

THE RECOVERY JOURNEY:
MOTHER-SURVIVORS' STRUGGLES AND STRENGTHS NAVIGATING
RECOVERY IN A DOMESTIC VIOLENCE SHELTER

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Abstract

Domestic violence is a prevalent issue with extensive impacts. For some, abuse greatly threatens immediate safety and survivors are forced to flee their homes to seek refuge in domestic violence shelters. These shelters address immediate environmental, social, and emotional concerns, helping guide survivors through recovery. Like all people, survivors encompass a wide range of intersecting identities and backgrounds, inevitably making their recovery experience individualized. In particular, mother-survivors staying in domestic violence shelters face unique challenges as restrictions are placed on them which make parenting more difficult and in turn hinder parts of their recovery. Through qualitative interviews conducted with mother-survivors and staff members of domestic violence shelters, this study examines the unique challenges and strengths of mothers recovering from abuse in a domestic violence shelter. Findings reveal that the shelter supervision and discipline policies inhibit the recovery of mother-survivors. Despite these struggles with child-related policies, however, findings also show that motherhood is an important source of strength in recovery for survivors. Recommendations include promoting survivor-centered, trauma-informed care in shelters, being sympathetic and flexible when communicating and enforcing parenting policies, continuously building up a mother-survivor's self-image, and, if possible, expanding interventions and programming to address the specific needs of mother-survivors.

Keywords: domestic violence, intimate partner violence, survivor, motherhood, domestic violence shelters, recovery, policy analysis, intensive motherhood, parenting discipline tactics

Chapter 1: Introduction to Study

According to the United Nations (2022), domestic violence (DV) is defined as a pattern of behaviors used by one partner in a relationship to gain power and control over the other partner. DV has been a prevalent issue for centuries, with evidence of abuse against intimate partners dating back to ancient Greece (Deacy & McHardy, 2013). The issue has continued into modern times, as one in three women experience intimate partner violence in their lifetime (World Health Organization [WHO], 2022). The abuse can take on myriad forms (e.g., physical, emotional, verbal, environmental, financial, sexual, or cultural abuse) and often puts a survivor at great risk both emotionally and physically. In order to protect themselves, some survivors seek safety in DV shelters. The transition into shelter is a difficult process, forcing survivors to uproot their entire lives in a matter of hours to move into shelter. This physical process of moving is augmented by the emotional toll of leaving an abusive partner and the gravity of starting a new life. Although many survivors experience immediate feelings of relief after arriving at shelter, this is often followed by a prolonged depressive period as they begin to heal from the trauma they have just endured and start to rebuild their life (Ben-Porat & Srur-Bondarevsky, 2021).

For many, children are also involved in this transition. According to a study conducted by Wathan and McMillian (2013), over 25% of children grow up in a home where domestic violence occurs. Many of these children flee the violence with their parent and end up spending a period of their childhood living in a shelter. This adds to the already difficult transition parenting survivors make when moving into a shelter, as they also must learn to parent in an entirely new context. These personal obstacles to parenting are paired with various external forces created by the shelter environment which can further contribute to difficulties with parenting. Survivors with children must share personal spaces with others, which takes away from their privacy as

parents. Additionally, shelter rules regulate what parents can and cannot do with their children, limiting their freedoms and restricting their autonomy as parents (Gregory et. al., 2017).

While staying in shelter, survivors are in recovery. Abusive relationships have indescribable effects on survivors, as abusers exert power and control over their partner throughout the relationship, dismantling the survivor's sense of self-worth, feelings of safety, connection to social support, and much more (Maume et al., 2014; Shackelford, 2001; Stone et al., 2021). Once leaving, survivors must work to gain back all that was taken through the abuse, which looks different for each survivor as they simultaneously navigate barriers related to their socioeconomic status, geographical location, identity, etc. For the purpose of this study, the recovery process will be broken into two categories: the practical aspects of recovery, like finding housing, navigating the legal system, and taking care of basic needs, and the emotional and psychological aspects of recovery, like feeling safe, confident, and empowered to make life decisions, parent, and set oneself up for success. These two distinct aspects of recovery help provide a framework for understanding the nuanced effects that DV shelters and motherhood have on a mother-survivors' recovery process, which is the focus of this study.

Staff Perspective

Multiple studies have utilized the perspective of staff members to analyze the effectiveness of DV shelter interventions (Bermea et al., 2021; Sullivan et al., 2017; Williams et al., 2021), showing the value of staff perspectives in this field of research. I have worked as a shelter advocate in a DV shelter for almost three years, and have witnessed first-hand the struggles described above. My position has a wide range of responsibilities, including hotline operation, shelter management, crisis support, and survivor advocacy. Those in my position work with clients more than any other clinician, as we are present and accessible 24-hours a day to

provide emergency and non-emergency support to survivors. We come to know each client very closely, working with them throughout their entire stay in the shelter. My research questions are rooted in observations I have made throughout my 4000 hours working in a shelter, and are answered in part by observations I have continued to make throughout the research process.

Although all survivors come with unique trauma experiences and individual needs, I have observed specific difficulties shared by parents throughout my 3 years working in a shelter. The fact that there are more rules affecting parents than other survivors makes shelters more difficult for many parents to navigate. In the shelter where I work, which is also one of the shelters participating in this study, parents are expected to be within eyesight of their children at all times, unless a staff member has agreed to watch them or their children are sleeping. Staff members cannot feed a child without discussing it with the parent first, they cannot change a child's diaper, and they typically can only watch the children for 30 minutes to an hour at a time. Parents cannot leave their children at the shelter alone, but also cannot have other clients or family members come into the shelter to provide childcare. Parents also cannot spank the children as a form of discipline, even if that was a tactic they previously used.

These rules are all in place to ensure the safety of the child or to strengthen the parent-child relationship. However, they can be extremely frustrating and exhausting for many survivors. According to Côté et al. (2021), women staying in shelters often feel that they are being assessed rather than supported by the shelter in their mothering experiences. Policies like those described above are sometimes perceived to test a mother's ability to care for her child. Furthermore, many of the policies require parents to be tending to their children at all times which is exhausting for many survivors who have also just transitioned to single parenting.

These policies could be amended or reframed to provide more support to the parent rather than only protect the child.

I have also noticed that parent-survivors' intersecting identities as both a parent and a survivor often creates a complicated path through trauma recovery. Parent-survivors must navigate prioritizing themselves as survivors to gain back the personal autonomy that was diminished through the abuse while also being accessible as parents 24/7 to meet the needs of their children. This adds barriers to the already difficult process of healing from trauma, but is not always addressed by shelter programming. In addition, organizational policies that limit parenting choices may contribute to the disempowerment of parent-survivors and inhibit trauma recovery. These observations made during my time working at a shelter along with my research conducted for the subsequent literature review have inspired my research interests and informed the following research questions:

1. How do parenting policies in domestic violence shelters enable or constrain the trauma recovery of residents who are mothers?
2. How do mothers in domestic violence shelters experience motherhood as an intersectional identity that influences their experience and healing in domestic violence shelters?

Survivors encompass a wide range of gender identities, but for the purpose of this research I will only be studying the experiences of mothers. The vast majority of survivors staying in shelters are women, so by focusing on women I am focusing on the group most affected by this issue. Moreover, the societal pressures placed on women in the context of mothering adds an additional layer of complications when it comes to being a parent-survivor.

These pressures will be further explored in the literature review and are reflected in the findings of the study.

I will use the term mother-survivor when referring to the subset of survivors I am studying, as those are the aspects of their identity relevant to my research. Each participant was asked if they identified with these terms during the interview and they all agreed. However, I would like to note that the participants in this research and the general subset of the population I am studying have identities that are more nuanced than reflected in the term mother-survivor. First and foremost, they are people, with many complex experiences that are not directly explored in this study. In an attempt to recognize this and to protect their identities, each mother-survivor participant has been assigned a pseudonym and will be referred to using that as much as possible. I will also use pseudonyms with their children. When generally referring to the group of survivors I am studying, however, I will use the term mother-survivor.

This study not only provides important insight into ways social workers can better support mother-survivors staying in DV shelters, but it also has implications for the field of social work as a whole. The six core values of the National Association of Social Worker's (NASW) code of ethics are service, social justice, dignity and worth of a person, importance of human relationships, integrity, and competence (2021). Findings of this study reveal ways social workers can improve the service they provide to individuals while drawing on many of the social work values, like importance of human relationships, to enhance that service. Many of the recommendations I provide are related to the manner in which staff members interact with survivors, which can be applied to the way all social workers interact with those they are serving.

Chapter 2: Literature Review

Domestic Violence

According to the WHO (2022), one in three women experience intimate partner violence (IPV) throughout their lifetime. The definition of IPV can vary, but the Centers for Disease Control and Prevention (2022) defines it as “abuse or aggression that occurs in a romantic relationship” (para. 1). IPV is a type of domestic violence, encompassing only cases of abuse between intimate partners. Domestic violence is a broader term used to refer to any instance of abuse in a domestic setting. This can include abuse perpetrated by parents, children, siblings, roommates, friends, partners, etc. (WHO, 2022). Although this study will focus on the experiences of IPV survivors specifically, I will use the term domestic violence to refer to the abuse experienced by the survivors I am studying. Domestic violence is the term used by the vast majority of shelters in the U.S.; since my research will be conducted within the context of shelters, I will use that term.

Foucault’s Theory of Power

To examine patterns of abuse in domestic violence relationships, I will use the perspectives provided by French philosopher Michel Foucault’s theory of power. According to this theory, social power is an inescapable force which is present everywhere. It is rooted in the inevitable difference, inequality, or unbalance that humans experience in any relationship, and has influence in all situations. In Foucault’s (1977) foundational work, the concept of disciplinary power is explored. This specific type of social power exists to control individuals through the use of rules and surveillance. It is a productive form of power, reconstructing the thoughts and actions of individuals to benefit the person or persons in power. Although Foucault used this form of power to describe the dynamics existing within large institutions such as

prisons, I argue that this theory is also applicable to the dynamics within a domestic violence relationship.

In cases of domestic violence, power is sometimes reinforced through coercive control, a term developed by Dutton et. al. (2005) to explain the multi-step process of abuse. After creating an attachment, abusers will begin to exploit the vulnerabilities of the survivor using various manipulation tactics, such as gaslighting. Then, abusers will gradually set rules for the survivor, telling them who they can see, where they can go, and what they can do. Violence or the threat of violence is used to force survivors into compliance, and abusers will use surveillance to ensure survivors are abiding by the rules. When the abuser is not around, survivors begin to keep surveillance on themselves, as they are threatened by the looming possibility of future violence or other forms of abuse (Westlund, 1999). The application of disciplinary power and coercive control to domestic violence situations are supported by the previous research (Dardis et al., 2020; Westlund, 1999) indicating that the use of implicit and explicit surveillance are common tactics of abusers in domestic violence relationships. Although my study will not directly examine the power dynamics between an abuser and survivor, this perspective is important to understand the multilayered experiences of trauma and domination existing for mother-survivors staying in shelters.

Abuse is highly traumatizing to the survivor, affecting them in nearly all aspects of their life. Traumatic events are defined as experiences that cause feelings of intense fear, loss of control, helplessness, and/or a threat of destruction that can overwhelm individuals mentally, emotionally, and physically (Ferencik & Rameriez-Hammond, 2013). Trauma has significant lasting impacts on individuals, affecting how they feel, think, behave, and relate to others (Guarino et al., 2009). For many, traumatic events lead to the onset of post-traumatic stress

disorder (PTSD). According to the Diagnostic and Statistical Manual-5, this is characterized by exposure to trauma that results in extreme distress at cues reminding someone of the traumatic event, hypervigilance for danger, disturbance in sleep, concentration, irritability, etc. (American Psychiatric Association, 2017). Trauma is an implicit part of experiences of domestic violence, as the abusive tactics used by abusers fall within the definition of traumatic events.

Recovery

Recovering from trauma is a process that takes work and time and can take many forms. Sinko et al. (2021) studied the unique trauma experiences of survivors of domestic violence through a mixed-methods approach. Data indicated there are five main avenues to trauma recovery for survivors: sharing/connecting; building positive emotions; reflecting and creating healing spaces; establishing security; and planning the future. These findings are in line with Judith Herman's theory of trauma recovery (1997) which argued that there are three stages to healing from trauma: safety and stabilization, remembrance and mourning, and reconnection and integration. The CHIME model developed by Leamy (2011) also follows a similar framework, arguing that the main components of recovery are connectedness, hope and optimism about the future, identity, meaning in life, and empowerment. Although these models are slightly different, they reflect the importance of safety, connection, and positivity for the emotional and psychological aspects of recovery for survivors.

Recovery from an abusive relationship not only involves recovery from emotional trauma, but also includes stabilizing other aspects of a survivor's life. For the purpose of this study, these stabilization efforts will be referred to as the practical aspects of recovery. Studies have shown that domestic violence survivors and their children are at increased risk for physical health conditions, homelessness, unemployment, and financial instability (Adams et al., 2012;

Dillon et al., 2013; Pavao et al., 2007; Smith et al., 2017). Many survivors must also navigate the legal system to file protection orders, get custody of their children, press charges against their abuser, or file for divorce. Studies show that this process is often overwhelming for survivors, and can sometimes lead to re-victimization (Gezinski & Gonzalez-Pons, 2022). Survivors turn to DV shelters when they have nowhere else to go, which often means they need help navigating a number of these barriers.

These practical aspects of recovery are especially vital to the recovery experience of survivors staying in a shelter, but limited studies have been conducted to simultaneously explore this side of recovery along with the emotional aspects. Furthermore, no study I have come across specifically examines the impact of shelter policies and motherhood on these two areas of recovery, which is a gap addressed through this study.

Domestic Violence Shelters

The first domestic violence shelters in the U.S. were formed in the 1970s during second-wave feminism (Hague, 2021). Many shelters and hotlines opened around the country during this time, most of which were a product of volunteer driven, grass-roots efforts by survivors and feminists to address the issue of gendered violence in the U.S. (Campbell et al., 1998; Riger, 1994; Schechter, 1982). When shelters were first created they were small, community-based organizations with limited hierarchies and regulations. Slowly, however, the demand for services increased and shelters began to turn to private and governmental funding sources to meet the needs of their clientele. The acceptance of these funds has led to the professionalization of shelters, increasing shelter regulations and evaluations which has pushed shelters away from their origins in volunteer based, grass-roots advocacy (Bennett et al., 2004). Today, shelters are predominately reliant on government funding and must pass certain accreditation and

certification requirements set by the state to operate. In Ohio where this research was conducted, accreditation requirements are predominantly focused on general standards of care provided to individuals and not the specific programs that shelters provide, according to the executive director of Shelter 1.

The funding sources used by shelters vary depending on the shelter size and location, but often include federal funds from the Violence Against Women Act (VAWA) and Victims of Crime Act (VOCA). Many shelters operate with a limited budget, which restricts the resources and services they can provide to survivors in their community. Below are two tables which outline the major funding sources and expenditures of the shelter at the focus of this research, Shelter 1. This shelter employs 6 full time employees and 11 part time employees and has the capacity to house 11 survivors in their primary shelter and 3 survivors (or families) in their transitional housing. This budget is specific to Shelter 1, but reflects a struggle in balancing funding sources and expenses that many DV shelters face.

Table 1

Shelter 1 Funding Sources

Type	Distributor	Source	Amount	Total
County		Tax Levy	\$171,611	
	Alcohol, Drug Addiction and Mental Health Services Board	Stability Funds	\$67,538	\$260,649
		Peer & Recovery Funds	\$1,000	
	Other	–	\$21,500	
State	Ohio Attorney General's Office	State Victims Assistance Act (SVAA)	\$12,700	\$137,700
	Medicaid	-	\$125,000	

Federal (mostly distributed by the state)	Ohio Office of Criminal Justice Services	Family Violence Prevention & Services Act (FVPSA)	\$59,700	\$239,492
		Violence Against Women Act (VAWA)	\$71,936	
	Ohio Attorney General's Office	Victims of Crime Act (VOCA)	\$71,656	
	Other	-	\$36,200	
Other	-	Ohio Domestic Violence Network (ODVN) Grant	\$60,000	\$166,229
		Donations	\$70,000	
		Other	\$36,229	
Total				\$804,070

Table 2*Shelter 1 Expenses*

Type	Expense	Amount	Total
Employee	Salaries & Wages	\$567,120	\$708,470
	Insurance	\$78,250	
	FICA Expense	\$43,000	
	Retirement Match	\$13,100	
	Other	\$7,000	
Shelter & Program Management	Property Expenses	\$32,400	\$70,500
	Accounting & Legal	\$11,150	
	Software Fees	\$10,500	
	Housekeeping & Office Supplies	\$5,500	
	Car Expenses	\$4,200	
	Other	\$6,750	

	Food	\$9,600	
	Emergency Assistance	\$1,000	
	Basic Needs Items for Families	\$5,000	
Client Support	Alternative Therapy	\$800	\$25,100
	Staff Training	\$2,000	
	Pet Program	\$2,000	
	Other	\$4,700	
Total			\$804,070

As reflected in Shelter 1's budget, it can be difficult for shelters to balance necessary expenses, like employee salaries and property expenses, with efforts to expand programs and client support. Recommendations from this paper will be provided with an understanding of the budgetary limitations that shelters experience.

Impact on Survivors

Domestic violence shelters provide vital resources to survivors, addressing environmental, social, and emotional concerns through counseling, case management, and crisis intervention (Allen et. al., 2021). These resources help survivors navigate both the practical and emotional aspects of recovery, creating a space for survivors to feel safe and supported while also providing resources that help survivors find housing and stabilize their lives. In a study conducted by Sullivan and Virden (2017), the effects of DV shelter interventions were studied. Qualitative interviews with survivors and shelter staff illuminated survivors' feelings of self-efficacy and hopefulness after staying in a shelter. Overall, the study found that most survivors had a positive experience while staying in the DV shelter. Most reported that their needs were met, and that they left shelter feeling more confident and self-sufficient than when entering

shelter. Participants also had predominantly positive experiences with staff, reporting a safe and accepting environment.

Although the overall experiences of survivors staying in domestic violence shelters are often positive, there are still aspects of the shelter experience that are negatively impactful to some survivors' recovery experience. Shelters have varying amounts of rules to protect residents and ensure a smooth delivery of services. These rules inevitably restrict the freedom and autonomy of survivors, as they regulate how the survivor exists both inside and outside the shelter (Fauci & Goodman, 2020). A study conducted by Gregory and Sullivan (2017) used qualitative interviewing to assess the impact of DV shelter policies on survivors staying in them. Findings of the study showed that shelter rules restricted survivors' ability to participate in normal, day-to-day activities and, in turn, negatively affected their psychological well-being. This also affected their ability to reconnect and reintegrate into society, the final step to the trauma healing process as argued by Herman (1997). My research further explores this concept, with a specific focus on the ways staying in a shelter and being a mother affects both the emotional and practical aspects of recovery.

Another study conducted by Fauci and Goodman (2020) explored this same topic and found that shelter rules are particularly impactful to mother-survivors. Most DV shelters are staffed 24/7, which can create feelings of being surveilled for survivors who have just left a highly surveilled environment with their abuser. Mothers are surveilled at higher rates than other survivors, as shelter rules affect them more than others. Mothers also report feeling judged on their parenting by other survivors staying in the shelter, adding an additional level of surveillance to their shelter experience. This power structure resembles that of Foucault's theory of disciplinary power, as rules and surveillance limit the actions of mother-survivors. This can be

harmful to the recovery experience of mother-survivors, controlling what they can and cannot do at a time when they are trying to develop a new sense of self-sufficiency and independence.

Studies have also revealed negative shelter experiences for marginalized groups, such as members of the LGBTQ community and people of color (Calton et. al., 2016; Haaken & Yragui, 2003). This is important to recognize as mother-survivors have intersecting identities that could further affect their experiences with recovery in shelter. However, studying those experiences is beyond the scope of this research.

The surveillance and rules that exist in domestic violence shelters, to a degree, are an inevitable aspect of communal living that shelters utilize to ensure the safety of their residents. Studies have shown that efforts to reduce the rules in DV shelters have positive effects on survivors' overall experience staying in a shelter (Kulkarni & Stylianou, 2019), but do not recommend the elimination of all rules. In the DV shelter where I work and where the majority of the data was collected for this study (Shelter 1), there is an emphasis on reducing rules and limiting the amount of surveillance on residents as much as possible. There are no cameras on the inside of the shelter, and shelter staff are prohibited from looking through a survivor's belongings. Staff are instead encouraged to give survivors space and privacy as they navigate recovery, and be flexible and patient when enforcing rules. However, a level of surveillance is inevitable as the shelter staff must monitor the shelter and encourage the following of shelter rules that are in place for safety reasons.

Some of the rules restrict the freedom of survivors, like the supervision policy that requires mother-survivors to stay with their children or the discipline policy that bans any form of physical discipline. These policies directly control what survivors can and cannot do in shelter, but they also protect the safety of the shelter residents which is prioritized by shelters.

For example, the discipline policy mentioned above protects children from being physically punished, as well as protects other survivors staying in the shelter from witnessing an act of violence that could be triggering. A level of surveillance by shelter staff is inevitable to encourage residents to abide by these policies and to monitor the safety of those staying in shelter. While there are some benefits to these policies, there are also negative effects on survivors.

Although survivors experience some difficulties while staying in DV shelters, shelters provide crucial resources for survivors which cannot be accessed anywhere else. Some of the struggles survivors face are a direct result of policies that are necessary for the safety of those staying and working in the shelter, making it difficult for shelters to simultaneously prioritize recovery. The recommendations produced by this study are a valuable insight into ways restructuring would allow them to more effectively help survivors without comprising safety. Specifically, this study points to ways that policies surrounding parenting can be reevaluated to better support mother-survivors. Though an unequal allocation of power between survivors and agency employees might be inevitable, shelters can take specific actions to better mitigate the effects of that dynamic in order to promote a quicker and smoother recovery. This study will examine these concepts to determine specific and realistic approaches shelters can take to accommodate the specific needs of mother-survivors.

Mothering

As mentioned above, DV shelters have numerous effects on mother-survivors. Although they provide life-saving resources for these individuals, they also explicitly surveillance survivors through the structure and rules of the organization. According to Fauci and Goodman (2020), “Surveillance is a structural phenomenon, baked into the policies and practices of DV

shelters... the costs of surveillance for mothers is significant” (p. 241). This is reinforced by the surveillance mothers already experience through social expectations of motherhood, which will be explored below.

Intensive Motherhood

According to Hays (1996), intensive mothering is a “gendered model that advises mothers to expend a tremendous amount of time, energy, and money into raising their children” (p 11). Modern mothers are expected to be entirely selfless and available to their children at any moment, with endless energy and ability to attend to their children’s needs. This expectation is unachievable, pushing mothers to make exponential sacrifices for their children. It can be extremely damaging for both mothers and children, as it places harmful pressure on the mother to ignore her own needs, while also slowing the development of independence and self-sufficiency in the child. Intensive mothering has become a stereotype for what a “perfect mother” looks like and may serve as a basis for judgment against other mothers. This causes feelings of surveillance from all realms of society, pushing mothers to feel guilty for not being an entirely selfless mother with no needs of her own.

In the context of domestic violence, this expectation is sometimes exploited by abusers to attack a mother-survivor’s self-image and self-worth. Abusers use parenting as a target of their abuse by criticizing a mother’s ability to nurture, provide care, and discipline their children (Renner et al., 2021). In a qualitative study of 26 mothers who had experienced domestic violence, it was found that partners frequently targeted women’s mothering by exerting control through threats to contact child protective services, reproductive coercion, and undermining their authority as a mother (Lapierre, 2009). These tactics reinforce the narrative that mothers do not do enough for their children, which is already present in the societal expectations of intensive

mothering. In addition to examining the effects of DV shelter policies on survivor recovery, my research also studies the effects of motherhood on a mother-survivor's recovery experience. This will provide important insight into this population's unique struggles and help inform best-practices to support them.

After leaving an abusive situation, mothers must rebuild their lives and navigate parenting in an entirely new context. In a shelter, many policies exist that monitor mothering, once again mimicking the power dynamics present in an abusive relationship. The change in environment inevitably creates a change in parenting dynamics, which is further enforced through rules that regulate what a parent can and cannot do in shelter. Although these rules do not explicitly enforce the intensive mother stereotype, they can implicitly do so by asking mothers to be accessible as a parent at all times while in the shelter. Shelters enact these policies for the safety of both mother-survivors and their children, but that does not mitigate the negative effects the policies have on mother-survivors. Recommendations from this research will provide clarity for shelters attempting to support mother-survivors through recovery while simultaneously prioritizing the safety of all shelter residents.

Physical Discipline

There are some common policies that shelters utilize to protect children staying in shelter that are particularly restrictive to certain aspects of a mother-survivor's parenting. One typical policy is the discipline policy, which bans the use of physical discipline, including spanking, while a mother-survivor is staying in a shelter. As discussed before, this policy is put in place to protect both children and survivors staying in shelter. Studies have revealed negative effects of spanking on the behavioral and cognitive development of children (Ferguson, 2013; MacKenzie et al., 2013), showing the importance of encouraging mother-survivors to utilize different

methods of discipline. Additionally, studies have shown that children who grow up with corporal punishment are more likely to endorse hitting as a method to resolve personal conflict (Simons & Wurtele, 2010). Shelters utilize this policy to not only protect children and survivors, but also to help minimize the generational cycle of violence. That being said, the policy is restrictive for mother-survivors who rely on spanking as a discipline tactic, forcing them to abruptly change the way they parent once coming to shelter. All four shelters that participated in this study had this policy.

Studies have shown that socioeconomic status (SES) and use of spanking are inversely correlated (Hines et al., 2021; Pinderhughes et al., 2000). This suggests that mother-survivors of low socioeconomic status, which are the majority of mother-survivors staying in DV shelters, are more likely to use spanking in their parenting. Three out of five mother-survivors that participated in this research spanked their children, and two of those mother-survivors frequently utilized spanking as a form of punishment. Throughout my time working in shelter, I have seen many mother-survivors struggle to navigate this policy as they must completely reconstruct the approach they take to discipline, which is a major part of parenting.

Shelter 1, the shelter at the focus of this research, is situated in Appalachia where bad parenting has long been a stereotype of mothers. In *Yesterday's People*, a book written by Weller in 1965 about Appalachian culture, Appalachian mothers are described as being overly dependent on harsh physical discipline with little concern for negative effects on the children. Weller points in part to socioeconomic status to explain this, claiming that Appalachian parents lack the “conscious training found in middle class families” (p. 65). Weller’s writing reflects the national view on Appalachian mothers at the time, rooted in War on Poverty era politics. A study conducted by Fish (2006) dispelled this harmful stereotype, finding that Appalachian parents use

physical discipline at similar rates to parents in other regions of the country. The study also found that Appalachian parents who do use physical discipline do so in conjunction with a variety of other parenting tactics, and display thoughtfulness and reflection when utilizing spanking with their children.

These stereotypes are important to keep in mind when attempting to understand the complex effects that the discipline policy has on mother-survivors staying in shelter. For low-income, Appalachian mothers who already face judgment on their parenting through harmful stereotypes, the policy could feel like a reflection of the middle-class staff's negative views of their parenting. This topic will be further explored in chapter 4 of this thesis, and recommendations will be provided as guidance for shelters to better support mother-survivors adjusting to this policy.

Intersectionality

Beyond navigating policies that restrict parenting and create surveillance in shelters, mothers who experience domestic violence must also grapple with their dual identities as survivors and as mothers throughout recovery. In a seminal work by Crenshaw (1991), the concept of intersectionality is examined in the context of domestic violence. Although Crenshaw focuses on the experiences of Black survivors, her theories of intersectionality can also be applied to mother-survivors. According to Crenshaw (1995):

Shelters serving these women cannot afford to address only the violence inflicted by the batterer; they must also confront the other multilayered and routinized forms of domination that often converge in these women's lives, hindering their ability to create alternatives to the abusive relationships that brought them to shelters in the first place. (p. 1245)

Just as Black survivors' experiences in shelter are shaped by their intersecting identities as a survivor and a Black person, mother-survivors have unique experiences in shelter that are shaped by their roles as a mother and a survivor. Mother-survivors must navigate conflicting responsibilities in shelter, as they are encouraged to devote themselves entirely to the recovery process as survivors in order to empower themselves and reconstruct the autonomy they lost through abuse. As mothers, however, they are told to devote themselves entirely to their children and make any sacrifices necessary to meet their needs through narratives of intensive mothering. These dueling responsibilities shape the experiences of mother-survivors in shelter, creating both strength and barriers in their recovery process. The final chapter of this thesis will examine this topic, looking at the ways in which motherhood affects being a survivor and vice versa.

Domestic violence has unimaginable effects on survivors, disassembling aspects of both their emotional and physical well-being. Recovery is often a long and complicated process, as survivors must work to gain back all that was taken through the abuse. For mother-survivors staying in DV shelters, recovery is especially complicated as they must navigate dual responsibilities that arise from being a mother and a survivor. These identities also affect their relationships with policies in shelter, as pressures of intensive motherhood and negative stereotypes related to discipline tactics create underlying tensions in their interactions with these policies. This research explores these topics, providing guidance to shelters in their attempts to support mother-survivors through recovery.

Chapter 3: Methods

To carry out this study, I gathered qualitative, ethnographic data through semi-structured interviews with staff members of four DV shelters in southeastern and central Ohio; semi-structured interviews with five mother-survivors who have stayed in one of those shelters; field notes collected during my 4000 hours working in that same shelter; and policy documents provided by two of those shelters. I adopted aspects of a grounded theory approach such as utilizing the constant comparison method based on that of Charmaz (2006) when collecting and analyzing my data.

Charmaz's approach to grounded theory is rooted in social constructivism. It is similar to the original grounded theory approach formulated by Strauss and Corbin (1990), using the constant comparative method of data analysis which involves coding data throughout the data collection process in order to inform amendments to the research process going forward. However, Charmaz's approach differs by including the researcher as an active participant in the study. Charmaz argued that the researcher cannot be a neutral observer in research and should actively engage with the data throughout the entire research process. This approach falls in line with my approach to ethnographic research, which involved using my personal observations while working in a shelter to help inform the conclusions I reach about my research questions.

Although I am not a mother-survivor who has stayed at a DV shelter, I have worked in a DV shelter for 3 years and spent over 4000 hours in a shelter environment. This experience has fully immersed me in the culture and policies of the shelter making me qualified to conduct ethnographic research there, though I acknowledge my limited perspective as a staff member who has never been a shelter resident. I used field notes and personal observations from my time working there to enrich my research and allow me to better understand the experiences of

mother-survivors. Finally, I analyzed the written policies of the organization to further understand the impact of those policies on mother-survivors. This shelter will be referred to as Shelter 1 in this paper.

In addition to the field notes and policy documents, I also conducted interviews with mother-survivors staying in Shelter 1 and staff members working at Shelter 1 and at three other shelters in the surrounding area. This research is focused on Shelter 1, but the interviews with other shelters provide context to the scope of my findings. Research is inevitably situated by the perspectives of the observer, but the use of qualitative interviewing centers my research on the voices of survivors to mitigate the influences of my own limited perspectives. I prioritize the opinions of mother-survivors as experts of their own recovery, and use my observations and the observations of other staff members as supplementary data to enhance my understanding of the context surrounding and giving meaning to their experiences.

I used a semi-structured, open-ended interview format, meaning I supplemented the interview questions on my interview guide with in-the-moment questions that were relevant to the conversation I was having with each participant. I also amended my interview guide as I interviewed more participants and formed additional queries, following the grounded theory approach to data collection. In the next section, I will explain the interview process and some of the stages of the constant comparison analysis I utilized when collecting and analyzing interview data. The interview guides can be seen in Appendix A.

Interviews

Interview questions were divided into four categories for mother-survivors and two for staff members. Mother-survivors first answered a set of demographic questions, then were asked to create a timeline of major turning points in their life that have led them to where they are

today. Mother-survivors were encouraged to include as much or as little detail as they felt comfortable with. Although I did not specifically ask about their abusive relationship, all mother-survivors took this time to explain significant moments in the relationship and reasons they ended up leaving. The only theme that emerged from this data was the positive impact that the mother-survivor's stay in shelter had or was currently having on their life. This theme will be explained in more depth in the last chapter, to conclude this research with an emphasis on the life-saving work that shelters do. Because the timelines were brief, however, there was not enough data to make this a major finding of the study. The rest of the timeline data provided helpful context for each mother-survivor's trauma history and, for some, barriers to recovery. These timelines can be seen in Appendix B.

After completing the timeline, mother-survivors were asked a set of questions related to their parenting experience and then a set of questions related to their recovery experience in the shelter. Each interview was transcribed and coded directly after it was conducted and before the next interview took place per the constant comparison method of grounded theory, which allowed me to notice themes emerging in the data early on and refine and add questions to better understand those specific themes. For example, mother-survivors frequently mentioned behavioral changes that occurred in their children during their stay in the shelter that were complicated to navigate. This affected their ability to follow parenting policies as well as their recovery. The original interview guide did not have specific questions about children's experiences in the shelter and instead focused on a mother-survivors experience and relationship with parenting and recovery. By the last interview, however, multiple questions had been added about behavioral issues in children, children's attachment to staff, and both the mother-survivor's and her children's preparedness to leave the shelter. This provided important data about the

effects that parenting policies had on children, which in turn affected a mother-survivor's relationship with the policies and her recovery.

Additionally, the interview guide did not originally have any questions that directly asked about a mother-survivor's identity as a survivor. Multiple questions asked about a mother-survivor's recovery experience and one question asked about a mother-survivor's identity as a mother, but none specifically acknowledged the participant's identity as a survivor. One interview naturally led to a discussion about being a survivor, which revealed the importance of talking about this topic in the interviews. Multiple questions about the mother-survivor's definition of "survivor," her relationship with the term, and how being a survivor affects her parenting were then added to the interview guide. These questions provided significant data about a mother-survivor's perception of being a survivor, helping shape the third and final theme of this thesis.

Similarly, the staff interview guide was amended throughout the research process to better understand themes emerging in both the staff and mother-survivor interview data. Demographic questions related to the size and location of each shelter were added to provide context on the resources of each shelter, as data on resource disparities between the shelters was emerging: unsurprisingly, the biggest shelter had the most resources. This was important to consider when providing recommendations that can be utilized by any sized shelter, not just those with more bed space and larger budgets.

Questions were also added about staff training, efforts to prepare mother-survivors to be on their own, and barriers to shelter support for mother-survivors. These questions were added to the staff interview guide after being brought up by mother-survivors in their interviews, and staff's perspective would enrich the data. In addition to the staff interviews, the staff perspective

was also provided through the field notes I took while working as a staff member in Shelter 1. Throughout the research process I began focusing my observations on certain topics, such as the supervision policy and the discipline policy, that were becoming major themes in the mother-survivor interviews. The interview guides can be seen in Appendix A; each question added to the interview protocol throughout the process is marked with an asterisk.

Participants

This research was conducted at four DV shelters in central and southeastern Ohio. A staff member from each of those shelters was interviewed, as well as five mother-survivors who had stayed or were currently staying in Shelter 1. Staff members were eligible to participate if they had worked in a DV shelter for at least 3 months and were 18 years or older. Mother-survivors were eligible to participate if they were 18 years or older, identified as a woman, had children, and had stayed or were currently staying at a DV shelter with their children. Interviews took place over the phone, over video conferencing technology, in shelters, in a library, and in a McDonald's. Before the interview was conducted, the project was explained in depth and a consent form was signed. Mother-survivors who participated in the interviews were also provided a \$50 gift card in exchange for their participation. Although none of the mother-survivors did this, they were encouraged to stop the interview if they no longer wanted to participate and told they would receive the gift card even if the interview was not completed.

Staff participants were identified through google searches of DV shelters in the area. Shelters in the area were preferred so that I could travel to the shelter to see the space and better visualize what a mother-survivor's experience there might look like. I sent emails to ten shelters in central and southeastern Ohio and four replied saying they were willing to participate. All of the participating shelters were asked if they could provide documents related to rules and

programs offered in the shelter and two agreed (shelters 1 and 3). Demographic data for the staff members and shelters that participated in this research is shown the chart below.

Table 3

Staff/Shelter Demographics

	Staff/Shelter #			
	1	2	3	4
Gender	Woman	Woman	Woman	Woman
Pronouns	she/her	she/her	she/her	she/her
Race	White	Black	White	White
Ethnicity	Non-Hispanic	Black	Non-Hispanic	Non-Hispanic
Job Title	Shelter Aide	Executive Director	Shelter Advocate & Housing Coordinator	Executive Director
Age	21	37	35	57
Socioeconomic Status	Upper-middle class	Middle class	Middle class	Middle class
Education	Some college	Doctorate	Some college	Graduate Degree
Shelter Size	11 beds, 16 employees	144 beds, 50 employees	25-30 beds, 15-20 employees	32 beds, 11 employees
Shelter Location	Non-rural Appalachian	Urban	Non-rural Appalachian	Non-rural

Mother-survivors were recruited through Shelter 1. I put up a flyer in the shelter advertising the research, and mother-survivors who had stayed in the shelter in the last year were contacted (with the executive director's permission) and asked if they would be interested in participating. 5 mother-survivors agreed. Shelter 1 was the focus of this research due to my thousands of hours of experience there. I felt that I had a strong understanding of the policies, culture, and mission of the shelter which allowed me to better understand each mother-survivor's

experience there. Demographic information of the mother-survivor participants is shown in the chart below.

Table 4

Mother-survivor Demographics

	Mother-survivor*				
	Dianne	Brooke	Julia	Helen	Alison
Gender	Woman	Woman	Woman	Woman	Woman
Pronouns	she/her	she/her	she/her	she/her	she/her
Age	41	26	32	37	37
Race	White	White	White	White	White
Ethnicity	Non-Hispanic	Non-Hispanic	Non-Hispanic	Non-Hispanic	Non-Hispanic
Children	5 yr. old girl	2 yr. old girl 5 yr. old boy	4 yr. old boy 6 yr. old boy	6 yr. old boy	10 yr. old boy 7 yr. old girl
Length of Stay	3 months	7 months	3 months	6 months	3 months
First shelter?	No	Yes	Yes	Yes	No
Monthly Income	\$1272	\$542	\$500	\$2084	\$1357
Education	9th grade	8th grade	10th grade	Highschool Graduate	GED

**All names are pseudonyms.*

Data Analysis

I analyzed the data collected using a constant comparison analysis. I transcribed each interview immediately upon its completion, then broke it into various codes using the NVivo qualitative data analysis software. Each time I added new interview data, I additionally reviewed and updated previous codes to ensure I was accurately and effectively organizing the data. Once the interview process was complete, I reviewed all codes a final time. I coded field notes in the

same manner. In the end, data was coded into eight main categories: childcare, “good mom,” parenting, recovery, shelter life, staff & agency, survivor, and timeline. I further divided each of these categories into multiple levels of subthemes, using theme maps to visualize the connecting data. The theme maps can be seen in Appendix C. Although there were eight total categories of codes, three main connecting themes emerged from the data.

I have separated findings into three sections, where each of the three main themes will be explored in depth. They are as follows:

Theme 1, The Supervision Policy & Intensive Motherhood: Shelters unintentionally create an expectation of intensive motherhood through the supervision policy, which inhibits both the practical and emotional aspects of a mother-survivor’s recovery.

However, mother-survivors resist pressures of intensive motherhood and construct their own understanding of a good mother.

Theme 2, The Discipline Policy: Although the discipline policy is important to protect children and encourage alternative parenting techniques, it restricts the parenting of survivors and disempowers them as mothers, negatively affecting both the emotional and practical aspects of recovery. Recommendations will be focused on ways in which shelter staff can better support mothers adjusting to the policy.

Theme 3, Recovery, Motherhood, & Survivorhood: Mother-survivors’ role as a mother creates barriers to recovery and their experience as a survivor changes the way they parent their children. However, they additionally find strength in their role as a mother and ultimately feel it is vital to their recovery experience despite the barriers it creates.

These findings fall in line with previous literature on these topics. Throughout each section, recommendations will be provided to DV shelters and survivor advocates on ways to support

mother-survivors in both their parenting and their recovery experience while staying in a DV shelter.

Chapter 4: Results & Discussion

Theme 1: The Supervision Policy & Intensive Motherhood

This section will focus on the first theme of this research, which is: shelters unintentionally create an expectation of intensive motherhood through the supervision policy, which inhibits both the practical and emotional aspects of a mother-survivor's recovery. However, mother-survivors resist pressures of intensive motherhood and construct their own understanding of what it means to be "a good mother." This theme can be seen in all forms of data (qualitative interviews with both staff and survivors, field notes, and policy documents), and falls in line with the findings of related studies. Throughout this chapter multiple mother-survivors participants will be referenced using pseudonyms.

Shelter Childcare Policies

Qualitative interviews with four staff members of DV shelters in central and southeastern Ohio were conducted for this study. Policy documents were also collected from each shelter. The demographic information pertaining to the staff members interviewed and the shelter where they worked is outlined in the methods section above. Despite having different staff sizes, capacities for survivors, and locations, each shelter had similar shelter policies and programs offered. A table outlining each shelter's major policies and programs is shown below (this data was collected from staff interviews 1, 2, 3, and 4 and all policy documents).

Table 5

Shelter Policies

Policy		Shelter			
		1*	2	3	4
Children	Residents must stay with their children at all times (except when staff is providing childcare)	X	X	X	X

	Children must be in bed by a certain time each night	X			
	Children cannot be disciplined using spanking or any other forms of physical punishment	X	X	X	X
	Residents may not provide childcare for other resident's children	X	X	X	X
	Residents may not feed, discipline, or parent another resident's children	X	X	X	X
	Children cannot be in shelter during school hours		X		
Confidentiality	Residents cannot reveal the location of shelter or the identities of other residents or staff members to anyone	X	X	X	X
	Residents cannot take photos or videos while in shelter	X	X	X	X
	Residents must turn off location services on electronic devices	X	X	X	X
	Residents must park out of sight of shelter	X			
	Residents must be picked up/dropped off out of sight of shelter unless otherwise approved	X	X	X	X
Health	Residents cannot have food in their bedrooms	X	X	X	X
	Residents must clean up after themselves in common spaces	X	X	X	X
	Residents must communicate to staff if they are sick and stay in their room as much as possible	X	X	X	X
	Residents must manage their personal hygiene	X	X	X	X
Safety	Personal medications (prescriptions and over-the-counter) must be locked in the resident's safe in their bedroom	X	X	X	X
	Drugs and alcohol are strictly prohibited on the shelter's property	X	X	X	X

	Residents should abstain from returning to the shelter under the influence of alcohol or any illegal/illicit drugs			X	
	Residents agree to take medications only as prescribed by their physician			X	
	Residents cannot have weapons on the premises	X	X	X	X
	Residents cannot contact their abuser from the shelter, and are encouraged to talk to staff if they would like to communicate with their abuser			X	
Other	Residents are expected to attend weekly appointments with case management (and counseling appointments, as determined by the resident and counselor)	X		X	X
	Residents are asked not to share personal resources with each other (e.g., cigarettes, personal food, transportation)	X			

**All survivors interviewed for this research stayed at Shelter 1.*

Table 6

Shelter Programs

Program		Shelter			
		1*	2	3	4
Case Management	In-shelter	X	X	X	X
	Outreach/Community based	X	X		
Childcare	Depending on staff availability	X		X	X
	Guaranteed Up to 3 hours a day		X		
	While mom is out of shelter				
Counseling	Child	X	X		
	In-shelter individual	X	X	X	X

	Outreach/Community based	X	X		
	Parenting groups/classes		X		X
	Parenting specific counseling	X	X		
Other	Court advocate	X	X	X	X
	Medical Services		X		
	Pet-friendly/Kennel	X	X		
	Youth advocate		X		
	24/7 Hotline	X	X	X	X

**All survivors interviewed for this research stayed at Shelter 1.*

Although a number of policies overlap between most or all shelters, by far the policy most frequently mentioned in both staff and survivor interviews was childcare (mentioned 166 times). All shelters had a policy that required moms to stay with their children while staying in shelter, unless childcare was being provided by the shelter. This was expressed in a variety of ways. Staff members used the phrases “children cannot be left unattended,” “mothers must provide 24-hour supervision of their children,” “children must stay within eyesight of the mother,” and “mother must supervise their children at all times” when referencing the childcare policy. This policy was reflected in each shelter’s policy document pertaining to shelter rules, using the same terms that each staff member used for their particular shelter.

The supervision policy is used to protect children living in shelter and to maintain a comfortable living environment for other survivors staying in the shelter. When children are left unsupervised in a communal living space, there are numerous possibilities of injury or conflict. Children might get into another survivor’s belongings and find something they should not have, or begin playing with other children in shelter which can lead to arguments that escalate without adult intervention. Other survivors might step in to take a parental role if a child is left alone, which can be disempowering to a mother-survivor’s authority and send conflicting messages to

the children. Furthermore, when children are left alone staff must step in to monitor them, which takes away from time staff spends on other crisis-management tasks. I wrote a field note explaining what happened when two brothers, Grayson and Jack, were left unattended by their mother Julia. Sara and Tina are also mentioned, who were other clients staying in the shelter at the time.

We were doing shift change today when I got a knock on the door from Sara, who said that Julia's boys were downstairs throwing things at each other and hit her daughter in the face with a block. I asked where Julia was, and Sara said she didn't know. The boys had just wandered downstairs and started throwing things. I brought them back upstairs to their mom, who was on the phone in her room. I went back into the office to finish shift change, but Sara's son pretty quickly knocked on the door and said they were back downstairs throwing things again. I went upstairs to get Julia, who was just chatting in the hallway with Tina. I can't imagine being in her position and having to be with them all the time, but in situations like this I understand why it's necessary. It's becoming unsafe for other kids in shelter, and sometimes I'm upstairs or in the office with the door shut and can't monitor everything that's going on.

As difficult as it might be to abide by, the supervision policy provides important protection for everyone staying and working in shelter, as shown in this field note.

The supervision policy helps maintain a safe shelter environment, but it is at a great cost to mother-survivors. The phrases used by shelters to describe the childcare policy create the expectation that moms must be with their children at all times, despite the realities of single-parenting. Specifically, the use of strong, absolute language like "cannot," "at all times," and "24 hours" sets this high expectation for mothers entering shelter. This language makes it seem like

mother-survivors can, and have to, do the impossible: be with their children 24 hours a day, 7 days a week, ready to take care of their needs at any moment. Shelters do not enforce the policy in the same manner, which will be explained in the next section, but this language can still be harmful to mother-survivors as it can be interpreted to reinforce expectations of intensive motherhood.

Intensive motherhood is defined by Hays (1996) as a “gendered model that advises mothers to expend a tremendous amount of time, energy, and money into raising their children” (p. 11). This pervasive expectation pushes modern mothers to make exponential sacrifices for their children, ignoring their own needs in the process. Studies have shown numerous harmful effects on mothers due to intensive motherhood, including increased stress and depressive symptoms (Gunderson & Barrett, 2017; Rizzo et al., 2013). These effects can disturb the well-being of mother-survivors, affecting their recovery. By telling mother-survivors they must stay with their children at all times in DV shelter, shelters are inadvertently reinforcing and normalizing these narratives and, in turn, inhibiting recovery.

Enforcement. Shelters use strong language to describe the supervision policy, but do not enforce the policy in the same manner. Shelter staff described being flexible with the rules as survivors adjust to them, stepping in to provide childcare if a child wandered downstairs without their mother or allowing a child to go to the kitchen by themselves to grab a quick snack. Staff also explained that older, self-sufficient teenagers do not need to be supervised. In the interview with the staff member from Shelter 1, she discussed the importance of kindly enforcing rules and being patient with survivors if they make a mistake:

I also try to tell them that we won't be mad at them if they mess up, we'll just remind them of the rules. There is an emphasis on kindly enforcing rules. Which is, like, if you're

going to have rules in this environment you kind of have to do it that way. Nothing is that deep where you should never not be incredibly kind to survivors. (Staff Interview 1)

This is a trauma-informed approach to care, as staff members are being patient with survivors to develop trust and promote empowerment instead of reverting to punishment when they make a mistake (Levenson, 2017). Studies have shown that this approach to enforcing rules in DV shelters is preferred by survivors and improves their overall experience staying in a shelter (Glenn & Goodman, 2015).

Childcare Offered. Shelters are patient when mother-survivors do not abide by the supervision policy, but still try to enforce it as much as possible. This can be exhausting for mother-survivors, so shelters provide occasional childcare to give moms a break. However, the childcare options are highly dependent on staff availability. Only one shelter that participated in this study employed childcare providers and could guarantee up to 3 hours of childcare a day, and this was the largest shelter with the most resources. Every other shelter could only offer childcare depending on if staff or volunteers had the free time to provide it. Additionally, all shelters could only provide childcare if the mother-survivor stayed on the premises.

Survivors identified the childcare provided by shelters as helpful, but predominantly discussed using it to meet basic needs, like taking a shower or cleaning. Survivors also expressed guilt over using the childcare option, which I wrote about in a field note after interacting with one of the survivors who participated in this study, Dianne:

Just offered for the volunteer to watch Dianne's daughter while she goes upstairs and cleans her room. She said "Really?!" and looked very excited by the idea, then proceeded to tell me how she doesn't want to overuse the option for staff/volunteers to watch the kids. I explained that the volunteer's number one priority is childcare, so she is

not overusing it at all (especially since we never seem to watch her kid for her). She was reluctant but said okay.

Because staff and volunteers have other responsibilities that mother-survivors know about, asking for childcare can be difficult for some who do not want to take staff's time away from other things. This leads to feelings of guilt when mother-survivors are not caring for their own children, which is similar to the guilt mothers can feel due to pressures of intensive motherhood. Although it is unintentional, this shows how the supervision policy contributes to narratives of intensive motherhood and their negative effects.

Shelters are trying to support mothers as they navigate the supervision policy but run into funding and staffing issues that limit the amount of help they can offer to mother-survivors. All shelters identified the childcare policy as something survivors struggle with, and all but one shelter recognized the need for more childcare options, but no shelter mentioned concrete plans for expanding childcare services. Most shelters cited agency or funding limitations, explaining that it is simply not feasible to increase childcare options offered to survivors. Shelters are in a difficult position, as they recognize that childcare is a barrier for most survivors and that the supervision policy is difficult for mother-survivors to navigate, but cannot adequately address the issue using the resources they currently have. Instead, shelters should look towards mother-survivors to understand the full extent of the supervision policy's effects and to find small but impactful ways to provide additional support. More specific recommendations will be provided after the survivor's perspective is explained below.

Survivor's Perspective

All mother-survivors identified the supervision policy as one of the biggest, if not the biggest, difficulties of their time in shelter. Mother-survivors mentioned a wide range of issues

coming up as a direct result of the policy, affecting both their individual recovery process and their relationship with their children. Mother-survivors felt that the policy limited time for self, led to isolation, created tensions in the mother-child relationship, and was generally “hard.” These struggles align with effects of intensive motherhood, which can be harmful to a mother-survivor’s recovery.

Limited Time for Self. The childcare policy resulted in mother-survivors staying with their children constantly which limited time they could focus on themselves. This affected survivors in a number of ways, making it more difficult for them to achieve personal goals (Brooke) and have “me time” (Dianne). Alison felt like she did not have enough time to process the abuse from her former partner because she had to be with her children at all times:

One of the biggest things was you can’t get away at all to process any of the abuse and to try and get over it. The biggest struggle I had was having to have the kids up my butt constantly. Like I couldn’t even go outside unless the shelter aides were willing to watch them, and half the time that was pulling a leg in itself to get a shelter aide to help... you don't have any time for yourself. As a single mom you already don't have a lot of time to yourself, but in shelter you have to be with your kids all the time.

A defining characteristic of intensive motherhood is the idea that mothers should be present and available to their children at all times and make exponential sacrifices for their well-being. This can greatly limit the time mothers have to focus on themselves, as they ignore or give up their own needs and desires for their children. Multiple survivors discussed having limited time for self due to the childcare policy, showing its direct relation to intensive motherhood. Furthermore, having time for self is an important aspect of emotional recovery. Many survivors need space to reflect and process the abuse they have experienced, which is difficult to achieve for mother-

survivors who are required to watch their children all the time. The supervision policy not only reinforces intensive motherhood, but also creates barriers to a mother-survivor's recovery.

Isolating. Survivors also felt like the childcare policy led to isolation during their time in shelter. Brooke spent the majority of her time in her room, citing the supervision policy as one of the reasons she felt the need to spend so much time there. She had to stay with her children at all times, and it was easiest to do so by staying in her room all day. "Sometimes the shelter aides would be able to help with childcare and stuff, but most of the time we just spent in the room... But yeah, it was a bit difficult when it came to parenting just because we have to be secluded so much." As discussed in the literature review, connection is one of the most important avenues to trauma recovery for survivors. By telling moms to stay with their children at all times, shelters are inadvertently isolating mother-survivors and inhibiting their recovery. Isolation can also be an effect of intensive motherhood, as mothers give up everything to take care of their children. The childcare policy forces moms to spend additional time and energy on their children, inadvertently creating a normalcy of intensive motherhood.

Caused Tensions in the Mother-Child Relationship. Mother-survivors also pointed to increased tensions in their relationship with their children when discussing the effects of the supervision policy. Brooke, who struggled with isolation, felt like there were lasting impacts of the isolation on her kids after leaving shelter. Once moving into her own place, her two children were clingier and more protective over her. They would fight with one another over her attention, not want to "share" her with anyone else, want to sleep in her bed, etc. "They're a lot more clingy. They're so used to sleeping in the same bed with me, and being with me all the time. [My daughter] does this whole, 'that's my mommy too' thing, and no one's allowed to touch me." It is possible that there are other factors that contribute to these changes in behavior,

like moving to a new environment, but Brooke directly cited the supervision policy when discussing the reasons behind these new behaviors. Brooke is still trying to navigate her children's clinginess after being out of shelter for over a year, showing the lasting effects of the policy.

Alison also felt like the policy caused behavioral issues with her children, putting more attention on their relationship and causing major issues after they left shelter.

The whole kids-constantly-got-to-be-with-Mom actually put more attention on me and the kids and our relationship. Yeah, it didn't help. It actually backfired and made it more difficult. Like when we got out on our own there were major issues and a lot of behavioral issues that it caused.

Intensive mothering also affects children, sometimes causing them to feel overly-dependent on their moms and other times causing them to feel suffocated by them. For Alison and Brooke, this led to numerous behavioral issues, tensions in the mother-child relationship, and created more stress, the opposite of what is helpful for recovery. Both survivors struggled with these issues long after leaving shelter, showing the long-term impact of the supervision policy and intensive motherhood.

Generally Hard. Overall, survivors felt like the supervision policy was hard. Many were understanding about the policy, but still felt like it was difficult to achieve. Helen identified it as the most difficult thing she had to navigate in shelter: "I would say the most difficult thing, which is very understandable, was that you always had to have your kids with you." Dianne reflected in similar ways: "She has to be in the room with me when I'm cooking. She has to be with me outside when I smoke. Which I get, especially when there are other people there, but it does make it harder." Julia also mentioned how difficult it was with two children instead of just

one: “It was hard. I'd have one on one floor, one on the other floor. Mom wanted to be upstairs, the boys wanna be downstairs.” This policy added an additional barrier to the shelter experience of all mother-survivors interviewed for this research, creating an expectation of intensive motherhood which had numerous effects, all of which negatively impacted recovery.

Survivor Definition of “Good Mom”

As outlined above, mother-survivors experience multiple barriers to recovery as a result of the discipline policy. In many ways, the policy requires mother-survivors to participate in intensive mothering while staying in a DV shelter. However, with the support of the shelter, mother-survivors can limit the long-term effects of these requirements through resistance to intensive mothering pressure and by creating other definitions of how to be a good mother that lie outside the intensive motherhood framework. The mother-survivors who participated in this research were able to do this, which is reflected in each of their definitions of a “good mom.” Initially the mother-survivors described aspects of intensive motherhood in their definitions, which shows how pervasive the social norm can be, but they ultimately said that is impossible and relied on other more forgiving definitions of “good mom” for the basis of their mothering. Shelter staff supported this by being flexible with enforcement of the policy. Although the policy still had negative effects on the recovery of mother-survivors, their own belief in their mothering along with support provided by the shelter helped them escape lasting pressures of intensive motherhood.

During the interviews, each mother-survivor was asked what a “good mom” means to them and how they compare to it. This question was added to my interview protocol to provide context to each mother-survivor’s individual relationship with motherhood and to understand if there were patterns among the mother-survivors’ views of motherhood. When asked this

question, survivors described some aspects of intensive mothering, showing how pervasive the social norm can be. Mother-survivors identified being calm and present all the time and always putting kids first as aspects of a “good mom.” However, survivors also identified other characteristics that were unrelated to intensive motherhood, like loving your child, and ultimately said that the intensive mothering-related characteristics are unachievable and emphasized the fact that there is no perfect mother.

Calm and Present. One of the first qualities of a good mom that survivors described was being calm and present all the time for their children. When asked what a “good mom” means to her, Dianne responded:

I think my image of a good mother is a very high standard and that’s why I always feel like I’m never going to reach it. Someone who is calm with them all the time. Gives them all the attention they need. Making cupcakes with them, you know? The home is perfect, life is perfect.

Although these qualities are positive, the expectation that they should all be achieved at all times is not. It is impossible to be available to and calm with your children at all times, yet these mothers expressed feeling pressure to achieve that. Shelters indirectly reinforce these expectations by asking moms to be with their children at all times, increasing the burden of intensive motherhood.

These pressures can also have an effect on a mother-survivor’s recovery. Because they are asked to spend nearly all of their time with their children, mother-survivors have less time to spend working on the practical aspects of recovery, like finding housing or getting a job. Additionally, the notion that mother-survivors should be devoting all of their time on their children can be inhibiting to emotional recovery. As discussed in the literature review, a key

aspect of emotional recovery involves rebuilding one's self-image and self-worth that was attacked through the abuse. Although mothering can be an incredibly empowering experience that contributes to both of these things, pressures of intensive mothering do the opposite, pushing mother-survivors to feel like their mothering is inadequate and insufficient for their children if they are unable to do things like be calm and present all the time. It is important that shelters are patient and kind when enforcing the policy, and emphasize to mother-survivors that the policy is not in place to monitor their mothering but instead to ensure the safety of all those in the shelter.

Kids First. All mother-survivors also discussed putting the needs of their children before their own when asked what a "good mom" means to them. This is one of the biggest effects of intensive motherhood, as moms feel the need to sacrifice everything for the children and ignore their own needs. Brooke mentioned this in her definition of a good mom: ". . . being a good mom, to me— you know, everybody struggles, everybody makes mistakes— is just trying to keep moving forward and just keeping in mind that no matter how you feel about something, you need to think about the children." By ignoring their own feelings and always thinking of their children, mothers are sacrificing their own needs. Although moms making sacrifices for their children is not inherently bad, the expectation that it should be done at all times is harmful to mothers and falls in line with aspects of intensive motherhood.

This can also be harmful to both the practical and emotional aspects of recovery, as mother-survivors ignore their own needs in the recovery process to devote endless time to their children. Mother-survivor's self-image might become smaller and smaller as they constantly chose their kids over themselves. It is important that shelters recognize this and intentionally acknowledge the mother-survivor as an individual person with individual needs apart from their

role as a mother. When a mother-survivor does have a break from her kids, shelter staff should encourage her to reflect on her own needs and spend time taking care of herself.

Loving Your Child. Mother-survivors also identified other characteristics of a “good mom” that are not related to intensive motherhood, like loving your child. According to Alison, “We all make mistakes because there is no right way to be a mother, but a mother that is good is one that ultimately loves their children.” Dianne recently had a discussion with her older children in which they told her she was a good mom because they always felt loved: “But they both told me in the past few months that there was never a time when they didn’t feel loved.” Despite feeling pressures of intensive motherhood, mother-survivors were also able to form their own definitions of “good mom” outside of those expectations.

Unachievable. All survivors ultimately recognized their idea of a “good mom” is unachievable, and recognized that there is no perfect way to parent. After naming multiple characteristics of intensive mothering as descriptors of what a “good mom” looks like, Dianne concluded, “But in reality, I know that that’s impossible. There is no perfect family, there is no perfect mother. We can all be hard on ourselves sometimes.” Alison reflected in similar ways, and pointed to herself as inspiration on how she mothers: “There is no perfect mother...I am a great mother. I learned it from myself.” Mother-survivors feel the pressure of intensive motherhood, but simultaneously are able to recognize that it is an unrealistic expectation that creates unnecessary stress. Instead, moms have found alternative ways to be a “good mom” and feel proud of that. Shelter staff can reinforce these positive definitions of a “good mom” by providing consistent encouragement and positivity to a mother-survivor as she navigates mothering in the shelter, especially in instances when she chooses to defy pressures of intensive mothering and take time for herself.

This resistance to narratives of intensive motherhood is not only seen in these mother-survivor's definition of a "good mom," but also in their actions. I repeatedly observed some mother-survivors ignore the supervision policy and allow their children to play or watch a movie unattended while the mother-survivor took time for herself. Here is a field note written about a moment when Caleb, Brooke's four-year-old son, came downstairs to common spaces without his mom, who was in their bedroom:

Caleb just wandered downstairs again and started playing in the living room. Brooke didn't follow him down, I think she is upstairs in their room with Lelah. We are encouraged to be flexible with the rules, and in times like this I try to be. He isn't bothering anyone and I can keep an eye on him from the office, so I'm just letting him play. Clearly he wants to be downstairs and Brooke would rather be upstairs.

Although unattended children sometimes create issues in the shelter, in instances where it does not it is important for staff members to be flexible and make situational decisions about enforcing policies based on what is best for everyone. By Brooke allowing her son to go downstairs without her, she was ignoring the supervision policy which might have served as an important act of empowerment and defiance as she resisted the policy and pressures of intensive mothering. It is also possible that Brooke was simply too exhausted to follow her son downstairs, but either way it provided her with a break. Further research could explore acts of defiance by mother-survivors that resist pressures of intensive motherhood while staying in a shelter.

A byproduct of the supervision policy is an unintentional expectation of intensive motherhood for mother-survivors staying in the shelter. It has numerous negative effects on mother-survivors, inhibiting both the emotional and practical aspects of recovery. However, mothers are able to construct their own understanding of a "good mom" that does not fall under

the intensive motherhood framework and recognize that the expectations of the supervision policy are unreachable. They resist the pressures by ignoring the policy when they need a break. Similar to the approach Shelter 1 takes to enforcing the policy, it is important that shelters are flexible, patient, and kind when choosing to address the policy with a mother-survivor. They can encourage mother-survivors using consistent compliments about their mothering, and, whenever possible, support mother-survivors when they defy pressures of intensive motherhood.

Theme 2: The Discipline Policy

The second major theme that emerged focused on the discipline policy: although the discipline policy is important to protect children and encourage alternative parenting techniques, it restricts the parenting of survivors and disempowers them as mothers, negatively affecting both the emotional and practical aspects of recovery. Recommendations will be focused on ways in which shelter staff can better support mothers adjusting to the policy. The policy only affected three of the survivors interviewed (the other two did not previously use physical discipline with their children), so this section will mainly draw from data collected in interviews with and field notes about Dianne, Julia, and Alison. This is a small sample size, meaning that more research should be conducted to further explore this particular theme.

Shelter Discipline Policies

All shelters that participated in this study had a policy that banned mothers from using physical discipline on their children while in shelter. Some shelters referred to this as “corporal punishment” (Staff 4), while others used the term “spanking” (Staff 1, 2, & 3). Shelter 1, where all survivors interviewed for this study stayed, describes the policy in this manner:

[The shelter] fosters a non-violent atmosphere due to the nature of the shelter. Parents are asked NOT to use spanking or threats of spanking as a disciplinary action. A counselor is available to work with parents on developing alternative disciplinary steps.

As discussed in the literature review, this is a common policy in DV shelters to encourage parents to use forms of discipline that do not involve violence, as studies have shown that spanking has negative effects on the behavioral and cognitive development of children (Ferguson, 2013; MacKenzie et. al., 2013). Violence can also be triggering to many survivors, so the policy additionally protects other survivors staying in shelter from witnessing an act that could trigger PTSD. Additionally, studies have shown that children who are spanked are more likely to use hitting as a technique for conflict resolution (Simons & Wurtele, 2010), so this policy helps break the generational cycle of violence.

In Shelter 1 and Shelter 3's written explanation of the policy, both shelters reference "alternatives" to physical discipline that can be discussed with staff or worked on with a parenting counselor. This was brought up in all staff interviews, as shelters recognize that the policy is a difficult adjustment for mother-survivors and would like to support mothers in finding alternative discipline tactics. However, this support was not always helpful or consistent. The staff member from shelter 3 explained that when moms have difficulty with the policy, staff will typically post signs around shelter that promote alternative discipline methods: "Yeah, and then what we usually do is we'll look on the computer and get some stuff, and then we put some ideas around the building and just tape them to the walls, just a little silent help." Although this might be helpful to spark ideas in mothers, it fails to address the many underlying effects of the policy. Additionally, it could be perceived as a passive-aggressive approach to getting mother-survivors to change their parenting techniques.

Shelters 1 and 2 offer parenting specific-counseling, which provides more extensive and in-depth support to mothers trying to find alternatives to physical discipline. However, these counseling sessions did not always create a long-term change in their parenting. Alison felt like they were helpful at first, but it did not last: “Well, the parenting counselor helped a little bit to give alternative routes, and it lasted for a bit, but then it stopped.” These counseling sessions are sometimes inconsistent, as Shelter 1 is only able to employ a part-time parenting counselor who has availability on a limited basis. These efforts are an important first step to helping mother-survivors develop alternative discipline tactics, but could be reinforced by additional support from shelter staff.

Shelter 4 offered parenting classes to their mother-survivors, which involved an outside agency coming in to teach parents using the Positive Parenting Program (Triple P). Studies have proven the efficacy of this program, revealing that it reduces conduct problems, hyperactivity, and inattention in children, and improved their prosocial behavior (Gagné et al., 2023). The staff of shelter 4 spoke positively of the program, explaining that the mother-survivors who participate in it often have a positive experience:

We have a young lady come in, she’s with the Education Center I think, and she does parenting classes. She’s come in once for a round of four parenting classes, and she’s going to come again in the beginning of the next month . . . She actually brings her own child care with her, and food and stuff. It’s really sweet . . . [the clients] love it.

Helen also had experience with this program, using an online version after leaving shelter. She felt like the program was helpful in improving her relationship with her son:

I was struggling every day with trying to figure out what's going on with him and what makes him happy. It felt like I was just at the end of the road with what to do because I

just didn't really know. I looked into this positive parenting solution thing that kept popping up on Facebook and so I watched the webinar. There was so much information, but they gave more if you paid like 20 a month per year. So I did that and I've learned so much from that. There's these workbooks you work through and, yeah. I honestly didn't know what else to do.

Parenting classes are not always possible for shelters to offer due to resource and funding limitations. However, these programs being offered to mother-survivors could improve their experience with the discipline policy and parenting in the shelter. Classes with multiple mother-survivors could help a mother-survivor feel less alone in her parenting struggles, and feel less targeted by shelter's push to change her parenting tactics. Additionally, these programs provide structure, consistency, and extensive education on parenting tactics, which is not always achieved through individual counseling. Mother-survivors can be encouraged to utilize these programs by shelter staff, but they ultimately should decide whether or not to take parenting classes themselves.

In a field note referencing observations I made about Julia and her children, I write about how the individual parenting counseling was not enough to help her with her parenting struggles. Julia and her two boys (4 year old Grayson and 6 year old Jack) had been in shelter for about a month at this point, and Julia had been struggling with finding alternative discipline tactics that they responded to. Both boys would frequently have long, violent meltdowns that were difficult for both Julia and staff to navigate.

Another big one. This time Jack was trying to get to his brother. I spent about an hour sitting in the office with Grayson while Jack screamed and cried and threw things at the door. Grayson was terrified - we had to give him headphones to block out the

noise. Julia was trying to calm Jack down but nothing was working. She kept getting him in their room but he would just run out.

I'm tired. I don't ever feel like I know what to do or how to help. Clinical staff keeps telling us we shouldn't intervene and just remind her of the parenting tactics she learned in counseling, but that feels like throwing a small glass of water on a burning house. It's not enough . . . especially with the big tantrums. It also feels invalidating to say - her son is trying to hurt her and she's asking for help but we just tell her to think about a 45-minute conversation she had with our parenting counselor over the phone 2 weeks ago? I think she needs more help.

Working with kids who have experienced trauma will always be a difficult part of staff's job in a DV shelter. Studies have shown that children who are exposed to domestic violence are at higher risk for emotional, social, and behavioral difficulties (El-Sheikh et al., 2008; Lang & Stover, 2008; Zinzow, 2009), which sometimes emerge while children are staying in a shelter. There will inevitably be instances when both staff and mother-survivors feel lost when attempting to navigate children's behaviors, but with increased support provided to mother-survivors those instances can feel more manageable and decrease over time.

Direct support provided to children can help them learn to navigate their own emotions and improve their reactions to their mother's new discipline efforts. One study found that interventions that strengthen children's ability to constructively manage their own emotions had a positive impact on the mother-survivor's recovery (Katz, 2015). These interventions should not occur without having a conversation with the mother-survivor first, but could provide important assistance to mother-survivors attempting to navigate new behaviors in their children while

simultaneously trying to learn and utilize new forms of discipline. These interventions could involve formal counseling for children or, more cost effectively, they could simply be conversations or activities with shelter advocates/childcare providers that teach children techniques to communicate and regulate their emotions.

In addition to parenting classes and increased interventions with children, there are other avenues shelters can utilize to improve the parenting experiences of mother-survivors staying in the shelter. Staff who do not already specialize in parenting counseling could receive training in parent-child relationships to deepen their understanding of these issues and better support mother-survivors navigating them. Staff who are the primary childcare providers for the shelter can additionally receive training in childcare, which is not currently required in any of the shelters that participated in this study. The advocate from Shelter 1 discussed this in her interview:

I don't know, none of us have a childcare background that are watching the kids. We're just, like, girls, and so people assume that we know how to take care of babies. But a lot of us don't . . . I love kids. I love hanging out with kids. But I did not expect to watch kids as much as I do with this job. That was not a part of the introduction.

Increased staff training can better prepare staff to provide support to mother-survivors and their children as they navigate the discipline policy and parenting in the shelter. Furthermore, the manner in which the discipline policy is communicated to survivors and enforced by staff could be improved to more effectively encourage mother-survivors to improve their parenting skills. Recommendations related to the communication of the policy will be explored in the next section, along with the effects of the discipline policy on mother-survivors.

Survivor Perspective

Before coming to shelter, three of the survivors who participated in this study used physical discipline as a parenting tactic with their children. All of these survivors identified the discipline policy as making their experience in shelter difficult because it forced them to change their parenting. Additionally, survivors felt that the policy was disempowering to their authority as a mother and caused future problems in the mother-child relationship. These factors can affect both the practical and emotional aspects of recovery. Although one survivor identified the parenting counseling provided by the shelter as helpful, the other two felt strongly that the alternative discipline tactics suggested by the counselor would never work on their children, which is a common refrain in parenting education (Hawes & Dadds, 2021). One mother-survivor felt that by pushing them to try new tactics, staff was judging her parenting skills and trying to turn her into their version of a “good mom.” This could lead to distrust between staff and mother-survivors and affect their recovery.

Along with providing additional training to staff members and additional support to both mother-survivors and their children navigating the discipline policy, shelters can communicate the policy with more awareness of the judgment it implies. As discussed in the literature review, overly-violent, ineffective parenting has been a stereotype of low-income Appalachian mothers for decades, despite the stereotype being disproved by research (Fish, 2006). Julia, the mother-survivor who felt like staff was trying to turn her into their version of a “good mom,” is both low-income and from Appalachia. These parts of her identity might have made her more defensive about her chosen parenting tactics, making her less willing to explore alternatives. Shelters can be more careful when communicating the policy to mother-survivors, acknowledging the judgment it could imply but emphasizing that the policy is in place due to special requirements of a shelter environment and to strengthen the mother-child relationship.

Forced Survivors to Change their Parenting. Survivors felt like the discipline policy in shelter restricted their parenting, forcing them to change the way they discipline their children. Julia felt like the staff was trying to “redo” her parenting skills, and it was frustrating because she was unable to use the skills she had already developed as a mother: “I couldn’t parent the way I was used to parenting.” Alison worried about having to follow the policy, and said it was hard to not use spanking as a parenting tactic:

And the ass swattin– you couldn’t. If it’s in our room, that should be our room. Some kids do better with taking things away, but then there are some kids, like mine, that push that boundary and push that boundary and tapping them on the ass is the only way to get them to stop. To not be able to do that at all and to have to worry about even threatening to do it was hard.

Survivors struggled with the policy their entire stay in shelter, impacting both the emotional and practical aspects of recovery. The worry and stress the policy causes takes away from a mother-survivor’s emotional healing, while also limiting the time they can spend on finding housing, employment, etc. Staff training and parenting classes could increase the support provided to mother-survivors when navigating the policy, helping to limit the stress it causes on their recovery. More intervention with children could also help improve the effectiveness of alternative discipline tactics used on children.

Disempowering to Mom’s Authority. One effect of the policy that caused significant difficulties for mother-survivors was the disempowerment of their authority. All three survivors described how their children picked up on the policy during their time in shelter and would mention to their mothers that they could not be spanked anymore. According to Dianne, “Somebody had said, and it was a person that was staying there, they had said that I’m not

allowed to hit her in front of her and she would bring that up to me.” Julia felt like her kids listened to her significantly less after coming to shelter, and, when asked why, she responded, “They knew I couldn’t do anything.” Alison described the policy as giving the “upper hand” to her children: “Once they got the upper hand, they ran with it. It caused a lot of problems once we got into a place of our own . . . they knew we couldn’t spank. They knew we couldn’t do it and they ran with it.”

I wrote about the disempowerment of Julia in a field note. From a staff’s perspective, it was difficult to watch her struggle with authority over her kids while simultaneously hoping she found a way to discipline without using violence.

Christmas morning, I had the overnight and just woke up. Julia tested positive for COVID a few days ago so her and the boys had to spend Christmas in a hotel. I’m very sad for them, but I think we all needed a break. It’s quieter.

I was on the phone with her last night and she talked about how much easier things would be if she could use physical discipline. She said she used to just carry around a wooden spoon and Jack would listen. She said she didn’t always have to use it, but just the threat of it kept them listening. She said if she could just do that she knows things would be better. She was definitely implying at points that she plans to use physical discipline after they move out. I think she’s completely given up on using our advice for different tactics, which makes me sad but isn’t at all surprising. It seems like she doesn’t have authority with them, and she thinks holding that wooden spoon will give it back to her. And it probably will, I just worry about the boys.

At this point, Julia had been staying in shelter for two months and continued to struggle with her boys' behaviors. She had attended a few parenting counseling sessions, but they did not make any significant impact on her parenting struggles.

The disempowerment of mother-survivors through this policy is similar to parental disempowerment that often occurs in abusive relationships. As discussed in the literature review, abusers sometimes target their partner's parenting skills and attack their ability to nurture, provide care, and discipline their children (Renner et al., 2021). Shelters are aware of this tactic, and prioritize the empowerment of mother-survivors to help them rebuild the parent-child relationship: "In our shelter there's also a pretty big emphasis of putting the authority back in mom" (Staff 1). However, shelters are inadvertently contributing to the disempowerment of survivors through the discipline policy.

As discussed previously, an important aspect of emotional recovery is rebuilding a survivor's self-image and empowering them to have autonomy and independence in their life. The discipline policy inhibits these important steps in recovery by unintentionally disempowering mother-survivors. More support provided to mother-survivors and their children could help minimize the policy's disempowering effects. Similar to the approach Shelter 1 takes, shelters can consistently empower mother-survivors in their parenting by encouraging children to listen to their mothers and reinforcing the parental decisions made by the mother-survivor whenever possible.

Caused Future Problems. After leaving shelter, mother-survivors continued to struggle with the effects of the discipline policy and the disempowerment it caused. Alison described a panic attack she had after mounting tensions with her children and struggles with her abuser. She had been out of shelter for a few months when this occurred, and explained that her son's

behavioral issues got worse in shelter and directly after leaving shelter due to her inability to punish him using her normal tactics.

Between problems with my husband and problems with my kids I had a panic attack and an anxiety attack, to the point where I was locked in the same position on the bathroom floor for three hours, not able to move. Like it actually made it a lot worse. You have your own way with your kids, and coming to an abuse shelter alone was stressful enough and hard on everyone, but making you change the way that you punish your kids is even harder. Now you have the aggravation of trying to get your kids to respond to something new, while also trying not to go back.

Moving to a DV shelter is a huge transition for all survivors, but can be especially difficult for mothers. They not only have to adjust to a new reality without their abuser, but they also must adjust to a new reality with their children: single parenting. On top of that, survivors who had previously used physical discipline must create a whole new system of punishing their children, at a time when their children's behavioral issues could be heightened as the children process the abuse and adjust to a new environment. This causes additional stress and barriers to a mother-survivor's recovery. With increased staff training, interventions with children, and parenting class options, both staff members and mother-survivors could be better equipped to navigate issues arising related to the policy.

Created Distrust between Staff and Survivors. Two of the mother-survivors were adamant that the new parenting skills the shelter taught them would never work on their children, and that staff's incessant push for new tactics was frustrating. Some of the staff members in Shelter 1 are not parents, which could add to the frustrations mother-survivors feel when being

told to change their parenting. Alison felt like her children needed something attention-grabbing, like spanking or the threat of spanking, to understand that they are doing something incorrect:

Like, uh, I wasn't allowed to yell at them. And my kids, if you don't yell at them, you literally have to hit them upside the head with something to get their attention. I couldn't threaten them, so if you can't threaten them, how are they going to know that they're on that thin line?

Julia had similar feelings, and said that shelter pushing these new parenting tactics on her was frustrating because she knew her kids best and knew they would not work:

Oh I was frustrated, I was angry, I was fed up. Like this isn't working and I know it's not going to work. "Oh, well, it will" No it's not. I know these boys and— no . . . Like no you don't know these boys, that isn't gonna work. They need something to know, hey, I need my attention brought to me. Just like grabbing a paddle they're like oh, okay. Using words with them, it's not gonna work.

Julia was angry that the shelter continued to push new parenting tactics on her, despite her insistence that they would not work on her kids. This leads to feelings of distrust and judgment between shelter staff and survivors because survivors might feel as though staff does not respect their parenting tactics.

Alison also expressed frustration because she was legally within her rights to parent with physical discipline:

I have talked to [Child Protective Services] personally and asked them if spanking and smacking them is against our rights, and they said as long as you do not leave a mark for more than 24 hours you are within your parental rights to do those things. So coming

there and being told we were not allowed to do that was hard because I knew for a matter of fact that I am within my legal rights as a parent to do those things.

This reinforces feelings of judgment by shelter staff because survivors are being told by the staff that the tactics they are using, which are legally acceptable, should not be used. This distrust can also affect the recovery of mother-survivors, as they could be less willing to accept the resources and assistance of the shelter in their recovery efforts.

To lessen feelings of distrust between mother-survivors and staff, shelters can emphasize that mother-survivors are the experts on their own children and allow the mother-survivor to lead the conversation about parenting tactics that she thinks will be effective. Shelters can also provide educational material about various parenting techniques so the mother-survivor can take the lead on her own learning instead of being told what to do by a staff member. For shelters with more resources, parenting classes can provide in-depth education that does not single moms out in the same way that one-on-one interventions sometimes do.

Helpful. Dianne was the only survivor who recognized positive aspects to the policy, saying it helped her stay composed and pushed her to communicate with her daughter more. “Other times I might’ve screamed or busted her butt. But you guys being there helped, because I had to be more calm.” She only used physical discipline on an occasional basis before coming to shelter, saying that it takes a lot for her to get to the point of spanking: “Yeah, but even at home when we’re by ourselves, I’m not a person that-- I do and I have, but it takes me a lot to get to that point.” For other survivors who rely more heavily on physical discipline in their daily lives, like Julia and Alison, the discipline policy creates a bigger barrier in their parenting experiences in shelter.

Class Biases

The discipline policy creates a divide between staff members and survivors who feel it is necessary and within their rights to use physical discipline with their children. Survivors were frustrated when staff kept suggesting a new parenting approach, making them feel like their own tactics were incorrect or not good enough. Julia implied that the push to change her discipline methods was rooted in class biases held by staff. Staff were trying to turn her into their version of a “good mom,” which was based on middle- and upper-class mothers that she did not relate to. This increased her frustration with the shelter and made her less open to new parenting tactics suggested by staff, showing the need for better communication about the discipline policy to minimize feelings of judgment.

As discussed earlier, Appalachian mothers face stereotypes of strict, violent parenting that are often explained by their low socioeconomic status and are not true (Fish, 2006). These factors could contribute to feelings of parental judgment on Appalachian mothers of low socioeconomic status, like Julia. They might be more defensive of their chosen parenting tactics, arguing that just because they are low-income or Appalachian and using physical discipline they are not bad parents. Shelters can lessen these feelings of judgment by explaining in depth the reasons behind the discipline policy and emphasizing that the mother-survivors are great parents. If possible, parenting classes with larger groups could also be used to make mother-survivors feel less targeted when asked to change their parenting tactics.

“Good Mom.” In the interviews, each mother-survivor was asked what their definition of a “good mom” is and how they compare to it. This question was included to provide an understanding of each mother-survivor’s views on motherhood. When asked to describe what a “good mom” means, Julia described well-behaved children who respect their mother: “Their kids listen, their kids mind. They’re not disrespectful.” When asked to elaborate on what the mother

looks like, Julia hesitated and said she did not want to be disrespectful. After being encouraged to say whatever she wants, she described a prude person with a superiority complex: “Up-tight. Prissy. Like, ‘I’m better than you.’” When asked how she related to this, she said she didn’t at all and she is a different type of mom: “Yeah, I don’t relate because I’m ‘you’ll get your ass beat.’ A good old ass whipping never hurt anyone.” This is ironic coming from a survivor of domestic violence, showing that Julia does not view her physical discipline tactics as harmful but instead as a normal part of parenting.

Julia described upper-class stereotypes when asked what a “good mom” means, then explained she has no desire to be that type of mom. Given the many frustrations she expressed with shelter staff and their push to change her parenting, these comments can be perceived as the staff’s upper-class definition of a “good mom” that Julia felt was being pushed on her. The staff is made up of middle-class and upper-middle class individuals, while the vast majority of clients fall below the poverty line (including all survivors interviewed for this research). The class difference between survivors and staff could be causing underlying tensions that surfaced in this survivor’s experience with the discipline policy. It is possible that the survivor felt that the shelter, made up of middle-class staff members, was being classist in their attempts to change her parenting. More research should be conducted to further explore this topic.

Shelters utilize the discipline policy to protect both children and survivors staying in a shelter, and to encourage mother-survivors to improve their parenting tactics. However, the policy has unintentional negative effects on mother-survivors who regularly rely on physical discipline in their parenting. The policy forces them to change their parenting, disempowers them as mothers, causes future problems in the mother-child relationship, and creates distrust between shelter staff and mother-survivors. These issues can have a negative effect on a mother-

survivor's recovery. To mitigate the effects of the policy, shelters can provide increased training to their staff, expand interventions utilized on children, offer parenting classes, and communicate the policy with more awareness of the judgment it sometimes implies. These measures can help support mother-survivors as they navigate both parenting and recovery in a DV shelter.

Theme 3: Recovery, Motherhood, & Survivorhood

The third and final theme of the data is this: despite motherhood creating barriers to recovery and survivorhood changing the way they parent their children, mother-survivors find strength in their role as a mother and feel it is vital to their recovery experience. The direct barriers to recovery experienced through one's role as a mother are more related to the practical aspects of recovery while the benefits are more related to the emotional aspects of recovery, which could explain why all mothers-survivors ultimately pointed to motherhood as a source of strength in recovery despite the barriers it creates.

Recovery

Recovery from domestic violence trauma is a complicated process that looks different for all survivors. For many, it is ongoing for the rest of their lives as they navigate the long-term emotional, physical, financial, and environmental effects of abuse. Survivors must obtain housing, find a source of income, and reconnect with social support or find new social support while simultaneously navigating the emotional effects of abuse. Abusive relationships often cause the onset of post-traumatic stress disorder (PTSD), which can include symptoms such as panic attacks, sleep disturbances, increased irritability, and difficulty concentrating (American Psychiatric Association, 2017). Survivors may experience other mental illnesses, like depression and anxiety, that further impede their recovery. I divide the recovery experience into two categories: the emotional aspects of recovery, which address the psychological effects of abuse,

and the practical aspects of recovery, which include efforts to re-stabilize a survivor's life after leaving an abusive relationship.

The focus of this theme is to explore motherhood as a strength of recovery, but first I will discuss some of the barriers it creates. For mother-survivors, the recovery process is sometimes more complicated than for other survivors as they must not only rebuild their own lives but also their children's. Furthermore, they must find time to care for their children while doing so. All mother-survivors interviewed for this research identified multiple negative effects that their role as a mother had on the recovery process. These survivors felt like they did not have time to think, were unable to achieve personal goals, and were less focused during appointments. Survivors and staff also felt it was more difficult for mothers to find housing, as bigger housing units that can fit an entire family are more scarce. These are all important aspects of a survivor's recovery, most of which are related to the practical side of recovery, and are restricted by a survivor's role as a mom.

Limited time to think. Mother-survivors felt like their role as a mother limited the time they had to think while staying in shelter. When asked how recovery was affected by her daughter, Dianne responded, "Never having any time to think. And just, like, go over things in your head. I don't know, I guess having to like, literally schedule your time to do that." Alison felt similarly, and said that she is still feeling the effects of not being able to process the abuse today:

One of the biggest things was you can't get away at all to process any of the abuse and to try and get over it... It was really difficult, so I bottled a lot of it up and I still haven't processed it all... But yeah, if you look back- whenever did Mom take that time to sit down and breathe for ourselves?

Brooke also felt like her time to think was limited while staying in shelter, and said the programming in shelter was also a contributing factor:

I mean being at the shelter was great, but they do have you do a lot. You know, you're constantly seeing your caseworker, you're constantly doing therapy, which is not bad, but being so busy does kind of take away from trying to sit and just focus on what you need to do and how to process certain things, at least by yourself... you need to be able to be with yourself to process that, and that was a hard thing.

Mother-survivors are constantly busy, attending to the needs of their children while also navigating the programs and policies that staying in a shelter requires. With limited time for themselves, mother-survivors feel restricted in their ability to reflect and process the abuse they have just experienced, inhibiting their emotional recovery. This was the only barrier described by mother-survivors exclusively related to emotional recovery.

Giving up personal goals. Throughout the interviews, multiple survivors mentioned not meeting personal goals because of their children. Brooke had been wanting to get her GED and driver's license for a while, but had not been able to do so because of her kids.

I want to do my GED right now, but doing it through ASPIRE is in person because it's not really COVID anymore. That would be fine, but childcare is still a huge issue.

Everything's so booked up, we don't have a whole lot for childcare that take like assistance and stuff here, so I haven't been able to do that yet. Or going to the classes to get my driver's license, so that's kind of been the hardest part with having the children, but I'd rather do everything with them than without . . . I do feel stuck a lot of the times.

Alison also had goals that she was giving up for her kids. She hoped to someday go back to school to get her degree, but she did not feel like she could do that until her kids were older and

out of the house, “So maybe one day I’ll have the smarts and the drive, you know, but when the kids are more grown up and stuff. But right now it’s all ‘mom mom mom mom mom.’”

Mothering takes enormous amounts of time and energy in any context, but can be especially burdensome for mother-survivors who are trying to rebuild their lives after leaving an abusive relationship. Personal goals are an important part of that process, allowing mother-survivors to meet needs that they could not during an abusive relationship. This is a vital aspect of practical recovery, but is directly restricted by a survivor’s role as a mom.

Having kids in appointments. As discussed in previous sections, childcare offered by DV shelters is often limited. All mother-survivors interviewed for this research stayed in Shelter 1, which could only provide childcare depending on staff availability. Staff at this shelter prioritize providing childcare for mothers who need to attend appointments, but in some cases this is not possible and mother-survivors must take their children to the appointments with them. This was difficult for mother-survivors, as topics of conversation in these appointments can sometimes be heavy and might not want to be discussed in front of their children. These appointments are also important for a mother-survivor to meet practical needs, like case management appointments that provide assistance in finding housing and court advocacy appointments that help a mother-survivor navigate the legal system. The presence of a child in these appointments is often distracting and makes them less productive.

Dianne struggled with this throughout her time in shelter, explaining, “I had to take her to meet with my counselor, she was always there. It was hard not being able to leave her in a room by herself... Even though she's only 5 she still understands the things I’m saying. So yeah, that makes it difficult.” Alison expressed similar feelings in her interview:

Most of the time unfortunately my meetings didn't have childcare so they had to come with me. That was something that was really hard at some of the appointments.

Especially the appointments with the court advocate. Those ones were the hardest because those ones were the financial, the legal.

These appointments can be vital to the recovery process of survivors, as they provide a space to discuss and reflect on abuse with an experienced clinician as well as work towards case management goals and navigate the legal system. These appointments are important to both the practical and emotional aspects of recovery but the presence of children makes them less productive for survivors, hindering recovery.

Housing. Mother-survivors also had difficulty finding housing for themselves and their children. Both staff members and survivors mentioned this throughout the interviews, explaining that housing units with more bedrooms are difficult to find and unaffordable. According to the executive director of shelter 2:

I think other challenges in terms of recovery that we found is when they are looking for housing. Again, it depends on the size and the age of the children and also the gender. Sometimes with their budget, you know, based on the three times the rent rule, they will only be able to afford a one, maybe two-bedroom apartment but they're needing upwards of three to four bedrooms. Parents who have older children and different genders really need the separate rooms. They also have trouble finding cosigners, which is unfortunately something that our population just does not have . . . so it just kind of creates more barriers for them when it comes to securing affordable housing.

This shelter was located in an urban environment, but similar struggles were reflected in the interview with the staff member from shelter 3, which is situated in a medium-sized town in Appalachia:

Yeah, it's harder to find housing. I mean, three-bedroom homes. Yeah, two-bedroom homes are usually easy, but three-bedroom homes are just phenomenally hard to get. Really hard. And if they are, they're over the HUD drawing line and we have to stay underneath that certain guideline so that's really hard.

Because of these factors, mother-survivors must wait months for housing like all mother-survivors that participated in this study. Helen, who already had a job when she came to shelter, spent 6 months looking for her current apartment. She had a steady income and dependable childcare, and felt like the only thing she was waiting on was housing: "Well, when I was there I was already pretty much functioning all the way around other than having a place to stay." Despite her efforts to prepare for independent living, she still had to wait months for a place.

Alison also struggled to find housing during a stay in a DV shelter. This was before she stayed in Shelter 1, and she ended up having to go back to her abuser because the shelter had a policy that required her to leave after her elected 30-day stay was up, even if she did not have housing:

Yeah. I had 30 days; they didn't help me get a voucher for anything. I did everything on my own. I went out and tried to get vouchers myself without their help, I didn't get nowhere with it. I chose the 30 day stay because I didn't think I was going to need more than that, but it ended up biting me in the butt. It ended up sending me right back to him.

None of the shelters that participated in this study had limits on the amount of time survivors could stay, but many shelters across the U.S. do. This can be extremely damaging for all

survivors, but especially for mother-survivors who face additional barriers when trying to find housing. Although this is not directly related to the theme of this chapter, it is important to note that shelters can also create barriers to a mother-survivor's practical recovery experience through poor programming and restrictive shelter policies.

The practical aspects of recovery are important to a mother-survivor's entire recovery experience as they address essential needs that stabilize a survivor's life. Things like housing, employment, education, and transportation provide safety and ease of mind to a mother-survivor attempting to rebuild her life after leaving an abusive relationship. Although a survivor's role as a mother can also negatively affect emotional aspects of recovery, the barriers discussed by mother-survivors were predominately related to practical recovery. These only include barriers that are directly related to a survivor's role as a mother, as opposed to those related to mothering and shelter policies described in other chapters. Survivors struggled to find housing, be productive in appointments, and meet personal goals, like getting their driver's license or GED. Shelters cannot change a survivor's role as a mother, but an awareness of these barriers can help shelters better support mother-survivors through recovery. Whenever possible, shelters can offer to provide childcare to mother-survivors to give them a break from mothering and an opportunity to focus on practical needs of recovery. Shelters can also be patient when these barriers impede a mother-survivor's progress in shelter, providing additional support and resources when possible.

The negative effects of motherhood described in this section differ from the many positives to motherhood that mother-survivors identified, all of which were related to emotional recovery. Before explaining those benefits, however, I will first explain the ways in which being a survivor affects motherhood. This provides important context to the relationship between recovery and motherhood, which is the focus of this chapter.

Survivorhood & Motherhood

Mother-survivors not only discussed the impact that motherhood had on recovery, but also recognized the impact that recovery had on motherhood. Specifically, mother-survivors felt like their identity and experience as a survivor changed their parenting. It has caused them to be more protective of their children, pushed them to want better for their children, and bonded them with their children. This is important to recognize when supporting mother-survivors navigating recovery and parenting in a DV shelter, as it provides understanding to why a mother-survivor might parent in a certain way which can affect their recovery process.

More Protective. Mothers felt like they were more protective of their children because of their experiences as a survivor. These experiences were not limited to the abusive relationships that led them to stay in shelter. For most mothers interviewed for this study, their identity as a survivor developed in childhood due to traumatic events they experienced. This is true for Brooke, who said that one of the only things she learned from her parents was how *not* to parent. Her abuse began in childhood, and has caused her to be a protective parent to her own children:

I am a little bit paranoid when it comes to my kids. I have a good amount of trust issues when it comes to people, but I also don't think that is necessarily a bad thing. Like I don't hoard them and keep away from everybody, but I am a lot more cautious. I pay a lot of attention to how people act around my children.

Brooke's experiences as a survivor have shaped the way she protects her children, similar to other mothers who have experienced abuse. According to a study conducted by Buchanan (2021), mothers frequently use any agency they have during an abusive relationship to protect their children. This can have effects long after the abusive relationship is over, as mothers-

survivors have a heightened awareness of dangers to their children's well-being and, as a result, are more protective of them.

Wanting Better for Kids. Mother-survivors felt like their experience as a survivor pushed them to want more for their kids. When asked if being a survivor affects her parenting, Helen explained that she often thinks back to the way she was treated in her abusive relationship and that encourages her to treat her son better: "Like I said, a lot of the patience that I didn't have that I'm trying to have doesn't— like, it just reminds me of how we were being treated before so I don't be like that, just because I know I hated how I was talked to." Alison felt similar ways, and explained that her experiences as a survivor have given her more confidence in herself:

So yeah, [being a survivor and a mother] definitely slowed [recovery] down, but also without it I wouldn't have ever gotten here. So if anything, it actually helped better me because I didn't want [my kids] to be like me. So in a way it was the best thing that ever happened.... It's kept a guided line. It's also kept me thinking, "Well, if I could go through that, I could do anything." And also, "If I can go through that my kids will be fine."

For Alison, being a survivor has pushed her to want different things for her kids while simultaneously giving her the perspective that she and her kids can survive whatever comes their way in the future.

Bonded Mothers and Children. Because children witnessed and sometimes experienced the same abuse that was being inflicted upon their mother, mother-survivors felt like being a survivor bonded them with their children. When asked how being a survivor affects parenting, Julia responded, "It does a lot. They see everything I went through. They lived it just like I lived it." Dianne felt the same way, and explained that the abuse and the transition to shelter that she

and her daughter had to go through together made them closer: “Just coming here and being around change . . . [our relationship] got better.” Helen echoed these same sentiments in her interview, agreeing when I asked if she felt like being a survivor strengthened her relationship with her son. When I asked, “So maybe being a survivor makes it difficult in some ways to parent, but at the same time helps you and strengthens your relationship with him sometimes?” Helen answered, “Yes.”

Being a survivor can affect all aspects of a person’s life, changing the way they interact with the people around them. This is especially true for mother-survivors, who recognize multiple effects of survivorhood on their parenting which inevitably have an effect on their recovery as well. Understanding these effects is important when working with mother-survivors staying in DV shelters, as they provide context to a mother-survivor’s approach to parenting. Mother-survivors might prioritize different things in their parenting because of the abuse they have endured, which can be supported by shelter staff as they help mother-survivors navigate both recovery and parenting in a shelter.

Motherhood Aiding in Recovery

Despite identifying multiple factors related to parenting as inhibiting recovery and factors related to being a survivor as changing parenting, all mother-survivors said that motherhood was a vital part of their recovery experience and they could not imagine doing it without their children. Survivors felt like their children inspired confidence, helped them leave their abuser, and generally made things easier for them. These are all important aspects of a mother-survivor’s emotional recovery, as children provide hope and motivation during an incredibly difficult time in a mother-survivor's life. This differs from the many barriers that mother-survivors experiencing related to motherhood, which predominately affect practical recovery.

Inspired Confidence. Survivors felt like their role as a mother inspired confidence within them. Alison, who grew up in the foster system, felt like she never learned what confidence was or how to be confident growing up. It was not until she had kids that she started to intentionally work on building her confidence to be a better role model for them. She says that confidence is now her hobby, and she is still working every day to become a more confident person because of her kids:

Life had torn me down pretty bad. I had no confidence— like I actually didn't know what confidence was or even how to get it. When I was really, really young, my dad taught me that confidence is a bad thing. Having confidence gets you beat type of thing. So when I got to be an adult, even knowing how to get it, to become confident, let alone to be confident was really hard. I had no idea how to do it, how to achieve it, how to even start. But I always wished I could be one of those confident people out there, to hold my head up high no matter what . . . Then 6 years into the relationship I had my son. I just thought, you know, I'm not doing any good for him if I can't look up, so I started working on my confidence. I think that's actually why I'm able to be here— because I've worked on my confidence. I probably would still be in that abusive relationship, just biting my tongue if I didn't have my confidence. Three years after that I had been working on it and I got to the point where I could look up to, but I still couldn't look at anybody or talk to anybody. But then I got pregnant with my daughter— I found out it was a girl— and I just decided I didn't want my daughter to follow in my footsteps and not be a confident and independent woman. So I started working on eye contact, I started being able to start conversations with strangers. And it's brought me to the point I am now. My hobby is my confidence

now . . . it was all my kids. They are actually the inspiration of why I am such a strong woman now.

Alison's children inspired her to be confident, pushing her to stand up for herself in all aspects of her life. This not only helped her leave her abuser, but also continues to help her as she navigates recovery and rebuilds her life in the aftermath of abuse: "This year my goal is to confidently do the divorce and not let him manipulate me, and to confidently turn my son around." Despite the many struggles Alison described with her kids in shelter, she ultimately felt that they were a key part of her recovery process and she could not imagine it without them. Alison's children pushed her to want better for herself and develop her confidence, which provides strength and hope when rebuilding one's life after an abusive relationship.

Leaving Abuser. Mother-survivors identified their children as one of the main reasons they were able to leave their abusers when they did. As discussed above, the confidence that Alison built to be a good role model for her children helped her leave the abusive relationship she was in with their father. The "last straw" for her was also related to her children, and ultimately the reason she left was to protect them:

He degraded me and belittled me right in front of the kids, and he started calling my daughter all the names that he was calling me. He started abusing her, and that was my last straw. I couldn't bite my tongue anymore. So I left him on the first of the month when I had the card in my hand, when I had the money.

Similar to Alison, Helen also felt like her son was the reason she left: "It was difficult to have to do all that, but I think [my son] is the reason why I did. I'm not sure if I would have left like I did or as easy as I did, with him not being there." A key aspect of emotional recovery from domestic violence is rebuilding a survivor's self-worth. Motherhood can be crucial in this process as it

makes mother-survivors feel wanted and needed in their everyday lives, giving them strength as they protect both themselves and their children during and after an abusive relationship.

Made Things Easier. The initial transition to shelter can be challenging for many survivors, as they uproot their entire lives in a number of hours and move to a completely new and unfamiliar environment. For Dianne, this made it hard to do anything but want to sleep. Her daughter was the reason she got up and kept going: “When I first got there, it was a little difficult because I just wanted to sleep. I just wanted to lay down, but I couldn’t. [My daughter] helped with that.” Julia felt the same way, and often struggled with eating during the beginning of her stay. But her four-year-old son was there to remind her to eat when she did not want to: “[My son] would say ‘Mom eat.’ Even when I didn’t want to eat, he told me to... I would have been a wreck if I was by myself, but they kept me going.” When these survivors were not ready to take care of themselves, their kids were there to remind them to.

Staying in a shelter can also be overwhelming, as survivors begin to process and feel the weight of the abuse they just experienced. Having children to care for can be a point of strength, inspiring mothers to keep going like it did for Alison: “having them around is actually what has pulled me through mentally and emotionally because I’ve had to stay strong for them.” Shelter can also be lonely, as most survivors do not know anyone staying or working there until they arrive. Having children there can help them feel less alone, like it did for Helen: “Being there wasn’t as bad because I had him.” The magnitude of strength and resilience that motherhood provided to each of these mother-survivor’s recovery experience is evident in their words: without their children, they don’t know how they would’ve done it.

Motherhood has many complex and nuanced effects on the recovery of mother-survivors staying in shelters. Although there are aspects to motherhood that create barriers for mother-

survivors attempting to rebuild their lives in the aftermath of domestic violence, these are far outweighed by the hope and inspiration the children provide in exchange. Mother-survivors predominately identified factors related to their practical recovery as barriers, while they conversely identified factors related to their emotional recovery as strengths. These included things like resiliency, determination, and persistence, showing the incredible impact of internal attitudes and beliefs on the recovery process. Shelters can provide support and resources to mother-survivors as they navigate barriers related to motherhood, with an understanding that one of the most important and impactful tools a mother-survivor has in navigating recovery is simply her role as a mother.

Chapter 5: Conclusion

The data collected for this study provides insight into some of the parenting and recovery strengths and struggles mother-survivors experience while staying in DV shelters. Although some solutions to relieve mother-survivors from the struggles require expanding shelter programs, there are also many small ways DV shelter advocates can provide vital support to mother-survivors that do not require extensive funding. Both small- and large-scale recommendations related to the themes of this thesis will be provided in this chapter, along with study limitations and implications for future research. First, however, I will review each theme and provide a final note on the positive impact of shelters.

Some shelter policies related to the mother child-relationship, like the supervision and discipline policies, negatively affect both the emotional and practical recovery of mother-survivors. The supervision policy that requires mothers to stay with their children while in shelter unintentionally reinforces ideas of intensive motherhood and inadvertently pushes mothers to sacrifice aspects of their own recovery in order to follow the policy and be with their children. Mother-survivors struggle with this policy more than any other policy and shelter staff recognize that, but are limited in the support they can provide to relieve mothers from its effects. This is in part due to budget and resource limitations that are out of staff's control. Although a version of this policy is necessary for the safety of children in shelter, the manner in which it is communicated and enforced can help to minimize its negative effects and help support mother-survivors to resist lasting pressures of intensive motherhood.

Similar to the supervision policy, the shelter discipline policy inhibits the recovery of mother-survivors. Specifically, it creates barriers for mother-survivors who had previously used physical discipline as a parenting tactic. The policy bans any form of physical discipline,

providing important protection to children who could experience negative behavioral and cognitive development due to spanking (MacKenzie et al. 2013) and other survivors staying in the shelter who could be triggered by violence. Additionally, the policy helps break the cycle of violence (Simons & Wurtele, 2010). However, it can be damaging to the mother-child relationship and result in the disempowerment of the mother-survivor's authority over her children. Mother-survivors must completely change their approach to parenting because of this policy, which may have long-term effects on both the mother-survivor and her children. Depending on availability of funds and resources, shelters can provide additional education and interventions to mother-survivors and their children to support them as they navigate the policy. Additionally, staff members can receive increased training and communicate the policy in a specific manner to minimize feelings of judgment that the policy can sometimes imply.

Despite the struggles mother-survivors experience with shelter policies related to mothering, motherhood remains an important strength in recovery. Mother-survivors predominately face barriers to their practical recovery directly due to their role and responsibilities as a mother, as the time-consuming nature of mothering in a DV shelter takes valuable time away from working towards practical recovery goals, like securing housing, continuing education, getting a driver's license, etc. Mother-survivors' role as a mother gives them much more in exchange, inspiring hope, motivation, and resiliency as they rebuild their lives in the aftermath of abuse. Mother-survivors find purpose in their children, pushing them to keep moving forward when they feel like they cannot. Mother-survivors also found comfort in having their children in shelter with them, making them feel less alone at a time when social support is limited. These strengths can be emphasized by shelters to support mother-survivors navigating recovery.

Positive Impact of Shelters

There are many direct actions that shelters can take to support mother-survivors in the barriers to recovery they experience while parenting in a DV shelter. Before outlining these recommendations, however, I would like to emphasize the life-saving effects that DV shelters have on survivors. Despite expressing frustrations with many aspects of shelter life, all survivors interviewed for this research felt like their experience staying in Shelter 1 changed their lives for the better. They each identified shelter as a turning point when asked to create a timeline of significant moments that led them to where they are today, and explained key support provided by shelter throughout their interviews. Julia, who was critical of the shelter's discipline policy and staff's approach to helping her with it, ultimately felt like there was nothing major that her experience in shelter was lacking. When asked what she would change about shelter, she responded, "There isn't anything. This place was way better than I ever imagined. Walking in was like 'woah.'" Regardless of the many struggles Julia faced with her boys while staying in shelter, she still felt like her experience with shelter was overwhelmingly positive.

Other survivors reflected in ways similar to Julia, pointing to their relationship with staff members as a valuable aspect of shelter life. When asked how staff was helpful during their stay, many survivors discussed the bond that their children developed with shelter advocates. It helped create a safe space for the children, making them excited to wake up every morning and see a friendly face. Brooke had been out of shelter for over a year when I interviewed her, and she told me her four-year-old son had been counting down the days until he got to see me after bonding with me during his time in shelter: "The occasional childcare from you is highly memorable for my son... he was really excited to see you." For Julia's two young boys, coming back to shelter after school every day was exciting because they got to see their favorite staff members: "they

knew, oh [staff member] is coming! Or [other staff member] is coming! They always looked forward to it.” Dianne echoed these same feelings in her interview, explaining that one of the hardest parts of leaving shelter was leaving the staff members who had done so much for herself and her daughter. Research has shown that positive human connection is one of the most important tools of recovery (Herman, 1997; Leamy, 2011; Sinko et al., 2021), and the survivors in this study consistently felt that from the shelter staff. The importance of human relationships is a core value of the NASW code of ethics (2021), and should be prioritized by all social workers.

Despite the struggles these survivors experienced with shelter policies, shelter remained a safe space for them to begin to process the abuse they just experienced and to rebuild their lives. Support from staff was instrumental in this experience, creating excitement and stability for their children during an unpredictable transitional period. Staff also helped survivors secure permanent housing, get jobs, navigate the legal system, and much more. Because of this support, along with other external and internal factors that continue to provide strength and hope to these survivors throughout recovery, they have all found themselves in a better place in their life than when they first came to shelter. During her interview, Alison explained how happy she is with herself and her life today:

I’ve never smiled so much in my life. I’m having actual adventures that I can have stories about down the road. Do things for myself. Choose what I do and not be told what to do. I’m finding reasons to get out of bed. I’m like “let's go kids, hurry hurry” and the kids are like “mom, I’m tired.” “No! Let’s go!” They’re like “mom, we used to have to drag you out of bed to do anything. Where did this come from?” It’s because I don’t have to worry about doing everything for him anymore. I actually have time to do things for myself. Things I want to do, things I’ve always wanted to do.

Julia was still navigating struggles in parenting both of her sons at the time of our interview, and was moving out of shelter the day after our interview took place. When I asked how she was feeling about it, she replied, “I feel confident. I got this. I've come this far and I'll go further . . . I know I can do this.” Despite the barriers to recovery she was continuing to experience, she moved out of the shelter feeling confident. This speaks to the support and encouragement she received while staying in Shelter 1.

Barriers are an inevitable part of a mother-survivor’s recovery experience, as trauma can be unpredictable and all-reaching in the ways it affects someone’s life. Challenging experiences in a DV shelter are also inevitable, as safety policies and limited resources restrict the help shelters can offer to a mother-survivor navigating the complicated journey that is recovery. Shelter 1 created a safe space for these mother-survivors, of which they look back on positively and with gratitude. Although they struggled with policies in the shelter, their overall experience was valuable and helped them rebuild their life. In many ways, Shelter 1 can be an example of how to support mother-survivors through recovery while balancing necessary policies and limited resources. However, there are also steps Shelter 1 and all DV shelters can take to improve the support they provide to mother-survivors staying in their shelter. Many of these steps are related to interactions between staff members and survivors, which can be applied to other areas of social work. I will provide recommendations below.

Implications for Policy and Practice

In an ideal world, DV shelters would be able to provide extensive resources and programming to mother-survivors. If mother-survivors were provided with their own individual apartment within a shelter, they would have more privacy and autonomy in their parenting. This eliminates many of the safety issues that arise in communal living, which would allow shelters to

amend or eliminate policies like the supervision and discipline policies that create barriers to recovery for mother-survivors. These apartments can be connected to communal spaces and staff offices, ensuring that mother-survivors continue to receive daily support from staff members and other residents. Mother-specific and child-specific advocates with extensive training on the unique recovery experiences of mother-survivors and their children can help mother-survivors feel supported while navigating the unique barriers that arise in their recovery. Parenting classes, mother-survivor support groups, child counselors, and guaranteed daily childcare can also provide vital support to this population. These large-scale recommendations are difficult to achieve for most shelters due to funding, but provide a framework for the ideal support shelters can provide to mother-survivors. I will explain more budget-friendly recommendations below.

Difficulties with rules in DV shelters are not an uncommon experience for survivors. Numerous studies have shown how restrictive policies can negatively affect the psychological well-being of survivors and inhibit their recovery (Fauci & Goodman, 2020; Gregory & Sullivan, 2017). However, efforts to reduce rules have been shown to improve the experience of survivors without compromising the safety of everyone in shelter or reducing the effectiveness of programming. A study conducted by Kulkarni et al. (2019) examined the rules-reduction process for seven DV shelters, all of which found positive outcomes in their efforts. The rules-reduction process was divided into three stages: first, creating an organizational vision for the shelter, second, shifting organizational culture, and third, transforming staff practices. Data from this study revealed that although a change in written policies is helpful, change must begin with the culture of the organization and of its staff members. Shelters should be providing anti-oppressive, survivor-centered, trauma-informed care that focuses on the needs of the survivors rather than the needs of the organization. This falls in line with the NASW's third core value in

the code of ethics (2021), which is dignity and worth of a person. Providing care that focuses on the needs of the clients and recognizes the complex trauma history that affects their day-to-day life adheres to this value, and is relevant to all areas of social work. Creating an agency culture through open conversation about these values is the first step in ensuring mother-survivors are receiving the best care possible from DV shelters.

A shift in agency culture that first and foremost promotes the needs of the survivors can be followed by a change in the approach that shelter staff take to enforcing rules and policies in the shelter. For mother-survivors navigating restrictive policies like the discipline and supervision policies, it is important that shelter staff are patient, flexible, and supportive when enforcing the policies. Rather than taking a harsh or punitive approach when mother-survivors do not follow the rules of the shelter, staff should provide support and encouragement to mother-survivors in their ability to follow the policies, while also emphasizing that the struggles they face due to the policies are not their fault. Shelter staff should also enforce policies with a level of flexibility, giving mother-survivors relief from policy demands when there are no major health or safety concerns. This is especially important when enforcing the supervision policy as it also provides relief from the pressures of intensive motherhood and helps mother-survivors understand that being present for their children 24/7 should not be a requirement of mothering. Once again, this approach to service falls in line with the NASW's third core value (dignity and worth of a person) (2021), and can be applied to all areas of social work. Social workers should promote self-determination whenever possible, and enforce any policy or rule with an awareness of the difficulties it might cause for the individual.

Open conversations about the effects of the policies can also help validate a mother-survivor's frustrations with them and build connection with staff. Early in their stay in a shelter,

staff can acknowledge the difficulties of the policies and directly explain to mother-survivors the reasons behind them. This is especially important for the discipline policy, which can imply judgment on a mother-survivor's parenting skills. Shelters can directly explain that they do not want to control a mother-survivor's parenting, but the policy is necessary to ensure other survivors are not being triggered by violence in a DV shelter. It is also important to emphasize to mother-survivors that they are the experts on their own children and that shelter staff is there to provide support and tools when they ask for it. This can both empower a mother-survivor in her parenting and allow a mother-survivor to make her own decisions on what support she wants and needs from shelter staff.

If possible, shelters can also expand resources and programs to address the needs of mother-survivors. Childcare is one of the most impactful things that shelters can utilize to support mother-survivors, as it provides them with important breaks from mothering and gives them time to focus on their own recovery. More childcare offered by shelters is almost always needed. Increased interventions with children can also be helpful, but should not be utilized without the permission of the mother-survivor first. These interventions do not need to be complicated, and could consist of childcare providers having open conversations with children about their emotions and teaching various self-soothing skills to use when they are feeling overwhelmed, similar to the way many shelter advocates provide support to adult survivors in shelters. These skills could be breathing exercises, coloring, writing, etc. This support can help build a child's ability to navigate their own emotions and has been shown to improve a mother-survivor's recovery experience (Katz, 2015).

Staff in DV shelters can also receive additional training in childcare and parenting to enhance their understanding of the struggles both mother-survivors and their children face and

better support them as they navigate recovery and parenting in a shelter. NASW's sixth core ethical principal is competence (2021), meaning that social workers should continuously be educating themselves and improving their service to follow best-practices in the field. Training is an important step in fulfilling this principal.

Parenting classes can also be offered in hopes to provide additional resources to mother-survivors who are experiencing parenting struggles. Participants in this study spoke highly of the Positive Parenting Program which has shown to have positive effects on children (Gagné et al., 2023), but other evidence-based parenting programs could also be utilized. These programs can help a mother-survivor feel less alone in her parenting struggles as she takes classes with other survivors, while also providing effective education and tools that could improve a mother-survivor's relationship with her children.

There are numerous recommendations that shelters can utilize to improve the care provided to mother-survivors. When doing so, however, it is important that staff understands that one of the most important tools to recovery that a mother-survivors has is her role as a mother. Staff should consistently be supportive, encouraging, and positive about a mother-survivor's parenting. Staff can empower a mother-survivor whenever possible, complimenting her parenting strengths and supporting her authority by reinforcing parental decisions she makes with her children. Staff can also be open about their confidence in the mother-survivor and her ability to be a good parent while simultaneously navigating the demands of recovery. This can help enhance the resiliency that motherhood creates for recovery. Another NASW core principal is human connection (2021), which staff can also utilize by encouraging mothers to spend time with their children doing things they love. Moments of mothering-joy can help mothers draw upon the recovery strengths of motherhood rather than focusing on the recovery barriers, which

can aid recovery. The implementation of any or all of these recommendations can help improve the care provided to mother-survivors by DV shelters.

Limitations & Implications for Future Research

This study filled an important gap in research about mother-survivors' experiences in DV shelters. To my knowledge, no previous study has examined the simultaneous effects of shelter policies and motherhood on a mother-survivor's recovery. However, there are still limitations to this research which could have had an effect on its findings. I (the researcher) had previous connections with all of the mother-survivors interviewed and one of the staff members interviewed. In many ways, this enhanced the conversation I was able to have with participants as I had already built rapport and trust with each of them and observed many of the struggles they referenced throughout the interviews first-hand. However, it is also possible that my connection with the shelter made them less critical of their experience there. To combat this, I encouraged mother-survivors to be as critical as they would like before each interview and explained that the purpose of my research is to be critical in order to improve the experience of mother-survivors staying in DV shelters.

The sample size for this study was small, which limits the number of perspectives represented in the data. This is especially true for the second theme related to the discipline policy, which only utilized data from 3 mother-survivor participants. The sample was also limited to southeastern and central Ohio. This was intentional as I felt most knowledgeable about the resources and culture of this region, which provides context to the experiences of mother-survivors living there. However, a small sample size from a concentrated area creates limitations to the data collected. Future research could expand the sample size to multiple regions in order to

understand regional or cultural effects of both the care provided by DV shelters as well as mother-survivors' experiences with that care.

Only one staff participant was a person of color, while all other staff and mother-survivor participants were White. Because of this, additional barriers to recovery experienced by mother-survivors of color were not represented in the data. This could be an area of expansion for future research: examining the ways in which other identities like race or sexuality interact with motherhood and affect a mother-survivor's recovery experience in a DV shelter. Additionally, half of the staff members that participated in the research were executive directors. They were able to speak extensively about the overall structure of shelter and limitations to shelter resources, but lacked the perspective of staff members who directly worked with mother-survivors on a day-to-day basis. Interviewing more staff members with various roles in each shelter could deepen the shelter's perspective represented in the data and refine the recommendations provided to shelters.

Future research could also expand on each individual theme of this thesis. Findings related to the supervision policy revealed that shelters unintentionally reinforce narratives of intensive motherhood which have negative effects on mother-survivors, yet mother-survivors do not ultimately use those narratives in their understanding of a good mother. Future research on how mothers construct and develop their definition of ideal motherhood as well as ways they resist negative mothering pressures could reveal spaces that shelters can further support mother-survivors in their relationship with parenting. Additionally, findings could provide context on how to support mothers in other spaces outside of DV shelters.

Data related to the discipline policy pointed to underlying class and cultural tensions between staff members and mother-survivors. Because this was only mentioned by one mother-

survivor it was not included as an overall theme of this thesis, but indicates the potential for significant findings in research related to discipline tactics, class and cultural differences, and judgment. Research could focus specifically on DV shelters by looking at the ways these factors affect the relationship between shelter staff and mother-survivors, or it could expand beyond a shelter setting and look at the ways these factors affect the experience of mothers in other contexts. Moreover, research could examine the effects of these factors on children to find ways to better understand and support both mothers and their kids.

Finally, research could further examine strengths related to motherhood. The last major finding of this thesis was the positive impact that a mother-survivor's role as a mother had on her recovery. A mother's identity can have positive effects on many other areas of her life, which was beyond the scope of this research but could help future practitioners understand and utilize the many strengths that motherhood provides to any and all mothers.

Conclusion

Despite the limitations of this study, findings still provide vital insight into the experiences of mother-survivors staying in DV shelters. Mother-survivors experience various barriers to both the emotional and practical aspects of recovery while staying in a shelter, some of which are directly due to shelter policies, like the supervision and discipline policies. These policies are necessary for the safety of those staying in the shelter, but can be difficult for mother-survivors to navigate while also balancing parenting and recovery. Societal pressures of intensive motherhood and negative stereotypes related to harsh parenting can add to the struggles mother-survivors face. To mitigate their negative effects, shelters can be flexible with the enforcement of these policies whenever possible and communicate them with an acknowledgement of the difficulties they create. Implementing interventions with children,

parenting classes, staff training, and additional childcare can also provide helpful support to mother-survivors. Additionally, staff can instill confidence in a mother-survivor whenever possible and continuously reinforce and uplift her parenting skills. An important finding of this study was the strength that a mother-survivor's role as a mother provides her in recovery, which can be emphasized by shelters whenever possible to strengthen a mother-survivor's recovery.

References

- Adams, A. E., Tolman, R. M., Bybee, D., Sullivan, C. M., & Kennedy, A. C. (2012). The impact of intimate partner violence on low-income women's economic well-being: The mediating role of job stability. *Violence Against Women, 18*(12), 1345–1367. <https://doi-org.proxy.library.ohio.edu/10.1177/1077801212474294>
- Allen, A. B., Robertson, E., & Patin, G. A. (2021). Improving emotional and cognitive outcomes for domestic violence survivors: The impact of shelter stay and self-compassion support groups. *Journal of Interpersonal Violence, 36*(1–2), NP598-NP624. <https://doi.org/10.1177/0886260517734858>
- American Psychiatric Association. (2017). *Diagnostic and statistical manual of mental disorders: DSM-5*. CBS Publishers; Distributors, Pvt. Ltd.
- Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling, and shelter services for victims of domestic violence: A statewide evaluation. *Journal of Interpersonal Violence, 19*(7), 815–829. <https://doi.org/10.1177/0886260504265687>
- Bermea, A. M., Rueda, H. A., & Gonzalez-Pons, K. M. (2021). Staff perspectives regarding the influence of trauma on the intimate partnering experiences of adolescent mothers in residential foster care. *Child & Adolescent Social Work Journal, 38*(3), 283–294. <https://doi.org/10.1007/s10560-020-00678-0>
- Buchanan, F., & Moulding, N. T. (2021). Mothering during domestic abuse: Protective agency as a force for change. *Qualitative Social Work, 20*(3), 665–680. <https://doi.org/10.1177/1473325020917743>
- Breiding, M., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). *Intimate*

- partner violence surveillance: Uniform definitions and recommended data elements*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
- Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence, & Abuse, 17*(5), 585–600. <https://doi.org/10.1177/1524838015585318>
- Campbell, R., Baker, C. K., & Mazurek, T. (1998). Remaining radical? Organizational predictors of rape crisis centers' social change initiatives. *American Journal of Community Psychology, 26*(3), 465-491. <https://doi-org.proxy.library.ohio.edu/10.1023/a:1022115322289>
- Centers for Disease Control and Prevention. (2022). Preventing intimate partner violence. [https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html#:~:text=Intimate%20partner%20violence%20\(IPV\)%20is,and%20how%20severe%20it%20is.](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html#:~:text=Intimate%20partner%20violence%20(IPV)%20is,and%20how%20severe%20it%20is.)
- Charmaz, K. (2006). *Constructing grounded theory*. Sage Publications.
- Code of Ethics*. NASW, National Association of Social Workers. (2021). Retrieved April 26, 2023, from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- Côté, I., Damant, D., & Lapierre, S. (2021). Children in domestic violence shelters: Does the feminist perspective collapse? *Journal of Social Work, 22*(2), 422–439. <https://doi.org/10.1177/14680173211009740>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241. <https://doi.org/10.2307/1229039>

- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five traditions* (2nd ed.). Sage.
- Dardis, C. M., Ahrens, C., Howard, R. L., & Mechanic, M. B. (2020). Patterns of surveillance, control, and abuse among a diverse sample of intimate partner abuse survivors. *Violence Against Women*, 27(15-16), 2882–2909. <https://doi.org/10.1177/1077801220975497>
- Deacy, S., & McHardy, F.. (2013). Uxoricide in pregnancy: Ancient greek domestic violence in evolutionary perspective. *Evolutionary Psychology*, 11(5), 994-1010. <https://doi-org.proxy.library.ohio.edu/10.1177/147470491301100505>
- Dillon, G., Hussain, R., Loxton, D., & Rahman, S. (2013). Mental and physical health and intimate partner violence against women: A review of the literature. *International Journal of Family Medicine*, 1–15. <https://doi-org.proxy.library.ohio.edu/10.1155/2013/313909>
- Dutton, M. A., & Goodman, L. A. (2005). Coercion in intimate partner violence: Toward a new conceptualization. *Sex Roles*, 52(11-12), 743-756. <https://doi-org.proxy.library.ohio.edu/10.1007/s11199-005-4196-6>
- El-Sheikh, M., Cummings, E. M., Kouros, C. D., Elmore-Staton, L., & Buckhalt, J. (2008). Marital psychological and physical aggression and children’s mental and physical health: direct, mediated, and moderated effects. *Journal of Consulting and Clinical Psychology*, 76(1), 138–148. <https://doi-org.proxy.library.ohio.edu/10.1037/0022-006X.76.1.138>
- Fauci, J. E., & Goodman, L. A. (2019). “You don’t need nobody else knocking you down”: Survivor-mothers’ experiences of surveillance in domestic violence shelters. *Journal of Family Violence*, 35(3), 241–254. <https://doi.org/10.1007/s10896-019-00090-y>
- Ferencik, S. D., & Rameriez-Hammond, R. (2013). Trauma-informed care: Best practices and

- protocols for Ohio's domestic violence programs [The comprehensive resource on domestic violence]. Ohio Domestic Violence Network.
- Ferguson, C. J. (2013). Spanking, corporal punishment and negative long-term outcomes: A meta-analytic review of longitudinal studies. *Clinical Psychology Review*, 33(1), 196–208. <https://doi.org/10.1016/j.cpr.2012.11.002>
- Fish, M., Amerikaner, M. J., & Lucas, C. J. (2006). Dispelling the stereotypes: Rural Appalachian mothers talk about physical punishment. *Journal of Appalachian Studies*, 12(1), 26–39.
- Foucault, M. (1977). *Discipline & punish: The birth of prison*. Pantheon Books.
- Friedson, M. (2016). Authoritarian parenting attitudes and social origin: The multigenerational relationship of socioeconomic position to childrearing values. *Child Abuse & Neglect*, 51, 263–275. <https://doi.org/10.1016/j.chiabu.2015.10.001>
- Gagné, M.-H., Piché, G., Brunson, L., Clément, M.-È., Drapeau, S., & Jean, S.-M. (2023). Efficacy of the Triple P – Positive Parenting Program on 0–12 year-old Quebec children's behavior. *Children and Youth Services Review*, 149. <https://doi-org.proxy.library.ohio.edu/10.1016/j.childyouth.2023.106946>
- Gezinski, L. B., & Gonzalez-Pons, K. M. (2022). Legal barriers and re-victimization for survivors of intimate partner violence navigating courts in Utah, United States. *Women & Criminal Justice*, 32(5), 454–466. <https://doi-org.proxy.library.ohio.edu/10.1080/08974454.2021.1900991>
- Glenn, C., & Goodman, L. (2015). Living with and within the rules of domestic violence shelters: A qualitative exploration of residents' experiences. *Violence Against Women*, 21(12), 1481–1506. <https://doi.org/10.1177/1077801215596242>

- Gregory, K., Nnawulezi, N., & Sullivan, C. M. (2017). Understanding how domestic violence rules may influence survivor empowerment. *Journal of Interpersonal Violence, 36*(1-2), NP402-NP423. <https://doi.org/10.1177/0886260517730561>
- Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). Trauma-informed organizational toolkit. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.
[https://www.air.org/sites/default/files/downloads/report/Trauma-Informed Organizational Toolkit 0.pdf](https://www.air.org/sites/default/files/downloads/report/Trauma-Informed%20Organizational%20Toolkit%200.pdf)
- Haaken, J., & Yragui, N. (2003). Going underground: Conflicting perspectives on domestic violence shelter practices. *Feminism & Psychology, 13*(1), 49–71.
<https://doi.org/10.1177/0959353503013001008>
- Hague, G. (2021). *History and memories of the domestic violence movement: We've come further than you think*. Cambridge University Press. <https://doi-org.proxy.library.ohio.edu/10.46692/9781447356349>
- Hawes, D. J., & Dadds, M. R. (2021). Practitioner Review: Parenting interventions for child conduct problems: Reconceptualising resistance to change. *Journal of Child Psychology & Psychiatry, 62*(10), 1166–1174. <https://doi-org.proxy.library.ohio.edu/10.1111/jcpp.13378>
- Hays, S. (1996). *The cultural contradictions of motherhood*. Yale University Press.
- Herman, J. (1997). *Trauma and recovery: The aftermath of violence— From domestic abuse to political terror*. Basic Books.
- Hines, C. T., Kalil, A., & Ryan, R. M. (2021). Differences in parents' attitudes toward

- spanking across socioeconomic status and region, 1986–2016. *Social Indicators Research: An International and Interdisciplinary Journal for Quality-of-Life Measurement*, 160(1), 133–158. <https://doi-org.proxy.library.ohio.edu/10.1007/s11205-021-02803-7>
- Katz, E. (2015). Recovery-promoters: Ways in which children and mothers support one another's recoveries from domestic violence. *The British Journal of Social Work*, 45, i153–i169. <https://doi-org.proxy.library.ohio.edu/10.1093/bjsw/bcv091>
- Keane, T. M., Marx, B. P., & Sloan, D. M. (2009). Post-traumatic stress disorder: Definition, prevalence, and risk factors. In P. J. Shiromani, T. M. Keane, & J. E. LeDoux (Eds.), *Post-traumatic stress disorder: Basic science and clinical practice*. (pp. 1–19). Humana Press/Springer Nature. https://doi-org.proxy.library.ohio.edu/10.1007/978-1-60327-329-9_1
- Krane, J., & Davies, L. (2007). Mothering under difficult circumstances. *Affilia*, 22(1), 23–38. <https://doi.org/10.1177/0886109906295758>
- Kulkarni, S. J., Stylianou, A. M., & Wood, L. (2019). Successful rules reduction implementation process in domestic violence shelters: From vision to practice. *Social Work*, 64(2), 147–156. <https://doi.org/10.1093/sw/swz010>
- Lapierre, S. (2010). Striving to be “good” mothers: Abused women's experiences of mothering. *Child Abuse Review*, 19(5), 342–357. <https://doi.org/10.1002/car.1113>
- Lang, J. M., & Stover, C. S. (2008). Symptom patterns of youth exposed to intimate partner violence. *Journal of Family Violence*, 23(7), 619–629.
- Leamy, M., Bird, V., Boutilier, C. L., Williams, J., & Slade, M. (2011). Conceptual framework

- for personal recovery in mental health: Systematic review and narrative synthesis. *British Journal of Psychiatry*, 199(6), 445–452. <https://doi.org/10.1192/bjp.bp.110.083733>
- Levenson, L. (2017). Trauma-Informed Social Work Practice. *Social Work*, 62(2), 105–113. <https://doi.org/10.1093/sw/swx001>
- MacKenzie, M. J., Nicklas, E., Waldfogel, J., & Brooks-Gunn, J. (2013). Spanking and child development across the first decade of life. *Pediatrics*, 132(5), e1118–e1125. <https://doi.org/10.1542/peds.2013-1227>
- Maume, M. O., Lanier, C. L., Hossfeld, L. H., & Wehmann, K. (2014). Social isolation and weapon use in intimate partner violence incidents in rural areas. *International Journal of Rural Criminology*, 2(2), 244–267. <https://doi.org/10.18061/1811/61592>
- McDonald-Harker, C. (2016). *Mothering in marginalized contexts: Narratives of women who mother in and through domestic violence*. Demeter Press.
- Pavao, J., Alvarez, J., Baumrind, N., Induni, M., & Kimerling, R. (2007). Intimate partner violence and housing instability. *American Journal of Preventive Medicine*, 32(2), 143–146. <https://doi-org.proxy.library.ohio.edu/10.1016/j.amepre.2006.10.008>
- Pinderhughes, E. E., Dodge, K. A., Zelli, A., Bates, J. E., & Pettit, G. S. (2000). Discipline responses: Influences of parents' socioeconomic status, ethnicity, beliefs about parenting, stress, and cognitive–emotional processes. *Journal of Family Psychology : JFP : Journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 14(3), 380–400.
- Renner, L. M., Hartley, C. C., & Driessen, M. C. (2021). Provider, caretaker, nurturer, hero:

- Perceptions of parenting changes among women who experienced intimate partner violence. *Journal of Child and Family Studies*, 30(9), 2191–2203.
<https://doi.org/10.1007/s10826-021-02033-y>
- Riger, S. (1994). Challenges of success: Stages of growth in feminist organizations. *Feminist Studies*, 20, 275-300
- Schechter, S. (1982). *Women and male violence: The visions and struggles of the battered women's movement*. South End
- Shackelford, T. K. (2001). Self-esteem in marriage. *Personality and Individual Differences*, 30(3), 371–390. [https://doi.org/10.1016/S0191-8869\(00\)00023-4](https://doi.org/10.1016/S0191-8869(00)00023-4)
- Simons, D. A., & Wurtele, S. K. (2010). Relationships between parents' use of corporal punishment and their children's endorsement of spanking and hitting other children. *Child Abuse & Neglect*, 34(9), 639–646. <https://doi-org.proxy.library.ohio.edu/10.1016/j.chiabu.2010.01.012>
- Sinko, L., Goldner, L., & Saint Arnault, D. M. (2021). The trauma recovery actions checklist: Applying mixed methods to a holistic gender-based violence recovery actions measure. *Sexes*, 2(3), 363–377. <https://doi.org/10.3390/sexes2030029>
- Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., et al. (2017). The national intimate partner and sexual violence survey (NISVS): 2010–2012 state report. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Stone, R., Campbell, J. K., Kinney, D., & Rothman, E. F. (2021). “He would take my shoes and all the baby's warm winter gear so we couldn't leave”: Barriers to safety and recovery experienced by a sample of Vermont women with partner violence and opioid

- use disorder experiences. *The Journal of Rural Health*, 37(1), 35–44.
<https://doi.org/10.1111/jrh.12518>
- Sullivan, C., & Virden, T. (2017). An eight state study on the relationships among domestic violence shelter services and residents' self-efficacy and hopefulness. *Journal of Family Violence*, 32(8), 741–750. <https://doi.org/10.1007/s10896-017-9930-7>
- United Nations. (2022). *What is domestic abuse?* United Nations. Retrieved March 31, 2022, from <https://www.un.org/en/coronavirus/what-is-domestic-abuse>
- Wathen, C. N., & Macmillan, H. L. (2013). Children's exposure to intimate partner violence: Impacts and interventions. *Pediatrics & child health*, 18(8), 419–422.
- Weller, Jack. 1965. *Yesterday's people: Life in contemporary Appalachia*. University Press of Kentucky.
- Westlund, A. C. (1999). "Pre-modern and modern power: Foucault and the case of domestic violence." *Journal of Women in Culture and Society*, 24(4), 1046-1065.
- Williams, E. E., Arant, K. R., Leifer, V. P., Balcom, M. C., Levy-Carrick, N. C., Lewis-O'Connor, A., & Katz, J. N. (2021). Provider perspectives on the provision of safe, equitable, trauma-informed care for intimate partner violence survivors during the COVID-19 pandemic: A qualitative study. *BMC Women's Health*, 21(1), 1–11.
<https://doi-org.proxy.library.ohio.edu/10.1186/s12905-021-01460-9>
- World Health Organization. (2022). *Violence against women*. World Health Organization. Retrieved March 31, 2022, from <https://www.who.int/news-room/fact-sheets/detail/violence-against-women#:~:text=Estimates%20published%20by%20WHO%20indicate,violence%20is%20intimate%20partner%20violence>

Appendix A

Interview Guide

QUESTIONS FOR SURVIVORS

Demographic Questions

1. What is your gender? What pronouns do you prefer?
2. How old are you?
3. What is your race and ethnicity?
4. How many children do you have? What are their ages and genders?
5. How long have you been staying/did you stay in the shelter? How long has your child (or children) been staying in the shelter with you?
6. Is this your first time staying in a shelter? If not, when have you previously stayed in a shelter? Did you have children with you?
7. Where would you say your hometown is?
8. What is your annual household income?
9. What is your highest level of education?
10. Are there any other parts of your identity or situation that you would like to note?

Open-Ended Questions

Timeline

1. Timeline: On this sheet of paper, please draw a timeline of turning points in your life that have led you to where you are today.
 - a. When did your journey to shelter begin? What are the most impactful things that have happened to you that have led you to where you are right now? Why do you think those things impacted you so much?

Parenting

1. Tell me a little bit about your experience mothering while staying in a shelter. How has it been difficult? How has it been easy?
2. How has your mothering changed since coming to shelter? What new responsibilities do you have?
3. How does the staff help you mother? What agency policies support you as a mother? How do they do this?
4. How has staff made mothering more difficult? What agency policies restrict what you can do as a mother? What agency policies make it more difficult to mother? How does this affect you?

5. What (if any) pressure do you feel by anyone in shelter to mother a certain way? How does this affect you?
6. What do you think a good mother is and does and how did you learn that? How do you relate to that standard? Do you feel you are achieving it?
7. *How was your relationship with staff in shelter? How were your children's relationships with staff? How did this affect your experience in shelter and leaving shelter?
8. *Did you notice any new behavioral issues in your children after coming to shelter? How did that affect your experiencing parenting in shelter? How did it affect your relationship with policies in shelter? How did you navigate the new behaviors?

Trauma Recovery

1. How has your recovery been affected by your role as a mother? What obstacles do you face while staying in a shelter that are unique to being a parent?
2. *What does the term "survivor" mean to you? Do you identify with it? How does being a survivor affect your parenting?
3. *Did or do you feel prepared to leave shelter? How did shelter programming and staff affect your preparedness to leave shelter?
4. What could be changed about shelter rules, interactions with staff, or anything else related to your stay that could make both your ability to recover and your ability to parent easier? Why would these things help you? Why do you think they have not been implemented?
5. Where do you feel you are in the healing/recovery process right now? What are your goals going forward?
6. Is there anything else you would like to add?

QUESTIONS FOR SHELTER STAFF

Demographic Questions

1. What is your gender identity? What are your pronouns?
2. What is your race and ethnicity?
3. How old are you?
4. What is your job title? What responsibilities do you have in this role? How long have you had this position?
5. How long have you worked with survivors of domestic violence? How long have you worked in a shelter environment?
6. Have you ever stayed in a DV shelter as a client?
7. Are you a mother? If so, how many children do you have and how old are they?
8. How would you define your socioeconomic status?

9. What is your highest level of education?
10. *How many beds does your shelter have?
11. *How many staff members does your shelter have?
12. *Is your shelter in an urban or rural environment? Appalachian or non-appalachian?

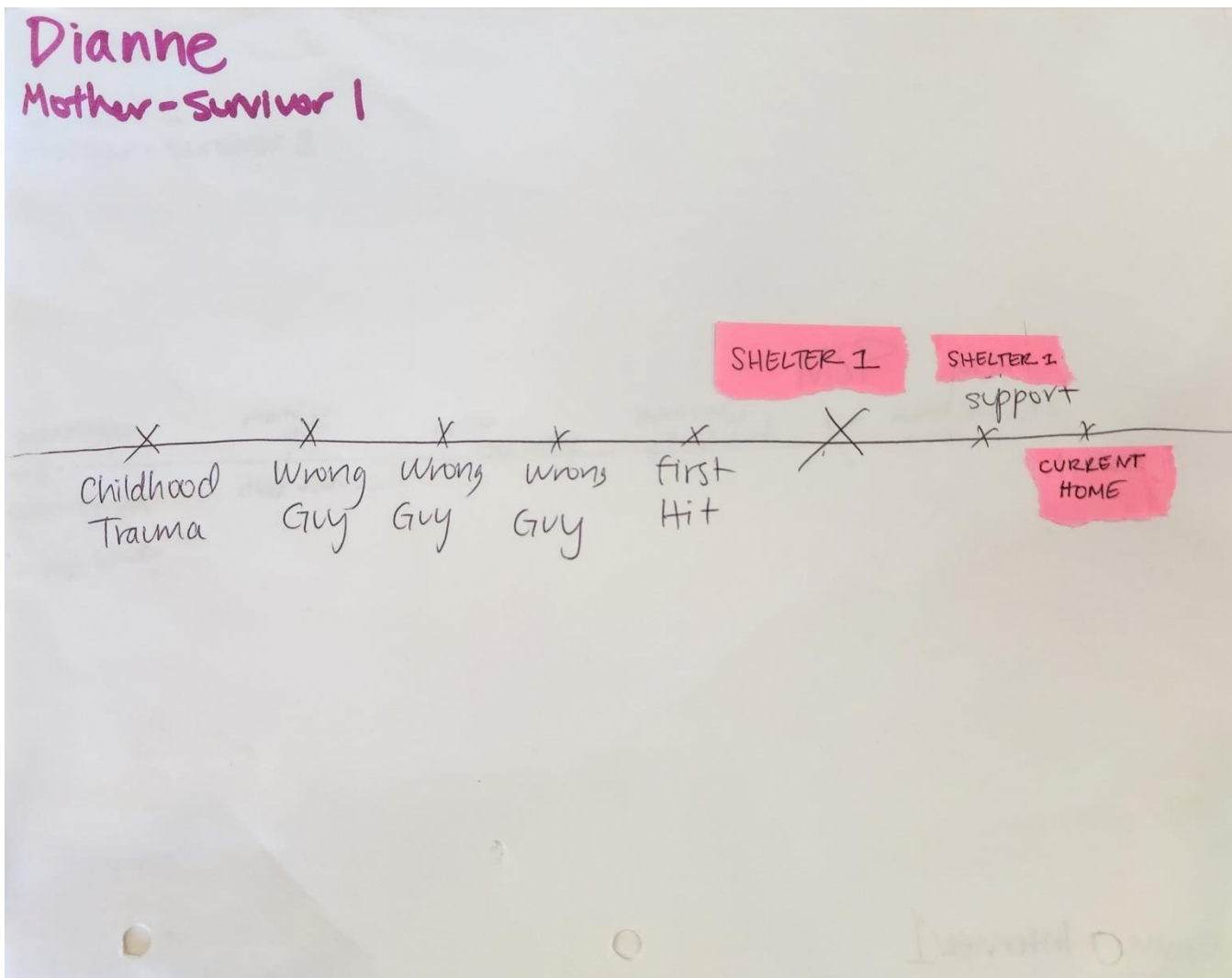
Open-Ended Questions

1. What are some agency policies that affect parenting? What is the reasoning behind these policies? How are these policies trauma-informed (or not trauma-informed)?
2. How often do you directly work with mothers? When doing so, what do those interactions look like? If you do not directly work with mothers, who does? What are their responsibilities?
3. What differences have you observed between the experiences of mothers and those of non-mothers staying in shelter? How does recovery look different for the two groups? What differences are there in the resources you as an agency provide for mothers versus non mothers?
4. What factors have you observed between mothers which make their experiences different from one another? (e.g., Do you observe different experiences between older mothers and younger mothers? Between mothers of multiple children and mothers of single children? Between mothers with family in the area and without? Between mothers with younger children and older children?)
5. *What training does your staff have (if any) related to childcare/parenting?
6. *Have you observed clients judging other client's parenting? How does this affect shelter dynamics? How do you navigate this?
7. *Have you made any observations about or had any interactions with clients that indicate they are scared of getting in trouble about shelter rules? What did these interactions look like?
8. *Have you noticed any mother-survivors having a difficult time asking for help? When have you noticed this?
9. *How do you approach preparing mother-survivors to be on their own?
10. What policies do you think could be improved upon to better support mothers? Why have these changes not been enacted?
11. Is there anything else relevant you would like to add?

*These questions were added to the interview guide throughout the interview and coding process.

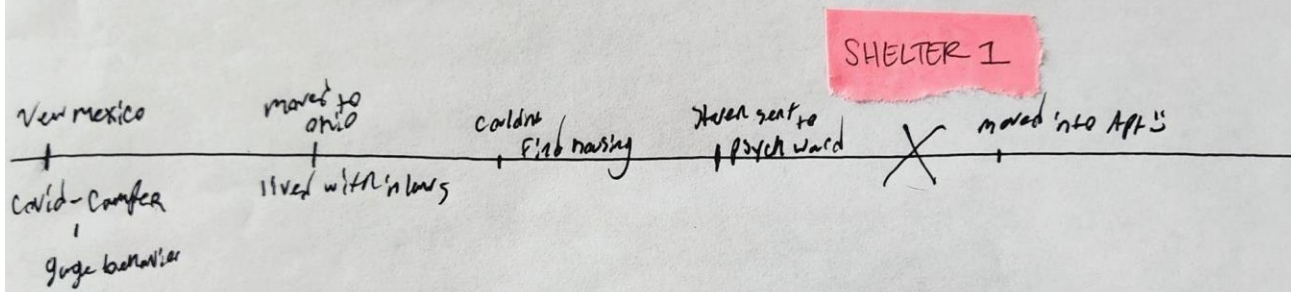
Appendix B

Mother-survivor Interview Timelines



Brooke

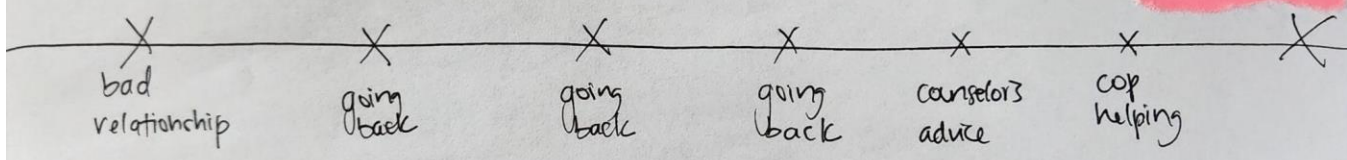
Mother - Survivor 2



Julia

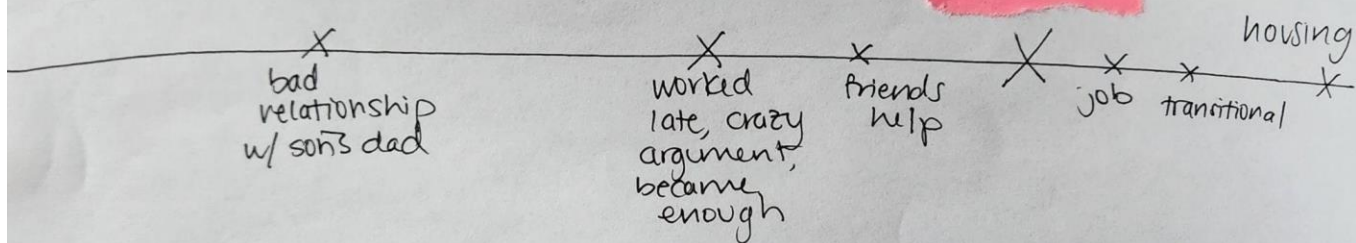
Mother - Survivor 3

SHELTER 1



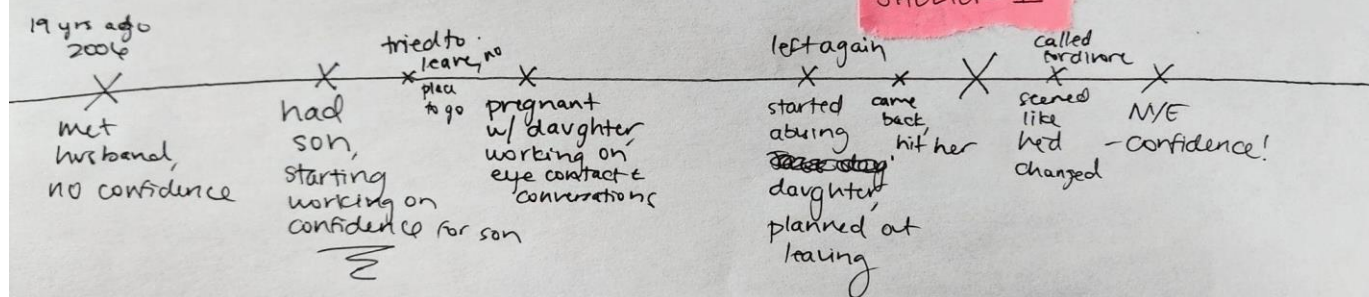
Helen
Mother - survivor 4

SHELTER 1



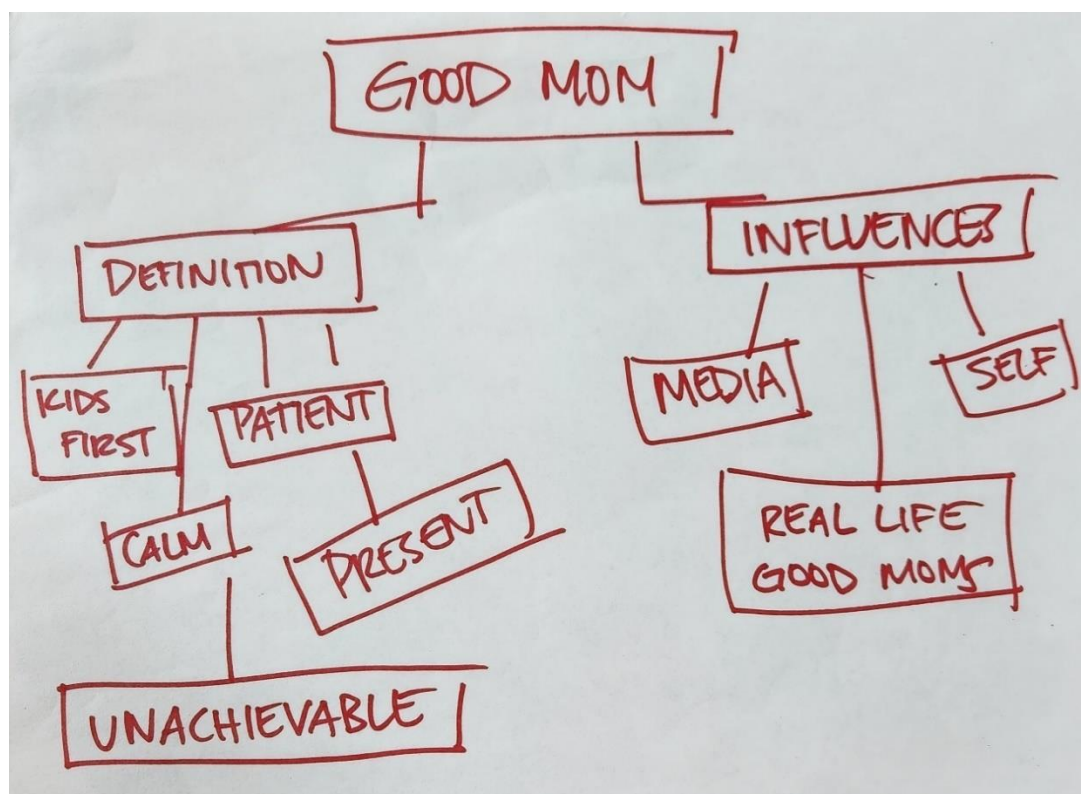
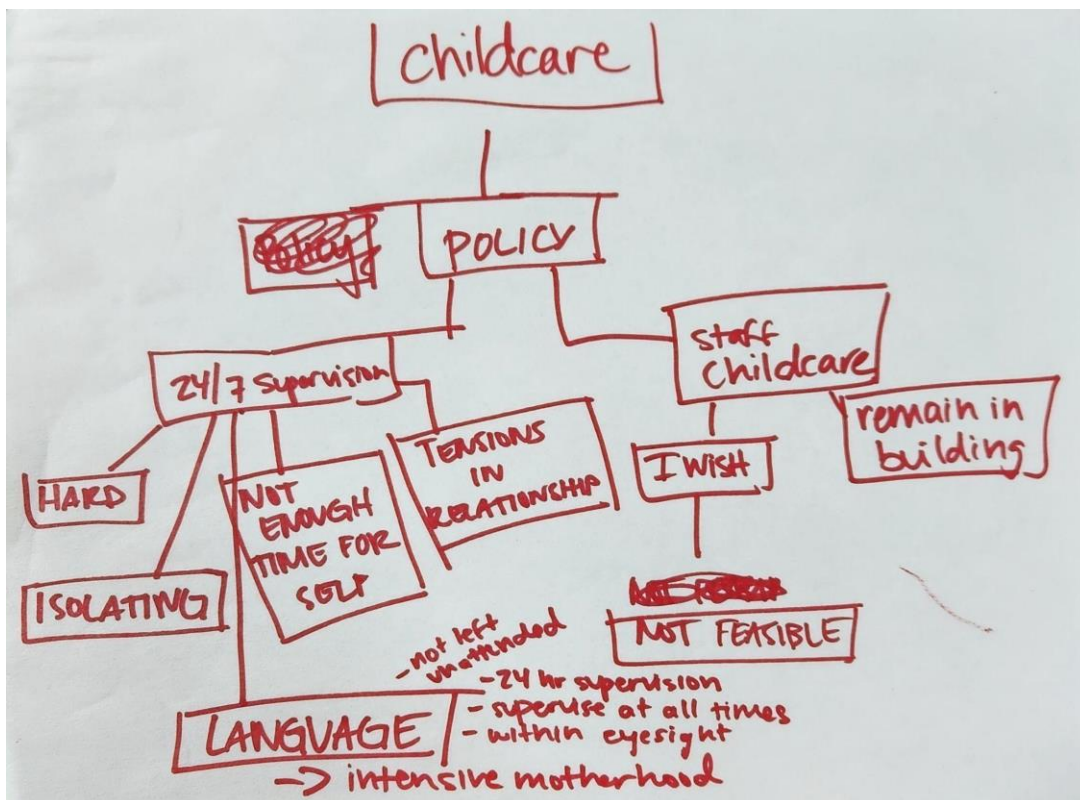
Alison

Mother - Survivor 5

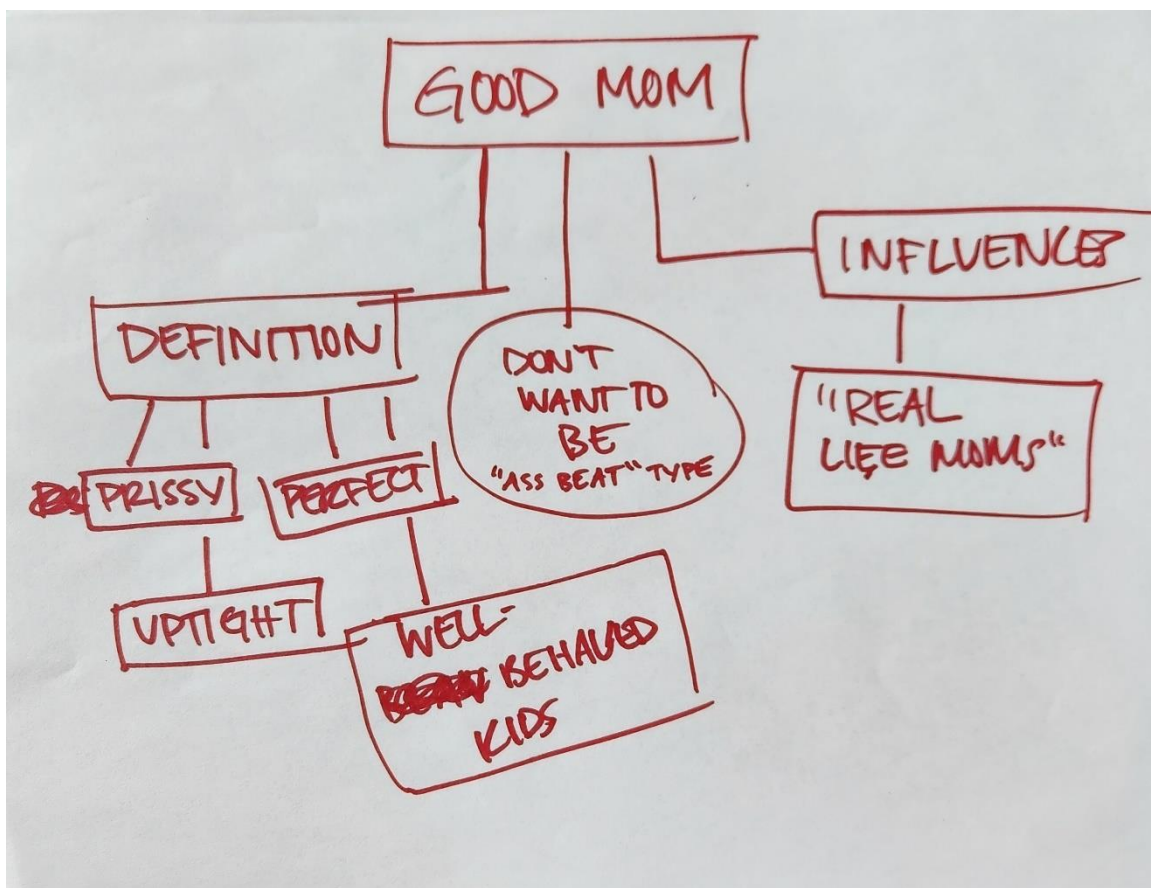
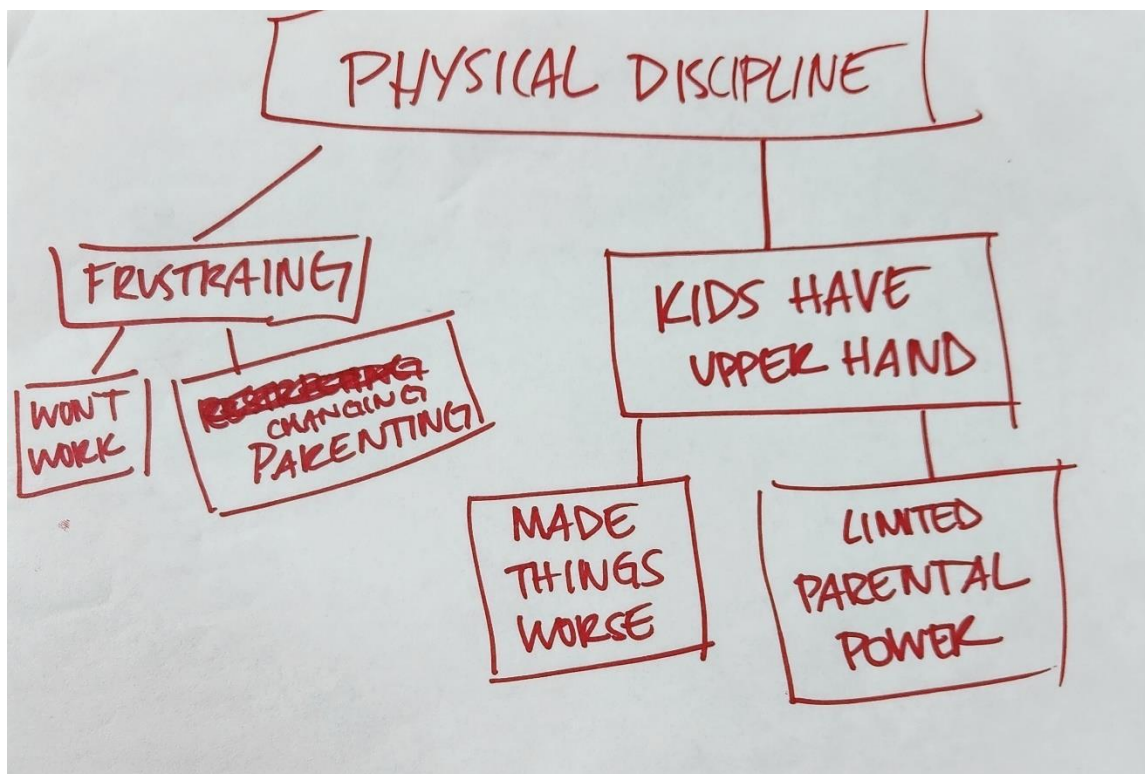


Appendix C

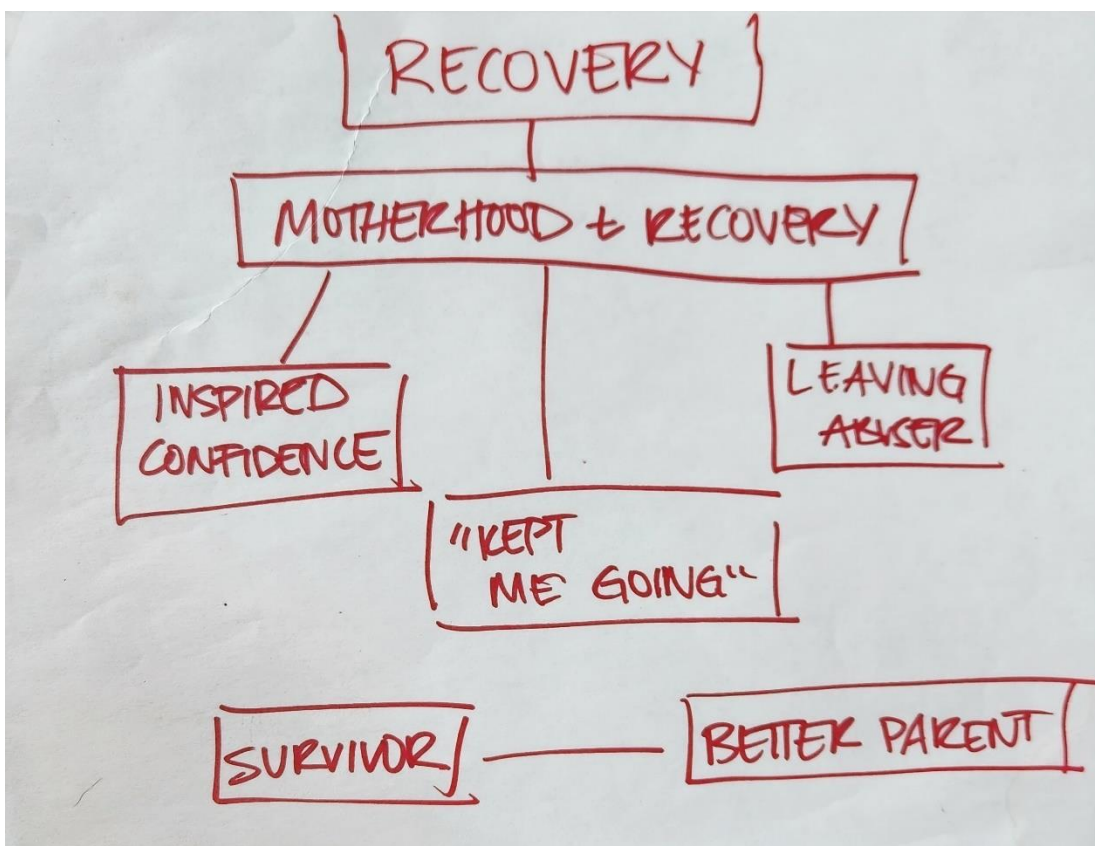
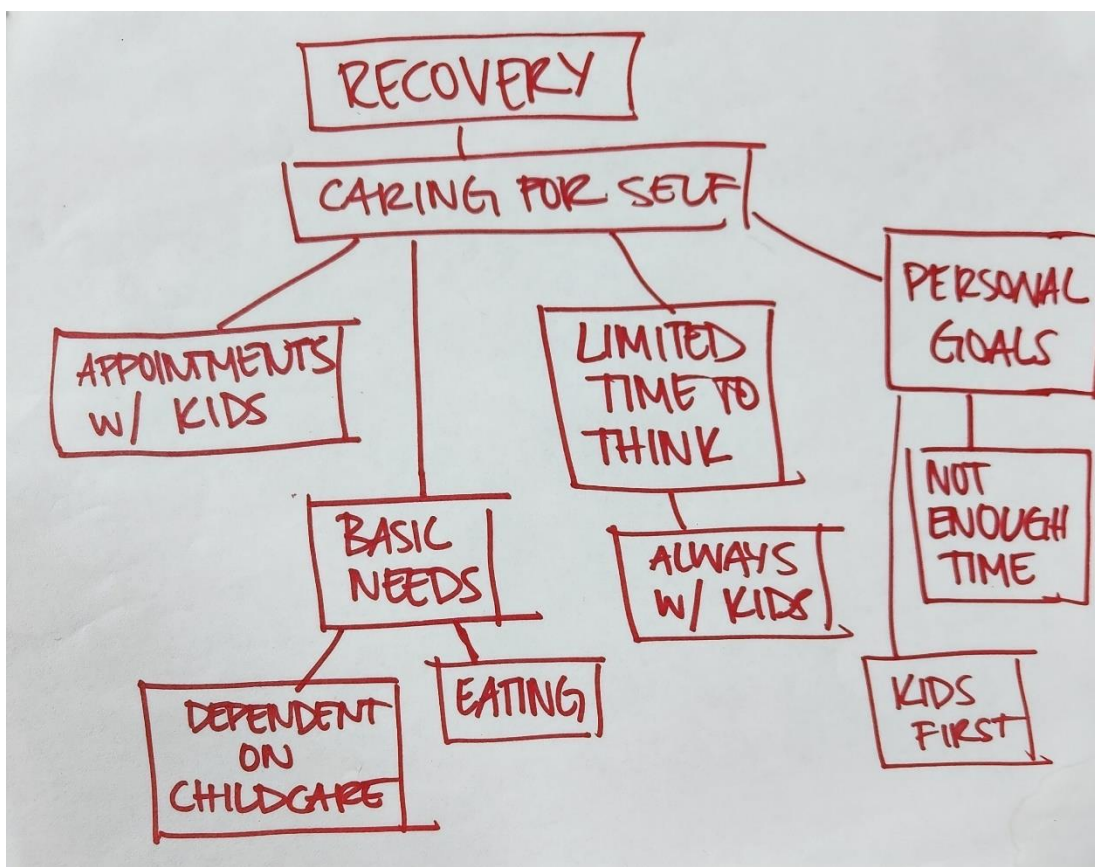
Theme 1 Code Maps



Theme 2 Code Maps



Theme 3 Code Maps



Appendix D

Staff Recruitment Email

To Whom It May Concern:

My name is Audrey Crowl and I am a Social Work student at Ohio University, as well as an employee at My Sister's Place in Athens. I am in the process of conducting a research project and am reaching out to see if you would be interested in participating.

My research will examine the experiences of mothers staying in domestic violence shelters. Subjects will participate in a 30-60 minute interview with questions related to their observations of parenting in domestic violence shelters, policies that affect mother-survivors and the reasons behind those policies, and the trauma recovery process for mother-survivors. Personal information will be kept confidential.

To participate, individuals must:

- Be 18 years or older
- Have worked in a domestic violence shelter for at least 3 months

Location

- Interviews will be conducted at an agreed upon location between the researcher and the participant

If you are interested in participating, please reach out to me via email or phone:
ac849918@ohio.edu (740) 591-0425.

Thank you!

Audrey Crowl

Appendix E

Mother-Survivor Recruitment Flyer

Research Participants Needed!

\$50 Visa Gift Card for Participating

Recovery and Motherhood: Navigating trauma recovery and parenting in a domestic violence shelter

Are you a mother? Have you stayed in a domestic violence shelter for at least one week with your child or children? You may be eligible to participate!

This research will examine the experiences of mothers staying in domestic violence shelters. Subjects will participate in a 30-60 minute interview with questions related to their experience parenting in a domestic violence shelter, policies that affected them as a mother, and their trauma recovery process. Personal information will be kept confidential. Participants will receive a \$50 visa gift card immediately following the interview.

To participate, individuals must:

- Be 18 years or older
- Be a mother
- Have stayed in a domestic violence shelter for at least 1 week with at least one of their children

Location

- Interviews will be conducted at an agreed upon location between the researcher and the participant (e.g. private room in a public library, park) or virtually

Participants will receive:

- \$50 Visa Gift Card
- The chance to make a change to parenting policies in DV shelters



If you are interested in participating, please reach out to the researcher, who is an employee of My Sister's Place in Athens:

Audrey Crowl
ac849918@ohio.edu
 740-591-0425

Participation in this study is completely voluntary. No individual is obligated to participate



Appendix F

Mother-Survivor Consent Form

Title of Research: The recovery journey: Mother-survivors' struggles and strengths navigating recovery in a domestic violence shelter

Researchers: Audrey Crowl

IRB number: 22-F-17

You are being asked by an Ohio University researcher to participate in research. This researcher is also an employee at My Sister's Place. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks of the research project. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

Summary of Study

According to a study conducted by Keeshin, Oxman, Schindler, and Campbell in 2012, approximately 35% of women experience interpersonal violence in their lifetime. Many of these women seek safety by fleeing to domestic violence shelters, where immediate environmental, social, and emotional concerns are addressed (Allen et. al., 2021). However, shelters also present many obstacles for the recovery of survivors. Mothers face unique challenges, as restrictions are inevitably placed on them during their stay which make parenting difficult. Moreover, these women are in the process of recovering from extensive trauma and a dramatic lifestyle shift, which further contribute to poor parenting practices (Keeshin, et. al., 2015). This study will evaluate the relationship between staying in a domestic violence shelter and a survivor's ability to parent using qualitative methods.

Explanation of Study

This study is being done because there is limited research in this area, and results could better current shelter policies and improve the experiences of mothers staying in shelters.

If you agree to participate, you will be asked to engage in a 30-60 minute interview

with questions regarding parenting experiences in domestic violence shelters. One component of this interview will consist of drawing a timeline on a piece of paper that outlines any major life events that have brought you to where you are today. This timeline will be kept by the researcher and used as a source of research material.

This interview will be recorded by the researcher. This is a required part of the research process. If you do not consent to be recorded, you will not be eligible to participate.

If you are a current client of My Sister's Place, the researcher will also be taking brief notes about any observations they make about you related to this research during the day-to-day functioning of the shelter.

You should not participate in this study if you are not a mother who is staying or who has stayed in a domestic violence with their child for at least one week

Risks and Discomforts

No questions will be asked about history of abuse or the nature of abuse, however it is possible that questions about parenting in this context could result in discomforts.

Benefits

This study is important to science/society because it will provide important insight into the effectiveness of current agency approaches to supporting mothers staying in domestic violence shelters.

Individually, you may benefit by enacting a change in your own shelter.

Confidentiality and Records

Your study information will be kept confidential by using no identifiers in the interview transcripts, field notes, or final research paper (we will not record your name, location, or any other major identifying information).

While every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:

- * Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
- * Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU;

Compensation

As compensation for your time/effort, you will receive on \$50 visa gift card. You may skip any interview question and still receive the full \$50 visa gift card.

Please be aware:

- 1) Participating or not participating in this research will not affect any services you receive
- 2) Any interviews you participate in are not part of a treatment plan
- 3) If you need immediate counseling assistance, please reach out to other professionals identified on the resource list

Future Use Statement

Data/samples collected as part of this research, even if identifiers are removed, will not be used for future research.

Contact Information

If you have any questions regarding this study, please contact the investigator Audrey Crowl (ac849918@ohio.edu, 740-591-0425) or the advisor Dr. Crawford (crawforr@ohio.edu)

If you have any questions regarding your rights as a research participant, please contact the Director of Research Compliance, Ohio University, (740)593-0664 or compliance@ohio.edu.

By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered;
- you have been informed of potential risks and they have been explained to your satisfaction;
- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study;
- you are 18 years of age or older;
- your participation in this research is completely voluntary;

- you may leave the study at any time; if you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

Signature_____Date_____

Printed Name_____

Appendix G

Staff Consent Form

Title of Research: The recovery journey: Mother-survivors' struggles and strengths navigating recovery in a domestic violence shelter

Researchers: Audrey Crowl

IRB number: 22-F-17

You are being asked by an Ohio University researcher to participate in research. This researcher is also an employee at My Sister's Place. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks of the research project. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

Summary of Study

According to a study conducted by Keeshin, Oxman, Schindler, and Campbell in 2012, approximately 35% of women experience interpersonal violence in their lifetime. Many of these women seek safety by fleeing to domestic violence shelters, where immediate environmental, social, and emotional concerns are addressed (Allen et. al., 2021). However, shelters also present many obstacles for the recovery of survivors. Mothers face unique challenges, as restrictions are inevitably placed on them during their stay which make parenting difficult. Moreover, these women are in the process of recovering from extensive trauma and a dramatic lifestyle shift, which further contribute to poor parenting practices (Keeshin, et. al., 2015). This study will evaluate the relationship between staying in a domestic violence shelter and a survivor's ability to parent using qualitative methods.

Explanation of Study

This study is being done because there is limited research in this area, and results could better current shelter policies and improve the experiences

of mothers staying in shelters.

If you agree to participate, you will be asked to engage in a 30-60 minute interview with questions regarding parenting experiences in domestic violence shelters.

This interview will be recorded by the researcher. This is a required part of the research process. If you do not consent to be recorded, you will not be eligible to participate.

You should not participate in this study if you have not worked in a domestic violence shelter for at least 3 months.

Risks and Discomforts

No questions will be asked about history of abuse or the nature of abuse, however it is possible that questions about parenting in this context could result in discomforts.

Benefits

This study is important to science/society because it will provide important insight into the effectiveness of current agency approaches to supporting mothers staying in domestic violence shelters.

Individually, you may benefit by enacting a change in your own shelter.

Confidentiality and Records

Your study information will be kept confidential by using no identifiers in the interview transcripts, field notes, or final research paper (we will not record your name, location, or any other major identifying information).

While every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:

- * Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
- * Representatives of Ohio University (OU), including the Institutional Review Board, a committee that oversees the research at OU;

Please be aware:

- 1) Participating in the project is not a job requirement
- 2) Participating or not participating will not affect your employment status one way or the other
- 3) Supervisors will not know who did or did not agree to participate

Future Use Statement

Data/samples collected as part of this research, even if identifiers are removed, will not be used for future research.

Contact Information

If you have any questions regarding this study, please contact the investigator Audrey Crowl (ac849918@ohio.edu, 740-591-0425) or the advisor Dr. Crawford (crawforr@ohio.edu)

If you have any questions regarding your rights as a research participant, please contact the Director of Research Compliance, Ohio University, (740)593-0664 or compliance@ohio.edu.

By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered;
- you have been informed of potential risks and they have been explained to your satisfaction;
- you understand Ohio University has no funds set aside for any injuries you might receive as a result of participating in this study;
- you are 18 years of age or older;
- your participation in this research is completely voluntary;
- you may leave the study at any time; if you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

Signature_____Date_____

Printed Name_____