

Strength in Adversity: Motherhood for Women Who Have Been Battered

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La recherche sur la violence envers les femmes dans les relations intimes a commencé à lever le voile sur les expériences de celles-ci. Rares toutefois sont les études qui se sont penchées sur l'expérience de la maternité chez les femmes victimes de violence conjugale; ce projet de recherche visait à traiter cette question à partir de leur point de vue. Nous avons choisi l'analyse explicative comme méthodologie, car cette approche qualitative permettait de conceptualiser les comptes rendus des participantes en tant que récits construits. Nous avons mené des entrevues auprès de cinq mères victimes de violence conjugale. L'analyse a révélé que la violence avait façonné leur expérience de la maternité; elles faisaient face à des problèmes complexes, mais la maternité agissait néanmoins comme tampon contre la violence et comme source de force. Ces résultats approfondissent notre compréhension de l'expérience complexe qu'est la maternité dans un contexte de violence et nous offrent des pistes dans la tâche d'améliorer les soins offerts aux femmes battues.

Mots-clés : maternité, violence envers les femmes

Research into violence against women in intimate relationships has begun to uncover women's experiences of abuse. However, there is a paucity of research addressing women's mothering experiences in the context of partner abuse. The purpose of this study was to explore the experience of motherhood from the perspective of women who have been battered. The methodology used was interpretive description, a qualitative research approach in which the women's accounts could be conceptualized as constructed narratives. Five mothers who had been battered were interviewed twice. Analysis revealed that the abuse shaped their experiences of motherhood and that they faced complex mothering challenges, but that motherhood nevertheless acted as a buffer against the abuse and as a source of strength. The findings extend our understanding of the complexities of mothering in the context of abuse and provide direction for improving health-care support for mothers who have been abused.

Keywords: motherhood, woman abuse, capacity building

Motherhood has long been a naturalized role for women in Western society. Our cultural representations are ever present — from the mag-

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azine aisles to the playground, mothers are inundated with messages about how to be the perfect parent. Critiques of these images of motherhood by psychologists, health-care professionals, sociologists, and so on have been prompted by a recognition that the lived experiences of mothers are incongruent with the romanticized notions omnipresent in society (e.g., Bergum, 1989). Almost 15 years ago, Benjamin (1988) suggested that psychological theory (e.g., Lederman, 1984; Rubin, 1984) was inadequate for articulating the mothering experience. Although theories can be a valuable source of knowledge, strong reliance upon theoretical perspectives can diminish our ability to appreciate the larger context in which women's lives are lived. Women internalize idealized images of motherhood in their daily lives and use them as standards to judge their mothering harshly.

Consistent with these idealized images, mothers are held responsible for nurturing, protecting, and caring for their children at all costs (Ingram & Hutchinson, 1999). In the case of woman battering, they are blamed for failing to protect their children from the direct or indirect violence in their role as nurturer and caregiver (Stark & Flitcraft, 1988). The label "battered" suggests that the woman's experience of motherhood differs from the norm. In the absence of adequate foundations for practice, violence then becomes the lens through which those caring for mothers who have experienced abuse view the motherhood role. Although it may be undeniable that violence contributes to the complexity of motherhood, there is a tendency to pathologize all of a woman's day-to-day mothering challenges as a product of that violence (e.g., Stark & Flitcraft; Swift, 1995). Since the prevailing notions of motherhood and violence have not been widely critiqued, women who experience abuse will continue to be marginalized as a result of assumptions embedded in practice, research, and policy.

We know very little about women's experiences of mothering in the context of battering. However, nursing studies have been instrumental in shedding some light on mothering in abusive relationships (e.g., Henderson, 1990, 1993; Humphreys, 1995a, 1995b). Such studies reveal that mothers who have been battered find it difficult at times to respond to their children's needs, that their children can be a reason for them to remain in or leave the relationship, and that the safety of their children is paramount to them. Their worries about their children include those that are common to all mothers as well as those that are specific to the context of abuse by a partner. Although the literature provides some insight into the experience of mothering, it fails to capture the matrix of influences that pervade the lives of mothers who are battered by their partners. Health-care professionals who come in contact with mothers

who have been battered have an opportunity to support women in unique ways. Yet at present we can only describe mothers' concerns about their children, their decision-making processes, and the nature of their mother-child relationships. Therefore, health-care professionals have an incomplete understanding of the experience of motherhood for women who have been battered.

Purpose of the Study

The purpose of this study was to explore perceptions, among women who have been abused by a partner, of their personal mothering realities, their understanding of the context in which they live, and their understanding of how this context shapes their experience of motherhood.

Methods

Because the complexity of any human experience requires a methodology capable of eliciting a rich description of the subject area, interpretive description guided by narrative inquiry was the method chosen for this study. Interpretive description allows for recognition of the contextual and constructed nature of health-illness experiences in which concern for the experiences of the aggregate includes the individual (Thorne, Kirkham, & MacDonald-Emes, 1997). To augment this methodology, narrative inquiry was used to guide data collection and analysis. Narrative inquiry is grounded in the understanding that meaning is contextually situated and co-constructed, and it recognizes the tendency of people to narrate or "story" their experiences (Mishler, 1986). While formal narrative inquiry focuses on the narrative itself, this unique mixed approach allowed the women to narrate their experiences as *whole* stories and allowed the researcher to contextualize these accounts as reflective of the women's attempts to make sense of their lives as mothers.

The supervising university conducted the ethical review for the study. Five mothers participated in the study. Three were identified through the facilitator of a program for women who had left abusive relationships and were involved in custody and access issues, and two were identified through word of mouth. Informed consent was obtained prior to data collection.

The five women were from diverse socio-economic, educational, marital, and ethnic backgrounds, with an age range of 28–54 years. The mothers chosen for the study were at various points in the process of

living with battering; however, all had left their abusive partners and were no longer experiencing battering (*range* = 1–15 years).

The study consisted of two interviews with participants to obtain rich, comprehensive data on their experiences of motherhood — an initial interview and a follow-up interview. The second interview was focused on sharing the preliminary analysis with the women and adding depth to the analysis by having the women participate in the construction and validation of meaning and in extending and clarifying the existing interpretations.

Data analysis was conducted in a systematic fashion guided by the general principles of interpretive description (Thorne, Kirkham, & MacDonald-Emes, 1997) and recommendations for the identification and interpretation of narratives (Lieblich, Tuval-Mashiach, & Zilber, 1998; Mishler, 1986). The procedure for data analysis involved immersion in the verbatim accounts to develop themes within each account and patterns between and among the narratives. During this process, an interpretive description of the phenomenon of motherhood in the context of an abusive relationship emerged. A feminist approach to analysis was adopted for the study. In this approach, race, class, ethnicity, education, age, gender, ability, and so on interact to influence all aspects of the research process. Interpretations were made in relation to the complexity of the women's lives, with efforts made to resist explanations that represent a universal ideal of motherhood.

Findings

The analysis of the women's stories revealed that the intimate-partner abuse the women endured influenced their experience of motherhood in a variety of challenging and contradictory ways. The narratives conveyed images of what it is like to be a mother in an abusive relationship.

Abuse Shapes the Experience of Motherhood

The women found the abuse in their lives so powerfully linked to motherhood that they were drawn to tell stories of the abuse. One woman started to tell her story of motherhood, stopped short, and said, "I can't think of motherhood without thinking of the violence in my life." Stories of motherhood were thus juxtaposed and interwoven with stories of violence and control. One mother said the violent relationship resulted in a "slow giving away of self" and a "slow giving away of...power." The women came to know what patterns of dialogue or

what occasions would trigger the violence and attempted to avoid these. Having to successfully manoeuvre around these triggers usually meant that the partner somehow controlled their mothering. One woman said, "I could only mother her the way he said, and it was a lot of work...it was hard to be a mother." She recognized that effective management of the violence meant that her partner controlled her mothering — from the decision to use cloth diapers to breastfeeding schedules.

The women spoke of the importance of their role as mother, which included responsibility for meeting family needs despite the abuse. One woman spoke of asking her counsellor for advice on "how to manage" the abuse when leaving was not a viable option for her family. As with the other women, this woman's ideal of family included a father and keeping the family together at all costs to herself. She hoped that she would be "smarter" than her partner and be able to minimize the abuse in her life in order to make a better life for her family. Eventually she realized that her children were the "reason I stayed," and so when "they were unhappy" she had another reason, besides her own needs, for leaving the relationship. The women's stories reveal a consistent pattern of activities and strategies undertaken to effectively mother despite the oppression. Being a good mother sometimes saved these women and gave them a refuge from the abuse — a place where they could feel good about themselves or where their partner's abuse could be deflected.

Challenges and Contradictions of Mothering

The women faced a number of distinct challenges related to their own ideal of the family and the family structure that was best for their children. The poverty and uncertainty they faced upon leaving was compounded with the doubts about their decision to deprive their children of what they had idealized in terms of family life. Two of the women stated that it would have been "easier to return" to their partners than watch their children endure the constraints of poverty. Nevertheless, the women spoke of managing to keep their constant worry hidden from their children. One woman described the creativity and imagination she used on her first night in second-stage housing (without furniture):

I said, "We're camping out tonight," took our pyjamas and put them in the dryer to warm them up, and — we had our backpacks — we hiked down the hill to get some food. So on the inside I was just a mess, but on the outside I never let on to them that we couldn't handle it.

Another woman explained that they would “make a game of collecting pop bottles” for money to maintain the illusion that everything was okay.

The aftermath of leaving a violent relationship was fraught with tension between a sense of freedom and a sense of being controlled, perpetuated by a link to the partner through child custody and access issues. Their children became a link to the person from whom the women had fought so hard to break free — a connection none of the women anticipated before leaving. One woman said, “He still has access to the kids, he’s still able to manipulate me through the kids, and he’s always going to be in my life.” Another mother told of how her partner used the “handover of her daughter” as an occasion to criticize her mothering. Regardless of the difficulties, the women found ways to manage visitation and provide their partners with appropriate access.

Motherhood as a Source of Strength

While the women were at various points in the process of rebuilding their lives after the abuse, they shared a number of experiences that involved recognition of their strengths as mothers. The abuse they endured in their intimate relationships had eroded their self-esteem, and yet motherhood had served somehow to preserve their sense of self. One woman reflected on the fact that being a good mother helped her to cope with her abuse:

I think it's a coping mechanism, being a good mother. You can shift away from the problems that you have by being the best that you can as a mother. I guess it made me feel really good about myself, and that's where my strength is. If I can be such a good mom...that really helped me get through [the abuse].

Motherhood offered a respite from the periodic terror in the women’s lives; more than one woman spoke of motherhood as her “salvation,” and in retrospect the women felt that they would never have made it through the challenges and pressures of living with violence had it not been for their children. The difficulties that the women attached to the role were mitigated by the happiness that their children brought them. Thus, despite the abuse, the women continued to be the best mothers they could be and developed strong mother-child relationships.

Because the women were empowered by motherhood, they eventually reconstructed their families according to their own values. They spoke with pride of the new, connected sense of family that came from the belief that they were good mothers and could build a “different

kind of family," which meant gaining back something of the person they remembered being. The women said that being free meant they could establish their own sense of family together with their children. One woman said, "Family can be defined in so many different ways, and [my daughter] and I have a strong family. I have the capability of mothering, to model good behaviour."

In the women's accounts of mothering in the context of violence, their sense of self was an integral component of their lives as mothers. Each woman spoke of her sense of self being eroded by the abuse in her life and of motherhood enhancing her sense of self in particular ways. The women described instances of growth and change in the evolution towards self-discovery and greater self-awareness. All of the women said that belief in themselves was, in retrospect, what had got them through the abuse. One woman said that receiving her first cheque and taking it to the bank meant that she could start to build a life free from violence: "I felt really good about myself, so it's been a long struggle to put a house back together, to put our lives back together." It was evident that hers was a struggle to gain back the self she knew to be strong and capable. In reflecting on her new life, another woman said, "Nobody can kill my determination and nobody can kill my spirit." The women spoke of discovering the person, strength, and agency they had lost while enduring violence. In their stories, the women revealed resilience and described a process of rebuilding their sense of self-worth, experiencing growth, and fulfilling their responsibilities to their children.

Discussion

The findings of this study differ from those of other studies that have touched on the experience of motherhood for women who have been battered. Although the women's stories contained elements of doubt about their mothering abilities, overall the women viewed their motherhood role in a positive light. The study represented an opportunity for women to reflect on, question, and construct their lives as mothers as whole "stories."

The discrepancy between the findings of the current study and those reported in the literature has various explanations. The timing of the interviews in the current study could account for the women's perceptions of their mothering. The women were removed from the immediate abuse and all were relatively secure in terms of shelter and finances. They were speaking retrospectively, sharing stories of being available to their children throughout the abuse, through leaving,

through finding shelter, to the present day. The focus on the women's perspective of motherhood may have elicited responses wherein concern for the children was central. They may have prioritized their children's needs in their stories even though there must have been times when they were not fully accessible to their children. It may be that the women's recollections were formed in the context of reframing their stories in a more favourable light and giving meaning to the suffering they had experienced. Alternatively, it may be that the other studies were focused on various aspects of the abuse, concentrating on the extent of the trauma from the abuse rather than on the women's capacity to survive the abuse.

Wuest and Merritt-Gray (2001) suggest that women's needs change as they move through the process of leaving an abusive relationship. Although previous research with women in shelters has found that such women experience difficulty in their mothering role (e.g., Henderson, 1990, 1993), the present study found that mothering may have served to buffer the women's experiences of violence and to enhance their self-esteem. Nurses are in a unique position to support mothers who are in the process of leaving or staying in an abusive relationship; awareness of a woman's stage in this process is critical for effective support.

Motherhood binds women to their abusers in unique and unyielding ways. Regardless of stage in the staying/leaving process, women with children are bound to their abusers in ways that perpetuate the abuse. For the women in this study, their children were a link to their abusers and they had to continue to manage their families on the basis of their partner's unpredictability, their children's needs, and the conditions of their legal agreements.

Shalansky, Ericksen, and Henderson (1999), in a study with women in a parenting group sharing child custody and access with their abusers, found that the women worried about their children due to the phenomenon of escalation of violence post-separation, were torn between the ideal of their children having a father and the danger the partner posed to the woman, and felt that contact adversely affected their emotional and physical health. Varcoe and Irwin (submitted), in a study examining the systemic barriers for women who have been abused, found that mothers had to struggle to gain even a modest level of support from the system concerning custody and access issues and were reluctant to reveal the abuse to professionals for fear of child apprehension. Health professionals must be cognizant of all the unique issues and fears that mothers who have been abused continually face

when accessing the system in order to secure care. Nurses in particular should understand the importance of developing trusting relationships with their clients and be open to women's stories that might help them identify such situations.

Recently there has been a thrust within health care to adopt models of capacity-building in health programming and social support. Assessing women's strengths and working with women to build upon these strengths is key to building their health capacity. The women in the present study had sought support for their mothering at times when leaving was not an option, found the will and the strength to go on living because they were mothers, and, possibly, survived because of their children. Thus mothering played an integral role in providing them with the strength to make difficult decisions when the time was right. The findings suggest that health-care professionals are poised to support such efforts by mothers and to develop the known capacities of women who remain in abusive relationships based on their mothering ideals. It is essential that emphasis be placed on the woman's capacity to make choices and to transform her health and healing experience in ways that are meaningful to her family.

A note of caution: the sensitive nature of such opportunities must be recognized, as a "do it for your children" agenda could unnecessarily subjugate women's needs. In general, nurses must be prepared to listen to women in ways that honour each individual story and recognize each woman's strengths as well as the challenges she faces. The stories of the women in this study demonstrate their commitment to their children and acknowledge the motherhood role as a source of strength. By listening to women's stories in an open and non-judgmental manner, without preconceived notions of women's lives and challenges, nurses will be better positioned to gain the trust of their clients and to provide meaningful support at critical junctures in their lives.

Summary

Research in the area of motherhood remains limited. The findings of the present study suggest that we must continue to investigate the effects of women's roles such as motherhood in order to better understand the context of women's lives and, possibly, develop a model that uncovers women's strengths instead of pathologizing their lives. This study uncovered the inherent strength and contradictory role of motherhood. When it came to managing the abuse in their lives, protecting their chil-

dren, and making decisions, the women's motherhood was a necessary source of strength in times of crisis.

The question remains: How best to support the strength that women draw from their motherhood role, particularly with regard to supporting the women without using their children? We must continue to move towards best practice with women who have been abused — practice that may never capture a full understanding of the complexity but that remains sensitive to women's individual needs.

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Authors' Note

This research was supported by the Katherine McMillian Director's Discretionary Fund, School of Nursing, University of British Columbia.

The authors would like to gratefully acknowledge Dr. Joan Bottorff's contribution to this work. The authors would also like to thank Dr. Joy Johnson for her feedback on the paper and the women who gave of their time to participate in the study.

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