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Keeping it together for the kids: New mothers' descriptions of the impact of intimate partner violence on parenting

Kayla Herbell, PhD, RN[1], **Yang Li, PhD,RN**[2], **Tina Bloom, PhD, MPH, RN**[2], **Phyllis Sharps, PhD, RN, FAAN**[3], **Linda F.C. Bullock, PhD, RN, FAAN**[4]

[1]The Ohio State University College of Nursing, 1585 Neil Ave, Columbus, OH, 43210

[2]University of Missouri S235 School of Nursing, University of Missouri, Columbia, MO 65211

[3]Johns Hopkins University School of Nursing 525 N Wolfe St, Baltimore, MD 21205

[4]University of Virginia School of Nursing 225 Jeanette Lancaster Way, Charlottesville, VA 22903

Abstract

Background: Intimate partner violence (IPV) affects 1 in 3 US women with the effects of IPV detectable for several generations. While IPV is known to have significant impacts on maternal-child outcomes, little is known about the mother's perspectives of the interplay between perinatal IPV exposure, parenting styles, and safety strategies.

Methods: This secondary analysis of semi-structured, longitudinal qualitative interview data explored with pregnant women their histories of IPV, their parenting practices, and safety strategies. Data were derived from a randomized controlled trial, DOVE, with 22 interviews from 11 women collected during pregnancy and 12 or 24 months postpartum.

Results: Data were analyzed using constant comparative analysis resulting in three themes: “broken spirit," "I want better for my kids and me,” and “safety planning as an element of parenting.” Women described at baseline having a "broken spirit” due to their experiences with household and family chaos and childhood abuse. However, when mothers ended the abusive relationship, they described a better life and several strategies to protect themselves and their children. During their final interviews, mothers discussed how their lives improved after ending the relationship as well as safety planning strategies they employed like looking for “red flags” in potential partners, struggles with finding trustworthy childcare, and stockpiling money should they choose to end the relationship.

Conclusion: These rich data add new information about how mothers of very young children navigate difficult parenting and safety decisions in the context of lifetime traumatic events and

Corresponding Author: Kayla Herbell, PhD, RN, Assistant Professor, The Ohio State University, Martha S. Pitzer Center for Women, Children, and Youth, 1585 Neil Ave, Columbus, OH 43210, herbell.3@osu.edu.

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provide insights relevant for practice and research with this highly-vulnerable group of IPV survivors.

Keywords

intimate partner violence; parenting; intergenerational trauma; safety planning; qualitative analysis; child rearing

Intimate partner violence (IPV) is a common and serious threat to women's well-being. In nationally-representative data, 1 in 3 US women report experiencing intimate partner-perpetrated physical violence, contact sexual abuse and/or stalking during their lifetime that was serious enough to result in significant impact (e.g., bodily injury, sexually transmitted infection or pregnancy, fear, concerns for safety, post-traumatic stress disorder symptoms, missed work or school, and/or caused her to seek medical care, crisis hotline services, victim advocacy, housing assistance, and/or law enforcement intervention) (Smith et al, 2018). IPV is particularly hazardous in pregnancy, and is strongly associated with adverse outcomes for both mother and child (Alhusen, Bullock, Sharps, Schminkey, Comstock, & Campbell, 2014; Alhusen, Lucea, Bullock, & Sharps, 2013; Delara, 2016; Hasstedt & Rowan, 2016; Shah & Shah, 2010).

While IPV affects men and women regardless of age, race, ethnicity, and socioeconomic status, rates of non-lethal IPV are highest among women of reproductive age (Hahn, Gilmore, Aguayo, & Rheingold, 2018) and those residing in low resourced communities (Capaldi, Knoble, Shortt, & Kim, 2012). IPV is particularly deleterious to children exposed during the perinatal period and early infancy (Casanueva & Martin, 2007; Lannert, Levendosky, Bogart, 2013; Waters, Hagan, Rivera, & Lieberman, 2015), even after violence has ended (Alejo, 2014). Despite this, remarkably little is understood about how abused pregnant women and new mothers actually navigate parenting and make decisions about well-being, relationships, and safety for themselves and their children. Therefore, the purpose of the present paper is to describe experiences of IPV and how such experiences shaped women's early childhood parenting, from the perspective of a sample of young rural and urban abused women from low-income households.

Background

IPV and the Influence on Children's Health

In terms of IPV prevalence by age, women of reproductive age are a particularly vulnerable group (Bailey & Daugherty, 2007; Black, 2011; Devries et al., 2010), and an estimated 3.7-9% of pregnant women experience IPV (Hahn et al., 2018). IPV exposure during pregnancy has many adverse physical sequelae including gynecologic disorders (Delara, 2016; Hasstedt & Rowan, 2016), pregnancy complications, and adverse neonatal outcomes (Alhusen et al., 2014; Alhusen et al., 2013; Shah & Shah, 2010). IPV exposure also significantly affects children, with potentially long-term effects on child health and psychosocial well-being (Evans, Davies, & DiLillo, 2008; Wathen & MacMillan, 2013).

For example, children of IPV survivors are at an elevated risk for adjustment problems, including internalizing behaviors (e.g. depression, anxiety) (Field, Muong, & Sochanvimean,

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2013; Miranda, de la Osa, Granero, & Ezpelta, 2013) and externalizing behaviors (e.g. oppositional defiant disorder, conduct issues) (Kobak, Zajac & Smith, 2009;Miranda, de la Osa, Granero, Ezpeleta, 2011). The perinatal period and early infancy are especially vulnerable times in terms of IPV effects upon children (Casanueva & Martin, 2007; Lannert et al., 2013; Waters et al., 2015). Long-term adverse effects may still present among children even if maternal exposure to violence ceases (Alejo, 2014) or occurs before their birth, or even potentially before their conception (Dekel, & Goldblatt, 2008; Fenerci & DePrince, 2018; Knight, 2017).

Social Inequity and IPV

IPV is a public health issue ingrained in the norms of society and has evolved over time to be defined as a crime that accounts for significant societal costs as well as a considerable cost to the welfare of women (Alves, Manita, Caldas, Fernandez-Martinez, Gomes da Silva, & Magalhaes, 2019). While IPV is a highly gendered form of violence where women are more likely to be victimized then men, both males and females are affected and anyone, regardless of gender, can be a perpetrator or victim (Reed, Raj, Miller & Silverman, 2010). Low resourced communities are at an increased risk for experiencing violence as compared to wealthier communities due to an imbalance in power, resources, and social capital (Benson, Wooldredge, Thistlehwaite, & Fox, 2004). Poverty is defined as households with earnings below what is necessary to cover basic needs (United States Census Bureau, 2018).

IPV and poverty are intertwined, in that economically disadvantaged women are at an increased risk for abuse and abuse can also make women more economically disadvantaged (Davies, Ford-Gilboe, & Hammerton, 2008). Again, while IPV affects men and women regardless of age, race, ethnicity, and socioeconomic status, rates of non-lethal IPV are highest among women residing in low resourced communities (Capaldi et al., 2012). Living in poverty creates substantial vulnerability that makes escaping poverty and the violence associated with it near impossible (Gillum, 2019). There are also higher rates of violence in low resourced communities because of lack of resources to support women and children, inequities in police responses to residents of low resourced communities and the disproportionate amount of stress in these communities (Columbia University Mailman School of Public Health, 2016). Low resourced communities can be rural or urban and the individuals who reside in low resourced communities are exposed to severe and frequent stressors (Columbia University Mailman School of Public Health, 2016). These stressors may include poor housing conditions, high rates of unemployment, limited social capital, limited access to basic necessities, police brutality, and physical and social disorder (Benson et al., 2004; Franzini, Caughy, Spears, Fernandez Esquer, 2005). These conditions and lack of resources are inherently stressful and IPV may be associated with this stress (Cosner, 1967).

Social inequities and structural violence are additional mechanisms in which low resourced communities experience disproportionate rates of IPV (Willie & Kershaw, 2019). Social inequities and structural violence are closely intertwined (Farmer, 2004). Social inequities refer to dominant group privilege (Rosette & Punkett Tost, 2013) and structural violence refers to the violence that is deemed acceptable by governing bodies and other high ranking

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authorities (i.e., dominant group privilege) that is reproduced by people in the community towards each other (Farmer, 2004). Social inequities and structural violence are rooted in socioeconomic status, race, and class (Farmer, 2004). Racism and a blatant disregard for those in low-resourced communities by those who are privileged in society underpin many of the issues of access to resources in low-resourced communities (Farmer, 2004). For example, for some women who end abusive relationships, they may not have the social positioning, education, or power to access the resources that may facilitate ending the relationship safely or access to housing which make ending the relationship more difficult and increase the chances of additional violence being perpetrated (Clough, Draughon, Njie-Carr, Rollins et al., 2012; Mallory, Dharnidharka, Deitz, Barros-Gomes, Cafferky, Stith, & Van, 2016;Reed et al., 2010; Santana, Raj, Decker, La Marche, & Silverman, 2006).

Theoretical Framework

Application of the socio-ecological framework is useful understand the individual and social influences on IPV (Ali & Naylor, 2013; Brofenbrenner, 1977). The framework has four levels all of which are intertwined and influence IPV: individual, relationships, community, and society (Brofenbrenner, 1977). Within the individual level are personal factors that individuals are born with (e.g., gender, psychological disorders) and factors that they acquire over time (e.g., education, income) are encompassed. For example, early experiences of violence and marital conflict in one's parents is often associated with perpetration of violence later in life (Eriksson & Mazerolle, 2015). The next level, relationships, includes one's social network, including family and intimate partners.

In the case of women who are victims of IPV, the act of mothering is a buffer against the effects of IPV (Levendosky, Huth-Bocks, Shapiro, & Semel, 2003). In the community level, the physical residence and neighborhood are involved. Studies have found that neighborhood characteristics (e.g., attitudes toward IPV) and neighborhood's access to resources significantly influence the rates of IPV in communities (Beyer, Wallis, and Hamberger 2015). The final level of the socio-ecological framework is the societal level, characterized by larger structures and norms. Societal norms that perpetuate IPV including that violence against women is acceptable (Gabriel, Sloand, Gary, Hassan, Bertrand, & Campbell, 2016) are reinforced by a lack of legal action against perpetrators as well as minimal funding granted to resources for survivors (Gillum, 2019).

Purpose of the Present Study

It is clear from the existing literature that violence and trauma exposure for women are both common and severe, and have a substantial impact on women's well-being and health, and that of their children, even for (and perhaps particularly for) very young children. Despite this, gaps in the literature remain regarding how pregnant women and new mothers navigate parenting and make decisions about well-being, relationships, and safety for themselves in their children in the context of socio-ecological factors and trauma histories. Better understandings of parenting in the context of IPV exposure from the perspective of survivors themselves have potential implications for prevention and the design of future interventions to prevent or decrease the risk for adverse outcomes and future trauma exposures among mothers and their children. Therefore, we conducted the current study, a secondary analysis

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of qualitative interviews with rural and urban low-income pregnant women who were survivors of current/recent IPV and were followed longitudinally for 12-24 months after birth of their infants —to explore participants' perspectives on their experiences with IPV, their parenting styles, and their safety strategies.

Methods

This qualitative investigation is a secondary analysis of interview data collected as part of a multi-site randomized controlled trial, Domestic Violence Enhanced Home Visitation Program (DOVE). The purpose of the parent study was to test a home-based intervention for pregnant women who were being abused or had a history of abuse (PI Sharps, NIH/NINR grant NR009093). Briefly, pregnant women were recruited from an urban site on the east coast and one rural location in the Midwest United States. The intervention consisted of a structured IPV empowerment intervention during perinatal home visitations. The full methods of the parent study are described elsewhere (Bhandari, Bullock, Anderson, Danis, & Sharps, 2011). The parent study received Institutional Review Board approval.

Parent-study Procedures.

To be eligible for the parent study, participants were: a) pregnant, at less than 31 weeks gestation, (b) current or past-year IPV survivors, (c) English speaking, and (d) enrolled in a perinatal home visitation program. A total of 87 women separately consented to qualitative interviews, conducted at baseline (during pregnancy), 3, 6, 12, and 24 months post-delivery. Research team members with experience working with IPV in clinical settings were trained in qualitative interviewing before beginning the interviews. Interviews were conducted in the participants' homes or a convenient location of their choice, with safety precautions in place.

A semi-structured interview guide was used to elicit participant responses. All questions were open-ended; probes were used to elicit a richer description, as needed. Questions were not always asked in the same order because the purpose of the interview was to have women tell their own stories; however, all questions were asked for each participant. Interview questions centered around the following content areas: support persons for the mother, incidences of IPV, resources accessed (i.e. shelters), actions taken after IPV, child witnessing IPV, child's relationship/visitation with the father, mothers bonding with child, child's developmental milestones, mothers hopes for child's future, mothers lessons to the child about IPV, strategies to cope with IPV, strategies to keep self and child safe. Interviews were recorded and transcribed verbatim and lasted from approximately one hour to over two hours in length.

Secondary Analysis Procedures.

For the current study, we analyzed baseline (during pregnancy) interviews and final (12 or 24 months) interview transcripts by open coding the data. The sample size was determined by data saturation, meaning the sampling and analysis continued until a rich, comprehensive, and deep representation of the phenomena of interest in this study was obtained, and themes were replicated across participants (Morse, 2015). Data saturation was attained at 22 interviews with 11 women who were randomly selected from the baseline interviews

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(conducted after enrollment in the parent study and before delivery); the timing of their final interview varied between 12 to 24 months post-delivery. In total, data from 11 baseline, four 12-month, and seven 24-month interviews were analyzed using NVivo 12 software to facilitate the organization and analysis (NVivo, 2018).

Data were analyzed using constant comparative analysis (Glaser, 1965). Although the intent of this secondary analysis was not to develop a grounded theory, the methods associated with grounded theory applied to the analytical goal of understanding processes of responding to IPV as well as identifying parenting styles and safety strategies influencing those processes. First, all transcripts were read in their entirety to get a sense of the whole story for each participant. Second, the interviews were read a second time, and phrases or passages in the text were assigned an initial label or "code" that seemed to reflect the focus of that passage. These codes were "in vivo," that is, they were often words directly used by the women, such as "scared," and "don't want to talk about it," without an attempt to assign meaning or suggest an abstract interpretation. Three hundred and fourteen “in vivo” codes were identified. They represented the first step in keeping the data grounded in the stories of the women. For example, the passage “ I was scared if anybody went after him that he would end up coming after me,” was coded “scared of making it worse.”

The third step of the analysis was to group similarly coded passages together into broader categories. For example, the following codes were collapsed into the category "elements of the safety plan": child custody, coping with IPV, the cycle of abuse, the health of the child, lack of trust in child's father, ending the relationship quickly, being safe. This step resulted in 45 codes. Next, these codes were collapsed into more conceptual categories through a process of reading and re-reading multiple codes together to identify linkages, contrasting meanings, and relative importance to the overall understandings of the categories (Glaser & Strauss, 2017). This resulted in a final group of eight categories. These eight categories and the data associated with them were reviewed again for linkages and contrasts, to aid in the definitive identification of the three major themes presented in the analysis below.

Trustworthiness was addressed in several ways. Several members of the parent study provided input into the interview guide. Before interviews, interviewers attended a day-long workshop on qualitative methods. Furthermore, all interviews were audio-recorded and transcribed verbatim, with coding conducted by multiple team members. As codes developed, other team members were consulted, and definitions developed to ensure data consistency.

Results

Demographic Characteristics

Most participants were young (18-24 years old, *n*=6), single (*n*=6), African American (*n*=6) women. The majority of participants resided in a rural setting (*n*=7) and had more than one living child (*n*=7), about half completed some college or trade school (*n*=5), and most were unemployed (*n*=9). Table 1 displays the baseline demographic characteristics of the sample.

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Results will be presented in the order in which they occurred, meaning, the theme that emerged from the baseline interviews will be presented first followed by the themes that emerged from the final interviews at 12 and 24 months. The first theme that was elicited from the baseline interviews was “broken spirit,” characterized by a rich description of the participants’ childhood relationships in their families of origin, prior experiences with abuse, and other adult relationships that were meaningful to them. The second theme, “I want better for me and my kids,” was uncovered in the final interviews and is characterized by the participants’ descriptions of their parenting practices and examples of situations in which the child’s needs were prioritized over the mother’s needs. The third theme from the final participant interviews was “safety planning as an element of parenting” because women consistently mentioned strategies for protecting themselves and their children.

Theme One: “Broken Spirit”

Participants were asked at baseline to describe their current thoughts about the history of the family fighting, foster care experiences, and childhood abuse. As one said, her “spirit was broken;” (229) this sentiment was echoed by several others regarding past experiences leading to a "beating down" (220) of their emotional fortitude, negatively impacting their ability to cope in the present. Other participants’ stories were examined for possible illustrations of this notion of “broken spirit.” Many talked about emotional fatigue, internalizing thoughts of "being nothing" (204), and "not worth anything" (600). One said, “I just didn’t know what to feel. I wondered if that’s what my mother [went through]” (602). Broken spirits were also characterized by a tone of resignation and a lack of surprise that this had happened to them. As one participant stated, “I have been going through this my whole life. I have been fighting my whole life. I feel like, literally my whole life, because my mother was abused for 15 years” (229).

For another participant who was molested as a child and had been abused by her first husband, she summed it up as having endured a lot of negative experiences: “… I have been through a lot. I’m only 24, so I’ve been through a lot” (222). Being exposed to parental fighting at an early age took its toll as another woman said:

> “My earliest childhood memories was fighting going on all around me. I was three years old. My parents used to fight all the time. And I told my mother, I said, ‘ I've been fighting all my life one way or another.' And I'm tired. At 35, I need some peace” (229).

There were expressions of anger, for not having seen the abuse coming, for trusting their partner. One participant felt she had been tricked, despite her efforts to shield her children from domestic violence that she had seen as a child. Further subcategories of this theme included making sense of abusive episodes, a sense of anger and resolve, no choice but to deal with it.

Making sense of abusive episodes.—In telling their stories of growing up in disruptive and troubled families of origin, the participants recounted their reactions to the abuse in their adult relationships. Participants described what it was like to live through abuse in the past, and in particular, what it was like to witness abuse against their mothers

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and how seeing those past abuses affect current relationships. One participant stated, 'because my mom's been abused [punched, stabbed, shot at, bottles broken over her head], so much, I try to keep it from getting to a physical situation" (613). Others tried to take guidance from what they saw their mothers do:

> "I have seen my mother get the crap beat out of her quite a few times with her numerous boyfriends. And I didn't – I mean not that that's what I want for myself, but my mom made it through all that" (606).

Another participant stated:

> "I felt scared, and I would feel frightened and I sometimes I just didn't know what I should do. And then sometimes I would feel like it was my fault that my family was going through the things that they were going through" (600).

Counseling helped this participant to see that "nothing's your fault; this was not your fault. This was all on him" (204). But it was not a straightforward process; as she went on to say, "there was a point to where I was really upset about it, if I could have done this, then, or if I would have done that, then everything would be fine, and it was my fault" (204).

A sense of anger and resolve.—In women's stories, it was evident that the severity of their experiences stayed with them over the years and remained a substantial part of the present-day family relationships, as they made a direct link to their current relationships with their partners. Women reviewed past family relationships and remarked on how much they had experienced at a very young age. For some, they concluded that they would control and change their lives. For example, one participant, who witnessed her mother being abused, said: "Fighting has been one of the main memories of my life. I remember fighting. I remember helping my mother, getting my father off of her. And I am 39 years old, and I am not going to go through it" (229).

"No choice but to deal with it."—For some participants, they felt their spirit had been broken, but only for a while; then, they were able to get past it and deal with the abuse. They decided that they would not repeat this unhappy life for themselves or their children. As one participant who had witnessed her mother getting beaten, adamantly stated, "that's not what I wanted for myself (606). They spoke in the past tense: "I ended up leaving him too, just because I became one of those 'oh, I ran into a wall. I did this.' And I didn't want to keep going through this" (606). For one participant, she talked about how she had "been through the gambit," (600) including abuse by her ex-husband, who hit her one week into the marriage. She described her journey through this emotional fatigue to making a decision, "I had sense at age 18 to know that I never wanted to go that route again" (229). She had witnessed parental fighting since age three and described a "broken spirit" (229), but was able to find strength to say, "because of the things I have seen in my life with the men in my family, and even some of the women, I don't put s*** past nobody" (229). Another participant who had been in an abusive relationship at age 19 and described the daily abuse in that relationship as "normal," also had several severely abusive relationships as an adult. Over time, she adopted an attitude of, "I got tired of it. That's when I realized he wasn't going to change. There was no choice but to leave. Otherwise, I would be worse off" (642).

It was not clear what exactly led to this new attitude, other than recognition of a pattern across cumulative experiences of abuse, motivating her to end the relationship.

Theme two: I want better for my kids and me

At 12 and 24-month interviews, the first question typically asked of participants was “what has changed since the last time we spoke?” In this phase of their lives, many were either single, having ended their relationship, or in a new relationship. Participants described prioritizing their child’s needs by either making amends with the child’s father or not allowing the child to see the father even if it meant added responsibility on her. Participants also described that regardless of paternal involvement, they ensured their child was not exposed to fighting and arguing. Women also described parenting in the context of abuse. Mothers’ lessons for their children differed based on the child’s gender with lessons for female children based on respect for self and lessons for male children based on respect for others. All reported they did not condone violence, yet a subset reported the use of corporal punishment.

Prioritizing the child’s needs.—Several participants at their final interviews indicated they had ended their relationship with their abuser and child’s father, yet, in a few cases, the father remained active in the child's life. One participant stated, "it's not my son's fault what happened with me and him, with me and his dad. My son has nothing to do with that" (606). Others shared similar sentiments: “I would never take him from his kids” (222) or “we try to keep it together for the kids” (613). Women who allowed their children a relationship with the father did so because they felt it would benefit their child: “[We are going to be her] parents forever we have to have some sort of mutual understanding forever, and we have to learn how to respect each other forever” (229). One referenced her experience with her father stating, “I know who my dad is. I want my son to know who his dad is” (606). Conversely, most women reported they did not allow paternal contact due to safety concerns. When asked about this, one stated, “the baby is the most important thing next to yourself, and if it’s not good for you it’s definitely not good for them” (220).

Regardless of father involvement, mothers described censoring behaviors and language in front of children. One reported she ended the relationship with her partner because she was not “gonna allow her to see her mother get beat on, and I’m not gonna allow her to go through it” (220). Similarly, many reported not allowing arguing in front of the child (i.e. “We don’t argue in front of him” (609)) or strategies to avoid arguments or confrontation when children were present (i.e., "I come in the house and shut my door, and that’s it" (204)). One stated that to protect her children, she did not allow them to see her upset: “I do hold it together for my kids and then, you know, I do lose it sometimes but I’ve got to keep myself really busy, that way I don’t have to think about it” (613). Another said she did not allow her children to see arguing or fighting “so…he doesn’t continue the cycle of violence and, and do what he may or may not have seen or heard his father, seen his father, or heard his father say. So that he doesn’t continue in that pattern” (602).

Parenting in the context of abuse.—Participants described their parenting methods and deliberations on what lessons to teach their children in the context of abuse. One

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stated,"I'm trying not to let my insecurities rule my parenting" (220). Mothers struggled with what from their own experiences they should share with children and what lessons to impart from them. With older children, mothers described sharing age-appropriate experiences of IPV but also struggled with protecting them. As one said, “I don’t want to trouble them with my worries. I don’t want to burden them with it at all” (603). While it was difficult for mothers to put into words their experiences, all reported they needed to teach their children and set examples demonstrating the “golden rule,” or as one woman put it, “you treat people with respect and that you’re kind to them, and you treat them how you want to be treated” (602).

Interestingly, participants had different lessons for children based on the child’s gender. One woman said,

> “If you have a son and they see you, you know, get, being abused they’re gonna abuse their woman when they get older. And then if you have a daughter, they’re gonna think that a relationship is supposed to be violent, that they’re supposed to be hit on, you know, and that’s how they’re gonna live their life is getting hit on. You don’t want your kids to grow up like that” (606).

This thought was echoed several times throughout interviews with lessons for daughters like respecting herself, being a strong, independent woman (i.e., "don't need a man" (220)), having confidence in herself, and forming her own opinion. Lessons for sons included respecting others and not “tolerating hitting anyone” (222), talking out problems instead of resorting physical violence, and treating everyone and anyone with respect no matter “the point of life [they’re] in” (602).

Theme three: safety planning as an element of parenting

Women often described being on the lookout for “red flags” from people from all aspects of their lives, including partners, potential partners, friends, and the community. Similarly, women also mentioned taking measures to ensure their child’s and their own safety and described a pervasive skepticism, caution, and lack of trust. They often described elements of safety planning, ranging from locking the doors, to stockpiling money, to plans to end the relationship and leave their home quickly if danger was present.

Looking for “red flags."—A prominent practice mentioned by women after they had ended their relationship was looking for warning signs of potential violence with a new partner. Several women used the phrase “red flag” (220;222;602;613;628). One woman recollected that a previous partner was “kind of pushy” and after a month and a half of dating “he was like offering the keys to his house” which made her “back off’ (220). Similarly, another reported, “if I'm like in an argument somebody and they get more mad than I do, that's definitely like a red flag for me" (613) Several women identified similar red flags in potential partners, including aggression, drinking a lot or using drugs, signs of self-esteem issues, “power struggles” (602), or controlling behavior.

Motivation for the safety plan: lack of trust in others.—Many women reported their children had witnessed a range of violent behavior between her and her partner, most often

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in the form of arguing and physical abuse. For example, one participant's son witnessed his father choking her, and another's child witnessed his father "pick me up by my neck and [throw] me down" (609). Because of these events and other undisclosed acts of violence, women reported feeling "skeptical about who keeps [their] children" (220). Every single woman brought up feeling skeptical of others and challenges with entrusting others to care for her children. Many mothers reported that they could only leave kids with specific people and describe themselves as "very overprotective" (220). Mothers also described behaviors that isolate themselves and their children. One mother reported that she has "no friends" (222), while another mother says that she isolated herself and her child from family members that aren't trustworthy. Another participant reported she had such a lack of trust in others and that she did not even take her child to the park. Another mother said that "at one point in my life where I didn't feel safe around people at all and I didn't trust. Nobody was allowed in our home" (220).

Elements of the safety plan.—Several women alluded to a formal plan to keep themselves and their children safe. A prominent feature was not disclosing where she and her family lived. One woman who was filing for divorce shared that "I didn't feel comfortable with him knowing where I lived, so I told him that I would meet him at a gas station near the exit off of the interstate" (602). Women described a variety of other safety strategies, e.g., locking the door upon entering, not associating with any mutual friends of the previous partner, changing personal phone number often, making copies of important papers, and having two sets of car keys. One woman reported that she "used to sleep with a knife" (229). The most common safety plan element was taking measures to secure financial resources and employment. Women reported stockpiling money and trying to find stable work so they could have emergency savings to facilitate ending the relationship. Others said that no matter the amount of money in the savings account that just having emergency savings mattered: "even if it's just five bucks here, three bucks there. I mean, it'll help out, definitely for sure" (609). The same woman set up a trust fund for her daughter in case anything ever happened to her while another revealed she kept "a little jewelry box that you can like lift it up, like lift the bottom up and I'd put like money and stuff in there and I'd hide it" (609).

Women also consistently reported that they engaged in custodial and supervisory arrangements as a part of safety planning. Women reported that they were constantly checking on their children when not in their own care, even if it meant speaking with her former abuser. One described that the only time she spoke to her child's father was when the father verifies her child's whereabouts. Many mothers required supervision when ex-partners were visiting children. One woman said, "my mom has to be there, and they have to, he has to stay outside in the back yard with him" (609), while another woman wanted to supervise visits between her children and ex-partner herself. She said," I don't want him around, around him not unless I'm there cause I could see with my own eyes what's going on" (204). Some women also reported that an element of their safety plans was filing for sole custody of their children. One woman was confident that she would be granted sole custody "because I know that my environment is way more stable than his ever could be, and I was a victim in the abuse, not the assailant" (602).

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For the minority of women currently still in an unhealthy relationship, they spoke of a plan and strategy to safely end the relationship. A few discussed filing for divorce while some had to take more drastic measures in the form of police involvement and court orders. One recounted that she had to call the police on her ex-partner several times and planned to "call the police every time he come around" (204). Some planned to end the relationship on short notice: "I will get me an airplane ticket or will catch the Greyhound for all I care. If I have to go today, then I will be going today" (220). Even more common was that women often spoke of housing and neighborhood safety as an element of safety planning. Women talked about frequent housing changes which were in part due to financial struggle, but also an aspect of safety planning. Women were living in relatively unstable and sometimes unsafe housing conditions and voiced concerns and desires to move. For example, one woman stated that the trailer park she was living in was "not necessarily sanitary conditions to live in, and people getting arrested and things like that just, it's not an environment where I want [my child] to grow up" (600). Others commented about their neighborhood like "this is not the best neighborhood" (602) or "there's arrests, or there's drugs" (600), and one woman reported several burglaries to her home. She stated "the first week that I lived there my son's bike was stolen off of my front porch, my house was broken in several months later, and an entertainment center that I hadn't brought inside the garage was stolen off of my front porch, all within a year" (602).

Discussion

This study with young mothers who were survivors of IPV, provides a unique contribution to the literature because of the extensive interviews, longitudinal design, and the qualitative methodology that allowed for a rich description of participants' characteristics, perspectives and parenting practices. It is vital that researchers, clinicians, and policymakers alike recognize the individuals, relational, community, and societal factors that heavily influence women's parenting, help-seeking, and safety strategies.

The first theme, "broken spirit," characterized by a pervasive breakdown of emotional fortitude describes the lifetime of marginalization that these women have experienced. From a socio-ecological perspective, individual-level characteristics that our study sample embodied that posed a risk for IPV included childhood exposure to abuse and violence, young age, single and economically disadvantaged (Capaldi et al., 2012). Compared to non-abused women, IPV survivors have higher rates of childhood experiences of neglect, and trauma, including witnessing partner abuse as a child (Aparicio, 2017;Trickett, Noll, & Putnam, 2011). In our study, participants reflected on their personal history of traumatic events with experiences ranging from beatings, childhood sexual abuse, and violence against their own mother with feelings like worthlessness, resignation, and emotional fatigue elicited.

In terms of age, women who are of reproductive age are particularly susceptible to IPV (Black, 2011; Devries et al., 2010). Our study sample was comprised of young mothers under the age of 34, with the majority under the age of 25. There is significant stigma with being a young mother as young mothers report poor treatment from others and being characterized as inept and irresponsible (Lewis, Scarborough, Rose, & Quirin, 2007). While

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unexplored in this study, it remains possible that this sample of mothers perceived stigma related to their age, which may have magnified the isolation they felt. The study sample was largely unemployed, with all participants living in low resourced urban or rural areas. Economic disadvantage plays an essential role in ending an abusive relationship, as many women remain in abusive relationships due to financial dependence (Jim & Gray, 2008). Statistically, many women end their relationship; however, the process of ending a relationship is often lengthy and after a culmination of gradually more violent experiences (Flasch, Murray, & Crowe, 2017). All of the study sample was pregnant at baseline, with some women having other children, meaning that potential barriers to ending the relationship could be assistance with childcare or a lack of housing for larger families.

The participants conveyed that they had no choice but to deal with the abuse. One of the many reasons they may not have felt they could end the relationship was housing, as IPV survivors are at a heightened risk for housing instability or loss compared to those who have not experienced IPV (Dichter, Wagner, Borrero, Broyles, & Montgomery, 2017). Housing is a top priority for survivors (Sullivan, Lopez-Zeron, Bomsta, & Menard, 2019) as housing is the first step in healing from the trauma of abuse (Clough et al., 2014). Permanent housing also allows children to feel less stressed and more stable, and establish a routine during a transition (Bomsta & Sullivan, 2018). Barriers to housing that our study sample may have encountered include a lack of housing in rural areas, lack of fair rent in urban areas, as well as landlord discrimination (Clough et al., 2014; Gezinski & Gonzalez-Pons, 2019).

Survivors of IPV are often left feeling powerless from multi-level abuse and neglect from their partner, community, and society. To begin to remedy this injustice, Kulkarni (2019) argues that when working with marginalized groups and especially survivors of IPV that the following four principles must be present in interventions. power sharing, authenticity, individualized services, and systems advocacy. To share power, researchers and clinicians must recognize the inherent power imbalance between survivors and society and prioritize the self-identified needs of survivors (Davies & Lyons, 2013). Authenticity is present in interventions when relationships with providers and researchers are grounded in trust and are culturally sensitive (Davies & Lyon, 2013). Individualized services are essential to intervention work when treatment tailored to the survivor's needs, goals, and preferences (Kulkarni, 2019). Finally, systems advocacy is an integral component of interventions for survivors (Kulkarni, 2019) as systems advocacy targets structural violence and often results in a change in the social climate for which survivors were once abused. For example, systems advocacy that would leverage the social inequities young mothers face could include policies that prevent housing or insurance discrimination for survivors or programs that offer accessible skills training or other education for women from low-resourced communities.

In line with Kulkarni’s (2019) four principles above, permanent supportive housing is an intervention that allows women to be independent in housing that is affordable, safe, and accessible (Hannigan & Wagner, 2006). Given the critical role of socio-ecological facrors in women's decision making, researchers and policymakers need to collaborate to generate interventions that are consistent with the individual socio-ecological factor (age, socioeconomic status, children) of the survivor. Particularly with socioeconomic status,

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research shows women who are employed and with more education are more likely to Seek help and engage in ending the relationship sooner (Kaukinen, Meyer, & Akers, 2013). Our study sample had some education and most were unemployed, highlighting the additional need for expansion of employment and educational programs, especially in rural areas, to facilitate independence and allow the woman to end the relationship.

In the final interviews, many women had ended their relationships and were making positive changes to enhance the lives of themselves and their children; the theme “I want better for me and my kids” emerged with prioritizing the child’s needs, and parenting in the context of abuse as subcategories. During the final interviews, many women ended their relationships and were experiencing limited social support. Sometimes in the context of violence, being a "good mother" means that the mother must prioritize all of their child's needs over their own needs, e.g., limiting social interaction (Lapierre, 2010). Women in our study also consistently spoke of protective behaviors, with an overt distrust of anyone, including but not limited to their ex-partner, potential future partners, family, friends, and the community. This tended to lead women to isolate themselves and their children from others; for example, one reported having no friends, and another reporting not allowing anyone into her house for a time.

Women in abusive relationships often are left with little to no social support because the basis of many abusive relationships is social isolation in which women are isolated from their social networks of friends and family (Pajak, Ahma, Jenney, Fisher, & Chan, 2014). Self-isolation is a common and potentially unhealthy protective strategy that women who are trauma survivors use (Bloom, Bullock, & Parsons, 2012; Bloom, Glass, Curry, Hernandez, & Houck, 2013; Mahapatra, Kumar, Vellaisamy, 2012). Returning to the socio-ecological framework, participants in our study also heavily relied on their informal social networks (e.g., friends, family) for support. Although the quantity and the quality of IPV related formal services has increased (e.g., shelters, law enforcement), several service gaps remain especially for marginalized women; thus, victims of IPV still opt to rely on informal sources of support (e.g., family, friends) (Goodman, Dutton, Vankos, & Weinfurt, 2005). Outreach to family members, friends, and other members in communities in which IPV is most prevalent is critical in educating these informal support networks on women’s options for ending the relationship safely.

Nearly all mothers spoke of teaching children lessons about their experiences with violence. Interestingly, the mother's lessons corresponded to gender, meaning, female children were told to respect themselves, while male children were told to respect others. While parenting is well-known to be both gendered and gendering –i.e., to vary by gender, and to reinforce gender roles (Bornstein, 2013), some research has found gender-based differences in behaviors and resilience among IPV-exposed children (Bowen, 2015). Societal norms perpetuate the notion that violence against women is acceptable (Gabriel et al., 2016); however, survivors in our study are teaching their children differently which may interrupt the cycle of violence. To address the communities where IPV is most present, community-wide interventions are needed to strengthen neighborhood cohesiveness and create a culture of violence intolerability (Wright, Pinchevsky, Benson, & Radatz, 2015). To create this community-level shift, outreach programs, education, and partnerships between survivors

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and their communities are needed to educate communities and children about the intersection of gender, poverty, and IPV so survivors may experience more social support on the community level.

While mothers in this study endeavored to teach respect, some reported using corporal punishment. It is widely recognized that corporal punishment is ineffective for discipline, and has potential adverse mental health and behavioral outcomes for children (e.g., Gershoff, 2013; Gershoff & Bitensky, 2007; MacKenzie, Nicklas, Waldfogel, & Brooks-Gunn, 2013). However, parenting attitudes toward corporal punishment has been found to vary between men and women, as well as between African American and White parents (Cannon, Ferreira, & Buttell, 2018). Reasons for this difference may be that men are more likely to be authoritarian parents compared to women, a parenting style associated with negative child-rearing practices (Cannon et al., 2018). Furthermore, African American mothers may use corporal punishment to prepare their children for the structural inequities and discrimination that they will encounter in life (Cannon et al., 2018; Simmons, Lehmann, & Dia, 2010). It is conceivable that corporal punishment may be even more detrimental to IPV-exposed children, but little research exists in this area. Research examining perceptions and patterns of use and outcomes of corporal punishment in mothers who have a history or current IPV is warranted. Furthermore, parent training programs that account for socio-ecological factors, namely societal influences such as discrimination are needed (Ortiz & Del Vecchio, 2013).

The third theme elucidated from the final interviews was ‘safety planning as an element of parenting.’ Mothers were on guard for “red flags” that threatened their safety or their children’s safety, did not place trust in others, and actively implemented standard safety plan elements (e.g., keeping their home address a secret, changing personal phone number often, hiding copies of important papers, stockpiling money, keeping two sets of car keys, making plans to end the relationship). Participants also navigated complexities related to economic barriers and co-parenting.

A frequently cited unmet need by survivors and our participants are the economic concerns associated with IPV (e.g., child care, transportation, housing, (Lyons, 2008)) highlighting the need for more programs that can be tailored to multiple contexts. Participants in this study reported stockpiling money to increase the likelihood of successfully ending the relationship. Based on these behaviors, economic empowerment programs, such as microcredit and microfinance programs may improve women's financial stability, improve well-being, and reduce instances of IPV (Glass, Perrin, Kohli, Campbell, & Remy, 2017).

Another significant barrier to a woman ending the relationship is the children as ending the relationship may involve shared custody, co-parenting, or another arrangement (Davies & Lyon, 2013). The entirety of the study sample were pregnant women with some women already having at least one living child. While our study supports that IPV does not impede parenting, the presence of IPV in women and children’s lives complicates parenting (Lapierre,2010). Interestingly many women in our study reported that they were in contact with their child's father for a variety of reasons. While co-parenting in the context of IPV is complicated, research has highlighted that fathers who have perpetrated IPV in the past

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regardless of abuse type, continue to blame, judge, and disparage the mothers which negatively influences the child's well-being (Thompson-Walsh, Scott, Dyson, & Lishak, 2018). In an effort to combat these negative behaviors, Futures Without Violence created the National Institute on Fatherhood and Domestic Violence, a concerted effort of nationally recognized programs. These programs motivate men to abandon their violent and threatening behaviors to become better fathers and co-parents (Futures Without Violence, n.d.). Violence is a learned behavior with many young males learning violent behaviors from their own fathers. Therefore, expanding and adapting the available programs and research regarding fatherhood and IPV is needed. Furthermore, targeted programs on fathers' co-parenting efficacy as well as education for fathers on the impact on their child of ongoing abuse with their child's mother is also needed (Thompson-Walsch et al., 2018).

Societal structures dictate that mothers are to protect their children which often requires them to end their relationship with their partner posing a risk for additional violence that may be deadly (Davies et al., 2008). If the woman cannot or chooses not to end the relationship, then they may be labeled as neglectful, and thus their children may be removed from their custody (Hughes, Chau, & Poff, 2011). This possibility may increase survivors' already significant barriers to using formal support services (e.g., shelters, law enforcement) (Campbell & Glass, 2009; Davies & Lyon, 1998; Dutton, 2004; McFarlane et al., 2004). When survivors are unable to access formal support services they are unlikely to access lifesaving materials such as safety planning resources which can be effective in preventing future violence exposures (Ramsay et al., 2009;Tirado-Munoz, Gilchrist, Farre, Hegarty, & Torrens, 2014). Participants' priorities and safety strategies tended to focus on their children, consistent with other research with IPV survivors demonstrating those who are mothers tend to prioritize children above other considerations in their decision-making around safety (Campbell, Rose, Joan, & Nedd, 1998; Glass, Eden, Bloom, & Perrin, 2010). These findings should inform future interventions and policy approaches to increasing safety for abused women and their children. Future interventions may also shift societal standards by employing safety strategies that include removing the abuser from the home instead of the traditional method of the woman and children "leaving".

This longitudinal, qualitative investigation adds several unique contributions to the literature including the baseline characteristics and trauma histories related to IPV, among a highly-vulnerable and generally understudied group of pregnant women, and their desires, priorities, and safety strategies while their children were very young. While this data has strengths, limitations include that nearly all participants were in the intervention arm of the parent study, a trial of the DOVE intervention, a brochure-based IPV empowerment intervention delivered by home visitors. Participants who received the DOVE intervention experienced a decrease in IPV compared to those in the control condition(Sharps et al., 2016). This intervention may have influenced their understanding of IPV, parenting practices, and safety planning practices, particularly in the follow-up (non-baseline) interview data. Second, this was a secondary analysis with a random subsample of participants; therefore, findings may not be representative of all mothers who experience IPV. Third, because some women in the original qualitative dataset were lost to follow-up at 24 months, and women for the current study were chosen randomly four of the 11 had their last follow-up interview at 12 months. This is a large gap in time and considering that the

majority of the sample was recently out of abusive relationships and at a heightened risk for poly-victimization, it remains possible that those four women lost to follow up were different in ways not evident in the analysis.

Participants in this secondary analysis began the parent study during pregnancy and continued to participate up to two years post-delivery. Many struggled throughout this time frame with severe internal conflict, in addition to the exacerbated challenges of raising a child as a survivor of IPV. The findings of this study illustrate that despite a lifetime of adversity and a variety of socio-ecological factors outside of their control, women with histories of IPV were successfully parenting their child. There is a desperate need for researchers to better understand and incorporate the socio-ecological factors into future intervention and program development.

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Table 1.

Baseline Demographic Characteristics of Sample (N=11).

Characteristics	N	%
Age		
18-24	6	54.5
25-34	5	45.5
Race		
African American	6	54.5
Caucasian	4	36.4
Other	1	9.1
Marital Status		
Single	6	54.5
Married	1	9.1
Divorced or separated	3	36.4
Widowed	1	9.1
Education		
7-9th grade	1	9.1
10-12th grade	1	9.1
Highschool diploma/GED	3	27.3
Some college or trade school	5	45.5
Employment Status		
Employed	2	18.2
Not employed	9	81.8
Location		
Urban	4	36.4
Rural	7	63.6
Parity		
0	3	27.3
1	4	36.4
2	3	27.3