be determined based on whether the logic from the research question through to conclusions can be followed, and whether the research adds an original and meaningful contribution to what is already understood based on clinical experience with that patient population or reviewing literature. This thesis applied these principles by engaging in an iterative process of analysis, reflection, writing and dialogue (Sandelowski, 2008), as opposed to simply following a prescribed checklist of steps, addressing the most pressing concern of whether it represents a reflection of the experiences of women mothering in the context of IPV (Morse, 1991).

To promote the quality of this research and its relevance to practice by researchers, practitioners, policy makers, and the public, efforts were made throughout data analysis to ensure that trustworthiness criteria were met (Lincoln & Guba, 1985; Nowell et al., 2017). In qualitative research the criteria of trustworthiness include credibility, transferability, dependability, and confirmability, paralleling the conventional quantitative assessment criteria of validity and reliability (Lincoln & Guba, 1985). These criteria are widely accepted and easily recognizable, requiring the researcher to make pragmatic choices when applying them to ensure the acceptability and usefulness of their research (Nowell et al., 2017). Strategies for maintaining trustworthiness as outlined by Braun and Clarke (2012) and Nowell et al. (2017) were followed throughout the research process.

Credibility focuses on the congruence between respondents’ views and researcher representation of those views (Tobin & Begley, 2004). Credibility is accomplished through activities such as data collection triangulation and researcher triangulation (Lincoln & Guba,
1985), both of which were used in this study. Interviews were recorded and transcribed, field notes and reflective journals completed, and initial codes and themes documented using a coding framework. Data, codes, and themes were reviewed with members of the research team to ensure researcher triangulation and audit trail of code generation was maintained.

Transferability is concerned with the case-to-case generalizability of inquiry (Nowell et al., 2017; Tobin & Begley, 2004). However, the researcher is responsible for providing thick descriptions so that transferability can be judged by those who may seek to transfer the findings to their own sites of inquiry (Lincoln & Guba, 1985). Efforts were made in this study to ensure thick descriptions of themes were provided, by considering how well descriptions fared when examined in the absence of participant quotes and how representative they were of participant experiences when combined.

Dependability calls for the researcher to ensure the research process is logical, traceable, and clearly documented (Tobin & Begley, 2004). This can be accomplished through auditing the research process, so that readers can examine the research process used (Koch, 1994; Lincoln & Guba, 1985). By providing a documented audit trail, the decisions and choices made by the researcher regarding theoretical and methodological issues and the supporting rationale for such decisions are evident (Koch, 1994; Wolf, 2003). As suggested by Wolf (2003), this was accomplished in the study by keeping records of raw data, field notes, transcripts, and a reflexive journal to help systematize, relate, cross reference data, and report the research process. Initial codes were generated based on general areas that interview questions focused on; codes were refined through a process of continually reviewing data within codes and initial
transcripts to capture similarities and variability across the data to ultimately try and understand the story women were trying to share about their experience.

Finally, confirmability is established when credibility, transferability, and dependability are all achieved (Lincoln & Guba, 1985). It requires the researcher to demonstrate how conclusions and interpretations are reached, specifically how the researcher’s interpretations and findings are clearly derived from the data (Tobin & Begley, 2004). As recommended by Koch (1994) discussion and explanations of theoretical, methodological, and analytical choices throughout the entire study were provided, so that others understand how and why decisions were made.

**Significance for Nursing**

By illuminating the priorities, plans and actions of women mothering in the context of IPV in this thesis, nursing practice, education and research focused on this population can be enhanced. Nurses in a variety of practice settings work with women who are mothering in the context of IPV. In order to provide quality care, nurses need to have a holistic understanding of mothering in the context of IPV, where structural conditions marginalizing women, IPV and post-separation violence, health effects associated with IPV, and diversity among women are recognized and addressed. Future nurses need opportunities to learn about mothering in the context of IPV using this same holistic approach, where the focus extends beyond children and integrates theoretical perspectives on mothering and violence as well as associated biases and assumptions. This will enable recognition of the potential consequences of these perspectives, biases, and assumptions as well as provide opportunities to grapple with how to address them.

Ongoing research that purposefully attends to diversity, addresses the structural conditions
marginalizing women, as well as post-separation violence through the development and piloting of innovative interventions is also important for advancing nursing science related to mothering in the context of IPV.

Organisation of the Thesis

In this first introductory chapter, I laid the groundwork for examining mothering in the context of IPV by providing a summary of the literature on the characteristics and consequences of IPV, mothering discourses, mothering in the context of IPV and the post-separation context, outlining what is known and critical gaps that need to be addressed. This brief review helps situate the broad scope, scale, and ramifications of these issues for women and children and illuminate the potential contributions of this thesis in advancing current knowledge. To ensure clarity regarding the conduct of this thesis and demonstrate its trustworthiness, I also outlined the methodology and methods guiding it.

In Chapter two, I review the nursing literature to critique conceptualizations of mothering in the context of IPV using a feminist intersectional lens. This critique addressed research question one by illuminating the role ideologies play in shaping assumptions, and subsequent professional responses, toward women mothering in the context of IPV. Practice and research implications, including potential harms associated with uncritically adopting certain positions were also considered. This critique was also the foundation for the findings reported in Chapters three and four, helping to inform the theoretical grounding and methodological approach to this work. Findings from this critique also informed and shaped the analysis and findings in subsequent chapters.
Chapters three and four each present different aspects of the qualitative findings from the Interpretive Descriptive study of women mothering in the context of IPV. The third chapter addresses research question two and examined the role mothering in the context of IPV plays in shaping women’s priorities. Understanding women’s priorities was informed not only by dialogical interviews focused on women’s experiences mothering in the context of IPV, but also by findings from the critique of nursing literature discussed in Chapter two. The three themes were: *it’s all about the kids*, focused on women’s intent to ensure their children’s well-being; *my safety...totally disregarded*, which explored how women sought a broader sense of safety extending beyond physical safety while contending with factors that constrained their agency and safety; and *I have to take care of him*, which addressed the tension created in women’s lives by attending to abusive partners’ needs, as they juggled priorities. Factors shaping themes included IPV and the consequences of coercive control; ideologies and expectations related to what being a ‘good mother’; social location features; and the influence one priority has on another priority.

The findings presented in Chapter four address research question three and built on and extended those presented in Chapter three by considering the actions that women took on their priorities and their plans to live out those priorities. The four themes were: *it’s all up to me*, reflected how messages women perceive and receive suggest that, ultimately, they are responsible for addressing all of their priorities; *can I do it all?*, highlighted how attending to all priorities was a struggle for women that created self-doubt, a lost sense of self-confidence and self-efficacy due to not meeting internalized ideals of what ‘good mothers’ do; and *maternal guilt, shame and blame*, which examined how this lost sense of self-confidence and self-efficacy
can be barriers and facilitators of action, as well as influence women’s feelings about themselves. Factors shaping themes included dealing with uncertainty and unpredictability from coercive control, mothering, and women’s social locations. Finally, women’s actions were contextualized in relation to structural conditions that marginalized them.

In the final chapter, findings from the critique of nursing literature on conceptualizations of mothering in the context of IPV as well as study findings related to the nature of women’s priorities, plans, and actions taken to address them were summarized and explored to consider their overall implications for practice, education, and research. Critical consideration of women’s experiences, framed within an understanding of the role ideologies and assumptions have in shaping those experiences, aided fulfillment of research objectives.
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Chapter 2

Mothering in the Context of IPV: A Feminist Intersectional Critique of the Nursing Literature

The work and meaning ascribed to mothering are shaped by the social conditions of women’s lives. Intimate partner violence (IPV) is a complex health and social problem that affects 1 in 3 women globally and is, therefore, a common context for mothering (World Health Organization [WHO], 2013, 2017). Shame, guilt and stigma have been documented as common experiences of both women who are mothering and women who experience IPV (Hamrick & Owen, 2018; Jackson & Mannix, 2004; May, 2008; Miller et al., 2010; Moulding et al., 2015; Sutherland, 2010). The often invisible, taken-for-granted ideologies and norms that drive these experiences have powerful impacts on women’s lives and the lives of their children.

Ideologies are assumed truths about sociopolitical relationships that are woven into the fabric of societies and their socializing institutions, shaping individual assumptions and dispositions (Gorski, 2011). They act as mechanisms for socializing citizens by helping to set expectations for what is appropriate, right, and good (Gorski, 2011). The taken-for-granted assumptions embedded in Western society drive social norms and narratives, including how mothering and IPV are understood, with potentially harmful effects. To effectively work with women, nurses must recognize how dominant perspectives about mothering in the context of IPV have been taken up in nursing, and ultimately, affect nursing practice, and work to resist these biases and their potential harm.

Nurses have recognized that when women who are mothers experience IPV, their mothering experiences and experiences of violence are profoundly impacted (Brooks & McFarlane, 2018; Buchanan et al., 2014; Greaves et al., 2004; Irwin et al., 2002). Several nursing
interventions have been developed for women who experience IPV while mothering (Smith et al., 2015; Ford-Gilboe et al., 2011; Jack et al, 2019). While existing reviews of the nursing literature have focused on IPV and maternal, infant and child health (Records, 2007; Shay-Zapien & Bullock, 2010); parenting in the context of IPV (Brooks & McFarlane, 2018; Hooker, Kaspiew et al., 2016; Morgan, 2021); and interventions to support women (Bair-Merritt et al., 2014; Evanson, 2006; Hegarty et al., 2016; Sharps et al., 2008), limited attention has been given to unpacking the fundamental question of how mothering is understood in the nursing literature, and how these understandings shape research and practice. This is important to consider given that the assumptions and theoretical frameworks that inform nursing scholarship determine the questions asked and the types of interventions that are developed and adopted into practice. When the prevailing notions of motherhood and violence are not critiqued, the potential for biases to be embedded in practice, research, and policy without an appreciation of their potential harms, results (Irwin et al., 2002).

In this paper, a feminist intersectional critique of the nursing literature on mothering in the context of IPV is presented in an effort to raise awareness about the ideologies and biases operating in this body of work by exploring how the nursing discipline has framed mothering in the context of IPV, and appropriate clinical responses to women and children, along with the ideologies that support these conceptions. The practice and research implications arising from this critique of biases are considered, including the potential harms associated with uncritically adopting certain positions. This analysis informs research with women who are mothering in the context of IPV presented in Chapters three and four of this thesis.

Feminist Intersectional Critique
As a theoretical lens, feminist intersectionality focuses on how gender and intersecting structures and power relations shape women’s diverse social conditions and experiences, including the biases impacting women (Collins, 2019; Crenshaw, 1989; Cooper, 2016; Damant et al., 2008; Nash, 2008). Intersectional feminism is an important analytic lens useful in guiding feminist critique because it also helps illuminate the multidimensionality and diversity of women’s experiences, particularly those who are marginalized by structural disadvantages such as racism and poverty, along with the role of power and intersecting structures in shaping those experiences (Collins, 2019; Crenshaw, 1989).

Given the persistent unequal access to power for certain groups, intersectional feminism importantly reduces the likelihood of taking an essentialist, universalist view of women and conceptualizing power as evenly circulating through interpersonal relationships (Damant et al., 2008; Fawcett & Featherstone, 2000; Hankivsky, 2012). Interconnected systems of oppression operate at individual, group, and structural levels, therefore requiring action at multiple levels (e.g., practice, policy, shifting social norms) to reduce inequities (Crenshaw 1989; Cooper, 2016; Damant et al., 2008; Nash, 2008). Systems of oppression including institutions such as education, legal/justice, social services, and health care, both help organize and serve society, and shape social norms, statuses, and hierarchies that contribute to people from non-dominant groups being subject to prejudice, stereotyping and discrimination. Intersecting structures are the networks of social hierarchies such as classism, racism, gender and sexual orientation inequities and discrimination, and cultures that influence these systems. Importantly, intersectionality offers a means to engage in both critical analysis (to raise
awareness of women’s experiences and the factors shaping them) and social action (to stimulate meaningful change toward structural change and empowerment) (Collins, 2019).

The goals of feminist intersectional scholarship align with the nursing discipline’s awareness of the importance of social justice, health equity, social consciousness, and empowerment of diverse equity deserving groups (Canadian Nurses Association [CNA], 2010, 2018; Falk-Rafael, 2001; Ford-Gilboe & Campbell, 1996). In Nursing, feminist intersectionality has been suggested as a means of addressing health disparities through research that is grounded in the ethics of social justice and linked to social action (Rogers & Kelly, 2011). Other scholars have suggested an intersectional approach be used to theorize gender-based violence, since gender is interwoven with other social positions; a deeper understanding of these positions and the inequalities experienced by marginalized groups in relation to them can enhance research and intervention efforts in Nursing (Anthias, 2014; Beringola, 2017; Kelly, 2011). Damant et al., (2008) specifically argue that an intersectional approach draws attention to how intersecting structures sustain power imbalances that shape the experiences of women mothering in the context of IPV. In this analysis, underlying ideologies and biases shaping the nursing research and practice literature are identified, and corresponding implications for research and practice are considered, while calling into question the role of structures, power, subjectivities, and social identities in the lives of women mothering in the context of IPV.

**Literature Selection**

Given that the goals of this analysis were to gain insight into how mothers and mothering in the context of IPV are conceptualized and represented in the nursing literature, the strategy used to identify and select appropriate articles was broad and inclusive of English-
language, peer-reviewed papers (both research and non-research) published in the nursing literature. This process included selecting papers that were nurse authored and/or authored by researchers affiliated with nursing or nurse-midwifery programs, published in a nursing journal, and/or focused on nursing practice, between 2000 to 2021. The time frame for this search coincides with a growth in the nursing literature on IPV and the relationship between IPV and family functioning and allowed for recent and more classic works to be included so that potential trends might be identified. Articles were limited to those published by authors from Canada, the United States, Australia, and the United Kingdom, countries in the Global North which share histories of colonization, discriminatory practices, social movements for women’s rights and human rights, political and ideological orientations, and public and health care policy priorities.

Articles were identified by searching Google Scholar, CINAHL, PubMed, and Scopus databases as well as conducting bibliographic reviews of published articles. A total of 98 articles were identified covering a range of topics: mothers and mothering (as practice, identity, experience) in the context of IPV; impacts of IPV on child outcomes when connected to mothers, mothering and/or maternal outcomes; and interventions that solely or in part addressed mothers and children in the context of IPV (Appendix C). Articles focused exclusively on adolescent mothers, and/or pregnancy were excluded, where they primarily examined physiological risks and outcomes or perinatal mental health. Search terms used to identify articles for this critique, alone and in combination, included intimate partner violence, domestic violence, parenting, mother, nursing, review, and intervention. Of the 98 articles identified and reviewed, 2 were theoretical papers, and 45 (45.9%) were clinically focused (41 focused on
interventions, 3 were interventions reviews, 1 provided clinical guidance). The remaining 51, articles (52.0%) were research-oriented and included 8 reviews and 43 studies (22 qualitative, 18 quantitative, 3 mixed methods).

Literature was analyzed by reading articles and reflecting on how mothering and mothers as well as IPV were conceptualized, the extent to which the role of intersecting structures and their impact on mothering in the context of IPV were considered, the focus of interventions including or targeting women with children, and how ideologies such as deficit, grit/resilience, strength-based and equity were reflected in the literature. Tables were used to organize the emerging analysis, as well as to review and identify patterns. Braun and Clarke’s (2006) approach to thematic analysis supported this feminist intersectional critique and was appropriate to use there is not a particular method associated with conducting this form of critique.

**Dominant Constructions of Mothers, Mothering and IPV in the Nursing Literature**

The nursing literature on mothering in the context of IPV is grounded in biases and ideologies that may go unacknowledged or unrecognized yet have inevitable consequences. As this analysis shows, biases about mothers, mothering and IPV create narrow constructions of each that are potentially harmful to women and limit nursing’s role in supporting the health of these women and their children. However, there are evolving trends that also counter these problematic constructions. Four dominant ways of thinking about women and their experiences mothering in the context of IPV were identified in the nursing literature: 1) IPV is conceptualized as a discrete acute event and/or crisis, 2) mothering is treated as a practice, 3) mothers are valued as vehicles for child health and well-being, and 4) mothers are seen as
vulnerable and ‘at risk’. Each of these ways of thinking is explored in the sections that follow to both identify biases and challenges and to consider potential shifts that may help strengthen nursing knowledge and practice related to mothering in the context of IPV.

**Intimate Partner Violence as a Crisis**

IPV primarily has been approached from an acute or crisis orientation as opposed to a chronic or long course orientation, despite evidence that IPV and its consequences are often chronic and enduring (Crowne et al., 2011; Ford-Gilboe et al., 2022; Patton et al., 2021; Wuest et al., 2003). There is an evolving understanding about the nature of IPV and its consequences reflected in the nursing literature, from an initial emphasis on physical and sexual forms of abuse to increasing recognition of psychological, emotional, and financial forms of IPV, including coercive control (a pattern of harassing behaviour employed by abusive partners to threaten, intimidate, manipulate, degrade, and control women) (Hamberger et al., 2017; Stark, 2006) and post-separation violence. However, integrating recognition of the consequences of these forms of IPV for women and children into intervention efforts has been limited, reducing capacity to ensure a good fit between women’s needs and services offered.

Much of nursing practice literature, for example, focuses narrowly on a) identifying women experiencing IPV, with an emphasis on physical and sexual violence, and b) brief safety planning to address risks of physical harms and referral to resources during a clinical encounter, often prompted by a disclosure of violence (Bacchus et al., 2016; Correa et al., 2020; Dowd et al., 2002; Hooker et al., 2020a; Taft et al., 2012; Taillieu et al., 2020). While there is a need for clinical guidance to assist nurses in dealing with crisis situations, positioning IPV primarily as a crisis reinforces the idea that IPV is an event, rather than a pattern of experience that often
persists after women separate from an abusive partner (Crossman et al., 2016; Toews & Bermea, 2017; Woodlock, 2017; Wuest et al., 2003). This is inconsistent with evidence that IPV and its consequences are often chronic both for women who are with an abusive partner and for those who are separated (Ford-Gilboe et al., 2009; Varcoe & Irwin, 2004; Wuest et al., 2003) and that women with histories of IPV are high users of health services, often due to chronic health conditions (Ford-Gilboe et al., 2015; Hooker et al., 2020b). The tendency to apply an acute or crisis orientation is embedded in efficiency models driving health care that satisfy neoliberal imperatives and have shaped expectations of health care organizations and professionals including nurses (Foth & Holmes, 2017; McGregor, 2001), limiting the availability and scope of nursing support for women who have experienced IPV within an acute, crisis-oriented framework. Hegarty et al. (2016) note, “current responses that are often very focused on risk assessment and safety planning may not sufficiently emphasize recovery in a broader more holistic sense. Women need secure and affordable housing and financial security as well as support for their health and well-being” (p. 520). A broader understanding of safety is needed that extends beyond what is needed in a specific crisis but positions safety as an important enduring issue that includes physical safety and housing, financial and emotional safety and encompasses the potential for ongoing post-separation violence.

In the nursing literature, there has been some discussion about coercive control as a critical aspect of IPV that extends across social space (Stark, 2006), particularly for those who are mothering (Buchanan et al., 2014; Nixon et al., 2017; Varcoe & Irwin, 2004; Wuest et al., 2003; Wuest et al., 2006). However, with a few exceptions (e.g., Varcoe & Irwin, 2004; Wuest et al., 2003, Wuest et al., 2006), limited attention has been given to the impacts of post-
separation violence on women and children. This includes how mothers attempt to respond to ongoing coercive control as well as the availability and efficacy of potential supports. Failure to consider the protracted and challenging nature of post-separation violence – which often includes coercive control tactics employed by abusive partners across systems – is problematic because they have significant impacts on women and children, are likely difficult for women to contend with and represent a missed opportunity for nursing intervention.

Recent work is advancing a broader, more complex understanding of IPV that foregrounds coercive control as an important and often ongoing feature that can have substantial negative effects on women. For example, Njie-Carr et al.’s (2020) study of immigrant and refugee women’s (n = 84) responses to IPV, most of whom were mothers (n = 72, 85.5% of the sample), revealed leaving was not an option for most women. Understanding what safety looks like over the long-term for women who are staying with an abusive partner, as well as for those who separate, is important to address. While not specifically developed to address intimate partner violence, the Nurse-Family Partnership, a home visiting intervention offered for up to 30 months to pregnant and parenting women who are socially and economically disadvantaged and their children, is an example of a program that takes a long-term view of IPV (Jack et al., 2012; 2017). This view extends beyond screening to more skillful assessment and responses to safety concerns, including referral as appropriate, and some tailored efforts to support women’s confidence in dealing with safety and other issues (Jack et al., 2012; 2017). Hegarty et al. (2016) note “resource intensive, multicomponent therapies may be the most appropriate type of intervention for women and children who have experienced DV [domestic violence]” (p. 525). In sum, the evolving trend of seeing IPV as a complex
experience with long term effects offers a greater opportunity to understand the varied impacts of IPV for women and children and to develop more comprehensive and inclusive nursing intervention that better align with diverse needs.

**Mothering as Practice**

A second dominant orientation visible in the nursing literature is the tendency to focus on mothering practices (i.e., strategies employed to ensure the appropriate psychosocial and behavioural development of children) and to overlook the idea that mothering is also an *experience* that is shaped by IPV, interactions with children, and contextual factors such as financial strain, housing and food insecurity, racism, and discrimination, among other things. Recognizing that mothering is also an experience helps broaden the conceptualization of mothering and ensure its meaning and implications for women are considered alongside the welfare of children.

In the context of IPV, understanding women’s mothering practices and subsequent effects on their children have received considerable attention (Buchanan et al., 2014; Little & Kaufman Kantor, 2002; Maddoux et al., 2014; Morgan, 2021; Nixon et al., 2017; Symes et al., 2016). The impacts of *IPV on women* who are mothering also have been considered, but the emphasis is most often on how their mothering practices have been impacted (Lemmey et al., 2001; Letourneau et al., 2011; Records, 2007). Records (2007) for example notes, “despite the limited available evidence, foundational knowledge exists that informs our understanding of mother-infant interaction in the context of a range of abuse experiences…Emotional competencies are foundational to the development of maternal sensitivity, and negative emotions in a mother with abusive stress may interfere with her ability to optimally respond”
As this example illustrates, there may be implicit assumptions about how mothers should respond to their children in order to meet their needs concurrent with beliefs that women who have experienced violence may not be up to the task. Further, from this perspective, professionals are positioned as responsible for judging these behaviours and assisting women to become more competent mothers, and the onus is on mothers to meet their children’s needs despite the abuse they have experienced; mothers are held accountable, and their deficient practices are considered an appropriate site for correction via professional intervention.

A dominant focus on mothering as practice contributes to missed opportunities to understand mothering experiences in the context of IPV and to support the bi-directional relationship between mothers and children. Few studies were identified that explicitly examined women’s mothering experiences (Hooker, Samaraweera et al., 2016; Letourneau et al., 2007). Hooker, Kaspiew et al.’s (2016) literature review addressed tactics used by perpetrators to disrupt the mother-child relationship. Consistent with our critique, they found that, despite a growing body of evidence about abusive partners’ ongoing attempts to maintain coercive control through use of children, the literature largely remains focused on parenting practices and their impact on children. In contrast, in a study of the impact of IPV on women’s subjective experiences of motherhood, Hooker, Samaraweera et al. (2016) found that poor motherhood experiences are independently associated with IPV, as well as with depression, anxiety, and stress and that more social support enhanced the early motherhood experience. They note that their findings confirm and quantify the harmful effects of IPV on mothering and add to the very limited findings examining women’s experiences of motherhood in the context
of IPV. Consideration of women’s experiences of mothering beyond parenting practices to include, for example, how these experiences impact women as people with their own needs, as well as the bi-directional relationship between mothers and children, are limited. Applying narrow conceptualizations of mothering only as practice in nursing research and nursing practice limits the capacity of nurses to recognize and understand women’s agency in the context of intersecting structural barriers as well as the complex and varied ways mothering impacts mothers.

Some alternatives to focusing on mothering as practice are also emerging in the nursing literature. The impacts of IPV on women who are mothering have been considered in relation to how women are impacted (Ewen, 2007; Njie-Carr et al., 2020; Peckover, 2003; Pokharel et al., 2020; Wuest et al., 2003; Wuest et al., 2006). For example, Kaspiew et al.’s (2017) qualitative study of women who experienced IPV revealed they “reported high levels of stress and anxiety requiring ongoing therapeutic support...financial abuse, and the consequent financial hardship, was a substantial and ongoing source of difficulty and distress for the women” (p. 5). This suggests some recognition that mothering is more than a one-way process from mother to child for the exclusive sake of the child and signals a shift toward a more complex understanding of mothering as more than a practice. This recognition is important given the challenges women mothering in the context of IPV often face in relation to systemic barriers and the long-term impacts of abuse on multiple aspects of their lives (Benbow et al., 2019; Gilroy et al., 2020; Greaves et al., 2004; Varcoe & Irwin, 2004).

**Mothers as Instruments of Child Well-Being**
Building on attention given to mothering practices, a third dominant orientation visible in the nursing literature reinforces the value of mothers and mothering in relation to how children are impacted, ultimately with the intent of improving child outcomes. The potential impacts of mothering in the context of IPV on women’s physical health, mental health, and social support have been considered because of how they impact children (Fredland et al., 2016; Maddoux et al., 2018; Maddoux et al., 2014; Symes et al., 2014). For example, Maddoux et al.’s (2014) quantitative study of mothers who sought help for abuse through a District Attorney’s office or shelter sought to increase “understanding of the connection between the social problem-solving skills and mental health of abused mothers...and their children’s behavioral outcomes” (p. 2). In this example, women’s health and skills were examined to understand their role in shaping child development and not as women’s health issues that might benefit from nursing support and intervention. Similarly, in their literature review examining social support interventions for mothers with young children, Small et al. (2011) note “the majority of perinatal support programs aim to improve child health and developmental outcomes, with maternal outcomes, such as improved confidence and self-efficacy seen largely as mediating improvements in child health, rather than ends in themselves” (p. 7). In this way, mothers and mothering are predominantly positioned as vehicles to promote child health and well-being and mothers’ personal needs ignored or treated as secondary concerns. This orientation aligns with and strengthens the valuing of women only in as much as they positively impact their children’s welfare.

Further, there is often an implicit expectation that women should meet their children’s needs despite the enormity of challenges they contend with living in the context of IPV. For
example, in Brooks and McFarlane’s (2018) literature review on women’s experiences of parenting during abuse, the discussion centered around various parenting strategies used in the context of IPV, highlighting the types of decisions made in very difficult circumstances to ensure child safety and protection. Ateah et al. (2016) examined whether there were differences in reported positive parenting responses between women and children who had experienced IPV and those who had not. Letourneau, Fedick, and Willms’ (2007) study also compared mothers exposed to IPV to those who were not, to determine differences in parenting practices as well as changes in parenting practices over time. As these examples show, mothering and its subsequent impacts on children are often framed according to deficit and grit/resilience ideology, with aspects of normative mothering reflected.

Grit/resilience ideology suggests that people take positive steps to create change in the face of adversity (structural barriers are recognized) as well as demonstrate deep commitment to goals by working hard towards them, at the expense of other things in life (Duckworth & Gross, 2014; Duckworth et al., 2007; Gorski, 2016; Smith-Osborne, 2007). The focus is on increasing grit (or inner strength) among those who are marginalized, rather than developing policies and practices to reduce intersecting structural barriers (such as racism, sexism, ableism, socioeconomic inequity and access to appropriate resources) that are the root causes of their difficulty (Gorski, 2016). From this view, women mothering in the context of IPV are expected to persevere and work hard to meet their children’s needs in the face of adversity. Focusing on what women can do to mitigate the impacts of violence, often on their children, has contributed to reinforcing ideals of normative mothering – a singular and confining way of understanding what it means to be a ‘good’ mother (Glenn, 1994) that set up unrealistic
expectations, set by others and internalized by women. Although the focus on child outcomes is clearly important and likely has contributed to the availability of enhanced supports for women, it has also diminished opportunities to better understand and address the needs of women mothering in the context of IPV.

**Worthy of Attention: ‘Vulnerable’ Mothers ‘At Risk’**

Regardless of the research approach, research on mothering in the context of IPV has tended to focus on those women marginalized by socially and economically challenging situations and conditions. Some research is being conducted to understand and address mothering in the context of IPV as a substantive issue where the full spectrum of women’s experiences and the intersecting structural barriers shaping them are considered. Research to challenge assumptions about the parenting practices of women in this context is also occurring. However, more work is needed to better translate this understanding into interventions.

Much of the existing nursing research has focused on women marginalized by structural conditions such as those living in shelters or second stage housing or experiencing homelessness (Benbow et al., 2019; Gilroy et al., 2020; Nixon et al., 2017; Peckover, 2003); seeking other formalized services such as Infant/child nutritional supplemental programs, or child protective services (Ellis et al., 2008); from varied ethnic and cultural backgrounds and living on low incomes/in poverty (Benbow et al., 2019; Gilroy et al., 2020; Nixon et al., 2017); experiencing mental health issues (Benbow et al., 2019; Greaves et al., 2004; Lewin et al., 2010) and using substances (Greaves et al., 2004). The tendency to focus on women marginalized by structural conditions may be driven by an assumption that facing significant chronic stress from intersecting structural barriers may lead to child maltreatment, reflecting an expectation of
deficient parenting. It could also reflect an implicit bias around how women mothering in the context of IPV are understood, where those who face the chronic stress associated with many structural barriers are seen as highly vulnerable to IPV and its effects, while the risks for those facing fewer structural barriers are rendered less visible. Yet, any women can experience IPV and be susceptible to its effects despite the increased challenges structural barriers create.

Women have been primarily viewed in relation to deficits, limiting capacity to understand and address the full spectrum of women’s experiences and the intersecting structural barriers shaping them. Gorski (2011) argues that deficit ideology identifies deficiencies within ‘vulnerable’ or ‘marginalized’ individuals in order to explain and justify inequitable social conditions by “identifying the problem of inequality as located within, rather than as pressing upon” marginalized communities, so that efforts to deal with inequalities focus on “fixing” people from those communities rather than the conditions marginalizing them (Gorski, 2011, p. 153; Lind & Smith, 2008). In the nursing literature, a focus on women marginalized by conditions and intervening in ways that lead primarily to individual rather than also structural change, contributes to a narrow construction of mothers by encouraging a focus on what women do, limiting consideration of the multiple dimensions of women’s mothering experiences and factors shaping them. Although the literature reflects attempts to recognize inequalities as pressing upon women who are vulnerable and marginalized, this has yet to be translated into interventions.

Ironically, a focus on women marginalized by structural conditions and who are mothering has simultaneously helped bring awareness to the issues some mothers face while also contributing to stigmatization of women by reinforcing the tendency for professionals to
label women and their actions as sources of potential harm to children through their inadequate parenting practices, or “choices”, including the ongoing relationship some women continue with their partner. This focus sets up an expectation of problems and deficits, and limits opportunities to understand those contextual factors that shape women’s well-being and their available options, potentially limiting intervention efficacy. Recruiting broader community samples of women for research is relatively uncommon; failure to do so limits understanding of a fuller picture of the nature of IPV, it’s impacts on mothers and mothering, and how these impacts may be similar and/or unique for different women. Hooker Kaspiew et al. (2016) note that “parents are not one homogeneous group – rather, circumstances may vary in their exposure to abuse and contextual factors that moderate the effects of violence” (p. 14). The opportunity to develop programs that have universal as well as tailored components is diminished by a lack of knowledge about the full spectrum of women’s experiences.

There are some examples in the nursing literature of a focus on strengths, an important counterbalance to the tendency to focus on deficits or risk, reflecting a critical awareness of potential biases women mothering in the context of IPV face. Nixon et al. (2017) noted “until recently, [the] deficit model of abused mothers’ parenting has dominated the literature” (p. 1272) and argued that their study represented “the first quantitative examination of” protective strategies used by mothers abused by intimate partners (p. 1271). Comparative studies of quality of parenting among women who had and had not experienced IPV (Ateah et al., 2016; Kaspiew et al., 2017; Letourneau et al., 2007) have played a role in challenging deficit thinking and highlighting strengths. For example, in a quantitative study comparing reported positive parenting responses of 282 mothers who experienced IPV to those (n = 929) who had
not, Ateah et al. (2016) were openly critical of a blanket assumption about the quality of parenting by women who experienced IPV. They argue that “concluding that mothers who have been the victims of IPV automatically have difficulty parenting their children is stigmatizing and may result in unnecessary inappropriate, and intrusive intervention, including taking children into protective care when this is not warranted” (p. 13). Letourneau et al. (2007) argue that “by better understanding the reported parenting behaviours of mothers in families exposed to domestic violence, this study aims to uncover a potential strength in families and help explain the resilience of children exposed to domestic violence” (p. 649). These examples reflect strength-based ideology, where the contextual factors shaping health are recognized and the focus is on leveraging an individual’s assets to bring about changes in their life (Brough et al., 2004; Fogarty et al., 2018; Glasgow Centre for Population Health, 2011; Jain & Cohen, 2013). Enhanced commitment to framing our understanding of women mothering in the context of IPV as a population whose experiences, options for action and well-being are shaped by the unique combinations of external threats they face, as well as their capacities, is important. This orientation is a foundation for focusing on equity (an important ideological counterbalance to deficits) by highlighting the inequities many women mothering in the context of IPV are dealing with and the adoption of interventions that also address structural conditions limiting individual action.

**A Way Forward: Advancing Nursing Research and Practice**

This critique of literature has an international focus on higher-income countries of the Global North that share common histories and features. Some of the tensions identified here may not be reflected in nursing literature in other contexts. Even so, the findings raise some
fundamental questions that could be considered in other contexts. This critique revealed conceptualizations of mothers and mothering in the context of IPV visible in the nursing literature that are often narrow, reinforce neoliberal imperatives and limit the potential of nursing interventions to address women’s needs. Women mothering in the context of IPV have predominantly been considered in relation to their vulnerabilities, where the focus is on challenges, often to the exclusion of capacities and at times without considering intersecting structural barriers that shape their experiences. Coexisting and competing ideologies such as neoliberalism, normative motherhood, deficit, and grit/resilience, play a pivotal role in reinforcing these narrow constructions of IPV, mothering and mothers. Efforts to counter and compete with these ideologies through strength-based and equity ideologies are emerging but are less visible in the nursing literature. Importantly, awareness is a first step in building a body of knowledge that shifts research and practice in fundamental ways.

By focusing on violence as a crisis to be managed in the moment, an important opportunity is lost to support women in addressing the long-term effects of violence on multiple aspects of their lives, inclusive of post-separation violence and ongoing coercive control. A focus on women’s vulnerabilities and valuing them primarily as vehicles for ensuring child well-being through their mothering practices is inconsistent with the nursing disciplines’ commitment to the provision of socially just, holistic care (CNA, 2010, 2018; International Council of Nurses, 2021). While focusing on these issues is important, a more balanced approach with more research conducted with broader community samples and greater consideration of women’s experiences of mothering in the context of IPV would enhance understanding and intervention efforts for women and children. Coupling this with the
application of a broader conceptualization of IPV that considers the bi-directional mother-child relationship would also be helpful.

Efforts to broaden and improve interventions so that the nature of IPV and post-separation violence and outcomes for mothers are considered alongside those of children and families within the context of women’s varied social locations is a potentially important pathway for improving quality of care. Interventions based on helping women mothering in the context of IPV to address their priorities hold promise (Sharps et al., 2016; Taft et al., 2015) as do those focused on the mother-child relationship (Hooker et al., 2019). Building on this work so that women’s needs are considered and addressed within the context of their varied social locations will enhance quality and service fit for women. Recent calls in Nursing to adopt and enact equity, diversity and inclusion, and anti-racist stances across nursing education, leadership, research, and health care (Breslin et al., 2018; Buell & Treston, 2021; Caxaj et al., 2021; Green, 2020; Nardi et al., 2020), including calls for trauma- and violence-informed care (Browne et al., 2015; Ponic et al., 2016; Wathen & Varcoe et al., in press), can also potentially improve the knowledge and practice of nurses and nurse researchers focused on women who are mothering in the context of IPV, since these issues are closely linked to issues of structural violence and inequity.

Undoubtedly, women who are mothering in the context of IPV face many challenges, as do professionals and organizations engaged in efforts to assist them through direct service delivery or policy initiatives. Despite these challenges, there are opportunities to advance research and practice by further increasing our emerging focus on women’s experiences, diverse social locations and the collective complexity of issues women face when mothering in
the context of IPV. Efforts can extend current interventions and services to challenge existing conditions and structures even further, for example by advocating for organizational and systems policy change, and drive social change by sparking debate and action on social issues. A shift that is consistent with nursing values and ethics is required. This necessitates re-orienting our work from mothering as normative practice to mothering as empowered and contextualized practice and experience; from a deficit orientation to a focus on strengths; so that mothering in the context of IPV is viewed consistently as context-laden requiring equity-oriented approaches.
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Chapter 3

Understanding What Shapes the Priorities of Women who are Mothering in the Context of Intimate Partner Violence

Intimate partner violence (IPV), a widespread problem impacting the lives of women, is a global human rights issue (Ellsberg & Heise, 2005) and public health epidemic (World Health Organization [WHO], 2010, 2013). The significant physical and mental health effects of IPV are well established in the literature (Banjar, 2022; Potter et al., 2021; Stubbs & Szoeke, 2021; WHO, 2013, 2017). However, professional responses to IPV often fail to meet women’s needs (Burnett et al., 2015; Ford-Gilboe et al., 2011; Ford-Gilboe et al., 2015; Hegarty et al., 2013).

Being a mother is an important part of many women’s identities. The work of mothering, with consequences for women, is well established (Douglas & Michaels, 2004; Hays, 2007; O’Reilly, 2007, 2021; Ruddick, 2007). The largely separate bodies of literature focused on IPV and mothering have now begun to converge to consider how each shapes the other (Hughes et al., 2016; Irwin et al., 2002; McDonald-Harker, 2016; Moulding et al., 2015; Thiara & Humphreys, 2017). While some research has examined the concerns of women mothering in the context of IPV, including the need to protect children (Glass et al., 2010), the nature of women’s priorities when mothering in the context of IPV, and the factors that shape those priorities are poorly understood.

Using interpretive description (Thorne, 2016; Thorne et al., 2004) and drawing on a feminist intersectional lens (Cooper, 2016; Hankivsky, 2014; Shields, 2008), this qualitative study explored women’s experiences of mothering in the context of IPV. This paper specifically focuses on the nature of women’s priorities and what shapes those priorities over time while
mothering dependent children in the process of, or after separating from, an abusive partner. Findings related to women’s plans and actions to live out their priorities are reported elsewhere (see Chapter 4). Better understanding the nature of women’s priorities and what shapes them can provide a foundation for strengthening the support and care offered to women so that it is tailored to women’s circumstances and priorities.

**Literature Review**

To set the context for this study, a selective review of existing literature is presented here. This review summarizes both theoretical and empirical work in the following areas: ideological perspectives shaping nursing research, policy and practice related to mothering in the context of IPV; the characteristics and consequences of IPV; mothering discourses and their role in illuminating constraints, opportunities and mothering experiences, particularly in the context of IPV; and women’s priorities when mothering in the context of IPV. To better understand the nature of women’s priorities and what shapes them, factors at the intrapersonal, interpersonal, and broader social system level were considered.

**Ideology and Mothering in the Context of IPV**

Although I recognize women’s agency, I also realize there are larger forces shaping women’s experiences. To better understand those larger forces, analyzing the role of ideologies was necessary. Doctoral coursework and the feminist intersectional critique discussed in Chapter two, illuminated the fundamental role that ideology plays in shaping social systems and relations, research, policy and practice. This understanding was then applied to considering the role of ideologies in shaping the priorities of women who are mothering in the context of IPV.
Research, policy and practice are grounded in ideological perspectives that may go unrecognized or unacknowledged yet have significant inevitable consequences. The nursing literature review I conducted and discussed in Chapter two revealed the pivotal role neoliberalism plays as an ideological driver, shaping nursing research and practice related to mothering in the context of IPV. Principles of neoliberalism include individual responsibility, accountability, privatization to support a free-market economy and reduction of the welfare state adopted in Organisation for Economic Co-Operation and Development (OECD) nations, and free choice (Connell et al., 2009; Ishkanian, 2014; McGregor, 2001; Mehrotra et al., 2016). When applied to health care, these principles have contributed to efficiency models that drive health care, shaping expectations of health care professionals including nurses and health care organizations (Foth & Holmes, 2017; McGregor, 2001). This has limited the scope and availability of support and care nurses provide for women mothering in the context of IPV.

That review also revealed how coexisting and overlapping perspectives including deficit, grit/resilience, and strength-based ideologies, encourage individuals to act to bring about change and compete for prominence. Equity ideology, focused on addressing structural barriers to bring about change, competes for prominence and operates counter to these perspectives. These ideologies shape ideas and assumptions about mothers and mothering in the context of IPV as well as structural barriers and the enactment of coercive control by abusive partners. Each of these ideological perspectives is evident in nursing research and practice focused on mothering in the context of IPV (See Chapter 2). Despite the pervasive impact of ideology across many aspects of daily life, there has been limited attention to how ideology shapes women’s experiences and priorities when mothering in the context of IPV.
Intimate Partner Violence

IPV is a complex and nuanced issue influenced by socio-historical and contextual factors shaping the lives and choices of women and children. IPV is defined as abuse committed by an intimate partner in the context of coercive control (Cronholm & Bowman, 2009; Sharps et al., 2007). This includes any behavior within an intimate relationship that is controlling and causes physical, verbal, psychological, sexual, spiritual, social, and/or financial harm (Cronholm & Bowman, 2009; Sharps et al., 2007; WHO Pan American Health Organization, 2012). IPV is not about discrete acts of violence, but patterns of coercive control employed by abusive partners in order to manipulate, degrade and control mothers and their children (Buzawa & Buzawa, 2013).

Although IPV is a broad concept, studies often emphasize physical and sexual assault (Burzcycka & Conroy, 2018) and inadequately address psychological violence including coercive control. However, women routinely report being subject to tactics of coercive control (Burzcycka & Conroy, 2018; Toews & Bermea, 2017). Custodial harassment and questioning parental fitness are unique threats for women who mother (Fleury-Steiner et al., 2016; Laing, 2017; Morrison, 2015), carrying significant implications and requiring more research.

Violence against women is systematically linked to and embedded in legal and social mechanisms and gendered systems that inhibit and erode women’s rights (Tutty, 2006). IPV and socioeconomic status are both viewed as issues of power, control and oppression (Duffy, 2015; Varcoe, 2008) such that women’s risk of IPV is shaped by their diverse social locations and structural challenges experienced. For example, globally 1 in 3 women reported experiencing IPV, with violence against women more likely to occur when men and women
have low education, have experienced or been exposed to abuse during childhood, and where there are more unequal gender norms that reflect attitudes accepting of violence and a sense of male entitlement over women (WHO, 2010, 2017).

In Canada, 44% of women experienced IPV in their lifetime; however, women’s experiences of IPV vary based on marginalization from structural conditions experienced (Cotter, 2021b). For example, results from the 2018 Survey of Safety in Public and Private Spaces (SSPPS) show that Indigenous women were more likely to be victims of IPV in comparison to non-Indigenous women (Heidinger, 2021); this greater risk has been related to factors such as relative youth, lower levels of education and employment, and histories of colonial violence (Arriagada, 2016; Boyce, 2016; Brownridge, 2008; Brownridge et al., 2017; Burczycka & Conroy, 2018; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Higher rates of IPV have also been found about women aged 15-24 compared to women aged 25 years and women in rural areas compared to those in urban areas (Burczycka & Conroy, 2018; Savage 2021b). The likelihood of experiencing IPV is higher for women living with a disability than those without disability and higher for sexual minority women (lesbian, bisexual, and those whose sexual orientation is not heterosexual) than heterosexual women (Cotter, 2018; Jaffray, 2021; Savage 2021a). While Arab (44%), Black (42%) and Latin American (47%) women were more likely to experience IPV than the total population of visible minority women (23%), their rates of IPV were similar to non-visible-minority women (47%) but lower than non-minority women born in Canada (Cotter, 2021a).

While efforts have been made to illuminate these variations in rates and experiences of IPV related to women’s social locations, national reports from population-based surveys reflect
limited attention to IPV among mothers. For example, a report drawing on police-reported family violence data (Burczycka & Conroy, 2018) focused on the implications of IPV for children and youth; while acknowledging that having children makes leaving more difficult for women experiencing IPV, the prevalence of mothering in the context of IPV or the impacts for women were not considered. Similarly, analyses of the General Social Survey Victimization Module have not consider the impacts of IPV on mothers and their children (Social & Aboriginal Statistics Division, 2019). Further exploration is warranted to examine the role mothering plays in shaping women’s priorities, while considering the structural conditions marginalizing women.

**IPV and Coercive Control**

IPV occurs in the context of coercive control, which has been described as a pattern of intimidation, isolation, violence, and control reflected in tactics used by an abusive partner during, and in many instances, after separation (Stark, 2006). This pattern reaches across many facets of the lives of those experiencing IPV, shaping what is important to them, as well as day-to-day life choices. Although there is still no consensus definition of coercive control, major facets have been consistently identified: 1) perpetrator’s intent to obtain control; 2) behaviours are perceived negatively by the recipient; and 3) the perpetrator’s capacity to make a credible threat (Hamberger et al., 2017). Despite some debate, Hamberger et al. (2017) point out that many scholars agree coercive control is intentional and goal directed (Davis et al., 2012; Day & Bowen, 2015; Dutton et al., 2006; Ehrensaft et al., 1999).

Coercive control occurs in the context of gender inequalities, the abusive partner’s access to the partner being abused, and their capacity to extend control through social space (Stark, 2006). This spatial element often leaves women feeling that their abusive partner is
omnipresent and omnipotent, diminishing the effectiveness of separating, as the abusive partner continues to use coercive control tactics (Stark, 2006). After separation, women who are mothering often experience fear, especially when family courts do not recognize the effects of IPV and contact is ordered, enabling abusive partners continue to exert control through children (Crossman et al., 2016; Jeffries, 2016; Johnson et al., 2017).

Stark (2012) argues that what distinguishes coercive control from other forms of violence is that vulnerability to future harm is a function of the degree of structural subordination the woman is subject to rather than the level of physical violence. In other words, the social locations women occupy, and the political and socioeconomic worth ascribed to these locations on the social hierarchy, shape women’s physical and social resources and the options available to buffer or minimize their experience of coercive control. This helps to explain the pervasive influence of coercive control on many facets of women’s lives, including their priorities. How coercive control affects the lives of women who are mothering requires further exploration.

**Mothering**

Maternal thinking, empowered mothering, and normative motherhood are discourses in feminist literature (Douglas & Michaels, 2004; Hays, 1996; Hays, 2007; O’Reilly, 2007; Ruddick, 2007, 2021) that illuminate constraints, opportunities and experiences of mothering. Maternal thinking involves weighing multiple options, making complex decisions, and attending to *multiple* (often competing) demands to *preserve, nurture, and train children* (Ruddick, 2007). Many women who mother engage in maternal thinking (Ruddick, 2007), even while attending to other aspects of their lives. Empowered mothering entails women defining their priorities...
and how to mother and advocating for the resources they need to support their mothering (O’Reilly, 2007, 2021). Empowered mothering makes space for diversity in mothering, which is important given the intersecting structures shaping their experiences. Lastly, normative motherhood is a narrow, prescriptive, patriarchal view of what it means for women to fulfill their ‘primary life aspiration’ to be a ‘good’ mother. The ‘good’ mother ideal presents an unchanging, natural, and universally applicable picture of the good mother (Glenn, 1994), an external standard against which women are judged.

The complex work of mothering (Ruddick, 2007) occurs in relation to often unrealistic expectations that are both internalized and imposed by family, friends, media, social structures, systems and service providers (Douglas & Michaels, 2004; Hays, 1996). When women cannot meet all expectations, they are often subject to blame, disapproval and sanction. Some women resist these unrealistic expectations and seek to define for themselves how best to mother and the resources required to do so (O’Reilly, 2007, 2021). Whether these unrealistic expectations are embraced or resisted, mothering heavily influences many aspects of women’s lives. The role of these expectations in shaping the priorities of mothers, has received limited attention, particularly in the context of IPV.

**IPV and Mothering**

The expectations, work and impacts of mothering are further complicated when women experience IPV. However, there is a tendency primarily in quantitative studies (e.g., Ateah et al., 2016; Letourneau et al, 2007; Maddoux et al., 2014; Nixon et al., 2017) to focus narrowly on mothering in the context of IPV as a vehicle that shapes children’s development (Morgan, 2021; Peled & Gil, 2011) while overlooking how IPV impacts women who are mothering. Qualitative
studies are needed to develop more complete understanding about women’s experiences of mothering in the context of IPV and what they identify as important in their lives (Buchanan et al., 2014; Hooker et al., 2016; McDonald-Harker, 2016).

Variability in structural challenges experienced by women who are mothering in the context of IPV may translate into heterogeneity of experiences and responses. Hooker et al.’s (2016) comprehensive review of the domestic and family violence literature revealed the heterogeneity of women impacted by IPV and the inconsistent evidence related to the impact of IPV, expressed mainly as mothering styles that are dichotomized as either deficient or compensatory. Whether studies suggest that deficit or compensatory parenting responses are used by women in the context of IPV, most “acknowledge the challenges abused women face” (Hooker et al., 2016, p. 19). Mothers’ resilience, however, has only recently been investigated and is not well understood (Hooker et al., 2016; McDonald-Harker, 2016). More complete understanding of women’s experiences mothering in the context of IPV is needed to better recognize the complexity of women’s circumstances.

Priorities

There has been consistent emphasis in the literature on women’s safety as a key priority in the context of IPV, particularly in relation to decisions to stay or leave an abusive partner and subsequent short-term safety planning to support those decisions (Eden et al., 2015; Enander, 2011; Glass et al., 2010; Hegarty et al., 2015; Kim & Gray, 2008; Morse et al., 2012). Factors influencing decisions to stay or leave such as finances, children’s exposure to parental violence, police responses to calls for assistance, and psychological well-being have also received attention (Kelly, 2009; Kim & Gray, 2008; Moe, 2009). Although decisions about staying or
leaving and safety in the period shortly after leaving are important, they reflect a narrow focus that reinforces understanding IPV as an event that can be stopped with a single decision. The efforts of women and children to promote their health and address their needs post-separation, which include security in the face of unwanted interference from IPV and its consequences has also received some attention (Ford-Gilboe et al., 2005; Ford-Gilboe et al., 2011; Wuest et al., 2003; Wuest et al., 2004; Wuest et al., 2006). Research that considers safety beyond staying or immediately after leaving, for those who choose or are able to do so, is important. A narrow focus on staying or leaving oversimplifies the processes women go through over time related to their efforts to foster safety and well-being.

This study seeks to extend understanding of the nature of women’s priorities beyond staying with or leaving an abusive partner to consider goals for safety more broadly along with other aspects of their lives and identity, including their experiences of structural subordination. By adopting a broader perspective in examining the nature of priorities and factors shaping those priorities and women’s experiences, a deeper understanding of mothering in the context of IPV is possible.

Purpose

The purpose of this study was to explore the priorities of women mothering dependent children in the context of IPV as part of a larger study examining mothering in the context of IPV. Women’s contextualized experiences around their priorities were examined in ways that acknowledged the interaction between intrapersonal, interpersonal and broader structures shaping their experiences, constraints and opportunities. The research question addressed in
this paper is: What are the priorities of women who are mothering in the context of IPV and what shapes those priorities?

Methodology and Methods

Interpretive description (Throne et al., 2004; Thorne et al., 2016) guided this study while drawing on feminist intersectionality and methodological principles of feminist research (Burgess-Proctor, 2015; Crenshaw, 1989; Cooper, 2016; Damant et al., 2008; Hankivsky, 2014; Im, 2013; Nash, 2008). The overlapping complementary elements of each helped strengthen the study, as did the unique contributions each offered.

Interpretive description is an inductive analytic approach to studying applied health and clinical problems, with the intention of contributing to clinical practice change by illuminating phenomena and improving understanding of people and their experiences of health and illness (Thorne et al., 2004; Thorne et al., 2016). Interpretive description calls for more than qualitative description. Rather, it emphasizes looking for meanings and explanations to improve understanding of the characteristics, themes, patterns, and structure of clinical phenomena in a theoretically useful informing clinical understanding (Thorne et al., 2004). It also draws attention to disciplinary biases and commitments (Hunt, 2009).

Feminist intersectionality was used in this study as a theoretical lens to draw specific attention to the ways gender and other interconnected categories of identity, particularly for marginalized groups, shape choices, circumstances and health (Crenshaw, 1989; Cooper, 2016; Damant et al., 2008; Hankivsky, 2014; Nash, 2008). Marginalized groups’ choices and circumstances are also influenced by structural conditions and power differentials exercised across system, suggesting attending to issues of power throughout the research process is also
important. Methodological principles of feminist research such as focusing on women’s experiences, reducing power differentials between researcher and participant, and embracing an ethic of care (Burgess-Proctor, 2015), also guided the research process.

Interpretive description and feminist intersectionality offered synergistic contributions to the research process that enhanced examination of women’s priorities by illuminating factors shaping priorities and their clinical relevance. These approaches are compatible as they focus on reducing power differentials, and call for action to reduce inequities and promote social change (Burgess-Proctor, 2015; Hankivsky, 2014; Thorne, 2016). Both also recognize the heterogeneity inherent in peoples’ experiences and embrace diversity as important to knowledge generation while also recognizing the researcher’s role in examining phenomena researched and shaping knowledge generated (Im, 2013; Thorne et al., 2004; Thorne, 2016). Interpretive description supports the flexible use of traditional research methods in order to ultimately inform nursing practice and lead to action (Thorne et al., 1997; Thorne, 2016). This aligns with feminist intersectionality which similarly calls for pragmatic selection of methods that help reveal unacknowledged aspects of women’s diverse experience, and contribute to social change (Im, 2013). Flexible use of research methods allows researchers with disciplinary intent to reconcile tension between the need for theoretical integrity and real-world utility (Thorne, 2016).

Interpretive description and feminist intersectionality also offered unique contributions. Feminist intersectionality enabled critical examination of how intersecting structures marginalizing women shape their circumstances and choices by serving as an organizing feature of social relations based on power (Collins, 2019; Crenshaw, 1989; Cooper, 2016; Damant et al.,
2008; Nash, 2008), while interpretive description enabled a focus on the clinical relevance of each in relation to understanding women’s priorities and the factors shaping them. Interpretive description focused the analysis and representation of findings on recognizing complexity, patterns and variations in the data, ultimately producing clinically relevant disciplinary knowledge (Thorne, 2004; Thorne, 2016), while feminist intersectionality enabled recognition of how intersecting structures serve as organizing features of social relations, overlapping, and shaping peoples’ lives and experiences, based on power relations, creating oppression and privilege (Crenshaw, 1989; Hankivsky, 2014; Shields, 2008; Van Herk et al., 2011). This methodological approach helped strengthen the level of analysis applied to women’s priorities and the factors shaping them beyond individual characteristics to also consider structural factors.

**Sampling**

A convenience sample of 20 adult, English-speaking Canadian women who were mothering in the context of IPV was recruited for this study. These women were identified from among the 462 who participated in a randomized controlled trial testing the effectiveness of an online safety and health intervention (Ford-Gilboe et al., 2020). Since the women in this study were recruited from this randomized controlled trial, information about the trial is provided below.

Women in the trial were randomly assigned to complete either the ICAN Plan for Safety personalized online tool or a website containing general safety information at baseline, 3, 6, and 12 months in order to evaluate whether the personalized online tool was more effective than a general website. Women in the intervention group completed a priority setting exercise,
with this information used to tailor the personalized information they received. Specifically, women were asked to make pair-wise decisions about how important one priority such as their health and well-being, was in comparison to other priorities, such as concerns for safety and their child’s well-being. Criteria for participating in the trial included: self-identified as women living in Ontario, New Brunswick or British Columbia and as experiencing IPV (physical, sexual or psychological abuse in the context of coercive control) from a current or former partner of any sex or gender in the 6 months before enrolling in the study, inclusive of those living with an abusive partner and those who had separated. Just under half (n=221, 47.8%) of women in the trial were mothering at least one dependent child under the age of 18.

At the end of the trial (12 months after enrollment), participants were invited to take part in a qualitative interview that served the dual purposes of exploring women’s experiences of mothering in the context of IPV to inform this study and exploring women’s experiences of the intervention as part of a process evaluation within the trial. The interviews with women who were mothers were conducted by me alongside interviews that were completed by other members of the ICAN research team with women who did not have dependent children living with them. The intention was to select a diverse sample of women with variation in social locations and experiences of IPV to allow for exploration of whether and how these conditions shaped women’s experiences. Although many women (n=312) indicated an interest in being contacted for an interview, reaching women proved to be challenging. Women who identified as mothering children were prioritized for recruitment given the focus of this qualitative study. Women were initially contacted by an ICAN Plan for Safety research team assistant to confirm eligibility, assess risk and obtain informed consent. I verbally reconfirmed informed consent at
the outset of each interview. The process of making process pair-wise decisions about their priorities during the trial was profound for women because during interviews with me they described how it made them really think about them and their difficulty in making those choices.

The 20 mothers who participated in this qualitative study ranged in age from 21 to 53, with relatively even distribution of women across age groups. Although more than half of these women had completed college or university (63%), most were not employed (72%) and reported being in financial difficulty, with 67% reporting that it was very difficult or extremely difficult to manage on their current incomes. Women lived in a variety of geographic locations with 10 living in large urban centers, 4 women in medium cities (30,000 to 100,000 residents), and 6 in small towns/rural communities. All reported that their abusive partner was a man, and all but one woman was no longer living with that partner (i.e. they had separated). The woman was living with her partner had been trying to separate for two years.

At the time of the interview, half (i.e. 10) of the women had ongoing contact with their abusive partner; all of these women had experienced post-separation violence, and 7 out of these 10 were still experiencing post-separation violence at the time of the interview. Sixteen women reported that their children were living with them and visiting their father. In 2 cases, children had no contact with their father and were living exclusively with their mother. In one case, the child was living with his father and visiting his mother. In one other case, the mother was able to help her son leave the situation and live on his own. One woman had full custody of her grandchild, and another three women were in the stepmother role. Of these three stepmothers, one was a biological mother as well. After leaving, two women in the stepmother
role no longer had contact with their stepchildren and one was unaware of the child’s living arrangements at the time of interview. Half of the women had one child, 8 had two children, and 2 had three children.

Data Collection

Semi-structured dialogic interviews were conducted with each participant by telephone, with one conducted via Skype. With permission of the participants, all but one interview was audio-recorded and transcribed for analysis. Notes were taken for the interview that was not recorded. Initially, the interview questions focused on women’s experiences using the online tool and participating in the trial, as well as how being a mother influenced their priorities and safety. However, interviews evolved over time in response to the emerging analysis to focus more explicitly on women’s perceptions about what was most important to them, how these priorities were linked to IPV and mothering, difficult decisions that had to be made, efforts to stay safe and keep children safe, and impacts on health and contact with services (Appendix B).

Approach to Analysis

Interviews were analyzed using principles of thematic analysis (Braun & Clarke, 2006; Nowell et al., 2017). My analysis was guided by the six phases of analysis Braun and Clarke (2006) outline: 1) familiarizing yourself with your data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) producing the report. Phase one entailed immersing myself in the data by repeatedly reading interview transcripts to ensure I was familiar with all aspects of the data, searching for meaning and patterns. Phase two involved the production of initial codes from the data. Phase three involved re-focusing the analysis at a broader level of themes by sorting codes into potential themes. Phase four
involved reviewing and refining the potential themes to end with a set of themes that are satisfactory based on refinements no longer adding anything substantial. Phase five involved defining and further refining themes by analyzing the data within them to get to the ‘essence’ of what each theme is about. Phase six involved the final analysis and write-up of the thematic analysis.

Strategies for maintaining trustworthiness as outlined by Braun and Clarke (2012) and Nowell et al. (2017) were followed. Specifically, interviews were audio-recorded and transcribed verbatim, field notes and reflective journals completed, and initial codes and themes documented using a coding framework. Data, codes and themes were reviewed with a member of the thesis advisory committee to ensure researcher triangulation and an audit trail of code generation maintained. Initially, codes were generated based on general areas addressed in the interviews and then refined through a process of reading and re-reading transcripts and coded data to identify similarities and variability across the data, ultimately identifying those that represent the stories women were sharing about their experiences. Throughout these processes, the potential impacts of women’s marginalization from structural conditions were considered as was the potential clinical relevance of findings.

Findings

The top priorities of women in this study were the well-being of their children, their own health and well-being, and creating stability related to housing, work/employment, and finances. Women’s narratives reflected the implications of coercive control, systemic barriers and assumptions about mothers and mothering, on them and their priorities. These factors
played a significant role in creating and shaping, priorities, demands and tensions among them related to the complex push and pull relationship between each.

Three themes were identified reflecting these demands and tensions between them: It’s all about the kids; My safety…totally disregarded; and I have to take care of him (Figure 1).

Women priorities were connected, each influencing and competed with the others, creating tension in relation to their unique circumstances.

**Figure 1**

*Priorities and Tensions of Women Mothering in the Context of IPV*

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**It’s All About the Kids**

The primacy given to ensuring children’s well-being was evident throughout the interviews, as women reflected on how it was up to them to ensure children’s needs were met. Women often addressed other priorities, such as gaining employment and stable housing, as way of trying to ensure that children’s needs were met. This presented its own challenges, as
women not only tried to work on their priorities simultaneously, but also had to contend with tensions arising from the push-pull relationship among these priorities, competing for their attention. Women were often reacting to the circumstances presented before them. Sacrifices were sometimes needed related to one priority so that another priority – their children’s needs – could be addressed, often while contending with ongoing coercive control and its impacts.

Stella explained:

>You have to get up and brush it off more often, you're not allowed to feel sad, you know, you have to keep going because you know it's not fair to them that you just can't get off the couch today.

Women recognized that it was up to them to provide and care for their children, sometimes with no assistance and even interference from their children’s father: “I had to make sure that they got to sports, [he] was an absent parent when his drug addiction got to the worst part.”

While women described their children’s well-being as their first priority, women’s descriptions suggest abusive partners did not necessarily hold the same priorities.

The primacy of children’s well-being was also apparent in relation to women’s health, since many women viewed their health as a resource that allowed them to maintain their primary focus on children’s well-being. IPV has been associated with potentially long-term negative impacts on women’s physical and mental health and quality of life (Ford-Gilboe et al., 2022; Kimerling et al., 2009; Patton et al., 2021; Tutty et al., 2017). However, many women framed their health and wellness in relation to how it interfered with their mothering. For example, Miranda explained, “if I’m hurting inside and I’m not doing well and I’m not coping...
well, I’m not the best mom that I can be because I’m preoccupied, I’m hurting, I’m upset, I’m not as engaged with them as they deserve.”

Women’s understanding of what affected their children’s well-being varied. Some considered their well-being and their children’s to be one and the same: “like my well-being and son’s well-being are so interrelated, I don’t know where one ends, and one begins.” Others emphasized the impact of fathers on children’s well-being, either because fathers were absent, or because children had to manage their ongoing contact with an abusive father. Ruth explained, “I do worry about what’s being modelled to my son, so it also affects my parenting in that I’m having to tackle these different things like that I’m hearing him say, or dynamics between us that are arising.” In this case, negative interactions between children and fathers negatively affected children’s relationships with their mothers and served as a source of tension in the relationship. Attacking the mother-child relationship by targeting women’s identity and using children, whether living with or separated from an abusive partner, is a means to create unpredictability and foster disruption, aiding the maintenance of coercive control (English et al., 2003; Hooker et al., 2016; Humphreys, 2011).

While with their abusive partner and after separation, women described varied ways that partners exerted coercive control including harassment, online and in person stalking, protracted custody and access litigation, threats of self-harm, questioning parental fitness and mental competence to authorities, telling children disparaging things about their mother, and controlling money. Similar to other findings in the literature (Hooker et al., 2016; Laing, 2017; Morrison, 2015; Thiara & Humphreys, 2017) these efforts targeted them, their children and the mother-child relationship, posing a risk of physical, emotional and financial harm.
Although all women acknowledged the importance of being able to provide food and safe shelter for their children, how women understood this priority varied. For some women, receiving social assistance created tension about what prioritizing children should entail - staying home and being with their children or going to work and making money to better provide for them. Emma, who was receiving government assistance, explained how this decision was fraught with contradictions: “I like to be a positive role model for kids, so not working kind of makes me think I’m not that...I’m here more, which is nice for them, I guess. When I’m working, I’m not here a lot.” Coercive control impacted many aspects of women’s and children’s lives, influencing women’s priorities and tensions related to them. Systemic barriers also shaped women’s priorities and tensions as Emma went on to explain, “me being hurt makes me fear the safety of my children, so...I’m home with them all the time...I don’t have enough money for childcare anyway, so I just can’t work.” When Emma was employed, her income had been insufficient to afford childcare and her abusive partner had been providing it, but after separating Emma faced barriers accessing affordable childcare, feared for her children’s safety and found living on social assistance financially challenging.

Despite the primacy women gave to ensuring children’s well-being, determining what was best for children was often difficult given the messaging women received about being there for children but also ensuring children’s food and shelter related needs were met. For some women, tensions related to what prioritizing children should entail – maintaining stability for children by staying in the same home or moving to reduce violence risk. As Helena explained, “I...really wanted to leave the neighbourhood...I was in, just ‘cause he was in really close vicinity. But that meant, you know, my children having to change schools or leaving their
friends. And so, I really struggled with it.” Determining what was best for themselves and their children was challenging given the structural barriers women faced and the stigma associated with them. For example, Mia explained how going on social assistance and accessing government-assisted housing was difficult but inline with her priorities, “it was hard and I hated being downtown in front of people walking into those types of buildings, but it was worth it at the same time...I wanted something better for us.” The variation related to what women identified as primarily impacting their children’s well-being and the tensions associated with their priorities seemed to be competing at times. This reflects the influence of social assumptions and expectations about being a mother on women’s priorities, coercive control, structural barriers, expectations and subsequent tensions that exist in the complex push and pull relationship between each.

**My Safety...Totally Disregarded**

Women were seeking to address priorities and create a broader sense of safety that extended beyond physical safety, but their agency and safety were constrained by experiences of coercive control, systemic barriers and assumptions about mothering. Against a backdrop of seeing children’s well-being as their main priority, women found it challenging to make time and space in their lives to address their own needs, well-being and fulfillment as they mothered in the context of IPV. They also struggled with systemic barriers related to accessing services that fit their needs. Helena’s description of the challenges of addressing her depression and anxiety illustrate the tension between children’s needs and mother’s needs:

I haven't really found the time. Or maybe I haven't just made it enough of a priority to find the time. I have a great family doctor. I just don't know if that's the right route to go
to get support…if she is well versed enough or even has enough time to really, I guess, give to it…maybe being referred somewhere to get the support ongoing…It’s hard to find time for yourself, you know...in the midst of giving to everybody else.

While it was often difficult to prioritize themselves, women’s descriptions of the need to focus on practical issues that arose from IPV, particularly coercive control and its consequences, also suggest they understood that violence was an important driver of their health, well-being and life situation. Ruth explained, “the whole reason that my situation exists and that I work on the things I do in the way I do is because of violence. So, it creates my situation at the very get-go.”

Women’s physical and mental health, as well as health behaviours were a priority for women, but that priority was often compromised as a result of the costs associated with IPV (past and current), and the unpredictability and stress it brought into their lives. Robyn explained, “my health is not good. I'm not able to sleep anymore...Complete misery and fear. I don't know what he’s doing...what he’s planning...I'm scared...when you’re stressed out your mind overthinks... my mind’s just racing.” Mental health played a significant role in several women’s capacity to address their priorities by reducing their self-confidence, as Olivia explained, “he was really manipulative...he would screw with me...[then] he’d be like...“see...you can’t handle anything.” So, he really broke my confidence...I was rewired.”

IPV can damage women’s self-esteem and identity (Matheson et al., 2015). Symptoms such as intrusion and hyperarousal associated with IPV-related trauma are also associated with other traumas from social and cultural victimization related to the marginalizing structural conditions women experience, which can all act as major sources of stress increasing women’s psychological distress (Warshaw et al., 2009). Coercive control creates uncertainty for women
via unpredictable tactics abusive partners employ. Uncertainty arising from perceived unknowns impact levels of anxiety, depression and self-efficacy (Bandura, 1977; Carleton, 2016; Ross et al., 2016). Coercive control can alter the self-image and strength of those being targeted (Robertson & Murachver, 2011). Women’s capacity to focus on their needs and address priorities is compromised via this ongoing exposure to toxic stress (Condon & Sandler, 2019; Sabri & Granger, 2018). Many of the women in this study had to contend with this reality.

Unpredictability arising from the unknown and varied timing of harms also increases the work required by women to address their priorities, depleting women’s energy (Ellis et al., 2009; Wuest & Merritt-Gray, 1999). This increased the efforts required to care for children, shaped women’s mothering experiences, limited enjoyment of their mothering role or fulfillment from other aspects of their lives. Coercive control, coupled with compromised health, also challenged the personal reserves women had to address priorities that were important to them. Ruth explained:

Basically it’s a huge energy drain, it takes away from my mothering at times...I think it’s really significant, it can take away from my ability to focus on parenting, or just my energy in parenting and the other things I need to do to make my life flow.

IPV, coercive control and compromised health created tension for women by challenging their ability to sustain employment, one of women’s primary goals. Some women struggled with their desire to maintain their employment and the realities that dealing with coercive control created. Emma explained, “I wasn’t going to work as often, because...I was hurt, I’ve been to the hospital for being hurt...it gets harder and harder to go back when you’re missing more and more work.” Coercive control also interfered with women’s health, feelings
about themselves, attendance and performance at work, and overall financial viability. Good health was needed to be able to work and pursue career aspirations, but both were out of reach for some women. Alicia explained the role coercive control played:

It’s also affected my career having to make the decision to go off work for medical leave because I can’t function because I’m depressed, and I have PTSD symptoms. I would have anxiety attacks, or I’d be crying at my desk...or like he would call my desk over and over...people could hear me, and I was really embarrassed.

Women’s efforts to establish independence are typically targeted by abusive partners (Ford-Gilboe et al., 2005). These efforts are an important part of women’s healing and may increase women’s confidence and personal satisfaction as they provide an opportunity for women to do things for themselves and their children.

Many women struggled with coercive control manifested via their abusive partner’s leveraging of the judicial system, increasing women’s stress, depleting resources and creating tension related to their priorities. For example, child well-being was often threatened through custody action, and (by proxy) women’s well-being was challenge by the need to engage in court proceedings to work through custody issues. For new immigrants or women with insecure status, the possibility of needing to deal with the legal system increased their insecurities and worries. When such threats were made, some women decided to abandon plans to seek custody in order to limit their own experiences of coercive control and its effects. For example, Lauren decided not pursue custody and explained, “I didn’t want to have to deal with him constantly...I didn’t want to...see him all the time like in court...dragging this out...I don’t want to deal with like anymore, like trauma.” This created tension for women as they tried to
contend with meeting their personal needs and the needs of children. She further explained how fear of the legal system created another layer of threat to her well-being, “I’m not originally from Canada...I was afraid of just like removing him...It was very complicated for me 'cause I didn’t know like the laws...I didn’t really have anybody like to sit down with me and explain...how it works.” Access to information and a justice system that was responsive to IPV was a systemic barrier that many women faced, regardless of their immigration status. For many women in this study, court proceedings were often time consuming, and emotionally and financially taxing, limiting opportunities for women to focus on themselves.

The precarity associated with interacting with services extended beyond the court system. These interactions created additional stress, drained women’s energy and often compounded victimization, both when women were with an abusive partner and after separation. Mia described her experiences interacting with the police when she was still with her abusive partner and how her attempt to seek help resulted in unexpected consequences:

> It’s actually the worst night of my life...the most hurt I ever got and he choked me unconscious...I actually called the police. And because like I fought back that night ‘cause I felt like I had to so the police arrested us both...it was awful...I remember...feeling so depressed...the police kind of explained it like, you know, if we don’t arrest you then – like we can’t just arrest one ‘cause...you both assaulted each other here and we don’t want to come back and see that you’re murdered or something. To keep you safe we’re arresting you both.

Police efforts to reduce IPV risk can increase systemic victimization women experience.

Variability in police charging practices has been noted in the literature (Dawson & Hutton,
The fastest growing prisoner population in Canada are Indigenous women (Zinger, 2017). Mandatory arrest laws increased the likelihood of arrest in situations involving female same-sex couples (Pattavina et al., 2007). A variety of factors have been found to increase the likelihood of dual charges being laid, including incident occurrence in public (Durfee, 2012), being a younger woman, being in legal or common law relationships and living in rural areas (Poon et al., 2014). In Mia’s case, she then had to spend the night in jail. The capacity women have to prioritize and have their own safety needs met is compromised in this context. Systemic barriers to accessing responsive and supportive services as well as systemic victimization through service delivery at times compounded coercive control exercised by abusive partners. Helena’s descriptions of her experiences after separating from her abusive partner similarly point to system responses that compromise women’s capacity to prioritize and have personal safety needs met:

My safety, along the way, totally disregarded...This person was allowed to harass me, drive past my house, wait outside my house, call the police to my house...I was told...when I had a lawyer...to call the police to have it documented. So again, not what I wanted. I did not want the police at my door when my children were there. I don’t want them exposed to all of that...And it always ended up terribly. You know, the police were just terrible to me...it was my fault every single time. They said to me, “He just wants to see his kids. Wouldn’t you do this, too?”...It just made it worse...he just, you know felt more authoritative...So, I got messages saying, “See what you’ve done? Look, even they think you’re a terrible mother.”
Helena’s experience demonstrates the relationship and tension created by coercive control, systemic barriers and assumptions about mothering. Scholars question the utility of criminalizing IPV to protect women (and children) (Balfour, 2021; Kim, 2015) and suggest policy and economic strategies to address housing stability, feminization of poverty, harm reduction strategies (Goodmark, 2017). Empirical evidence suggests addressing structural barriers to safety through gender-focused preventative efforts are important (Balfour, 2021; Mitkon, 2010).

**I Have to Take Care of Him**

Attending to an abusive partner’s needs, whether with or separated from them, was a distracting and disruptive force in women’s lives but something that many women identified as important. For some, meeting their abusive partner’s needs was a way to support their children’s safety; others focussed on partner’s needs because they felt a sense of responsibility for their partner’s welfare, or an emotional connection to the abusive partner.

Regardless of the underlying motivation, attending to their abusive partner’s needs created tension for women by interfering with other priorities. Having to take care of their partner was most often a source of tension because it led to prioritizing their abusive partner’s needs over their children’s, a key priority for women. This ‘choice’ on the part of women was shaped both by their experiences of coercive control and normative expectations related to them as mothers. Maribel explained, “I wasn’t being the mother I should’ve been, right obviously. I was always walking on eggshells around him…I was always cooking what he wanted…So, I wasn’t always choosing my kids even though I should’ve been.” Instead, she explained she was choosing, “him and his choices.”
Mothering expectations were shaped by public discourse and internalized, and contributed to tensions that arose for women who were taking care of, or felt responsible for, their current or former abusive partner while also mothering. In this context, women felt obligated to place the needs of children above their partner’s and to mother their children in a particular way. In the context of IPV, this meant some women struggled with push and pull tension between their partners’ needs and those of their children. Hays (1996) argues that this tension is shaped by features of normative motherhood that proscribe what it means to be a ‘good mother’, suggesting children are primarily women’s responsibility and their lives should essentially revolve around children and parenting. In this study, the mothering expectations of women were shaped and amplified by coercive control which increased the demands of mothering while, paradoxically, the resources available to support mothering often decreased.

The focus of IPV may be on disrupting the mother-child relationship, as abusive partners may find the mother-child bond threatening (Buchanan et al., 2014; Hooker et al., 2016). Women, in turn, may prioritize an abusive partner’s needs over children’s, to placate their abusive partner by controlling the environment and focusing attention on him, as a strategy to draw attention away from children (Buchanan et al., 2014; Hooker et al., 2016), as was the case for some women in this study. Although this took a high level of energy for women and looked like a choice, it was experienced as more of an inevitability given the need to keep children and themselves safe.

This theme reflects the complex ways the needs of abusive partners shape women’s priorities. For some women, taking care of their abusive partner led to an increased sense of responsibility for his welfare. Alicia explained, “he was always having such a crisis, everything
was...a crisis. And he was like really emotionally manipulative in the sense of like he would threaten to kill himself often if things weren’t going how they wanted to go.” This sense of responsibility was largely rooted in coercive control and its consequences; partners threatened self-harm (a form of coercive control) and women worked to placate their partner to reduce harms and risks. For some women, feelings for their former partner and ongoing contact with them post-separation through custody and access to children also contributed to an ongoing sense of responsibility for his welfare.

**Discussion and Implications**

Findings of this study points to multiple factors that shape women’s priorities as they mother in the context of IPV including: IPV, particularly their experiences of coercive control; systemic barriers; ideologies, assumptions and expectations of ‘good mothers’; and the tensions that arise between competing priorities that focus on the needs of children and partners or ex-partners and their own safety and well-being. The centrality and influence of these interrelated factors is notable across the themes in this study. These findings reinforce what is known about women’s experiences mothering in the context of IPV, particularly the importance of children in their lives (Ateah et al., 2016; Lapierre, 2010a, 2010b), the challenges of dealing with ongoing abuse (Ford-Gilboe et al., 2022; Enander, 2011), and the role of mothering discourses in shaping mothering practices in the context of IPV. These findings extend this knowledge by offering a structural and contextual analysis that makes visible how coercive control, structural inequities and assumptions about mothering shape women’s priorities over time, while with and after separating from an abusive partner.

**Factors Constraining Women’s Priorities**
The findings of this study reinforce that the priorities of women who are mothering in the context of IPV are complex, and, to some extent, based on the limited options available to them given the factors constraining their options. The relative importance of women’s priorities varied at different points in time and and were sometimes at odds with each other, creating a push and pull tension for women that added to the complexity associated with navigating their priorities. Women’s experiences of mothering in the context of coercive control were shaped by marginalizing structural conditions and ideologies of mothering, feminism, and liberal notions of agency and free choice (i.e. liberal individualism). All but one of the women had separated from their abusive partner and the one remaining with their partner was in the process of trying to leave their abusive partner to create their own path but their priorities and experiences were being shaped by these issues. Collectively, these findings suggest that the issues women prioritize as being most important to address are shaped by the concurrent influence of many things - including their personal wants and contextual factors.

Women’s priorities varied given the influence of IPV on their lives and the marginalizing structural conditions they experienced. Abusive partners’ use of coercive control brought associated harms that impacted virtually all dimensions of women’s lives - their health concerns, economic resources, social support, education and employment, sexuality and general life activities - findings also reflected in the literature (Anderson et al., 2003; Davis et al., 2012; Eisikovits & Band-Winterstein, 2015; Estefan et al., 2016; Hamberger et al., 2017; Kimerling et al. 2009; Macy et al. 2005; Stark, 2006; WHO 2005). Abusive partners used various strategies to gain and maintain coercive control, capitalizing on structural inequities and systemic barriers, increasing the complexity of women’s priorities. This created tension for
women by increasing levels of unpredictability and stress, which made addressing priorities harder. It also impacted allocation of attention, energy and resources. Tensions varied in relation to the marginalizing structural conditions women experienced. Variable tensions and marginalizing conditions influenced expectations placed upon women and constraints limiting their agency, accounting for differentiated harms women experienced. Many women faced systemic barriers that increased the degree of social sanction they experienced. Contrary to neoliberal notions of individual agency, social sanctions constrained rather than supported women’s ‘choices’ related to their priorities.

Study findings related to women prioritizing protection of their children aligns with previous findings in the literature (Ateah et al., 2016; Glass et al., 2010; Lapierre, 2010a, 2010b) but extends it by illuminating factors shaping the demands associated with this priority. In the literature, safety in the context of IPV has been framed primarily as physical safety for women while in the relationship or in the immediate period after leaving an abusive partner (Bacchus et al., 2016; Correa et al., 2020; Taillieu et al., 2020). Findings of this study extend this understanding by framing safety more broadly and considering how mothering adds to the complexity associated with finding safety. The findings that mothers sometimes prioritized the needs of their abusive partner above those of their children as a means of protecting children has been discussed in the literature (Buchanan et al., 2014; Hooker et al., 2016). However, this study identified other factors shaping women’s attention to their abusive partners needs, including feeling a sense of responsibility for the abusive partner’s welfare, or an emotional connection to them.
The influence of IPV on women’s health (Ford-Gilboe et al., 2022; Patton et al., 2021; Tutty et al., 2017), decisions to stay or leave the relationship (Enander, 2011; Kelly 2009; Njie-Carr et al., 2020), and women’s mothering practices (Hooker et al., 2016; Morgan, 2021; Nixon et al., 2017) have been explored and a limited number of studies (Damant et al., 2010; Greaves et al., 2004; Lapierre, 2010b) have examined how assumptions and expectations about mothers and mothering shape mothering practices in the context of IPV. This study extends our limited understanding of the nature of women’s priorities when mothering in the context of IPV considering them in a largely post-separation context, illuminating how coercive control, structural inequities, and assumptions about mothers and mothering can impact those priorities.

**The Need for a Matricentric Lens**

The realities of women’s mothering experiences in the context of IPV were difficult to reconcile with normative ideas about intensive mothering. In this study, as well as in the literature, women identified children as their top priority and part of what ‘good mothers’ do (Kelly, 2009; Lapierre, 2010a, 2010b; Rizzo et al., 2013). A perceived need to do everything for the sake of children and provide for all their needs has been characterized as a means of adhering to ‘good’ intensive mothering (Peled & Gil, 2011). Public discourse, systems and practitioners quite often implicitly share this sentiment, with structural barriers echoing this. However, identifying children as a top priority was complicated by high expectations and contradictions associated with normative motherhood and by coercive control, such as attending to their children’s emotional, physical and practical needs and keeping children safe, while, at the same time, fostering their relationship with their father, attending to his needs
and trying to attend to their own personal needs. These issues created many challenges and hardships for women navigating priorities, often on their own. The expectation that women and mothers prioritize the needs of children and partner reflects neoliberal goals of ensuring care for vulnerable family members and responsibility for economic security remains a family responsibility (Cooper, 2017; Foth & Holmes, 2017). The implications of this for women are the reinforcement of narrow constructions of mothers and mothering as outlined in Chapter two, limit opportunities for women to prioritize themselves.

A matricentric feminist approach to understanding mothering in the context of IPV is needed so that motherhood is at the centre of feminism (O’Reilly, 2021). This would foster greater consideration of the role mothering plays as part of women’s social identities and the ramifications of this for the social control, oppression and politization of motherwork, as well as women’s empowerment (O’Reilly, 2021). This lens fosters a more holistic view of mothering and its implications for women and children.

**An Equity-Oriented Approach**

For women in this study, coercive control exercised by abusive partners, structural inequities and assumptions about mothers and mothering shaped the challenges and tensions women had to contend with related to their priorities. An equity-oriented approach encourages recognition of and attention to how structural inequities negatively impact health and well-being by limiting access to resources and the supports needed to enhance health (Ford-Gilboe et al., 2018; Gorski, 2016; Varcoe et al., 2014). Applying an equity-oriented perspective to the issue of mothering in the context of IPV has potential to support more person-focused, holistic care. For example, this perspective would call for nursing assessment and interventions that
take into consideration and are responsive to structural inequities impacting the health, well-being and priorities of women mothering in the context of IPV.

Raising awareness, education, professional development, self-reflection and support for service providers related to coercive control, mothering ideologies, matricentric feminism and structural barriers women may be dealing with are important means of operationalizing an equity oriented approach to address the needs of women mothering in the context of IPV. Use of these strategies would prompt consideration of how coercive control is exercised across systems and may be reduced or mitigated through policy reforms, enhanced interprofessional and intersectoral coordination, reducing tensions for women associated with their priorities. Women and children might be better supported if the ramifications of normative motherhood for women, the primacy given to children’s care, along with concurrent attention to women’s own well-being, were considered. Considering how these ideologies may be inadvertently infused into services and shape expectations for those mothering in the context of IPV would also be helpful, as would paying closer attention to diversity, women’s access to physical and social resources and their unique experiences, to help avoid assumptions and foster person-focused care. Complex interventions addressing both the physical and mental health impacts of IPV, socioeconomic challenges acting as barriers to change, women’s safety, and the impact of IPV on women’s health, development and lives, hold promise (Ford-Gilboe et al., 2011).

Limitations and Future Directions

The women in this study all reported having an abusive male partner from whom they had separated or were in the process of leaving. Separation may have afforded these women the opportunity to reframe their experiences by reflecting on what they had been through,
despite many continuing to deal with ongoing IPV and its consequences. The experiences and challenges of mothers who work towards staying in the relationship and those in same sex relationships, may be different and require further study.

An intersectional approach was taken throughout the research process in an attempt to consider diversity among women and the role of intersecting marginalizing structural conditions on their priorities and the factors that shaped these priorities. This was demonstrated through analysis of women’s varied experiences of coercive control, mothering, employment and housing. Although participants were living with substantial economic challenges and reported other forms of stigma, the voices of women who face the highest levels of stigma and structural disadvantage, including those who identify as LGBTQ+, Indigenous, racialized, or having a disability were not adequately represented in the sample. The inclusion of women from other groups may have revealed more about structural barriers. For example, it is possible that their descriptions of coercive control would look different or that it might be exercised in different ways. Future research with more diverse samples should be undertaken as well as with men who engage in abusive behaviour.

**Conclusion**

This study reveals the importance of recognizing the role coercive control, structural inequities and assumptions about mothering play in influencing women’s priorities when mothering in the context of IPV. This study builds on the growing body of knowledge related to how IPV and mothering influence each other, contributing to the literature by reinforcing the importance of considering the nature of women’s priorities when mothering in the context of IPV, and the impacts on women and their mothering experience in relation to the marginalizing
structural conditions experienced. Better understanding women’s priorities and experiences mothering in the context of IPV, can support better tailored policies, services and practices.
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Chapter 4

Mother’s Experiences of Navigating their Priorities in the Context of IPV: Complexity, Constraints, and Consequences

Intimate partner violence (IPV) has significant physical and mental health effects on women and children as well as implications for their overall well-being (Banjar, 2022; Holt et al., 2008; Potter et al., 2021; Stubbs & Szoeke, 2021; Vu et al., 2016; World Health Organization [WHO], 2013; WHO 2017). It is well established that being a mother is part of many women’s identities. The cognitive, emotive, and physical work of mothering has consequences for women (Douglas & Michaels, 2004; Hays, 2007; O’Reilly, 2007, 2021; Ruddick, 2007) and the consequences are variable, in part based on the marginalizing structural conditions women experience (Collins, 1994). Scholarly work related to IPV has begun to draw attention to the interwoven and complex connection between IPV and mothering (Greaves et al., 2004; Irwin et al., 2002; Radford & Hester, 2006) and there is now a greater convergence between the bodies of literature focused on IPV and mothering, considering how one shapes the other (Hughes et al., 2016; McDonald-Harker, 2016; Moulding et al., 2015; Thiara & Humphreys, 2017).

Women’s priorities, including protecting children, have been examined as factors shaping their decision making (Ford-Gilboe et al., 2020; Glass et al., 2010; Ford-Gilboe et al., 2005). Priorities centre around those things that are valued and important enough to focus on. In Chapter three, women’s priorities while mothering in the context of IPV were explored to better understand the nature of those priorities and factors shaping them. Coercive control, expectations and assumptions about mothers and mothering, and systemic barriers were all found to shape often competing priorities related to children, (ex)partners, and their own
safety and well-being. However, understanding women’s actions to address their priorities, and the factors shaping those actions, remains limited.

This paper reports findings from a larger, qualitative study that explored women’s experiences of mothering in the context of IPV using Interpretive Description (Thorne, 2016; Thorne et al., 2004) and drawing on feminist intersectionality as an analytic lens (Cooper, 2016; Hankivsky, 2014; Sheilds, 2008). Findings related to mother’s priorities and factors that shape those priorities are described elsewhere (Chapter 3). The findings presented here specifically address how women act on their priorities while mothering in the context of IPV. The research question guiding this analysis was: How to women mothering in the context of IPV go about living out what is important to them by taking action on their priorities? Women’s actions were examined and framed within a broader social context illuminating the interaction between the intrapersonal, interpersonal and broader structures, in order to draw attention to how these factors constrain and facilitate opportunities for women and children and shape their experiences. By contributing to a deeper understanding of the efforts women make to address what is important to them, I hope to provide new insights that can be used to foster a better fit between women’s needs and services.

**Literature Review**

A selective review of existing literature summarizing both theoretical and empirical work is presented here, setting the context for this study. This review addresses the following areas: ideological perspectives shaping the experiences of women mothering in the context of IPV, mothering discourses, IPV and coercive control, and women’s priorities while mothering in the context of IPV. To better understand the nature of women’s actions on their priorities and what
shapes those actions, factors at the intrapersonal, interpersonal, and broader social system level were considered.

**Ideology and Mothering in the Context of IPV**

A feminist critique of the Nursing literature (Chapter 2) revealed the important role of ideological perspectives in research, policy and practice focused on women mothering in the context of IPV. In that critique, deficit, grit/resilience, and strength-based ideologies, all of which focus on individual accountability and action as a feature of neoliberalism, were dominant in the literature, while equity ideology, which focuses on structural and systemic change, and operates counter to neoliberalism, was more subtle and recent. The experiences of women mothering in the context of IPV happen against the backdrop of these ideologies that are often unseen but have problematic consequences. This literature review brings attention to the important role these ideologies play in shaping women’s experiences via the coercive control exercised by abusive partners, assumptions about mothers and mothering in the context of IPV and structural barriers.

Neoliberal ideology, in particular, plays a key role in shaping conceptualizations, research and interventions for women mothering in the context of IPV. Supporting the reduction of the welfare state and a free-market economy through privatization, individual accountability and responsibility as well as free choice are key neoliberal principles that have been adopted in Organization for Economic Co-operation and Development nations (Connell et al., 2009; Ishkanian, 2014; McGregor, 2001; Mehrotra et al., 2016). Neoliberal ideology has also impacted health care by promoting the application of efficiency models that drive care and shape expectations of health care organization and nurses and other health care professionals.
Since there has been limited consideration of the role ideologies play and their relationship to women’s actions and experiences, more research is needed.

Mothering

Situating women’s actions to address their priorities within feminist perspectives on mothering provides important insights into aspects of women’s day-to-day reality that are often taken for granted. Ideas, expectations and experiences of mothering are shaped by various factors that are historically situated and socially constructed (Glenn, 1994; Greaves et al., 2004). Mothering is not only about the actions taken to care for children, but also about the thinking that is required, women’s experiences, and the judgments made about those actions. Women’s identities and values are intertwined with the mothering role. Expectations of women as mothers are imposed by friends, family, media, social structures and systems, and are also internalized by women (Douglas & Michaels, 2004; Hays, 1996). Mothering discourses, including normative motherhood, maternal thinking and empowered mothering, discussed in the feminist literature, offer valuable insights.

Normative motherhood outlines various features suggesting what it means to be a ‘good mother’. These features include mothering being labor-intensive, financially expensive, emotionally exhausting, and expert-driven form of intensive mothering (Hays, 2007). The new momism (Douglas and Michaels, 2004) is based on impossibly high standards that women must meet in addition to meeting employment and career expectations. Women who are mothering are asked to fully give of themselves psychologically, physically, intellectually and emotionally at all times (Slobodin, 2018). It has been noted that the ‘good mother’ imperative seems to
cross social locations such as race, class, culture and ethnicity (Slobodin, 2018; Sutherland, 2006). Another concept, Maternal thinking, focuses on the complex decisions that are made after weighing multiple options and competing demands, in order to preserve, nurture, and train children (Ruddick, 2007). This consideration and thought occurs continually (Ruddick, 2007) while women are also trying to address other aspects of their lives. Finally, empowered mothering concentrates on efforts to ensure women can define for themselves how to mother, what their priorities are, as well as advocate for the resources and assistance needed to support mothering to enhance their overall quality of life (O’Reilly, 2007; O’Reilly, 2021). In Chapter three, normative motherhood was found to shape women’s priorities. However, how these ideologies shape women’s action on their priorities and experiences of mothering have not been fully explored, especially in the context of IPV.

**IPV and Coercive Control**

IPV entails controlling behaviours within an intimate relationship that causes physical, psychological, sexual, social, spiritual, and financial harm (Cronholm & Bowman, 2009; Sharps et al., 2007; WHO Pan American Health Organization, 2012). These behaviours are an expression of coercive control when they occur as a pattern of intimidation, isolation, and violence, extending control abusive partners have through social space (Buzawa & Buzawa, 2013; Stark, 2006). These forms of violence are linked and embedded within legal and social systems, eroding women’s rights (Tutty, 2006). IPV, particularly coercive control, often continues post-separation from an abusive partner, with children used to exert control (Crossman et al., 2016; Jeffries, 2016; Johnson et al., 2017).
IPV impacts 1 in 3 women globally and is the most common type of violence experienced by women in Canada (Burczycka & Conroy, 2018; WHO, 2013, 2017). However, prevalence rates of IPV vary based on women’s diverse social identities and structural barriers. In Canada, rates of IPV vary across ethnic minority groups, are higher among women who are younger (15-24 years) versus over 25 years, living in rural areas versus urban areas, Indigenous versus non-Indigenous, sexual minority women versus heterosexual women, and women living with a disability versus those without disability (Burczycka & Conroy, 2018; Cotter, 2021a, 2021b; Heidinger, 2021; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019; Savage, 2021a; Savage, 2021b). This diversity among women based on their social location draws attention to the need to consider the implications of structural conditions that may marginalize them and shape their experiences. In Chapter three, variation among women mothering in the context of IPV was explored in relation to their priorities and the factors shaping them. This revealed that, just as the structural barriers women experienced differed, so too did their priorities and experiences of marginalization. Aligning with an intersectional analytical approach, attention to variation among women and their experiences is needed to better understand women’s actions in relation to their priorities.

**Mothering in the Context of IPV and Women’s Priorities**

Motherhood has been associated with violent relationships lasting longer (Hooker, Kaspiew, et al., 2016; Vatnar & Bjørkly, 2010). Research on mothering in the context of IPV has focused primarily on mothering practices, which are often dichotomized into compensatory or deficit parenting responses (Hooker, Kaspiew, et al., 2016; McDonald-Harker, 2016). The role
mothering plays in shaping women’s experiences, especially in relation to structural conditions, has received limited attention despite its importance (McDonald-Harker, 2016).

Factors shaping the priorities of women mothering in the context of IPV and the tensions associated with them suggest their importance, as well as the need for a greater understanding of how these shape women’s actions. Common priorities that have received attention in the literature include decisions to stay in or leave an abusive relationship and the practical considerations associated with this. Research has focused mainly on women’s priorities and decisions to stay or leave an abusive partner, and short-term safety planning in the context of IPV (Eden et al., 2015; Enander, 2011; Glass et al., 2010; Hegarty et al., 2015; Kim & Gray, 2008; Morse et al., 2012). Factors such as finances and psychological well-being that influence decisions to stay or leave also have been examined (Kim & Gray, 2008). Women have been found to face decisional conflict related to staying or leaving an abusive partner as decisions are often high-stakes and fraught with potential danger (Glass et al., 2010). When mothering, many women prioritize decisions in relation to that role (Evans & Feder, 2016; Kelly, 2009). However, examination of women’s priorities beyond decisions related to staying or leaving have received limited attention in the literature.

Factors shaping women’s actions in relation to their priorities when mothering in the context of IPV and associated tensions that may arise suggest the need to better understand women’s actions in relation to their priorities. Women’s actions related to how they address safety of children as well as their own needs has received attention in the literature. To attend to overall safety and well-being, women have been found to consider many individual and community factors including their access to affordable safe housing, stable employment, social
support, custody and access issues, feelings for their partner, and violence severity; leaving an abusive partner often involves taking action on or in relation to many of these factors (Daoud et al., 2016; Dutton, 2004; Dutton, 2005; Evans & Feder, 2016; Matheson et al., 2015). The primacy women give to the well-being of children has been framed around how it impacts staying or leaving an abusive partner as well as actions women take to protect their children (Brooks & McFarlane, 2018; Buchanan et al., 2014; Hooker, Kaspiew, et al., 2016; Kelly, 2009; Lapierre, 2010; Nixon et al., 2017; Radford & Hester, 2006; Varcoe & Irwin, 2004). In the context of IPV women’s mothering practices (i.e., strategies employed to ensure the appropriate psychosocial and behavioural development of children) have received attention in the literature (Letourneau et al., 2011; Maddoux et al., 2014; Morgan, 2021; Nixon et al., 2017; Symes et al., 2016). However, there has been a lack of attention to contextual factors such as financial strain, housing and food insecurity and mothering as experience in the context of IPV, limiting understanding of women’s actions.

Women’s actions related to how they address their own needs, specifically related to health and well-being has received attention in the literature. The substantial and often long-lasting impacts of IPV on women’s health, well-being and mothering have been documented in the literature (Hooker, Kaspiew, et al., 2016; Lutenbacher, 2002; Symes et al., 2016; Wuest et al., 2003), yet limited attention has been given to how mother’s address their own health and well-being over time. Women can become increasingly preoccupied with their physical and mental state as violence continues, focusing their attention on accessing health services and relieving symptoms as their health deteriorates (Campbell 2002; Campbell et al., 2009; Evans & Feder, 2016; Humphreys et al., 1999; Marshall, 1996). At the same time, there is evidence that
women may adopt behaviors that can lead to harms such as smoking and binge drinking, as a way of dealing with elevated stress and psychological pain associated with IPV (Bosch et al., 2017; Daoud et al., 2016; Matheson et al., 2015). However, how mothering in the context of IPV shapes how women care for themselves has received limited attention in previous research.

Findings from this study related to the priorities of women who are mothering in the context of IPV and what shapes those priorities, partially addressed some of the gaps noted in the literature; specifically, women’s priorities beyond staying or leaving, include their children, their own health and well-being and the structural barriers shaping them. Findings presented in Chapter three broaden the focus beyond short-term safety and women’s priorities about decisions of staying or leaving, by considering the nature of women’s priorities as well as factors shaping them while mothering in the context of IPV. These findings revealed how the primacy given to children and structural barriers, creates and shapes tensions for women in relation to their priorities as they try to juggle competing demands. Despite this knowledge, we have limited understanding of how these factors shape women’s actions beyond staying or leaving, specifically regarding actions to address their priorities when mothering in the context of IPV. Findings presented in Chapter three related to women’s priorities also revealed how mothering in the context of IPV results in personal costs to women affecting their health and well-being, shaping tensions regarding their priorities. Women recognized their health was an important resource that enabled them to address their other priorities but when compromised was difficult to address and improve. The impact all of this has on women’s actions and experiences while mothering in the context of IPV is not well understood.

Methodology and Methods
Interpretive Description and Feminist Intersectionality

This qualitative study used the approach of interpretive description (Throne et al., 2004; Thorne, 2016), informed by feminist intersectionality and methodological principles of feminist research (Burgess-Proctor, 2015; Cooper, 2016; Crenshaw, 1989; Damant et al., 2008; Hankivsky, 2014; Im, 2013; Nash, 2008). The unique elements of each, combined with the overlapping complementary contributions of each helped strengthen the study.

Interpretive description is an inductive analytic approach that contributes to clinical practice by enabling the study of applied health and clinical problems in order to illuminate phenomena and improve understanding of people’s experiences of illness and health (Thorne et al., 2004; Thorne et al., 2016). Interpretive description enabled me to focus the research on gaining novel clinical insights and practice relevant findings as well as drawing attention to disciplinary biases and commitments (Hunt, 2009; Thorne et al., 2004; Thorne et al., 2016). Feminist intersectionality was used as a theoretical lens drawing attention to how gender and other social identities shape circumstances, choices and health for individuals, via structural conditions that are particularly marginalizing for some groups (Crenshaw, 1989; Cooper, 2016; Damant et al., 2008; Hankivsky, 2014; Nash, 2008). Feminist research methodological principles were used to ensure the research process focused on the lived experiences of women, reducing power differentials between researcher and participant, and embracing an ethic of care where women participating in research are supported and respected (Burgess-Proctor, 2015). Feminist Intersectionality was used flexibly as was Interpretive Description, so that unacknowledged aspects of women’s diverse experience would be revealed contributing to social change (Im, 2013), ultimately informing nursing knowledge and practice (Thorne et al., 1997; Thorne, 2016).
All these elements helped enhance consideration of women’s priorities and actions by drawing
attention to the important role varied social identities, power and social relations play in
shaping women’s experiences and how this can inform nursing knowledge and practice.

**Sampling**

A purposive sample of 20 adult, English-speaking Canadian women mothering in the
context of IPV, identified from among the 462 who completed a randomized controlled trial
testing an online safety and health intervention (Ford-Gilboe et al., 2020), were interviewed at
the end of the trial. These women were living in Ontario, New Brunswick or British Columbia
and identified as having experienced IPV (physical, sexual or psychological abuse in the context
of coercive control) from a current or former partner in the 6 months before enrolling in the
study. Women in the trial were randomly assigned to either receive the intervention which
entailed completing the ICAN Plan for Safety personalized online tool, or to receive general
safety information from a website at baseline, 3, 6, and 12 months in order to determine
whether the personalized online tool was more effective than a general website. A priority
setting exercise that involved making pair-wise decisions about their priorities such as their
feelings for their partner compared to concern for their health, was completed by women in
the intervention group.

A prime consideration in recruiting the sample for this study was seeking participants
with varied social locations and IPV experiences. Of the 462 women in the trial 47.8% (n=221)
were mothering at least one dependent child under the age of 18. However, reaching women
to complete interviews was challenging. Despite this, the sample characteristics of those who
participated reflect the complexity of women’s lives. The age range of the 20 women who
participated in the study was relatively evenly distributed, ranging from 21 to 53 years. Most of the women (n = 14) were not employed and were experiencing financial difficulty, with n = 13 reporting that managing on their current income was very difficult or extremely difficult, despite more than half (n = 12) having completed college or university. Women lived in urban and rural environments, with half living in large cities, 4 women in medium cities, and 6 in small towns/rural communities. Half had one child, 8 had two children, and 2 had three children.

All but one woman was no longer living with their abusive partner at the time of interview. The woman living with her abusive partner had been trying to leave for two years. Half of the women interviewed had ongoing contact with their abusive partner. These women had all experienced post-separation violence; 7 of these 10 were still experiencing post-separation violence at the time of interviews. Most women (n=16) had their children living with them and visiting their father. The children of two women had no contact with their father and were living exclusively with them. One woman’s child was living with his father and visiting her, and another woman was able to help her son leave, and he was living on his own. One woman was a grandmother who had full custody of her grandchild and another three women were stepmothers. One of the women in the stepmother role was a biological mother. Two women in the stepmother role no longer had contact with their stepchildren and one was unaware of the living arrangements of their former stepchild at the time of interview.

**Data Collection**

Qualitative semi-structured dialogic interviews were conducted primarily via telephone, with one conducted via Skype. The interview guide (Appendix B) was used with flexibility to explore women’s experiences mothering in the context of IPV for the purposes of this study and
women’s experiences of the online tool as part of a process evaluation. All but one interview was audio-recorded with each participant’s permission. As dialogic interviews were being concurrently conducted and analyzed, interview questions exploring women’s experiences mothering in the context of IPV evolved as the intent of the study unfolded. Interviews focused on talking with women about what was most important to them, relationships between those things and mothering in the context of IPV, making difficult decisions, steps they had taken to keep themselves and children safe, impacts on health and contact with services.

**Approach to Analysis**

The thematic analysis of interviews (Braun & Clarke, 2006; Nowell et al., 2017) that informed findings discussed in Chapter three extended to considering women’s actions in relation to their priorities discussed here. As outlined by Braun and Clarke (2012) and Nowell et al. (2017), efforts to maintain trustworthiness included audio-recording and transcribing interviews verbatim, completing field notes and reflective journals, and documenting initial codes and themes using a coding framework. To ensure researcher triangulation and maintenance of audit trail code generation, data, codes and themes were reviewed with a member of the thesis advisory committee. Initial codes generated based on general areas addressed in the interviews were refined to identify similarities and variability across the data in relation to potential clinical relevance of findings, via reading and re-reading transcripts and coded data. Additional details of the analysis are provided in Chapters one and three.
As outlined in Chapter three, women identified their children’s well-being, their own health, and creating stability related to housing employment and finances as their top priorities, each of which influenced and were experienced as competing for attention. The associated tensions women experienced in relation to their priorities were explored in Chapter three and include the primacy given to their children’s well-being in *it’s all about the kids*, contending with factors that constrained their agency and safety in *my safety...totally disregarded*, and the disruptions in daily life resulting from attending to an abusive partner’s needs whether with the partner or after separation in *I have to take care of him*. These tensions shaped and informed the themes related to women’s actions to address their priorities, while dealing with the
challenges arising in the process.

Factors such as coercive control from abusive partners, structural barriers, and ideologies and assumptions of what constitutes a ‘good mother’ shaped tensions between competing priorities. This influence extended to additional tensions women faced as they attempted to act on their priorities, shaping women’s experiences. I considered the critical role each played in shaping women’s actions and experiences (Figure 2).

Women’s everyday acts of resistance were central to study findings. Women used everyday acts of resistance to address tensions created by competing priorities. Resistance entails two core elements: action, whether verbal, physical or cognitive, and opposition to someone or something (Hollander & Einwohner, 2004). Resistance also reflects an individuals’ ability to counter powerful discourses in their daily life that seek to control them, contributing to our ability to understand power relations (Armstrong & Murphy, 2011; Foucault, 1984). In this analysis, resistance drew attention to the intentional ways women acted, weaving their resistance throughout daily life as they attempted to address the tensions created by competing priorities concurrently with the effects of coercive control, structural barriers and ideologies of mothering.

Women’s everyday acts of resistance were apparent throughout each theme. Themes related to women’s actions highlighted factors that shaped options available to women, their concerns about taking action, the actions women took and the consequences that arose as a result. Themes included *it’s all up to me*, which reflected how women perceived and received messages suggesting they were ultimately responsible for attending to all of their priorities, shaping women’s options, concerns and actions taken; *can I do it all?*, highlighted women’s
struggle to attend to all of their priorities and the subsequent feelings of doubt this created; *maternal guilt, shame and blame* examined how those feelings can act as facilitators and barriers to action, as well as influenced women’s feelings about themselves.

**It’s All up to Me**

Women saw themselves as ultimately responsible for attending to all priorities, particularly the welfare of children, based on messages received from abusive partners, services and systems. This occurred through abusive partners’ ability to use systems, creating tension in relation to women’s priorities and actions. It also occurred through the impact of assumptions and expectations of mothers and fathers conveyed throughout social systems.

Women acted in response to and at times, in anticipation of these issues arising. For example, some women ended up responding or proactively pursuing actions to prevent or delay custody and/or access by the abusive partner to keep children safe and reduce associated harms. Olivia described her efforts to protect her daughter and reduce harms from the risk of suspected sexual abuse associated with visits, by slowing the progression towards unsupervised visitation access for the father, “I want to slow it down until she's at least five, because then, her personality is set, so...trauma is still damaging, but...it's not going to change her personality; it's going to damage her, but it won't destroy her.” With limited options, women did their best to engage in acts of resistance to oppose IPV and its consequences for them and their children. Custody litigation was time and energy consuming as well as very costly to women financially and emotionally. Olivia explained, “He hasn't been paying his support properly, and...I'm broke. Like, this legal battle's been very expensive...I'm going to have to declare bankruptcy at the end...he wants to accelerate the timeline” for unsupervised visitation access. Their partners’
manipulation of court processes was a reality for some women in this study and has been noted in the literature, subjecting women to extensive emotional and financial strain as a means for abusive partners to continue abuse and harassment (Kaye et al., 2003; Hooker, Kaspiew, et al., 2016).

As discussed in chapter three, abusive partners manipulated systems such as police services, family court, and health care via threats of custody and access action, as well as by questioning women’s mental competence and parental fitness. This created additional tensions as women attempted to act to promote the welfare of children in a context fuelled by differing social assumptions about and expectations of mothers relative to those for fathers. Helena explained that a judge was sympathetic to her ex-partner during a custody hearing saying to him ‘I’d really like to see you walk your daughter down the aisle one day.’ She reflects on the irony of this small action in relation to her experienced in court, “I really felt like it was some sort of sympathy they [the court] had for him...and I surely was not being given any sympathy whatsoever.” In this example, Helena’s everyday enactment of resistance was reflected in her identifying and then verbalizing opposition to the inequity she had experienced in her treatment by the justice system.

Women in this study and those described in the literature were subject to contradictory expectations, where child protection required them to be the protective parent when the other parent was abusive, and the family law system expected them to support the other parent’s relationship with the child (Hooker, Kaspiew, et al., 2016). Many of the women in this study clearly faced structural barriers, as they were left having to reconcile the contradictory expectations to which they were subject and contend with the financial and emotional strain of
legal proceedings, while they tried their best to act and address their priorities. For example, the problematic nature of suggesting one parent should help foster the relationship of the child with the other abusive parent to support healthy child development, was apparent in this study and has been noted in the literature (Hooker, Kaspiew, et al., 2016). The literature suggests this problematic practice has been infused into the justice system as family courts were required to apply the “friendly parent rule” that considered which parent would enable ongoing contact with the other parent when making custody decisions, as well as maximize contact for both parents with the child, based on the Divorce Act (Department of Justice Canada [DOJ], 2019; Jaffe & Crooks, 2004; Hooker, Kaspiew, et al., 2016). Women in this study saw this as counterintuitive and untenable, given the mixed messages they received from the system. They ran the risk of being viewed as obstructionist or antagonistic if they did not adopt the ‘friendly parent’ persona, creating tension for women, as they were making co-parenting arrangement decisions. This reality has also been noted in the literature as women made co-parenting arrangement decisions often based on pragmatic concerns and family ideology, in an environment of fear (Ford-Gilboe et al., 2005; Hooker, Kaspiew et al., 2016; Laing, 2010; Saunders et al., 2012).

Some women in this study took action to appease their abusive partner by meeting his needs in response to his use of child protection service involvement threats. These actions can be understood to be proactive efforts to prevent perceived harms, with potential consequences for women (contributing to them being subject to coercive control). Melanie explained, “he knew that to me anything to do with my kids was where my issues were, so he used to use that type of thing against me to make me feel bad and then I’d do whatever he wanted.” Melanie
describes his efforts to undermine her identity as a mother by telling her she “was an unfit mother.” Fear of child protection service involvement was leveraged by her abusive partner; Melanie described, “these kids need to go through Child Protection...It’s just always my fear...I was threatened with it a few times by him.”

Women also struggled to respond to the fallout that resulted from issues related to custody and access, in terms of helping children deal with seeing or not seeing their fathers. Women took different actions to help children cope with this. Janine explained the challenges she was trying to help her teenage daughter navigate related to seeing her father, “she doesn’t want to lose her dad but, at the same time, he is verbally abusing her...I think she’s still confused...she feels secure at home but when she’s communicating with him, she doesn’t...
That’s what I am seeing.” Janine also described the proactive actions she used to try to help her daughter, “I talked to her several times...as well with our family doctor, so he’s familiar with what exactly is happening in our family and I told her that she needs to see a counsellor...it’s good to talk to someone else.” Post-separation co-parenting arrangements have been identified as a means used by abusive partners to continue harassment as well as undermine women’s mothering and relationships with their children (Hooker, Kaspiew, et al., 2016).

Variation across this theme was evident for those women in the stepmother role, as their authority, legal standing, and autonomy was limited yet their bond and sense of responsibility for children was often high. These women worried about what would happen to children (who were not their biological children) if they left the abusive partner. These women cared for these children when they were with them yet could not take the children with them if they left their abusive partner. Stella explained how being a stepmother made leaving more
difficult, “I could have gotten out way faster...before the children...but you add that component, well they need me.” Stella went on and described her actions related to safety preparations around leaving in relation to being a stepmother, “I had toys in my bag because I had thought if it got unsafe my job was to take those kids out...not with me but out of the situation. They were not going to stay there.” Women who mother are expected to protect children, regardless of their relationship to the child. This is more difficult and complicated for those women who are stepmothers to children in the context of IPV because, while they take on this responsibility, they do so in a space that has even less legal recourse than women who are mothering their own biological/legally recognized children.

Can I do it All?

As women struggled to attend to all their priorities and successfully navigate the challenges arising throughout that process, feelings of self-doubt often arose. Coercive control tactics used by abusive partners undermined women’s self-efficacy, impacting women’s capacity to take action to address their priorities as well as critical basic needs such as shelter and income. Often times, women felt like they were not effectively meeting these needs, adding to diminished self-efficacy via internalized ideals of normative motherhood that set expectations for women to meet basic needs such as shelter and income, and children’s needs as well. Self-efficacy also was threatened by the tensions that arose for women as they engaged in the challenging work of trying to address their children’s well-being concurrently with their own needs.

Some women felt like they could not get things done and doubted themselves. Robyn described the struggle to leave her abusive partner with her son, “trying to find a path for him
to get out...the plan was for us both to get out, but...he’s set up, he’s good...I ran out of money, so I had to come back, and here I am.” Robyn explained the subsequent feelings of self-doubt as a result of her unsuccessful attempts to leave, “It was just devastating...I didn’t know what to do...I felt like a failure obviously. And to him...It gave him a lot more power over me because...I tried and I failed...You know, I’m a loser. I’m back, right?” Efforts to leave went on for over two years and Robyn was still trying to leave at the time of the interview. Women often must engage in strategic efforts such as relocating or seeking employment to achieve safety, situational and economic stability, involving many risks (Duffy, 2015; Ford-Gilboe et al., 2005).

When coercive control from abusive partners undermined women’s self-efficacy, it was a significant barrier to their capacity to act. Nicole explained how the ongoing abuse undermined her sense of self and prevented her from doing what she knew was needed, “And everything about me like at the end...I was the worst daughter, I was the worst employee, I was the worst mom. I was the worst girlfriend. I was the worst – I was sad.” Coercive control exercised by abusive partners not only increased the level of uncertainty and unpredictability in women’s lives, but also eroded women’s sense of competence and ability to trust in themselves. IPV can erode women’s self-efficacy leading them to question their ability to be successful (Duffy, 2015).

Coercive control exercised by abusive partners and its impacts were significant given the sacrifices women mothering in the context of IPV often had to make when trying to escape abuse, including leaving homes, belongings, jobs, and social support, all while caring for children. These types of sacrifices have been noted in the literature (Bermea et al., 2020; Daoud et al., 2016; Moe, 2009; Ponic et al., 2012). Ironically, those ‘things left behind’ were precisely
what became key priorities which were vitally important to rebuilding their lives but also happened to be some of the most difficult things to acquire and maintain. Women had to engage in significant work to rebuild their lives, which was more challenging when women’s self-efficacy was diminished. It has been noted that ongoing harassment and abuse compromises women’s ability to provide safety for themselves and their children and obtain necessities such as safe shelter, yet the impact on fathers/former partners is virtually incidental (Wuest et al., 2003).

Women’s lost sense of self-efficacy also arose from not meeting internalized ideals of normative motherhood, which left some feeling like they were, ‘bad’ mothers. These internalized ideals arose from external structural sources telling women what ‘good mothers’ do. Women described working hard but feeling like they were falling short of meeting their children’s needs, job demands, and meeting the basics such as housing and finances. Graciela who was mothering her stepdaughter explained, “I absolutely took over 24/7 every single weekend for three years because he could not… I couldn’t access the best in me to be the best for her. The stress was just too high.”

The primacy women gave to the well-being of their children as well as wanting to meet their own needs, created tensions as they tried to act on their priorities. Women struggled with juggling and attending to both their needs and children’s needs and the subsequent threat to their self-efficacy created in the process as they worried about not being successful in addressing these priorities. Miranda explained, “not being able to provide for my kids… maybe my own needs became less important… I thought about… being able to provide them with very basic needs like food, shelter... if I left this life, what kind of life could I give them?”
Some women found ways to address their own health and self-care needs using a variety of methods. In addition to doing “a lot of therapy” Olivia also described, “making sure I get enough sleep. I supplement for stress...I’m doing my best to take care of my health. That’s a big thing that I’m doing for myself.” These self-care practices can also be considered everyday acts of resistance because they are in opposition to normative motherhood discourses suggesting mothers should do little to nothing to address their own needs.

Maternal Guilt, Shame, and Blame

Maternal guilt, shame and blame were significant for women mothering in the context of IPV in this study and often experienced in relation to their priorities. Maternal guilt, shame and blame could arise once actions were taken to address priorities, or be alleviated by acting. These feelings influenced whether women initiated actions, their feelings about themselves in relation to their action or inaction, and the nature of actions taken. Guilt arises when people feel their actions or behaviours are wrong, resulting in a negative self-evaluation and fear of punishment (Baumeister et al., 1994; Beck et al., 2011; Tangney, 1990). Shame involves people evaluating themselves negatively in a way that is deeper and goes to the core of self-appraisal, often in relation to others or feeling like they have violated group norms, arising from a reaction to public disapproval (Baumeister et al., 1994; Sutherland, 2010; Tangney, 1990). Guilt results in people feeling like their actions were wrong whereas shame results in people feeling like they are a “bad person” or “unworthy”, so has a broader and deeper psychological impact (Beck et al., 2011; Gilbert & Procter, 2006; Slobodin, 2018; Tangney, 1996; Wilson et al., 2006). Blame involves a moral belief or judgment about a person in order to publicly regulate community members’ conduct when norms have been violated (Bernáth, 2020; Malle et al.,
2014). Many women in this study applied judgments to themselves resulting in self-blame as they internalized social discourses and expectations of ‘good mothers’.

**Guilt and Shame as Barriers to Action.**

Many women experienced guilt and shame which acted as barriers to taking action on their priorities. Struggling with feelings of guilt and shame created barriers to seeking help because of fear of being judged. Mia described her feelings in relation to the violence, “I felt helpless. I felt guilty for kind of putting my son through that and my son didn’t see anything...but he... definitely woke up in the middle of the night hearing things.” Mia went on to relate this to her actions while still with her abusive partner, “Well, actually I feel like when I was in the relationship, I felt very ashamed and like I didn’t want to reach out for help or anything like that.” When asked whether guilt and shame were making it hard to seek out help, Mia responded “yes.”

Many women found it challenging to take action on their priorities while mothering in the context of IPV. When action was not taken fast enough from women’s perspectives, they felt guilt. Mia described her guilt about not meeting her son’s needs related to the violence, “I'm really dealing with the guilt of that now...the guilt hasn’t gone away...feeling like he has to take care of me if he saw me like, you know, with puffy eyes because he saw that I was crying.” Mia went on to relate the fallout from the violence to her son’s struggles and her feelings of guilt, as her son had “separation anxiety from me...his father doesn’t see him so there’s parental abandonment so I'm just feeling very guilty over it now because...he's definitely been damaged... And now I have the guilt of why did I stay so long?”

Some women experienced guilt that arose from self-blame related to the impact of
exposure to violence on children. Women blamed themselves for not separating from their abusive partner fast enough leading to child harms that women perceived as permanent. Nicole explained “It’s great to blame it all on [him] but...he’s not the one that stayed, right?...It should have been me that would have been more...he had nothing to lose. He’s not the one that sees them today.” It has been noted in the literature that mothers blame themselves for their children’s negative outcomes and experiences; a burden that others placed on them as well as one that women placed on themselves (Jackson & Mannix, 2004). They internalized social discourses and expectations of ‘good mothers’, which are hard to ignore or remain immune to given the powerful sociocultural context they occur within. Sutherland (2010) noted, “the dynamics that produce guilt and shame are cultural and institutional” operating at the macro-level via ideologies, the meso-level via mothers comparing themselves to others and the micro-level via lived experiences (p. 312). Self-blame has been noted in women who have experienced sexual assault experience (Hamrick & Owens, 2018; Miller et al., 2010), and women mothering in the context of IPV (Moulding et al., 2015). Guilt can produce a sense of ineffectiveness with impacts on mental health, physical well-being and the ability to be productive (Harper & Arias, 2004; Sutherland, 2010).

**Action Causing Guilt and Shame.**

Guilt and shame at times made taking action more challenging for women mothering in the context of IPV, who struggled with wanting to ensure safety and well-being for their children and themselves, both important priorities to them, but often felt conflicted. At times conflict between being married and a mother in relation to women’s identity, made it hard to determine the best course of action. Olivia explained this in relation to leaving her partner and
taking her daughter with her, “I want out...he gave me her passport back. Then I was possessed...by...I have to fix this. This is the father of my child. I can’t have two divorces, ’cause I’d already had one, and I was humiliated by that.”

For some women conflicting desires such as achieving safety and well-being as well as avoiding loss of marital status through divorce, suggested contradictory actions and was a significant source of guilt, shame, and self-blame that made determining the best action to take challenging. When women’s identities as mothers and wives are challenged, they may choose different courses of action to reconcile this conflict, and frame any choice made as one that ensures the best interests of their children (Heltsley & Calhoun, 2003), reflecting women’s efforts to maintain ‘good mother’ status by putting their children first and ultimately avoid guilt and shame (May, 2008; Sutherland, 2010). Women may also struggle with threats to their identity as wives if they choose to leave, which brings guilt and shame.

**Alleviating Guilt and Shame Through Action.**

Although difficult to initiate, for some women seeking help led to reduced feelings of guilt and shame, highlighting the importance of self-care. Rose explained, “I think it was part of the overall what I now call self-care having gone to... therapy... when you’re in this situation the blame and guilt is very strong... I have to just keep moving forward.” For some women, taking the action to separate from their abusive partner helped reduce feelings of guilt and shame, which made taking action such as seeking help for children easier. Mia explained, “I'm in a happier, safer place so I feel like it's easier for me to get help because I'm not ashamed of my life situation right now...I can tell people about my son's problems and get him help.” These everyday acts of resistance to improve well-being in response to IPV and its consequences can
be understood as women’s attempts to oppose it.

Feelings of guilt and shame are shaped by normative motherhood, so women try to do what is considered acceptable because being a ‘good mother’ is key to the representation of oneself as ‘moral’ (May, 2008; Sutherland, 2010). Feminist scholars have linked ‘good mother’ standards to mothers’ attempts to meet them and to maternal guilt and shame (Arendell, 2000; Douglas & Michaels, 2004; Henderson, et al., 2016; Hollway, 2016). Shame makes taking actions such as seeking help difficult. Secrecy and concealment are practices of shame central to women’s embodied experiences, operating as tools of self-regulation, suppressing complex maternal experiences, helping to make mothers invisible (Slobodin, 2018). Guilt and shame are powerful emotions with significant impacts on action or inaction.

For women mothering in the context of IPV guilt, shame, and self-blame sometimes acted as significant barrier to taking action. As guilt and shame receded, actions to support women’s self-care and care for their children often ensued. Mothers used a variety of measures to resist the ‘bad mother’ label, and reduce their mother-guilt. Feelings of guilt and shame for women also emerged because of IPV, which had negative impacts on women’s self-esteem and self-efficacy and made taking action more difficult. Experiences of guilt and shame made taking actions to address their priorities more challenging as they were not only subjected to the unattainable ‘good mother’ standards, but also the psychological and socioeconomic consequences of abuse and coercive control from abusive partners.

Discussion and Implications

For many women a confluence of factors created tensions, and shaped their priorities and actions taken to address them. These factors included: IPV, particularly coercive control
from abusive partners; systemic barriers; and ideologies, assumptions and expectations of what it means to be a ‘good mother’; all influenced by neoliberalism. These factors compromised women’s health, well-being and access to housing, employment, education, and overall financial stability. Women engaged in everyday acts of resistance in response to these factors and their impacts on the basics, shaping women’s actions on their priorities and their experiences.

There were clear connections between coercive control and structural victimization that occurred across systems and impacted women in this study. Women received and internalized messages from abusive partners, services and systems that they were responsible for their priorities, especially their children. These messages were transmitted through the coercive control tactics employed by abusive partners, facilitated by systems, interactions with systems, and the infusion of normative motherhood assumptions and expectations into everyday interactions, reflecting neoliberal notions of individual responsibility and accountability (Ishkanian, 2014; McGregor, 2001; Mehrotra et al., 2016). While with and after separating, abusive partners were able to use systems such as child protection, family court, and health care to threaten protective service involvement, custody and access action, and question women’s mental competence and by proxy their parental fitness causing distress for women and children. Similar findings have been noted in the literature (Bancroft et al., 2012; Bhandari et al., 2014; Holden & Ritchie, 1991; Hooker, Kaspiew, et al., 2016; Kaye et al., 2003; Lapierre 2010; Thiara & Humphreys, 2017). Findings of this study affirm that structural violence operating in systems is used to reify coercive control exerted by abusive partners.

Women’s awareness of and resistance to these tactics via strategically accessed
resources suggests the need for professionals operating within systems to consider how best to respond to the needs of women, children and families experiencing IPV. Recently, changes were made to the Divorce Act which include removal of the “friendly parent rule” and shifting from “custody” and “access” orders to “parenting” orders (DOJ, 2019, 2020). Women’s experiences in this study with the legal system reflect the legislative reality they were subject to before these changes. It will be important to consider how these changes may impact women moving forward and what their experiences will be like living amidst and engaging with a system that is adapting to this changing policy landscape. This is an area that should be prioritized in future research.

Findings from this study underscore that women’s everyday acts of resistance to counteract these sources of potential harm to themselves and their children were not always ‘spectacular’ but often small attempts to do what they could in the context of many barriers. Naming tactics of control, supporting children to deal with seeing their father or not by talking to them, seeking out formalized supports such as doctors or counsellors, and engaging in self-care practices to address their personal health and well-being are all example of everyday resistance that were important in women’s lives and should be acknowledged by those who support these women. Lorde (1988) notes, “caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare” (p. 125). Lorde (1988) reminds us of the importance of these acts and power relations impeding women’s efforts to ensure their well-being.

A Matricentric Feminist Lens
Applying a matricentric feminist lens can support greater consideration of mothering as an important component of women’s social identities while contending with IPV, as well as support an approach to mothering that recognizes the importance of structural conditions that marginalize women, shaping their experiences, actions and priorities (O’Reilly, 2021). This lens puts motherhood at the centre of feminism encouraging reflection and action on the oppression, social control and politicization of motherwork, as well as women’s empowerment (O’Reilly, 2021). Women in this study who struggled with insecure housing, income and employment characterized their actions to address these issues as being their responsibility, necessary to meet family needs, and either intimately tied to or an actual part of their role as mothers, often resulting in guilt and stress for women. The association between these demands and needs and women feeling overloaded and stressed has been noted in the literature (Duffy, 2015; Estefan et al., 2016; Guendouzi, 2006; Montesó-Curto et al., 2016; Rizzo et al., 2013; Sutherland, 2010; Tummala-Narra, 2009) and was reflected throughout the findings in this study.

Women in this study resisted normative motherhood messages and engaged in everyday acts of resistance by naming unjust and inequitable issues within systems making mothering more difficult, and then sought support for themselves and their children. In this way, women resisted the notion they were solely responsible for child well-being, given the impact these systems had on women’s ability to mother in ways they wanted to. These efforts align with empowered mothering (O’Reilly, 2007, 2021). While it is important to recognize women’s individual agency and capacity, it is also important to problematize neoliberal notions of free choice regarding actions women take and expectations that these actions will be
sufficient to transform their life and well-being. Applying a matricentric feminist lens can assist practitioners working with mothers to frame the issues facing them in this manner, creating greater opportunity for imagining interventions that reflect this framing.

For women in the stepmother role in this study, challenges arose regarding how best to ensure child and personal safety and well-being with limited authority, legal standing and autonomy. Feminist scholars note that in African, African American as well as in Indigenous communities, biological mothers, often assisted by other women (aunts, sisters, grandmothers, cousins, and unrelated community members), would share in the care of children and recognized the importance of this collectivism as well as the structural constraints impacting motherwork (Anderson, 2007; Collins, 2007). However, while the impact this has when stepmothering in the context of IPV has received virtually no consideration in the literature, being a stepfather and abusive has been readily explored (Brownridge, 2004; Campbell et al., 2003; Cavanagh et al., 2007; Hooker, Kaspiew, et al., 2016; Miner et al., 2012; Sullivan et al., 2000). Bonds were forged with the abusive partner’s children, and over time, women felt responsible for their children, yet had limited ability to protect them, despite feeling responsible to do so. Further research in this area is needed to better understand the complexities associated with being a stepmother in the context of IPV and potential opportunities to support women in these circumstances.

**An Equity-Oriented Approach**

An equity-oriented approach can support policy and service provider efforts to understand and work with women to respond to structural inequities limiting their access to resources that support health and well-being (Ford-Gilboe et al., 2018; Gorski, 2016; Varcoe et
al., 2014). It encourages us to pay closer attention to the complex work involved in addressing housing, employment and financial priorities, while addressing children’s growth and developmental needs, enabling better tailored service provision that considers the diversity among women, their experiences and the challenges they face, so that structural humility is reflected in our practice. Many of the women in this study struggled with insecure housing, income and employment and acted to address these issues because they understood how greatly they impacted their ability to meet their children’s needs as well as their own needs. This highlights the need for those working with mothers to situate their understanding of the issues women face and their efforts address issues within an equity-oriented framework. Analysis and efforts to remediate policies and practices across systems and organizations to ensure they foster gender equity is needed. It is also important to acknowledge the diverse mothering and family dynamics women and children are navigating. Overall, an equity-oriented approach to practice supports taking these issues into account throughout the process of working with women mothering in the context of IPV (Ford-Gilboe et al., 2018; Varcoe et al., 2014).

**Limitations and Future Directions**

As noted in Chapter three, all the women in this study identified as having an abusive male partner. There was inadequate representation in the sample of women who identify as LGBTQ+, Indigenous, a visible minority, or having a disability. However, throughout the research process an intersectional approach was taken so that the role diversity and structural conditions play in women’s experiences was considered. Future research examining women’s experiences should take into account the role of structural condition, and consider the role that
normative motherhood and coercive control exercised by abusive partners plays in shaping women’s actions and experiences while mothering in the context of IPV. The lack of research examining women’s experiences has been noted (Hooker, Samaraweera, et al., 2016). Future research specifically addressing women’s efforts to address their priorities should be undertaken with diverse samples to enhance understanding of how varied sociocultural contexts influence women’s actions and related experiences. It would be beneficial to address diversity in terms of relationship status (women who plan to stay with, are in the process of separating from, or have separated from an abusive partner) and social identities.

**Conclusion**

Narrow and distinct characterizations of the ‘good mother’ continue, outlining how ‘normal’ and ‘moral’ families should, not only behave, but feel, and these dynamics are accompanied by social policies reproducing discourses based on these assumptions (Cheek & Gibson, 1997; Slobodin, 2018). By considering the role this may have in women’s actions and experiences, policies, practices, and system responses, we can identify where changes are needed, and shifts can be made accordingly. Recognizing women’s diverse experiences and the structural conditions shaping them will help improve responsiveness to women’s situations.
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Chapter 5

Conclusion and Implications

This thesis considered how women go about living out what is important to them as they mother dependent children in the context of IPV, by examining their priorities and how they act on these priorities. Reviewing the nursing literature to critique conceptualizations of mothering in the context of IPV using a feminist intersectional lens was the foundation for this work. This chapter briefly outlines the study background, purpose and research questions, methodology and methods; summarizes thesis contributions overall and discusses the implications arising from these contributions for future education, practice, policy and research. Overall, the contextualized experiences of women were examined and framed within a broader social context. This approach to considering women go about living out what is important to them also informs the overall implications of this thesis discussed here.

Study Background

Scholarly work to better understand the contributing factors and consequences of IPV has been undertaken (Ellsberg & Heise, 2005; Garcia-Moreno et al., 2005; World Health Organization [WHO], 2017; Vu et al., 2016). Social constructions of mothering and the consequences of this for women (Douglas & Michaels, 2004; Hays, 2007; O’Reilly, 2007, 2021; Ruddick, 2007), particularly in relation to the structural conditions marginalizing women (Collins, 1994) has also been examined by feminist scholars. Although there is greater convergence between these two bodies of literature (Greaves et al., 2004; Irwin et al., 2002; Radford & Hester, 2006; Hughes et al., 2016; Moulding et al., 2015; Thiara & Humphreys, 2017), there was still a need to better understand women’s experiences, priorities and actions taken
to address their priorities. Attention to assumptions and ideologies related to IPV and mothering has been limited despite their influence on conceptualizations of IPV and mothering, expectations of mothers, women’s experiences mothering, research, policy and service delivery.

**Study Purpose and Questions**

The purpose of this study was to examine how women go about living out what they considered to be important to them. This was accomplished by examining women’s experiences, priorities and actions while mothering dependent children in the context of IPV. Three research questions were addressed:

1. How is mothering in the context of IPV conceptualized in the nursing literature and what are the implications of current conceptualizations IPV for women given their varied social identities and the influence of intersecting structures?
2. What are the priorities of women who are mothering in the context of IPV and what shapes those priorities?
3. How do women mothering in the context of IPV go about living out what is important to them by taking action on their priorities?

**Methodology and Methods**

Feminist intersectionality and principles of feminist research were used to guide the feminist critique of the nursing literature discussed in Chapter two and the qualitative study reported in Chapters three and four (Burgess-Proctor, 2015; Cooper, 2016; Crenshaw, 1989; Damant et al., 2008; Hankivsky, 2014; Im, 2013; Nash, 2008). An interpretive description approach (Throne et al., 2004; Thorne et al., 2016) guided the qualitative study informed by
feminist intersectionality and methodological principles of feminist research. Feminist theory enabled me to focus on women’s lived experiences and engage in the research process with an ethic of care (Burgess-Proctor, 2015). Intersectionality provided a theoretical means to consider how structural conditions marginalized women shaping their experiences and ‘choices’. I used this feminist intersectional lens to guide development of study findings. Interpretive description enabled me to focus my analysis and findings on understanding how mothering in the context of IPV (clinical phenomena) could be enhanced to ultimately change and improve clinical practice. Interpretive description, a flexible approach allowing for variation in data collection and analysis techniques, is compatible with feminist intersectional principles. Engaging in the qualitative data analysis process resulted in me making meaning from the data based on my own interpretive lens, while reflecting on the literature.

**Study Procedures**

Study participants were drawn from the ICAN Plan for Safety, a larger randomized controlled trial that tested the effectiveness of an online interactive intervention designed to improve the safety actions, mastery and mental health of women. A sample of 462 Canadian women in Ontario, British Columbia, and New Brunswick experiencing IPV tested its effectiveness. Through random assignment, women either completed the ICAN Plan for Safety personalized online tool or a website containing general safety information at baseline, 3, 6 and 12 months to determine whether the personalized online tool is more effective than a general website.

Qualitative study findings are based on semi-structured in-depth dialogical interviews with 20 women from both the intervention and control group, who identified as mothering
dependent children after they completed the iCAN trial. Interviews were completed via phone and videoconference. Initial interviews embedded within a larger interview explored the usefulness and impact of the online intervention on women’s decisions and actions. Over time, based on analysis, these interviews evolved with more focus on women’s priorities, actions and mothering experiences examined through an intersectional lens focused on mothering, normative motherhood, IPV, and the structural barriers women face.

**Approach to Analysis: Thematic Analysis**

Thematic analysis was used to identify, analyze, organize, describe, and report themes found in the research data (Braun & Clarke, 2006). To ensure the trustworthiness of findings, strategies outlined by Braun and Clarke (2012) and Nowell et al., (2017) were followed and include: recording and transcribing interviews, completing field notes and reflective journals, documenting initial codes and themes using a coding framework. To ensure maintenance of the audit trail for codes generated, and researcher triangulation; data, codes and themes were reviewed with research team members. Codes initially generated were based on general areas interview questions focused on and were refined through a process of transcript and code data review. Similarity and variation across the data was sought to understand women’s experience.

**Key Findings**

**Chapter Two**

In Chapter two I present a feminist intersectional critique of the nursing literature published between 2000 to 2021 on mothering in the context of IPV drawing on literature from Canada, the United States, Australia, and the United Kingdom. These countries have shared histories and similar social, cultural, economic, and political orientations related to colonization,
women’s rights and human rights social movements, public policy and health care policy
orientations. I investigated the conceptualization of mothering in the context of IPV; the
influence of structural conditions marginalizing women mothering in the context of IPV;
implications of conceptualizations for women, children, and families in relation to their
priorities and actions; and how these findings could contribute to knowledge on mothering in
the context of IPV.

Findings revealed four dominant ways of thinking about women and their experiences
mothering in the context of IPV: 1) IPV conceptualized as a discrete acute event and/or crisis, 2)
mothering treated as a practice, 3) mothers valued as vehicles for child health and well-being,
and 4) mothers seen as vulnerable and ‘at risk’. These interrelated assumptions focused on
mothering in the context of IPV in the nursing literature demonstrated a narrow view of
mothering with limited attention paid to women’s experiences and limited recognition of the
bi-directional relationship between mothers and children. These assumptions also
demonstrated the need for greater recognition of the role structural conditions and normative
motherhood plays in shaping expectations of women and their experiences, as well as the need
for greater attention to the potential chronic nature of IPV and interventions that reflect this
were also discussed. Ideological perspectives underpinning these assumptions include deficit,
grit/resilience and strength-based ideologies primarily and suggest the need for more of an
equity-oriented ideological approach to understand and assist women mothering in the context
of IPV. This analysis revealed how influential these ideologies are on mothering, IPV, nursing
research and practice, as well as public policy and health care focused on supporting women
mothering in the context of IPV.
Chapter Three

Chapter three focused on understanding the priorities of women mothering in the context of IPV. The well-being of children, women’s health, and creating stability related to housing, employment, and finances were women’s top priorities. These priorities were heavily shaped by IPV and the consequences of coercive control; ideologies and expectations related to being a ‘good mother’; structural conditions marginalizing women; and the influence of one priority on other priorities.

Themes generated reflect these factors and include: it’s all about the kids, focused on women’s intent to ensure their children’s well-being; my safety…totally disregarded, explored how women sought a safety in a broader sense, extending beyond physical safety while contending with factors that constrained their agency and safety; and I have to take care of him, addressed the tension created in women’s lives by attending to abusive partners’ needs, as they juggled priorities. Themes reflect structural barriers women contend with and suggest that professional responses primarily rooted in deficit or strength-based approaches need to shift to more of an equity-oriented approach.

Chapter Four

Chapter four focused on examining women’s actions and experiences addressing their priorities. Women’s priorities, motivations, and eventual actions taken were shaped by contextual factors, including dealing with uncertainty and unpredictability from coercive control, mothering, and structural conditions marginalizing women. These factors are reflected in the themes generated as a result of qualitative data analysis and include: it’s all up to me, reflected how messages women perceive and receive suggest ultimately, they are responsible
for addressing all of their priorities; can I do it all?, highlighted attending to all priorities was a struggle for women that created self-doubt, a lost sense of self-confidence and self-efficacy due to not meeting internalized ideals of what ‘good mothers’ do; and maternal guilt, shame and blame, examined how this lost sense of self-confidence and self-efficacy can be barriers and facilitators of action, as well as influence women’s feelings about themselves. Women’s everyday acts of resistance were apparent throughout each theme and central to study findings. Women used them throughout daily life to address tensions created by competing priorities as well as the effects of coercive control, structural barriers and ideologies of mothering.

Themes reflect the major role normative motherhood and coercive control play in women’s thoughts about themselves, their self-efficacy, and actions taken. They suggest broader and deeper conceptualizations, and subsequent approaches to IPV and mothering are required. Themes also highlighted the structural and systemic barriers women had to contend with, and the need to shift away from deficit or strength-based approaches to understanding and addressing women’s actions, to an approach that is more equity-oriented. These shifts should inform policy, practice, and systems level changes.

**Implications**

Based on the findings revealed in this study I suggest shifts in conceptualization and ideology, education, practice, policy and systems are warranted. These shifts include utilizing a broader understanding of IPV and mothering in the context of IPV, integrating a more equity-oriented approach to understanding and addressing mothering in the context of IPV, as well as
practice and policy changes that reflect this ideological orientation. Areas requiring further research were also illuminated and will be discussed.

**Conceptual and Ideological Shifts Needed**

IPV, specifically coercive control exercised by abusive partners, and structural conditions play a significant role in shaping women’s priorities and context for taking action. The need to recognize the role of these factors in relation to women’s priorities and actions as they mother was reflected in their narratives. Viewing IPV primarily as a time-limited crisis limits the capacity of nurses to support women mothering in this context to address the effects of violence. Rather, these effects are often long-term and affect multiple aspects of women’s lives. A crisis orientation also limits recognition of post-separation violence and ongoing coercive control as a reality for some women, particularly the unique facets of these phenomena for women mothering in the context of IPV. Post-separation violence is a very real threat for many women, particularly those with children (Coy et al., 2015; Ford-Gilboe et al., 2005; Ornstein & Rickne, 2013; Varcoe & Irwin, 2004). Seeing IPV as a crisis also contributes to protection being conceptualized narrowly, so important social and economic barriers constraining mothers’ choices are ignored, suggesting the need for broader conceptualizations of IPV and safety that extend beyond physical safety (Nixon et al., 2017). Framing efforts to address IPV around safety could be less problematic if our collective understanding of IPV and, subsequently, safety was broadened to exist on a continuum that encompasses not only physical safety but also emotional and psychological safety, along with financial security and safety at home and in the community. This would contribute to a more balanced approach to understanding and intervening to assist women and children.
Assumptions and ideologies about normative mothering also play a significant role in shaping women’s priorities and context for taking action. Normative mothering and the concomitant prerequisites to be considered a ‘good mother’ are significant drivers of women’s need for action, at times serve as barriers to certain actions, and often shape women’s experiences while taking action. Systems and service providers are not immune to the allure of normative mothering and all it requires of women, nor are the mothers who internalize messages about what is expected of them. Expectations associated with being a ‘good mother’ get in the way of many aspects of women’s lives and actions, suggesting the need for a deeper understanding and recognition of the role normative mothering plays in the context of IPV. It is important to acknowledge the influence normative mothering on practices, policies, expectations of women, and the primary focus on children rather than a more balanced focus on women and children. By doing so we can identify contradictions, unrealistic expectations, and support reducing these limitations and be more responsive to the realities of women’s situations. By employing a matricentric feminist approach, greater recognition of the mother role and its ramifications for the social control, oppression and politization of motherwork is possible, contributing to a more holistic view of mothering (O’Reilly, 2021).

Assumptions about women’s social identities as mothers is also an important factor to consider as is recognition of the important role structural conditions in women’s experiences. We must be open to the possibility that women may conceptualize their role as mothers in ways that are different from our conceptualizations of mothering, and that these other aspects of their role significantly impact their mothering experience, actions, and expectations of themselves and those placed upon them. Some women in this study characterized their efforts
to address housing, employment and financial priorities as intimately tied to, or part of their role as mothers. Researchers and service providers may see these efforts as occurring outside of mothering, given the ongoing focus on mothering as parenting practices (Carpenter & Stacks 2009; Casanueva et al., 2008; Conron et al, 2009; Hooker et al., 2016; Pelaez et al., 2008). Differential access to social and economic resources may influence how women conceptualize their role as well as their experiences mothering. We must critically reflect on our assumptions and judgements about what ‘good mothers’ do, and strive to be open to diversity in mothering, as well as consider how mothering impacts mothers and not just children.

Likewise, the role of deficit, grit/resilience and strength-based ideologies, as well as neoliberalism in shaping women’s context for taking action on priorities as they mother in the context of IPV is also important to consider. These ideologies reinforce the role individuals and communities play in health and well-being outcomes but with limited attention to the context in which this occurs. This stands in opposition to attending to how health and well-being are affected by inequitable access to social, economic and political resources - the social determinants of health (Brough et al., 2004; Fogarty et al., 2018; Gorski, 2011; Gorski, 2016; Glasgow Centre for Population Health, 2011; Jain & Cohen, 2013). By acknowledging the limitations inherent in these ideologies for instituting interventions responsive to structural inequalities, which are key to addressing women’s priorities, other ideological perspectives, such as an equity-oriented approach can be employed. As nurses, we need to sit with and reflect upon our own ideological positioning, and those of the leaders within organizations impacting women mothering in the context of IPV and consider how this affects women, children and efforts to support them.
Implications for Education

The current education nurses receive does not adequately address the multifaceted nature of mothering in the context of IPV. The education of current and future nurses should address IPV as a phenomenon that may entail elements of crisis as well as a chronic concern, mothering discourses, the role and availability of community resources and their connection to structural barriers. The process of education should provide opportunities for and promote the importance of self-reflection on values and beliefs related to women, mothers, and violence. Reflexivity should also be part of the educational process with a focus on supporting reflection on how aspects of our social identity such as race, gender, ability, shape our interpretation of people and the world; and how our interactions and relationships within the health care system are shaped by power differentials (Varcoe et al., 2014). These efforts can help identify and reduce tendencies to oversimplify complex concepts like IPV and mothering, underestimate the impact of structural conditions on women’s experiences, as well as address practitioners’ implicit biases.

Maternal-child theory and clinical courses would be ideal places to unpack assumptions about mothers and IPV, enabling opportunities for the integration of theoretical knowledge and practical case study work with a broader scope related to mothering and IPV. These courses would offer opportunities via pedagogies that employ standardized patients, role play, postconference debriefing, concept mapping and interprofessional education, to explore and apply theoretical and practice based knowledge related to mothering and IPV, supporting reflexivity and praxis.

Implications for Practice
Greater use of an equity-oriented approach can improve practice by enabling a structural analysis of, and approach to, addressing the differential access to the social determinants of health among women mothering in the context of IPV experience. This could help nurses orient practice towards meeting client needs by situating care within a broader structural frame. Patterns of differential access are found across the design and organization of employment, economic, and political structures. By using an equity-oriented approach, immediate health needs can be addressed as well as those ongoing deeply rooted, historically situated injustices woven into policies and practices across systems (Ford-Gilboe et al., 2018; Varcoe et al., 2014). There is a tendency to think these issues can only be addressed at the systems level through policy changes. However, Varcoe et al. (2014) suggests nurses can foster equity at the individual, organizational and policy levels, by taking inequities into account, mitigating their impacts on quality of life, and not participating in entrenching inequities further.

By conveying respect for and acceptance of mothers, treating them with positive regard, attending to power differentials that exist within the nurse-client relationship, as well as acknowledging the existence of those differentials across various systems with which mothers interact, and their differential access to the social determinants of health, significant differences to women’s health and well-being can be made (Varcoe et al., 2014). Principles that support an equity-oriented approach to practice include: committing to equity, reflexivity, critical consideration of vulnerability, reorient practice to disrupt problematic discourses and approaches to addressing problems, and reorient the prioritization of sites for change. To promote equity and, therefore, health, nurses need to consider conditions influencing health,
factors contributing to inequities, power differentials and counteracting inequities shaping people’s experiences (Varcoe et al., 2014).

Women who experience IPV work to deal with the impacts of differential access to social determinants of health on their lives, which is reflected in their priorities and actions. The impacts of IPV are far-reaching and woven into many areas of everyday life, including women’s efforts to improve family health (Ford-Gilboe et al., 2005). Qualitative research findings suggest women mothering in the context of IPV focus their efforts on addressing their differential access to social determinants of health given the pervasiveness of coercive control and its impacts (Ford-Gilboe et al., 2005; Wuest et al., 2003). Similarly for women in this study, among their top priorities was creating stability related to housing, work/employment, and finances. Their efforts to address their priorities were influenced by coercive control from abusive partners and structural barriers they faced.

By acknowledging the need for broader and deeper understanding of IPV, specifically coercive control, assumptions about motherhood, the role of deficit and strength-based ideas, and the need for equity-oriented approaches, interventions that better meet diverse needs can be developed. To support women mothering in the context of IPV, it is important to acknowledge and respect women and the strategies they choose to manage IPV, while with or after leaving an abusive partner. Service providers need to view women as experts in their own situations, take women’s perspectives into account when working with women, and be open to the range of strategies women may use even when they may seem ineffective to the professional (Nixon et al., 2017). Mothers who believe their mothering choices are being judged as deficient by service providers may be less likely to reach out to services (Nixon et al., 2017).
Nurses can align their practices with women’s priorities and engage in meaningful interventions to address them, by taking the time to listen to women and build trust, genuinely partnering with women and developing mutually agreed upon goals and strategies to meet those goals. This will require programming mandates and goals that equally value the needs of children as well as mothers.

What service providers may consider to be ‘effective’ may not be given women’s marginalization from structural conditions, experiences, and nature of IPV especially coercive control exercised by abusive partners they contend with. Nixon et al. (2017) notes, strategies professionals most often encourage including contacting police, accessing shelters, or obtaining protection orders are often not used but women who instead chose more informal strategies that did not involve formal or organized systems such as separating children from their abusive partner, parenting children alone, or using informal supports such as family and friends, all in an effort to protect their children, were often underestimated and may not be perceived as effective or appropriate. Women’s decisions may be interpreted as irrational or nonprotective by service providers. However, failing to consider their safety or their children’s safety - as the findings of this study show - they often reflect women’s strategic attempts to protect children and manage structural barriers and options in abusive situations (Dunn & Powell-Williams, 2007; Kelly, 2009; Nixon et al., 2017). Service providers should routinely ask women about the strategies they have tried using to protect their children (Nixon et al., 2017) and themselves and manage the abuse, but with an open non-judgemental approach. This lets women know they are seen as knowledgeable and invites them to actively participate in planning
interventions (Nixon et al., 2017). It also conveys respect and a commitment to egalitarian practice.

Given the differential access to social and economic resources, and coercive control experienced by women mothering in the context of IPV, nurses should also work with women to address these issues, support their problem-solving and, specifically help them navigate systems. This should be seen as a legitimate role for nurses in all settings. There is an opportunity for nurses to assist women as they engage in everyday acts of resistance to counteract harms such as identifying coercive control tactics, assisting children to deal with the aftermath of abuse, and strategically accessing resources. This assistance can include system navigation which entails having honest discussions about the implications, both positive and negative, of seeking help, and being open to how different structural conditions marginalizing women may influence resource and system access, as well as experiences. Ford-Gilboe et al. (2005) argue that challenges related to service experiences can act as barriers to health promotion. Maddoux et al. (2014) suggests interventions that address problem-solving may help strengthen women’s ability to navigate daily life stressors that arise following IPV. Nurses are ideally situated to assist women in this way. However, the focus of nursing assistance has traditionally emphasized screening and brief response, overshadowing other ways nurses can help (Campbell & Humphreys, 1984). Nurses can assist in various practice contexts such as acute care in hospitals and community based practice settings, including home visiting. Home visiting programs typically focus on promoting child development; improving parenting skills; and preventing family violence, particularly child abuse and neglect; with a more recent focus on reducing IPV (Donelan-McCall et al., 2009; Jack et al., 2017; Powell, 1993).
Home visiting offers a means for nurses to assist women experiencing IPV, by extending the focus of intervention beyond preventing IPV, to understanding the nature/scope of the abuse women experience and helping them navigate and address the daily challenges it creates. Nurses can assist women to address the priorities generated and shaped by abuse. Nurses can situate understanding parenting within a broader frame that recognizes the influence of and relationship between coercive control, structural conditions marginalizing women, and in turn differential access to social determinants of health. Support characterized by collaboration and respect, where the dynamics of abuse, gender and power are taken into account, and the well-being of both women and children are considered together, leads to women feeling like they are experiencing meaningful support (Varcoe & Irwin, 2004). This support will also need to include consideration of what it means to be a ‘good mother’, for mothers, professionals, and systems.

Overall, options and strategies for working with and assisting women mothering in the context of IPV will need to address the complexity of their situations given the nature of IPV they experience; assumptions and ideological orientations to motherhood women are subject to; structural conditions marginalizing women; and the role systems play in helping and hindering women’s resources, safety, and options. Complex interventions that concurrently address both the physical and mental health impacts of IPV, women’s safety, socioeconomic challenges acting as barriers to change, and overall explicitly address the impact of IPV on women’s health, development and lives, hold promise (Ford-Gilboe et al., 2011). Evaluating the effect of the Nurse-Family Partnership programme IPV education for nurses revealed the
complexity of addressing IPV and importance of nurses having a sound knowledge base and being open and non-judgmental (Jack et al., 2021b).

**Implications for Policy**

Policies that support better coordination across systems are warranted to effectively address the needs of women mothering in the context of IPV. They must reflect an understanding of the complex dynamics of IPV that occur within the context of mothering (Humphreys et al., 2006; Nixon et al., 2017) pre- and post-separation. Enhancing access to alternate services such as advocacy and counselling, so referral to child protection is reserved only for abuse of the most serious and chronic nature, as opposed to referring all families to child protection services, can help support women mothering in the context of IPV and their children (Humphreys & Absler, 2011). Community, welfare-based responses have been identified as an alternative that is preferable to mandatory child protection service reporting (Davis & Krane, 2006; Holt et al., 2008; Hooker et al., 2016; Humphreys & Absler, 2011). In cases where child protection involvement is deemed appropriate, service policies and practices can be optimized by requiring any investigations involving women experiencing IPV include working with perpetrators of IPV as well (Alaggia et al., 2013).

The issue of mandatory reporting of children’s exposure to IPV is an important one. In the Canadian context, this is legislated in most Canadian provinces and territories, so careful consideration of how this should be operationalized by nurses in practice is important. Nurses are often caught between what they believe is in the best interest of women and children, and legislative and organizational requirements to make a report to child protection. Jack et al. (2021a) advocates for use of nursing judgement regarding reporting and also in how this can be
done to be respectful of the woman’s experience and maintain the relationship with her. This would enhance protection of children, promote shared responsibility, and encourage recognition that fathers also contribute to, or undermine, child health and well-being. This is particularly important given the continued focus of the family court system on promoting ongoing access of both parents to children.

Abusive partners using custody and access as a means to harass women has been documented for more than thirty years, with scholars calling for change (Chesler, 1991; Greaves et al., 2004; Kurz, 1995; Varcoe & Irwin, 2004; Wuest et al., 2006). Greaves et al. (2004) suggests a discourse of “the best interests of the child” pits the child’s interests against those of their mother (p. 23). Suggested reforms include adopting wider definitions of IPV and child safety and considering its effects in custody negotiations, prioritizing legal services for affected families, modifying policies to address diversity among women experiencing IPV, and greater weighting be given to protecting children from harm than relationship with each parent if conflict arises between these criteria (Kaspiew et al., 2015; Wuest et al., 2006). Recent changes were made to the Divorce Act in Canada including the removal of the “friendly parent rule” and shifting from “custody” and “access” orders to “parenting” orders that may impact women’s experiences moving forward as they engage with a system responding and adapting to these changes (Department of Justice, 2019, 2020).

Implications for Systems

In addition to child protection and family court system improvements, better coordination across systems is also needed. Inequities arise in part from the ways policies and practices in justice, social services, health, and education systems operate, producing patterns
of distribution to the social determinants of health that are inequitable (Gorski, 2016; Varcoe et al., 2014). System responses have been identified as disjointed given their differing histories, cultures and laws (Hester, 2011; Hooker et al., 2016). Coordination and collaboration across systems through close partnerships between family law, child protection services, and community services such as children’s services, violence services, help better support children and their mothers experiencing IPV (Hester, 2011; Hooker et al., 2016; Humphreys & Absler, 2011).

Coordination efforts also need to extend to the health system, so partnerships between health services and family violence services are strengthened (Garcia-Moreno, Hegarty et al., 2015; Hegarty et al., 2016). The health system itself needs to support health care providers by offering ongoing education and training, as well as protocols and guidelines that foster supportive environments (Garcia-Moreno, Hegarty et al., 2015), and opportunities for critical reflection and debriefing. These changes should reflect an equity-oriented approach to mothering in the context of IPV.

**Implications for Future Research**

To improve health and well-being for those mothering in the context of IPV, research with community samples that addresses broader issues is required. Specifically, future research that entails greater consideration of women’s experiences could bring greater balance to the literature. Studying ways of improving responses to mitigate and manage the impact of coercive control on women mothering in the context of IPV through further research is important. This will enable us to improve our understanding of how coercive control tactics men employ evolve and what responses are effective in responding. In this way, the connection
these tactics have to the systems they use to harass and disrupt the lives of women and their children can be better understood and intersectoral interventions developed to respond. Specifically, more research on how men use children to control women and disrupt relationships is needed (Hooker et al., 2016) and what responses, in turn, can effectively mitigate these controlling tactics is needed. Further research on recovery for women and children is also urgently needed, including research that explores what helps women and their children throughout their recovery process (Hegarty et al., 2016).

In order to understand what supports women and their children, understanding what women do to promote their own well-being is needed. To get to that point, nurses need to be a part of the design and testing of interventions with broader foci (e.g., addressing post-separation violence, the bi-directional mother-child relationship and structural conditions) to better understand what interventions are effective. Rigorous randomized control trials and evaluations of primary care interventions that include support, referral, and advocacy are needed to better understand what works in different contexts (Garcia-Moreno, Zimmerman et al., 2015; Hegarty et al., 2016). Research is needed on how custody and access (parenting orders), and the legal process typically required to make those determinations, can be improved (Hooker et al., 2016).

Women’s experiences of mothering and the consequences for women need further exploration as does the mother-child relationship. Although not considered in this study, further exploration of the bi-directional relationship between mothers and children is warranted (Hegarty et al., 2016; Katz, 2015). Research on the bi-directional relationship between mothers and children suggests that parents influence children and children influence
parents (Katz, 2015). Research also acknowledges children’s agency as well as capacity for action and the potential impact this can have on mothers as well as support for one another (Katz, 2015). This bi-directional exploration may be lacking in the literature and practice due to a lack of recognition that women are impacted by mothering. Considering women’s experiences and associated consequences of mothering in the context of IPV, enables meaningful consideration of bi-directional relationship that exists between mothers and children.

Policies and practices increasingly acknowledge the need to address men’s use of violence in order to end violence against women (WHO, 2010). Evidence is lacking for early interventions targeting men who are beginning to engage in abusive behaviour (Hegarty et al., 2016; Williamson et al., 2015). Research examining violent men’s parenting has been identified as a significant global need (Fish et al., 2009; Hooker et al., 2016; Perel & Peled, 2008; Salisbury et al., 2009). Importantly, future research examining fathering in the context of IPV needs to consider the varying social identities of fathers (Hooker et al., 2016), the structural conditions marginalizing them, parenting practice variations, and their differential access to the social determinants of health.

Conclusion

IPV is a difficult problem to solve, resulting in the tendency to approach solutions as though they can be found primarily at the level of the individual. This is especially true of mothering in the context of IPV. The complexity of mothering in the context of IPV suggests a multipronged approach is needed, as well as recognition that responsibility for addressing IPV and its consequences, including for mothers, is shared across society, communities, sectors, families, and individuals. A complex issue such as mothering in the context of IPV cannot be
addressed by ‘a solution’. For women who are mothering in the context of IPV, oversimplified thinking can limit the fit and efficacy of strategies proposed to address IPV. Multiple ‘solutions’ that fit the needs and situations of women and families are most likely needed. Such solutions may act as buffers to limit the impacts of IPV, or stop gaps until other changes occur across various levels potentially, from individual to society.
References


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Kelly U. (2009). “I’m a mother first”: The influence of mothering in the decision-


Appendix A

Letter of Information and Consent

Testing an internet-based safety decision aid for women experiencing intimate partner violence (Phase 3): Exploring Women’s Experiences
“I CAN Plan 4 Safety Study - Phase 3”

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Name of Sponsor:
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Conflict of Interest:
None to declare.

Letter of Information

Introduction:
We invite you to take part in a research study to explore your experiences of using the ‘I CAN Plan 4 Safety’ online tool. We plan to interview about 80 Canadian women from Ontario, British Columbia, and New Brunswick. This letter gives you information to help you decide if you would like to take part in this study.

Background:
Safety planning helps women deal with abuse from a partner but fewer than 1 in 5 Canadian women access help from violence services to assist them in safety planning. The online safety tool that you completed was designed to help women understand their risks and identify actions they could take to deal with partner violence. From women’s answers, we will learn whether the tool helped women take actions to deal with the violence and whether their health improved. We also want to know what it was like for women to use the tool. This information will help us improve the tool’s usefulness for women from different backgrounds and living conditions.

**Purpose of the Study:**
The purpose of this study is to explore how women used the online safety planning tool, whether and how it was useful or affected their lives, and changes needed to improve the tool.

**Who is Eligible to Take Part?**
You can take part if you:
- Completed the 12 month study session of the I CAN Plan 4 Safety study and agreed to be contacted about an interview
- Have an email address that is safe (e.g. your ex/partner can’t access)
- Have a safe mailing address to which the study gift card can be mailed (unless the interview is conducted in person)
- Are able to complete a private interview

**What Taking Part Means:**
If you agree to take part, a member of the research team will contact you using your safe email address to arrange an interview. Normally, we will interview you by phone or by Skype. For reasons such as safety, some women may prefer in-person interviews. This may be possible if women live close to a research office. The researcher will talk with you about which type of interview is best for you. If necessary, she will help you arrange access to a phone, Skype and or a private community place (for in person interviews).

The interview will normally take 30 to 60 minutes. The interviewer will ask you about your general experiences of using the online safety tool, what you liked and did not like, and whether or how it was useful or affected your life. She will also about any problems you had using the tool and how we can make the tool better for women. With your permission, we will audio-tape the interview. We will make a written copy (transcript) of what you tell us. The transcripts will not contain any names or identifying information.

**Voluntary Participation/Withdrawal from Study:**
Taking part in this study is voluntary. You may refuse to answer specific questions. You may decide not to be in this study. At any time, you may leave the study, or ask to have your information removed. By taking part in this research study, you are not waiving any of your legal rights.

**Possible Risks:**
The risks of taking part in this study are small. You may become upset if some questions remind you of painful experiences of abuse. If you become upset, the interviewer will stop the interview. You can decide whether you want to answer more questions. You may also become upset after the interview is over. The interviewer will talk to you about common signs of stress and ways of managing any distress you feel. If you wish, we will give you information to help you find counselling or other support services.

Your (ex)partner might become angry if that person learns that you are taking part in this study. We will try not to increase your danger. We will only contact you in the ways that you tell us are safe. We will not tell anyone else why we are contacting you.

**Possible Benefits:**
You may not benefit directly from taking part in this study. Talking about the online tool may remind you of actions or services that might help you. What we learn in this study may help us improve the online safety planning tool for other women who are experiencing abuse.

**Confidentiality of the Information You Provide:**
The information you provide is confidential. The only exceptions are if you tell us about current abuse of children or abuse from a registered health care provider (such as a doctor or nurse), or if you are at risk of harming yourself or others. In these cases, by law, we must share this information. If we are going to share this information, we will talk to you about this first.

If you take part, you will be given a study ID number. Your answers to interview questions will be saved using this ID number. Your name or other identifying information will be saved on a secure server at the University of Western Ontario, separate from your answers to the interview questions. When we make a written summary (transcript) of your interview, we will remove your name or any other identifying information.

All study information will be stored in a locked cabinet at The University of Western Ontario and/or in secure computer files. Only the research team will have access to these files. Audio-recordings will be destroyed after a written copy (transcript) has been made. Copies of these transcripts will be sent by email to research team members outside of London so that they can help review and analyze them. Transcripts will be kept for at least 5 years so that we may use them for other studies. After that time, computer files will be deleted and paper files shredded.

Representatives of the University of Western Ontario Health Sciences Research Ethics Board may look at the study records or access your research information to make sure the study has followed proper laws and guidelines.

What we learn in this study will be shared in research journals, magazines, newspapers, public talks and on the study website. No names will be used in sharing the findings. If you are interested in the findings, please go to the study website (www.icanplan4safety.ca) for updates.

**Costs and Compensation:**
There is no cost to taking part in this study. To thank you for your time, you will be offered a $30 gift card. You may keep this money even if you do not complete the interview. We will also pay $20 to help with childcare costs needed to take part in this study.

Consent:

If you agree to take part in this study, please tell the researcher. She will record your consent on a form which we will keep in our office.
Consent Form

Project Title: Testing an internet-based safety decision aid for women experiencing intimate partner violence (Phase 3): Exploring Women’s Experiences “I CAN Plan 4 Safety Study - Phase 3”

Investigator’s Name: Dr. Marilyn Ford-Gilboe

I have read the letter of information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Participant’s Name (Please Print): ______________________________ Date: ______________________________

Person Obtaining Informed Consent (Please Print): ______________________________ Signature: ______________________________

□ Consents to audio-recording of the interview
Appendix B

Interview Guide

Initial Questions Specific to My Study

What has it been like for you as a mother dealing with violence?
  •  How has being a mother affected the way you deal with violence?

How has being a mother influenced what you identified as being most important to you during the priorities exercise (the exercise with the sliders)?

How has being a mother influenced the way you think about current concerns related to things like personal safety, family safety, and longer term plans for the future?

What opportunities and/or challenges has being a mother and dealing with violence, created for you in terms of meeting your own personal needs and those of your family?

What were your thoughts about the action plan focused on child safety that you were given?

Follow up Questions Used as Interviews Evolved

  •  How has being a mother influenced what you identified as being most important to you during the priorities exercise (the exercise with the sliders)?
  •  How has being a mother shaped your thoughts and feelings about the action plan?
  •  What were your thoughts about the action plan focused on child safety that you were given? What did you think about the suggestions in the plan?

Revised Interview Guide

Introduction:
Thank you for agreeing to talk to me today. I am interested in learning more about your experiences of mothering through intimate partner violence and making decisions about what is best for you and your family. I’d like to start by asking you about what’s important in your life, how you make decisions and then ask you about how the online tool influenced this process.

Exploring Women’s Priorities:
Women are often juggling many different things in their lives.
  (Examples: paid and unpaid work; volunteering; relationships with friends, family, partner; self-care; personal goal achievement; caring for children, family, friends; expectations of others)
Can you tell me of all the things in your life, what’s most important to you?
   Why is (whatever the woman identifies) important in your life right now?
   Do you see (whatever the woman identifies) as being connected to the violence and/or being a mother?
   What has it been like for you to deal with (whatever the women identifies) in your life?
   [For women in the intervention group: How was it completing the exercise with the sliders where you had to choose what’s most important to you? If women talk about it being hard, ask what made it hard.]

**Exploring Women’s Decision Making:**
What are some of the tough decisions that you have had to make?
   What about it was hard, why was it so difficult?

**Exploring Women’s Safety Planning?**
What are some of the things that you've done to keep yourself safe? Your kids safe?
   What are some of the things you’ve done to help you and yours kids have a better life?
   Have these things improved your health? If so, how?
   How did you learn to do these things?

Have you connected with service agencies?
   How did you connect with these services?
   How was that?

[For women in the intervention and control groups: You talked about using/doing (whatever the woman talks about). Did you use any of the information that came from the online tool? ]

**Wrap up:**
I want to take a minute to think about if I missed some areas and for you to tell me anything else that you wanted to. Is there anything you want to add?
Appendix C

Articles Critiqued in Feminist Intersectional Critique


Kearney, J. A. (2010). Women and children exposed to domestic violence: Themes in maternal interviews about their children’s psychiatric diagnoses, *Issues in Mental Health*


Taylor, P. (2020a). Hunting to feel human, the process of women’s help-seeking for


