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**The Healing Journey: A Longitudinal Study of  
Mothers Affected by Intimate Partner Violence,  
Perceptions of their Children's Well-Being and  
Family-Related Service Utilization.**

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by

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## **The Research Team**

Members of the project research team have considerable expertise in the areas of intimate partner violence, childhood exposure to intimate partner violence, parenting and caring, women's health and gender issues.

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- Dr. Erin Gibbs van Brunschot, Department of Sociology (University of Calgary), is experienced in repeated measure analysis with large data set and is a member of the parenting research team.
- Kendra Nixon is now with the Faculty of Social Work (University of Manitoba). Her recently completed doctorate focused on intimate partner violence, childhood exposure, and child protection. Kendra was the Alberta Project Coordinator.
- Caroline McDonald-Harker, Department of Sociology (University of Alberta) is a doctoral student completing a dissertation on women's parenting and emergency crisis shelters.
- Dr. Wilfreda E. Thurston is a Professor in the Department of Community Health Sciences (University of Calgary) and has extensive research experience in women's health and intimate partner violence.
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- Dr. Lynn Meadows, an Associate Professor in the Departments of Family Medicine and Community Health Sciences whose expertise lies in the areas of women's health, population health, and qualitative methods;
- Jan Reimer, the coordinator of Alberta Council of Women's Shelters (Edmonton), is the Alberta Community Coordinator for the project and commits one day a month to the planned policy, program, and research dissemination activities.
- Carolyn Goard, formerly a senior manager with the YWCA (Calgary) and now with the Alberta Council of Women's shelters, has extensive experience working in domestic violence;
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## **Executive Summary**

In Canada, violence or the threat of violence from an intimate partner is a disturbing reality for many women. Alberta has had one of the highest rates of violence against women in the country: The 2004 General Social Survey (GSS) estimated that 10% of women in Alberta were the victims of spousal assault in the previous five years, making it the highest rate in the country (Statistics Canada, 2005). The impact on the quality of life of mothers ranges from minimal effects to death through homicide or suicide (Hershorn & Rosenbaum, 1985).

Intimate partner violence against women has been linked to health problems in numerous studies. Cherniak and colleague's (2005) research in Australia noted that, for women under the age of 45 years, intimate partner violence has a greater impact on health than any other risk factors, including obesity, high cholesterol, high blood pressure, and illicit drug use. Other health researchers indicate that women experiencing intimate partner violence are at an increased risk for mental health problems, substance abuse, chronic physical disorders, and sexual health complaints (Gondolf, 1998; Tutty, 1998; 2006a). Abused women are more likely to suffer from depression and anxiety than men (Statistics Canada, 2005).

### **The Current Study**

This 3.5-year project, conducted by a multi-disciplinary research team from across Alberta, provides an important database for developing a theoretical understanding of mothers who experience intimate partner violence. This research focuses on the experiences of mothers who have been affected by intimate partner violence. The variables of interest include their parenting concerns, perceptions of their children's well-being and their utilization of family-related services.

This project builds on an on-going tri-provincial (Alberta, Saskatchewan, Manitoba), longitudinal study of abused women looking at their abuse experiences, health, mental health, well-being, and utilization of resources in addition to mothering funded by The Social Sciences and Humanity Research Funds CURA (Community University Research Alliance) Program. Tri-provincially, this research project examines the experiences of 600 abused women in Alberta, Saskatchewan, and Manitoba.

The current report documents portions of the journeys of over 200 Alberta women in their attempts to heal from intimate partner abuse. Little research has followed this journey over time and only a paucity has focused on abused women as mothers. The current analysis reports only on the first Two Waves of the Healing Journey project in Alberta; additional analyses will make comparisons over time on all of the research variables. The current report describes the base-line data with respect to the Alberta women as mothers and the ways that the abuse both affected them and their children and prompted them to develop protective strategies.

Both quantitative and qualitative research methods were employed. Every year, each woman completed an in-depth survey of self-report instruments with respect to their and their children's well-being, their parenting, and their physical and mental health. The instruments include standardized measures with good psychometric properties as well as items developed specifically for this study; some items are open-ended.

The surveys were mostly administered in-person by one of our trained interviewers, but some were administered by telephone if travel to a research site was not possible. A select number also participated in qualitative interviews to obtain additional context to their experiences with abuse, parenting issues, perceptions of their children's well-being and their use of services. Specific questions addressed in the study include: What are the parenting concerns and needs of abused mothers? What family-related services do they utilize? What parenting needs remain unmet? How can existing services and policies be changed to better meet their and their children's needs?

### **The Women Respondents**

Because we purposely recruited participants from diverse backgrounds, including Aboriginal women, immigrant/refugee women and women with disabilities, the demographic characteristics of the final sample of women are not representative of the population of Alberta as a whole, but they were not intended to be. A little more than half of the 214 mothers are Caucasian, almost one-third are Aboriginal or Métis (32%) and a smaller group are from other visible minority backgrounds (11%). The women were an average age of 38 years of age with an average yearly total family income of \$24,318 (range of 0 to \$235,000). The majority of the mothers were born in Canada (83%), with about one-sixth of the women originally from other countries.

Interestingly, whereas 40% of the women had at least some post-secondary education and another 21% had completed highschool, the majority, almost 60%, were not currently employed. Notably, though, the oldest child of half of the mothers was 12 years old or younger, so some mothers stayed home to care for their children.

In addition, however, about 75% of the mothers reported some form of disability or long-term illness, almost two-thirds of which they related to either their childhood abuse or intimate partner abuse. Forty percent of these women reported that the disabilities interfered or prevented them from employment. These high rates of disability/chronic illness and their linkages to employment status have not been highlighted in other research on abused women.

The women self-reported high levels of child emotional, sexual and physical abuse with more than half having witnessed intimate partner violence between their parents as children. Another almost half had been neglected as children. These high proportions of childhood abuse histories are consistent with Tutty's 2006a cross-Canada research with 10 YWCA shelters for abused women.

It is important to clarify that the majority of the women (85.4%) were not living with their partners during the Wave 1 and Wave 2 data collection period. As such, their experiences and perceptions may differ from women currently living with abusive partners. The abuse tactics that the women most often endured from their partners were with respect to emotional abuse such as denigrating comments to the woman and her friends and family, and attempts to socially isolate her and harass her. Of the serious forms of physical and sexual violence, about one-quarter of the women were regularly beaten physically, 45% had been raped at least once by their partner. Further, almost 78% of the women had been abused by their partners during at least one of their pregnancies. In short, the majority of the women endured sustained psychological and physical harassment from their partners.

The women had an average of 2.7 children with a range of from one to eleven. The average age of the oldest child was 15.4 years (range of .25 to 50 years). The ages in categories of the oldest children vary considerably, with a relatively small proportion with infants and preschool aged children (19.3%). The largest single category was latency aged children, with almost one-third of the mothers reporting that their oldest child was in that age-range. Another almost third of the mothers had either adult children or young adults from age 19 to 25. Just over 30% of the mothers had no children who currently resided with them, primarily because they are now adults.

### **Mothering Strategies**

The final section focuses on the partner's abusive tactics that target either the children or the mothers' sense of competency or her reputation as a competent mother. The research has tended to focus on abusive behaviours towards the women when the couple are together. Less has been written about abuse that continues post-separation where custody and access can become the new venue for continuing to exert power and control over the woman. The most common examples of such tactics reported by the Alberta woman are abusive partners telling others that she is a bad mother, trying to control the way that she raises the children and trying to control the children. Less common, but still serious concerns were threats to abduct or hurt the children. Indeed, 25 of 148 women specified that their abusive partners had abducted their children once or more than once.

The impact of such actions or threats to the children or to the mother's sense of competency was generally serious, creating considerable anxiety, fear and upset. Nevertheless, even when still together, the women utilized numerous strategies to protect the children from being exposed to or suffering the consequences of the abuse. The list of strategies included informal mothering strategies such as introducing activities to help the children feel good about themselves, relationship strategies with the partner, such as ending the relationship and contacting formal agencies such as the police, child welfare or shelters. Across these categories, the women saw the most effective strategies as separating/leaving the relationship, being affectionate with the children, parenting them alone, support from women's shelters and avoiding potentially violence situations.

The myth of abused women as helpless victims in relation to their assaultive partners has not proved useful (Gondolf, 1998; Tutty, 2006a; 2006b). Rather, most have tried numerous strategies to end or ameliorate the abuse. Similarly, it is time to dispel the myth that all abused women are bad mothers simply because of their earlier choice to live with a partner who became abusive. Most have taken many actions to protect and shield their children from being abused or being exposed to the woman's abuse. With some lethally abusive partners, staying may be the safest alternative for both mother and children (Ellis, 1992).

The stories of the Alberta women in the current research are diverse. Each should be respected and considered within the context of the woman's history, resources and individuality. The continuation of abusive tactics beyond marital separation is a stark reality and the children are often the focus. Nevertheless, having primarily exited assaultive relationships, these mothers are generally coping much better.

## **Chapter One: Mothering in the Context of Intimate Partner Violence**

In Canada, violence or the threat of violence from an intimate partner is a disturbing reality for many women. Alberta has had one of the highest rates of violence against women in the country: The 2004 General Social Survey (GSS) estimated that 10% of women in Alberta were the victims of spousal assault in the previous five years, making it the highest rate in the country (Statistics Canada, 2005). The impact on the quality of life of mothers ranges from minimal effects to death through homicide or suicide (Hershorn & Rosenbaum, 1985).

Violence against women in the context of intimate partner relationships, or intimate partner woman abuse, first became identified as a social problem in the 1970s. However, it was not until the early 1980s that the potential impact on children was recognized (Hershorn & Rosenbaum, 1985; Hughes & Barad, 1983). Before then, children typically received attention only if they were directly physically or sexually assaulted within the home (National Resource Center on Domestic Violence, 2002). Today, the issue has become a significant social concern and a major interest for social science researchers, at times overtaking concern about women, typically the primary victims (Nixon, Tutty, Weaver-Dunlop & Walsh, 2007).

While some researchers have looked at the context of intimate partner abuse on mothering and how women respond, additional study from an Alberta provincial viewpoint is important. This chapter presents an overview of the literature with respect to woman abuse in Canada and in Alberta, as well as the impact of intimate partner violence on women, their children and the role of mothering.

### **Overview of Intimate Partner Violence**

In Canada, violence or the threat of violence is a disturbing reality for a number of women. Violence against women affects all groups in society; occurs in public, family, and intimate contexts; and may be experienced by all women, regardless of age, race, class, ability and sexual orientation (Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002).

Intimate partner violence is one of the most common forms of abuse experienced by women in Canada (Cherniak, Grant, Mason, Moore, & Pellizzari, 2005; Statistics Canada, 2005). According to the Violence Against Women Survey (VAWS) conducted in 1993, more than half of women reported being victims of physical and/or sexual assault since the age of sixteen (Statistics Canada, 1993). Every year, hundreds of women in Canada are seriously injured or killed as a result of physical violence inflicted on them by their partners. The VAWS estimated a spousal assault incident rate of 2,652 per 100,000 (Statistics Canada, 1993).

The latest Transition House Survey, conducted in 2005 to 2006 by Statistics Canada (Taylor-Butts, 2007), was sent to 553 shelters known to provide residential services for abused women. In the year ending March 31, 2004, 105,700 women and children were admitted to these shelters. While a minority of these simply needed housing, most (over 74%) were leaving abusive homes. That so many women would need such services was unheard of a mere quarter century ago.

Research conducted over the last thirty years suggests that Alberta has had one of the highest rates of violence against women in the country. According to the *Violence against Women Survey* conducted in 1993, Alberta had the second<sup>1</sup> highest rate of violence against women with 58% of the female population over the age of 18 reporting at least one form of violent experience, including spousal violence, non-conjugal sexual assault and physical assault (Statistics Canada, 1993). More recent research confirms Alberta's high rate of spousal violence. The 2004 General Social Survey (GSS) revealed that 10% of women in Alberta were victims of spousal assault, making it the highest rate in the country (the national average was 7%; (Statistics Canada, 2005). Alberta has also experienced one of the highest rates of female homicide over the last three decades<sup>2</sup> (Statistics Canada, 2005).

Women are profoundly affected by the abuse that they experience from their intimate partners (Tutty, 2006a). The violence has been linked to health problems in a number of studies. Cherniak and colleague's (2005) research assessing the health impact of intimate partner violence on women in Australia noted that, for women under the age of 45 years, intimate partner violence has a greater impact on health than any other risk factors, including obesity, high cholesterol, high blood pressure, and illicit drug use. Other health researchers have indicated that women experiencing intimate partner violence are at an increased risk for mental health problems, substance abuse, chronic physical disorders, and sexual health complaints (Gondolf, 1998; Tutty, 1998; 2006a). Abused women are more likely to suffer from depression and anxiety than men (Statistics Canada, 2005).

For some women, pregnancy poses a time of risk for injury caused by intimate partner violence (Cherniak et al., 2005; Janssen, Holt, Sugg, Emanuel, Critchlow, & Henderson, 2003). Cherniak and colleagues estimated that 1.5% to 17% of all pregnant women experience violence perpetrated by intimates. Other researchers have found that homicide is a leading cause of death of pregnant and postpartum women, and speculate that a significant portion of these homicides are the result of intimate partner violence (Chang, Berg, Saltzman, & Herndon, 2005).

Not only are the physical and psychological costs extremely high for victimized women, but so too are the social and legal costs to society. The costs accrued for the supply and maintenance of medical services, counselling and shelter services, and criminal justice services are high (Day, 1995; Greaves, Hankivsky & Kingston-Riechers, 1995). Greaves et al. estimated that the physical and sexual abuse of girls and women costs the Canadian economy approximately \$4.2 billion dollars each year, factoring into account social services, criminal justice, lost employment days, and health care interventions.

### **Children Exposed to Intimate Partner Violence**

In the last two decades, researchers have studied the possible harmful effects of witnessing domestic violence on children, suggesting that witnessing violence may be damaging to a child's emotional and physical wellbeing (Jaffe, Wolfe, & Wilson, 1990). A number of researchers have demonstrated that many children who witness domestic violence exhibit symptoms similar to children who have been physically, sexually, and/or emotionally abused (Hershorn & Rosenbaum, 1985; Jaffe et al., 1990). Exposure to domestic violence may be related to problems such as depression, low self-esteem, withdrawal, aggression, rebellion,

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<sup>1</sup> British Columbia experienced the highest rates of all forms of assault against women.

<sup>2</sup> Saskatchewan had the highest rate of spousal homicide in the country.

hyperactivity, and delinquency (Dawson, 1990; Jaffe et al., 1990; Moore, Pepler, Mae, & Kates, 1989).

More recently, researchers have suggested that children exposed to domestic violence can suffer from Post-Traumatic Stress Disorder (Jaffe et al., 1990; Rossman & Rosenberg, 1997; Rossman & Ho, 2000; Wolfe, Zak, Wilson & Jaffe, 1986). Importantly, though, not all child witnesses develop PTSD. Two studies by Lehmann (1997) and Devoe and Graham-Bermann (1997, cited in Rossman & Ho, 2002) found rates of diagnosable PTSD at 56% and 51%, respectively, meaning that the other half of the sample did not show symptoms at a level consistent with a trauma diagnosis.

Other studies propose a cycle of violence hypothesis, purporting that male children who witness domestic violence are at an increased risk of becoming perpetrators (Jaffe et al., 1990). Several researchers have postulated a significant overlap between domestic violence and child abuse, suggesting that many children exposed to domestic violence have also experienced physical and sexual abuse (Adamson & Thompson, 1998; Edleson, 1999; Farmer & Owen, 1995; McCloskey, Figueredo & Koss, 1995; Straus, 1990).

### **Mothering in the Context of Partner Violence**

Researchers have also focused on the impact of domestic violence on abused mothers' parenting abilities and the subsequent effects on children. Several researchers have posited that children exposed to domestic violence may be at risk of neglect or abuse by their mothers who are suffering from the cumulative stress of being victimized. Holden et al., (1998) suggest that abused mothers may be more aggressive towards their children, compared to non-abused mothers. Sudermann (1997) purports that because abused mothers are dealing with the cumulative stress of parenting and abuse, they may be less attentive and emotionally supportive to their children.

Although the above-cited research suggests that domestic violence negatively impacts abused mothers' parenting capacities, other researchers refute claims that most abused women are aggressive or neglectful parents (Levendosky, Lynch, Graham-Bermann, 2000; Sullivan, Nguyen, Allen, Bybee, & Juras, 2000). Sullivan and colleagues found no evidence that abused women are inadequate or aggressive parents. In fact, the vast majority of mothers and children agreed that they were available to their children, closely supervised their children, and enjoyed being parents. Sullivan and colleagues also found no evidence to support the common perception that battered women experience greater parenting stress and increased use of inappropriate discipline.

In a study that examined mothers' perceptions of the impact of abuse on their parenting, Levendosky, et al. (2000) concluded that women described positive parenting abilities such as frequently and actively mobilizing their resources to respond to the violence on behalf of their children. Sullivan et al. (2000) assert that it is critical for social service providers involved with abused women or violent families to be aware of women's strengths and awareness as parents to their children. Further, they argue that empowering women to work on what they already know is happening in their parental relationships may be more helpful than presuming ignorance or incompetence on the part of these mothers because they are abused.

Additionally, several studies that focused on abused women's concerns about their children's safety and wellbeing suggest that many women take active steps to protect their children despite the violence in their lives (Schechter & Edleson, 1994; Schechter & Edleson, 1999). A nurturing, supportive mother-child relationship and/or positive sibling relationships may protect the child and minimize the negative effects of the violence (Moore et al., 1989; Guile, 2004). In fact, mothers may be protective and strategic when they stay if there is a possibility that the children will be in greater danger if they were to leave the relationship.

Often very little attention is paid to the actions that the abused woman has taken to protect her children (The "Failure to Protect" Working Group, 2000). This is a major gap in the existing body of literature on mothers' parenting experiences within the context of intimate partner violence. Clearly, we need to clarify the links between intimate partner violence and parenting. As well, virtually nothing is known about mothering over the long-term, as women carry on beyond a critical intimate partner violence incident. The current longitudinal study of abused women in Alberta will address a number of questions about mothering in the context of domestic violence.

## **Chapter Two: Research Methodology**

This 3.5-year project, conducted by a multi-disciplinary research team from across Alberta, provides an important database for developing a theoretical understanding of mothers who experience intimate partner violence. This research focuses on the experiences of mothers who have been affected by intimate partner violence. The variables of interest include their parenting concerns, perceptions of their children's well-being and their utilization of family-related services.

This project builds on an on-going tri-provincial (Alberta, Saskatchewan, Manitoba), ecological longitudinal study of abused women looking at their current abuse experiences, health, mental health, well-being, and utilization of resources in addition to mothering funded by The Social Sciences and Humanity Research Funds CURA (Community University Research Alliance) Program. Tri-provincially, this research project examines the experiences of 600 abused women living in Alberta, Saskatchewan, and Manitoba.

A major study objective is to determine abused women's parenting concerns, capacities and needs so that future programming and policy can be improved to better meet the needs of abused mothers, children, and families. Further, we recruited a large proportion of Aboriginal mothers to ensure that we are accounting for the unique needs of Aboriginal families and communities.

The target audience includes policymakers, the academic community, domestic violence service providers and practitioners working in the areas of parenting and child development, Aboriginal and immigrant communities, and women themselves. The research findings will be disseminated broadly to government policymakers, service providers, other researchers and the general public to ensure that the information is used to improve the well-being of Alberta's children, families and communities.

Both quantitative and qualitative research methods were employed. Every year, each woman completed an in-depth survey of self-report instruments with respect to their and their children's well-being, their parenting, and their physical and mental health. The instruments include standardized measures with good psychometric properties as well as items developed specifically for this study; some items are open-ended.

The surveys were mostly administered in person by one of our trained interviewers, but some were administered by telephone if travel to a research site was not possible. A select number also participated in qualitative interviews to obtain additional context to their experiences with abuse, parenting issues, perceptions of their children's well-being and their use of services. Specific questions addressed in the study include: What are the parenting concerns and needs of abused mothers? What family-related services do they utilize? What parenting needs remain unmet? How can existing services and policies be changed to better meet their and their children's needs?

### **Sampling and Sample Size**

In Alberta, we sampled over 200 women over the age of 18 years who have been victims of intimate partner violence. We originally recruited participants from four sites in the province: Peace River and region, Edmonton, Calgary, and Lethbridge but these sites expanded somewhat. We also recruited women of diverse backgrounds, including Aboriginal and Métis women, immigrant/refugee women, women with disabilities and lesbian women.

A preliminary analysis reveals that the overwhelming majority (i.e., approximately 90%) of the 200 study participants are mothers. We followed this sample of women for four years, enabling us to make comparisons among the women over time (i.e., mothers vs. non-mothers, Aboriginal mothers vs. non-Aboriginal mothers, disabled mothers vs. non-disabled mothers, etc.).

Study participants will constitute a convenience sample of mothers, varying in social characteristics such as ethnicity, age, geographic location within the province, sexuality, ability, education, and so on. The inclusion criteria for all participants are women who: (1) are 18 years of age or older; (2) have experienced intimate partner violence in January 2000 or more recently; (3) are not suffering from a major mental health problem that would impair their comprehension or memory; and (4) are not in crisis. We adopted these criteria in order to avoid the prohibitive costs associated with getting family consent for girls, the legal and safety issues associated with periods of crisis, and reporting inaccuracies related to retrospective memories or mental health problems.

Purposive and convenience sampling strategies are being used. Agencies, particularly our community partners with whom we have established long-term working relationships, providing services to abused women including services/programs that serve Aboriginal women, immigrant women, and disabled women are assisting in the recruitment of potential participants over a six-month period.

Longitudinal studies require a sufficient number of participants to offset attrition, as well as strategies to enhance retention. When working with marginalized or highly mobile individuals, attrition is a special challenge (Kowalsky, Verhoef, Thurston, & Rutherford, 1996; Meadows, Lagendyk, Thurston, & Eisener, 2003). Our plan is to ensure that we recruit a minimum of 112 women so that, assuming 52% attrition overall (we estimate losing 10% at each interview time), by the end of the study we will have at least 54 mothers remaining in the sample for whom we have a complete set of data. Successful strategies included by Dutton et al. (2003) were: (1) careful recruitment from multiple agencies; (2) payment for interviews; (3) multiple waves of interviewing per year; and (4) acquisition of multiple and mixed contact names.

Our methodology incorporates all of these strategies. Focus groups of women with a history of intimate partner violence and service providers working with women with a history of partner abuse were conducted between May and July 2004 and confirmed that these retention strategies would be helpful. In addition, our partner agencies have worked with us to develop a series of retention strategies that will include follow-up phone calls and contact between the interviewer and participant in between each interview.

All retention strategies that involve personal contact with participants have been designed to ensure the safety and confidentiality of both the women and the interviewers. For example, participants will be asked to complete a “safe contact” sheet, outlining their preferred method of contact, how interviewers can leave safe and confidential telephone messages, how they would like to receive study updates and other important information that will ensure the safety and confidentiality of the participants. A longitudinal study in Calgary and Winnipeg of immigrant women who have experienced abuse had an 80% retention over six months using similar strategies.

## **Data Collection**

The study involves both quantitative (i.e., surveys and self-report instruments) and qualitative research methods (i.e., unstructured interviews). Four survey instruments have been developed and are administered as follows: (1) Wave 1 - demographics and history of abuse, general functioning and service utilization; (2) Wave 2 - parenting/child issues and health; (3) Wave 3 (occurs 9-12 months following Wave 1) - general functioning and service utilization, updated demographics and revictimization, updated parenting/child issues and health; (4) Wave 4 (occurs 9-12 months following Wave 2) - parenting/child issues, health, updated general functioning and service utilization, updated demographics and revictimization; this cycle will be repeated until December 2008 with the final wave being Wave 7.

Mostly, the surveys are administered in person by one of our trained interviewers. When it is impossible for participants to meet with an interviewer in person or the travel costs would be prohibitive, the surveys are administered by phone. To date, phone interviews have occurred with only four participants. Currently, we are conducting the Wave 6 survey with Wave 7 due to begin in January 2009.

In addition, we selected a sample of 34 women (including 18 Aboriginal women and 31 mothers), who participated in unstructured qualitative interviews to obtain additional context to their experiences with abuse, parenting issues, perceptions of their children's well-being and their use of services. The qualitative interviews have been conducted and data analysis is currently underway.

## **Research Procedures**

Four survey instruments were designed to assess (1) general wellbeing and functioning, (2) revictimization, (3) parenting/child issues, and (4) health. They consist of both standardized, self-report measures and questions designed specifically for this study. Some items allow for open-ended responses. Four working groups, consisting of research team members with relevant expertise, were established to develop the survey questions. Whenever possible, standardized scales were selected based on their appropriateness for the study and their psychometric properties. Nevertheless, it was necessary for all four groups to create some items specific to the study in order to adequately address our research questions.

The Parenting survey includes two standardized scales, the Parenting Sense of competency (Johnston & Mash, 1989) and parent skills items from the Canadian National Longitudinal Study of Children and Youth (CNLCY) (Statistics Canada, 2002-2003). The parent skills items adapted from the Canadian National Longitudinal Study of Children and Youth have good reliability; Cronbach's alpha,  $r = .78$  for the positive interaction subscale and  $r = .55$  for aversive and non-aversive parent management techniques. Items that were developed specifically for this study deal with the utilization of services and sources of support to help with caring for their children; strategies adopted to protect their children from witnessing the abuse, from being directly abused, or from any negative consequences associated with living in a home environment where abuse occurs; and experiences unique to mothering in the context of intimate partner violence.

The Demography and History survey includes one standardized scale, the Composite Abuse Scale (Hegarty, Sheehan & Schonfeld, 1999), which was developed by extracting

items from the most commonly used partner abuse scales and using factor analysis to generate sub-scales. The four sub-scales include: Severe Combined Abuse, Emotional Abuse, Physical Abuse, and Harassment. A 30-item short version is utilized in the current study. Cronbach's alpha for the entire scale is greater than .90. Item-total correlations are all above .60. All other items were developed specifically for this study to allow the research team to gather demographic information and data on women's experiences with victimization. They include questions about employment and income, cultural background, children (including number, pregnancy history, child custody, and visitation), disability and health limitations, sexual identity and sexual history, past and present intimate relationships, and coping strategies for dealing with intimate partner abuse.

The General Functioning and Service Utilization survey includes one standardized scale, the Quality of Life Scale (modified from Andrews & Withey (1976). It contains nine items designed to measure satisfaction with overall quality of life. Ratings of particular areas in their lives are given on a 7-point scale, where 1=extremely pleased and 7=terrible. The total scale score is created by taking the mean of the scores across the 9 items. Cronbach's alpha is .88, with corrected item-total correlations ranging from .56 to .79. The other items, developed specifically for this study, deal with interpersonal support and personal responsibilities, connection to community and community support, spirituality, and services utilized to help deal with partner abuse.

The Health survey includes three standardized scales, the Posttraumatic Stress Disorder Checklist, the Centre for Epidemiological Studies - Depression Scale, and the Symptom Checklist, Short Form. The Posttraumatic Stress Disorder Checklist (Blanchard, Jones-Alexander, Buckley & Forneris, 1996) contains 17 items that measure the three symptom clusters of PTSD experienced in the previous month. These symptom clusters, according to *DSM-IV* criteria, are re-experiencing (5 items), avoidance/numbing (7 items), and hyper-arousal (5 items). Participants rate the occurrence of these symptoms on a four-point Likert scale, with 0 meaning "not at all" and 4 meaning "extremely." Scores are obtained for each of the symptom clusters, as well as a total score that indicates PTSD severity. The overall score for this measure ranges from 0 – 68. The recommended cut-off score for diagnosing PTSD is 45. This measure correlates highly with the Clinician Administered PTSD Scale ( $r = 0.92$ ), a previously validated measure of PTSD.

The Centre for Epidemiological Studies - Depression Scale (CES-D-10) (Andresen, Carter, Malmgren, & Patrick, 1994) a short form of the CES-D-20, is used to describe depression symptoms during the previous week, using a 0-3 Likert scale, with 0 meaning "rarely or none of the time (less than 1 day)" and 3 meaning "all of the time (5-7 days)." The CES-D-10 has good internal consistency and test-retest reliability. It correlates positively with poor health status and negatively with positive affect. It is also highly correlated with the previously validated CES-D-20.

The Symptom Checklist, Short Form (SCL-10) (Nguyen, Attkisson, Stegner, 1983) is a global mental health functioning scale, including depression and anxiety, and is a short form of the SCL-90. The SCL-10 includes six depression questions, two somatization items, and two phobic/anxiety items. Participants endorse each item using a 0-4 Likert scale, with 0 indicating "not at all" and 4 indicating "extremely." Cronbach's alpha is .88. The item-total correlations range from .48 to .70, with a median of .62. This measure has been used in a range of previous research, as has its parent measure, the SCL-90.

Finally, we will use specific items from the National Population Health Survey (NPHS) (Statistics Canada, 1999) so that the sample collected for this study can be compared to the national population on these items. Items developed specifically for this study focus on health services utilization.

In April 2005, all three provinces pilot tested the survey questions with a small sample of women with a history of abuse by their partners. The purpose of the pilot test was to ensure that the survey instructions were clear, the questions were easy to understand, the response formats easy to utilize, and the number of questions appropriate for a two-hour interview. Based on the outcome of the pilot test, the surveys were revised. Unfortunately, the level of project funding in place at the time did not allow for a sufficiently large pilot test to assess survey reliability and validity. Consequently, after the Time 1 and Time 2 interviews are completed, reliability and validity of the survey items and sub-scales will be assessed using standard statistical methods (Streiner & Norman, 1991; McDowell & Newell, 1987). Survey items will be revised or omitted based on this analysis.

The participants were interviewed face-to-face twice a year, six months apart, over a four-year time period, for a total of seven interviews at study completion. Each interview took two hours or longer. The questionnaires were read to the participants. This is necessary given the anticipated variability in literacy skills and to build rapport with the participants whom we hope to engage for four years.

Not all of the instruments will be administered at each interview to lessen time demands on participants and keep to two hours. At Time 1, we will collect demographic information and the participant's history of abuse. Beginning at Time 2, each interview will include a small number of update questions pertaining to the focus of the previous interview. The update questions are currently being developed. The table in Appendix 2 showing what instruments will be employed at each interview and the timelines for data collection.

### **Data Management**

The academic investigators at the University of Calgary will supervise the data collection of the quantitative and qualitative components. The semi-structured interviews will be transcribed verbatim, as will the responses to open-ended questions in the interview guides. The Alberta research team will analyze the Alberta data, which will also be merged with the tri-provincial database, allowing us to do comparative analysis.

### **Data Analysis**

The quantitative data will be analyzed using SPSS and univariate and multivariate statistics. At each time, a series of graphical displays will be used to explore the data. Repeated measures analysis of variance (Diekoff, 1992) will be used after Wave 1 to explore within-subject, group, and time effects. We will use selected change scores for dependent and covariate variables.

The qualitative data will be analyzed using a computer software package (NVivo) and standard approaches to qualitative analysis. We will start with template analysis (Creswell, 1998) using codes developed from the interview guide and research questions. In addition, we will do open coding for common themes, going back and forth among interviews, looking for confirming and disconfirming statements, using memoing (Strauss & Corbin, 1998), and immersion and crystallization (Richardson, 1994) Connecting and legitimating (Patton, 2002)

through reviewing of the texts and identified themes will be done by the research team in conjunction with revisiting the relevant literature. We will draw upon the literature on woman abuse, parenting, and children's well-being to interpret the data and form recommendations for intervention studies.

The preliminary results will be shared with our partners after the completion of each set of interviews to obtain insights into programmatic and policy issues, to respond to specific decision-maker needs for information, and to obtain feedback on interpretation of the data. This feedback is considered additional data and will be handled as such.

### Attrition

We lost approximately 20 participants between Waves 1 and 2, for an attrition rate of 9%. However, our interviewers continue to search for participants who have not yet completed Wave 2. This is a highly mobile population, and therefore the attrition to date is more or less what we expected. As such, it would not be surprising for a participant who has not yet completed Wave 2 to contact us or be reached at one of her contact numbers.

We adopted a number of strategies to minimize attrition, including (1) having the same interviewer matched with a particular participant to facilitate the development of a comfortable research relationship, (2) obtaining alternate contact information from each participant so that we may be able to find the participant when she moves or if her phone is disconnected, (3) carefully selecting interviewers who have experience working with women who have experienced intimate partner violence or similar populations, (4) having the interviewers contact the participants occasionally between waves just to stay in touch, and (5) providing participants with a toll-free number that they can call if they have new contact information for us or if they want to get in touch with their interviewer. The team is working on additional strategies to decrease the attrition rate.

### Chapter Three: Preliminary Research Results

In April 2007, we completed the Wave 1 sample recruitment of 231 Alberta women, with 92.6% or 214 women being mothers. In Wave 4, the point at which the Healing Journey participants repeated the questions with respect to their mothering, 135 mothers participated for an attrition rate of 37.3%.

This chapter presents the results related to being a mother living with an abusive partner. It considers the data in Waves 1, 2 and 4 of the Healing Journey project, all that has been inputted into the SPSS file at this writing.

Included are the demographic characteristics of the mothers and their children, their history of domestic violence both as adults and children, their health concerns, parenting knowledge and challenges and protective strategies related to living with an abusive partner.

#### Demographics

As noted in the research methodology chapter, we purposely recruited participants from diverse backgrounds, including Aboriginal women, immigrant/refugee women, women with disabilities, senior women, and lesbian/bisexual women. These participants represent marginalized groups that have typically been underrepresented in family violence programming, policy and research.

In particular, the research team recruited a large sub-sample of Aboriginal women (76 participants) because of the importance of this population and their relevance in the Alberta context. The diversity of the sample enables us to compare mothers with varying demographic characteristics as well as assess changes in their experiences, perceptions, and needs over time. The women were recruited from communities across Alberta as can be seen in Table 1. Attrition seems to be spread across the study locations. Some Wave 4 participants had moved from their original interviewee location.

Table 1: Interview Sites

Location	Wave 2	Wave 4
Calgary (including Cochrane & Okotoks)	85 (39.8%)	51 (37.8%)
Edmonton	71 (33.2%)	46 (34.1%)
Lethbridge	23 (10.8%)	10 (7.4%)
Peace River (including Fairview)	11 (5.2%)	9 (6.7%)
Lloydminster	7 (3.3%)	4 (3.0%)
Grande Prairie	6 (2.9%)	4 (3.0%)
Medicine Hat	7 (3.3%)	9 (6.7%)
Red Deer	3 (1.4%)	1 (0.7%)
Drumheller	1 (0.5%)	0
Grimshaw	0	1 (0.7%)
Total	214 (100%)	135 (100%)

The mothers were an average age of 38.4 years (range of 20 to 74 years). Their average yearly total family income was \$24,318 (range of 0 to \$235,000). With respect to racial background (see Table 2), a little more than half of the mothers are Caucasian, while

almost one-third are Aboriginal or Métis (32.4%). A smaller proportion is from other visible minority backgrounds (11.3%).

Table 2: Racial Background

Racial Background	Wave 1	Wave 4
Caucasian	120 (56.3%)	82 (61.1%)
Aboriginal	48 (22.5%)	36 (26.9%)
Métis	21 (9.9%)	4 (3.0 %)
African	8 (3.8%)	4 (3.0%)
Latina	8 (3.8%)	4 (3.0%)
East Indian	4 (1.9%)	2 (1.5%)
Oriental	2 (0.9%)	1 (0.8%)
Middle Eastern (Arabic)	2 (0.9%)	0
Caribbean	0	1 (0.8%)
TOTAL	213 (100%)	134 (100%)
No information	1	1

With respect to citizenship (see Table 3), the majority of the mothers were born in Canada, with about one-sixth of the women (16.8%) originally from other countries. These 36 women had resided in Canada for from 1 to 59 years, with an average of 23.2 years.

Table 3: Citizenship

Citizenship Type	Wave 1	Wave 4
Born in Canada	178 (83.2%)	112 (83%)
Canadian Citizen (born elsewhere)	20 (9.3%)	12 (8.9%)
Landed Immigrant or refugee	15 (7%)	11 (8.1%)
Refugee claimant	1 (0.5%)	0
TOTAL	214 (100%)	135 (100%)

The women's highest levels of education are presented in Table 4. To summarize, a small proportion of the mothers had less than or had only completed middle school (14.7%), whereas 40.3% of the women had at least some post-secondary education. Another 45.2% had completed some highschool or had completed highschool.

Table 4: Women's Highest Education Completed

Level of Education	Frequency	Percentage
Grade 6 (Elementary)	1	0.5%
Some Middle School (Grades 7 and 8)	12	5.7%
Completed Middle School	18	8.5%
Some High School	50	23.4%
Completed High School (or GED)	46	21.8%
Some Technical/Trade/College	12	5.6%
Completed Technical/Trade/College	42	19.7%
Some University	10	4.7%
Completed undergraduate degree	20	9.4%
Completed graduate degree	2	0.9%
TOTAL	213	100%

The women’s current employment situations are presented in Table 5. Notably, a little more than one-fifth worked full-time, while another one sixth worked part-time or casual.

Table 5: Currently Working

Work Status	Frequency	Percentage
Full Time	47	22.2%
Part Time	27	12.7%
Casual	12	5.7%
Not working	126	59.4%
TOTAL	212	100%
Missing or not applicable	2	0.9%

A small number of the women were students (15.9% studied either full- or part-time), as documented in Table 6.

Table 6: Student Status

Student Status	Frequency	Percentage
Full-time student	21	9.8%
Part-time student	13	6.1%
Not a student	180	84.1%
TOTAL	214	100%

As is noted in Table 7, almost half of the mothers (49.6%) claim that their family’s current financial situation is less than adequate, to say the least.

Table 7: Family’s Current Financial Situation

Rating	Frequency
Very Poor	25 (12.4%)
Poor	31(15.3%)
Not Adequate	50 (24.8%)
Adequate	68 (33.7%)
Good	25 (12.4%)
Very Good	3 (1.5%)
Total	202 (100%)
Missing/No Response	12
Total	214

As can be seen in Table 8, we were interested in how many of the women reported disabilities of some sort, and how many were as a result of abuse that they had experienced throughout their lives. This information is limited by being the women’s self-report data, with no concurrent formal diagnosis by medical professionals.

Also, the disabilities are of many forms including physical and mental health problems as well as chronic health concerns. However, that three quarters of the women saw themselves as having a disability is notable and that almost two thirds of them perceived the disability as directly resulting from their abuse history (whether as a child or an adult) is striking.

Table 8: Disabilities or Long-Term Illnesses

Disability/Chronic illness	Frequency	Percentage
Yes	161	75.2%
No	50	23.4%
Unsure	3	1.4%
TOTAL	214	100%

Table 9: Disability/Long-Term Illness Resulted from Abuse

Abuse related to Disability	Frequency	Percentage
Yes, partner abuse	54	25.2%
Yes, childhood abuse	10	4.7%
Both childhood and partner abuse	60	35.3%
No	34	15.9%
Unsure	12	5.6%
Total	170	
Not applicable	44	
TOTAL	214	100%

Further, as can be seen in Table 10, 40% of the women reported that these disabilities interfered or prevented them from employment.

Table 10: Disability Interferes in Woman's Work

	Frequency	Percentage
Yes, I can only work part-time	35	16.4%
Yes, I can only work rarely	14	6.5%
Yes, I cannot work at all	38	17.8%
No	79	36.9%
Total	166	77.6%
Not applicable/no response	48	22.4%
TOTAL	214	100%

### Changes in Demographics since Wave 1

The women participants were asked to update their basic demographics at the start of Wave 3 (one year after the research started). The following are important changes:

- Fifteen (11.1%) of the 135 women had become pregnant since the first interview.
- Sixteen (11.9%) of the 135 mothers reported that at least one of their children had developed a disability or long-term illness/special need since the last interview.
- Thirty-one (23.7%) of the 135 women reported that they were involved in a new relationship since the last interview. Twenty-four of the 31 women (77.4%) reported that their new relationship was abusive.
- Forty-nine (36.3%) of the 135 women noted that their former partner continues to be abusive.
- Sixteen of the 135 mothers from Wave 4 (11.9%) reported that they had been injured as a result of intimate partner abuse (14 as a direct result of abuse, and 2 as an indirect

result of abuse) in the last 12 months. 7 of these women (43.8%) had been injured more than once in the last 12 months as a direct result of intimate partner abuse, and three of these women (18.9%) were injured more than once in the last 12 months as an indirect result of intimate partner abuse.

- Thirty-two (23.7%) of the 135 women reported developing a disability or long-term illness since their last interview.

### The Women’s Abuse History

In research with abused women, it is essential to capture data with respect to any history of child abuse as well as the nature of the relationship with the abusive partner. This section documents the women’s history of child and domestic violence. Table 11 shows the child abuse histories of the mothers in the Alberta Healing Journey sample. The women self-reported high levels of child emotional, sexual and physical abuse. Notably, more than half had witnessed intimate partner violence between their parents as children. Further, almost half described having been neglected as children, another potent form of child abuse.

Table 11: Mother’s Child Abuse History

Form of Abuse	Frequency	Percentage
Physical child abuse (N=210)	111	52.9%
Sexual child abuse (N=209)	118	56.5%
Emotional child abuse (N=210)	142	67.6%
Witnessed violence (N-210)	122	58.1%
Neglect (N=210)	92	43.8%
Not abused (N=103)	46	44.7%

The women were also asked whether, as a child, they had left home with their mother or guardian because of violence and, more specifically, if they had ever resided in a shelter for abused women having accompanied their mother or guardian to such a facility. As can be seen in Tables 12 and 13, a little over one-third of the mothers had left home as a child because of violence, almost 9% to a violence against women’s shelter.

Table 12: As a Child left Home with Mother/Guardian Because of Violence

	Frequency	Percent
Yes	78	36.6%
No	135	63.4%
Total	213	100%
Don’t Know	1	

Table 13: As a Child went to Battered Women's Shelter with Mother/Guardian

	Frequency	Percent
Yes	18	8.5%
No	195	91.5%
Total	213	100%
Don’t Know	1	

Table 14 provides information with respect to the women’s type of relationship with the most recent abusive partner. Only a small proportion were legally married or divorced. A much higher proportion of women was living or had lived common-law. Notably, the majority of the women (85.4%) were not living with this partner during the Wave 1 data collection period.

The “other” category includes two women whose abusive partner is deceased, one who was a friend, two single women (one considered so because of her religion) and a final woman is not legally separated but does not reside with her partner.

Table 14: Current Relationship Status with Most Recent Abusive Partner

Type of Relationship	Frequency	Percentage
Married	16	7.5%
Common-law	13	6.1%
Boyfriend/girlfriend	2	0.5%
Separated	59	27.6%
Divorced	22	10.2%
Ex-Common Law	70	32.7%
Ex-boyfriend/Girlfriend	26	12.1%
Other	6	2.8%
TOTAL	214	

As well, as can be seen in Table 15, not all of the study participants were heterosexual. While the majority were; five percent of the women identified as bi-sexual, or two spirited and one woman as “other.”

Table 15: Sexual Orientation of the Women

Sexual Orientation	Frequency	Percentages
Heterosexual	202	94.4%
Bisexual	10	4.7%
Two-Spirited	1	0.5%
Other (unspecified)	1	0.5%
TOTAL	214	100%

As was highlighted in the literature review, physical abuse during pregnancy is a particular high risk for women abused by intimate partners and may result in the death of the child and/or mother. As documented in Table 16, almost 78% of the women had been abused by their partners during at least one of their pregnancies. Of these, almost one third of the mothers were abused during every one of their pregnancies.

Table 16: Abuse during Pregnancies

	Frequency	Percentage
Yes, all of them	64	30.8%
Yes, some of them	98	47.1%
No	46	22.1%
Total	208	100%
Missing/Not applicable	6	

TOTAL	214	
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The items on the Composite Abuse Scale (Hegarty et al., 1999) were used to provide a picture of the abuse that the partners inflicted on their women partners. As can be seen in Table 17, the abuse tactics that occurred most often were with respect to emotional abuse including denigrating comments to the woman and her friends and family, and attempts to socially isolate her and harass her.

Of the serious forms of physical and sexual violence, about one-quarter of the women were regularly beaten, 45% had been raped at least once by their partner. In short, the majority of the women endured sustained psychological and physical harassment from their partners.

Table 17: Composite Abuse Scale Items

	Never	Only once	Several times/Once a month	Once a week/Daily
Blamed me for causing their violent behaviour (n = 211)	15 (7.1%)	4 (1.9%)	74 (35.1%)	118 (55.9%)
Did not want me to socialize with my female friends (n = 209)	22 (10.6%)	6 (2.9%)	74 (35.6%)	106 (50.9%)
Told me I was crazy (n = 213)	22 (10.3%)	7 (3.3%)	82 (38.5%)	102 (47.9%)
Told me I wasn't good enough (n = 213)	37 (17.4%)	9 (4.2%)	68 (31.9%)	99 (46.5%)
Told me I was stupid (n = 212)	31 (14.6%)	8 (3.8%)	86 (40.1%)	88 (41.5%)
Became upset if dinner/housework wasn't done when they thought it should be (n = 213)	55 (25.8%)	8 (3.8%)	62 (29.1%)	88 (41.4%)
Tried to turn family/friends/children against me (n = 210)	43 (20.5%)	9 (4.3%)	73 (34.8%)	85 (40.5%)
Harassed me over the telephone (n = 212)	44 (20.8%)	9 (4.2%)	73 (34.4%)	86 (40.5%)
Told me no one would ever want me (n=213)	61 (28.6%)	10 (4.7%)	61 (28.7%)	81 (38.1%)
Tried to keep me from seeing or talking to my family (n = 213)	53 (24.9%)	10 (4.7%)	72 (33.8%)	78 (36.6%)
Followed me (n = 211)	61 (28.9%)	13 (6.2%)	67 (31.7%)	60 (33.1%)
Tried to convince my family/friends/children that I was crazy (n = 210)	55 (26.2%)	13 (6.2%)	90 (42.8%)	52 (24.7%)
Told me I was ugly (n = 212)	79 (37.2%)	20 (9.4%)	62 (29.3%)	51 (24.1%)
Hung around outside my house (n = 207)	82 (39.6%)	13 (6.3%)	62 (29.9%)	50 (24.1%)
Pushed, grabbed or shoved me (n = 212)	20 (9.7%)	35 (16.5%)	108 (51%)	49 (23.1%)
Refused to let me work outside the home (n = 209)	108 (51.7%)	12 (5.7%)	43 (20.6%)	46 (22%)
Took my wallet and left me stranded (n = 212)	105 (49.5%)	15 (7.1%)	52 (24.5%)	40 (18.9%)
Harassed me at work (n = 205)	101 (49.3%)	21 (10.2%)	47 (22.9%)	36 (17.6%)
Hit or tried to hit me with something (n=213)	65 (30.5%)	33 (15.5%)	79 (37.1%)	36 (16.9%)

Slapped me (n = 212)	73 (34.4%)	31 (14.6%)	74 (34.9%)	34 (16.1%)
Shook me (n = 212)	76 (35.8%)	22 (10.4%)	82 (38.6%)	32 (15.4%)
Threw me (n = 213)	67 (31.5%)	26 (12.2%)	89 (41.8%)	31 (14.6%)
Kicked me, bit me or hit me with a fist (n = 209)	83 (39.7%)	30 (14.4%)	73 (35%)	23 (11%)
Locked me in the bedroom (n = 212)	138 (65.1%)	13 (6.1%)	39 (18.4%)	22 (10.4%)
Raped me (n = 211)	116 (55%)	17 (8.1%)	57 (27%)	21 (10%)
Beat me up (n = 211)	95 (45%)	24 (11.4%)	74 (35%)	18 (8.6%)
Tried to rape me (n = 212)	116 (54.7%)	25 (11.8%)	55 (26%)	16 (7.6%)
Kept me from medical care (n = 213)	119 (55.9%)	19 (8.9%)	62 (29.1%)	13 (6.1%)
Used a knife or gun or other weapon (n=212)	121 (57.1%)	38 (17.9%)	42 (19.8%)	11 (5.2%)
Put foreign objects in my vagina (n = 212)	174 (82.1%)	10 (4.7%)	22 (10.3%)	6 (2.8%)

Given the serious nature of the abuse perpetrated by the intimate partner on the women in the Healing Journey study, it should not be surprising that it should have lingering and negative effects. Table 18 documents some of the effects of reminders of the abuse.

Table 18: Memories/Reminders of the Abuse

Reminders of Abuse: In the past month...	Not At All	Moderately <sup>3</sup>	Quite a Bit	Extremely
How much have you been bothered by repeated, disturbing memories, thoughts or images of abuse or violence (n=135)	34 (25.2%)	75 (55.6%)	20 (14.8%)	6 (4.4%)
How much have you been bothered by repeated disturbing dreams about abuse (n=135)	63 (46.7%)	57 (42.2%)	11 (8.1%)	4 (3.0%)
How much have you suddenly acted or felt as if abuse was happening again (as if you were reliving it) (n = 135)	62 (45.9%)	52 (38.5%)	14 (10.4%)	7 (5.2%)
How much have you been bothered by feeling very upset when something reminded you of abuse (n = 135)	15 (11.1%)	73 (54.1%)	28 (20.7%)	19 (14.1%)
How much have you avoided activities or situations because they reminded you of abuse (n = 135)	54 (40%)	53 (39.3%)	18 (13.3%)	10 (7.4%)

Table 19: The Health and Well-Being of the Mothers

Health and Wellness	Fair <sup>4</sup>	Good <sup>5</sup>	Excellent
In general your health is...(n = 135)	47 (34.8%)	81 (60%)	7 (5.2%)
Mental and emotional health in the last 12 months (n = 135)	56 (41.5%)	72 (53.3%)	7 (5.2%)
Physical health in the last 12 months (n = 135)	54 (40%)	76(56.3%)	5 (3.7%)

Table 20: The Mental Health of Mothers

Mental Health Issues: In the past week...	Not At All	Moderately <sup>6</sup>	Quite a Bit	Extremely
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<sup>3</sup> “Moderately” and “A Little Bit” categories combined.

<sup>4</sup> “Poor” and “Fair” categories combined

<sup>5</sup> “Good” and “Very Good” categories combined

In the past week, how much were you distressed by feeling lonely (n = 135)	46 (34.1%)	55 (40.7%)	25 (18.5%)	9 (6.7%)
How much were you distressed by feeling no interest in things (n = 134)	62 (46.3%)	49 (36.6%)	16 (11.9%)	7 (5.2%)
How much were you distressed by feeling afraid in open spaces or on the streets (n = 135)	82 (60.7%)	41 (30.4%)	11 (8.1%)	1 (0.7%)
How much were you distressed by feeling weak in part of your body (n = 135)	58 (43%)	51 (37.8%)	18 (13.3%)	8 (5.9%)
How much were you distressed by feeling blue (n = 135)	43 (31.9%)	67 (49.6%)	18 (13.3%)	7 (5.2%)
How much were you distressed by feeling afraid to go out of your house alone (n = 135)	95 (68.1%)	29 (21.5%)	9 (6.7%)	2 (1.5%)
How much were you distressed by feeling tense or keyed up (n = 135)	30 (22.2%)	63 (46.7%)	34 (25.2%)	8 (5.9%)
How much were you distressed by feelings of worthlessness (n = 135)	68 (50.3%)	45 (33.3%)	16 (11.9%)	6 (4.4%)
How much were you distressed by feeling lonely even when you are with other people (n = 135)	53 (39.3%)	61 (45.2%)	14 (10.4%)	7 (5.2%)
In the past week I felt depressed (n = 135)	61 (45.2%)	33 (24.4%)	25 (18.5%)	16 (11.9%)
In the past week I felt hopeful about the future (n = 135)	14 (10.4%)	32 (23.7%)	50 (37.0%)	39 (28.9%)
In the past week I felt fearful (n = 135)	61 (45.2%)	45 (33.3%)	20 (14.8%)	9 (6.7%)
In the past week I felt lonely (n = 135)	52 (38.5%)	39 (28.9%)	27 (20%)	17 (12.6%)

### The Women's Service Utilization

Where women get support while living with and having separated from an abusive partner is of considerable interest. Whether or not the mothers have ever stayed at a battered women's shelter as an adult is presented in Table 21. Given that shelters were a major organization to recruit women for the current study, the relatively high proportion of shelter residents, more than three quarters of the women, should not be surprising. Of those that had stayed at a shelter, over half (51.5%) had stayed at a shelter only once or twice. A relatively small proportion of the women, 22.5%, had utilized shelter services from four to over ten times.

Table 21: Stayed in Battered Women's Shelter as an Adult

	Frequency	Percent
Yes	164	76.6%
No	50	23.4%
Total	214	100%

Table 22: How Many Times Stayed in Battered Women's Shelter

Number of Times in Women's Shelter	Frequency	Percentage
Once	63	38.2%

<sup>6</sup> "Moderately" and "A Little Bit" categories combined.

Twice	38	23.3%
3 times	22	13.5%
4 to 9 times	30	18.4%
10 or more times	10	6.1%
Total	163	100%
None/not applicable	51	
TOTAL	214	

Notably, as is indicated in Table 22, almost two-fifths of the women study respondents has stayed in a shelter only once, with another almost two-fifths having resided in a shelter two to three times previously. Only a small proportion (about one quarter) of the women had made use of shelters more than three times, belying the oft-repeated statistic that women make repeated use of shelters in their journeys to leave abusive partners. This statistic comes from research in the 1980's and is likely simply outdated. As is clear from the current research, the majority of the women seeking residence used shelters sparingly. Furthermore, if women need the safety offered by shelters, who would deny them the sanctuary provided? With more public awareness of the needs of abused women, they may be using shelters more strategically, as one resource in a planned leave-taking.

Table 23: Where Do the Woman get the Most Support?

Where Most Support Comes From	Frequency
Informal Help From Friends/Family/Relatives	66 (31.3%)
Formal Help From Agencies and Services	50 (23.7%)
Both Equally	82 (38.9%)
Neither	13 (6.2%)
Total	211
Missing/No Response	3
TOTAL	214

Another common question is from where do woman get support in addressing the abuse perpetrated on them by their partners? The women involved in the Healing Journey study were most likely to use both formal and informal supports, although informal assistance from friends, family and relatives was somewhat more often endorsed by the women respondents (see Table 23).

Since counselling is often recommended to deal with abusive relationships, it was of interest to document whether the women sought counselling and from which resources they received such assistance. As is apparent in Table 24, one hundred eighty-nine of the mothers interviewed (89.6%) reported having participated in a counselling program.

Table 24: Ever Participated in Counselling?

	Frequency	Percent
Yes	189	89.6
No	22	10.4
Total	211	100.0
Missing/No Response	3	
Total	214	

The types of counselling programs that the mothers most often engaged in were those having to do with domestic/sexual violence, or mental health services (see Table 25), although other agencies such as services specific to Aboriginal groups, parenting, substance abuse counselling, psychiatric services, and faith-based agencies were also described. Notably, more than fifteen percent of the comments were not codable to any particular agency or type of service, since the women respondents or the research assistance did not provide sufficient information or context to categorize the nature of the counselling.

Table 25: Type of Counselling Program

	Frequency	Percent
Domestic/Sexual Violence	73	39.2
Mental Health Services	46	24.7
Aboriginal Services	10	5.4
Parenting Groups	4	2.2
Psychiatric	5	2.7
Drug Abuse/Rehabilitative Counselling	12	6.5
Church/Religious/Spiritual	7	3.8
Uncodable	29	15.6
Total	186	100
Not Applicable	22	
Don't Know	2	
Missing/No Response	4	
Total	28	
TOTAL	214	

Given concerns that women are often left with poor financial resources and housing after leaving abusive partners, it was of interest to ask about their use of social assistance and social housing. As can be seen in Table 26, about 84% or 175 of the women had applied for social assistance, with 32.7% indicating that they found social assistance “very helpful”.

Table 26: Ever Applied for Social Assistance?

	Frequency	Percent
Yes	175	83.7
No	34	16.3
Total	209	100.0
Missing/No Response	5	
Total	214	

With respect to finding a roof to put over their heads, almost 60 percent or 125 women had applied for social housing, with 66% of the 100 women who used social housing (66 women) reporting that they had found social housing “very helpful” and another 19% or 19 women finding social housing “somewhat” or “quite a bit helpful” (see Table 27).

Table 27: Ever Applied for Social Housing?

	Frequency	Percent
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Yes	125	59.5
No	85	40.5
Total	210	100
Missing/No Response	4	
TOTAL	214	

### Women and the Legal System

When asked about any experiences with the legal or criminal justice system, 173 women (80.8%) indicated that they had, in the past, been involved with the legal system as a result of intimate partner abuse (see Table 28). Ninety-four (54.3%) of these women indicated that they had been involved with the family law system, over 90 percent (162 women) had been involved with the police and more than half (95 or 54.9%) had been involved with the criminal courts.

Table 28: Involvement with the Legal System

Ever been involved with the legal system as a result of intimate partner abuse?	173 (80.8%)
Involved with the police as a result of intimate partner abuse?	162 (93.6%)
Involved with the family court system as a result of intimate partner abuse?	94 (54.3%)
Involved with the criminal courts as a result of intimate partner abuse?	95 (54.9%)

One hundred seventeen of the 214 women (54.5%) also reported having protection/prevention orders preventing their abuser from having contact with them. However, only 50 of these women (48.1%) indicated that these protection orders left them feeling safer (see Table 29 below). Forty-seven of these women (22%) reported having been involved with “all of the above” (police, family courts, criminal courts, and having a prevention order) as a result of intimate partner abuse.

Table 29: If Had an Order Preventing Contact By Ex/Partner, Did You Feel Safer?

Yes	50 (48.1%)
No	54 (51.9%)
Total	104

Ninety-eight women reported having had a lawyer (legal aid or private counsel) to help them with abuse issues. However, as is apparent in Table 31, 26% of the women who needed a lawyer, indicated that they had experienced difficulty securing legal assistance/representation.

Table 30: Have you had a Lawyer of your own to help with Abuse Issues?

Yes, Legal Aid	68 (38.2%)
Yes, Private Counsel	30 (16.9%)
No	80 (44.9%)

Total	178 (100%)
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Table 31: Have you Had Difficulty Securing Legal Assistance/Representation?

Yes	45 (26.2%)
No	127 (73.8%)
Total	172 (100%)
Not Applicable	32
Don't Know	1
Missing/No Response	9
Total	42
TOTAL	214

### The Women and Their Children

The women had an average of 2.74 children (range of 1 to 11). The average age of the oldest child was 15.4 years (range of .25 to 50 years). Because the mothering strategies may vary with the age of the children, it was of interest to determine the age of the oldest child in categories. This information is displayed in Table 32.

The ages of the oldest children vary considerably, with a relatively small proportion with infants and preschool aged children (19.3%). The largest single category was latency aged children, with almost one-third of the mothers reporting that their oldest child was in that age-range. Notably, the oldest child of half of the mothers was 12 years old or younger.

Of interest, as well, is that another almost third of the mothers had either adult children or young adults from age 19 to 25. Although a number of these young adults were likely not still residing with their mothers, they may have endured a number of years of exposure to her abuse. Indeed, as is presented in Table 33, just over 30% of the mothers had no children who currently resided with them. The next year, at Wave 4, the women still involved in the study were more likely to have all their children still living with them.

Table 32: Mother's Oldest Child

Mother's Oldest child	Frequency	Percentage
Mother of infant (0-2)	17	8%
Mother of preschooler (above 2-5)	24	11.3%
Mother of latency age child (6-12)	65	30.7%
Mother of teenagers (13-18)	39	18.4%
Mother of young adults (19-25)	28	13.2%
Mother of adults (25 and up)	39	18.4%
Total	212	100%
Child's age not specified	2	

Table 33: How Many Children Live with Mother?

	Wave 1	Wave 4
All	97 (45.3%)	72 (53.3%)
Some	52 (24.3%)	29 (21.5%)
None	65 (30.2%)	34 (25.2%)
Total	214 (100%)	135 (100%)

With respect to the living situations of children who were not currently residing with their mothers, while the largest category was living on their own, a number lived with their fathers or other relatives. A number of the mothers reported that some or all of their children were currently in either temporary or permanent placement with child and family services authorities.

Table 34: If Some Children live elsewhere with whom do they live?

	Wave 1	Wave 4
Father	30	14
Grandparents	18	9
Relative	13	6
Child Welfare Temporary Placement	9	6
Child Welfare Permanent Placement	14	1
Live on their own	48	29
Other	28	17

Of those who responded that their children were living in other situations, eight have children that have been adopted (one in a private guardianship) and two mentioned that one child was incarcerated.

The information in Table 35 documents the women's report of actions that their partners have taken with respect to themselves as mothers or their children that are an extension of intimate partner abuse.

Table 35: Partner's Action re Children and Mothering

Item	Never	Rarely or Sometimes	Often or Always
My abusive partner tells other people that I am a bad mother (n = 112)	34 (30.4%)	29 (25.9%)	49 (43.8%)
My abusive partner tries to control the way I am raising my child/ren (n = 116)	31 (26.7%)	35 (30.2%)	50 (43.1%)
My abusive partner tries to control the child/ren (n = 119)	29 (24.4%)	39 (32.8%)	51 (42.9%)
My abusive partner has threatened to abduct my child/ren (n = 119)	74 (62.2%)	24 (20.2%)	21 (17.6%)
My abusive partner has threatened to hurt my child/ren (n = 120)	84 (70%)	21 (17.5%)	15 (12.5%)

In fact, 25 of 148 women specified that their abusive partners had abducted their children once (14 or 9.5%) or more than once (11 or 7.4%). Several of the women commented about the abduction incidents.

*After a visitation he told me he wasn't going to return her. I had to wait to see if he would give her back at the end of the visit. He didn't, so the police had to coax him to bring her to a police station.*

*I had to go from AB to BC then Saskatchewan to get them back. It took 6 months. That's when the police helped.*

*He took my son for full days three times -- my baby is breast fed.*

*Yes, their dad attempted and kids were instructed what to do. He also abducted me on several occasions, I either had to throw myself out onto the street or go with him.*

*He took her to Edmonton so I got custody after.*

Another set of questions asked about whether the ex-partner had lied to or had threatened to lie to authorities to discredit the woman (see Table 36).

Table 36: My abusive partner has lied (or threatened to) to try to discredit me to:

Item	Yes	No	Total
Police	82 (73.2%)	30 (26.8%)	112
Judge	60 (54.1%)	51 (45.9%)	111
Child welfare agency	34 (32.7%)	70 (67.3%)	104
Teacher	31 (27.9%)	80 (72.1%)	111
My employer	16 (15.4%)	88 (84.6%)	104
Other	10 (9.6%)	94 (90.4%)	104

As before, a number of the women commented on the context of the lies that their partners told about them.

*He tells people that I am going to kill my children. That is what he told child welfare, neighbour, police...*

*He left messages with Child Welfare saying I abused substances -- basically tried to discredit everything I've been doing over past eight months.*

*Family and friends - he told them that he didn't abuse me and I was the cause of the trouble.*

*When he was charged he denied everything and threatened to sue them. Judge-- denied he did anything to me. Teacher -- charmed the teachers and discredited what I told them.*

*Told police that I was in a lesbian love affair -- an incident that never happened. He swore this on an affidavit.*

*That is how he was able to get custody.*

What impact do these abuse tactics have on the woman's mothering? The information in Table 37 documents some of these effects. The most common impacts include worrying about their children being abused by their partner, not having enough money to provide for the children as she would like to and worrying about the children being vulnerable to abuse by others. However, even some items that were less often reported, could have a significantly negative effect on the woman's mood and confidence

Table 37: Impact of the Abuse on Mother

Item	Never	Rarely or Sometimes	Often or Always
I worry about my child/ren being physically or emotionally mistreated by my abusive partner (n = 126)	28 (22.2%)	28 (22.2%)	70 (55.5%)
I do not have enough money to provide for my child/ren as I	3 (2.2%)	64 (47.5%)	70 (50.4%)

would like (n = 139)			
I worry that having witnessed the abuse, my child/ren will become victims of violence by others (n = 130)	25 (19.2%)	44 (33.9%)	61 (46.9%)
I worry about my child/ren's safety during visits with my abusive partner (n = 100)	35 (35%)	21 (21%)	44 (44%)
I worry that having witnessed the abuse, my child/ren will become violent towards others (n = 128)	31 (24.2%)	42 (32.8%)	55 (43%)
I worry about my child/ren being abducted by my abusive partner (n = 127)	49 (38.6%)	37 (29.1%)	41 (32.3%)
I am afraid that I will lose custody of my child/ren (n = 127)	60 (47.2%)	36 (28.3%)	31 (24.4%)
I am too tired to spend time with my child/ren (n = 144)	23 (2.2%)	84 (58.3%)	37 (25.7%)
I am worried about my child/ren finding out about the abuse (n = 116)	60 (51.7%)	33 (28.4%)	23 (19.8%)
Physical pain resulting from my abusive partner's violence makes it difficult for me to enjoy parenting (n = 112)	51 (45.5%)	44 (39.3%)	17 (15.5%)
I get upset with my child/ren when I am actually angry with my abusive partner (n = 134)	49 (36.6%)	67 (50%)	18 (13.4%)

### Mothing Strategies

Having documented a number of ways that abusive men often continue to abuse the women who mother their children even after marital separation, how do mothers respond? This section presents strategies that women mentioned using as ways to compensate or prevent their children from being exposed to abuse. As one example, 111 of the 214 mothers (51.9%) claimed that they have a safety plan in place for themselves and their children, and 47 of these women (42.3%) claim that they have used this safety/protection plan.

The information in Table 38 is with respect to informal strategies; actions that mothers took on their own initiative to assist or protect their children, and whether or not these proved helpful. These items were constructed by the team of academics and community members who used their expertise with abused women who are also mothers to anticipate some of their reactions.

The strategies that the women found most helpful included being affectionate with their children, doing thing to make them feel good about themselves and teaching them about drug and alcohol problems.

Table 38: Mothering Strategies (Informal)

Strategy	Used	Not Helpful <sup>7</sup>	Somewhat Helpful	Very Helpful <sup>8</sup>
I was affectionate with them (n=134)	126 (94%)	1 (1.6%)	12 (9.8%)	109 (88.7%)
I did things to help them feel good about themselves (n=134)	124 (92.5%)	4 (3.2%)	16 (13.3%)	100 (83.4%)
I taught them about the problems associated with drug and alcohol abuse (n=132)	72 (54.5%)	4(5.9%)	14 (20.6%)	50 (73.5%)
I separated them from my partner (n=128)	72 (56.2%)	5 (7.2%)	14 (20%)	51 (72.9%)
I taught them a safety plan (n=130)	67 (51.5%)	6 (9.2%)	12 (18.5%)	47 (72.3%)

<sup>7</sup> “Not helpful” and “A little bit helpful” categories combined

<sup>8</sup> “Quite a bit helpful” and “Very helpful” categories combined

I disciplined them so my partner would not (n=127)	46 (36.2%)	4 (9.3%)	8 (18.6%)	31 (71.1%)
I told my family & friends about the abuse (n=132)	98 (74.2%)	17 (18.1%)	20 (21.3%)	57 (60.6%)
I tried to make up for their witnessing violence by, for example, giving them more attention or spending more time with them (n=133)	86 (64.7%)	15 (18.3%)	17 (20.7%)	50 (61%)
I parented them alone (n = 130)	109 (83.8%)	2 (1.9%)	41 (39.4%)	61 (58.7%)

The information in Table 39 is with respect to strategies that the women used with their abusive partners to protect or assist their children. The most utilized and effective of these was ending the relationship with the partner and avoiding situations that could lead to violence.

Table 39: Relationship Strategies

Strategy	Used	Not Helpful	Somewhat Helpful	Very Helpful
I ended the relationship with my partner (n = 130)	82 (63.1%)	2 (2.6%)	12 (15.6%)	63 (81.8%)
I avoided a situation that I thought might lead to violence (n=135)	115 (85.2%)	11 (9.7%)	16 (14.2%)	86 (76.1%)
I provoked a violent incident when my child/ren were not present so that the violent episode would be finished by the time they returned (n=129)	27 (20.9%)	6 (23%)	6 (23.1%)	14 (53.9%)
I threatened my partner so he/she would stop abusing me (n=127)	48 (27.8%)	23 (47.9%)	13 (27.1%)	12 (25%)
I remained in the relationship with my partner (n=131)	48 (36.6%)	29 (64.4%)	9 (20%)	7 (15.5%)
I physically fought back against my partner (n=130)	49 (37.7%)	30 (62.5%)	10 (20.8%)	8 (16.7%)
I returned to the relationship with my partner (n = 133)	22 (10.3%)	11 (52.4%)	5 (13.8%)	5 (13.8%)

The information in Table 40 is with respect to contacting formal agencies and services and the perceived efficacy of these. The women contacted a number of formal supports and services such as child welfare and the police for assistance with their children. Importantly, 111 of 210 (52.9%) had a safety plan for both themselves and their children.

Table 41 is with respect to seeking informal assistance for one's children from such supports as family, friends and faith communities. Table 42 is about seeking counselling supports for children in the past year, including group and individual counselling for children and/or mothering groups for the women, to learn the effects of exposure to domestic violence and strategies to intervene. With respect to each of these resources, the women state their perceptions of the extent to which it was helpful.

Table 40: Contacting Formal Agencies for Help for your Children in Past Year (in order of usage)

Strategy	Used	Not Helpful <sup>9</sup>	Somewhat Helpful	Very Helpful <sup>10</sup>
Financial Assistance (n = 146)	70 (47.9%)	3 (4.3%)	19 (27.5%)	47 (68.1%)
VAW emergency shelter (n= 147)	66 (44.9%)	1 (1.5%)	8 (12.3%)	56 (86.1%)
Lawyer (n = 148)	64 (43.2%)	4 (4.7%)	22 (34.4%)	39 (60.9%)
Police (n = 147)	58 (39.5%)	5 (8.8%)	16 (28.1%)	36 (63.2%)
Custody order (n = 147)	55 (37.4%)	6 (11.5%)	11 (21.2%)	37 (77.3%)
Housing (n = 145)	52 (35.9%)	6 (12%)	2 (4%)	42 (84%)
Legal Aid (n = 148)	45 (30.4%)	3 (6.7%)	9 (20%)	33 (73.3%)
Victim Services (n=147)	44 (29.9%)	4 (9.1%)	18 (40.9%)	22 (50%)
Restraining or other protective orders (n = 146)	40 (27.4%)	10 (25%)	7 (17.5%)	23 (57.5%)
Child Welfare (n = 147)	37 (25.2%)	8 (21.6%)	11 (24.3%)	20 (44%)
Crisis hotline (n=147)	24 (16.3%)	5 (20.8%)	8 (33.3%)	11 (45.9%)

Table 41: Contacted Informal Supports for Help with Caring for your Children in Past Year

Strategy	Used	Not Helpful	Somewhat Helpful	Very Helpful
Family (n = 145)	106 (73.1%)	3 (2.8%)	28 (26.4%)	75 (70.8%)
Friends (n = 147)	93 (62.3%)	3 (3.3%)	22 (34.7%)	57 (62%)
Neighbours (n=147)	50 (34%)	1 (2%)	20 (40%)	29 (58%)
Faith Community (n = 147)	34 (23.1%)	2 (5.9%)	11 (32.3%)	21 (61.8%)

Table 42: Contacted Counselling Services for Help for your Children in Past Year

Strategy	Used	Not Helpful	Somewhat Helpful	Very Helpful
Counselling (n = 147)	90 (61.2%)	1 (1.1%)	22 (24.7%)	56 (74.2%)
Parenting program (n = 147)	46 (31.3%)	1 (2.2%)	10 (21.8%)	35 (75%)
Domestic violence outreach (n = 146)	43 (29.5%)	2 (4.7%)	5 (11.7%)	36 (83.8%)
Women’s Centre or Group (n = 147)	36 (24.5%)	1 (0%)	8 (22.2%)	28 (77.7%)
Children’s Group (n = 147)	29 (19.7%)	0 (0%)	13 (25%)	21 (75%)
Mother’s Support Group (n = 147)	17 (11.6%)	1 (5.9%)	5 (29.4%)	11 (64.7)
Respite Services (n = 146)	17 (11.6%)	1 (5.9%)	4 (23.5%)	15 (87.2%)
Children who Witness program (n=146)	13 (8.9%)	1 (7.7%)	5 (38.5%)	10 (76.9%)

An open-ended question asked which of the above-mentioned strategies was most effective. Those mentioned most often are presented in Table 43.

Table 43: Most Effective Mothering Strategy

Separating/leaving relationship	32
Affectionate	17
Parenting them alone	13

<sup>9</sup> “Not helpful” and “A little bit helpful” categories combined

<sup>10</sup> “Quite a bit helpful” and “Very helpful” categories combined

Shelter	10
Avoided a potentially violent situation	6

With respect to leaving the relationship, the following quotes exemplify the issues:

*Son is happier, doesn't wake up screaming from a nightmare (used to be frequent), doesn't hear fighting, moved to a better environment.*

*The abuse was beginning to affect our son so I left and I am glad I did.*

Regarding being especially affectionate with the children to compensate for their being exposed to their father's abusive behaviours, several mothers commented as follows:

*Try to teach what love is and to be confident be able to identify healthy relationships.*

*This (being affectionate) helps them have good self-esteem and improves my relationship with them.*

*He made me feel unloved so over-loving them (kids) was good for them, so they could feel safe.*

With respect to parenting them alone, several mothers made the following comments:

*I knew there wouldn't be conflict in discipline or everyday raising of children.*

*Partner has a very short fuse. I don't want them to get hurt.*

*When he is not around I am less stressed and can focus more on them.*

*All my energy is on them, priorities are in order.*

Shelters were the only formal agency/support that the women mentioned among their top strategy. Mothers made several comments explaining what about shelters made them especially good.

*I felt safe.*

*Gives you an outside view (function and think better).*

*A safe place.*

*Shelter because they helped me so I didn't have to go back.*

*Compassionate/understanding safe place to stay.*

The final strategy identified among the most effective more often by the mothers in the study were with respect to avoiding situations.

*Avoided situation to protect them.*

*Avoided situations because he didn't have to see a bad scene.*

*Avoided situations that might lead to violence. Allows for cooling off time.*

In summary, the women documented that their partners continued to behave in controlling and abusive ways that were either treated to the children or affected their mothering. While the emphasis on woman abuse is often on the physical assaults while the partners reside together, the ways that partners continue to utilize abusive behaviours after separation and the extent to which these often focus on their children and the women's

competence as mothers is important to note. Nevertheless, the women utilized numerous informal and formal support services and strategies to protect their children from the impact of these abusive tactics.

## Chapter Four: Discussion

This research report documents portions of the journeys of over 200 Alberta women in their attempts to heal from intimate partner abuse. Little research has followed this journey over time and only a paucity has focused on abused women as mothers. The current analysis reports only on the first Two Waves of the Healing Journey project in Alberta; additional analyses will make comparisons over time on all of the research variables. The current report describes the base-line data with respect to the Alberta women as mothers and the ways that the abuse both affected them and their children and prompted them to develop protective strategies.

Because we purposely recruited participants from diverse backgrounds, including Aboriginal women, immigrant/refugee women and women with disabilities, the demographic characteristics of the final sample of women are not representative of the population of Alberta as a whole, but they were not intended to be. A little more than half of the mothers are Caucasian, almost one-third are Aboriginal or Métis (32%) and a smaller group are from other visible minority backgrounds (11%). The women were an average age of 38 years of age with an average yearly total family income of \$24,318 (range of 0 to \$235,000). The majority of the mothers were born in Canada (83%), with about one-sixth of the women originally from other countries.

Interestingly, whereas 40% of the women had at least some post-secondary education and another 21% had completed highschool, the majority, almost 60%, were not currently employed. Notably, though, the oldest child of half of the mothers was 12 years old or younger, so some mothers stayed home to care for their children.

In addition, however, about 75% of the mothers reported some form of disability or long-term illness, almost two-thirds of which they related to either their childhood abuse or intimate partner abuse. Forty percent of these women reported that the disabilities interfered or prevented them from employment. These high rates of disability/chronic illness and their linkages to employment status have not been highlighted in other research on abused women.

The women self-reported high levels of child emotional, sexual and physical abuse with more than half having witnessed intimate partner violence between their parents as children. Another almost half had been neglected as children. These high proportions of childhood abuse histories are consistent with Tutty's 2006a cross-Canada research with 10 YWCA shelters for abused women.

It is important to clarify that the majority of the women (85.4%) were not living with this partners during the Wave 1 and Wave 2 data collection period. As such, their experiences and perceptions may differ from women currently living with abusive partners. The abuse tactics that the women most often endured from their partners were with respect to emotional abuse such as denigrating comments to the woman and her friends and family, and attempts to socially isolate her and harass her. Of the serious forms of physical and sexual violence, about one-quarter of the women were regularly beaten physically, 45% had been raped at least once by their partner. Further, almost 78% of the women had been abused by their partners during at least one of their pregnancies. In short, the majority of the women endured sustained psychological and physical harassment from their partners.

The women had an average of 2.7 children with a range of from one to eleven. The average age of the oldest child was 15.4 years (range of .25 to 50 years). The ages in categories of the oldest children vary considerably, with a relatively small proportion with infants and preschool aged children (19.3%). The largest single category was latency aged children, with almost one-third of the mothers reporting that their oldest child was in that age-range. Another almost third of the mothers had either adult children or young adults from age 19 to 25. Just over 30% of the mothers had no children who currently resided with them, primarily because they are now adults.

### **Mothing Strategies**

The final section focuses on the partner's abusive tactics that target either the children or the mothers' sense of competency or her reputation as a competent mother. The research has tended to focus on abusive behaviours towards the women when the couple are together. Less has been written about abuse that continues post-separation where custody and access can become the new venue for continuing to exert power and control over the woman. The most common examples of such tactics reported by the Alberta woman are abusive partners telling others that she is a bad mother, trying to control the way she raises the children and trying to control the children. Less common, but still serious concerns were threats to abduct or hurt the children. Indeed, 25 of 148 women specified that their abusive partners had abducted their children once or more than once.

The impact of such actions or threats to the children or to the mother's sense of competency was generally serious, creating considerable anxiety, fear and upset. Nevertheless, even when still together, the women utilized numerous strategies to protect the children from being exposed to or suffering the consequences of the abuse. The list of strategies included informal mothering strategies such as introducing activities to help the children feel good about themselves, relationship strategies with the partner, such as ending the relationship and contacting formal agencies such as the police, child welfare or shelters. Across these categories, the women saw the most effective strategies as separating/leaving the relationship, being affectionate with the children, parenting them alone, support from women's shelters and avoiding potentially violence situations.

The myth of abused women as helpless victims in relation to their assaultive partners has not proved useful (Gondolf, 1998; Tutty, 2006a; 2006b). Rather, most have tried numerous strategies to end or ameliorate the abuse. Similarly, it is time to dispel the myth that all abused women are bad mothers simply because of their earlier choice to live with a partner who became abusive. Most have taken many actions to protect and shield their children from being abused or being exposed to the woman's abuse. With some lethally abusive partners, staying may be the safest alternative for both mother and children (Ellis, 1992).

The stories of the Alberta women in the current research are diverse. Each should be respected and considered within the context of the woman's history, resources and individuality. The continuation of abusive tactics beyond marital separation is a stark reality and the children are often the focus. Nevertheless, having primarily exited assaultive relationships, these mothers are generally coping much better.

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